



Horizon Blue Cross Blue Shield of New Jersey

Horizon Medicare Blue Advantage (HMO)

2018 Formulary

(List of Covered Drugs)

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

Formulary ID: 00018130, Version: 17

This formulary was updated on December 1, 2018. For more recent information or other questions, please contact Horizon Blue Cross Blue Shield of New Jersey at 1-800-391-1906 or, for TTY/TDD users, 711, hours are 7 days a week, 24 hours a day, or visit <https://medicare.horizonblue.com/plan-types/medicare-advantage>.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-391-1906 (TTY/TDD: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-1906 (TTY/TDD: 711).

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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 Horizon Blue Cross Blue Shield of New Jersey. When it refers to “plan” or “our plan,” it means Horizon Medicare Blue Advantage (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the 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, 2018, and from time to time during the year.

What is the Horizon Medicare Blue Advantage (HMO) Formulary?

A formulary is a list of covered drugs selected by Horizon Medicare Blue Advantage (HMO) 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. Horizon Medicare Blue Advantage (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Horizon Medicare Blue Advantage (HMO) 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 (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or 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 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of December 1, 2018. To get updated information about the drugs covered by Horizon Medicare Blue Advantage (HMO), please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

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

for, look for the category name in the list that begins below. 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 82. 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?

Horizon Medicare Blue Advantage (HMO) 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 cost less than brand name drugs.

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:** Horizon Medicare Blue Advantage (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Horizon Medicare Blue Advantage (HMO) before you fill your prescriptions. If you don't get approval, Horizon Medicare Blue Advantage (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, Horizon Medicare Blue Advantage (HMO) limits the amount of the drug that Horizon Medicare Blue Advantage (HMO) will cover. For example, Horizon Medicare Blue Advantage (HMO) provides 30 tablets per prescription for alfuzosin ER. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Horizon Medicare Blue Advantage (HMO) 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, Horizon Medicare Blue Advantage (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Horizon Medicare Blue Advantage (HMO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line 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 Horizon Medicare Blue Advantage (HMO) 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 Horizon Medicare Blue Advantage (HMO) formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Horizon Medicare Blue Advantage (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Horizon Medicare Blue Advantage (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Horizon Medicare Blue Advantage (HMO).
- You can ask Horizon Medicare Blue Advantage (HMO) 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 Horizon Medicare Blue Advantage (HMO) Formulary?

You can ask Horizon Medicare Blue Advantage (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

Generally, Horizon Medicare Blue Advantage (HMO) will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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 your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to 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 if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. 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, we will allow you to refill your prescription until we have provided you with a 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If 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 (unless you have a prescription for fewer days) while you pursue a formulary exception.

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

For more information

For more detailed information about your Horizon Medicare Blue Advantage (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Horizon Medicare Blue Advantage (HMO), 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>.

Horizon Medicare Blue Advantage (HMO) Formulary

The formulary below provides coverage information about the drugs covered by Horizon Medicare Blue Advantage (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 82.

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

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

The following copayments are associated with the corresponding tiers if you receive the drugs at an in-network pharmacy. These copayments apply during the initial coverage phase. Refer to your Evidence of Coverage for details about your benefits during the coverage gap and catastrophic coverage. Please note most of our drugs on this list can be obtained through our mail order service. However, you cannot purchase an extended day supply (more than 30 days) of drugs found on the specialty tier regardless of where they are filled. These drugs are indicated as tier 5 in the chart that begins on page 1.

KEY Uppercase = BRAND-NAME Lower case italics = *generic*

Region 1 & 2

Tier Number	Retail Pharmacy for 30 day supply (Preferred)	Retail Pharmacy for 30 day supply (Standard)	Mail Order Pharmacy for 30 day supply
Tier 1 – Preferred Generic	\$1 copayment	\$8 copayment	\$0.50 copayment
Tier 2 – Generic	\$9 copayment	\$16 copayment	\$4.50 copayment
Tier 3 – Preferred Brand	\$40 copayment	\$47 copayment	\$40 copayment
Tier 4 – Non-preferred Brand	\$60 copayment	\$70 copayment	\$60 copayment
Tier 5 - Specialty	27% coinsurance	27% coinsurance	A long term supply is not available for drugs in Tier 5

Region 3

Tier Number	Retail Pharmacy for 30 day supply (Preferred)	Retail Pharmacy for 30 day supply (Standard)	Mail Order Pharmacy for 30 day supply
Tier 1 – Preferred Generic	\$1 copayment	\$8 copayment	\$0.50 copayment
Tier 2 – Generic	\$9 copayment	\$16 copayment	\$4.50 copayment
Tier 3 – Preferred Brand	\$40 copayment	\$47 copayment	\$40 copayment
Tier 4 – Non-preferred Brand	\$60 copayment	\$70 copayment	\$60 copayment
Tier 5 - Specialty	26% coinsurance	26% coinsurance	A long term supply is not available for drugs in Tier 5

Region 4

Tier Number	Retail Pharmacy for 30 day supply (Preferred)	Retail Pharmacy for 30 day supply (Standard)	Mail Order Pharmacy for 30 day supply
Tier 1 – Preferred Generic	\$1 copayment	\$8 copayment	\$0.50 copayment
Tier 2 – Generic	\$9 copayment	\$16 copayment	\$4.50 copayment
Tier 3 – Preferred Brand	\$40 copayment	\$47 copayment	\$40 copayment
Tier 4 – Non-preferred Brand	\$60 copayment	\$70 copayment	\$60 copayment
Tier 5 - Specialty	33% coinsurance	33% coinsurance	A long term supply is not available for drugs in Tier 5

Below is additional information to help you understand the formulary.

2018 Dosage Form Abbreviations Key			
act	actuation	la	long acting
ad	adsorbed	mcg	microgram
aer, aero	aerosol	meq	milliequivalent
ba, breath activ	breath activated	mg	milligram
bau	bioequivalent allergy units	ml	milliliter
cap	capsules	mu	million units
chew tab	chewable tablets	nebu	nebules
conc	concentrate	NF	non-formulary
conj	conjugate, conjugated	odt	orally disintegrating tablets
cr	controlled-release	oin, oint	ointment
crys	crystals	op, ophth	ophthalmic
dr	delayed-release	pak	pack
deter	deterrent	pow, powd	powder
ec	enteric coated	pf	preservative-free
el, elu	enzyme-linked immunosorbent assay	pfu	plaque forming units
er, extend-release, extended, extended rel, xl, xr	extended-release	pref	prefilled
ext	extract	recomb	recombinant
g, gm	gram	sl	sublingual
gu	genitourinary	sol, soln	solution
hr	hour	suppos	suppositories
ig	immune globulin	sus, susp	suspension
ir	index of reactivity	sr	sustained-release
inh, inhal	inhalation	syr	syringe
inj	injection	tab, tabs	tablets
im	intramuscular	td	transdermal
iv	intravenous	tl	translingual
l	liter	unt	unit
lf	flocculation units	va	vaginal
liqd	liquid	vac	vaccine

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

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-800-391-1906 or, for TTY/TDD users, 711, hours are Monday through Sunday, open 24 hours Eastern.

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

‡ = Mail Order benefit applies

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml‡</i>	3	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg‡</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg‡</i>	3	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg‡</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#‡</i>	4	PA, QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#‡</i>	4	PA, QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml‡	3	
<i>butorphanol tartrate inj 2 mg/ml‡</i>	4	
<i>diclofenac potassium tab 50 mg‡</i>	3	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%‡</i>	2	ST
<i>diclofenac sodium tab delayed release 25 mg‡</i>	3	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg‡</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg‡</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg‡</i>	2	QL (60 tablets/30 days)
<i>etodolac cap 200 mg‡</i>	3	QL (150 capsules/30 days)
<i>etodolac cap 300 mg‡</i>	3	QL (90 capsules/30 days)
<i>etodolac tab 400 mg‡</i>	3	QL (60 tablets/30 days)
<i>etodolac tab 500 mg‡</i>	3	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr‡</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr‡</i>	3	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 37.5 mcg/hr‡</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr‡</i>	3	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	5	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr‡</i>	4	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	5	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 100 mcg/hr‡</i>	4	PA, QL (15 patches/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml‡</i>	3	QL (3600 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg‡</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg‡</i>	3	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg‡</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml‡</i>	3	QL (1440 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl preservative free inj 10 mg/ml†</i>	3	BD
<i>hydromorphone hcl tab 2 mg†</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg†</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg†</i>	3	QL (180 tablets/30 days)
<i>ibuprofen tab 400 mg†</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg†</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg†</i>	2	QL (120 tablets/30 days)
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 300 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5	PA, QL (30 bottles/30 days)
<i>meloxicam tab 7.5 mg†</i>	2	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg†</i>	2	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg†</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg†</i>	3	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg†	4	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg†	4	QL (180 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml†</i>	4	BD
<i>morphine sulfate inj pf 1 mg/ml†</i>	4	BD
<i>morphine sulfate tab er 15 mg†</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg†</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg†</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg†</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg†</i>	4	PA, QL (90 tablets/30 days)
<i>nabumetone tab 500 mg†</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg†</i>	2	QL (60 tablets/30 days)
<i>naproxen tab 250 mg†</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg†</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg†</i>	1	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg†</i>	3	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg†</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg†</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg†</i>	3	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg†</i>	3	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg†</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg†</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg†</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg†</i>	3	QL (180 tablets/30 days)
<i>sulindac tab 150 mg†</i>	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tab 200 mg‡</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab 50 mg‡</i>	3	QL (240 tablets/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg‡	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg‡	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg‡	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg‡	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg‡	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg‡	4	PA, QL (60 capsules/30 days)
Anesthetics		
<i>lidocaine hcl gel 2%‡</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl local inj 1%‡</i>	1	
<i>lidocaine hcl local preservative free inj 1%‡</i>	2	
<i>lidocaine hcl soln 4%‡</i>	2	PA
<i>lidocaine hcl viscous soln 2%‡</i>	2	
<i>lidocaine patch 5%‡</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%‡</i>	4	PA, QL (60 grams/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg‡</i>	3	
<i>buprenorphine hcl sl tab 2 mg‡</i>	3	PA, QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg‡</i>	3	PA, QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg‡</i>	3	PA, QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg‡</i>	4	PA, QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg‡</i>	3	
CHANTIX - varenicline tartrate tab 0.5 mg‡	4	
CHANTIX - varenicline tartrate tab 1 mg‡	4	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg‡	4	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack‡	4	
<i>disulfiram tab 250 mg‡</i>	3	
<i>disulfiram tab 500 mg‡</i>	3	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml‡	3	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml‡	3	
<i>naloxone hcl inj 0.4 mg/ml‡</i>	3	
<i>naloxone hcl inj 4 mg/10ml‡</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl tab 50 mg‡</i>	3	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml‡	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)‡	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)‡	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg‡	4	PA, QL (120 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg‡	4	PA, QL (30 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg‡	4	PA, QL (60 films/30 days)
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg‡	4	PA, QL (60 films/30 days)
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)‡</i>	3	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)‡</i>	3	
<i>amoxicillin (trihydrate) cap 250 mg‡</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg‡</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml‡</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml‡</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml‡</i>	2	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml‡</i>	2	
<i>amoxicillin (trihydrate) tab 500 mg‡</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg‡</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg‡</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg‡</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg‡</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg‡	4	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg‡	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm‡</i>	2	
<i>ampicillin cap 500 mg‡</i>	2	
<i>ampicillin sodium for inj 250 mg‡</i>	2	
<i>ampicillin sodium for inj 500 mg‡</i>	2	
<i>ampicillin sodium for inj 1 gm‡</i>	3	
<i>ampicillin sodium for inj 2 gm‡</i>	2	
<i>ampicillin sodium for iv soln 2 gm‡</i>	2	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm‡	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin for susp 100 mg/5ml‡</i>	2	
<i>azithromycin for susp 200 mg/5ml‡</i>	2	
<i>azithromycin iv for soln 500 mg‡</i>	3	
<i>azithromycin tab 250 mg‡</i>	2	
<i>azithromycin tab 500 mg‡</i>	2	
<i>azithromycin tab 600 mg‡</i>	2	
<i>aztreonam for inj 1 gm‡</i>	3	
<i>aztreonam for inj 2 gm‡</i>	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml‡	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml‡	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml‡	4	
<i>cefaclor cap 250 mg‡</i>	2	
<i>cefaclor cap 500 mg‡</i>	2	
<i>cefazolin sodium for inj 500 mg‡</i>	3	
<i>cefazolin sodium for inj 1 gm‡</i>	3	
<i>cefdinir cap 300 mg‡</i>	2	
<i>cefdinir for susp 125 mg/5ml‡</i>	2	
<i>cefdinir for susp 250 mg/5ml‡</i>	2	
<i>cefepime hcl for inj 1 gm‡</i>	3	
<i>cefepime hcl for inj 2 gm‡</i>	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg‡	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 2 gm‡	3	
<i>cefotaxime sodium for inj 1 gm‡</i>	3	
<i>cefoxitin sodium for iv soln 1 gm‡</i>	3	
<i>cefoxitin sodium for iv soln 2 gm‡</i>	3	
<i>cefprozil tab 250 mg‡</i>	2	
<i>cefprozil tab 500 mg‡</i>	2	
<i>ceftazidime for inj 1 gm‡</i>	3	
<i>ceftazidime for inj 2 gm‡</i>	3	
<i>ceftazidime for inj 6 gm‡</i>	3	
<i>ceftazidime for iv soln 2 gm‡</i>	2	
<i>ceftazidime for iv soln 1 gm‡</i>	2	
<i>ceftriaxone sodium for inj 250 mg‡</i>	3	
<i>ceftriaxone sodium for inj 500 mg‡</i>	3	
<i>ceftriaxone sodium for inj 1 gm‡</i>	2	
<i>ceftriaxone sodium for inj 2 gm‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium for inj 10 gm‡</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm‡</i>	2	
<i>ceftriaxone sodium for iv soln 2 gm‡</i>	2	
<i>cefuroxime axetil tab 250 mg‡</i>	2	
<i>cefuroxime axetil tab 500 mg‡</i>	2	
<i>cefuroxime sodium for inj 750 mg‡</i>	3	
<i>cefuroxime sodium for inj 7.5 gm‡</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm‡</i>	3	
<i>cephalexin cap 250 mg‡</i>	1	
<i>cephalexin cap 500 mg‡</i>	1	
<i>cephalexin for susp 125 mg/5ml‡</i>	2	
<i>cephalexin for susp 250 mg/5ml‡</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm‡	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg‡	4	
<i>ciprofloxacin hcl tab 250 mg‡</i>	1	
<i>ciprofloxacin hcl tab 500 mg‡</i>	2	
<i>ciprofloxacin hcl tab 750 mg‡</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w‡</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w‡</i>	2	
<i>clarithromycin for susp 125 mg/5ml‡</i>	2	
<i>clarithromycin for susp 250 mg/5ml‡</i>	2	
<i>clarithromycin tab 250 mg‡</i>	2	
<i>clarithromycin tab 500 mg‡</i>	2	
<i>clindamycin hcl cap 75 mg‡</i>	2	
<i>clindamycin hcl cap 150 mg‡</i>	2	
<i>clindamycin hcl cap 300 mg‡</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml‡</i>	3	
<i>clindamycin phosphate inj 600 mg/4ml‡</i>	3	
<i>clindamycin phosphate inj 900 mg/6ml‡</i>	3	
<i>clindamycin phosphate inj 9 gm/60ml‡</i>	3	
<i>clindamycin phosphate iv soln 300 mg/2ml‡</i>	2	
<i>clindamycin phosphate iv soln 600 mg/4ml‡</i>	3	
<i>clindamycin phosphate iv soln 900 mg/6ml‡</i>	1	
<i>clindamycin phosphate vaginal cream 2%‡</i>	2	
<i>colistimethate sod for inj 150 mg</i>	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>dicloxacillin sodium cap 250 mg‡</i>	2	
<i>dicloxacillin sodium cap 500 mg‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate cap 50 mg‡</i>	2	
<i>doxycycline hyclate cap 100 mg‡</i>	2	
<i>doxycycline hyclate for inj 100 mg‡</i>	3	
<i>doxycycline hyclate tab 20 mg‡</i>	2	
<i>doxycycline hyclate tab 100 mg‡</i>	2	
ERY-TAB - erythromycin tab delayed release 250 mg‡	4	
ERY-TAB - erythromycin tab delayed release 333 mg‡	4	
ERY-TAB - erythromycin tab delayed release 500 mg‡	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg‡	4	
<i>erythromycin tab 250 mg‡</i>	4	
<i>erythromycin tab 500 mg‡</i>	4	
<i>gentamicin sulfate inj 10 mg/ml‡</i>	2	
<i>gentamicin sulfate inj 40 mg/ml‡</i>	3	
<i>imipenem-cilastatin intravenous for soln 250 mg‡</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg‡</i>	3	
IMPAVIDO - miltefosine cap 50 mg	5	
<i>levofloxacin in d5w iv soln 250 mg/50ml‡</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml‡</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml‡</i>	3	
<i>levofloxacin iv soln 25 mg/ml‡</i>	3	
<i>levofloxacin oral soln 25 mg/ml‡</i>	3	
<i>levofloxacin tab 250 mg‡</i>	1	
<i>levofloxacin tab 500 mg‡</i>	1	
<i>levofloxacin tab 750 mg‡</i>	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)‡</i>	4	
<i>linezolid tab 600 mg‡</i>	3	PA
<i>meropenem iv for soln 500 mg‡</i>	3	
<i>meropenem iv for soln 1 gm‡</i>	3	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml‡</i>	3	
<i>metronidazole iv soln 5 mg/ml‡</i>	3	
<i>metronidazole tab 250 mg‡</i>	2	
<i>metronidazole tab 500 mg‡</i>	2	
<i>metronidazole vaginal gel 0.75%‡</i>	2	
<i>minocycline hcl cap 50 mg‡</i>	2	
<i>minocycline hcl cap 75 mg‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl cap 100 mg‡</i>	2	
NAFCILLIN SODIUM - nafcillin sodium for inj 10 gm	5	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm‡	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm‡	4	
<i>nafcillin sodium for inj 1 gm‡</i>	3	
<i>nafcillin sodium for inj 2 gm‡</i>	2	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg‡</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#‡</i>	4	PA
<i>nitrofurantoin macrocrystalline cap 100 mg#‡</i>	4	PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#‡</i>	4	PA
<i>paromomycin sulfate cap 250 mg‡</i>	4	
<i>penicillin g potassium for inj 5000000 unit‡</i>	4	
<i>penicillin g potassium for inj 20000000 unit‡</i>	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose‡	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose‡	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose‡	4	
<i>penicillin v potassium for soln 125 mg/5ml‡</i>	2	
<i>penicillin v potassium for soln 250 mg/5ml‡</i>	2	
<i>penicillin v potassium tab 250 mg‡</i>	2	
<i>penicillin v potassium tab 500 mg‡</i>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)‡</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)‡</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)‡</i>	3	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm‡	4	
<i>sulfacetamide sodium lotion 10%‡</i>	2	
SULFADIAZINE - sulfadiazine tab 500 mg‡	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml‡</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml‡</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg‡</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg‡</i>	1	
SUPRAX - cefixime cap 400 mg‡	4	
SUPRAX - cefixime chew tab 100 mg‡	4	
SUPRAX - cefixime chew tab 200 mg‡	4	

