



Braven Medicare Choice (PPO)
Braven Medicare Freedom (PPO)
Braven Medicare Plus (HMO)
2021 Formulary
(List of Covered Drugs)

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

Formulary ID: **00021248**, Version: **21**

This formulary was updated on **December 1, 2021**. For more recent information or other questions, please contact Braven Health at **1-855-457-0222** or, for TTY users, (TTY **711**), 24 hours a day, seven days a week or, visit Bravenhealth.com.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Braven Health. When it refers to “plan” or “our plan,” it means Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO).

This document includes a list of the drugs (formulary) for our plan, which is current as of

December 1, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copays/coinsurance may change on **January 1, 2022**, and from time to time during the year.

What is the Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) formulary?

A formulary is a list of covered drugs selected by Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage (EOC).

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:

- **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 Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration (FDA) 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 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 Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of **October 1, 2021**. To get updated information about the drugs covered by Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO), please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **91**. 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?

Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

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

You can find out if your drug has any additional requirements or limits looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs visiting our web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) formulary?" on page V for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) does not cover your drug, you have two options:

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

How do I request an exception to the Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) formulary?

You can ask Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary 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 Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) prescription drug coverage, please review your EOC and other plan materials.

If you have questions about Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) formulary

The formulary below provides coverage information about the drugs covered by Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page **91**.

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

The information in the Requirements/Limits column tells you if Braven Medicare Choice (PPO), Braven Medicare Freedom (PPO), Braven Medicare Plus (HMO) has any special requirements for coverage of your drug.

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

Senior Savings Model

Our plan participates in the Part D Senior Savings Model. This means, for qualifying insulins, you pay no more than \$35 for a month supply during deductible, initial coverage and coverage gap stages. Catastrophic stage cost shares would still apply. All insulins covered on formulary qualify.

KEY:

Uppercase = BRAND NAME Lower case italics = *generic*

- 1 = Preferred Generic
- 2 = Generic
- 3 = Preferred Brand
- 4 = Non-Preferred Drug
- 5 = SpecialtyTier

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

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week.

= 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 copay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.

‡ = Mail Order benefit applies

Braven Medicare Choice (PPO)

Tier Number	Retail Pharmacy for 30-day supply (Standard)	Mail Order Pharmacy for 30-day supply
Tier 1 – Preferred Generic	\$0 copay	\$0 copay
Tier 2 – Generic	\$10 copay	\$5 copay
Tier 3 – Preferred Brand	\$47 copay	\$47 copay
Tier 4 – Non-preferred Drug	\$100 copay	\$100 copay
Tier 5 – Specialty Tier	30% coinsurance	A long-term supply is not available for drugs in Tier 5

Braven Medicare Freedom (PPO)

Tier Number	Retail Pharmacy for 30-day supply (Standard)	Mail Order Pharmacy for 30-day supply
Tier 1 – Preferred Generic	\$0 copay	\$0 copay
Tier 2 – Generic	\$10 copay	\$5 copay
Tier 3 – Preferred Brand	\$47 copay	\$47 copay
Tier 4 – Non-preferred Drug	\$100 copay	\$100 copay
Tier 5 – Specialty Tier	30% coinsurance	A long-term supply is not available for drugs in Tier 5

Braven Medicare Plus (HMO)

Tier Number	Retail Pharmacy for 30-day supply (Standard)	Mail Order Pharmacy for 30-day supply
Tier 1 – Preferred Generic	\$0 copay	\$0 copay
Tier 2 – Generic	\$10 copay	\$15 copay
Tier 3 – Preferred Brand	\$47 copay	\$141 copay
Tier 4 – Non-preferred Drug	\$100 copay	\$100 copay
Tier 5 – Specialty Tier	30% coinsurance	A long-term supply is not available for drugs in Tier 5

Below is additional information to help you understand the formulary.

2021 Dosage Form Abbreviations Key	
act	actuation
ad	adsorbed
adjuv	adjuvant
aepb	aerosol powder blister
aer, aero	aerosol
afib/afl	atrial fibrillation/atrial flutter
app	applicator
ba, br act, breath act, breath activ	breath activated
cap, caps	capsules
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
conc	concentrate
conj	conjugate, conjugated
crm	cream
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
emul	emulsion
er, extended, extended rel	extended release
ext	extract
gm	gram
gu	genitourinary
hr	hour
ig	immunoglobulin
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

