



2020 Formulary (List of Covered Drugs)

- Benefits, formulary, pharmacy network, premium and/or copayments/coinsurance may change on January 1 of each year.
- This information may be available in a different format. Please contact Customer Service at the numbers listed below if you need plan information in another format or language.
- The Formulary may change at any time. You will receive notice when necessary.
- An updated Formulary is located on our website at ***BlueCrossNC.com/Medicare***. You may also call Customer Service for updated provider information.

This booklet provides information about the drugs we cover in the **Blue Medicare Enhanced** plan.

Note:

Blue Cross and Blue Shield of North Carolina is an HMO plan with a Medicare contract. Enrollment in Blue Cross and Blue Shield of North Carolina depends on contract renewal.

For more recent information or for other questions, please contact:

Blue Medicare HMO

Phone: 1-888-310-4110

TTY: 711

8 a.m. to 8 p.m. daily, or visit ***BlueCrossNC.com/Medicare***.



What is the Blue Medicare Enhanced Formulary?

A formulary is a list of covered drugs selected by us in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Medicare Enhanced 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?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year: Plan sponsors that otherwise meet all requirements and want the option to immediately replace brand name drugs with their new generic equivalents must provide the following advance general notice of changes in the bullet entitled “New generic drugs” below.

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Medicare Enhanced’s Formulary?”
- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Medicare Enhanced’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/01/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated on a monthly basis with applicable changes, including negative changes and posted on our website at www.bluecrossnc.com/medicare-members.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 94. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs 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:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides 60 Tablets/30 Days per prescription for Losartan 25mg. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the plan’s formulary?” on page iii for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Blue Medicare Enhanced’s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or 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 or utilization restriction exception. **When you request a formulary 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

For more detailed information about your plan's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Blue Medicare Enhanced's Formulary

The formulary below provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 94.

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

The information in the Requirements/Limits column tells you if our plan has any special requirements for coverage of your drug. All drugs included in this formulary are available via mail-order benefit. Contact your plan for details.

The Drug Table includes a column titled, "Drug Tier." This column indicates what tier each drug is listed under. 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.

Drug Tier	Preferred Retail Pharmacy for a 30 day supply	Standard Retail Pharmacy for a 30 day supply	Preferred Mail Order Pharmacy for a 90 day supply	Long Term Care Pharmacy for a 31 day supply
Tier 1 – Preferred Generic	\$0 copayment	\$15 copayment	\$0 copayment	\$15 copayment
Tier 2 –Generic	\$6 copayment	\$20 copayment	\$12 copayment	\$20 copayment
Tier 3 - Preferred Brand	\$37 copayment	\$47 copayment	\$74 copayment	\$47 copayment
Tier 4 – Non-Preferred Drug	45% coinsurance	50% coinsurance	45% coinsurance	50% coinsurance
*Tier 5 – Specialty	33% coinsurance	33% coinsurance	33% coinsurance	33% coinsurance
Tier 6 – Select Care	\$0 copayment	\$1 copayment	\$0 copayment	\$1 copayment

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

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

- 1 = Preferred Generic Drugs
- 2 = Generic Drugs
- 3 = Preferred Brand Drugs
- 4 = Non-Preferred Drugs
- 5 = Specialty Drugs
- 6 = Select Care Drugs (lowest drug tier; a limited number of Generic Drugs for high blood pressure, high cholesterol, and diabetes for which we offer a low or no copayment)

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 Customer Services. Our numbers are listed on the front and back covers of this guide.
= 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.
^ = We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

2020 Dosage Form Abbreviations Key	
act	actuation
ad	adsorbed
aepb	aerosol powder blister
aer, aero	aerosol
app	applicator
ba, breath act, breath activ	breath activated
bau	bioequivalent allergy units
cap, caps	capsules
Cal	calcium
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
conc	concentrate
conj	conjugate, conjugated
crys	crystals

2020 Dosage Form Abbreviations Key

deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
er, extend-release, extended, extended rel, xr	extended-release
ext	extract
gm	gram
gu	genitourinary
hr	hour
ig	immune globulin
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lf, lfu	flocculation units
liq, liqd	liquid
mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
mu	million units
nebu	nebules
orally disintegr tab	orally disintegrating tablets
oin, oint	ointment
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref, prefill	prefilled
pttw	patch twice weekly
ptwk	patch weekly

2020 Dosage Form Abbreviations Key

recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
td	transdermal
tl	translingual
unt	unit
va	vaginal
vac	vaccine

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	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	4	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	3	
<i>butorphanol tartrate inj 2 mg/ml</i>	3	
<i>celecoxib cap 50 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 capsules/30 days)
<i>diclofenac potassium tab 50 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	3	PA
<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>	4	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>	4	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>	4	QL (3600 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>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 inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	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>	2	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	2	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>	1	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)
<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>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	4	QL (240 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	2	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab 500 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>oxaprozin tab 600 mg</i>	3	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>	4	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)
<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)
Anesthetics		
LIDOCAINE HCL - lidocaine hcl laryngotracheal soln 4%	3	
<i>lidocaine hcl local inj 1%</i>	3	
<i>lidocaine hcl local preservative free inj 1%</i>	3	
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	3	PA, QL (150 mls/30 days)
<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>	4	
<i>buprenorphine hcl sl tab 2 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	QL (30 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	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	

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
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	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3	
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	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
<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>	2	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	2	
<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>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	4	
<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	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	4	
AMPICILLIN - ampicillin cap 500 mg	4	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	3	
<i>ampicillin sodium for inj 250 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
<i>ampicillin sodium for inj 500 mg</i>	3	
<i>ampicillin sodium for inj 1 gm</i>	3	
<i>ampicillin sodium for inj 2 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
<i>azithromycin for susp 100 mg/5ml</i>	4	
<i>azithromycin for susp 200 mg/5ml</i>	4	
<i>azithromycin iv for soln 500 mg</i>	4	
<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>	4	
<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>	3	
<i>cefaclor cap 500 mg</i>	4	
<i>cefadroxil cap 500 mg</i>	2	
CEFAZOLIN SODIUM - cefazolin sodium for iv soln 1 gm	4	
CEFAZOLIN SODIUM - cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	4	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
CEFAZOLIN SODIUM/DEXTROSE - cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	4	
<i>cefdinir cap 300 mg</i>	3	
<i>cefdinir for susp 125 mg/5ml</i>	3	
<i>cefdinir for susp 250 mg/5ml</i>	4	
CEFEPIME - cefepime hcl iv soln 1 gm/50ml	4	
CEFEPIME - cefepime hcl iv soln 2 gm/100ml	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefixime cap 400 mg</i>	3	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	3	
<i>cefotaxime sodium for inj 1 gm</i>	3	
CEFOXITIN SODIUM - cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)	4	
CEFOXITIN SODIUM - cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	3	
<i>cefpodoxime proxetil tab 200 mg</i>	3	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 1 gm and dextrose 5% (50ml)	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 2 gm and dextrose 5% (50ml)	4	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 20 mg/ml	3	
CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE - ceftriaxone sodium in dextrose inj 40 mg/ml	3	
CEFTRIAXONE SODIUM - ceftriaxone sodium (bulk) for inj 100 gm	4	
<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>	3	
<i>ceftriaxone sodium for inj 2 gm</i>	3	
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm</i>	3	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	3	
CEFTRIAXONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	3	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium for inj 7.5 gm</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg</i>	2	
<i>cephalexin cap 500 mg</i>	2	
<i>cephalexin cap 750 mg</i>	4	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	3	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	3	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
<i>ciprofloxacin hcl tab 250 mg</i>	2	
<i>ciprofloxacin hcl tab 500 mg</i>	2	
<i>ciprofloxacin hcl tab 750 mg</i>	2	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	4	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<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>	3	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	3	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	3	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	4	
<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>	3	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 150 mg</i>	4	
<i>doxycycline monohydrate tab 150 mg</i>	3	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin soln 2%</i>	2	
<i>erythromycin tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin sulfate inj 10 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	4	
<i>levofloxacin tab 250 mg</i>	2	
<i>levofloxacin tab 500 mg</i>	2	
<i>levofloxacin tab 750 mg</i>	2	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
<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>	4	PA
<i>meropenem iv for soln 500 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml	4	

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Drug Name	Drug Tier	Requirements/Limits
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml	4	
<i>methenamine hippurate tab 1 gm</i>	3	
METRONIDAZOLE - metronidazole iv soln 5 mg/ml	4	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	4	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	4	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
<i>minocycline hcl tab 50 mg</i>	3	
<i>minocycline hcl tab 75 mg</i>	4	
<i>minocycline hcl tab 100 mg</i>	4	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml	4	
NAFCILLIN - nafcillin sodium in dextrose inj 1 gm/50ml	4	
NAFCILLIN - nafcillin sodium in dextrose inj 2 gm/100ml	4	
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>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	4	
<i>nitrofurantoin susp 25 mg/5ml#</i>	4	
<i>ofloxacin tab 400 mg</i>	3	
<i>paramomycin 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	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	4	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	4	
<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>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
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>	4	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	2	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TAZICEF - ceftazidime for iv soln 1 gm	4	
TAZICEF - ceftazidime for iv soln 2 gm	4	
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>	4	
<i>tetracycline hcl cap 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	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
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 500 mg</i>	4	
<i>vancomycin hcl for iv soln 750 mg</i>	3	
<i>vancomycin hcl for iv soln 1 gm</i>	4	
<i>vancomycin hcl for iv soln 5 gm</i>	3	
<i>vancomycin hcl for iv soln 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.5 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 750 mg/150ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1000 mg/200ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1250 mg/250ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1500 mg/300ml	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl- dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl- dextrose iv soln 1 gm/200ml-5%	4	
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	

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
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	
<i>carbamazepine chew tab 100 mg</i>	2	
<i>carbamazepine susp 100 mg/5ml</i>	4	
<i>carbamazepine tab er 12hr 100 mg</i>	3	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
<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>	4	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	4	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	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<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	
FYCOMPA - perampanel tab 10 mg	5	
FYCOMPA - perampanel tab 12 mg	5	
<i>gabapentin cap 100 mg</i>	2	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>	4	
<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	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/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	

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>phenobarbital sodium inj 65 mg/ml#</i>	4	
<i>phenobarbital sodium inj 130 mg/ml#</i>	4	
<i>phenobarbital tab 15 mg#</i>	4	
<i>phenobarbital tab 16.2 mg#</i>	4	
<i>phenobarbital tab 30 mg#</i>	4	
<i>phenobarbital tab 32.4 mg#</i>	4	
<i>phenobarbital tab 60 mg#</i>	4	
<i>phenobarbital tab 64.8 mg#</i>	4	
<i>phenobarbital tab 97.2 mg#</i>	4	
<i>phenobarbital tab 100 mg#</i>	4	
<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>pregabalin cap 25 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<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	

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>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>	4	
<i>valproate sodium oral soln 250 mg/5ml</i>	3	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3	
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	
XCOPRI - cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating 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>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
<i>donepezil hydrochloride tab 23 mg</i>	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	4	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	
<i>galantamine hydrobromide tab 4 mg</i>	3	
<i>galantamine hydrobromide tab 8 mg</i>	3	
<i>galantamine hydrobromide tab 12 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA
<i>memantine hcl tab 5 mg</i>	2	PA
<i>memantine hcl tab 10 mg</i>	2	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	4	PA
<i>rivastigmine tartrate cap 1.5 mg</i>	3	
<i>rivastigmine tartrate cap 3 mg</i>	3	
<i>rivastigmine tartrate cap 4.5 mg</i>	3	
<i>rivastigmine tartrate cap 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	
Antidepressants		
<i>amitriptyline hcl tab 10 mg#</i>	4	
<i>amitriptyline hcl tab 25 mg#</i>	4	
<i>amitriptyline hcl tab 50 mg#</i>	4	
<i>amitriptyline hcl tab 75 mg#</i>	4	
<i>amitriptyline hcl tab 100 mg#</i>	4	
<i>amitriptyline hcl tab 150 mg#</i>	4	
AMOXAPINE - amoxapine tab 25 mg#	4	
AMOXAPINE - amoxapine tab 50 mg#	4	
AMOXAPINE - amoxapine tab 100 mg#	4	
AMOXAPINE - amoxapine tab 150 mg#	4	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	3	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	3	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab 75 mg</i>	3	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	3	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	4	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg</i>	2	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg</i>	2	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	
<i>clomipramine hcl cap 50 mg#</i>	4	
<i>clomipramine hcl cap 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg#</i>	3	
<i>desipramine hcl tab 25 mg#</i>	3	
<i>desipramine hcl tab 50 mg#</i>	3	
<i>desipramine hcl tab 75 mg#</i>	3	
<i>desipramine hcl tab 100 mg#</i>	3	
<i>desipramine hcl tab 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	3	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	3	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	3	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 150 mg#	4	
<i>doxepin hcl cap 10 mg#</i>	4	
<i>doxepin hcl cap 25 mg#</i>	4	
<i>doxepin hcl cap 50 mg#</i>	4	
<i>doxepin hcl cap 75 mg#</i>	4	
<i>doxepin hcl cap 100 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	4	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg	4	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	3	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	3	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	3	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	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>escitalopram oxalate soln 5 mg/5ml</i>	4	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>	3	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	
<i>imipramine hcl tab 25 mg#</i>	4	
<i>imipramine hcl tab 50 mg#</i>	4	
MAPROTILINE HCL - maprotiline hcl tab 25 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg	3	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>	4	
<i>nefazodone hcl tab 50 mg</i>	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	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>nortriptyline hcl cap 10 mg#</i>	4	
<i>nortriptyline hcl cap 25 mg#</i>	4	
<i>nortriptyline hcl cap 50 mg#</i>	4	
<i>nortriptyline hcl cap 75 mg#</i>	4	
<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>	3	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	4	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)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 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>	3	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	4	
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)
<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)

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
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>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
<i>chlorpromazine hcl inj 25 mg/ml</i>	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>fosaprepitant dimeglumine for iv infusion 150 mg</i>	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>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	BD
<i>ondansetron hcl tab 4 mg</i>	2	BD
<i>ondansetron hcl tab 8 mg</i>	3	BD
<i>ondansetron hcl tab 24 mg</i>	4	BD
<i>ondansetron orally disintegrating tab 4 mg</i>	3	BD
<i>ondansetron orally disintegrating tab 8 mg</i>	3	BD
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i>	5	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
<i>perphenazine tab 2 mg</i>	3	PA
<i>perphenazine tab 4 mg</i>	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine tab 8 mg</i>	3	PA
<i>perphenazine tab 16 mg</i>	4	PA
PROCHLORPERAZINE EDISYLATE - prochlorperazine edisylate inj 50 mg/10ml	4	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg</i>	3	
<i>prochlorperazine maleate tab 10 mg</i>	3	
<i>prochlorperazine suppos 25 mg</i>	4	
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	4	PA
<i>promethazine hcl tab 12.5 mg#</i>	4	PA
<i>promethazine hcl tab 25 mg#</i>	4	PA
<i>promethazine hcl tab 50 mg#</i>	4	PA
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>casprofungin acetate for iv soln 50 mg</i>	5	
<i>casprofungin acetate for iv soln 70 mg</i>	5	
<i>ciclopirox solution 8%</i>	3	
<i>clotrimazole troche 10 mg</i>	3	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	3	
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	3	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	3	
<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>	4	
<i>itraconazole cap 100 mg</i>	4	
<i>ketoconazole cream 2%</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>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	3	
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
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>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	2	
TERCONAZOLE - terconazole vaginal cream 0.8%	4	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>voriconazole for inj 200 mg</i>	4	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 tab 0.6 mg</i>	3	
<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	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	3	QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)