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Drug Name	Drug Tier	Requirements/Limits
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg‡</i>	3	
<i>tetracycline hcl cap 500 mg‡</i>	3	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)‡	4	
<i>tobramycin sulfate inj 10 mg/ml‡</i>	3	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)‡</i>	3	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)‡</i>	3	
<i>trimethoprim tab 100 mg‡</i>	2	
TYGACIL - tigecycline for iv soln 50 mg	5	
<i>vancomycin hcl cap 125 mg‡</i>	4	
<i>vancomycin hcl cap 250 mg‡</i>	4	
<i>vancomycin hcl for iv soln 100 gm‡</i>	3	
<i>vancomycin hcl for iv soln 500 mg‡</i>	3	
<i>vancomycin hcl for iv soln 750 mg‡</i>	2	
<i>vancomycin hcl for iv soln 1 gm‡</i>	3	
<i>vancomycin hcl for iv soln 5 gm‡</i>	2	
<i>vancomycin hcl for iv soln 10 gm‡</i>	3	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg‡	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml‡	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg‡</i>	3	
<i>carbamazepine cap er 12hr 200 mg‡</i>	3	
<i>carbamazepine cap er 12hr 300 mg‡</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine chew tab 100 mg†</i>	3	
<i>carbamazepine susp 100 mg/5ml†</i>	3	
<i>carbamazepine tab er 12hr 100 mg†</i>	3	
<i>carbamazepine tab er 12hr 200 mg†</i>	3	
<i>carbamazepine tab er 12hr 400 mg†</i>	3	
<i>carbamazepine tab 200 mg†</i>	3	
CELONTIN - methsuximide cap 300 mg†	4	
<i>clobazam suspension 2.5 mg/ml†</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg†</i>	3	PA, QL (60 tablets/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg†	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg†	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg†	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg†	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg†	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg†	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg†	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg†</i>	3	
<i>divalproex sodium tab delayed release 125 mg†</i>	2	
<i>divalproex sodium tab delayed release 250 mg†</i>	2	
<i>divalproex sodium tab delayed release 500 mg†</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg†</i>	3	
<i>divalproex sodium tab er 24 hr 500 mg†</i>	3	
<i>ethosuximide cap 250 mg†</i>	3	
<i>ethosuximide soln 250 mg/5ml†</i>	3	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg†</i>	4	
<i>felbamate tab 600 mg†</i>	4	
<i>fosphenytoin sodium inj 100 mg/2ml†</i>	3	
<i>fosphenytoin sodium inj 500 mg/10ml†</i>	3	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg†	4	
FYCOMPA - perampanel tab 4 mg	5	
FYCOMPA - perampanel tab 6 mg	5	
FYCOMPA - perampanel tab 8 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
FYCOMPA - perampanel tab 10 mg	5	
FYCOMPA - perampanel tab 12 mg	5	
<i>gabapentin cap 100 mg‡</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg‡</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg‡</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml‡</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg‡</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg‡</i>	2	QL (135 tablets/30 days)
<i>lamotrigine tab chewable dispersible 5 mg‡</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg‡</i>	3	
<i>lamotrigine tab 25 mg‡</i>	2	
<i>lamotrigine tab 100 mg‡</i>	2	
<i>lamotrigine tab 150 mg‡</i>	2	
<i>lamotrigine tab 200 mg‡</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)‡</i>	3	
<i>levetiracetam oral soln 100 mg/ml‡</i>	3	
<i>levetiracetam tab 250 mg‡</i>	2	
<i>levetiracetam tab 500 mg‡</i>	2	
<i>levetiracetam tab 750 mg‡</i>	2	
<i>levetiracetam tab 1000 mg‡</i>	2	
LYRICA - pregabalin cap 25 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 50 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 75 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 100 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 150 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 200 mg‡	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg‡	3	QL (60 capsules/30 days)
LYRICA - pregabalin cap 300 mg‡	3	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml‡	3	QL (900 mls/30 days)
ONFI - clobazam suspension 2.5 mg/ml	5	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg	5	PA, QL (60 tablets/30 days)
ONFI - clobazam tab 20 mg	5	PA, QL (60 tablets/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)‡</i>	4	
<i>oxcarbazepine tab 150 mg‡</i>	3	
<i>oxcarbazepine tab 300 mg‡</i>	3	
<i>oxcarbazepine tab 600 mg‡</i>	3	
PEGANONE - ethotoin tab 250 mg‡	4	
<i>phenobarbital elixir 20 mg/5ml#‡</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#‡	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#‡	4	PA
<i>phenobarbital tab 15 mg#‡</i>	4	PA
<i>phenobarbital tab 16.2 mg#‡</i>	4	PA
<i>phenobarbital tab 30 mg#‡</i>	4	PA
<i>phenobarbital tab 32.4 mg#‡</i>	4	PA
<i>phenobarbital tab 60 mg#‡</i>	4	PA
<i>phenobarbital tab 64.8 mg#‡</i>	4	PA
<i>phenobarbital tab 97.2 mg#‡</i>	4	PA
<i>phenobarbital tab 100 mg#‡</i>	4	PA
<i>phenytoin chew tab 50 mg‡</i>	3	
<i>phenytoin sodium extended cap 100 mg‡</i>	2	
<i>phenytoin sodium extended cap 200 mg‡</i>	3	
<i>phenytoin sodium extended cap 300 mg‡</i>	3	
<i>phenytoin susp 125 mg/5ml‡</i>	2	
<i>primidone tab 50 mg‡</i>	2	
<i>primidone tab 250 mg‡</i>	2	
SABRIL - vigabatrin powd pack 500 mg‡*	4	
SABRIL - vigabatrin tab 500 mg*	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg‡	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg‡	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	5	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg‡	4	
<i>tiagabine hcl tab 2 mg‡</i>	3	
<i>tiagabine hcl tab 4 mg‡</i>	4	
<i>tiagabine hcl tab 12 mg‡</i>	4	
<i>tiagabine hcl tab 16 mg‡</i>	4	
<i>topiramate sprinkle cap 15 mg‡</i>	2	
<i>topiramate sprinkle cap 25 mg‡</i>	3	
<i>topiramate tab 25 mg‡</i>	2	
<i>topiramate tab 50 mg‡</i>	2	
<i>topiramate tab 100 mg‡</i>	2	
<i>topiramate tab 200 mg‡</i>	2	
<i>valproate sodium inj 100 mg/ml‡</i>	3	
<i>valproate sodium oral soln 250 mg/5ml‡</i>	2	
<i>valproic acid cap 250 mg‡</i>	2	
<i>vigabatrin powd pack 500 mg‡*</i>	4	
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)‡	3	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT - lacosamide oral solution 10 mg/ml‡	3	
VIMPAT - lacosamide tab 50 mg‡	3	
VIMPAT - lacosamide tab 100 mg‡	3	
VIMPAT - lacosamide tab 150 mg‡	3	
VIMPAT - lacosamide tab 200 mg‡	3	
zonisamide cap 25 mg‡	2	
zonisamide cap 50 mg‡	2	
zonisamide cap 100 mg‡	2	
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg‡	2	
donepezil hydrochloride orally disintegrating tab 10 mg‡	2	
donepezil hydrochloride tab 5 mg‡	1	
donepezil hydrochloride tab 10 mg‡	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml‡	4	
galantamine hydrobromide cap er 24hr 8 mg‡	3	
galantamine hydrobromide cap er 24hr 16 mg‡	3	
galantamine hydrobromide cap er 24hr 24 mg‡	3	
galantamine hydrobromide tab 4 mg‡	3	
galantamine hydrobromide tab 8 mg‡	3	
galantamine hydrobromide tab 12 mg‡	3	
memantine hcl oral solution 2 mg/ml‡	3	PA
memantine hcl tab 5 mg‡	2	PA
memantine hcl tab 10 mg‡	2	PA
memantine hcl tab 5 mg (28) & 10 mg (21) titration pak‡	4	PA
rivastigmine tartrate cap 1.5 mg‡	3	
rivastigmine tartrate cap 3 mg‡	3	
rivastigmine tartrate cap 4.5 mg‡	3	
rivastigmine tartrate cap 6 mg‡	3	
rivastigmine td patch 24hr 4.6 mg/24hr‡	2	
rivastigmine td patch 24hr 9.5 mg/24hr‡	2	
rivastigmine td patch 24hr 13.3 mg/24hr‡	2	
Antidepressants		
amitriptyline hcl tab 10 mg#‡	4	PA
amitriptyline hcl tab 25 mg#‡	4	PA
amitriptyline hcl tab 50 mg#‡	4	PA
amitriptyline hcl tab 75 mg#‡	4	PA
amitriptyline hcl tab 100 mg#‡	4	PA
amitriptyline hcl tab 150 mg#‡	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
AMOXAPINE - amoxapine tab 25 mg#‡	4	PA
AMOXAPINE - amoxapine tab 50 mg#‡	4	PA
AMOXAPINE - amoxapine tab 100 mg#‡	4	PA
AMOXAPINE - amoxapine tab 150 mg#‡	4	PA
bupropion hcl tab er 12hr 100 mg‡	3	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg‡	3	QL (60 tablets/30 days)
bupropion hcl tab er 12hr 200 mg‡	3	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg‡	3	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg‡	3	QL (30 tablets/30 days)
bupropion hcl tab 75 mg‡	3	QL (60 tablets/30 days)
bupropion hcl tab 100 mg‡	3	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml‡	2	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg‡	2	QL (45 tablets/30 days)
citalopram hydrobromide tab 20 mg‡	2	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg‡	2	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg#‡	4	PA
clomipramine hcl cap 50 mg#‡	4	PA
clomipramine hcl cap 75 mg#‡	4	PA
desipramine hcl tab 10 mg#‡	3	PA
desipramine hcl tab 25 mg#‡	3	PA
desipramine hcl tab 50 mg#‡	3	PA
desipramine hcl tab 75 mg#‡	3	PA
desipramine hcl tab 100 mg#‡	3	PA
desipramine hcl tab 150 mg#‡	3	PA
desvenlafaxine succinate tab er 24hr 25 mg‡	3	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 50 mg‡	3	QL (30 tablets/30 days)
desvenlafaxine succinate tab er 24hr 100 mg‡	3	QL (30 tablets/30 days)
doxepin hcl cap 10 mg#‡	4	PA
doxepin hcl cap 25 mg#‡	4	PA
doxepin hcl cap 50 mg#‡	4	PA
doxepin hcl cap 75 mg#‡	4	PA
doxepin hcl cap 100 mg#‡	4	PA
doxepin hcl cap 150 mg#‡	4	PA
doxepin hcl conc 10 mg/ml#‡	3	PA
duloxetine hcl enteric coated pellets cap 20 mg‡	3	QL (60 capsules/30 days)
duloxetine hcl enteric coated pellets cap 30 mg‡	3	QL (90 capsules/30 days)
duloxetine hcl enteric coated pellets cap 60 mg‡	3	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	

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Drug Name	Drug Tier	Requirements/Limits
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
<i>escitalopram oxalate soln 5 mg/5ml‡</i>	2	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg‡</i>	2	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg‡</i>	2	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg‡</i>	2	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg‡	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg‡	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack‡	4	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg‡</i>	2	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg‡</i>	2	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg‡</i>	2	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml‡</i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg‡</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg‡</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg‡</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg‡</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg‡</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg##‡</i>	4	PA
<i>imipramine hcl tab 25 mg##‡</i>	4	PA
<i>imipramine hcl tab 50 mg##‡</i>	4	PA
MAPROTILINE HCL - maprotiline hcl tab 25 mg‡	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg‡	4	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg‡	4	QL (90 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg‡	4	
<i>mirtazapine orally disintegrating tab 15 mg‡</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg‡</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg‡</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg‡</i>	3	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg‡</i>	2	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg‡</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg‡</i>	2	QL (30 tablets/30 days)
NEFAZODONE HCL - nefazodone hcl tab 100 mg‡	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg‡	4	
<i>nefazodone hcl tab 250 mg‡</i>	3	
<i>nefazodone hcl tab 50 mg‡</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg‡	4	
<i>nortriptyline hcl cap 10 mg#‡</i>	4	PA
<i>nortriptyline hcl cap 25 mg#‡</i>	4	PA
<i>nortriptyline hcl cap 50 mg#‡</i>	4	PA
<i>nortriptyline hcl cap 75 mg#‡</i>	4	PA
<i>nortriptyline hcl soln 10 mg/5ml#‡</i>	4	PA
<i>paroxetine hcl tab 10 mg#‡</i>	4	PA, QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#‡</i>	4	PA, QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#‡</i>	4	PA, QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#‡</i>	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#‡	4	PA, QL (900 mls/30 days)
<i>phenelzine sulfate tab 15 mg‡</i>	2	
PRISTIQ - desvenlafaxine succinate tab er 24hr 25 mg‡	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 50 mg‡	4	QL (30 tablets/30 days)
PRISTIQ - desvenlafaxine succinate tab er 24hr 100 mg‡	4	QL (30 tablets/30 days)
<i>protriptyline hcl tab 5 mg#‡</i>	4	PA
<i>protriptyline hcl tab 10 mg#‡</i>	4	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml‡</i>	3	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg‡</i>	2	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg‡</i>	2	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg‡</i>	2	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg‡</i>	4	
<i>trazodone hcl tab 50 mg‡</i>	2	
<i>trazodone hcl tab 100 mg‡</i>	2	
<i>trazodone hcl tab 150 mg‡</i>	2	
<i>trazodone hcl tab 300 mg‡</i>	2	
<i>trimipramine maleate cap 25 mg#‡</i>	4	PA
<i>trimipramine maleate cap 50 mg#‡</i>	4	PA
<i>trimipramine maleate cap 100 mg#‡</i>	4	PA
TRINTELLIX - vortioxetine hbr tab 5 mg‡	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg‡	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg‡	4	QL (30 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg‡</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg‡</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg‡</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg‡</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg‡</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg‡</i>	2	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 75 mg‡</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg‡</i>	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg‡	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg‡	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg‡	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg‡	4	QL (1 kit/30 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg‡</i>	3	BD
<i>aprepitant capsule 40 mg‡</i>	3	BD
<i>aprepitant capsule 80 mg‡</i>	3	BD
<i>aprepitant capsule 125 mg‡</i>	3	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml‡	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml‡	4	PA
<i>chlorpromazine hcl tab 10 mg‡</i>	4	PA
<i>chlorpromazine hcl tab 25 mg‡</i>	4	PA
<i>chlorpromazine hcl tab 50 mg‡</i>	4	PA
<i>chlorpromazine hcl tab 100 mg‡</i>	4	PA
<i>chlorpromazine hcl tab 200 mg‡</i>	4	PA
<i>dronabinol cap 2.5 mg‡</i>	4	BD
<i>dronabinol cap 5 mg‡</i>	4	BD
<i>dronabinol cap 10 mg‡</i>	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg‡	4	
<i>granisetron hcl inj 1 mg/ml‡</i>	3	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)‡</i>	3	
<i>meclizine hcl tab 12.5 mg#‡</i>	4	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)‡</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)‡</i>	2	
<i>ondansetron hcl tab 4 mg‡</i>	2	BD
<i>ondansetron hcl tab 8 mg‡</i>	2	BD
<i>ondansetron hcl tab 24 mg‡</i>	2	BD
<i>ondansetron orally disintegrating tab 4 mg‡</i>	2	BD
<i>ondansetron orally disintegrating tab 8 mg‡</i>	3	BD
<i>palonosetron hcl iv soln 0.25 mg/5ml‡</i>	4	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml‡	4	
<i>perphenazine tab 2 mg‡</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 4 mg†</i>	3	PA
<i>perphenazine tab 8 mg†</i>	3	PA
<i>perphenazine tab 16 mg†</i>	3	PA
<i>prochlorperazine edisylate inj 5 mg/ml†</i>	4	
<i>prochlorperazine maleate tab 5 mg†</i>	2	
<i>prochlorperazine maleate tab 10 mg†</i>	2	
<i>prochlorperazine suppos 25 mg†</i>	3	
<i>promethazine hcl syrup 6.25 mg/5ml#†</i>	4	PA
<i>promethazine hcl tab 25 mg#†</i>	4	PA
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for inj 50 mg†	4	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg	5	
CANCIDAS - caspofungin acetate for iv soln 70 mg	5	
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	5	
<i>ciclopirox solution 8%†</i>	3	
<i>clotrimazole troche 10 mg†</i>	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA
<i>fluconazole for susp 10 mg/ml†</i>	2	
<i>fluconazole for susp 40 mg/ml†</i>	2	
<i>fluconazole in dextrose inj 400 mg/200ml†</i>	2	
<i>fluconazole in dextrose inj 200 mg/100ml†</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml†</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml†</i>	3	
<i>fluconazole tab 50 mg†</i>	2	
<i>fluconazole tab 100 mg†</i>	2	
<i>fluconazole tab 150 mg†</i>	2	
<i>fluconazole tab 200 mg†</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml†</i>	2	
<i>itraconazole cap 100 mg†</i>	4	
<i>ketoconazole cream 2%†</i>	3	
<i>ketoconazole shampoo 2%†</i>	2	
<i>ketoconazole tab 200 mg†</i>	2	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)‡	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
<i>nystatin cream 100000 unit/gm‡</i>	2	
<i>nystatin oint 100000 unit/gm‡</i>	2	
<i>nystatin susp 100000 unit/ml‡</i>	2	
<i>nystatin topical powder 100000 unit/gm‡</i>	3	
<i>terbinafine hcl tab 250 mg‡</i>	2	
<i>terconazole vaginal cream 0.8%‡</i>	2	
<i>terconazole vaginal cream 0.4%‡</i>	2	
<i>voriconazole for inj 200 mg‡</i>	3	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	5	PA
<i>voriconazole tab 200 mg</i>	5	PA
Antigout Agents		
<i>allopurinol tab 100 mg‡</i>	2	
<i>allopurinol tab 300 mg‡</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg‡</i>	3	
COLCRYS - colchicine tab 0.6 mg‡	3	
<i>probenecid tab 500 mg‡</i>	3	
ULORIC - febuxostat tab 40 mg‡	3	ST
ULORIC - febuxostat tab 80 mg‡	3	ST
Antimigraine Agents		
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml‡	3	QL (8 mls/28 days)
<i>naratriptan hcl tab 1 mg‡</i>	3	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg‡</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg‡</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg‡</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg‡</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg‡</i>	3	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act‡</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act‡</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml‡</i>	4	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml‡</i>	4	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml‡</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml‡</i>	4	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml‡</i>	4	
<i>sumatriptan succinate tab 25 mg‡</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg‡</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg‡</i>	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
GUANIDINE HCL - guanidine hcl tab 125 mg‡	4	
<i>pyridostigmine bromide tab 60 mg‡</i>	3	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm‡	4	
<i>dapsone tab 25 mg‡</i>	2	
<i>dapsone tab 100 mg‡</i>	2	
<i>ethambutol hcl tab 100 mg‡</i>	2	
<i>ethambutol hcl tab 400 mg‡</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml‡	3	
<i>isoniazid tab 100 mg‡</i>	1	
<i>isoniazid tab 300 mg‡</i>	2	
PASER - aminosalicic acid er granules packet 4 gm‡	4	
PRIFTIN - rifapentine tab 150 mg‡	4	
<i>pyrazinamide tab 500 mg‡</i>	2	
<i>rifabutin cap 150 mg‡</i>	4	
<i>rifampin cap 150 mg‡</i>	2	
<i>rifampin cap 300 mg‡</i>	2	
<i>rifampin for inj 600 mg</i>	5	
SIRTURO - bedaquiline fumarate tab 100 mg	5	
TRECATOR - ethionamide tab 250 mg‡	4	
Antineoplastics		
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	
AFINITOR - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg	5	PA, QL (90 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg	5	PA, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg‡</i>	2	
ARRANON - nelarabine iv soln 5 mg/ml	5	
ARSENIC TRIOXIDE - arsenic trioxide inj 10 mg/10ml (1 mg/ml)‡	4	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	
BELEODAQ - belinostat for iv inj 500 mg*	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	
<i>bexarotene cap 75 mg</i>	5	PA
<i>bicalutamide tab 50 mg‡</i>	2	
BICNU - carmustine for inj 100 mg‡	4	
<i>bleomycin sulfate for inj 15 unit‡</i>	2	BD
<i>bleomycin sulfate for inj 30 unit‡</i>	3	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 50 mg	5	PA, QL (180 capsules/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	PA, QL (180 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	5	
CABOMETYX - cabozantinib s-malate tab 20 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg	5	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml‡</i>	3	
<i>carboplatin iv soln 150 mg/15ml‡</i>	3	
<i>carboplatin iv soln 450 mg/45ml‡</i>	3	
<i>carboplatin iv soln 600 mg/60ml‡</i>	3	
<i>carmustine for inj 100 mg‡</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)‡	3	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)‡</i>	3	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)‡</i>	3	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg	5	PA, QL (56 capsules/28 days)
COSMEGEN - dactinomycin for inj 0.5 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
<i>cyclophosphamide cap 25 mg‡</i>	4	BD
<i>cyclophosphamide cap 50 mg‡</i>	4	BD
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	
CYTARABINE - cytarabine inj 20 mg/ml‡	3	BD
<i>cytarabine inj pf 20 mg/ml‡</i>	3	BD
<i>cytarabine inj pf 100 mg/ml‡</i>	3	BD
DACARBAZINE - dacarbazine for inj 100 mg‡	4	
<i>dacarbazine for inj 200 mg‡</i>	3	
<i>dactinomycin for inj 0.5 mg</i>	5	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	
<i>daunorubicin hcl iv soln 20 mg/4ml‡</i>	3	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml‡	3	
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane for inj 250 mg</i>	5	
<i>dexrazoxane for inj 500 mg</i>	5	
DOCETAXEL - docetaxel for inj conc 20 mg/ml	5	
DOCETAXEL - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	