2021 Dosage Form Abbreviations Key Continued

meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
mu	million units
nebu	nebules
oint	ointment
omv	outer membrane vesicles
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
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
tbpk	tablet pack
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>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#‡</i>	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml‡	4	
<i>butorphanol tartrate inj 2 mg/ml‡</i>	4	
<i>diclofenac potassium tab 50 mg‡</i>	3	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%‡</i>	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>	3	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>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg‡</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg‡</i>	4	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)
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl 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>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg‡</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg‡</i>	1	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 400 mcg/act	5	PA, QL (30 bottles/30 days)
<i>meloxicam tab 7.5 mg‡</i>	1	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 (360 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 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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tab 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>	4	
<i>lidocaine hcl local preservative free inj 1%‡</i>	4	
<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>	2	PA, QL (60 grams/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg‡</i>	4	
APO-VARENICLINE - varenicline tartrate tab 0.5 mg‡	4	
APO-VARENICLINE - varenicline tartrate tab 1 mg‡	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 (60 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 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>	4	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml‡	4	
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	

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

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)‡	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
varenicline tartrate tab 0.5 mg‡	4	
varenicline tartrate tab 1 mg‡	4	
Antibacterials		
amikacin sulfate inj 500 mg/2ml (250 mg/ml)‡	4	
amikacin sulfate inj 1 gm/4ml (250 mg/ml)‡	4	
amoxicillin (trihydrate) cap 250 mg‡	1	
amoxicillin (trihydrate) cap 500 mg‡	1	
amoxicillin (trihydrate) for susp 125 mg/5ml‡	1	
amoxicillin (trihydrate) for susp 200 mg/5ml‡	2	
amoxicillin (trihydrate) for susp 250 mg/5ml‡	2	
amoxicillin (trihydrate) for susp 400 mg/5ml‡	2	
amoxicillin (trihydrate) tab 500 mg‡	2	
amoxicillin (trihydrate) tab 875 mg‡	2	
amoxicillin & k clavulanate tab 250-125 mg‡	3	
amoxicillin & k clavulanate tab 500-125 mg‡	2	
amoxicillin & k clavulanate tab 875-125 mg‡	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	
ampicillin & sulbactam sodium for inj 3 (2-1) gm‡	4	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm‡	4	
ampicillin sodium for inj 250 mg‡	4	
ampicillin sodium for inj 500 mg‡	4	
ampicillin sodium for inj 1 gm‡	4	
ampicillin sodium for inj 2 gm‡	4	
ampicillin sodium for iv soln 2 gm‡	4	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm‡	4	
azithromycin for susp 100 mg/5ml‡	4	
azithromycin for susp 200 mg/5ml‡	4	
azithromycin iv for soln 500 mg‡	4	
azithromycin tab 250 mg‡	2	
azithromycin tab 500 mg‡	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
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>	2	
<i>cefdinir for susp 125 mg/5ml†</i>	3	
<i>cefdinir for susp 250 mg/5ml†</i>	3	
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	
<i>cefixime cap 400 mg†</i>	4	
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>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 6 gm†</i>	4	
<i>ceftazidime for iv soln 2 gm†</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 20 mg/ml‡	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 40 mg/ml‡	4	
CEFTRIAZONE SODIUM - ceftriazone sodium (bulk) for inj 100 gm‡	4	
<i>ceftriazone sodium for inj 250 mg‡</i>	4	
<i>ceftriazone sodium for inj 500 mg‡</i>	4	
<i>ceftriazone sodium for inj 1 gm‡</i>	4	
<i>ceftriazone sodium for inj 2 gm‡</i>	4	
<i>ceftriazone sodium for inj 10 gm‡</i>	4	
<i>ceftriazone sodium for iv soln 1 gm‡</i>	4	
<i>ceftriazone sodium for iv soln 2 gm‡</i>	4	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 1 gm and dextrose 3.74% 50 ml‡	4	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 2 gm and dextrose 2.22% 50 ml‡	4	
<i>cefuroxime axetil tab 250 mg‡</i>	2	
<i>cefuroxime axetil tab 500 mg‡</i>	2	
<i>cefuroxime sodium for inj 750 mg‡</i>	4	
<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 for susp 125 mg/5ml‡</i>	2	
<i>cephalexin for susp 250 mg/5ml‡</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm‡	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg‡	4	
<i>ciprofloxacin hcl tab 250 mg‡</i>	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>	4	
<i>ciprofloxacin 400 mg/200ml in d5w‡</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml‡	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml‡	4	
<i>clarithromycin tab 250 mg‡</i>	2	
<i>clarithromycin tab 500 mg‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>clindamycin phosphate inj 600 mg/4ml‡</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml‡</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml‡</i>	4	
<i>clindamycin phosphate vaginal cream 2%‡</i>	3	
<i>colistimethate sod for inj 150 mg‡</i>	4	
<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>	2	
<i>doxycycline hyclate for inj 100 mg‡</i>	4	
<i>doxycycline hyclate tab 20 mg‡</i>	2	
<i>doxycycline hyclate tab 100 mg‡</i>	2	
<i>ertapenem sodium for inj 1 gm‡</i>	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg‡	4	
<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 sulfate inj 40 mg/ml‡</i>	4	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml‡	4	
<i>imipenem-cilastatin intravenous for soln 500 mg‡</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg‡	4	
IMPAVIDO - miltefosine cap 50 mg	5	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
MEROPENEM/SODIUM CHLORIDE - meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml‡	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>	3	
<i>minocycline hcl cap 50 mg‡</i>	2	
<i>minocycline hcl cap 75 mg‡</i>	2	
<i>minocycline hcl cap 100 mg‡</i>	2	
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 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>	4	
<i>neomycin sulfate tab 500 mg‡</i>	2	
<i>nitrofurantoin macrocrystalline cap 50 mg#‡</i>	2	
<i>nitrofurantoin macrocrystalline cap 100 mg#‡</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#‡</i>	2	
<i>paromomycin sulfate cap 250 mg‡</i>	4	
<i>penicillin g potassium for inj 5000000 unit‡</i>	4	
<i>penicillin g potassium for inj 20000000 unit‡</i>	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose‡	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose‡	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose‡	4	