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>ergotamine w/ caffeine tab 1-100 mg</i>	4	
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>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	4	
<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	
<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	3	
<i>pyridostigmine bromide tab er 180 mg</i>	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>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	3	
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>	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>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	5	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
ADRIAMYCIN - doxorubicin hcl for inj 10 mg	4	BD
ADRIAMYCIN - doxorubicin hcl for inj 50 mg	4	BD
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	PA
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	2	
ARRANON - nelarabine iv soln 5 mg/ml	5	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	PA
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	PA
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA
<i>bicalutamide tab 50 mg</i>	3	
BLENREP - belantamab mafodotin-blmf for iv soln 100 mg	5	PA
<i>bleomycin sulfate for inj 15 unit</i>	3	BD
<i>bleomycin sulfate for inj 30 unit</i>	3	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
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 75 mg	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 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	
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)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	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	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
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	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	3	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	3	
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg</i>	5	
<i>dexrazoxane hcl for inj 500 mg</i>	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 for inj conc 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<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, PA
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	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	3	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	3	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg</i>	5	PA, QL (30 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>	4	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	4	
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	4	
FARYDAK - panobinostat lactate cap 10 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	PA
<i>fludarabine phosphate for inj 50 mg</i>	4	
<i>fludarabine phosphate inj 25 mg/ml</i>	3	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	4	BD
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	4	BD
<i>flutamide cap 125 mg</i>	4	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
<i>fulvestrant inj 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gemcitabine hcl for inj 200 mg</i>	4	
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<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	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 420 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)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
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	

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>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	
<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	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
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)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	PA
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	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	PA
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
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 3 x 4 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 ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 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 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
<i>leucovorin calcium for inj 50 mg</i>	4	
<i>leucovorin calcium 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
<i>leucovorin calcium for inj 200 mg</i>	4	
<i>leucovorin calcium for inj 350 mg</i>	4	
<i>leucovorin calcium for inj 500 mg</i>	4	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 10 mg</i>	4	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
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>mercaptopurine tab 50 mg</i>	3	
<i>mesna inj 100 mg/ml</i>	3	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	
<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	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
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)

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>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	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA
ONCASPARGASE - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	4	
<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	
PACLITAXEL - paclitaxel iv conc 150 mg/25ml (6 mg/ml)	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg	5	PA
PADCEV - enfortumab vedotin-ejfv for iv soln 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	3	
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg	5	PA
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
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	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
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
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	5	PA
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
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)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 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
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml	5	PA
SARCLISA - isatuximab-irfc iv soln 500 mg/25ml	5	PA
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
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	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
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)
TAGRISSE - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg*	5	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg</i>	2	
<i>tamoxifen citrate tab 20 mg</i>	2	
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)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
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)

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
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
<i>thiotepa for inj 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>toremifene citrate tab 60 mg</i>	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
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	
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml)	5	PA
TRUXIMA - rituximab-abbs iv soln 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
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	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	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	3	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	3	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	4	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml	5	PA, QL (300 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO - dacomitinib tab 15 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (100 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 40 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 40 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (40 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (60 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
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)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antiparasitics		
<i>albendazole tab 200 mg</i>	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>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	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>	3	
<i>malathion lotion 0.5%</i>	3	
MEFLOQUINE HCL - mefloquine hcl tab 250 mg	4	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>permethrin cream 5%</i>	4	
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	
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>	4	
<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>	4	
<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	

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>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
<i>entacapone tab 200 mg</i>	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
<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	QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	3	QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	3	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	3	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)

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
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine tab 25 mg</i>	3	QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	3	QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	4	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	3	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>	4	PA
<i>fluphenazine hcl tab 2.5 mg</i>	4	PA
<i>fluphenazine hcl tab 5 mg</i>	4	PA
<i>fluphenazine hcl tab 10 mg</i>	4	PA
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	3	PA
GEODON - ziprasidone mesylate for inj 20 mg	4	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>	4	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

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	5	QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	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
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	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)
<i>olanzapine for im inj 10 mg</i>	4	QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	3	QL (45 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine tab 15 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/30 days)
PIMOZIDE - pimozide tab 1 mg	3	
PIMOZIDE - pimozide tab 2 mg	3	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	5	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	5	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	QL (60 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg</i>	3	PA
<i>thioridazine hcl tab 25 mg</i>	3	PA
<i>thioridazine hcl tab 50 mg</i>	3	PA
<i>thioridazine hcl tab 100 mg</i>	3	PA
<i>thiothixene cap 1 mg</i>	3	PA
<i>thiothixene cap 2 mg</i>	3	PA
<i>thiothixene cap 5 mg</i>	3	PA
<i>thiothixene cap 10 mg</i>	4	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	QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	4	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	3	QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	QL (1 vial/28 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	4	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>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<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)
<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	5	
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)
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>	4	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 250 mg</i>	4	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 400 mg</i>	4	QL (30 capsules/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/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 (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz tab 600 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 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 200-50 mg	5	PA
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>	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg	5	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	
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	4	QL (300 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	4	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	4	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/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 oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	3	
<i>oseltamivir phosphate cap 45 mg</i>	3	
<i>oseltamivir phosphate cap 75 mg</i>	3	
<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 180 mcg/0.5ml	5	PA
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 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	
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	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)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
SOVALDI - sofosbuvir pellet pack 150 mg	5	PA
SOVALDI - sofosbuvir pellet pack 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg	5	PA
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>	3	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 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)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 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)

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Drug Name	Drug Tier	Requirements/Limits
<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	
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	4	
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	4	
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	3	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	4	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	2	QL (60 tablets/30 days)
Anxiolytics		
<i>alprazolam tab 0.25 mg</i>	3	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg</i>	3	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg</i>	3	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	3	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg</i>	2	
<i>bupirone hcl tab 7.5 mg</i>	3	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	3	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 mg</i>	3	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.5 mg</i>	3	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	3	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	3	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	3	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	4	PA, QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	3	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg</i>	1	PA, QL (120 tablets/30 days)
<i>diazepam tab 5 mg</i>	2	PA, QL (120 tablets/30 days)
<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>	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
LITHIUM - lithium oral solution 8 meq/5ml	3	
<i>lithium carbonate cap 150 mg</i>	3	
<i>lithium carbonate cap 300 mg</i>	2	
<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	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	
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)
<i>diazoxide susp 50 mg/ml</i>	3	
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg[^]</i>	6	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg[^]</i>	6	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg[^]</i>	6	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg[^]</i>	6	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg[^]</i>	6	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg[^]</i>	6	QL (60 tablets/30 days)
<i>glipizide tab 5 mg[^]</i>	6	QL (240 tablets/30 days)
<i>glipizide tab 10 mg[^]</i>	6	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg^</i>	6	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
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 (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (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	
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)

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Drug Name	Drug Tier	Requirements/Limits
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 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>	6	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg[^]</i>	6	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg[^]</i>	6	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg[^]</i>	6	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg[^]</i>	6	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg[^]</i>	6	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg[^]</i>	6	QL (90 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>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg[^]</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg[^]</i>	6	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	3	
<i>repaglinide tab 0.5 mg[^]</i>	6	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg[^]</i>	6	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg[^]</i>	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg	3	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	3	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	3	QL (30 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
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	

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>anagrelide hcl cap 1 mg</i>	4	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>azacitidine for inj 100 mg</i>	5	
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>	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj 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	5	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	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	4	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	3	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
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)
<i>prasugrel hcl tab 5 mg</i>	3	
<i>prasugrel hcl tab 10 mg</i>	4	
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	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
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 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>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
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>	4	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>aliskiren fumarate tab 150 mg[^]</i>	6	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	2	
<i>amiodarone hcl tab 400 mg</i>	4	
<i>amlodipine besylate tab 2.5 mg</i>	2	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg[^]</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg[^]</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg[^]</i>	6	
<i>amlodipine besylate-valsartan tab 5-160 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg[^]</i>	6	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan tab 10-160 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<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>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg[^]</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg[^]</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg[^]</i>	6	
<i>benazepril hcl tab 5 mg[^]</i>	6	
<i>benazepril hcl tab 10 mg[^]</i>	6	
<i>benazepril hcl tab 20 mg[^]</i>	6	
<i>benazepril hcl tab 40 mg[^]</i>	6	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<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>	3	
BYSTOLIC - nebivolol hcl tab 2.5 mg	4	
BYSTOLIC - nebivolol hcl tab 5 mg	4	
BYSTOLIC - nebivolol hcl tab 10 mg	4	
BYSTOLIC - nebivolol hcl tab 20 mg	4	
<i>candesartan cilexetil tab 4 mg[^]</i>	6	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 8 mg^</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg^</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^</i>	6	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg^</i>	6	
<i>captopril tab 25 mg^</i>	6	
<i>captopril tab 50 mg^</i>	6	
<i>captopril tab 100 mg^</i>	6	
<i>carvedilol tab 3.125 mg</i>	2	
<i>carvedilol tab 6.25 mg</i>	2	
<i>carvedilol tab 12.5 mg</i>	2	
<i>carvedilol tab 25 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<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>	3	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	3	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	3	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
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	
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	4	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	

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>diltiazem hcl cap er 12hr 120 mg</i>	4	
<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>	4	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 420 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>	4	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<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>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg[^]</i>	6	
<i>enalapril maleate tab 2.5 mg[^]</i>	6	
<i>enalapril maleate tab 5 mg[^]</i>	6	
<i>enalapril maleate tab 10 mg[^]</i>	6	
<i>enalapril maleate tab 20 mg[^]</i>	6	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>ezetimibe tab 10 mg</i>	3	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<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>	3	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>	3	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>fosinopril sodium tab 10 mg[^]</i>	6	
<i>fosinopril sodium tab 20 mg[^]</i>	6	
<i>fosinopril sodium tab 40 mg[^]</i>	6	
<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>	1	
<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>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>irbesartan tab 75 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	3	
<i>isosorbide dinitrate tab 20 mg</i>	3	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<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	
<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>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg[^]</i>	6	
<i>lisinopril tab 2.5 mg[^]</i>	6	
<i>lisinopril tab 5 mg[^]</i>	6	
<i>lisinopril tab 10 mg[^]</i>	6	
<i>lisinopril tab 20 mg[^]</i>	6	
<i>lisinopril tab 30 mg[^]</i>	6	
<i>lisinopril tab 40 mg[^]</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg[^]</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg[^]</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg[^]</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg[^]</i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg[^]</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg[^]</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg[^]</i>	6	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<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>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	3	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg[^]</i>	6	
<i>moexipril hcl tab 15 mg[^]</i>	6	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>nadolol tab 20 mg</i>	3	
<i>nadolol tab 40 mg</i>	3	
<i>nadolol tab 80 mg</i>	3	
<i>niacin tab er 500 mg</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg</i>	4	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg</i>	3	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	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	4	
<i>nisoldipine tab er 24hr 8.5 mg</i>	4	
<i>nisoldipine tab er 24hr 17 mg</i>	4	
<i>nisoldipine tab er 24hr 34 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin sl tab 0.3 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>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>	6	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg^</i>	6	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg^</i>	6	
<i>perindopril erbumine tab 4 mg^</i>	6	
<i>perindopril erbumine tab 8 mg^</i>	6	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg^</i>	6	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>	3	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol 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>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>	6	
<i>quinapril hcl tab 10 mg[^]</i>	6	
<i>quinapril hcl tab 20 mg[^]</i>	6	
<i>quinapril hcl tab 40 mg[^]</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg[^]</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg[^]</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-25 mg[^]</i>	6	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	3	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	3	
<i>ramipril cap 1.25 mg[^]</i>	6	
<i>ramipril cap 2.5 mg[^]</i>	6	
<i>ramipril cap 5 mg[^]</i>	6	
<i>ramipril cap 10 mg[^]</i>	6	
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg[^]</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg[^]</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg[^]</i>	6	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg[^]</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg[^]</i>	6	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 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>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<i>telmisartan tab 20 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg^</i>	6	QL (60 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg^</i>	6	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>trandolapril tab 1 mg^</i>	6	
<i>trandolapril tab 2 mg^</i>	6	
<i>trandolapril tab 4 mg^</i>	6	
<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>	6	QL (60 tablets/30 days)
<i>valsartan tab 80 mg^</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 160 mg^</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 320 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg^</i>	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
<i>verapamil hcl tab er 120 mg</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 120 mg</i>	2	
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALM - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
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>	4	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)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	3	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	3	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	3	QL (60 tablets/30 days)
<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)
AUBAGIO - teriflunomide tab 7 mg*	5	PA, QL (30 tablets/30 days)
AUBAGIO - teriflunomide tab 14 mg*	5	PA, QL (30 tablets/30 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>	3	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	3	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	3	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	4	QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	2	
GILENYA - fingolimod hcl cap 0.5 mg	5	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	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	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY 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
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
VUMERITY - diroximel fumarate capsule dr starter bottle 231 mg	5	PA, QL (106 capsules/30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
Dermatological Agents		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
AUGMENTED BETAMETHASONE DIPROPIONATE - <i>betamethasone dipropionate augmented gel 0.05%</i>	4	QL (200 grams/28 days)
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>calcipotriene cream 0.005%</i>	4	
<i>calcipotriene oint 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	
CARAC - fluorouracil cream 0.5%	5	
<i>clobetasol propionate cream 0.05%</i>	3	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	4	
<i>desonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	4	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	4	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120 grams/30 days)
FINACEA - azelaic acid foam 15%	3	
<i>fluocinonide acetamide cream 0.01%</i>	3	QL (120 grams/30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	3	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	4	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	4	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	2	
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	4	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	4	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	3	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>metronidazole cream 0.75%</i>	4	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	2	QL (135 grams/28 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/28 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	3	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	3	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	3	
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine cream 1%</i>	3	
SOOLANTRA - ivermectin cream 1%	3	
<i>tacrolimus oint 0.03%</i>	4	PA
<i>tacrolimus oint 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%	4	PA
TAZORAC - tazarotene gel 0.1%	4	PA
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.1%</i>	4	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>calcium acetate cap 667 mg</i>	3	
<i>calcium acetate tab 667 mg</i>	3	
CARBAGLU - carglumic acid tab 200 mg*	5	PA
CHEMET - succimer cap 100 mg	5	
<i>deferasirox granules packet 90 mg</i>	5	PA
<i>deferasirox granules packet 180 mg</i>	5	PA
<i>deferasirox granules packet 360 mg</i>	5	PA
<i>deferasirox tab for oral susp 125 mg</i>	5	PA
<i>deferasirox tab for oral susp 250 mg</i>	5	PA
<i>deferasirox tab for oral susp 500 mg</i>	5	PA
<i>deferasirox tab 90 mg</i>	5	PA
<i>deferasirox tab 180 mg</i>	5	PA
<i>deferasirox tab 360 mg</i>	5	PA
<i>dextrose inj 5%</i>	3	
<i>dextrose inj 10%</i>	4	
DEXTROSE 2.5%/NACL 0.45% - dextrose 2.5% w/ sodium chloride 0.45%	3	
<i>dextrose 5% in lactated ringers</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% w/ sodium chloride 0.33%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
HEPATAMINE - amino acid infusion 8%	4	BD
INTRALIPID - fat emulsion plant based iv emulsion 20%	4	BD
JADENU - deferasirox tab 90 mg*	5	PA
JADENU - deferasirox tab 180 mg*	5	PA
JADENU - deferasirox tab 360 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 180 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 360 mg*	5	PA
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<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>	3	
<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>	3	
<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	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	5	QL (120 tablets/30 days)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	3	
<i>magnesium sulfate inj 50%</i>	3	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
NUTRILIPID - fat emulsion plant based iv emulsion 20%	4	BD
<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 tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate tab er 5 meq (540 mg)</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	4	
SAMSCA - tolvaptan tab 15 mg	5	PA
SAMSCA - tolvaptan tab 30 mg	5	PA
<i>sevelamer carbonate packet 0.8 gm</i>	5	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	QL (270 tablets/30 days)
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride iv soln 0.9%</i>	3	
<i>sodium chloride preservative free inj 0.9%</i>	3	
<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	
<i>tolvaptan tab 30 mg</i>	5	PA
<i>trientine hcl cap 250 mg</i>	5	PA, QL (240 capsules/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm	3	
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm	3	
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
Gastrointestinal Agents		
<i>alosetron hcl tab 0.5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>alosetron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
AMITIZA - lubiprostone cap 8 mcg	3	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	3	
<i>dicyclomine hcl cap 10 mg#</i>	3	PA
<i>dicyclomine hcl tab 20 mg#</i>	4	PA
<i>esomeprazole magnesium cap delayed release 20 mg</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg</i>	2	QL (30 capsules/30 days)
<i>esomeprazole sodium for intravenous soln 40 mg</i>	3	
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine inj 20 mg/2ml</i>	3	
<i>famotidine inj 40 mg/4ml</i>	3	
<i>famotidine inj 200 mg/20ml</i>	3	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 capsules/30 days)
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>	2	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
<i>nizatidine cap 150 mg</i>	3	
<i>nizatidine cap 300 mg</i>	3	
<i>omeprazole cap delayed release 10 mg</i>	2	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg</i>	2	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>	2	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	4	
<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>rabeprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
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	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
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	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
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)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	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	