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

Drug Name	Drug Tier	Requirements/Limits
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
DOCETAXEL - docetaxel soln for iv infusion 20 mg/2ml	5	
DOCETAXEL - docetaxel soln for iv infusion 80 mg/8ml	5	
DOCETAXEL - docetaxel soln for iv infusion 160 mg/16ml	5	
DOCETAXEL - docetaxel soln for iv infusion 200 mg/20ml	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 10 mg‡</i>	4	BD
<i>doxorubicin hcl for inj 50 mg‡</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml‡</i>	3	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg‡	4	
EMPLICITI - elotuzumab for iv soln 300 mg	5	
EMPLICITI - elotuzumab for iv soln 400 mg	5	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)‡</i>	2	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)‡</i>	2	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg	5	PA, QL (120 tablets/30 days)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	
ETHYOL - amifostine for inj 500 mg	5	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg‡	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)‡</i>	3	
<i>etoposide inj 500 mg/25ml (20 mg/ml)‡</i>	3	
<i>etoposide inj 1 gm/50ml (20 mg/ml)‡</i>	3	
EVOMELA - melphalan hcl for inj 50 mg*	5	
<i>exemestane tab 25 mg‡</i>	4	
FARESTON - toremifene citrate tab 60 mg	5	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine phosphate for inj 50 mg‡</i>	3	
<i>fludarabine phosphate inj 25 mg/ml‡</i>	3	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)‡</i>	3	BD
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)‡</i>	3	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)‡</i>	3	BD
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)‡</i>	3	BD
<i>flutamide cap 125 mg‡</i>	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	
<i>gemcitabine hcl for inj 200 mg‡</i>	3	
<i>gemcitabine hcl for inj 1 gm‡</i>	3	
<i>gemcitabine hcl for inj 2 gm‡</i>	3	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)‡</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)‡</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)‡</i>	4	
GILOTRIF - afatinib dimaleate tab 20 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg‡	4	
GLEOSTINE - lomustine cap 40 mg‡	4	
GLEOSTINE - lomustine cap 100 mg‡	4	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	
HERCEPTIN - trastuzumab for iv soln 440 mg*	5	
HEXALEN - altretamine cap 50 mg	5	PA
<i>hydroxyurea cap 500 mg‡</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
ICLUSIG - ponatinib hcl tab 15 mg	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg	5	PA, QL (30 tablets/30 days)
IFOSFAMIDE - ifosfamide for inj 3 gm‡	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide for inj 1 gm‡</i>	3	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 140 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 560 mg	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml‡*	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml*	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)‡	3	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)‡</i>	3	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)‡</i>	3	
ISTODAX - romidepsin for iv inj 10 mg	5	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)*	5	
KISQALI - ribociclib succinate tab 200 mg	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KYPROLIS - carfilzomib for inj 10 mg	5	
KYPROLIS - carfilzomib for inj 30 mg	5	
KYPROLIS - carfilzomib for inj 60 mg	5	
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg‡</i>	2	
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg‡	3	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg‡	4	
<i>leucovorin calcium for inj 50 mg‡</i>	4	
<i>leucovorin calcium for inj 100 mg‡</i>	4	
<i>leucovorin calcium for inj 200 mg‡</i>	4	
<i>leucovorin calcium for inj 350 mg‡</i>	3	
<i>leucovorin calcium for inj 500 mg‡</i>	4	
<i>leucovorin calcium tab 5 mg‡</i>	2	
<i>leucovorin calcium tab 25 mg‡</i>	4	
LEUKERAN - chlorambucil tab 2 mg‡	4	
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LYNPARZA - olaparib cap 50 mg*	5	PA, QL (480 capsules/30 days)
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptapurine tab 50 mg‡</i>	2	
<i>mesna inj 100 mg/ml‡</i>	3	
MESNEX - mesna tab 400 mg‡	4	
<i>mitomycin for iv soln 5 mg‡</i>	4	
<i>mitomycin for iv soln 20 mg‡</i>	3	
<i>mitomycin for iv soln 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)‡</i>	3	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)‡</i>	3	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)‡</i>	3	
MUSTARGEN - mechlorethamine hcl for inj 10 mg‡	4	
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	
NERLYNX - neratinib maleate tab 40 mg	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPARG - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	
OPDIVO - nivolumab iv soln 40 mg/4ml*	5	
OPDIVO - nivolumab iv soln 100 mg/10ml*	5	
OPDIVO - nivolumab iv soln 240 mg/24ml*	5	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml‡</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml‡</i>	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)‡</i>	3	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)‡</i>	3	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)‡</i>	3	
PANRETIN - alitretinoin gel 0.1%	5	

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

Drug Name	Drug Tier	Requirements/Limits
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml	5	PA
RUBRACA - rucaparib camsylate tab 200 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml‡	4	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
TABLOID - thioguanine tab 40 mg‡	4	
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSO - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSO - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
<i>tamoxifen citrate tab 10 mg‡</i>	2	
<i>tamoxifen citrate tab 20 mg‡</i>	2	
TARCEVA - erlotinib hcl tab 25 mg	5	PA, QL (60 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)*	5	
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	
VELCADE - bortezomib for inj 3.5 mg	5	
VENCLEXTA - venetoclax tab 10 mg‡*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg‡*	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml‡	4	BD
<i>vincristine sulfate iv soln 1 mg/ml‡</i>	3	BD
<i>vinorelbine tartrate inj 10 mg/ml‡</i>	3	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)‡</i>	3	
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	
YONDELIS - trabectedin for inj 1 mg	5	
YONSA - abiraterone acetate tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	
ZANOSAR - streptozocin for inj 1 gm‡	4	
ZEJULA - niraparib tosylate cap 100 mg	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (150 capsules/30 days)
ZYTIGA - abiraterone acetate tab 250 mg*	5	PA, QL (120 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (60 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	5	
ALBENZA - albendazole tab 200 mg	5	
ALINIA - nitazoxanide for susp 100 mg/5ml	5	
ALINIA - nitazoxanide tab 500 mg	5	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl tab 62.5-25 mg‡</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg‡</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg‡	4	

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

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE - benznidazole tab 100 mg‡	4	
BILTRICIDE - praziquantel tab 600 mg‡	4	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg‡	3	
<i>chloroquine phosphate tab 500 mg‡</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg‡	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
<i>hydroxychloroquine sulfate tab 200 mg‡</i>	2	
<i>ivermectin tab 3 mg‡</i>	2	
<i>malathion lotion 0.5%‡</i>	3	
<i>mefloquine hcl tab 250 mg‡</i>	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg‡	4	BD
PENTAM 300 - pentamidine isethionate for soln 300 mg‡	4	BD
<i>permethrin cream 5%‡</i>	3	
<i>praziquantel tab 600 mg‡</i>	4	
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg‡	4	
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg‡</i>	3	
<i>amantadine hcl syrup 50 mg/5ml‡</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg#‡</i>	3	PA
<i>benztropine mesylate tab 1 mg#‡</i>	3	PA
<i>benztropine mesylate tab 2 mg#‡</i>	3	PA
<i>bromocriptine mesylate tab 2.5 mg‡</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg‡</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg‡</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg‡</i>	3	
<i>carbidopa & levodopa tab er 25-100 mg‡</i>	3	
<i>carbidopa & levodopa tab er 50-200 mg‡</i>	3	
<i>carbidopa & levodopa tab 10-100 mg‡</i>	2	
<i>carbidopa & levodopa tab 25-100 mg‡</i>	2	
<i>carbidopa & levodopa tab 25-250 mg‡</i>	2	
<i>entacapone tab 200 mg‡</i>	4	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr‡	4	
NEUPRO - rotigotine td patch 24hr 2 mg/24hr‡	4	
NEUPRO - rotigotine td patch 24hr 3 mg/24hr‡	4	
NEUPRO - rotigotine td patch 24hr 4 mg/24hr‡	4	
NEUPRO - rotigotine td patch 24hr 6 mg/24hr‡	4	

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO - rotigotine td patch 24hr 8 mg/24hr†	4	
<i>pramipexole dihydrochloride tab 0.125 mg†</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg†</i>	2	
<i>pramipexole dihydrochloride tab 0.5 mg†</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg†</i>	2	
<i>pramipexole dihydrochloride tab 1 mg†</i>	2	
<i>pramipexole dihydrochloride tab 1.5 mg†</i>	2	
<i>rasagiline mesylate tab 0.5 mg†</i>	4	
<i>rasagiline mesylate tab 1 mg†</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg†</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg†</i>	2	
<i>ropinirole hydrochloride tab 1 mg†</i>	2	
<i>ropinirole hydrochloride tab 2 mg†</i>	2	
<i>ropinirole hydrochloride tab 3 mg†</i>	2	
<i>ropinirole hydrochloride tab 4 mg†</i>	2	
<i>ropinirole hydrochloride tab 5 mg†</i>	2	
<i>selegiline hcl tab 5 mg†</i>	3	
Antipsychotics		
ADASUVE - loxapine aerosol powder breath activated 10 mg†	4	PA
<i>aripiprazole oral solution 1 mg/ml†</i>	4	PA, QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg†</i>	4	PA, QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg†</i>	4	PA, QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg†</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg†</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg†</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg†</i>	4	PA, QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	PA, QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	PA, QL (1 syringe/42 days)
<i>clozapine orally disintegrating tab 12.5 mg†</i>	2	PA, QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg†</i>	2	PA, QL (270 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 100 mg‡</i>	4	PA, QL (270 tablets/30 days)
<i>clozapine tab 25 mg‡</i>	3	PA, QL (90 tablets/30 days)
<i>clozapine tab 50 mg‡</i>	3	PA, QL (90 tablets/30 days)
<i>clozapine tab 100 mg‡</i>	3	PA, QL (270 tablets/30 days)
<i>clozapine tab 200 mg‡</i>	3	PA, QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg‡	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg‡	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg‡	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak‡	4	PA, QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml‡</i>	3	PA
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml‡	4	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml‡	4	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml‡	4	PA
<i>fluphenazine hcl tab 1 mg‡</i>	2	PA
<i>fluphenazine hcl tab 2.5 mg‡</i>	2	PA
<i>fluphenazine hcl tab 5 mg‡</i>	2	PA
<i>fluphenazine hcl tab 10 mg‡</i>	2	PA
GEODON - ziprasidone mesylate for inj 20 mg‡	4	PA, QL (60 vials/30 days)
<i>haloperidol decanoate im soln 50 mg/ml‡</i>	3	PA
<i>haloperidol decanoate im soln 100 mg/ml‡</i>	3	PA
<i>haloperidol lactate inj 5 mg/ml‡</i>	3	PA
<i>haloperidol lactate oral conc 2 mg/ml‡</i>	2	PA
<i>haloperidol tab 0.5 mg‡</i>	2	PA
<i>haloperidol tab 1 mg‡</i>	2	PA
<i>haloperidol tab 2 mg‡</i>	2	PA
<i>haloperidol tab 5 mg‡</i>	2	PA
<i>haloperidol tab 10 mg‡</i>	3	PA
<i>haloperidol tab 20 mg‡</i>	3	PA
INVEGA SUSTENNA - paliperidone palmitate im extend-release susp 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 39 mg/0.25ml‡	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 78 mg/0.5ml	5	PA, QL (1 kit/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 234 mg/1.5ml	5	PA, QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 273 mg/0.875ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 410 mg/1.315ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 546 mg/1.75ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg†</i>	3	PA
<i>loxapine succinate cap 10 mg†</i>	3	PA
<i>loxapine succinate cap 25 mg†</i>	3	PA
<i>loxapine succinate cap 50 mg†</i>	3	PA
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
NUPLAZID - pimavanserin tartrate tab 17 mg*	5	PA, QL (60 tablets/30 days)
<i>olanzapine for im inj 10 mg†</i>	3	PA, QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg†</i>	3	PA, QL (45 tablets/30 days)
<i>olanzapine tab 5 mg†</i>	3	PA, QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg†</i>	3	PA, QL (45 tablets/30 days)
<i>olanzapine tab 10 mg†</i>	3	PA, QL (45 tablets/30 days)
<i>olanzapine tab 15 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>olanzapine tab 20 mg†</i>	3	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg†</i>	4	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg†</i>	4	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg†</i>	4	PA, QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
<i>pimozide tab 1 mg†</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>pimozide tab 2 mg†</i>	3	
<i>quetiapine fumarate tab 25 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg†</i>	2	PA, QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg†	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg†	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg†	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
<i>risperidone orally disintegrating tab 0.25 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg†</i>	3	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg†</i>	3	PA, QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml†</i>	3	PA, QL (480 mls/30 days)
<i>risperidone tab 0.25 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone tab 1 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone tab 2 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone tab 3 mg†</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone tab 4 mg†</i>	2	PA, QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg†	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg†	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg†	4	PA, QL (60 tablets/30 days)
<i>thioridazine hcl tab 10 mg†</i>	4	PA
<i>thioridazine hcl tab 25 mg†</i>	4	PA
<i>thioridazine hcl tab 50 mg†</i>	4	PA
<i>thioridazine hcl tab 100 mg†</i>	4	PA
<i>thiothixene cap 1 mg†</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>thiothixene cap 2 mg†</i>	3	PA
<i>thiothixene cap 5 mg†</i>	3	PA
<i>thiothixene cap 10 mg†</i>	3	PA
<i>trifluoperazine hcl tab 1 mg†</i>	3	PA
<i>trifluoperazine hcl tab 2 mg†</i>	3	PA
<i>trifluoperazine hcl tab 5 mg†</i>	3	PA
<i>trifluoperazine hcl tab 10 mg†</i>	3	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg†</i>	3	PA, QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg†</i>	3	PA, QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg†</i>	3	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg†</i>	3	PA, QL (60 capsules/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 10 mg†</i>	2	
<i>baclofen tab 20 mg†</i>	2	
<i>tizanidine hcl tab 2 mg†</i>	2	
<i>tizanidine hcl tab 4 mg†</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml†</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg†</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg†</i>	2	
<i>acyclovir sodium iv soln 50 mg/ml†</i>	2	BD
<i>acyclovir susp 200 mg/5ml†</i>	3	
<i>acyclovir tab 400 mg†</i>	2	
<i>acyclovir tab 800 mg†</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate cap 150 mg</i>	5	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	5	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg</i>	5	QL (30 capsules/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml†	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg‡	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg‡	3	QL (180 capsules/30 days)
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 90 mg	5	PA
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
<i>didanosine delayed release capsule 200 mg‡</i>	3	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 250 mg‡</i>	3	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 400 mg‡</i>	3	QL (30 capsules/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
<i>efavirenz cap 50 mg‡</i>	3	QL (90 capsules/30 days)
<i>efavirenz cap 200 mg</i>	5	QL (60 capsules/30 days)
<i>efavirenz tab 600 mg</i>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg‡	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml‡	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg‡</i>	4	
<i>entecavir tab 1 mg‡</i>	4	
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)‡	4	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>fosamprenavir calcium tab 700 mg</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg‡</i>	3	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg‡	4	QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
INTELENCE - etravirine tab 100 mg‡	4	QL (60 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate cap 200 mg	5	QL (300 capsules/30 days)
INVIRASE - saquinavir mesylate tab 500 mg	5	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg‡	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg‡	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg‡	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	5	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml‡</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbw)‡</i>	4	
<i>lamivudine tab 150 mg‡</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg‡</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg‡</i>	4	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml‡	4	QL (1800 mls/30 days)
LEXIVA - fosamprenavir calcium tab 700 mg	5	QL (120 tablets/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	QL (480 mls/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml‡</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 100 mg‡</i>	3	QL (90 tablets/30 days)
<i>nevirapine tab er 24hr 400 mg‡</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg‡</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir cap 100 mg‡	4	QL (360 capsules/30 days)
NORVIR - ritonavir oral soln 80 mg/ml‡	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg‡	4	QL (360 packets/30 days)
NORVIR - ritonavir tab 100 mg‡	4	QL (360 tablets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate cap 30 mg†</i>	2	
<i>oseltamivir phosphate cap 45 mg†</i>	2	
<i>oseltamivir phosphate cap 75 mg†</i>	2	
<i>oseltamivir phosphate for susp 6 mg/ml†</i>	4	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 135 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir ethanolate tab 75 mg†	4	QL (300 tablets/30 days)
PREZISTA - darunavir ethanolate tab 150 mg†	4	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister†	4	
RESCRIPTOR - delavirdine mesylate tab 100 mg†	4	QL (360 tablets/30 days)
RESCRIPTOR - delavirdine mesylate tab 200 mg†	4	QL (180 tablets/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml†	4	
REYATAZ - atazanavir sulfate cap 150 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate cap 200 mg	5	QL (60 capsules/30 days)
REYATAZ - atazanavir sulfate cap 300 mg	5	QL (30 capsules/30 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg†</i>	2	
<i>ribavirin tab 200 mg†</i>	3	
<i>rimantadine hydrochloride tab 100 mg†</i>	2	
<i>ritonavir tab 100 mg†</i>	4	QL (360 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg†	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
<i>stavudine cap 15 mg†</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 20 mg†</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 30 mg†</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 40 mg†</i>	2	QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUSTIVA - efavirenz cap 50 mg‡	4	QL (90 capsules/30 days)
SUSTIVA - efavirenz cap 200 mg	5	QL (60 capsules/30 days)
SUSTIVA - efavirenz tab 600 mg	5	QL (30 tablets/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml‡	4	
TECHNIVIE - ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	5	PA
<i>tenofovir disoproxil fumarate tab 300 mg</i>	5	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg‡	4	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)	5	QL (14 vials/28 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg‡	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg‡</i>	2	
<i>valacyclovir hcl tab 1 gm‡</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	5	
VIDEX - didanosine for soln 2 gm‡	4	QL (1200 mls/30 days)
VIDEX - didanosine for soln 4 gm‡	4	QL (1200 mls/30 days)
VIDEX EC - didanosine delayed release capsule 125 mg‡	4	QL (30 capsules/30 days)
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIEKIRA XR - dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIRAMUNE - nevirapine susp 50 mg/5ml‡	4	QL (1200 mls/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZERIT - stavudine for oral soln 1 mg/ml‡	4	QL (2400 mls/30 days)
ZIAGEN - abacavir sulfate soln 20 mg/ml‡	4	QL (960 mls/30 days)
zidovudine cap 100 mg‡	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml‡	2	QL (1920 mls/30 days)
zidovudine tab 300 mg‡	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg‡	3	QL (120 tablets/30 days)
alprazolam tab 0.5 mg‡	3	QL (120 tablets/30 days)
alprazolam tab 1 mg‡	3	QL (120 tablets/30 days)
alprazolam tab 2 mg‡	3	QL (150 tablets/30 days)
bupirone hcl tab 5 mg‡	2	
bupirone hcl tab 7.5 mg‡	3	
bupirone hcl tab 10 mg‡	2	
bupirone hcl tab 15 mg‡	2	
bupirone hcl tab 30 mg‡	2	
clonazepam orally disintegrating tab 0.125 mg‡	3	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg‡	3	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg‡	3	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg‡	3	PA, QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg‡	3	PA, QL (300 tablets/30 days)
clonazepam tab 0.5 mg‡	1	PA, QL (120 tablets/30 days)
clonazepam tab 1 mg‡	1	PA, QL (120 tablets/30 days)
clonazepam tab 2 mg‡	1	PA, QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg‡	2	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg‡	2	PA, QL (90 tablets/30 days)
clorazepate dipotassium tab 15 mg‡	2	PA, QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml‡	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg‡	2	PA, QL (120 tablets/30 days)
diazepam tab 5 mg‡	2	PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tab 10 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>lorazepam tab 0.5 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>lorazepam tab 1 mg†</i>	2	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg†</i>	1	PA, QL (150 tablets/30 days)
Bipolar Agents		
LITHIUM - lithium oral solution 8 meq/5ml†	4	
<i>lithium carbonate cap 150 mg†</i>	3	
<i>lithium carbonate cap 300 mg†</i>	1	
<i>lithium carbonate cap 600 mg†</i>	3	
<i>lithium carbonate tab er 300 mg†</i>	2	
<i>lithium carbonate tab er 450 mg†</i>	2	
<i>lithium carbonate tab 300 mg†</i>	2	
Blood Glucose Regulators		
<i>acarbose tab 25 mg†</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg†</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg†</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS†	3	
BYDUREON - exenatide for inj extended release susp 2 mg†	3	QL (4 vials/28 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml†	3	QL (4 pens/28 days)
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg†	3	QL (4 pens/28 days)
GAUZE PADS 2" X 2"†	3	
<i>glimepiride tab 1 mg†</i>	2	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg†</i>	2	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg†</i>	2	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg†</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg†</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg†</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg†</i>	2	QL (240 tablets/30 days)
<i>glipizide tab 10 mg†</i>	2	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg†	4	
HUMALOG - insulin lispro inj 100 unit/ml†	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml†	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml†	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml†	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml†	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)†	3	QL (6 vials/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)‡	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)‡	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)‡	3	QL (20 pens/30 days)
HUMAPEN LUXURA HD - injection device for insulin‡	3	
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml‡	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml‡	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml‡	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml‡	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml‡	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)‡	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)‡	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE‡	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg‡	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg‡	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg‡	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg‡	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg‡	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg‡	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg‡	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg‡	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg‡	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg‡	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg‡	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg‡	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg‡	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg‡	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg‡	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg‡	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg‡	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg‡	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE - empagliflozin tab 10 mg†	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg†	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg†	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg†	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg†	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg†	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg†	4	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg†	3	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg†	3	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg†	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml†	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml†	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg†</i>	2	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg†</i>	2	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg†</i>	2	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg†</i>	2	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg†</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg†</i>	3	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg†</i>	3	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg†	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg†	3	QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)†	3	QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)†	3	QL (2 pens/28 days)
<i>pioglitazone hcl tab 15 mg†</i>	2	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg†</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg†</i>	2	QL (30 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml†	3	
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)†	4	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)†	4	
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml†	3	QL (60 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml‡	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg‡	4	QL (30 tablets/30 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)‡	3	QL (1 package/30 days)
Blood Products/Modifiers/Volume Expanders		
<i>anagrelide hcl cap 0.5 mg‡</i>	3	
<i>anagrelide hcl cap 1 mg‡</i>	3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg‡</i>	3	
<i>azacitidine for inj 100 mg</i>	5	
BEVYXXA - betrixaban maleate cap 40 mg‡	4	QL (43 capsules/42 days)
BEVYXXA - betrixaban maleate cap 80 mg‡	4	QL (43 capsules/42 days)
BRILINTA - ticagrelor tab 60 mg‡	3	
BRILINTA - ticagrelor tab 90 mg‡	3	
<i>cilostazol tab 50 mg‡</i>	2	
<i>cilostazol tab 100 mg‡</i>	2	
<i>clopidogrel bisulfate tab 75 mg‡</i>	1	
EFFIENT - prasugrel hcl tab 5 mg‡	3	
EFFIENT - prasugrel hcl tab 10 mg‡	3	
ELIQUIS - apixaban tab 2.5 mg‡	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg‡	3	QL (120 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab 5 mg‡	3	QL (120 tablets/30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 40 mg/0.4ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 60 mg/0.6ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 80 mg/0.8ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 100 mg/ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 120 mg/0.8ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 150 mg/ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml‡</i>	4	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml‡	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml‡	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml‡	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml‡	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml‡	4	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml‡</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	