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
<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	
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>	1	
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 6 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>	4	
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	
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	

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>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 1.5 gm‡</i>	4	
<i>vancomycin hcl for iv soln 500 mg‡</i>	4	
<i>vancomycin hcl for iv soln 750 mg‡</i>	4	
<i>vancomycin hcl for iv soln 1 gm‡</i>	4	
<i>vancomycin hcl for iv soln 5 gm‡</i>	4	
<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 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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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>	3	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg‡</i>	3	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg	5	
DIACOMIT - stiripentol cap 500 mg	5	
DIACOMIT - stiripentol packet 250 mg	5	
DIACOMIT - stiripentol packet 500 mg	5	
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>	4	

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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>	4	
<i>fosphenytoin sodium inj 500 mg/10ml‡</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	5	
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>	4	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>	4	
<i>lamotrigine tab chewable dispersible 25 mg‡</i>	4	
<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>	4	
<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	
<i>phenobarbital elixir 20 mg/5ml##‡</i>	4	
<i>phenobarbital sodium inj 65 mg/ml##‡</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 130 mg/ml#‡</i>	4	
<i>phenobarbital tab 15 mg#‡</i>	2	
<i>phenobarbital tab 16.2 mg#‡</i>	2	
<i>phenobarbital tab 30 mg#‡</i>	2	
<i>phenobarbital tab 32.4 mg#‡</i>	2	
<i>phenobarbital tab 60 mg#‡</i>	2	
<i>phenobarbital tab 64.8 mg#‡</i>	2	
<i>phenobarbital tab 97.2 mg#‡</i>	2	
<i>phenobarbital tab 100 mg#‡</i>	2	
<i>phenytoin chew tab 50 mg‡</i>	4	
<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>	4	
<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>	4	QL (900 mls/30 days)
<i>primidone tab 50 mg‡</i>	2	
<i>primidone tab 250 mg‡</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg‡</i>	4	
<i>rufinamide tab 400 mg</i>	5	
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	

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>tiagabine hcl tab 16 mg‡</i>	4	
<i>topiramate sprinkle cap 15 mg‡</i>	2	
<i>topiramate sprinkle cap 25 mg‡</i>	3	
<i>topiramate tab 25 mg‡</i>	2	
<i>topiramate tab 50 mg‡</i>	2	
<i>topiramate tab 100 mg‡</i>	2	
<i>topiramate tab 200 mg‡</i>	2	
<i>valproate sodium inj 100 mg/ml‡</i>	4	
<i>valproate sodium oral soln 250 mg/5ml‡</i>	4	
<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 100 mg & 150 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	