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
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
REVCIVI - elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	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	PA
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)
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
DEPEN TITRATABS - penicillamine tab 250 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	3	QL (30 tablets/30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	4	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	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)
<i>tropium chloride tab 20 mg</i>	3	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE - cortisone acetate tab 25 mg	3	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	3	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	2	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<i>methylprednisolone sod succ for inj 40 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
<i>methylprednisolone sod succ for inj 125 mg</i>	3	
<i>methylprednisolone sod succ for inj 500 mg</i>	4	
<i>methylprednisolone sod succ for inj 1000 mg</i>	4	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	3	
<i>methylprednisolone tab 4 mg</i>	3	
<i>methylprednisolone tab 8 mg</i>	3	
<i>methylprednisolone tab 16 mg</i>	3	
<i>methylprednisolone tab 32 mg</i>	4	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	4	
<i>prednisolone syrup 15 mg/5ml</i>	4	
PREDNISONE - prednisone oral soln 5 mg/5ml	4	
<i>prednisone tab therapy pack 5 mg (21)</i>	3	
<i>prednisone tab therapy pack 5 mg (48)</i>	3	
<i>prednisone tab therapy pack 10 mg (21)</i>	3	
<i>prednisone tab therapy pack 10 mg (48)</i>	3	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	3	
<i>prednisone tab 10 mg</i>	3	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
EGRIFTA SV - tesamorelin acetate for inj 2 mg*	5	PA
INCRELEX - mecasecmin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	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

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Drug Name	Drug Tier	Requirements/Limits
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)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
<i>danazol cap 50 mg</i>	4	PA
<i>danazol cap 100 mg</i>	4	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	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	4	
ELLA - ulipristal acetate tab 30 mg	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg#</i>	4	
<i>estradiol tab 1 mg#</i>	4	
<i>estradiol tab 2 mg#</i>	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.0375 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.05 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.075 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.1 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	4	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.1 mg/24hr#</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>estradiol vaginal cream 0.1 mg/gm</i>	3	
<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>	3	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	5	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<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>	3	
<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	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
<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	
<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>	3	
<i>norethindrone tab 0.35 mg</i>	3	
<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	

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>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>	4	PA
<i>oxandrolone tab 10 mg</i>	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	3	
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	3	
<i>progesterone micronized cap 100 mg</i>	2	
<i>progesterone micronized cap 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg^</i>	6	
<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 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</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	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
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/vial (240 mg dose)	5	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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 MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	PA
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	3	

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Drug Name	Drug Tier	Requirements/Limits
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
AZATHIOPRINE - azathioprine sodium for inj 100 mg^	6	BD
<i>azathioprine tab 50 mg^</i>	6	BD
BCG VACCINE - bcg vaccine inj	3	
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	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
<i>cyclosporine cap 25 mg</i>	4	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>	4	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	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
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
<i>everolimus tab 0.25 mg</i>	5	BD
<i>everolimus tab 0.5 mg</i>	5	BD
<i>everolimus tab 0.75 mg</i>	5	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD 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

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

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 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	3	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	
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	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
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
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
<i>icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	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
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
<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 soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	6	
<i>methotrexate sodium for inj 1 gm^</i>	6	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^</i>	6	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^</i>	6	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^</i>	6	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)^</i>	6	
<i>methotrexate sodium tab 2.5 mg^</i>	6	
<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>	3	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	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	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
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime)
<i>sirolimus oral soln 1 mg/ml</i>	5	BD
<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
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
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

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
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
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
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
<i>balsalazide disodium cap 750 mg</i>	4	
<i>budesonide delayed release particles cap 3 mg</i>	4	QL (90 capsules/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	
<i>hydrocortisone perianal cream 2.5%</i>	2	
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 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
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>sulfasalazine tab 500 mg[^]</i>	6	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg[^]</i>	6	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg[^]</i>	6	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg[^]</i>	6	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act[^]</i>	6	
CALCITRIOL - calcitriol inj 1 mcg/ml	4	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg</i>	5	PA
<i>cinacalcet hcl tab 60 mg</i>	5	PA
<i>cinacalcet hcl tab 90 mg</i>	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg[^]</i>	6	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	5	
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>	4	
<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>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	4	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	4	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
Ophthalmic Agents		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm	4	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
<i>bimatoprost ophth soln 0.03%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	4	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>carteolol hcl ophth soln 1%</i>	4	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	3	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	
<i>fluorometholone ophth susp 0.1%</i>	3	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4	
GENTAK - gentamicin sulfate ophth oint 0.3%	4	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	3	
<i>ketorolac tromethamine ophth soln 0.5%</i>	2	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%</i>	2	
LUMIGAN - bimatoprost ophth soln 0.01%	3	
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	3	
NATACYN - natamycin ophth susp 5%	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymygramicid op sol 1.75-10000-0.025mg-unt-mg/ml	4	
<i>ofloxacin ophth soln 0.3%</i>	2	
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	3	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
<i>pilocarpine hcl ophth soln 1%</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>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
PREDNISOLONE ACETATE - 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)
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	4	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.25%	4	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.5%	4	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
<i>travoprost ophth soln 0.004%</i>	3	
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<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>	4	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	4	BD
<i>acetylcysteine inhal soln 20%</i>	4	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR 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)

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 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)
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 4 mg	3	
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 8 mg	3	
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	3	QL (36 grams/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>	3	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
<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	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
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 50 mcg/act	3	QL (1 canister/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)

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>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>	3	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, QL (60 tablets/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>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	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>	4	BD
DALIRESP - roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
DALIRESP - roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
<i>diphenhydramine hcl inj 50 mg/ml</i>	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	4	QL (1 canister/30 days)
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)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)</i>	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)

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
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 25 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	3	QL (2 bottles/30 days)
<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>	4	
<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)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	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)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 200 mg/20ml (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>	3	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/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>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	4	
<i>theophylline tab er 12hr 450 mg</i>	4	
<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)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)*</i>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/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)

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
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>	4	
<i>zafirlukast tab 20 mg</i>	3	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#</i>	3	PA
<i>cyclobenzaprine hcl tab 10 mg#</i>	3	PA
<i>methocarbamol tab 500 mg#</i>	4	
<i>methocarbamol tab 750 mg#</i>	4	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg</i>	3	QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 6 mg</i>	3	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	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)
<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	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	4	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#</i>	4	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#</i>	4	QL (30 tablets/30 days)

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<i>anagrelide hcl cap 1 mg</i>	51	DOSES.....	89
<i>anastrozole tab 1 mg</i>	24	ASMANEX TWISTHALER 14 METERED	
ANDRODERM.....	75	DOSES.....	89
ANDRODERM.....	75	ASMANEX TWISTHALER 30 METERED	
ANORO ELLIPTA.....	89	DOSES.....	89
APOKYN.....	37	ASMANEX TWISTHALER 30 METERED	
<i>aprepitant capsule 125 mg</i>	20	DOSES.....	89
<i>aprepitant capsule 40 mg</i>	20		
<i>aprepitant capsule 80 mg</i>	20		

ASMANEX TWISTHALER 60 METERED		<i>azelastine hcl ophth soln 0.05%</i>	87
DOSES.....	89	<i>azithromycin for susp 100 mg/5ml</i>	5
ASMANEX TWISTHALER 7 METERED		<i>azithromycin for susp 200 mg/5ml</i>	5
DOSES.....	89	<i>azithromycin iv for soln 500 mg</i>	5
<i>aspirin-dipyridamole cap er 12hr 25-200</i>		<i>azithromycin tab 250 mg</i>	5
<i>mg</i>	51	<i>azithromycin tab 500 mg</i>	5
<i>atazanavir sulfate cap 150 mg</i>	43	<i>azithromycin tab 600 mg</i>	5
<i>atazanavir sulfate cap 200 mg</i>	43	<i>aztreonam for inj 1 gm</i>	5
<i>atazanavir sulfate cap 300 mg</i>	43	<i>aztreonam for inj 2 gm</i>	5
<i>atenolol & chlorthalidone tab 100-25</i>		B	
<i>mg</i>	54	BACITRACIN.....	87
<i>atenolol & chlorthalidone tab 50-25 mg</i>	54	<i>baclofen tab 10 mg</i>	43
<i>atenolol tab 100 mg</i>	54	<i>baclofen tab 20 mg</i>	43
<i>atenolol tab 25 mg</i>	54	<i>balsalazide disodium cap 750 mg</i>	85
<i>atenolol tab 50 mg</i>	54	BALVERSA.....	25
<i>atomoxetine hcl cap 100 mg</i>	63	BALVERSA.....	25
<i>atomoxetine hcl cap 10 mg</i>	63	BALVERSA.....	25
<i>atomoxetine hcl cap 18 mg</i>	63	BANZEL.....	11
<i>atomoxetine hcl cap 25 mg</i>	63	BANZEL.....	11
<i>atomoxetine hcl cap 40 mg</i>	63	BANZEL.....	11
<i>atomoxetine hcl cap 60 mg</i>	63	BAQSIMI ONE PACK.....	48
<i>atomoxetine hcl cap 80 mg</i>	63	BAQSIMI TWO PACK.....	48
<i>atorvastatin calcium tab 10 mg</i>	54	BARACLUDE.....	43
<i>atorvastatin calcium tab 20 mg</i>	54	BAVENCIO.....	25
<i>atorvastatin calcium tab 40 mg</i>	54	BCG VACCINE.....	80
<i>atorvastatin calcium tab 80 mg</i>	54	BELEODAQ.....	25
<i>atovaquone-proguanil hcl tab 250-100</i>		<i>benazepril & hydrochlorothiazide tab 10-12.5</i>	
<i>mg</i>	37	<i>mg</i>	54
<i>atovaquone-proguanil hcl tab 62.5-25</i>		<i>benazepril & hydrochlorothiazide tab 20-12.5</i>	
<i>mg</i>	37	<i>mg</i>	54
<i>atovaquone susp 750 mg/5ml</i>	37	<i>benazepril & hydrochlorothiazide tab 20-25</i>	
ATRIPLA.....	43	<i>mg</i>	54
ATROVENT HFA.....	89	<i>benazepril & hydrochlorothiazide tab 5-6.25</i>	
AUBAGIO.....	63	<i>mg</i>	54
AUBAGIO.....	63	<i>benazepril hcl tab 10 mg</i>	54
AUGMENTED BETAMETHASONE		<i>benazepril hcl tab 20 mg</i>	54
DIPROPIONATE.....	65	<i>benazepril hcl tab 40 mg</i>	54
AVASTIN.....	24	<i>benazepril hcl tab 5 mg</i>	54
AVASTIN.....	24	BENDEKA.....	25
AVONEX.....	63	BENLYSTA.....	80
AVONEX PEN.....	63	BENLYSTA.....	80
AYVAKIT.....	24	BENLYSTA.....	80
AYVAKIT.....	24	BENLYSTA.....	80
AYVAKIT.....	25	BENZNIDAZOLE.....	37
<i>azacitidine for inj 100 mg</i>	51	BENZNIDAZOLE.....	37
AZATHIOPRINE.....	80	<i>benzoyl peroxide-erythromycin gel</i>	
<i>azathioprine tab 50 mg</i>	80	<i>5-3%</i>	65
<i>azelaic acid gel 15%</i>	65	<i>benztropine mesylate tab 0.5 mg</i>	37
<i>azelastine hcl nasal spray 0.1% (137 mcg/</i>		<i>benztropine mesylate tab 1 mg</i>	37
<i>spray)</i>	90	<i>benztropine mesylate tab 2 mg</i>	37
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/</i>		BESPONSA.....	25
<i>spray)</i>	90		