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

Drug Name	Drug Tier	Requirements/Limits
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	
heparin sodium (porcine) inj 1000 unit/ml‡	3	
heparin sodium (porcine) inj 5000 unit/ml‡	3	
heparin sodium (porcine) inj 10000 unit/ml‡	3	
heparin sodium (porcine) inj 20000 unit/ml‡	3	
heparin sodium (porcine) pf inj 5000 unit/0.5ml‡	2	
heparin sodium (porcine) 40 unit/ml in d5w‡	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
PRADAXA - dabigatran etexilate mesylate cap 75 mg‡	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg‡	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg‡	4	QL (60 capsules/30 days)
prasugrel hcl tab 5 mg‡	3	
prasugrel hcl tab 10 mg‡	3	
PROCRT - epoetin alfa inj 2000 unit/ml‡	4	PA
PROCRT - epoetin alfa inj 3000 unit/ml‡	4	PA
PROCRT - epoetin alfa inj 4000 unit/ml‡	4	PA
PROCRT - epoetin alfa inj 10000 unit/ml‡	4	PA
PROCRT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml‡	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml‡	4	PA
tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)‡	3	
tranexamic acid tab 650 mg‡	3	
warfarin sodium tab 1 mg‡	2	
warfarin sodium tab 2 mg‡	2	
warfarin sodium tab 2.5 mg‡	2	
warfarin sodium tab 3 mg‡	2	
warfarin sodium tab 4 mg‡	2	
warfarin sodium tab 5 mg‡	2	
warfarin sodium tab 6 mg‡	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 7.5 mg†</i>	2	
<i>warfarin sodium tab 10 mg†</i>	2	
XARELTO - rivaroxaban tab 10 mg†	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg†	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg†	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg†	3	QL (51 tablets/30 days)
Cardiovascular Agents		
<i>acetazolamide cap er 12hr 500 mg†</i>	2	
<i>acetazolamide tab 125 mg†</i>	2	
<i>acetazolamide tab 250 mg†</i>	2	
<i>amiloride hcl tab 5 mg†</i>	2	
<i>amiodarone hcl tab 200 mg†</i>	2	
<i>amiodarone hcl tab 400 mg†</i>	2	
<i>amlodipine besylate tab 2.5 mg†</i>	2	
<i>amlodipine besylate tab 5 mg†</i>	2	
<i>amlodipine besylate tab 10 mg†</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg†</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg†</i>	2	QL (30 tablets/30 days)
<i>atenolol tab 25 mg†</i>	2	
<i>atenolol tab 50 mg†</i>	2	
<i>atenolol tab 100 mg†</i>	2	
<i>atorvastatin calcium tab 10 mg†</i>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg†</i>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg†</i>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg†</i>	2	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg†</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg†</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg†</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg†</i>	2	
<i>benazepril hcl tab 5 mg†</i>	2	
<i>benazepril hcl tab 10 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 20 mg†</i>	2	
<i>benazepril hcl tab 40 mg†</i>	2	
<i>bisoprolol fumarate tab 5 mg†</i>	2	
<i>bisoprolol fumarate tab 10 mg†</i>	2	
<i>bumetanide inj 0.25 mg/ml†</i>	3	
<i>bumetanide tab 0.5 mg†</i>	2	
<i>bumetanide tab 1 mg†</i>	2	
<i>bumetanide tab 2 mg†</i>	2	
<i>captopril tab 12.5 mg†</i>	2	
<i>captopril tab 25 mg†</i>	2	
<i>captopril tab 50 mg†</i>	2	
<i>captopril tab 100 mg†</i>	2	
<i>carvedilol tab 3.125 mg†</i>	1	
<i>carvedilol tab 6.25 mg†</i>	1	
<i>carvedilol tab 12.5 mg†</i>	1	
<i>carvedilol tab 25 mg†</i>	1	
<i>chlorthalidone tab 25 mg†</i>	2	
<i>chlorthalidone tab 50 mg†</i>	2	
<i>cholestyramine light powder packets 4 gm†</i>	2	
<i>cholestyramine light powder 4 gm/dose†</i>	2	
<i>cholestyramine powder packets 4 gm†</i>	2	
<i>cholestyramine powder 4 gm/dose†</i>	2	
<i>clonidine hcl tab 0.1 mg†</i>	2	
<i>clonidine hcl tab 0.2 mg†</i>	2	
<i>clonidine hcl tab 0.3 mg†</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr†</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr†</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr†</i>	2	
<i>colesevelam hcl packet for susp 3.75 gm†</i>	4	
<i>colesevelam hcl tab 625 mg†</i>	4	
<i>colestipol hcl granule packets 5 gm†</i>	2	
<i>colestipol hcl granules 5 gm†</i>	2	
<i>colestipol hcl tab 1 gm†</i>	2	
CORLANOR - ivabradine hcl tab 5 mg†	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg†	3	PA, QL (60 tablets/30 days)
DEMSEER - metyrosine cap 250 mg	5	
DIGOXIN - digoxin oral soln 0.05 mg/ml#†	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#†</i>	2	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)#‡</i>	4	PA, QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg‡</i>	3	
<i>diltiazem hcl cap er 12hr 90 mg‡</i>	3	
<i>diltiazem hcl cap er 12hr 120 mg‡</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg‡</i>	3	
<i>diltiazem hcl cap er 24hr 180 mg‡</i>	3	
<i>diltiazem hcl cap er 24hr 240 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg‡</i>	4	
<i>diltiazem hcl tab 30 mg‡</i>	2	
<i>diltiazem hcl tab 60 mg‡</i>	2	
<i>diltiazem hcl tab 90 mg‡</i>	2	
<i>diltiazem hcl tab 120 mg‡</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)‡</i>	4	
<i>dofetilide cap 250 mcg (0.25 mg)‡</i>	4	
<i>dofetilide cap 500 mcg (0.5 mg)‡</i>	4	
<i>doxazosin mesylate tab 1 mg‡</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg‡</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 4 mg‡</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg‡</i>	2	QL (60 tablets/30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg‡</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg‡</i>	2	
<i>enalapril maleate tab 2.5 mg‡</i>	2	
<i>enalapril maleate tab 5 mg‡</i>	2	
<i>enalapril maleate tab 10 mg‡</i>	2	
<i>enalapril maleate tab 20 mg‡</i>	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg‡	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg‡	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg‡	3	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe tab 10 mg†</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg†</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg†</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg†</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg†</i>	3	QL (30 tablets/30 days)
<i>fenofibrate micronized cap 67 mg†</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg†</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg†</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg†</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg†</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg†</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg†</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg†</i>	2	
<i>flecainide acetate tab 100 mg†</i>	2	
<i>flecainide acetate tab 150 mg†</i>	2	
<i>fosinopril sodium tab 10 mg†</i>	2	
<i>fosinopril sodium tab 20 mg†</i>	2	
<i>fosinopril sodium tab 40 mg†</i>	2	
<i>furosemide inj 10 mg/ml†</i>	3	
<i>furosemide oral soln 10 mg/ml†</i>	2	
<i>furosemide tab 20 mg†</i>	1	
<i>furosemide tab 40 mg†</i>	2	
<i>furosemide tab 80 mg†</i>	2	
<i>gemfibrozil tab 600 mg†</i>	2	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg†</i>	2	
<i>hydralazine hcl tab 25 mg†</i>	2	
<i>hydralazine hcl tab 50 mg†</i>	2	
<i>hydralazine hcl tab 100 mg†</i>	2	
<i>hydrochlorothiazide cap 12.5 mg†</i>	2	
<i>hydrochlorothiazide tab 12.5 mg†</i>	1	
<i>hydrochlorothiazide tab 25 mg†</i>	1	
<i>hydrochlorothiazide tab 50 mg†</i>	1	
<i>irbesartan tab 75 mg†</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg†</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg†</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 10 mg†</i>	2	
<i>isosorbide dinitrate tab 20 mg†</i>	3	
<i>isosorbide mononitrate tab er 24hr 30 mg†</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg†</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg†</i>	2	
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA
<i>labetalol hcl tab 100 mg†</i>	2	
<i>labetalol hcl tab 200 mg†</i>	2	
<i>labetalol hcl tab 300 mg†</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg†</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg†</i>	2	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg†</i>	2	
<i>lisinopril tab 2.5 mg†</i>	2	
<i>lisinopril tab 5 mg†</i>	2	
<i>lisinopril tab 10 mg†</i>	2	
<i>lisinopril tab 20 mg†</i>	2	
<i>lisinopril tab 30 mg†</i>	2	
<i>lisinopril tab 40 mg†</i>	2	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg†</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg†</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg†</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg†</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg†</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg†</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg†</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg†</i>	2	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg†</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg†</i>	4	
<i>methazolamide tab 50 mg†</i>	4	
<i>metoprolol succinate tab er 24hr 25 mg†</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg†</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg†</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg†</i>	2	
<i>metoprolol tartrate tab 25 mg†</i>	1	
<i>metoprolol tartrate tab 50 mg†</i>	2	
<i>metoprolol tartrate tab 100 mg†</i>	1	
<i>mexiletine hcl cap 150 mg†</i>	2	
<i>mexiletine hcl cap 200 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl cap 250 mg†</i>	2	
<i>midodrine hcl tab 2.5 mg†</i>	2	
<i>midodrine hcl tab 5 mg†</i>	2	
<i>midodrine hcl tab 10 mg†</i>	2	
<i>minoxidil tab 2.5 mg†</i>	2	
<i>minoxidil tab 10 mg†</i>	2	
MULTAQ - dronedarone hcl tab 400 mg†	3	
<i>niacin tab er 500 mg†</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg†</i>	2	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg†</i>	2	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg†</i>	3	
<i>nifedipine tab er 24hr 60 mg†</i>	3	
<i>nifedipine tab er 24hr 90 mg†</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg†</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg†</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg†</i>	3	
<i>nimodipine cap 30 mg</i>	5	
<i>nitroglycerin sl tab 0.3 mg†</i>	2	
<i>nitroglycerin sl tab 0.4 mg†</i>	2	
<i>nitroglycerin sl tab 0.6 mg†</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr†</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr†</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr†</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr†</i>	2	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
<i>olmesartan medoxomil tab 5 mg†</i>	2	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg†</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg†</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg†</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm†</i>	2	
<i>pentoxifylline tab er 400 mg†</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg†</i>	2	
<i>pindolol tab 10 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
PRALUENT - alirocumab subcutaneous soln pen-injector 75 mg/ml*	5	PA, QL (2 pens/28 days)
PRALUENT - alirocumab subcutaneous soln pen-injector 150 mg/ml*	5	PA, QL (2 pens/28 days)
<i>pravastatin sodium tab 10 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg‡</i>	2	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg‡</i>	2	
<i>prazosin hcl cap 2 mg‡</i>	2	
<i>prazosin hcl cap 5 mg‡</i>	3	
<i>propafenone hcl cap er 12hr 225 mg‡</i>	4	
<i>propafenone hcl cap er 12hr 325 mg‡</i>	4	
<i>propafenone hcl cap er 12hr 425 mg‡</i>	4	
<i>propafenone hcl tab 150 mg‡</i>	2	
<i>propafenone hcl tab 225 mg‡</i>	2	
<i>propafenone hcl tab 300 mg‡</i>	2	
<i>propranolol hcl inj 1 mg/ml‡</i>	2	
<i>propranolol hcl tab 10 mg‡</i>	2	
<i>propranolol hcl tab 20 mg‡</i>	2	
<i>propranolol hcl tab 40 mg‡</i>	2	
<i>propranolol hcl tab 80 mg‡</i>	2	
<i>quinapril hcl tab 5 mg‡</i>	2	
<i>quinapril hcl tab 10 mg‡</i>	2	
<i>quinapril hcl tab 20 mg‡</i>	2	
<i>quinapril hcl tab 40 mg‡</i>	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg‡	4	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg‡	4	
<i>ramipril cap 1.25 mg‡</i>	2	
<i>ramipril cap 2.5 mg‡</i>	2	
<i>ramipril cap 5 mg‡</i>	1	
<i>ramipril cap 10 mg‡</i>	2	
RANEXA - ranolazine tab er 12hr 500 mg‡	3	QL (60 tablets/30 days)
RANEXA - ranolazine tab er 12hr 1000 mg‡	3	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5	PA, QL (2 pens/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 5 mg†</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg†</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg†</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg†</i>	2	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg†</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg†</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg†</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg†</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg†</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/afl) tab 80 mg†</i>	2	
<i>sotalol hcl (afib/afl) tab 120 mg†</i>	3	
<i>sotalol hcl (afib/afl) tab 160 mg†</i>	2	
<i>sotalol hcl tab 80 mg†</i>	2	
<i>sotalol hcl tab 120 mg†</i>	2	
<i>sotalol hcl tab 160 mg†</i>	2	
<i>sotalol hcl tab 240 mg†</i>	2	
<i>spironolactone tab 25 mg†</i>	1	
<i>spironolactone tab 50 mg†</i>	2	
<i>spironolactone tab 100 mg†</i>	2	
TEKTURNA - aliskiren fumarate tab 150 mg†	3	QL (30 tablets/30 days)
TEKTURNA - aliskiren fumarate tab 300 mg†	3	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg†</i>	2	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg†</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg†</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg†</i>	2	QL (60 capsules/30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg†</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg†</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg†</i>	2	
<i>valsartan tab 40 mg†</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 80 mg†</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 160 mg†</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 320 mg†</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg†</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg†</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg†</i>	2	QL (30 tablets/30 days)
<i>verapamil hcl tab er 120 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab er 180 mg†</i>	2	
<i>verapamil hcl tab er 240 mg†</i>	2	
<i>verapamil hcl tab 40 mg†</i>	2	
<i>verapamil hcl tab 80 mg†</i>	2	
<i>verapamil hcl tab 120 mg†</i>	2	
WELCHOL - colesevelam hcl packet for susp 3.75 gm†	4	
WELCHOL - colesevelam hcl tab 625 mg†	4	
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg†</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg†</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg†</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg†</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg†</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg†</i>	4	QL (30 capsules/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*	5	PA
<i>atomoxetine hcl cap 10 mg†</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg†</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg†</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg†</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg†</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg†</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg†</i>	4	QL (30 capsules/30 days)
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg†</i>	4	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg*</i>	5	PA
<i>dexmethylphenidate hcl tab 2.5 mg†</i>	2	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg†</i>	2	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg†</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate tab 5 mg†</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg†</i>	3	QL (180 tablets/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 20 mg‡</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg‡</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg‡</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg‡</i>	3	QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg‡	3	
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
<i>riluzole tab 50 mg‡</i>	4	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg*</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg*</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
Dental and Oral Agents		
<i>chlorhexidine gluconate soln 0.12%‡</i>	2	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg‡</i>	3	
<i>pilocarpine hcl tab 7.5 mg‡</i>	3	
Dermatological Agents		
<i>acitretin cap 10 mg‡</i>	4	
<i>acitretin cap 17.5 mg‡</i>	4	
<i>acitretin cap 25 mg‡</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%‡</i>	4	
<i>calcipotriene cream 0.005%‡</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)‡</i>	3	
<i>clobetasol propionate cream 0.05%‡</i>	3	
<i>clobetasol propionate emollient base cream 0.05%‡</i>	3	
<i>clobetasol propionate gel 0.05%‡</i>	4	
<i>clobetasol propionate oint 0.05%‡</i>	4	
<i>clobetasol propionate soln 0.05%‡</i>	3	
<i>clotrimazole w/ betamethasone cream 1-0.05%‡</i>	2	
ELIDEL - pimecrolimus cream 1%‡	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
FINACEA - azelaic acid foam 15%‡	4	
FINACEA - azelaic acid gel 15%‡	4	
fluocinonide cream 0.05%‡	2	
fluocinonide emulsified base cream 0.05%‡	3	
fluocinonide gel 0.05%‡	3	
fluorouracil cream 5%‡	4	
gentamicin sulfate cream 0.1%‡	2	
gentamicin sulfate oint 0.1%‡	3	
hydrocortisone cream 1%‡	2	
hydrocortisone cream 2.5%‡	1	
hydrocortisone lotion 2.5%‡	2	
hydrocortisone oint 1%‡	2	
hydrocortisone oint 2.5%‡	2	
imiquimod cream 5%‡	3	PA
isotretinoin cap 10 mg‡	3	
isotretinoin cap 20 mg‡	4	
isotretinoin cap 30 mg‡	4	
isotretinoin cap 40 mg‡	4	
lactic acid (ammonium lactate) cream 12%‡	2	
lactic acid (ammonium lactate) lotion 12%‡	3	
metronidazole cream 0.75%‡	3	
metronidazole gel 0.75%‡	3	
metronidazole lotion 0.75%‡	4	
mupirocin oint 2%‡	2	
podofilox soln 0.5%‡	3	
SANTYL - collagenase oint 250 unit/gm‡	3	
selenium sulfide lotion 2.5%‡	2	
silver sulfadiazine cream 1%‡	4	
SOOLANTRA - ivermectin cream 1%‡	3	
tacrolimus oint 0.03%‡	4	PA
tacrolimus oint 0.1%‡	4	PA
tazarotene cream 0.1%‡	4	
TAZORAC - tazarotene cream 0.05%‡	4	
TAZORAC - tazarotene gel 0.05%‡	4	
TAZORAC - tazarotene gel 0.1%‡	4	
tretinoin gel 0.025%‡	3	
triamcinolone acetonide cream 0.025%‡	2	
triamcinolone acetonide cream 0.1%‡	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide cream 0.5%‡</i>	2	
<i>triamcinolone acetonide oint 0.025%‡</i>	2	
<i>triamcinolone acetonide oint 0.1%‡</i>	2	
<i>triamcinolone acetonide oint 0.5%‡</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
<i>amino acid infusion 6%‡</i>	3	BD
<i>calcium acetate cap 667 mg‡</i>	2	
<i>calcium acetate tab 667 mg‡</i>	2	
CARBAGLU - carglumic acid tab 200 mg	5	
CHEMET - succimer cap 100 mg‡	4	
<i>dextrose inj 5%‡</i>	4	
<i>dextrose inj 10%‡</i>	4	
<i>dextrose 5% in lactated ringers‡</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.33%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%‡</i>	4	
EXJADE - deferasirox tab for oral susp 125 mg*	5	
EXJADE - deferasirox tab for oral susp 250 mg*	5	
EXJADE - deferasirox tab for oral susp 500 mg*	5	
<i>fat emulsion iv soln 20%‡</i>	4	BD
FOSRENOL - lanthanum carbonate chew tab 500 mg	5	
FOSRENOL - lanthanum carbonate chew tab 750 mg	5	
FOSRENOL - lanthanum carbonate chew tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	
HEPATAMINE - amino acid infusion 8%‡	4	BD
JADENU - deferasirox tab 90 mg	5	
JADENU - deferasirox tab 180 mg	5	
JADENU - deferasirox tab 360 mg	5	
JADENU SPRINKLE - deferasirox granules packet 90 mg	5	
JADENU SPRINKLE - deferasirox granules packet 180 mg	5	
JADENU SPRINKLE - deferasirox granules packet 360 mg	5	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj‡</i>	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj‡</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj‡</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>lactated ringer's solution‡</i>	4	
<i>lanthanum carbonate chew tab 500 mg</i>	5	
<i>lanthanum carbonate chew tab 750 mg</i>	5	
<i>lanthanum carbonate chew tab 1000 mg</i>	5	
<i>levocarnitine oral soln 1 gm/10ml (10%)‡</i>	4	
<i>levocarnitine tab 330 mg‡</i>	4	
<i>magnesium sulfate inj 50%‡</i>	3	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln‡	4	
<i>potassium chloride cap er 8 meq‡</i>	2	
<i>potassium chloride cap er 10 meq‡</i>	2	
<i>potassium chloride inj 2 meq/ml‡</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq‡</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq‡</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)‡</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)‡</i>	3	
<i>potassium chloride tab er 10 meq‡</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj‡</i>	4	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 40 meq/l (0.3%) in dextrose 5% inj‡	4	
<i>potassium citrate tab er 5 meq (540 mg)‡</i>	2	
<i>potassium citrate tab er 10 meq (1080 mg)‡</i>	2	
<i>potassium citrate tab er 15 meq (1620 mg)‡</i>	2	
RENVELA - sevelamer carbonate tab 800 mg	5	
<i>sevelamer carbonate packet 0.8 gm</i>	5	
<i>sevelamer carbonate packet 2.4 gm</i>	5	
<i>sevelamer carbonate tab 800 mg</i>	5	
<i>sodium chloride inj 0.45%‡</i>	4	
<i>sodium chloride iv soln 0.9%‡</i>	4	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml‡</i>	3	
<i>sodium polystyrene sulfonate powder‡</i>	3	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml‡</i>	3	
SYPRINE - trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
<i>trientine hcl cap 250 mg</i>	5	PA, QL (240 capsules/30 days)
<i>water for irrigation, sterile irrigation soln‡</i>	4	
Gastrointestinal Agents		
<i>alosetron hcl tab 0.5 mg‡</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>alosetron hcl tab 1 mg</i>	5	
AMITIZA - lubiprostone cap 8 mcg‡	3	PA
AMITIZA - lubiprostone cap 24 mcg‡	3	PA
CHENODAL - chenodiol tab 250 mg*	5	
<i>dicyclomine hcl cap 10 mg##‡</i>	3	PA
<i>dicyclomine hcl tab 20 mg##‡</i>	4	PA
<i>esomeprazole sodium for intravenous soln 40 mg‡</i>	3	
<i>famotidine inj 20 mg/2ml‡</i>	3	
<i>famotidine inj 40 mg/4ml‡</i>	2	
<i>famotidine inj 200 mg/20ml‡</i>	2	
<i>famotidine tab 20 mg‡</i>	1	
<i>famotidine tab 40 mg‡</i>	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>glycopyrrolate tab 1 mg‡</i>	2	
<i>glycopyrrolate tab 2 mg‡</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml‡</i>	2	
<i>lactulose solution 10 gm/15ml‡</i>	2	
LINZESS - linaclotide cap 72 mcg‡	3	PA
LINZESS - linaclotide cap 145 mcg‡	3	PA
LINZESS - linaclotide cap 290 mcg‡	3	PA
<i>loperamide hcl cap 2 mg‡</i>	2	
<i>metoclopramide hcl inj 5 mg/ml‡</i>	3	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)‡</i>	2	
<i>metoclopramide hcl tab 5 mg‡</i>	2	
<i>metoclopramide hcl tab 10 mg‡</i>	1	
<i>misoprostol tab 100 mcg‡</i>	2	
<i>misoprostol tab 200 mcg‡</i>	2	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
<i>omeprazole cap delayed release 10 mg‡</i>	2	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg‡</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg‡</i>	2	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg‡</i>	2	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg‡</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg‡</i>	2	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm‡</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm‡</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm‡</i>	2	
<i>polyethylene glycol 3350 oral packet‡</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral powder</i> ‡	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i> ‡	2	
<i>ranitidine hcl tab 150 mg</i> ‡	2	
<i>ranitidine hcl tab 300 mg</i> ‡	2	
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
<i>sucralfate tab 1 gm</i> ‡	2	
<i>ursodiol cap 300 mg</i> ‡	4	
<i>ursodiol tab 250 mg</i> ‡	3	
<i>ursodiol tab 500 mg</i> ‡	3	
XIFAXAN - rifaximin tab 550 mg	5	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ADAGEN - pegademase bovine inj 250 unit/ml*	5	
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	
CEREZYME - imiglucerase for inj 400 unit*	5	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit‡	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit‡	3	
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg‡*	4	
CYSTAGON - cysteamine bitartrate cap 150 mg‡*	4	
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)*	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
LUMIZYME - alglucosidase alfa for iv soln 50 mg	5	
<i>miglustat cap 100 mg</i> *	5	PA, QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	
<i>sodium phenylbutyrate tab 500 mg</i>	5	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	
ZAVESCA - miglustat cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit‡	3	
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg‡</i>	2	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bethanechol chloride tab 5 mg†</i>	2	
<i>bethanechol chloride tab 10 mg†</i>	2	
<i>bethanechol chloride tab 25 mg†</i>	2	
<i>bethanechol chloride tab 50 mg†</i>	2	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
<i>finasteride tab 5 mg†</i>	2	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	5	
<i>oxybutynin chloride syrup 5 mg/5ml†</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab 5 mg†</i>	2	QL (120 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg†</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg†</i>	2	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg†</i>	2	QL (30 capsules/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg†	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg†	3	QL (30 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE - cortisone acetate tab 25 mg†	4	
<i>dexamethasone elixir 0.5 mg/5ml†</i>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml†</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml†</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml†</i>	2	
<i>dexamethasone tab 0.5 mg†</i>	2	
<i>dexamethasone tab 0.75 mg†</i>	1	
<i>dexamethasone tab 1.5 mg†</i>	1	
<i>dexamethasone tab 4 mg†</i>	2	
<i>dexamethasone tab 6 mg†</i>	2	
<i>fludrocortisone acetate tab 0.1 mg†</i>	2	
<i>hydrocortisone tab 10 mg†</i>	2	
<i>methylprednisolone sod succ for inj 40 mg†</i>	3	
<i>methylprednisolone sod succ for inj 125 mg†</i>	3	
<i>methylprednisolone sod succ for inj 1000 mg†</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)†</i>	2	
<i>methylprednisolone tab 4 mg†</i>	2	
<i>methylprednisolone tab 8 mg†</i>	2	
<i>methylprednisolone tab 16 mg†</i>	2	
<i>methylprednisolone tab 32 mg†</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml†</i>	2	
<i>prednisolone syrup 15 mg/5ml†</i>	2	
PREDNISONE - prednisone oral soln 5 mg/5ml†	3	