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
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg‡</i>	4	
<i>donepezil hydrochloride orally disintegrating tab 10 mg‡</i>	4	
<i>donepezil hydrochloride tab 5 mg‡</i>	2	
<i>donepezil hydrochloride tab 10 mg‡</i>	2	
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 (<=29 yr)
<i>memantine hcl tab 5 mg‡</i>	2	PA (<=29 yr)
<i>memantine hcl tab 10 mg‡</i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack‡</i>	4	PA (<=29 yr)
<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>	2	
<i>amitriptyline hcl tab 25 mg#‡</i>	2	
<i>amitriptyline hcl tab 50 mg#‡</i>	2	
<i>amitriptyline hcl tab 75 mg#‡</i>	2	
<i>amitriptyline hcl tab 100 mg#‡</i>	2	
<i>amitriptyline hcl tab 150 mg#‡</i>	2	
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 24hr 300 mg‡</i>	3	QL (30 tablets/30 days)
<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>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg‡</i>	1	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>	4	
<i>desipramine hcl tab 75 mg#‡</i>	4	
<i>desipramine hcl tab 100 mg#‡</i>	4	
<i>desipramine hcl tab 150 mg#‡</i>	4	
<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>	2	
<i>doxepin hcl cap 25 mg#‡</i>	2	
<i>doxepin hcl cap 50 mg#‡</i>	2	
<i>doxepin hcl cap 75 mg#‡</i>	2	
<i>doxepin hcl cap 100 mg#‡</i>	2	
<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	

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
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
<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>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg‡</i>	1	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>	4	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>	2	
<i>imipramine hcl tab 25 mg#‡</i>	2	
<i>imipramine hcl tab 50 mg#‡</i>	2	
MARPLAN - isocarboxazid tab 10 mg‡	4	
<i>mirtazapine orally disintegrating tab 15 mg‡</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg‡</i>	4	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg‡</i>	4	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	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg‡	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 250 mg‡	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#‡	4	
<i>nortriptyline hcl cap 10 mg#‡</i>	2	
<i>nortriptyline hcl cap 25 mg#‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 50 mg#‡</i>	2	
<i>nortriptyline hcl cap 75 mg#‡</i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml#‡</i>	4	PA (>=65 yr), QL (900 mls/30 days)
<i>paroxetine hcl tab 10 mg#‡</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#‡</i>	2	PA (>=65 yr), QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#‡</i>	2	PA (>=65 yr), QL (45 tablets/30 days)
PAXIL - <i>paroxetine hcl oral susp 10 mg/5ml#‡</i>	4	PA (>=65 yr), 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>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg‡</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg‡</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - <i>esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)</i>	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - <i>esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)</i>	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>	4	
<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 - <i>vortioxetine hbr tab 5 mg‡</i>	4	QL (30 tablets/30 days)
TRINTELLIX - <i>vortioxetine hbr tab 10 mg‡</i>	4	QL (30 tablets/30 days)
TRINTELLIX - <i>vortioxetine hbr tab 20 mg‡</i>	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 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)
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 (>=65 yr)
<i>chlorpromazine hcl inj 25 mg/ml‡</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg‡</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 25 mg‡</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 50 mg‡</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 100 mg‡</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 200 mg‡</i>	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml‡	4	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 100 mg/ml‡	4	PA (>=65 yr)
<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
<i>fosaprepitant dimeglumine for iv infusion 150 mg‡</i>	4	
<i>granisetron hcl inj 1 mg/ml‡</i>	4	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)‡</i>	4	
<i>meclizine hcl tab 12.5 mg#‡</i>	2	
ONDANSETRON HCL - ondansetron hcl tab 24 mg‡	4	BD
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)‡</i>	4	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)‡</i>	4	
<i>ondansetron hcl tab 4 mg‡</i>	2	BD
<i>ondansetron hcl tab 8 mg‡</i>	2	BD
<i>ondansetron orally disintegrating tab 4 mg‡</i>	4	BD
<i>ondansetron orally disintegrating tab 8 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
<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 (>=65 yr)
<i>perphenazine tab 4 mg‡</i>	3	PA (>=65 yr)
<i>perphenazine tab 8 mg‡</i>	3	PA (>=65 yr)
<i>perphenazine tab 16 mg‡</i>	3	PA (>=65 yr)
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>	2	
<i>prochlorperazine maleate tab 10 mg‡</i>	2	
<i>prochlorperazine suppos 25 mg‡</i>	4	
<i>promethazine hcl syrup 6.25 mg/5ml#‡</i>	4	PA (>=65 yr)
<i>promethazine hcl tab 25 mg#‡</i>	2	PA (>=65 yr)
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>	4	
<i>casprofungin acetate for iv soln 70 mg‡</i>	4	
<i>ciclopirox solution 8%‡</i>	2	
<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>fluconazole for susp 10 mg/ml‡</i>	4	
<i>fluconazole for susp 40 mg/ml‡</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml‡</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml‡</i>	4	
<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>	4	
<i>micafungin sodium for iv soln 100 mg</i>	5	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)‡	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
<i>nystatin cream 100000 unit/gm‡</i>	2	
<i>nystatin oint 100000 unit/gm‡</i>	2	
<i>nystatin susp 100000 unit/ml‡</i>	2	
<i>nystatin topical powder 100000 unit/gm‡</i>	2	
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg‡</i>	2	
<i>terconazole vaginal cream 0.4%‡</i>	3	
<i>terconazole vaginal cream 0.8%‡</i>	2	
<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>	4	PA
<i>voriconazole tab 200 mg‡</i>	4	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	
<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>	5	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)
<i>ergotamine w/ caffeine tab 1-100 mg‡</i>	3	
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)