<i>betamethasone dipropionate augmented cream</i> 0.05%.....	65	<i>bromocriptine mesylate tab 2.5 mg</i>	37
<i>betamethasone dipropionate augmented lotion</i> 0.05%.....	65	BRUKINSA.....	25
<i>betamethasone dipropionate augmented oint</i> 0.05%.....	65	<i>budesonide delayed release particles cap 3</i> mg.....	85
BETASERON.....	63	<i>budesonide inhalation susp 0.25</i> mg/2ml.....	90
<i>betaxolol hcl ophth soln 0.5%</i>	87	<i>budesonide inhalation susp 0.5</i> mg/2ml.....	90
<i>bethanechol chloride tab 10 mg</i>	72	<i>budesonide inhalation susp 1 mg/2ml</i>	90
<i>bethanechol chloride tab 25 mg</i>	72	<i>bumetanide inj 0.25 mg/ml</i>	54
<i>bethanechol chloride tab 50 mg</i>	72	<i>bumetanide tab 0.5 mg</i>	54
<i>bethanechol chloride tab 5 mg</i>	72	<i>bumetanide tab 1 mg</i>	54
<i>bexarotene cap 75 mg</i>	25	<i>bumetanide tab 2 mg</i>	54
BEXSERO.....	80	<i>buprenorphine hcl-naloxone hcl sl film 12-3</i> mg.....	3
<i>bicalutamide tab 50 mg</i>	25	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5</i> mg.....	3
BICILLIN L-A.....	5	<i>buprenorphine hcl-naloxone hcl sl film 4-1</i> mg.....	3
BICILLIN L-A.....	5	<i>buprenorphine hcl-naloxone hcl sl film 8-2</i> mg.....	3
BICILLIN L-A.....	5	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i> mg.....	3
BIKTARVY.....	43	<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i> mg.....	3
<i>bimatoprost ophth soln 0.03%</i>	87	<i>buprenorphine hcl sl tab 2 mg</i>	3
<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i> mg.....	54	<i>buprenorphine hcl sl tab 8 mg</i>	3
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i> mg.....	54	<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i> mg.....	3
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> mg.....	54	<i>bupropion hcl tab 100 mg</i>	17
<i>bisoprolol fumarate tab 10 mg</i>	54	<i>bupropion hcl tab 75 mg</i>	17
<i>bisoprolol fumarate tab 5 mg</i>	54	<i>bupropion hcl tab er 12hr 100 mg</i>	16
BLENREP.....	25	<i>bupropion hcl tab er 12hr 150 mg</i>	16
<i>bleomycin sulfate for inj 15 unit</i>	25	<i>bupropion hcl tab er 12hr 200 mg</i>	16
<i>bleomycin sulfate for inj 30 unit</i>	25	<i>bupropion hcl tab er 24hr 150 mg</i>	16
BLINCYTO.....	25	<i>bupropion hcl tab er 24hr 300 mg</i>	16
BOOSTRIX.....	80	<i>buspirone hcl tab 10 mg</i>	47
<i>bosentan tab 125 mg</i>	90	<i>buspirone hcl tab 15 mg</i>	47
<i>bosentan tab 62.5 mg</i>	90	<i>buspirone hcl tab 30 mg</i>	47
BOSULIF.....	25	<i>buspirone hcl tab 5 mg</i>	47
BOSULIF.....	25	<i>buspirone hcl tab 7.5 mg</i>	47
BOSULIF.....	25	<i>busulfan inj 6 mg/ml</i>	25
BRAFTOVI.....	25	<i>butalbital-acetaminophen-caffeine tab 50-325-40</i> mg.....	1
BREO ELLIPTA.....	90	<i>butalbital-aspirin-caffeine cap 50-325-40</i> mg.....	1
BREO ELLIPTA.....	90	BUTORPHANOL TARTRATE.....	1
BRILINTA.....	51	<i>butorphanol tartrate inj 2 mg/ml</i>	1
BRILINTA.....	51	BYDUREON BCISE.....	48
<i>brimonidine tartrate ophth soln 0.15%</i>	87	BYDUREON PEN.....	48
<i>brimonidine tartrate ophth soln 0.2%</i>	87	BYSTOLIC.....	54
BRIVIACT.....	12	BYSTOLIC.....	54
BRIVIACT.....	12		
BRIVIACT.....	12		
BRIVIACT.....	12		
BRIVIACT.....	12		
BRIVIACT.....	12		
BRIVIACT.....	12		

BYSTOLIC.....	54	<i>carbidopa & levodopa orally disintegrating tab</i>	
BYSTOLIC.....	54	10-100 mg.....	37
C		<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>cabergoline tab 0.5 mg</i>	78	25-100 mg.....	37
CABLIVI.....	80	<i>carbidopa & levodopa orally disintegrating tab</i>	
CABOMETYX.....	25	25-250 mg.....	37
CABOMETYX.....	25	<i>carbidopa & levodopa tab 10-100 mg</i>	37
CABOMETYX.....	25	<i>carbidopa & levodopa tab 25-100 mg</i>	38
<i>caffeine citrate oral soln 60 mg/3ml</i>	90	<i>carbidopa & levodopa tab 25-250 mg</i>	38
<i>calcipotriene cream 0.005%</i>	65	<i>carbidopa & levodopa tab er 25-100</i>	
<i>calcipotriene oint 0.005%</i>	65	mg.....	37
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	65	<i>carbidopa & levodopa tab er 50-200</i>	
<i>calcitonin (salmon) nasal soln 200 unit/</i>		mg.....	37
<i>act</i>	86	<i>carboplatin iv soln 150 mg/15ml</i>	25
CALCITRIOL.....	86	<i>carboplatin iv soln 450 mg/45ml</i>	25
<i>calcitriol cap 0.25 mcg</i>	86	<i>carboplatin iv soln 50 mg/5ml</i>	25
<i>calcitriol cap 0.5 mcg</i>	86	<i>carboplatin iv soln 600 mg/60ml</i>	25
<i>calcitriol oral soln 1 mcg/ml</i>	86	<i>carmustine for inj 100 mg</i>	25
<i>calcium acetate cap 667 mg</i>	67	<i>carteolol hcl ophth soln 1%</i>	87
<i>calcium acetate tab 667 mg</i>	67	<i>carvedilol tab 12.5 mg</i>	55
CALQUENCE.....	25	<i>carvedilol tab 25 mg</i>	55
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5</i>		<i>carvedilol tab 3.125 mg</i>	55
<i>mg</i>	55	<i>carvedilol tab 6.25 mg</i>	55
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5</i>		<i>caspofungin acetate for iv soln 50 mg</i>	21
<i>mg</i>	55	<i>caspofungin acetate for iv soln 70 mg</i>	21
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25</i>		<i>cefaclor cap 250 mg</i>	5
<i>mg</i>	55	<i>cefaclor cap 500 mg</i>	5
<i>candesartan cilexetil tab 16 mg</i>	55	<i>cefadroxil cap 500 mg</i>	5
<i>candesartan cilexetil tab 32 mg</i>	55	CEFAZOLIN SODIUM.....	5
<i>candesartan cilexetil tab 4 mg</i>	54	CEFAZOLIN SODIUM.....	5
<i>candesartan cilexetil tab 8 mg</i>	55	CEFAZOLIN SODIUM/DEXTROSE.....	5
CAPASTAT SULFATE.....	23	<i>cefazolin sodium for inj 1 gm</i>	5
CAPLYTA.....	39	<i>cefazolin sodium for inj 500 mg</i>	5
CAPRELSA.....	25	<i>cefdinir cap 300 mg</i>	5
CAPRELSA.....	25	<i>cefdinir for susp 125 mg/5ml</i>	5
<i>captopril tab 100 mg</i>	55	<i>cefdinir for susp 250 mg/5ml</i>	5
<i>captopril tab 12.5 mg</i>	55	CEFEPIME.....	5
<i>captopril tab 25 mg</i>	55	CEFEPIME.....	5
<i>captopril tab 50 mg</i>	55	CEFEPIME/DEXTROSE.....	5
CARAC.....	65	CEFEPIME/DEXTROSE.....	5
CARBAGLU.....	67	<i>cefepime hcl for inj 1 gm</i>	5
<i>carbamazepine cap er 12hr 100 mg</i>	12	<i>cefepime hcl for inj 2 gm</i>	5
<i>carbamazepine cap er 12hr 200 mg</i>	12	<i>cefixime cap 400 mg</i>	6
<i>carbamazepine cap er 12hr 300 mg</i>	12	CEFOTAXIME SODIUM.....	6
<i>carbamazepine chew tab 100 mg</i>	12	<i>cefotaxime sodium for inj 1 gm</i>	6
<i>carbamazepine susp 100 mg/5ml</i>	12	CEFOXITIN SODIUM.....	6
<i>carbamazepine tab 200 mg</i>	12	CEFOXITIN SODIUM.....	6
<i>carbamazepine tab er 12hr 100 mg</i>	12	<i>cefoxitin sodium for iv soln 1 gm</i>	6
<i>carbamazepine tab er 12hr 200 mg</i>	12	<i>cefoxitin sodium for iv soln 2 gm</i>	6
<i>carbamazepine tab er 12hr 400 mg</i>	12	<i>cefpodoxime proxetil for susp 100</i>	
		<i>mg/5ml</i>	6

<i>cefepodoxime proxetil for susp 50 mg/5ml</i>	6	<i>chloroquine phosphate tab 500 mg</i>	37
<i>cefepodoxime proxetil tab 100 mg</i>	6	CHLORPROMAZINE HCL.....	20
<i>cefepodoxime proxetil tab 200 mg</i>	6	<i>chlorpromazine hcl inj 25 mg/ml</i>	20
<i>cefprozil tab 250 mg</i>	6	<i>chlorpromazine hcl tab 100 mg</i>	20
<i>cefprozil tab 500 mg</i>	6	<i>chlorpromazine hcl tab 10 mg</i>	20
CEFTAZIDIME/DEXTROSE.....	6	<i>chlorpromazine hcl tab 200 mg</i>	20
CEFTAZIDIME/DEXTROSE.....	6	<i>chlorpromazine hcl tab 25 mg</i>	20
<i>ceftazidime for inj 1 gm</i>	6	<i>chlorpromazine hcl tab 50 mg</i>	20
<i>ceftazidime for inj 2 gm</i>	6	<i>chlorthalidone tab 25 mg</i>	55
<i>ceftazidime for inj 6 gm</i>	6	<i>chlorthalidone tab 50 mg</i>	55
CEFTRIAXONE/DEXTROSE.....	6	<i>cholestyramine light powder 4 gm/</i>	
CEFTRIAXONE/DEXTROSE.....	6	<i>dose</i>	55
CEFTRIAXONE IN ISO-OSMOTIC		<i>cholestyramine light powder packets 4</i>	
DEXTROSE.....	6	<i>gm</i>	55
CEFTRIAXONE IN ISO-OSMOTIC		<i>cholestyramine powder 4 gm/dose</i>	55
DEXTROSE.....	6	<i>cholestyramine powder packets 4 gm</i>	55
CEFTRIAXONE SODIUM.....	6	CHORIONIC GONADOTROPIN.....	74
<i>ceftriaxone sodium for inj 10 gm</i>	6	<i>ciclopirox solution 8%</i>	21
<i>ceftriaxone sodium for inj 1 gm</i>	6	<i>cilostazol tab 100 mg</i>	51
<i>ceftriaxone sodium for inj 250 mg</i>	6	<i>cilostazol tab 50 mg</i>	51
<i>ceftriaxone sodium for inj 2 gm</i>	6	CIMDUO.....	43
<i>ceftriaxone sodium for inj 500 mg</i>	6	<i>cinacalcet hcl tab 30 mg</i>	86
<i>ceftriaxone sodium for iv soln 1 gm</i>	6	<i>cinacalcet hcl tab 60 mg</i>	86
<i>ceftriaxone sodium for iv soln 2 gm</i>	6	<i>cinacalcet hcl tab 90 mg</i>	86
<i>cefuroxime axetil tab 250 mg</i>	6	CINRYZE.....	80
<i>cefuroxime axetil tab 500 mg</i>	6	<i>cefepodoxime 200 mg/100ml in d5w</i>	7
<i>cefuroxime sodium for inj 7.5 gm</i>	7	<i>cefepodoxime 400 mg/200ml in d5w</i>	7
<i>cefuroxime sodium for inj 750 mg</i>	6	CIPROFLOXACIN HCL.....	7
<i>cefuroxime sodium for iv soln 1.5 gm</i>	7	<i>cefepodoxime hcl ophth soln 0.3%</i>	87
<i>celecoxib cap 100 mg</i>	1	<i>cefepodoxime hcl tab 250 mg</i>	7
<i>celecoxib cap 200 mg</i>	1	<i>cefepodoxime hcl tab 500 mg</i>	7
<i>celecoxib cap 400 mg</i>	1	<i>cefepodoxime hcl tab 750 mg</i>	7
<i>celecoxib cap 50 mg</i>	1	CISPLATIN.....	25
CELONTIN.....	12	<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	25
<i>cephalexin cap 250 mg</i>	7	<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	25
<i>cephalexin cap 500 mg</i>	7	<i>citalopram hydrobromide oral soln 10</i>	
<i>cephalexin cap 750 mg</i>	7	<i>mg/5ml</i>	17
<i>cephalexin for susp 125 mg/5ml</i>	7	<i>citalopram hydrobromide tab 10 mg</i>	17
<i>cephalexin for susp 250 mg/5ml</i>	7	<i>citalopram hydrobromide tab 20 mg</i>	17
CEREZYME.....	71	<i>citalopram hydrobromide tab 40 mg</i>	17
CHANTIX.....	3	<i>cladribine iv soln 10 mg/10ml (1 mg/</i>	
CHANTIX.....	3	<i>ml)</i>	25
CHANTIX CONTINUING MONTH		CLARITHROMYCIN.....	7
PACK.....	3	CLARITHROMYCIN.....	7
CHANTIX STARTING MONTH PACK.....	4	<i>clarithromycin tab 250 mg</i>	7
CHEMET.....	67	<i>clarithromycin tab 500 mg</i>	7
CHENODAL.....	69	CLEMASTINE FUMARATE.....	90
CHLORAMPHENICOL SODIUM		<i>clindamycin hcl cap 150 mg</i>	7
SUCCINATE.....	7	<i>clindamycin hcl cap 300 mg</i>	7
<i>chlorhexidine gluconate soln 0.12%</i>	64	<i>clindamycin hcl cap 75 mg</i>	7
<i>chloroquine phosphate tab 250 mg</i>	37	<i>clindamycin phosphate inj 300 mg/2ml</i>	7
		<i>clindamycin phosphate inj 600 mg/4ml</i>	7