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

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE - prednisone tab therapy pack 5 mg (21)‡	2	
PREDNISONE - prednisone tab therapy pack 5 mg (48)‡	2	
PREDNISONE - prednisone tab therapy pack 10 mg (21)‡	2	
PREDNISONE - prednisone tab therapy pack 10 mg (48)‡	2	
PREDNISONE - prednisone tab 50 mg‡	4	
<i>prednisone tab 1 mg‡</i>	2	
<i>prednisone tab 2.5 mg‡</i>	2	
<i>prednisone tab 5 mg‡</i>	2	
<i>prednisone tab 10 mg‡</i>	2	
<i>prednisone tab 20 mg‡</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>chorionic gonadotropin for im inj 10000 unit(chorionic gonadotropin, pregnyl)‡</i>	4	PA
<i>desmopressin acetate inj 4 mcg/ml‡</i>	3	
<i>desmopressin acetate nasal spray soln 0.01%‡</i>	3	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)‡</i>	4	
<i>desmopressin acetate tab 0.1 mg‡</i>	2	
<i>desmopressin acetate tab 0.2 mg‡</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg‡	4	PA
OMNITROPE - somatropin inj 5 mg/1.5ml	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml	5	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANADROL-50 - oxymetholone tab 50 mg	5	PA
ANDRODERM - testosterone td patch 24hr 2 mg/24hr‡	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr‡	3	PA, QL (30 patches/30 days)
ANDROGEL - testosterone td gel 20.25 mg/1.25gm (1.62%)‡	3	PA, QL (30 packets/30 days)
ANDROGEL - testosterone td gel 40.5 mg/2.5gm (1.62%)‡	3	PA, QL (60 packets/30 days)
ANDROGEL PUMP - testosterone td gel 20.25 mg/act (1.62%)‡	3	PA, QL (2 pump bottles/30 days)
<i>danazol cap 50 mg‡</i>	3	PA
<i>danazol cap 100 mg‡</i>	3	PA
<i>danazol cap 200 mg‡</i>	4	PA
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml‡	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg‡</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg‡</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg‡</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg‡</i>	3	
ELLA - ulipristal acetate tab 30 mg‡	3	
ESTRACE - estradiol vaginal cream 0.1 mg/gm‡	4	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#‡</i>	4	PA
<i>estradiol tab 0.5 mg#‡</i>	4	PA
<i>estradiol tab 1 mg#‡</i>	4	PA
<i>estradiol tab 2 mg#‡</i>	4	PA
<i>estradiol td patch weekly 0.025 mg/24hr#‡</i>	4	PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#‡</i>	4	PA
<i>estradiol td patch weekly 0.05 mg/24hr#‡</i>	4	PA
<i>estradiol td patch weekly 0.06 mg/24hr#‡</i>	4	PA
<i>estradiol td patch weekly 0.075 mg/24hr#‡</i>	4	PA
<i>estradiol td patch weekly 0.1 mg/24hr#‡</i>	4	PA
<i>estradiol vaginal cream 0.1 mg/gm‡</i>	4	
<i>estradiol vaginal tab 10 mcg‡</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg‡</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg‡</i>	2	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)‡</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg‡</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg‡</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg‡</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml‡</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml‡</i>	3	
<i>medroxyprogesterone acetate tab 2.5 mg‡</i>	2	
<i>medroxyprogesterone acetate tab 5 mg‡</i>	2	
<i>medroxyprogesterone acetate tab 10 mg‡</i>	2	
<i>megestrol acetate susp 40 mg/ml#‡</i>	4	PA
<i>megestrol acetate tab 20 mg#‡</i>	4	PA
<i>megestrol acetate tab 40 mg#‡</i>	4	PA
MENEST - esterified estrogens tab 0.3 mg#‡	4	PA
MENEST - esterified estrogens tab 0.625 mg#‡	4	PA
MENEST - esterified estrogens tab 1.25 mg#‡	4	PA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg‡</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg‡</i>	3	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg‡</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg‡</i>	3	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg‡</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg‡</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg‡</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg‡</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg‡</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)‡</i>	3	
<i>norethindrone acetate tab 5 mg‡</i>	2	
<i>norethindrone tab 0.35 mg‡</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg‡</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg‡</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg‡</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg‡</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg‡</i>	3	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg‡</i>	3	
<i>oxandrolone tab 2.5 mg‡</i>	3	PA
<i>oxandrolone tab 10 mg</i>	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm‡	3	
<i>progesterone micronized cap 100 mg‡</i>	2	
<i>progesterone micronized cap 200 mg‡</i>	2	
<i>raloxifene hcl tab 60 mg‡</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml‡</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml‡</i>	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)‡</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)‡</i>	2	PA, QL (60 packets/30 days)
<i>testosterone td gel 12.5 mg/act (1%)‡</i>	2	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)‡</i>	3	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)‡</i>	3	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)‡</i>	3	PA, QL (2 pump bottles/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg‡</i>	2	
<i>levothyroxine sodium tab 50 mcg‡</i>	2	
<i>levothyroxine sodium tab 75 mcg‡</i>	2	
<i>levothyroxine sodium tab 88 mcg‡</i>	2	
<i>levothyroxine sodium tab 100 mcg‡</i>	2	
<i>levothyroxine sodium tab 112 mcg‡</i>	2	
<i>levothyroxine sodium tab 125 mcg‡</i>	2	
<i>levothyroxine sodium tab 137 mcg‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 150 mcg‡</i>	2	
<i>levothyroxine sodium tab 175 mcg‡</i>	2	
<i>levothyroxine sodium tab 200 mcg‡</i>	2	
<i>levothyroxine sodium tab 300 mcg‡</i>	2	
<i>liothyronine sodium tab 5 mcg‡</i>	2	
<i>liothyronine sodium tab 25 mcg‡</i>	2	
<i>liothyronine sodium tab 50 mcg‡</i>	2	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg‡</i>	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg‡	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg‡	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg‡	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg‡	4	
FIRMAGON - degarelix acetate for inj 80 mg‡	4	
FIRMAGON - degarelix acetate for inj 120 mg	5	
<i>leuprolide acetate inj kit 5 mg/ml‡</i>	4	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)‡</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)‡</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)‡</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)‡</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg‡</i>	2	
<i>methimazole tab 10 mg‡</i>	2	
<i>propylthiouracil tab 50 mg‡</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj‡	4	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml‡	4	
ARCALYST - riloncept for inj 220 mg*	5	PA
AZATHIOPRINE - azathioprine sodium for inj 100 mg‡	3	BD
<i>azathioprine tab 50 mg‡</i>	2	BD
BCG VACCINE - bcg vaccine inj‡	4	

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Drug Name	Drug Tier	Requirements/Limits
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe†	4	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml†	4	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	PA
<i>cyclosporine cap 25 mg†</i>	3	BD
<i>cyclosporine cap 100 mg†</i>	4	BD
<i>cyclosporine iv soln 50 mg/ml†</i>	3	BD
<i>cyclosporine modified cap 25 mg†</i>	3	BD
<i>cyclosporine modified cap 50 mg†</i>	3	BD
<i>cyclosporine modified cap 100 mg†</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml†</i>	3	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml†	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml†	4	
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGRIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml†	4	BD
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml†	4	BD
FIRAZYR - icatibant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA

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Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp‡	4	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr‡	4	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml‡	4	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml‡	4	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg‡	4	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj‡	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml‡	4	
IPOP INACTIVATED IPV - poliovirus vaccine, ipv injection‡	4	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj‡	4	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj‡	4	
<i>leflunomide tab 10 mg‡</i>	3	
<i>leflunomide tab 20 mg‡</i>	3	
M-M-R II - measles, mumps & rubella virus vaccines for inj‡	4	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj‡	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj‡	4	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)‡	3	
<i>methotrexate sodium for inj 1 gm‡</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)‡</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tab 2.5 mg†</i>	3	
<i>mycophenolate mofetil cap 250 mg†</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg†</i>	2	BD
<i>mycophenolate mofetil tab 500 mg†</i>	3	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	5	PA
OTEZLA - apremilast tab 30 mg	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj†	4	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml†	4	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp†	4	
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp†	4	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj†	4	
RABAVERT - rabies vaccine, pcec for inj†	4	BD
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml†	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml†	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml†	4	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp†	4	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln†	4	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml†	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml†	4	QL (2 vaccines/lifetime)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tab 0.5 mg‡</i>	4	BD
<i>sirolimus tab 1 mg‡</i>	4	BD
<i>sirolimus tab 2 mg</i>	5	BD
STAMARIL - yellow fever vaccine for inj suspension‡	4	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg‡</i>	3	BD
<i>tacrolimus cap 1 mg‡</i>	3	BD
<i>tacrolimus cap 5 mg‡</i>	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu‡	4	
TETANUS/DIPHTHERIA TOXOIDS ADSORBED - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml‡	3	
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr‡	4	
TWINRIX - hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml‡	4	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml‡	4	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml‡	4	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml‡	4	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml‡	4	
XATMEP - methotrexate oral soln 2.5 mg/ml	5	BD
XOLAIR - omalizumab for inj 150 mg*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj‡	4	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml‡	4	QL (1 vaccine/lifetime)