<i>clindamycin phosphate inj 900 mg/6ml</i>	7	<i>clotrimazole w/ betamethasone lotion</i>	
<i>clindamycin phosphate inj 9 gm/60ml</i>	7	1-0.05%.....	65
<i>clindamycin phosphate iv soln 300</i>		<i>clozapine orally disintegrating tab 100</i>	
<i>mg/2ml</i>	7	<i>mg</i>	39
<i>clindamycin phosphate iv soln 600</i>		<i>clozapine orally disintegrating tab 12.5</i>	
<i>mg/4ml</i>	7	<i>mg</i>	39
<i>clindamycin phosphate iv soln 900</i>		<i>clozapine orally disintegrating tab 25</i>	
<i>mg/6ml</i>	7	<i>mg</i>	39
<i>clindamycin phosphate swab 1%</i>	7	<i>clozapine tab 100 mg</i>	39
<i>clindamycin phosphate vaginal cream</i>		<i>clozapine tab 200 mg</i>	39
2%.....	7	<i>clozapine tab 25 mg</i>	39
<i>clobazam suspension 2.5 mg/ml</i>	12	<i>clozapine tab 50 mg</i>	39
<i>clobazam tab 10 mg</i>	12	COARTEM.....	37
<i>clobazam tab 20 mg</i>	12	<i>colchicine tab 0.6 mg</i>	22
<i>clobetasol propionate cream 0.05%</i>	65	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clobetasol propionate emollient base cream</i>		<i>mg</i>	22
0.05%.....	65	COLCRYS.....	22
<i>clobetasol propionate gel 0.05%</i>	65	<i>colestipol hcl granule packets 5 gm</i>	55
<i>clobetasol propionate oint 0.05%</i>	65	<i>colestipol hcl granules 5 gm</i>	55
<i>clobetasol propionate soln 0.05%</i>	65	<i>colestipol hcl tab 1 gm</i>	55
<i>clofarabine iv soln 1 mg/ml</i>	25	<i>colistimethate sod for inj 150 mg</i>	7
<i>clomipramine hcl cap 25 mg</i>	17	COMBIPATCH.....	75
<i>clomipramine hcl cap 50 mg</i>	17	COMBIPATCH.....	75
<i>clomipramine hcl cap 75 mg</i>	17	COMETRIQ.....	25
<i>clonazepam orally disintegrating tab 0.125</i>		COMETRIQ.....	26
<i>mg</i>	47	COMETRIQ.....	26
<i>clonazepam orally disintegrating tab 0.25</i>		COMPLERA.....	43
<i>mg</i>	47	COPAXONE.....	63
<i>clonazepam orally disintegrating tab 0.5</i>		COPAXONE.....	63
<i>mg</i>	47	COPIKTRA.....	26
<i>clonazepam orally disintegrating tab 1</i>		COPIKTRA.....	26
<i>mg</i>	47	CORLANOR.....	55
<i>clonazepam orally disintegrating tab 2</i>		CORLANOR.....	55
<i>mg</i>	47	CORLANOR.....	55
<i>clonazepam tab 0.5 mg</i>	47	CORTISONE ACETATE.....	73
<i>clonazepam tab 1 mg</i>	47	COSENTYX.....	80
<i>clonazepam tab 2 mg</i>	47	COSENTYX.....	80
<i>clonidine hcl tab 0.1 mg</i>	55	COSENTYX SENSOREADY PEN.....	80
<i>clonidine hcl tab 0.2 mg</i>	55	COSENTYX SENSOREADY PEN.....	80
<i>clonidine hcl tab 0.3 mg</i>	55	COTELLIC.....	26
<i>clonidine hcl tab er 12hr 0.1 mg</i>	63	CREON.....	71
<i>clonidine td patch weekly 0.1 mg/24hr</i>	55	CREON.....	71
<i>clonidine td patch weekly 0.2 mg/24hr</i>	55	CREON.....	71
<i>clonidine td patch weekly 0.3 mg/24hr</i>	55	CREON.....	71
<i>clopidogrel bisulfate tab 75 mg</i>	51	CREON.....	71
<i>clorazepate dipotassium tab 15 mg</i>	48	CRESEMBA.....	21
<i>clorazepate dipotassium tab 3.75 mg</i>	48	CRESEMBA.....	21
<i>clorazepate dipotassium tab 7.5 mg</i>	48	CRIXIVAN.....	43
<i>clotrimazole troche 10 mg</i>	21	CRIXIVAN.....	43
<i>clotrimazole w/ betamethasone cream</i>		<i>cromolyn sodium ophth soln 4%</i>	87
1-0.05%.....	65	<i>cromolyn sodium oral conc 100</i>	
		<i>mg/5ml</i>	69

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	90	DAURISMO.....	26
CRYSVITA.....	71	<i>decitabine for inj 50 mg</i>	26
CRYSVITA.....	71	<i>deferasirox granules packet 180 mg</i>	67
CRYSVITA.....	71	<i>deferasirox granules packet 360 mg</i>	67
<i>cyclobenzaprine hcl tab 10 mg</i>	93	<i>deferasirox granules packet 90 mg</i>	67
<i>cyclobenzaprine hcl tab 5 mg</i>	93	<i>deferasirox tab 180 mg</i>	67
CYCLOPHOSPHAMIDE.....	26	<i>deferasirox tab 360 mg</i>	67
CYCLOPHOSPHAMIDE.....	26	<i>deferasirox tab 90 mg</i>	67
<i>cyclophosphamide cap 25 mg</i>	26	<i>deferasirox tab for oral susp 125 mg</i>	67
<i>cyclophosphamide cap 50 mg</i>	26	<i>deferasirox tab for oral susp 250 mg</i>	67
<i>cyclophosphamide for inj 1 gm</i>	26	<i>deferasirox tab for oral susp 500 mg</i>	67
<i>cyclophosphamide for inj 2 gm</i>	26	DELSTRIGO.....	43
<i>cyclophosphamide for inj 500 mg</i>	26	DEMSEER.....	55
<i>cyclosporine cap 100 mg</i>	80	DEPEN TITRATABS.....	72
<i>cyclosporine cap 25 mg</i>	80	DEPO-PROVERA.....	75
<i>cyclosporine iv soln 50 mg/ml</i>	80	DESCOVY.....	43
<i>cyclosporine modified cap 100 mg</i>	80	<i>desipramine hcl tab 100 mg</i>	17
<i>cyclosporine modified cap 25 mg</i>	80	<i>desipramine hcl tab 10 mg</i>	17
<i>cyclosporine modified cap 50 mg</i>	80	<i>desipramine hcl tab 150 mg</i>	17
<i>cyclosporine modified oral soln 100 mg/ ml</i>	80	<i>desipramine hcl tab 25 mg</i>	17
CYRAMZA.....	26	<i>desipramine hcl tab 50 mg</i>	17
CYRAMZA.....	26	<i>desipramine hcl tab 75 mg</i>	17
CYSTADANE.....	71	<i>desmopressin acetate inj 4 mcg/ml</i>	74
CYSTAGON.....	71	<i>desmopressin acetate nasal spray soln 0.01%</i>	74
CYSTAGON.....	71	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	74
CYSTARAN.....	87	<i>desmopressin acetate tab 0.1 mg</i>	74
CYTARABINE.....	26	<i>desmopressin acetate tab 0.2 mg</i>	74
<i>cytarabine inj pf 100 mg/ml</i>	26	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	75
<i>cytarabine inj pf 20 mg/ml</i>	26	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg</i>	75
D		<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	75
DACARBAZINE.....	26	<i>desonide cream 0.05%</i>	65
<i>dacarbazine for inj 200 mg</i>	26	<i>desonide lotion 0.05%</i>	65
<i>dactinomycin for inj 0.5 mg</i>	26	<i>desonide oint 0.05%</i>	65
<i>dalfampridine tab er 12hr 10 mg</i>	63	<i>desoximetasone cream 0.05%</i>	65
DALIRESP.....	90	<i>desoximetasone cream 0.25%</i>	65
DALIRESP.....	90	<i>desoximetasone gel 0.05%</i>	65
<i>danazol cap 100 mg</i>	75	<i>desoximetasone oint 0.25%</i>	65
<i>danazol cap 200 mg</i>	75	<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	17
<i>danazol cap 50 mg</i>	75	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	17
<i>dapsone tab 100 mg</i>	23	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	17
<i>dapsone tab 25 mg</i>	23	DEXAMETHASONE.....	73
DAPTACEL.....	80	<i>dexamethasone elixir 0.5 mg/5ml</i>	73
<i>daptomycin for iv soln 500 mg</i>	7		
DARAPRIM.....	37		
DARZALEX.....	26		
DARZALEX.....	26		
DARZALEX FASPRO.....	26		
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	26		
DAUNORUBICIN HYDROCHLORIDE.....	26		
DAURISMO.....	26		

DEXAMETHASONE SODIUM PHOSPHATE.....	87	diazoxide susp 50 mg/ml.....	48
dexamethasone sodium phosphate inj 120 mg/30ml.....	73	diclofenac potassium tab 50 mg.....	1
dexamethasone sodium phosphate inj 20 mg/5ml.....	73	diclofenac sodium (actinic keratoses) gel 3%.....	65
dexamethasone sodium phosphate inj 4 mg/ml.....	73	diclofenac sodium gel 1%.....	1
dexamethasone tab 0.5 mg.....	73	diclofenac sodium tab delayed release 25 mg.....	1
dexamethasone tab 0.75 mg.....	73	diclofenac sodium tab delayed release 50 mg.....	1
dexamethasone tab 1.5 mg.....	73	diclofenac sodium tab delayed release 75 mg.....	1
dexamethasone tab 4 mg.....	73	diclofenac sodium tab er 24hr 100 mg.....	1
dexamethasone tab 6 mg.....	73	dicloxacillin sodium cap 250 mg.....	7
dexamethasone tab therapy pack 1.5 mg (21).....	73	dicloxacillin sodium cap 500 mg.....	7
dexamethasone tab therapy pack 1.5 mg (35).....	73	dicyclomine hcl cap 10 mg.....	69
dexamethasone tab therapy pack 1.5 mg (51).....	73	dicyclomine hcl tab 20 mg.....	69
dexmethylphenidate hcl tab 10 mg.....	63	didanosine delayed release capsule 200 mg.....	43
dexmethylphenidate hcl tab 2.5 mg.....	63	didanosine delayed release capsule 250 mg.....	43
dexmethylphenidate hcl tab 5 mg.....	63	didanosine delayed release capsule 400 mg.....	43
dextrazoxane hcl for inj 250 mg.....	26	diflorasone diacetate oint 0.05%.....	65
dextrazoxane hcl for inj 500 mg.....	26	digoxin oral soln 0.05 mg/ml.....	55
dextroamphetamine sulfate cap er 24hr 10 mg.....	63	digoxin tab 125 mcg (0.125 mg).....	55
dextroamphetamine sulfate cap er 24hr 15 mg.....	64	digoxin tab 250 mcg (0.25 mg).....	55
dextroamphetamine sulfate cap er 24hr 5 mg.....	63	dihydroergotamine mesylate nasal spray 4 mg/ml.....	22
dextroamphetamine sulfate tab 10 mg.....	64	DILANTIN.....	12
dextroamphetamine sulfate tab 5 mg.....	64	diltiazem hcl cap er 12hr 120 mg.....	56
DEXTROSE 2.5%/NACL 0.45%.....	67	diltiazem hcl cap er 12hr 60 mg.....	55
dextrose 5% in lactated ringers.....	67	diltiazem hcl cap er 12hr 90 mg.....	55
dextrose 5% w/ sodium chloride 0.2%.....	67	diltiazem hcl cap er 24hr 120 mg.....	56
dextrose 5% w/ sodium chloride 0.33%.....	68	diltiazem hcl cap er 24hr 180 mg.....	56
dextrose 5% w/ sodium chloride 0.45%.....	68	diltiazem hcl cap er 24hr 240 mg.....	56
dextrose 5% w/ sodium chloride 0.9%.....	68	diltiazem hcl coated beads cap er 24hr 120 mg.....	56
dextrose inj 10%.....	67	diltiazem hcl coated beads cap er 24hr 180 mg.....	56
dextrose inj 5%.....	67	diltiazem hcl coated beads cap er 24hr 240 mg.....	56
DIASTAT ACUDIAL.....	12	diltiazem hcl coated beads cap er 24hr 300 mg.....	56
DIASTAT ACUDIAL.....	12	diltiazem hcl coated beads cap er 24hr 360 mg.....	56
DIASTAT PEDIATRIC.....	12	diltiazem hcl coated beads tab er 24hr 180 mg.....	56
DIAZEPAM.....	48	diltiazem hcl coated beads tab er 24hr 240 mg.....	56
DIAZEPAM RECTAL GEL.....	12	diltiazem hcl coated beads tab er 24hr 300 mg.....	56
DIAZEPAM RECTAL GEL.....	12		
DIAZEPAM RECTAL GEL.....	12		
diazepam tab 10 mg.....	48		
diazepam tab 2 mg.....	48		
diazepam tab 5 mg.....	48		

<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	56	<i>docetaxel soln for iv infusion 160 mg/16ml</i>	27
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	56	<i>docetaxel soln for iv infusion 20 mg/2ml</i>	26
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	56	<i>docetaxel soln for iv infusion 80 mg/8ml</i>	27
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	56	<i>dofetilide cap 125 mcg (0.125 mg)</i>	56
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	56	<i>dofetilide cap 250 mcg (0.25 mg)</i>	56
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	56	<i>dofetilide cap 500 mcg (0.5 mg)</i>	56
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	56	<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	16
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	56	<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	15
<i>diltiazem hcl tab 120 mg</i>	56	<i>donepezil hydrochloride tab 10 mg</i>	16
<i>diltiazem hcl tab 30 mg</i>	56	<i>donepezil hydrochloride tab 23 mg</i>	16
<i>diltiazem hcl tab 60 mg</i>	56	<i>donepezil hydrochloride tab 5 mg</i>	16
<i>diltiazem hcl tab 90 mg</i>	56	<i>dorzolamide hcl ophth soln 2%</i>	87
<i>dimethyl fumarate capsule delayed release 120 mg</i>	64	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	87
<i>dimethyl fumarate capsule delayed release 240 mg</i>	64	DOVATO.....	43
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	64	<i>doxazosin mesylate tab 1 mg</i>	56
DIPENTUM.....	85	<i>doxazosin mesylate tab 2 mg</i>	56
<i>diphenhydramine hcl inj 50 mg/ml</i>	90	<i>doxazosin mesylate tab 4 mg</i>	56
DIPHThERIA/TETANUS TOXOIDS ADSORBED.....	80	<i>doxazosin mesylate tab 8 mg</i>	56
<i>disulfiram tab 250 mg</i>	4	DOXEPIN HCL.....	17
<i>disulfiram tab 500 mg</i>	4	<i>doxepin hcl (sleep) tab 3 mg</i>	93
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	12	<i>doxepin hcl (sleep) tab 6 mg</i>	93
<i>divalproex sodium tab delayed release 125 mg</i>	12	<i>doxepin hcl cap 100 mg</i>	17
<i>divalproex sodium tab delayed release 250 mg</i>	12	<i>doxepin hcl cap 10 mg</i>	17
<i>divalproex sodium tab delayed release 500 mg</i>	12	<i>doxepin hcl cap 25 mg</i>	17
<i>divalproex sodium tab er 24 hr 250 mg</i>	12	<i>doxepin hcl cap 50 mg</i>	17
<i>divalproex sodium tab er 24 hr 500 mg</i>	12	<i>doxepin hcl cap 75 mg</i>	17
DIVIGEL.....	75	<i>doxepin hcl conc 10 mg/ml</i>	17
DIVIGEL.....	75	<i>doxorubicin hcl for inj 10 mg</i>	27
DIVIGEL.....	75	<i>doxorubicin hcl for inj 50 mg</i>	27
DIVIGEL.....	75	<i>doxorubicin hcl inj 2 mg/ml</i>	27
DIVIGEL.....	75	<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	27
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	26	<i>doxycycline hyclate cap 100 mg</i>	7
<i>docetaxel for inj conc 20 mg/ml</i>	26	<i>doxycycline hyclate cap 50 mg</i>	7
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	26	<i>doxycycline hyclate for inj 100 mg</i>	7
		<i>doxycycline hyclate tab 100 mg</i>	8
		<i>doxycycline hyclate tab 20 mg</i>	7
		<i>doxycycline monohydrate cap 150 mg</i>	8
		<i>doxycycline monohydrate tab 150 mg</i>	8
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		DRIZALMA SPRINKLE.....	17
		<i>dronabinol cap 10 mg</i>	20
		<i>dronabinol cap 2.5 mg</i>	20
		<i>dronabinol cap 5 mg</i>	20