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

Drug Name	Drug Tier	Requirements/Limits
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap er 24hr 0.375 gm†	4	
<i>balsalazide disodium cap 750 mg†</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA - mesalamine suppos 1000 mg	5	
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml†</i>	4	
<i>hydrocortisone rectal cream 2.5%†</i>	3	
LIALDA - mesalamine tab delayed release 1.2 gm†	4	
<i>mesalamine enema 4 gm†</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit†</i>	4	
<i>mesalamine tab delayed release 1.2 gm†</i>	4	
<i>sulfasalazine tab 500 mg†</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 5 mg†</i>	2	QL (30 tablets/30 days)
<i>alendronate sodium tab 10 mg†</i>	2	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg†</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg†</i>	2	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act†</i>	2	
<i>calcitriol cap 0.25 mcg†</i>	2	
<i>calcitriol cap 0.5 mcg†</i>	2	
<i>calcitriol inj 1 mcg/ml†</i>	3	
<i>calcitriol oral soln 1 mcg/ml†</i>	3	
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg†</i>	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml†	4	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg†</i>	3	
<i>paricalcitol cap 2 mcg†</i>	4	
<i>paricalcitol cap 4 mcg†</i>	4	
<i>paricalcitol iv soln 2 mcg/ml†</i>	3	
<i>paricalcitol iv soln 5 mcg/ml†</i>	3	
PROLIA - denosumab inj 60 mg/ml†	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
SENSIPAR - cinacalcet hcl tab 30 mg	5	PA
SENSIPAR - cinacalcet hcl tab 60 mg	5	PA
SENSIPAR - cinacalcet hcl tab 90 mg	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	
zoledronic acid inj conc for iv infusion 4 mg/5ml‡	3	
zoledronic acid iv soln 5 mg/100ml‡	3	
Ophthalmic Agents		
azelastine hcl ophth soln 0.05%‡	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm‡	3	
brimonidine tartrate ophth soln 0.15%‡	4	
brimonidine tartrate ophth soln 0.2%‡	1	
carteolol hcl ophth soln 1%‡	2	
ciprofloxacin hcl ophth soln 0.3%‡	2	
cromolyn sodium ophth soln 4%‡	2	
CYSTARAN - cysteamine hcl ophth soln 0.44%	5	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%‡	4	
dorzolamide hcl ophth soln 2%‡	2	
erythromycin ophth oint 5 mg/gm‡	1	
fluorometholone ophth susp 0.1%‡	4	
flurbiprofen sodium ophth soln 0.03%‡	2	
gentamicin sulfate ophth oint 0.3%‡	2	
gentamicin sulfate ophth soln 0.3%‡	2	
ketorolac tromethamine ophth soln 0.4%‡	3	
ketorolac tromethamine ophth soln 0.5%‡	2	
LACRISERT - artificial tear ophth insert‡	4	
latanoprost ophth soln 0.005%‡	2	
moxifloxacin hcl ophth soln 0.5%‡	3	
NATACYN - natamycin ophth susp 5%‡	4	
neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml‡	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%‡	2	
neomycin-polymyxin-dexamethasone ophth susp 0.1%‡	2	
ofloxacin ophth soln 0.3%‡	2	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%‡	4	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%‡	2	
prednisolone acetate ophth susp 1%‡	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%‡	3	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%‡	3	PA, QL (2 bottles/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophth soln 10%‡</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%‡</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%‡</i>	4	
<i>timolol maleate ophth gel forming soln 0.25%‡</i>	4	
<i>timolol maleate ophth soln 0.25%‡</i>	1	
<i>timolol maleate ophth soln 0.5%‡</i>	2	
<i>tobramycin ophth soln 0.3%‡</i>	2	
TRAVATAN Z - travoprost ophth soln 0.004%‡	3	
<i>trifluridine ophth soln 1%‡</i>	3	
VIGAMOX - moxifloxacin hcl ophth soln 0.5%‡	3	
Otic Agents		
<i>fluocinolone acetonide (otic) oil 0.01%‡</i>	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%‡</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%‡</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%‡</i>	3	
<i>ofloxacin otic soln 0.3%‡</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%‡</i>	2	BD
<i>acetylcysteine inhal soln 20%‡</i>	2	BD
ADCIRCA - tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)
ADEMPAS - riociguat tab 0.5 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose‡	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose‡	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose‡	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act‡	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act‡	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act‡	3	QL (1 canister/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)‡</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)‡</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml‡</i>	3	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml‡</i>	3	BD

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrup 2 mg/5ml†</i>	2	
<i>albuterol sulfate tab 2 mg†</i>	4	
<i>albuterol sulfate tab 4 mg†</i>	4	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh†	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act†	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act†	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act†	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act†	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh†	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh†	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act†	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)†</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)†</i>	2	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh†	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh†	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml†</i>	3	BD
<i>budesonide inhalation susp 0.5 mg/2ml†</i>	3	BD
<i>budesonide inhalation susp 1 mg/2ml†</i>	4	BD
<i>caffeine citrate oral soln 60 mg/3ml†</i>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#†	4	PA
<i>cromolyn sodium soln nebu 20 mg/2ml†</i>	3	BD
DALIRESP - roflumilast tab 250 mcg†	4	
DALIRESP - roflumilast tab 500 mcg†	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>diphenhydramine hcl inj 50 mg/ml</i> ‡	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act‡	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act‡	4	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)‡	3	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for EpiPen 2-Pak)‡	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister‡	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister‡	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister‡	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)‡	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)‡	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)‡	3	QL (2 canisters/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i> ‡	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act‡	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act‡	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act‡	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh‡	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i> ‡	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> ‡	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> ‡	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
LETAIRIS - ambrisentan tab 5 mg*	5	PA, QL (30 tablets/30 days)
LETAIRIS - ambrisentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i> ‡	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium chew tab 4 mg†</i>	2	
<i>montelukast sodium chew tab 5 mg†</i>	2	
<i>montelukast sodium oral granules packet 4 mg†</i>	2	
<i>montelukast sodium tab 10 mg†</i>	2	
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir†	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
REMODULIN - treprostinil sodium inj 1 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 2.5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 5 mg/ml*	5	BD
REMODULIN - treprostinil sodium inj 10 mg/ml*	5	BD
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose†	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg†</i>	2	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg†	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act†	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act†	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act†	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act†	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act†	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg†</i>	2	
<i>terbutaline sulfate tab 5 mg†</i>	2	
<i>theophylline tab er 12hr 100 mg†</i>	2	
<i>theophylline tab er 12hr 200 mg†</i>	2	
<i>theophylline tab er 12hr 300 mg†</i>	2	
<i>theophylline tab er 12hr 450 mg†</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline tab er 24hr 400 mg‡</i>	2	
<i>theophylline tab er 24hr 600 mg‡</i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRACLEER - bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 125 mg*	5	PA, QL (60 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh‡	3	QL (60 blisters/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act‡	3	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg‡</i>	2	
<i>zafirlukast tab 20 mg‡</i>	2	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#‡</i>	4	PA
<i>cyclobenzaprine hcl tab 10 mg#‡</i>	4	PA
<i>methocarbamol tab 500 mg#‡</i>	4	PA
<i>methocarbamol tab 750 mg#‡</i>	4	PA
Sleep Disorder Agents		
<i>armodafinil tab 50 mg‡</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg‡</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg‡</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg‡</i>	4	PA, QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg‡</i>	4	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg‡</i>	4	PA, QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 3 mg‡	3	QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 6 mg‡	3	QL (30 tablets/30 days)
<i>temazepam cap 15 mg‡</i>	3	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>temazepam cap 30 mg‡</i>	3	QL (30 capsules/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#‡</i>	4	PA
<i>zaleplon cap 10 mg#‡</i>	4	PA
<i>zolpidem tartrate tab 5 mg#‡</i>	4	PA
<i>zolpidem tartrate tab 10 mg#‡</i>	4	PA

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cholestyramine light powder packets 4 gm.....	48	clobetasol propionate soln 0.05%.....	56
cholestyramine powder 4 gm/dose.....	48	clofarabine iv soln 1 mg/ml.....	22
cholestyramine powder packets 4 gm.....	48	clomipramine hcl cap 25 mg.....	14
chorionic gonadotropin for im inj 10000 unit(chorionic gonadotropin, pregnyl).....	64	clomipramine hcl cap 50 mg.....	14
ciclopirox solution 8%.....	18	clomipramine hcl cap 75 mg.....	14
cilostazol tab 100 mg.....	45	clonazepam orally disintegrating tab 0.125 mg.....	41
cilostazol tab 50 mg.....	45	clonazepam orally disintegrating tab 0.25 mg.....	41
CIMDUO.....	37	clonazepam orally disintegrating tab 0.5 mg.....	41
CINRYZE.....	69	clonazepam orally disintegrating tab 1 mg.....	41
ciprofloxacin 200 mg/100ml in d5w.....	6	clonazepam orally disintegrating tab 2 mg.....	41
ciprofloxacin 400 mg/200ml in d5w.....	6	clonazepam tab 0.5 mg.....	41
CIPROFLOXACIN HCL.....	6	clonazepam tab 1 mg.....	41
ciprofloxacin hcl ophth soln 0.3%.....	75		
ciprofloxacin hcl tab 250 mg.....	6		
ciprofloxacin hcl tab 500 mg.....	6		
ciprofloxacin hcl tab 750 mg.....	6		
CISPLATIN.....	22		
cisplatin inj 100 mg/100ml (1 mg/ml).....	22		
cisplatin inj 50 mg/50ml (1 mg/ml).....	22		

clonazepam tab 2 mg.....	41	CREON.....	61
clonidine hcl tab 0.1 mg.....	48	CREON.....	61
clonidine hcl tab 0.2 mg.....	48	CREON.....	61
clonidine hcl tab 0.3 mg.....	48	CREON.....	61
clonidine hcl tab er 12hr 0.1 mg.....	55	CRESEMBA.....	18
clonidine td patch weekly 0.1 mg/24hr.....	48	CRESEMBA.....	18
clonidine td patch weekly 0.2 mg/24hr.....	48	CRIXIVAN.....	37
clonidine td patch weekly 0.3 mg/24hr.....	48	CRIXIVAN.....	37
clopidogrel bisulfate tab 75 mg.....	45	cromolyn sodium ophth soln 4%.....	75
clorazepate dipotassium tab 15 mg.....	41	cromolyn sodium soln nebu 20 mg/2ml.....	77
clorazepate dipotassium tab 3.75 mg.....	41	cyclobenzaprine hcl tab 10 mg.....	80
clorazepate dipotassium tab 7.5 mg.....	41	cyclobenzaprine hcl tab 5 mg.....	80
clotrimazole troche 10 mg.....	18	cyclophosphamide cap 25 mg.....	22
clotrimazole w/ betamethasone cream		cyclophosphamide cap 50 mg.....	22
1-0.05%.....	56	cyclophosphamide for inj 1 gm.....	22
clozapine orally disintegrating tab 100		cyclophosphamide for inj 2 gm.....	22
mg.....	33	cyclophosphamide for inj 500 mg.....	22
clozapine orally disintegrating tab 12.5		cyclosporine cap 100 mg.....	69
mg.....	32	cyclosporine cap 25 mg.....	69
clozapine orally disintegrating tab 25		cyclosporine iv soln 50 mg/ml.....	69
mg.....	32	cyclosporine modified cap 100 mg.....	69
clozapine tab 100 mg.....	33	cyclosporine modified cap 25 mg.....	69
clozapine tab 200 mg.....	33	cyclosporine modified cap 50 mg.....	69
clozapine tab 25 mg.....	33	cyclosporine modified oral soln 100 mg/	
clozapine tab 50 mg.....	33	ml.....	69
COARTEM.....	31	CYRAMZA.....	22
colchicine w/ probenecid tab 0.5-500		CYRAMZA.....	22
mg.....	19	CYSTADANE.....	61
COLCRYS.....	19	CYSTAGON.....	61
colesevelam hcl packet for susp 3.75		CYSTAGON.....	61
gm.....	48	CYSTARAN.....	75
colesevelam hcl tab 625 mg.....	48	CYTARABINE.....	22
colestipol hcl granule packets 5 gm.....	48	cytarabine inj pf 100 mg/ml.....	22
colestipol hcl granules 5 gm.....	48	cytarabine inj pf 20 mg/ml.....	22
colestipol hcl tab 1 gm.....	48		
colistimethate sod for inj 150 mg.....	6	D	
COMETRIQ.....	22	DACARBAZINE.....	22
COMETRIQ.....	22	dacarbazine for inj 200 mg.....	22
COMETRIQ.....	22	dactinomycin for inj 0.5 mg.....	22
COMPLERA.....	37	DAKLINZA.....	37
COPAXONE.....	55	DAKLINZA.....	37
COPAXONE.....	55	DAKLINZA.....	37
COPIKTRA.....	22	dalfampridine tab er 12hr 10 mg.....	55
COPIKTRA.....	22	DALIRESP.....	77
CORLANOR.....	48	DALIRESP.....	77
CORLANOR.....	48	danazol cap 100 mg.....	64
CORTISONE ACETATE.....	63	danazol cap 200 mg.....	64
COSENTYX.....	69	danazol cap 50 mg.....	64
COSENTYX SENSOREADY PEN.....	69	dapsone tab 100 mg.....	20
COSMEGEN.....	22	dapsone tab 25 mg.....	20
COTELLIC.....	22	DAPTACEL.....	69
CREON.....	61	daptomycin for iv soln 500 mg.....	6

DARAPRIM.....	31	dexmethylphenidate hcl tab 2.5 mg.....	55
DARZALEX.....	22	dexmethylphenidate hcl tab 5 mg.....	55
DARZALEX.....	22	dexrazoxane for inj 250 mg.....	22
daunorubicin hcl iv soln 20 mg/4ml.....	22	dexrazoxane for inj 500 mg.....	22
DAUNORUBICIN HYDROCHLORIDE.....	22	dextroamphetamine sulfate tab 10 mg.....	55
decitabine for inj 50 mg.....	22	dextroamphetamine sulfate tab 5 mg.....	55
DELSTRIGO.....	37	dextrose 2.5% w/ sodium chloride	
DEMSER.....	48	0.45%.....	58
DEPEN TITRATABS.....	63	dextrose 5% in lactated ringers.....	58
DEPO-PROVERA.....	64	dextrose 5% w/ sodium chloride 0.2%.....	58
DESCOVY.....	37	dextrose 5% w/ sodium chloride	
desipramine hcl tab 100 mg.....	14	0.33%.....	58
desipramine hcl tab 10 mg.....	14	dextrose 5% w/ sodium chloride	
desipramine hcl tab 150 mg.....	14	0.45%.....	58
desipramine hcl tab 25 mg.....	14	dextrose 5% w/ sodium chloride 0.9%.....	58
desipramine hcl tab 50 mg.....	14	dextrose inj 10%.....	58
desipramine hcl tab 75 mg.....	14	dextrose inj 5%.....	58
desmopressin acetate inj 4 mcg/ml.....	64	DIASTAT ACUDIAL.....	10
desmopressin acetate nasal spray soln		DIASTAT ACUDIAL.....	10
0.01%.....	64	DIASTAT PEDIATRIC.....	10
desmopressin acetate nasal spray soln 0.01%		DIAZEPAM.....	41
(refrigerated).....	64	DIAZEPAM RECTAL GEL.....	10
desmopressin acetate tab 0.1 mg.....	64	DIAZEPAM RECTAL GEL.....	10
desmopressin acetate tab 0.2 mg.....	64	DIAZEPAM RECTAL GEL.....	10
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01		diazepam tab 10 mg.....	42
mg(21/5).....	64	diazepam tab 2 mg.....	41
desogest-ethin est tab		diazepam tab 5 mg.....	41
0.1-0.025/0.125-0.025/0.15-0.025mg-		diclofenac potassium tab 50 mg.....	1
mg.....	64	diclofenac sodium gel 1%.....	1
desogestrel & ethinyl estradiol tab 0.15 mg-30		diclofenac sodium tab delayed release 25	
mcg.....	64	mg.....	1
desvenlafaxine succinate tab er 24hr 100		diclofenac sodium tab delayed release 50	
mg.....	14	mg.....	1
desvenlafaxine succinate tab er 24hr 25		diclofenac sodium tab delayed release 75	
mg.....	14	mg.....	1
desvenlafaxine succinate tab er 24hr 50		diclofenac sodium tab er 24hr 100 mg.....	1
mg.....	14	dicloxacillin sodium cap 250 mg.....	6
dexamethasone elixir 0.5 mg/5ml.....	63	dicloxacillin sodium cap 500 mg.....	6
DEXAMETHASONE SODIUM		dicyclomine hcl cap 10 mg.....	60
PHOSPHATE.....	75	dicyclomine hcl tab 20 mg.....	60
dexamethasone sodium phosphate inj 120		didanosine delayed release capsule 200	
mg/30ml.....	63	mg.....	37
dexamethasone sodium phosphate inj 20		didanosine delayed release capsule 250	
mg/5ml.....	63	mg.....	37
dexamethasone sodium phosphate inj 4 mg/		didanosine delayed release capsule 400	
ml.....	63	mg.....	37
dexamethasone tab 0.5 mg.....	63	DIGOXIN.....	48
dexamethasone tab 0.75 mg.....	63	digoxin tab 125 mcg (0.125 mg).....	48
dexamethasone tab 1.5 mg.....	63	digoxin tab 250 mcg (0.25 mg).....	49
dexamethasone tab 4 mg.....	63	DILANTIN.....	10
dexamethasone tab 6 mg.....	63	diltiazem hcl cap er 12hr 120 mg.....	49
dexmethylphenidate hcl tab 10 mg.....	55	diltiazem hcl cap er 12hr 60 mg.....	49

<i>diltiazem hcl cap er 12hr 90 mg</i>	49	DOCETAXEL.....	23
<i>diltiazem hcl cap er 24hr 120 mg</i>	49	DOCETAXEL.....	23
<i>diltiazem hcl cap er 24hr 180 mg</i>	49	<i>docetaxel for inj conc 20 mg/ml</i>	23
<i>diltiazem hcl cap er 24hr 240 mg</i>	49	<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	23
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	49	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	23
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	49	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	23
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	49	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	23
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	49	<i>dofetilide cap 125 mcg (0.125 mg)</i>	49
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	49	<i>dofetilide cap 250 mcg (0.25 mg)</i>	49
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	49	<i>dofetilide cap 500 mcg (0.5 mg)</i>	49
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	49	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	13
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	49	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	13
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	49	<i>donepezil hydrochloride tab 10 mg</i>	13
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	49	<i>donepezil hydrochloride tab 5 mg</i>	13
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	49	<i>dorzolamide hcl ophth soln 2%</i>	75
<i>diltiazem hcl tab 120 mg</i>	49	<i>doxazosin mesylate tab 1 mg</i>	49
<i>diltiazem hcl tab 30 mg</i>	49	<i>doxazosin mesylate tab 2 mg</i>	49
<i>diltiazem hcl tab 60 mg</i>	49	<i>doxazosin mesylate tab 4 mg</i>	49
<i>diltiazem hcl tab 90 mg</i>	49	<i>doxazosin mesylate tab 8 mg</i>	49
DIPENTUM.....	74	<i>doxepin hcl cap 100 mg</i>	14
<i>diphenhydramine hcl inj 50 mg/ml</i>	78	<i>doxepin hcl cap 10 mg</i>	14
DIPHThERIA/TETANUS TOXOIDS		<i>doxepin hcl cap 150 mg</i>	14
ADSORBED.....	69	<i>doxepin hcl cap 25 mg</i>	14
<i>disulfiram tab 250 mg</i>	3	<i>doxepin hcl cap 50 mg</i>	14
<i>disulfiram tab 500 mg</i>	3	<i>doxepin hcl cap 75 mg</i>	14
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	10	<i>doxepin hcl conc 10 mg/ml</i>	14
<i>divalproex sodium tab delayed release 125 mg</i>	10	<i>doxorubicin hcl for inj 10 mg</i>	23
<i>divalproex sodium tab delayed release 250 mg</i>	10	<i>doxorubicin hcl for inj 50 mg</i>	23
<i>divalproex sodium tab delayed release 500 mg</i>	10	<i>doxorubicin hcl inj 2 mg/ml</i>	23
<i>divalproex sodium tab er 24 hr 250 mg</i>	10	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	23
<i>divalproex sodium tab er 24 hr 500 mg</i>	10	<i>doxycycline hyclate cap 100 mg</i>	7
DOCETAXEL.....	22	<i>doxycycline hyclate cap 50 mg</i>	7
DOCETAXEL.....	22	<i>doxycycline hyclate for inj 100 mg</i>	7
DOCETAXEL.....	22	<i>doxycycline hyclate tab 100 mg</i>	7
DOCETAXEL.....	23	<i>doxycycline hyclate tab 20 mg</i>	7
DOCETAXEL.....	23	<i>dronabinol cap 10 mg</i>	17
DOCETAXEL.....	23	<i>dronabinol cap 2.5 mg</i>	17
		<i>dronabinol cap 5 mg</i>	17
		<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	65
		<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	65
		<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	64
		DULERA.....	78

DULERA.....	78	enoxaparin sodium inj 120 mg/0.8ml.....	45
duloxetine hcl enteric coated pellets cap 20 mg.....	14	enoxaparin sodium inj 150 mg/ml.....	45
duloxetine hcl enteric coated pellets cap 30 mg.....	14	enoxaparin sodium inj 300 mg/3ml.....	45
duloxetine hcl enteric coated pellets cap 60 mg.....	14	enoxaparin sodium inj 30 mg/0.3ml.....	45
		enoxaparin sodium inj 40 mg/0.4ml.....	45
E		enoxaparin sodium inj 60 mg/0.6ml.....	45
EDURANT.....	37	enoxaparin sodium inj 80 mg/0.8ml.....	45
efavirenz cap 200 mg.....	37	entacapone tab 200 mg.....	31
efavirenz cap 50 mg.....	37	entecavir tab 0.5 mg.....	37
efavirenz tab 600 mg.....	37	entecavir tab 1 mg.....	37
EFFIENT.....	45	ENTRESTO.....	49
EFFIENT.....	45	ENTRESTO.....	49
ELAPRASE.....	61	ENTRESTO.....	49
ELELYSO.....	61	EPCLUSA.....	37
ELIDEL.....	56	EPINEPHRINE.....	78
ELIGARD.....	67	EPINEPHRINE.....	78
ELIGARD.....	67	epirubicin hcl iv soln 200 mg/100ml (2 mg/ ml).....	23
ELIGARD.....	67	epirubicin hcl iv soln 50 mg/25ml (2 mg/ ml).....	23
ELIGARD.....	67	EPIVIR HBV.....	37
ELIQUIS.....	45	EPOGEN.....	45
ELIQUIS.....	45	EPOGEN.....	45
ELIQUIS STARTER PACK.....	45	EPOGEN.....	45
ELITEK.....	23	EPOGEN.....	45
ELITEK.....	23	EPOGEN.....	45
ELLA.....	65	ERBITUX.....	23
EMCYT.....	23	ERBITUX.....	23
EMEND.....	17	ERIVEDGE.....	23
EMPLICITI.....	23	ERLEADA.....	23
EMPLICITI.....	23	ERWINAZE.....	23
EMSAM.....	14	ERY-TAB.....	7
EMSAM.....	15	ERY-TAB.....	7
EMSAM.....	15	ERY-TAB.....	7
EMTRIVA.....	37	ERYTHROCIN LACTOBIONATE.....	7
EMTRIVA.....	37	erythromycin ophth oint 5 mg/gm.....	75
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	49	erythromycin tab 250 mg.....	7
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	49	erythromycin tab 500 mg.....	7
enalapril maleate tab 10 mg.....	49	ESBRIET.....	78
enalapril maleate tab 2.5 mg.....	49	ESBRIET.....	78
enalapril maleate tab 20 mg.....	49	ESBRIET.....	78
enalapril maleate tab 5 mg.....	49	escitalopram oxalate soln 5 mg/5ml.....	15
ENBREL.....	69	escitalopram oxalate tab 10 mg.....	15
ENBREL.....	69	escitalopram oxalate tab 20 mg.....	15
ENBREL.....	69	escitalopram oxalate tab 5 mg.....	15
ENBREL MINI.....	69	esomeprazole sodium for intravenous soln 40 mg.....	60
ENBREL SURECLICK.....	69	ESTRACE.....	65
ENERGIX-B.....	69	estradiol & norethindrone acetate tab 1-0.5 mg.....	65
ENERGIX-B.....	69	estradiol tab 0.5 mg.....	65
enoxaparin sodium inj 100 mg/ml.....	45	estradiol tab 1 mg.....	65

estradiol tab 2 mg.....	65	FANAPT.....	33
estradiol td patch weekly 0.025 mg/24hr.....	65	FANAPT.....	33
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	65	FANAPT.....	33
estradiol td patch weekly 0.05 mg/24hr.....	65	FANAPT.....	33
estradiol td patch weekly 0.06 mg/24hr.....	65	FANAPT TITRATION PACK.....	33
estradiol td patch weekly 0.075 mg/24hr.....	65	FARESTON.....	23
estradiol td patch weekly 0.1 mg/24hr.....	65	FARYDAK.....	23
estradiol vaginal cream 0.1 mg/gm.....	65	FARYDAK.....	23
estradiol vaginal tab 10 mcg.....	65	FARYDAK.....	23
ethambutol hcl tab 100 mg.....	20	FASLODEX.....	23
ethambutol hcl tab 400 mg.....	20	fat emulsion iv soln 20%.....	58
ethosuximide cap 250 mg.....	10	felbamate susp 600 mg/5ml.....	10
ethosuximide soln 250 mg/5ml.....	10	felbamate tab 400 mg.....	10
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	65	felbamate tab 600 mg.....	10
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	65	fenofibrate micronized cap 134 mg.....	50
ETHYOL.....	23	fenofibrate micronized cap 200 mg.....	50
etodolac cap 200 mg.....	1	fenofibrate micronized cap 67 mg.....	50
etodolac cap 300 mg.....	1	fenofibrate tab 145 mg.....	50
etodolac tab 400 mg.....	1	fenofibrate tab 160 mg.....	50
etodolac tab 500 mg.....	1	fenofibrate tab 48 mg.....	50
ETOPOPHOS.....	23	fenofibrate tab 54 mg.....	50
etoposide inj 100 mg/5ml (20 mg/ml).....	23	fenfentanyl citrate lozenge on a handle 1200 mcg.....	1
etoposide inj 1 gm/50ml (20 mg/ml).....	23	fenfentanyl citrate lozenge on a handle 1600 mcg.....	1
etoposide inj 500 mg/25ml (20 mg/ml).....	23	fenfentanyl citrate lozenge on a handle 200 mcg.....	1
EVOMELA.....	23	fenfentanyl citrate lozenge on a handle 400 mcg.....	1
EVOTAZ.....	37	fenfentanyl citrate lozenge on a handle 600 mcg.....	1
exemestane tab 25 mg.....	23	fenfentanyl citrate lozenge on a handle 800 mcg.....	1
EXJADE.....	58	fenfentanyl td patch 72hr 100 mcg/hr.....	1
EXJADE.....	58	fenfentanyl td patch 72hr 12 mcg/hr.....	1
EXJADE.....	58	fenfentanyl td patch 72hr 25 mcg/hr.....	1
ezetimibe-simvastatin tab 10-10 mg.....	50	fenfentanyl td patch 72hr 37.5 mcg/hr.....	1
ezetimibe-simvastatin tab 10-20 mg.....	50	fenfentanyl td patch 72hr 50 mcg/hr.....	1
ezetimibe-simvastatin tab 10-40 mg.....	50	fenfentanyl td patch 72hr 62.5 mcg/hr.....	1
ezetimibe-simvastatin tab 10-80 mg.....	50	fenfentanyl td patch 72hr 75 mcg/hr.....	1
ezetimibe tab 10 mg.....	50	fenfentanyl td patch 72hr 87.5 mcg/hr.....	1
F		FETZIMA.....	15
FABRAZYME.....	61	FETZIMA.....	15
FABRAZYME.....	61	FETZIMA.....	15
famotidine inj 200 mg/20ml.....	60	FETZIMA.....	15
famotidine inj 20 mg/2ml.....	60	FETZIMA TITRATION PACK.....	15
famotidine inj 40 mg/4ml.....	60	FINACEA.....	57
famotidine tab 20 mg.....	60	FINACEA.....	57
famotidine tab 40 mg.....	60	finasteride tab 5 mg.....	63
FANAPT.....	33	FIRAZYR.....	69
FANAPT.....	33	FIRMAGON.....	67
FANAPT.....	33	FIRMAGON.....	67

<i>flecainide acetate tab 100 mg</i>	50	FLUPHENAZINE HCL.....	33
<i>flecainide acetate tab 150 mg</i>	50	<i>fluphenazine hcl tab 10 mg</i>	33
<i>flecainide acetate tab 50 mg</i>	50	<i>fluphenazine hcl tab 1 mg</i>	33
FLOVENT DISKUS.....	78	<i>fluphenazine hcl tab 2.5 mg</i>	33
FLOVENT DISKUS.....	78	<i>fluphenazine hcl tab 5 mg</i>	33
FLOVENT DISKUS.....	78	<i>flurbiprofen sodium ophth soln 0.03%</i>	75
FLOVENT HFA.....	78	<i>flutamide cap 125 mg</i>	24
FLOVENT HFA.....	78	FLUTICASONE PROPIONATE/ SALMETEROL.....	78
FLOVENT HFA.....	78	FLUTICASONE PROPIONATE/ SALMETEROL.....	78
<i>fluconazole for susp 10 mg/ml</i>	18	FLUTICASONE PROPIONATE/ SALMETEROL.....	78
<i>fluconazole for susp 40 mg/ml</i>	18	<i>fluticasone propionate nasal susp 50 mcg/ act</i>	78
<i>fluconazole in dextrose inj 200 mg/100ml</i>	18	<i>fluvoxamine maleate tab 100 mg</i>	15
<i>fluconazole in dextrose inj 400 mg/200ml</i>	18	<i>fluvoxamine maleate tab 25 mg</i>	15
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	18	<i>fluvoxamine maleate tab 50 mg</i>	15
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	18	FOLOTYN.....	24
<i>fluconazole tab 100 mg</i>	18	FOLOTYN.....	24
<i>fluconazole tab 150 mg</i>	18	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	45
<i>fluconazole tab 200 mg</i>	18	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	45
<i>fluconazole tab 50 mg</i>	18	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	45
<i>flucytosine cap 250 mg</i>	18	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	45
<i>flucytosine cap 500 mg</i>	18	FORTEO.....	74
<i>fludarabine phosphate for inj 50 mg</i>	24	<i>fosamprenavir calcium tab 700 mg</i>	37
<i>fludarabine phosphate inj 25 mg/ml</i>	24	<i>fosinopril sodium tab 10 mg</i>	50
<i>fludrocortisone acetate tab 0.1 mg</i>	63	<i>fosinopril sodium tab 20 mg</i>	50
<i>fluocinolone acetonide (otic) oil 0.01%</i>	76	<i>fosinopril sodium tab 40 mg</i>	50
<i>fluocinonide cream 0.05%</i>	57	<i>fosphenytoin sodium inj 100 mg/2ml</i>	10
<i>fluocinonide emulsified base cream 0.05%</i>	57	<i>fosphenytoin sodium inj 500 mg/10ml</i>	10
<i>fluocinonide gel 0.05%</i>	57	FOSRENOL.....	58
<i>fluorometholone ophth susp 0.1%</i>	75	FOSRENOL.....	58
<i>fluorouracil cream 5%</i>	57	FOSRENOL.....	58
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ ml)</i>	24	FOSRENOL.....	58
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ ml)</i>	24	<i>furosemide inj 10 mg/ml</i>	50
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ ml)</i>	24	<i>furosemide oral soln 10 mg/ml</i>	50
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ ml)</i>	24	<i>furosemide tab 20 mg</i>	50
<i>fluoxetine hcl cap 10 mg</i>	15	<i>furosemide tab 40 mg</i>	50
<i>fluoxetine hcl cap 20 mg</i>	15	<i>furosemide tab 80 mg</i>	50
<i>fluoxetine hcl cap 40 mg</i>	15	FUZEON.....	37
<i>fluoxetine hcl solution 20 mg/5ml</i>	15	FYCOMPA.....	10
<i>fluoxetine hcl tab 10 mg</i>	15	FYCOMPA.....	10
<i>fluoxetine hcl tab 20 mg</i>	15	FYCOMPA.....	10
<i>fluphenazine decanoate inj 25 mg/ml</i>	33	FYCOMPA.....	10
FLUPHENAZINE HCL.....	33	FYCOMPA.....	10
FLUPHENAZINE HCL.....	33	FYCOMPA.....	11

FYCOMPA..... 11

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gabapentin cap 100 mg..... 11

gabapentin cap 300 mg..... 11

gabapentin cap 400 mg..... 11

gabapentin oral soln 250 mg/5ml..... 11

gabapentin tab 600 mg..... 11

gabapentin tab 800 mg..... 11

GALANTAMINE HYDROBROMIDE..... 13

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mg..... 13galantamine hydrobromide cap er 24hr 24
mg..... 13galantamine hydrobromide cap er 24hr 8
mg..... 13

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galantamine hydrobromide tab 4 mg..... 13

galantamine hydrobromide tab 8 mg..... 13

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GAMMAGARD LIQUID..... 69

GAMMAGARD LIQUID..... 70

GAMMAGARD LIQUID..... 70

GAMMAGARD LIQUID..... 70

GAMMAGARD LIQUID..... 70

GAMMAGARD S/D..... 70

GAMMAGARD S/D..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMMAPLEX..... 70

GAMUNEX-C..... 70

GAMUNEX-C..... 70

GAMUNEX-C..... 70

GAMUNEX-C..... 70

GAMUNEX-C..... 70

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GARDASIL 9..... 70

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gemcitabine hcl for inj 1 gm..... 24

gemcitabine hcl for inj 200 mg..... 24

gemcitabine hcl for inj 2 gm..... 24

gemcitabine hcl inj 1 gm/26.3ml (38 mg/
ml)..... 24gemcitabine hcl inj 200 mg/5.26ml (38 mg/
ml)..... 24gemcitabine hcl inj 2 gm/52.6ml (38 mg/
ml)..... 24

gemfibrozil tab 600 mg..... 50

gentamicin sulfate cream 0.1%..... 57

gentamicin sulfate inj 10 mg/ml..... 7

gentamicin sulfate inj 40 mg/ml..... 7

gentamicin sulfate oint 0.1%..... 57

gentamicin sulfate ophth oint 0.3%..... 75

gentamicin sulfate ophth soln 0.3%..... 75

GENVOYA..... 37

GEODON..... 33

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GILOTRIF..... 24

GILOTRIF..... 24

glatiramer acetate soln prefilled syringe 20 mg/
ml..... 55glatiramer acetate soln prefilled syringe 40 mg/
ml..... 55

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GLEOSTINE..... 24

GLEOSTINE..... 24

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glimepiride tab 2 mg..... 42

glimepiride tab 4 mg..... 42

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glycopyrrolate tab 2 mg..... 60

granisetron hcl inj 1 mg/ml..... 17

granisetron hcl inj 4 mg/4ml (1 mg/ml)..... 17

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GRANIX..... 46

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mg/5ml..... 18

GUANIDINE HCL..... 20

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HAEGARDA..... 70

HAEGARDA..... 70

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ml..... 33haloperidol decanoate im soln 50 mg/
ml..... 33

haloperidol lactate inj 5 mg/ml..... 33

haloperidol lactate oral conc 2 mg/ml..... 33

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<i>haloperidol tab 2 mg</i>	33	HUMULIN 70/30 KWIKPEN.....	43
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<i>heparin sodium (porcine) 40 unit/ml in</i> <i>d5w</i>	46	HUMULIN R U-500 KWIKPEN.....	43
<i>heparin sodium (porcine) inj 10000 unit/</i> <i>ml</i>	46	<i>hydralazine hcl tab 100 mg</i>	50
<i>heparin sodium (porcine) inj 1000 unit/</i> <i>ml</i>	46	<i>hydralazine hcl tab 10 mg</i>	50
<i>heparin sodium (porcine) inj 20000 unit/</i> <i>ml</i>	46	<i>hydralazine hcl tab 25 mg</i>	50
<i>heparin sodium (porcine) inj 5000 unit/</i> <i>ml</i>	46	<i>hydralazine hcl tab 50 mg</i>	50
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	46	<i>hydrochlorothiazide cap 12.5 mg</i>	50
HEPATAMINE.....	58	<i>hydrochlorothiazide tab 12.5 mg</i>	50
HERCEPTIN.....	24	<i>hydrochlorothiazide tab 25 mg</i>	50
HERCEPTIN.....	24	<i>hydrochlorothiazide tab 50 mg</i>	50
HETLIOZ.....	80	<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	1
HEXALEN.....	24	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	1
HIBERIX.....	70	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	1
HUMALOG.....	42	<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	1
HUMALOG.....	42	<i>hydrocortisone cream 1%</i>	57
HUMALOG JUNIOR KWIKPEN.....	42	<i>hydrocortisone cream 2.5%</i>	57
HUMALOG KWIKPEN.....	42	<i>hydrocortisone enema 100 mg/60ml</i>	74
HUMALOG KWIKPEN.....	42	<i>hydrocortisone lotion 2.5%</i>	57
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HUMALOG MIX 50/50 KWIKPEN.....	43	<i>hydrocortisone oint 2.5%</i>	57
HUMALOG MIX 75/25.....	43	<i>hydrocortisone rectal cream 2.5%</i>	74
HUMALOG MIX 75/25 KWIKPEN.....	43	<i>hydrocortisone tab 10 mg</i>	63
HUMAPEN LUXURA HD.....	43	<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	76
HUMIRA.....	70	<i>hydromorphone hcl liqd 1 mg/ml</i>	1
HUMIRA.....	70	<i>hydromorphone hcl preservative free inj 10 mg/</i> <i>ml</i>	2
HUMIRA.....	70	<i>hydromorphone hcl tab 2 mg</i>	2
HUMIRA.....	71	<i>hydromorphone hcl tab 4 mg</i>	2
HUMIRA.....	71	<i>hydromorphone hcl tab 8 mg</i>	2
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HUMIRA PEN-CD/UC/HS STARTER.....	71	IBRANCE.....	24
HUMIRA PEN-PS/UV STARTER.....	71	<i>ibuprofen tab 400 mg</i>	2
		<i>ibuprofen tab 600 mg</i>	2

<i>ibuprofen tab 800 mg</i>	2	INVEGA SUSTENNA.....	33
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ICLUSIG.....	24	INVEGA SUSTENNA.....	33
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	24	INVEGA SUSTENNA.....	34
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	24	INVEGA SUSTENNA.....	34
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	24	INVEGA TRINZA.....	34
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IDHIFA.....	24	INVEGA TRINZA.....	34
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<i>imatinib mesylate tab 400 mg</i>	25	INVOKAMET.....	43
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<i>imipenem-cilastatin intravenous for soln 250 mg</i>	7	<i>ipratropium bromide inhal soln 0.02%</i>	78
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	7	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	78
<i>imipramine hcl tab 10 mg</i>	15	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	78
<i>imipramine hcl tab 25 mg</i>	15	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	50
<i>imipramine hcl tab 50 mg</i>	15	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	50
<i>imiquimod cream 5%</i>	57	<i>irbesartan tab 150 mg</i>	50
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IMLYGIC.....	25	<i>irbesartan tab 75 mg</i>	50
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INTRON A.....	38	<i>isosorbide dinitrate tab 20 mg</i>	51
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INTRON A W/DILUENT.....	38		

<i>isosorbide mononitrate tab er 24hr 30</i>	
<i>mg</i>	51
<i>isosorbide mononitrate tab er 24hr 60</i>	
<i>mg</i>	51
<i>isotretinoin cap 10 mg</i>	57
<i>isotretinoin cap 20 mg</i>	57
<i>isotretinoin cap 30 mg</i>	57
<i>isotretinoin cap 40 mg</i>	57
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KALYDECO.....	78

KALYDECO.....	78
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<i>inj</i>	58
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i>	
<i>inj</i>	58
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33%</i>	
<i>inj</i>	58
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i>	
<i>inj</i>	59
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	58
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i>	
<i>inj</i>	59
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<i>inj</i>	59
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<i>ketoconazole cream 2%</i>	18
<i>ketoconazole shampoo 2%</i>	18
<i>ketoconazole tab 200 mg</i>	18
<i>ketorolac tromethamine ophth soln</i>	
<i>0.4%</i>	75
<i>ketorolac tromethamine ophth soln</i>	
<i>0.5%</i>	75
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<i>labetalol hcl tab 200 mg</i>	51
<i>labetalol hcl tab 300 mg</i>	51
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<i>lactated ringer's solution</i>	59
<i>lactic acid (ammonium lactate) cream</i>	
<i>12%</i>	57
<i>lactic acid (ammonium lactate) lotion</i>	
<i>12%</i>	57