<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg</i>	75	EMSAM.....	17
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg</i>	75	EMSAM.....	17
<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.02-0.451 mg</i>	75	EMSAM.....	17
DUAVEE.....	75	<i>emtricitabine caps 200 mg</i>	44
DULERA.....	90	<i>emtricitabine-tenofovir disoproxil fumarate tab</i> <i>200-300 mg</i>	44
DULERA.....	90	EMTRIVA.....	44
DULERA.....	90	EMTRIVA.....	44
<i>duloxetine hcl enteric coated pellets cap 20</i> <i>mg</i>	17	<i>enalapril maleate & hydrochlorothiazide tab 10-25</i> <i>mg</i>	56
<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg</i>	17	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i> <i>mg</i>	56
<i>duloxetine hcl enteric coated pellets cap 60</i> <i>mg</i>	17	<i>enalapril maleate tab 10 mg</i>	56
DUPIXENT.....	80	<i>enalapril maleate tab 2.5 mg</i>	56
DUPIXENT.....	80	<i>enalapril maleate tab 20 mg</i>	56
DUPIXENT.....	81	<i>enalapril maleate tab 5 mg</i>	56
<i>dutasteride cap 0.5 mg</i>	73	ENBREL.....	81
E		ENBREL.....	81
<i>econazole nitrate cream 1%</i>	21	ENBREL.....	81
EDURANT.....	43	ENBREL.....	81
<i>efavirenz cap 200 mg</i>	43	ENBREL MINI.....	81
<i>efavirenz cap 50 mg</i>	43	ENBREL SURECLICK.....	81
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i> <i>mg</i>	44	ENGERIX-B.....	81
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300</i> <i>mg</i>	44	ENGERIX-B.....	81
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300</i> <i>mg</i>	44	ENHERTU.....	27
<i>efavirenz tab 600 mg</i>	44	<i>enoxaparin sodium inj 100 mg/ml</i>	51
EGRIFTA SV.....	74	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	51
ELAPRASE.....	71	<i>enoxaparin sodium inj 150 mg/ml</i>	51
ELELYSO.....	71	<i>enoxaparin sodium inj 300 mg/3ml</i>	51
ELIGARD.....	78	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	51
ELIGARD.....	78	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	51
ELIGARD.....	78	<i>enoxaparin sodium inj 60 mg/0.6ml</i>	51
ELIGARD.....	78	<i>enoxaparin sodium inj 80 mg/0.8ml</i>	51
ELIQUIS.....	51	<i>entacapone tab 200 mg</i>	38
ELIQUIS.....	51	<i>entecavir tab 0.5 mg</i>	44
ELIQUIS STARTER PACK.....	51	<i>entecavir tab 1 mg</i>	44
ELITEK.....	27	ENTRESTO.....	56
ELITEK.....	27	ENTRESTO.....	57
ELLA.....	75	ENTRESTO.....	57
EMCYT.....	27	EPCLUSA.....	44
EMEND.....	20	EPCLUSA.....	44
EMGALITY.....	22	EPIDIOLEX.....	12
EMGALITY.....	22	<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i> <i>(1:2000)</i>	90
EMGALITY.....	22	<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i> <i>(1:1000)(generic for EpiPen 2-Pak)</i>	90
EMPLICITI.....	27	<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/</i> <i>ml)</i>	27
EMPLICITI.....	27	<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/</i> <i>ml)</i>	27
		EPIVIR HBV.....	44
		EPOGEN.....	51

EPOGEN.....	51	estradiol td patch weekly 0.025	
EPOGEN.....	51	mg/24hr.....	75
EPOGEN.....	51	estradiol td patch weekly 0.0375 mg/24hr (37.5	
EPOGEN.....	51	mcg/24hr).....	75
ERBITUX.....	27	estradiol td patch weekly 0.05 mg/24hr.....	75
ERBITUX.....	27	estradiol td patch weekly 0.06 mg/24hr.....	75
ergotamine w/ caffeine tab 1-100 mg.....	23	estradiol td patch weekly 0.075	
ERIVEDGE.....	27	mg/24hr.....	75
ERLEADA.....	27	estradiol td patch weekly 0.1 mg/24hr.....	75
erlotinib hcl tab 100 mg.....	27	estradiol vaginal cream 0.1 mg/gm.....	76
erlotinib hcl tab 150 mg.....	27	estradiol vaginal tab 10 mcg.....	76
erlotinib hcl tab 25 mg.....	27	ethambutol hcl tab 100 mg.....	23
ERWINAZE.....	27	ethambutol hcl tab 400 mg.....	23
ERYTHROCIN LACTOBIONATE.....	8	ethosuximide cap 250 mg.....	12
erythromycin ophth oint 5 mg/gm.....	87	ethosuximide soln 250 mg/5ml.....	12
erythromycin soln 2%.....	8	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35	
erythromycin tab 250 mg.....	8	mcg.....	76
erythromycin tab 500 mg.....	8	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50	
erythromycin tab delayed release 250		mcg.....	76
mg.....	8	ETHYOL.....	27
erythromycin tab delayed release 333		etodolac cap 200 mg.....	1
mg.....	8	etodolac cap 300 mg.....	1
erythromycin tab delayed release 500		etodolac tab 400 mg.....	1
mg.....	8	etodolac tab 500 mg.....	1
ESBRIET.....	90	ETOPOPHOS.....	27
ESBRIET.....	90	etoposide inj 100 mg/5ml (20 mg/ml).....	27
ESBRIET.....	90	etoposide inj 1 gm/50ml (20 mg/ml).....	27
escitalopram oxalate soln 5 mg/5ml.....	18	etoposide inj 500 mg/25ml (20 mg/ml).....	27
escitalopram oxalate tab 10 mg.....	18	everolimus tab 0.25 mg.....	81
escitalopram oxalate tab 20 mg.....	18	everolimus tab 0.5 mg.....	81
escitalopram oxalate tab 5 mg.....	18	everolimus tab 0.75 mg.....	81
esomeprazole magnesium cap delayed release 20		everolimus tab 2.5 mg.....	27
mg.....	69	everolimus tab 5 mg.....	27
esomeprazole magnesium cap delayed release 40		everolimus tab 7.5 mg.....	27
mg.....	69	EVOMELA.....	27
esomeprazole sodium for intravenous soln 40		EVOTAZ.....	44
mg.....	69	exemestane tab 25 mg.....	27
estradiol & norethindrone acetate tab 1-0.5		ezetimibe-simvastatin tab 10-10 mg.....	57
mg.....	75	ezetimibe-simvastatin tab 10-20 mg.....	57
estradiol tab 0.5 mg.....	75	ezetimibe-simvastatin tab 10-40 mg.....	57
estradiol tab 1 mg.....	75	ezetimibe-simvastatin tab 10-80 mg.....	57
estradiol tab 2 mg.....	75	ezetimibe tab 10 mg.....	57
estradiol td patch twice weekly 0.025		F	
mg/24hr.....	75	FABRAZYME.....	71
estradiol td patch twice weekly 0.0375		FABRAZYME.....	71
mg/24hr.....	75	famotidine for susp 40 mg/5ml.....	69
estradiol td patch twice weekly 0.05		famotidine inj 200 mg/20ml.....	69
mg/24hr.....	75	famotidine inj 20 mg/2ml.....	69
estradiol td patch twice weekly 0.075		famotidine inj 40 mg/4ml.....	69
mg/24hr.....	75	famotidine tab 20 mg.....	69
estradiol td patch twice weekly 0.1		famotidine tab 40 mg.....	69
mg/24hr.....	75		

FANAPT.....	39	FIRMAGON.....	78
FANAPT.....	39	FIRMAGON.....	78
FANAPT.....	39	<i>flecainide acetate tab 100 mg</i>	57
FANAPT.....	39	<i>flecainide acetate tab 150 mg</i>	57
FANAPT.....	39	<i>flecainide acetate tab 50 mg</i>	57
FANAPT.....	39	FLOVENT DISKUS.....	90
FANAPT.....	39	FLOVENT DISKUS.....	90
FANAPT TITRATION PACK.....	39	FLOVENT DISKUS.....	90
FARYDAK.....	27	FLOVENT HFA.....	90
FARYDAK.....	27	FLOVENT HFA.....	90
FASLODEX.....	27	FLOVENT HFA.....	90
<i>felbamate susp 600 mg/5ml</i>	13	<i>fluconazole for susp 10 mg/ml</i>	21
<i>felbamate tab 400 mg</i>	13	<i>fluconazole for susp 40 mg/ml</i>	21
<i>felbamate tab 600 mg</i>	13	<i>fluconazole in dextrose inj 200</i>	
<i>felodipine tab er 24hr 10 mg</i>	57	<i>mg/100ml</i>	21
<i>felodipine tab er 24hr 2.5 mg</i>	57	<i>fluconazole in dextrose inj 400</i>	
<i>felodipine tab er 24hr 5 mg</i>	57	<i>mg/200ml</i>	21
<i>fenofibrate micronized cap 134 mg</i>	57	<i>fluconazole in nacl 0.9% inj 200</i>	
<i>fenofibrate micronized cap 200 mg</i>	57	<i>mg/100ml</i>	21
<i>fenofibrate micronized cap 67 mg</i>	57	<i>fluconazole in nacl 0.9% inj 400</i>	
<i>fenofibrate tab 145 mg</i>	57	<i>mg/200ml</i>	21
<i>fenofibrate tab 160 mg</i>	57	<i>fluconazole tab 100 mg</i>	21
<i>fenofibrate tab 48 mg</i>	57	<i>fluconazole tab 150 mg</i>	21
<i>fenofibrate tab 54 mg</i>	57	<i>fluconazole tab 200 mg</i>	21
<i>fentanyl citrate lozenge on a handle 1200</i>		<i>fluconazole tab 50 mg</i>	21
<i>mcg</i>	1	<i>flucytosine cap 250 mg</i>	21
<i>fentanyl citrate lozenge on a handle 1600</i>		<i>flucytosine cap 500 mg</i>	21
<i>mcg</i>	1	<i>fludarabine phosphate for inj 50 mg</i>	27
<i>fentanyl citrate lozenge on a handle 200</i>		<i>fludarabine phosphate inj 25 mg/ml</i>	27
<i>mcg</i>	1	<i>fludrocortisone acetate tab 0.1 mg</i>	73
<i>fentanyl citrate lozenge on a handle 400</i>		<i>fluocinolone acetonide (otic) oil 0.01%</i>	88
<i>mcg</i>	1	<i>fluocinolone acetonide cream 0.01%</i>	65
<i>fentanyl citrate lozenge on a handle 600</i>		<i>fluocinonide cream 0.05%</i>	65
<i>mcg</i>	1	<i>fluocinonide emulsified base cream</i>	
<i>fentanyl citrate lozenge on a handle 800</i>		<i>0.05%</i>	65
<i>mcg</i>	1	<i>fluocinonide gel 0.05%</i>	65
<i>fentanyl td patch 72hr 100 mcg/hr</i>	1	<i>fluocinonide oint 0.05%</i>	65
<i>fentanyl td patch 72hr 12 mcg/hr</i>	1	<i>fluocinonide soln 0.05%</i>	65
<i>fentanyl td patch 72hr 25 mcg/hr</i>	1	<i>fluorometholone ophth susp 0.1%</i>	87
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	FLUOROURACIL.....	65
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	<i>fluorouracil cream 5%</i>	66
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	<i>fluorouracil iv soln 1 gm/20ml (50 mg/</i>	
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	<i>ml)</i>	28
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/</i>	
FETZIMA.....	18	<i>ml)</i>	28
FETZIMA.....	18	<i>fluorouracil iv soln 500 mg/10ml (50 mg/</i>	
FETZIMA.....	18	<i>ml)</i>	27
FETZIMA.....	18	<i>fluorouracil iv soln 5 gm/100ml (50 mg/</i>	
FETZIMA TITRATION PACK.....	18	<i>ml)</i>	28
FINACEA.....	65	<i>fluoxetine hcl (pddd) tab 10 mg</i>	64
<i>finasteride tab 5 mg</i>	73	<i>fluoxetine hcl cap 10 mg</i>	18
FINTEPLA.....	13	<i>fluoxetine hcl cap 20 mg</i>	18

<i>ganciclovir sodium for inj 500 mg</i>	44	GLUCAGEN HYPOKIT.....	49
GARDASIL 9.....	82	<i>glycopyrrolate tab 1 mg</i>	70
GARDASIL 9.....	82	<i>glycopyrrolate tab 2 mg</i>	70
GATTEX.....	70	GLYXAMBI.....	49
GAUZE PADS 2" X 2".....	48	GLYXAMBI.....	49
GAVRETO.....	28	<i>granisetron hcl inj 1 mg/ml</i>	20
GAZYVA.....	28	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	20
<i>gemcitabine hcl for inj 1 gm</i>	28	GRANIX.....	51
<i>gemcitabine hcl for inj 200 mg</i>	28	GRANIX.....	51
<i>gemcitabine hcl for inj 2 gm</i>	28	GRANIX.....	51
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ ml)</i>	28	GRANIX.....	51
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ ml)</i>	28	<i>griseofulvin microsize susp 125 mg/5ml</i>	21
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ ml)</i>	28	GUANIDINE HCL.....	23
<i>gemfibrozil tab 600 mg</i>	57	H	
GENTAK.....	87	HAEGARDA.....	82
<i>gentamicin in saline inj 1.2 mg/ml</i>	8	HAEGARDA.....	82
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	8	HALAVEN.....	28
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	8	<i>halobetasol propionate cream 0.05%</i>	66
<i>gentamicin sulfate cream 0.1%</i>	66	<i>halobetasol propionate oint 0.05%</i>	66
<i>gentamicin sulfate inj 10 mg/ml</i>	8	<i>haloperidol decanoate im soln 100 mg/ ml</i>	39
<i>gentamicin sulfate inj 40 mg/ml</i>	8	<i>haloperidol decanoate im soln 50 mg/ ml</i>	39
<i>gentamicin sulfate oint 0.1%</i>	66	<i>haloperidol lactate inj 5 mg/ml</i>	39
<i>gentamicin sulfate ophth soln 0.3%</i>	87	<i>haloperidol lactate oral conc 2 mg/ml</i>	39
GENVOYA.....	44	<i>haloperidol tab 0.5 mg</i>	39
GEODON.....	39	<i>haloperidol tab 10 mg</i>	39
GILENYA.....	64	<i>haloperidol tab 1 mg</i>	39
GILOTRIF.....	28	<i>haloperidol tab 20 mg</i>	39
GILOTRIF.....	28	<i>haloperidol tab 2 mg</i>	39
GILOTRIF.....	28	<i>haloperidol tab 5 mg</i>	39
<i>glatiramer acetate soln prefilled syringe 20 mg/ ml</i>	64	HARVONI.....	44
<i>glatiramer acetate soln prefilled syringe 40 mg/ ml</i>	64	HARVONI.....	44
GLEOSTINE.....	28	HARVONI.....	44
GLEOSTINE.....	28	HARVONI.....	44
GLEOSTINE.....	28	HAVRIX.....	82
<i>glimepiride tab 1 mg</i>	48	HAVRIX.....	82
<i>glimepiride tab 2 mg</i>	48	HEMADY.....	73
<i>glimepiride tab 4 mg</i>	48	HEPARIN SODIUM.....	51
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	49	HEPARIN SODIUM.....	51
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	49	HEPARIN SODIUM/D5W.....	52
<i>glipizide-metformin hcl tab 5-500 mg</i>	49	<i>heparin sodium (porcine) inj 10000 unit/ ml</i>	51
<i>glipizide tab 10 mg</i>	48	<i>heparin sodium (porcine) inj 1000 unit/ ml</i>	51
<i>glipizide tab 5 mg</i>	48	<i>heparin sodium (porcine) inj 20000 unit/ ml</i>	52
<i>glipizide tab er 24hr 10 mg</i>	48	<i>heparin sodium (porcine) inj 5000 unit/ ml</i>	51
<i>glipizide tab er 24hr 2.5 mg</i>	48		
<i>glipizide tab er 24hr 5 mg</i>	48		