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	60	<i>leucovorin calcium for inj 350 mg</i>	26
<i>lactulose solution 10 gm/15ml</i>	60	<i>leucovorin calcium for inj 500 mg</i>	26
<i>lamivudine oral soln 10 mg/ml</i>	38	<i>leucovorin calcium for inj 50 mg</i>	26
<i>lamivudine tab 100 mg (hbv)</i>	38	<i>leucovorin calcium tab 25 mg</i>	26
<i>lamivudine tab 150 mg</i>	38	<i>leucovorin calcium tab 5 mg</i>	26
<i>lamivudine tab 300 mg</i>	38	LEUKERAN.....	26
<i>lamivudine-zidovudine tab 150-300 mg</i>	38	LEUKINE.....	46
<i>lamotrigine tab 100 mg</i>	11	<i>leuprolide acetate inj kit 5 mg/ml</i>	67
<i>lamotrigine tab 150 mg</i>	11	<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	11
<i>lamotrigine tab 200 mg</i>	11	<i>levetiracetam oral soln 100 mg/ml</i>	11
<i>lamotrigine tab 25 mg</i>	11	<i>levetiracetam tab 1000 mg</i>	11
<i>lamotrigine tab chewable dispersible 25 mg</i>	11	<i>levetiracetam tab 250 mg</i>	11
<i>lamotrigine tab chewable dispersible 5 mg</i>	11	<i>levetiracetam tab 500 mg</i>	11
<i>lanthanum carbonate chew tab 1000 mg</i>	59	<i>levetiracetam tab 750 mg</i>	11
<i>lanthanum carbonate chew tab 500 mg</i>	59	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	59
<i>lanthanum carbonate chew tab 750 mg</i>	59	<i>levocarnitine tab 330 mg</i>	59
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LARTRUVO.....	26	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	7
<i>latanoprost ophth soln 0.005%</i>	75	<i>levofloxacin iv soln 25 mg/ml</i>	7
LATUDA.....	34	<i>levofloxacin oral soln 25 mg/ml</i>	7
LATUDA.....	34	<i>levofloxacin tab 250 mg</i>	7
LATUDA.....	34	<i>levofloxacin tab 500 mg</i>	7
LATUDA.....	34	<i>levofloxacin tab 750 mg</i>	7
LATUDA.....	34	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	65
LATUDA.....	34	<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	65
LAZANDA.....	2	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	65
LAZANDA.....	2	<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	65
LAZANDA.....	2	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	65
<i>leflunomide tab 10 mg</i>	71	<i>levothyroxine sodium tab 100 mcg</i>	66
<i>leflunomide tab 20 mg</i>	71	<i>levothyroxine sodium tab 112 mcg</i>	66
LENVIMA 10 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 125 mcg</i>	66
LENVIMA 12MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 137 mcg</i>	66
LENVIMA 14 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 150 mcg</i>	67
LENVIMA 18 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 175 mcg</i>	67
LENVIMA 20 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 200 mcg</i>	67
LENVIMA 24 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 25 mcg</i>	66
LENVIMA 4 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 300 mcg</i>	67
LENVIMA 8 MG DAILY DOSE.....	26	<i>levothyroxine sodium tab 50 mcg</i>	66
LETAIRIS.....	78	<i>levothyroxine sodium tab 75 mcg</i>	66
LETAIRIS.....	78	<i>levothyroxine sodium tab 88 mcg</i>	66
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LEUCOVORIN CALCIUM.....	26		
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LEXIVA.....	38	<i>losartan potassium & hydrochlorothiazide tab</i>	
LIALDA.....	74	50-12.5 mg.....	51
<i>lidocaine hcl gel 2%.....</i>	3	<i>losartan potassium tab 100 mg.....</i>	51
<i>lidocaine hcl local inj 1%.....</i>	3	<i>losartan potassium tab 25 mg.....</i>	51
<i>lidocaine hcl local preservative free inj</i>		<i>losartan potassium tab 50 mg.....</i>	51
1%.....	3	<i>lovastatin tab 10 mg.....</i>	51
<i>lidocaine hcl soln 4%.....</i>	3	<i>lovastatin tab 20 mg.....</i>	51
<i>lidocaine hcl viscous soln 2%.....</i>	3	<i>lovastatin tab 40 mg.....</i>	51
<i>lidocaine patch 5%.....</i>	3	<i>loxapine succinate cap 10 mg.....</i>	34
<i>lidocaine-prilocaine cream 2.5-2.5%.....</i>	3	<i>loxapine succinate cap 25 mg.....</i>	34
LINEZOLID.....	7	<i>loxapine succinate cap 50 mg.....</i>	34
<i>linezolid for susp 100 mg/5ml.....</i>	7	<i>loxapine succinate cap 5 mg.....</i>	34
<i>linezolid iv soln 600 mg/300ml (2 mg/</i>		LUMIZYME.....	61
ml).....	7	LUPRON DEPOT (1-MONTH).....	67
<i>linezolid tab 600 mg.....</i>	7	LUPRON DEPOT (1-MONTH).....	67
LINZESS.....	60	LUPRON DEPOT (3-MONTH).....	67
LINZESS.....	60	LUPRON DEPOT (3-MONTH).....	67
LINZESS.....	60	LUPRON DEPOT (4-MONTH).....	67
<i>liothyronine sodium tab 25 mcg.....</i>	67	LUPRON DEPOT (6-MONTH).....	67
<i>liothyronine sodium tab 50 mcg.....</i>	67	LUPRON DEPOT-PED (1-MONTH).....	67
<i>liothyronine sodium tab 5 mcg.....</i>	67	LUPRON DEPOT-PED (1-MONTH).....	67
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>		LUPRON DEPOT-PED (1-MONTH).....	67
mg.....	51	LUPRON DEPOT-PED (3-MONTH).....	67
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mg.....	51	LYNPARZA.....	26
<i>lisinopril & hydrochlorothiazide tab 20-25</i>		LYNPARZA.....	26
mg.....	51	LYNPARZA.....	26
<i>lisinopril tab 10 mg.....</i>	51	LYRICA.....	11
<i>lisinopril tab 2.5 mg.....</i>	51	LYRICA.....	11
<i>lisinopril tab 20 mg.....</i>	51	LYRICA.....	11
<i>lisinopril tab 30 mg.....</i>	51	LYRICA.....	11
<i>lisinopril tab 40 mg.....</i>	51	LYRICA.....	11
<i>lisinopril tab 5 mg.....</i>	51	LYRICA.....	11
LITHIUM.....	42	LYRICA.....	11
<i>lithium carbonate cap 150 mg.....</i>	42	LYRICA.....	11
<i>lithium carbonate cap 300 mg.....</i>	42	LYRICA.....	11
<i>lithium carbonate cap 600 mg.....</i>	42	LYSODREN.....	67
<i>lithium carbonate tab 300 mg.....</i>	42		
<i>lithium carbonate tab er 300 mg.....</i>	42	M	
<i>lithium carbonate tab er 450 mg.....</i>	42	<i>magnesium sulfate inj 50%.....</i>	59
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<i>loperamide hcl cap 2 mg.....</i>	60	MAPROTILINE HCL.....	15
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/</i>		MAPROTILINE HCL.....	15
ml).....	38	MARPLAN.....	15
<i>lorazepam tab 0.5 mg.....</i>	42	MARQIBO.....	27
<i>lorazepam tab 1 mg.....</i>	42	MATULANE.....	27
<i>lorazepam tab 2 mg.....</i>	42	MAVYRET.....	38
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100-12.5 mg.....	51	<i>medroxyprogesterone acetate im susp 150 mg/</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25</i>		ml.....	65
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<i>pindolol tab 5 mg</i>	52	<i>prasugrel hcl tab 10 mg</i>	46
<i>pioglitazone hcl tab 15 mg</i>	44	<i>prasugrel hcl tab 5 mg</i>	46
<i>pioglitazone hcl tab 30 mg</i>	44	<i>pravastatin sodium tab 10 mg</i>	53
<i>pioglitazone hcl tab 45 mg</i>	44	<i>pravastatin sodium tab 20 mg</i>	53
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	8	<i>pravastatin sodium tab 40 mg</i>	53
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	8	<i>pravastatin sodium tab 80 mg</i>	53
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	8	<i>praziquantel tab 600 mg</i>	31
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<i>podofilox soln 0.5%</i>	57	<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	63
<i>polyethylene glycol 3350 oral packet</i>	60		
<i>polyethylene glycol 3350 oral powder</i>	61		
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%</i>	75		
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POMALYST.....	28		
POMALYST.....	28		
POMALYST.....	28		

<i>prednisolone syrup 15 mg/5ml</i>	63	<i>propafenone hcl cap er 12hr 425 mg</i>	53
PREDNISON	63	<i>propafenone hcl tab 150 mg</i>	53
PREDNISON	64	<i>propafenone hcl tab 225 mg</i>	53
PREDNISON	64	<i>propafenone hcl tab 300 mg</i>	53
PREDNISON	64	<i>propranolol hcl inj 1 mg/ml</i>	53
PREDNISON	64	<i>propranolol hcl tab 10 mg</i>	53
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<i>prednisone tab 1 mg</i>	64	<i>propranolol hcl tab 80 mg</i>	53
<i>prednisone tab 2.5 mg</i>	64	<i>propylthiouracil tab 50 mg</i>	68
<i>prednisone tab 20 mg</i>	64	PROQUAD.....	72
<i>prednisone tab 5 mg</i>	64	<i>protriptyline hcl tab 10 mg</i>	16
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PRISTIQ.....	16	<i>quetiapine fumarate tab 25 mg</i>	35
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PRISTIQ.....	16	<i>quetiapine fumarate tab 400 mg</i>	35
<i>probenecid tab 500 mg</i>	19	<i>quetiapine fumarate tab 50 mg</i>	35
<i>prochlorperazine edisylate inj 5 mg/ml</i>	18	<i>quinapril hcl tab 10 mg</i>	53
<i>prochlorperazine maleate tab 10 mg</i>	18	<i>quinapril hcl tab 20 mg</i>	53
<i>prochlorperazine maleate tab 5 mg</i>	18	<i>quinapril hcl tab 40 mg</i>	53
<i>prochlorperazine suppos 25 mg</i>	18	<i>quinapril hcl tab 5 mg</i>	53
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<i>progesterone micronized cap 100 mg</i>	66	<i>raloxifene hcl tab 60 mg</i>	66
<i>progesterone micronized cap 200 mg</i>	66	<i>ramipril cap 1.25 mg</i>	53
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RELISTOR.....	61	<i>risperidone orally disintegrating tab 0.5</i>	
REMICADE.....	72	<i>mg.....</i>	35
REMODULIN.....	79	<i>risperidone orally disintegrating tab 1</i>	
REMODULIN.....	79	<i>mg.....</i>	35
REMODULIN.....	79	<i>risperidone orally disintegrating tab 2</i>	
REMODULIN.....	79	<i>mg.....</i>	35
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RESCRIPTOR.....	39	<i>risperidone tab 0.5 mg.....</i>	35
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REXULTI.....	35	<i>mg.....</i>	19
REXULTI.....	35	<i>rizatriptan benzoate oral disintegrating tab 5</i>	
REYATAZ.....	39	<i>mg.....</i>	19
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<i>ribavirin tab 200 mg.....</i>	39	<i>ropinirole hydrochloride tab 1 mg.....</i>	32
<i>rifabutin cap 150 mg.....</i>	20	<i>ropinirole hydrochloride tab 2 mg.....</i>	32
<i>rifampin cap 150 mg.....</i>	20	<i>ropinirole hydrochloride tab 3 mg.....</i>	32
<i>rifampin cap 300 mg.....</i>	20	<i>ropinirole hydrochloride tab 4 mg.....</i>	32
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<i>mg.....</i>	8	<i>tacrolimus cap 5 mg.....</i>	73
<i>sulfasalazine tab 500 mg.....</i>	74	<i>tacrolimus oint 0.03%.....</i>	57
<i>sulindac tab 150 mg.....</i>	2	<i>tacrolimus oint 0.1%.....</i>	57
<i>sulindac tab 200 mg.....</i>	3	<i>tadalafil tab 20 mg (pah).....</i>	79
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<i>sumatriptan succinate solution cartridge 6</i>		TARCEVA.....	29
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<i>sumatriptan succinate tab 100 mg.....</i>	20	TARGRETIN.....	29
<i>sumatriptan succinate tab 25 mg.....</i>	20	TASIGNA.....	29
<i>sumatriptan succinate tab 50 mg.....</i>	20	TASIGNA.....	29
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terazosin hcl cap 10 mg.....	54	tiagabine hcl tab 2 mg.....	12
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terbutaline sulfate tab 2.5 mg.....	79	timolol maleate ophth gel forming soln 0.5%.....	76
terbutaline sulfate tab 5 mg.....	79	timolol maleate ophth soln 0.25%.....	76
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testosterone td gel 20.25 mg/1.25gm (1.62%).....	66	tizanidine hcl tab 4 mg.....	36
testosterone td gel 20.25 mg/act (1.62%).....	66	tobramycin nebu soln 300 mg/5ml.....	80
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		TRACLEER.....	80

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<i>triamcinolone acetonide cream 0.1%</i>	57
<i>triamcinolone acetonide cream 0.5%</i>	58
<i>triamcinolone acetonide oint 0.025%</i>	58
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<i>trifluoperazine hcl tab 1 mg</i>	36
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<i>valproic acid cap 250 mg</i>	12
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	54
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	54
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	54
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	54
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	54
<i>valsartan tab 160 mg</i>	54
<i>valsartan tab 320 mg</i>	54
<i>valsartan tab 40 mg</i>	54
<i>valsartan tab 80 mg</i>	54
<i>vancomycin hcl cap 125 mg</i>	9
<i>vancomycin hcl cap 250 mg</i>	9

<i>vancomycin hcl for iv soln 100 gm</i>	9	VIMPAT.....	13
<i>vancomycin hcl for iv soln 10 gm</i>	9	VIMPAT.....	13
<i>vancomycin hcl for iv soln 1 gm</i>	9	VIMPAT.....	13
<i>vancomycin hcl for iv soln 500 mg</i>	9	VIMPAT.....	13
<i>vancomycin hcl for iv soln 5 gm</i>	9	VINBLASTINE SULFATE.....	30
<i>vancomycin hcl for iv soln 750 mg</i>	9	<i>vincristine sulfate iv soln 1 mg/ml</i>	30
VAQTA.....	73	<i>vinorelbine tartrate inj 10 mg/ml</i>	30
VAQTA.....	73	<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/</i> <i>ml)</i>	30
VARIVAX.....	73	VIRACEPT.....	40
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<i>venlafaxine hcl cap er 24hr 150 mg</i>	16	<i>voriconazole for inj 200 mg</i>	19
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	16	<i>voriconazole for susp 40 mg/ml</i>	19
<i>venlafaxine hcl cap er 24hr 75 mg</i>	16	<i>voriconazole tab 200 mg</i>	19
<i>venlafaxine hcl tab 100 mg</i>	17	<i>voriconazole tab 50 mg</i>	19
<i>venlafaxine hcl tab 25 mg</i>	16	VOSEVI.....	41
<i>venlafaxine hcl tab 37.5 mg</i>	16	VOTRIENT.....	30
<i>venlafaxine hcl tab 50 mg</i>	16	VPRIV.....	62
<i>venlafaxine hcl tab 75 mg</i>	17	VRAYLAR.....	36
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VENTAVIS.....	80	VRAYLAR.....	36
VENTOLIN HFA.....	80	VRAYLAR.....	36
<i>verapamil hcl tab 120 mg</i>	55	VRAYLAR.....	36
<i>verapamil hcl tab 40 mg</i>	55	VYXEOS.....	30
<i>verapamil hcl tab 80 mg</i>	55		
<i>verapamil hcl tab er 120 mg</i>	54	W	
<i>verapamil hcl tab er 180 mg</i>	55	<i>warfarin sodium tab 10 mg</i>	47
<i>verapamil hcl tab er 240 mg</i>	55	<i>warfarin sodium tab 1 mg</i>	46
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VERZENIO.....	30	<i>warfarin sodium tab 4 mg</i>	46
VERZENIO.....	30	<i>warfarin sodium tab 5 mg</i>	46
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VIEKIRA XR.....	40		
<i>vigabatrin powd pack 500 mg</i>	12	X	
VIGAMOX.....	76	XALKORI.....	30
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VIIBRYD.....	17	XARELTO.....	47
VIIBRYD.....	17	XARELTO.....	47
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<i>zafirlukast tab 10 mg</i>	80
<i>zafirlukast tab 20 mg</i>	80
<i>zaleplon cap 10 mg</i>	81
<i>zaleplon cap 5 mg</i>	81
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ZALTRAP.....	30
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<i>zidovudine cap 100 mg</i>	41
<i>zidovudine syrup 10 mg/ml</i>	41
<i>zidovudine tab 300 mg</i>	41
<i>ziprasidone hcl cap 20 mg</i>	36
<i>ziprasidone hcl cap 40 mg</i>	36
<i>ziprasidone hcl cap 60 mg</i>	36
<i>ziprasidone hcl cap 80 mg</i>	36
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ZOHYDRO ER.....	3
ZOHYDRO ER.....	3
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ZOHYDRO ER.....	3
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i>	75
<i>zoledronic acid iv soln 5 mg/100ml</i>	75
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<i>zolpidem tartrate tab 10 mg</i>	81
<i>zolpidem tartrate tab 5 mg</i>	81

<i>zonisamide cap 100 mg</i>	13
<i>zonisamide cap 25 mg</i>	13
<i>zonisamide cap 50 mg</i>	13
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ZYTIGA.....	30



Horizon Blue Cross Blue Shield of New Jersey

Three Penn Plaza East
Newark, NJ 07105-2200
HorizonBlue.com

Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information written in other languages.

Contacting Member Services

Please call Member Services at **1-800-365-2223 (TTY/TDD 711)** or the phone number on the back of your member ID card, if you need the free aids and services noted above and for all other Member Services issues, including:

- **Claim, benefits or enrollment inquiries**
- **Lost/stolen ID cards**
- **Address changes**
- **Any other inquiry related to your benefits or health plan**

Filing a Section 1557 Grievance

If you believe that Horizon BCBSNJ has failed to provide the free communication aids and services or discriminated on the basis of race, color, gender, national origin, age, or disability you can file a discrimination complaint also known as a Section 1557 Grievance. Horizon BCBSNJ's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to the following address:

**Horizon BCBSNJ – Civil Rights Coordinator
PO Box 820
Newark, NJ 07101**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

**Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)**

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

Para ayuda en español, llame a **1-800-365-2223 (TTY/TDD 711)**.

Multi-Language Insert Multi-language Interpreter Services

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call **1-800-365-2223 (TTY/TDD 711)**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-365-2223 (TTY/TDD 711)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-365-2223 (TTY/TDD 711)**。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-365-2223 (TTY/TDD 711)** 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-365-2223 (TTY/TDD 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-365-2223 (TTY/TDD 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-365-2223 (TTY/TDD 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-365-2223 (TTY/TDD 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-365-2223 (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-365-2223** (TTY/TDD 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-365-2223** (телетайп 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-365-2223** (TTY/TDD 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-365-2223** (TTY/TDD 711) पर कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-365-2223** (TTY/TDD 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-365-2223** (ATS 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
1-800-365-2223 (TTY/TDD 711).

This formulary was updated on December 1, 2018. For more recent information or other questions, please contact Horizon Blue Cross Blue Shield of New Jersey at 1-800-391-1906 or, for TTY/TDD users, 711, hours are Monday through Sunday, open 24 hours Eastern, or visit <https://medicare.horizonblue.com/plan-types/medicare-advantage>.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-391-1906 (TTY/TDD: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-391-1906 (TTY/TDD: 711).

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits, premiums and/or co-payments/co-insurance may change on January 1 of each year. The Formulary may change at any time. You will receive notice when necessary.

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