<i>heparin sodium (porcine) pf inj 5000</i>		<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>unit/0.5ml.....</i>	52	<i>mg/15ml.....</i>	1
HEPATAMINE.....	68	<i>hydrocodone-acetaminophen tab 10-325</i>	
HERCEPTIN.....	28	<i>mg.....</i>	2
HERCEPTIN HYLECTA.....	28	<i>hydrocodone-acetaminophen tab 5-325</i>	
HERZUMA.....	28	<i>mg.....</i>	2
HERZUMA.....	28	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
HETLIOZ.....	93	<i>mg.....</i>	2
HIBERIX.....	82	<i>hydrocortisone butyrate cream 0.1%.....</i>	66
HUMALOG.....	49	<i>hydrocortisone butyrate hydrophilic lipo base cream</i>	
HUMALOG.....	49	<i>0.1%.....</i>	66
HUMALOG JUNIOR KWIKPEN.....	49	<i>hydrocortisone butyrate oint 0.1%.....</i>	66
HUMALOG KWIKPEN.....	49	<i>hydrocortisone butyrate soln 0.1%.....</i>	66
HUMALOG KWIKPEN.....	49	<i>hydrocortisone cream 1%.....</i>	66
HUMALOG MIX 50/50.....	49	<i>hydrocortisone cream 2.5%.....</i>	66
HUMALOG MIX 50/50 KWIKPEN.....	49	<i>hydrocortisone enema 100 mg/60ml.....</i>	85
HUMALOG MIX 75/25.....	49	<i>hydrocortisone lotion 2.5%.....</i>	66
HUMALOG MIX 75/25 KWIKPEN.....	49	<i>hydrocortisone oint 1%.....</i>	66
HUMIRA.....	82	<i>hydrocortisone oint 2.5%.....</i>	66
HUMIRA.....	82	<i>hydrocortisone perianal cream 1%.....</i>	85
HUMIRA.....	82	<i>hydrocortisone perianal cream 2.5%.....</i>	85
HUMIRA.....	82	<i>hydrocortisone tab 10 mg.....</i>	73
HUMIRA.....	82	<i>hydrocortisone tab 20 mg.....</i>	73
HUMIRA.....	82	<i>hydrocortisone tab 5 mg.....</i>	73
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydrocortisone valerate cream 0.2%.....</i>	66
STARTER PACK.....	82	<i>hydrocortisone valerate oint 0.2%.....</i>	66
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydrocortisone w/ acetic acid otic soln</i>	
STARTER PACK.....	82	<i>1-2%.....</i>	88
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydromorphone hcl inj 2 mg/ml.....</i>	2
STARTER PACK.....	82	<i>hydromorphone hcl liqd 1 mg/ml.....</i>	2
HUMIRA PEN.....	82	<i>hydromorphone hcl preservative free inj 10 mg/</i>	
HUMIRA PEN.....	82	<i>ml.....</i>	2
HUMIRA PEN-CD/UC/HS STARTER.....	82	<i>hydromorphone hcl preservative free inj 2 mg/</i>	
HUMIRA PEN-CD/UC/HS STARTER.....	82	<i>ml.....</i>	2
HUMIRA PEN-PS/UV STARTER.....	82	<i>hydromorphone hcl tab 2 mg.....</i>	2
HUMIRA PEN-PS/UV STARTER.....	82	<i>hydromorphone hcl tab 4 mg.....</i>	2
HUMULIN 70/30.....	49	<i>hydromorphone hcl tab 8 mg.....</i>	2
HUMULIN 70/30 KWIKPEN.....	49	<i>hydroxychloroquine sulfate tab 200 mg.....</i>	37
HUMULIN N.....	49	HYDROXYPROGESTERONE	
HUMULIN N KWIKPEN.....	49	CAPROATE.....	76
HUMULIN R.....	49	<i>hydroxyprogesterone caproate im in oil 250 mg/</i>	
HUMULIN R U-500 (CONCENTRATE).....	49	<i>ml.....</i>	76
HUMULIN R U-500 KWIKPEN.....	49	<i>hydroxyurea cap 500 mg.....</i>	28
<i>hydralazine hcl tab 100 mg.....</i>	57		
<i>hydralazine hcl tab 10 mg.....</i>	57	I	
<i>hydralazine hcl tab 25 mg.....</i>	57	<i>ibandronate sodium tab 150 mg.....</i>	86
<i>hydralazine hcl tab 50 mg.....</i>	57	IBRANCE.....	28
<i>hydrochlorothiazide cap 12.5 mg.....</i>	57	IBRANCE.....	28
<i>hydrochlorothiazide tab 12.5 mg.....</i>	57	IBRANCE.....	28
<i>hydrochlorothiazide tab 25 mg.....</i>	57	IBRANCE.....	28
<i>hydrochlorothiazide tab 50 mg.....</i>	58	IBRANCE.....	28
		IBRANCE.....	28

<i>ibuprofen tab 400 mg</i>	2	INTRON A.....	44
<i>ibuprofen tab 600 mg</i>	2	INTRON A.....	44
<i>ibuprofen tab 800 mg</i>	2	INTRON A.....	44
<i>icatibant acetate inj 30 mg/3ml</i>	82	INTRON A.....	44
ICLUSIG.....	28	INVEGA SUSTENNA.....	40
ICLUSIG.....	28	INVEGA SUSTENNA.....	40
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	28	INVEGA SUSTENNA.....	40
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	29	INVEGA SUSTENNA.....	40
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	28	INVEGA TRINZA.....	40
IDHIFA.....	29	INVEGA TRINZA.....	40
IDHIFA.....	29	INVEGA TRINZA.....	40
IFOSFAMIDE.....	29	INVIRASE.....	44
<i>ifosfamide for inj 1 gm</i>	29	IPOL INACTIVATED IPV.....	83
ILARIS.....	82	<i>ipratropium bromide inhal soln 0.02%</i>	91
<i>imatinib mesylate tab 100 mg</i>	29	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	91
<i>imatinib mesylate tab 400 mg</i>	29	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	91
IMBRUVICA.....	29	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	58
IMBRUVICA.....	29	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	58
IMBRUVICA.....	29	<i>irbesartan tab 150 mg</i>	58
IMBRUVICA.....	29	<i>irbesartan tab 300 mg</i>	58
IMBRUVICA.....	29	<i>irbesartan tab 75 mg</i>	58
IMBRUVICA.....	29	IRESSA.....	29
IMFINZI.....	29	IRINOTECAN.....	29
IMFINZI.....	29	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	29
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	8	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	29
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	8	ISENTRESS.....	44
<i>imipramine hcl tab 10 mg</i>	18	ISENTRESS.....	44
<i>imipramine hcl tab 25 mg</i>	18	ISENTRESS.....	44
<i>imipramine hcl tab 50 mg</i>	18	ISENTRESS.....	44
<i>imiquimod cream 5%</i>	66	ISENTRESS HD.....	44
IMLYGIC.....	29	ISONIAZID.....	23
IMLYGIC.....	29	<i>isoniazid tab 100 mg</i>	23
IMOVAX RABIES (H.D.C.V.).....	82	<i>isoniazid tab 300 mg</i>	23
IMPAVIDO.....	8	<i>isosorbide dinitrate tab 10 mg</i>	58
INBRIJA.....	38	<i>isosorbide dinitrate tab 20 mg</i>	58
INCRELEX.....	74	<i>isosorbide dinitrate tab 30 mg</i>	58
INCRUSE ELLIPTA.....	91	<i>isosorbide dinitrate tab 5 mg</i>	58
INFANRIX.....	83	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	58
INLYTA.....	29	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	58
INLYTA.....	29	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	58
INQOVI.....	29	ISOTONIC GENTAMICIN.....	8
INREBIC.....	29	<i>isotretinoin cap 10 mg</i>	66
INSULIN SYRINGE/NEEDLE.....	49		
INTELENCE.....	44		
INTELENCE.....	44		
INTELENCE.....	44		
INTRALIPID.....	68		
INTRON A.....	44		

<i>isotretinoin cap 20 mg</i>	66	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i>	
<i>isotretinoin cap 30 mg</i>	66	<i>inj</i>	68
<i>isotretinoin cap 40 mg</i>	66	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i>	
ISTODAX (OVERFILL).....	29	<i>inj</i>	68
<i>itraconazole cap 100 mg</i>	21	KEPIVANCE.....	64
<i>ivermectin tab 3 mg</i>	37	<i>ketoconazole cream 2%</i>	21
IXEMPRA KIT.....	29	<i>ketoconazole shampoo 2%</i>	22
IXEMPRA KIT.....	29	<i>ketoconazole tab 200 mg</i>	22
IXIARO.....	83	<i>ketorolac tromethamine ophth soln</i>	
J		<i>0.4%</i>	87
JADENU.....	68	<i>ketorolac tromethamine ophth soln</i>	
JADENU.....	68	<i>0.5%</i>	87
JADENU.....	68	KEYTRUDA.....	30
JADENU SPRINKLE.....	68	KINERET.....	83
JADENU SPRINKLE.....	68	KINRIX.....	83
JADENU SPRINKLE.....	68	KISQALI.....	30
JAKAFI.....	29	KISQALI.....	30
JAKAFI.....	29	KISQALI.....	30
JAKAFI.....	29	KISQALI FEMARA 200 DOSE.....	30
JAKAFI.....	29	KISQALI FEMARA 400 DOSE.....	30
JAKAFI.....	29	KISQALI FEMARA 600 DOSE.....	30
JANUMET.....	49	KORLYM.....	78
JANUMET.....	49	KOSELUGO.....	30
JANUMET XR.....	49	KOSELUGO.....	30
JANUMET XR.....	49	KUVAN.....	71
JANUMET XR.....	49	KUVAN.....	71
JANUVIA.....	49	KUVAN.....	71
JANUVIA.....	49	KYPROLIS.....	30
JANUVIA.....	50	KYPROLIS.....	30
JARDIANCE.....	50	KYPROLIS.....	30
JARDIANCE.....	50	L	
JEVTANA.....	29	<i>labetalol hcl tab 100 mg</i>	58
JULUCA.....	44	<i>labetalol hcl tab 200 mg</i>	58
K		<i>labetalol hcl tab 300 mg</i>	58
KADCYLA.....	29	LACRISERT.....	87
KADCYLA.....	29	<i>lactated ringer's solution</i>	68
KALETRA.....	44	<i>lactic acid (ammonium lactate) cream</i>	
KALETRA.....	45	<i>12%</i>	66
KALYDECO.....	91	<i>lactic acid (ammonium lactate) lotion</i>	
KALYDECO.....	91	<i>12%</i>	66
KALYDECO.....	91	<i>lactulose (encephalopathy) solution 10</i>	
KALYDECO.....	91	<i>gm/15ml</i>	70
KANJINTI.....	29	<i>lactulose solution 10 gm/15ml</i>	70
KANJINTI.....	30	<i>lamivudine oral soln 10 mg/ml</i>	45
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45%</i>		<i>lamivudine tab 100 mg (hbv)</i>	45
<i>inj</i>	68	<i>lamivudine tab 150 mg</i>	45
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i>		<i>lamivudine tab 300 mg</i>	45
<i>inj</i>	68	<i>lamivudine-zidovudine tab 150-300 mg</i>	45
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i>		<i>lamotrigine tab 100 mg</i>	13
<i>inj</i>	68	<i>lamotrigine tab 150 mg</i>	13
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	68	<i>lamotrigine tab 200 mg</i>	13

lamotrigine tab 25 mg.....	13	leucovorin calcium tab 5 mg.....	31
lamotrigine tab chewable dispersible 25 mg.....	13	LEUKERAN.....	31
lamotrigine tab chewable dispersible 5 mg.....	13	LEUKINE.....	52
lansoprazole cap delayed release 15 mg.....	70	leuprolide acetate inj kit 5 mg/ml.....	78
lansoprazole cap delayed release 30 mg.....	70	levetiracetam inj 500 mg/5ml (100 mg/ml).....	13
lanthanum carbonate chew tab 1000 mg.....	68	levetiracetam oral soln 100 mg/ml.....	13
lanthanum carbonate chew tab 500 mg.....	68	levetiracetam tab 1000 mg.....	13
lanthanum carbonate chew tab 750 mg.....	68	levetiracetam tab 250 mg.....	13
LANTUS.....	50	levetiracetam tab 500 mg.....	13
LANTUS SOLOSTAR.....	50	levetiracetam tab 750 mg.....	13
lapatinib ditosylate tab 250 mg.....	30	levocarnitine oral soln 1 gm/10ml (10%).....	68
LARTRUVO.....	30	levocarnitine tab 330 mg.....	68
LARTRUVO.....	30	levocetirizine dihydrochloride tab 5 mg.....	91
latanoprost ophth soln 0.005%.....	87	levofloxacin in d5w iv soln 250 mg/50ml.....	8
LATUDA.....	40	levofloxacin in d5w iv soln 500 mg/100ml.....	8
LATUDA.....	40	levofloxacin in d5w iv soln 750 mg/150ml.....	8
LATUDA.....	40	levofloxacin iv soln 25 mg/ml.....	8
LATUDA.....	40	levofloxacin oral soln 25 mg/ml.....	8
LAZANDA.....	2	levofloxacin tab 250 mg.....	8
LAZANDA.....	2	levofloxacin tab 500 mg.....	8
LAZANDA.....	2	levofloxacin tab 750 mg.....	8
LEDIPASVIR/SOFOSBUVIR.....	45	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	76
leflunomide tab 10 mg.....	83	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	76
leflunomide tab 20 mg.....	83	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	76
LENVIMA 10 MG DAILY DOSE.....	30	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	76
LENVIMA 12MG DAILY DOSE.....	30	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	76
LENVIMA 14 MG DAILY DOSE.....	30	levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LENVIMA 18 MG DAILY DOSE.....	30	levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LENVIMA 20 MG DAILY DOSE.....	30	levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LENVIMA 24 MG DAILY DOSE.....	30	levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LENVIMA 4 MG DAILY DOSE.....	30	levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LENVIMA 8 MG DAILY DOSE.....	30	levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
letrozole tab 2.5 mg.....	30	levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	78
LEUCOVORIN CALCIUM.....	30	levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	77
leucovorin calcium for inj 100 mg.....	30		
leucovorin calcium for inj 200 mg.....	31		
leucovorin calcium for inj 350 mg.....	31		
leucovorin calcium for inj 500 mg.....	31		
leucovorin calcium for inj 50 mg.....	30		
leucovorin calcium inj 500 mg/50ml (10 mg/ml).....	31		
leucovorin calcium tab 10 mg.....	31		
leucovorin calcium tab 15 mg.....	31		
leucovorin calcium tab 25 mg.....	31		

<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	78	LONSURF.....	31
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	77	<i>loperamide hcl cap 2 mg</i>	70
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	77	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	45
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	77	<i>lorazepam tab 0.5 mg</i>	48
LEXIVA.....	45	<i>lorazepam tab 1 mg</i>	48
LIBTAYO.....	31	<i>lorazepam tab 2 mg</i>	48
LIDOCAINE HCL.....	3	LORBRENA.....	31
<i>lidocaine hcl local inj 1%</i>	3	LORBRENA.....	31
<i>lidocaine hcl local preservative free inj 1%</i>	3	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	58
<i>lidocaine hcl soln 4%</i>	3	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	58
<i>lidocaine hcl urethral/mucosal gel 2%</i>	3	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	58
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	<i>losartan potassium tab 100 mg</i>	58
<i>lidocaine hcl viscous soln 2%</i>	3	<i>losartan potassium tab 25 mg</i>	58
<i>lidocaine patch 5%</i>	3	<i>losartan potassium tab 50 mg</i>	58
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	3	<i>lovastatin tab 10 mg</i>	58
LINEZOLID.....	8	<i>lovastatin tab 20 mg</i>	58
<i>linezolid for susp 100 mg/5ml</i>	8	<i>lovastatin tab 40 mg</i>	58
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	8	<i>loxapine succinate cap 10 mg</i>	40
<i>linezolid tab 600 mg</i>	8	<i>loxapine succinate cap 25 mg</i>	40
LINZESS.....	70	<i>loxapine succinate cap 50 mg</i>	40
LINZESS.....	70	<i>loxapine succinate cap 5 mg</i>	40
LINZESS.....	70	LUMIGAN.....	87
<i>liothyronine sodium tab 25 mcg</i>	78	LUMIZYME.....	71
<i>liothyronine sodium tab 50 mcg</i>	78	LUMOXITI.....	31
<i>liothyronine sodium tab 5 mcg</i>	78	LUPRON DEPOT (1-MONTH).....	78
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	58	LUPRON DEPOT (1-MONTH).....	78
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	58	LUPRON DEPOT (3-MONTH).....	78
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	58	LUPRON DEPOT (3-MONTH).....	78
<i>lisinopril tab 10 mg</i>	58	LUPRON DEPOT (4-MONTH).....	78
<i>lisinopril tab 2.5 mg</i>	58	LUPRON DEPOT (6-MONTH).....	79
<i>lisinopril tab 20 mg</i>	58	LUPRON DEPOT-PED (1-MONTH).....	79
<i>lisinopril tab 30 mg</i>	58	LUPRON DEPOT-PED (1-MONTH).....	79
<i>lisinopril tab 40 mg</i>	58	LUPRON DEPOT-PED (1-MONTH).....	79
<i>lisinopril tab 5 mg</i>	58	LUPRON DEPOT-PED (3-MONTH).....	79
LITHIUM.....	48	LUPRON DEPOT-PED (3-MONTH).....	79
<i>lithium carbonate cap 150 mg</i>	48	LYNPARZA.....	31
<i>lithium carbonate cap 300 mg</i>	48	LYNPARZA.....	31
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<i>metronidazole lotion 0.75%</i>	66	<i>moexipril hcl tab 15 mg</i>	59
<i>metronidazole tab 250 mg</i>	9	<i>moexipril hcl tab 7.5 mg</i>	59
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<i>minocycline hcl cap 50 mg</i>	9	<i>morphine sulfate tab er 100 mg</i>	2
<i>minocycline hcl cap 75 mg</i>	9	<i>morphine sulfate tab er 15 mg</i>	2
<i>minocycline hcl tab 100 mg</i>	9	<i>morphine sulfate tab er 200 mg</i>	2
<i>minocycline hcl tab 50 mg</i>	9	<i>morphine sulfate tab er 30 mg</i>	2
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<i>minoxidil tab 10 mg</i>	59	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	9
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<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	76	<i>nystatin topical powder 100000 unit/gm</i>	22
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	76	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	66
<i>norethindrone acetate tab 5 mg</i>	76	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	66
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<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	76	<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	79
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	77	<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	79
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<i>ondansetron hcl oral soln 4 mg/5ml</i>	20	oxaliplatin for iv inj 100 mg.....	32
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<i>paliperidone tab er 24hr 3 mg</i>	41	PENICILLIN G POTASSIUM IN DEXTROSE.....	10
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<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i>	20	<i>penicillin v potassium tab 250 mg</i>	10
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<i>pantoprazole sodium ec tab 40 mg</i>	70	<i>perindopril erbumine tab 4 mg</i>	60
<i>pantoprazole sodium for iv soln 40 mg</i>	70	<i>perindopril erbumine tab 8 mg</i>	60
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<i>paricalcitol cap 2 mcg</i>	86	<i>perphenazine tab 16 mg</i>	21
<i>paricalcitol cap 4 mcg</i>	86	<i>perphenazine tab 2 mg</i>	20
<i>paricalcitol iv soln 2 mcg/ml</i>	86	<i>perphenazine tab 4 mg</i>	20
<i>paricalcitol iv soln 5 mcg/ml</i>	86	<i>perphenazine tab 8 mg</i>	21
<i>paromomycin sulfate cap 250 mg</i>	9	PERSERIS.....	41
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<i>paroxetine hcl tab 30 mg</i>	19	<i>phenobarbital elixir 20 mg/5ml</i>	13
<i>paroxetine hcl tab 40 mg</i>	19	<i>phenobarbital sodium inj 130 mg/ml</i>	14
PASER.....	23	<i>phenobarbital sodium inj 65 mg/ml</i>	14
PAXIL.....	19	<i>phenobarbital tab 100 mg</i>	14
PEDIARIX.....	83	<i>phenobarbital tab 15 mg</i>	14
PEDVAX HIB.....	83	<i>phenobarbital tab 16.2 mg</i>	14
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	70	<i>phenobarbital tab 30 mg</i>	14

<i>phenobarbital tab 32.4 mg</i>	14	POLIVY.....	33
<i>phenobarbital tab 60 mg</i>	14	POLIVY.....	33
<i>phenobarbital tab 64.8 mg</i>	14	<i>polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1%</i>	88
<i>phenobarbital tab 97.2 mg</i>	14	POMALYST.....	33
<i>phenoxybenzamine hcl cap 10 mg</i>	60	POMALYST.....	33
<i>phenytoin chew tab 50 mg</i>	14	POMALYST.....	33
<i>phenytoin sodium extended cap 100 mg</i>	14	POMALYST.....	33
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<i>phenytoin sodium extended cap 300 mg</i>	14	<i>posaconazole tab delayed release 100 mg</i>	22
<i>phenytoin susp 125 mg/5ml</i>	14	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	68
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<i>pilocarpine hcl ophth soln 1%</i>	87	<i>potassium chloride microencapsulated crys er tab 20 meq</i>	68
<i>pilocarpine hcl ophth soln 2%</i>	88	<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	68
<i>pilocarpine hcl ophth soln 4%</i>	88	<i>potassium chloride tab er 10 meq</i>	68
<i>pilocarpine hcl tab 5 mg</i>	64	<i>potassium chloride tab er 20 meq (1500 mg)</i>	68
<i>pilocarpine hcl tab 7.5 mg</i>	64	<i>potassium chloride tab er 8 meq (600 mg)</i>	68
<i>pimecrolimus cream 1%</i>	66	<i>potassium citrate tab er 10 meq (1080 mg)</i>	69
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<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	50	<i>pramipexole dihydrochloride tab 0.25 mg</i>	38
<i>pioglitazone hcl tab 15 mg</i>	50	<i>pramipexole dihydrochloride tab 0.5 mg</i>	38
<i>pioglitazone hcl tab 30 mg</i>	50	<i>pramipexole dihydrochloride tab 0.75 mg</i>	38
<i>pioglitazone hcl tab 45 mg</i>	50	<i>pramipexole dihydrochloride tab 1.5 mg</i>	38
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<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	10	<i>prasugrel hcl tab 5 mg</i>	52
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	10	<i>pravastatin sodium tab 10 mg</i>	60
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<i>pravastatin sodium tab 80 mg</i>	60	PRIFTIN.....	23
<i>praziquantel tab 600 mg</i>	37	<i>primaquine phosphate tab 26.3 mg</i>	37
<i>prazosin hcl cap 1 mg</i>	60	<i>primidone tab 250 mg</i>	14
<i>prazosin hcl cap 2 mg</i>	60	<i>primidone tab 50 mg</i>	14
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<i>prednisone tab 10 mg</i>	74	<i>prochlorperazine maleate tab 10 mg</i>	21
<i>prednisone tab 1 mg</i>	74	<i>prochlorperazine maleate tab 5 mg</i>	21
<i>prednisone tab 2.5 mg</i>	74	<i>prochlorperazine suppos 25 mg</i>	21
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PREMARIN.....	77	<i>promethazine hcl tab 50 mg</i>	21
PREMARIN.....	77	<i>propafenone hcl cap er 12hr 225 mg</i>	60
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<i>rosuvastatin calcium tab 10 mg</i>	61	<i>sertraline hcl tab 100 mg</i>	19
<i>rosuvastatin calcium tab 20 mg</i>	61	<i>sertraline hcl tab 25 mg</i>	19
<i>rosuvastatin calcium tab 40 mg</i>	61	<i>sertraline hcl tab 50 mg</i>	19
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<i>sirolimus tab 1 mg.....</i>	84	SPRITAM.....	14
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<i>sotalol hcl (afib/af) tab 160 mg.....</i>	61	<i>sulfacetamide sodium ophth soln 10%.....</i>	88
<i>sotalol hcl (afib/af) tab 80 mg.....</i>	61	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
<i>sotalol hcl tab 120 mg.....</i>	61	<i>10-0.23(0.25)%.....</i>	88
<i>sotalol hcl tab 160 mg.....</i>	62	SULFADIAZINE.....	10
<i>sotalol hcl tab 240 mg.....</i>	62	<i>sulfamethoxazole-trimethoprim iv soln 400-80</i>	
<i>sotalol hcl tab 80 mg.....</i>	61	<i>mg/5ml.....</i>	10
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SYMPAZAN.....	14	<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	62
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SYNAGIS.....	84	<i>telmisartan tab 40 mg</i>	62
SYNAGIS.....	84	<i>telmisartan tab 80 mg</i>	62
SYNAREL.....	79	<i>temazepam cap 15 mg</i>	93
SYNERCID.....	10	<i>temazepam cap 30 mg</i>	93
SYNRIBO.....	34	TEMIXYS.....	46
T		TEMODAR.....	34
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TABRECTA.....	34	TENIVAC.....	85
TABRECTA.....	34	<i>tenofovir disoproxil fumarate tab 300</i> <i>mg</i>	46
<i>tacrolimus cap 0.5 mg</i>	84	<i>terazosin hcl cap 10 mg</i>	62
<i>tacrolimus cap 1 mg</i>	84	<i>terazosin hcl cap 1 mg</i>	62
<i>tacrolimus cap 5 mg</i>	84	<i>terazosin hcl cap 2 mg</i>	62
<i>tacrolimus oint 0.03%</i>	67	<i>terazosin hcl cap 5 mg</i>	62

terbinafine hcl tab 250 mg.....	22	timolol maleate ophth soln 0.5%.....	88
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terbutaline sulfate tab 5 mg.....	92	TIVICAY.....	46
TERCONAZOLE.....	22	TIVICAY.....	46
terconazole vaginal cream 0.4%.....	22	TIVICAY PD.....	46
testosterone cypionate im inj in oil 100 mg/ ml.....	77	tizanidine hcl tab 2 mg.....	43
testosterone cypionate im inj in oil 200 mg/ ml.....	77	tizanidine hcl tab 4 mg.....	43
testosterone td gel 12.5 mg/act (1%).....	77	tobramycin-dexamethasone ophth susp 0.3-0.1%.....	88
testosterone td gel 20.25 mg/1.25gm (1.62%).....	77	tobramycin nebu soln 300 mg/5ml.....	92
testosterone td gel 20.25 mg/act (1.62%).....	77	tobramycin ophth soln 0.3%.....	88
testosterone td gel 25 mg/2.5gm (1%).....	77	TOBRAMYCIN SULFATE.....	10
testosterone td gel 40.5 mg/2.5gm (1.62%).....	77	TOBRAMYCIN SULFATE.....	10
testosterone td gel 50 mg/5gm (1%).....	77	tobramycin sulfate for inj 1.2 gm.....	10
tetrabenazine tab 12.5 mg.....	64	tobramycin sulfate inj 1.2 gm/30ml (40 mg/ ml).....	10
tetrabenazine tab 25 mg.....	64	tobramycin sulfate inj 80 mg/2ml (40 mg/ ml).....	10
tetracycline hcl cap 250 mg.....	10	tolterodine tartrate cap er 24hr 2 mg.....	73
tetracycline hcl cap 500 mg.....	10	tolterodine tartrate cap er 24hr 4 mg.....	73
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THALOMID.....	34	topiramate sprinkle cap 15 mg.....	14
THALOMID.....	34	topiramate sprinkle cap 25 mg.....	15
THALOMID.....	35	topiramate tab 100 mg.....	15
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theophylline tab er 12hr 450 mg.....	92	topiramate tab 25 mg.....	15
theophylline tab er 24hr 400 mg.....	92	topiramate tab 50 mg.....	15
theophylline tab er 24hr 600 mg.....	92	topotecan hcl for inj 4 mg.....	35
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thioridazine hcl tab 10 mg.....	42	TOUJEO MAX SOLOSTAR.....	50
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thiothixene cap 5 mg.....	42	trandolapril tab 4 mg.....	62
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tiagabine hcl tab 12 mg.....	14	tranexamic acid tab 650 mg.....	52
tiagabine hcl tab 16 mg.....	14	tranylcypromine sulfate tab 10 mg.....	19
tiagabine hcl tab 2 mg.....	14	TRAVATAN Z.....	88
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timolol maleate ophth soln 0.25%.....	88	trazodone hcl tab 50 mg.....	19
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		TREANDA.....	35
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TRELSTAR MIXJECT.....	79	TRUVADA.....	46
TRELSTAR MIXJECT.....	79	TRUVADA.....	46
TREMFYA.....	85	TRUVADA.....	46
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<i>treprostinil inj soln 100 mg/20ml (5 mg/ ml)</i>	92	TRUXIMA.....	35
<i>treprostinil inj soln 200 mg/20ml (10 mg/ ml)</i>	92	TUKYSA.....	35
<i>treprostinil inj soln 20 mg/20ml (1 mg/ ml)</i>	92	TUKYSA.....	35
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<i>tretinoin cream 0.05%</i>	67	TYKERB.....	35
<i>tretinoin cream 0.1%</i>	67	TYMLOS.....	86
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<i>tretinoin gel 0.025%</i>	67	TYSABRI.....	64
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<i>triamcinolone acetonide cream 0.1%</i>	67	UNITUXIN.....	35
<i>triamcinolone acetonide cream 0.5%</i>	67	UPTRAVI.....	92
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<i>triamcinolone acetonide oint 0.1%</i>	67	UPTRAVI.....	92
<i>triamcinolone acetonide oint 0.5%</i>	67	UPTRAVI.....	92
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	62	UPTRAVI.....	92
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	62	UPTRAVI.....	92
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<i>trifluoperazine hcl tab 2 mg</i>	42	UPTRAVI.....	92
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<i>trimipramine maleate cap 25 mg</i>	19	<i>ursodiol tab 500 mg</i>	70
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		<i>valproic acid cap 250 mg</i>	15
		<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	62
		<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	62
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		<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	62
		<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	62
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<i>venlafaxine hcl tab 100 mg</i>	19	<i>voriconazole tab 200 mg</i>	22
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HHH Building Washington, D.C., 20201
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