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>naratriptan hcl tab 2.5 mg‡</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg‡</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg‡</i>	4	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg‡</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg‡</i>	2	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)
<i>sumatriptan succinate inj 6 mg/0.5ml‡</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml‡</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml‡</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml‡</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml‡</i>	4	QL (12 doses/30 days)
<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		
<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>	3	
<i>ethambutol hcl tab 400 mg‡</i>	3	
ISONIAZID - isoniazid inj 100 mg/ml‡	4	
<i>isoniazid tab 100 mg‡</i>	2	
<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	
<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>	4	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECATOR - ethionamide tab 250 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
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 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
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)	5	
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 25 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 50 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
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

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Drug Name	Drug Tier	Requirements/Limits
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>	4	BD
<i>bleomycin sulfate for inj 30 unit‡</i>	4	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>	4	
<i>carboplatin iv soln 150 mg/15ml‡</i>	4	
<i>carboplatin iv soln 450 mg/45ml‡</i>	4	
<i>carboplatin iv soln 600 mg/60ml‡</i>	4	
<i>carmustine for inj 100 mg‡</i>	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)‡	4	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)‡</i>	4	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)‡</i>	4	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg*	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg*	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)

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Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg‡	4	BD
CYCLOPHOSPHAMIDE - cyclophosphamide tab 50 mg‡	4	BD
<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‡	4	BD
<i>cytarabine inj pf 20 mg/ml‡</i>	4	BD
<i>cytarabine inj pf 100 mg/ml‡</i>	4	BD
DACARBAZINE - dacarbazine for inj 100 mg‡	4	
<i>dacarbazine for inj 200 mg‡</i>	4	
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-ggqk iv soln 40 mg/10ml (4 mg/ml)	5	PA
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>	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml‡	4	
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	
<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 inj 2 mg/ml‡</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg‡	4	BD
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	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>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)‡</i>	4	
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)
ERWINASE - asparaginase erwinia chrysanthemi for inj 10000 unit*	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 for oral susp 2 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab for oral susp 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 10 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	
EXKIVITY - mobocertinib succinate cap 40 mg	5	PA, QL (120 capsules/30 days)
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
<i>fludarabine phosphate for inj 50 mg‡</i>	4	
<i>fludarabine phosphate inj 25 mg/ml‡</i>	4	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)‡</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
<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
FOTIVDA - tivozanib hcl cap 890 mcg	5	PA, QL (21 capsules/28 days)
FOTIVDA - tivozanib hcl cap 1340 mcg	5	PA, QL (21 capsules/28 days)
<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)
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 10 mg*	5	PA, QL (30 tablets/30 days)
ICLUSIG - ponatinib hcl tab 15 mg*	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 30 mg*	5	PA, QL (30 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	

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 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
IFOSFAMIDE - ifosfamide for inj 3 gm‡	4	
<i>ifosfamide for inj 1 gm‡</i>	4	
<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 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)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
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)
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	
<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	

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 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‡	4	
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)
LUMAKRAS - sotorasib tab 120 mg	5	PA, QL (240 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>	4	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)‡</i>	4	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)‡</i>	4	
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)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 120 mg/12ml	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 100 mg/16.67ml (6 mg/ml)‡	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‡	4	
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)
PEPAXTO - melphalan flufenamide hcl for iv soln 20 mg	5	
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

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
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA
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
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)
RIABNI - rituximab-arrx iv soln 100 mg/10ml (10 mg/ml)	5	PA
RIABNI - rituximab-arrx iv soln 500 mg/50ml (10 mg/ml)	5	PA
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)

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
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
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
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)
<i>sunitinib malate cap 12.5 mg</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 37.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>sunitinib malate cap 50 mg</i>	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	PA
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

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
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
<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 150 mg	5	PA
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
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)	5	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)	5	PA, QL (63 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)	5	PA, QL (21 capsules/28 days)
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)
UKONIQ - umbralisib tosylate tab 200 mg	5	PA, QL (120 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)

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

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA - 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‡	4	BD
VINCRISTINE SULFATE - vincristine sulfate iv soln 1 mg/ml‡	4	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)
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
WELIREG - belzutifan tab 40 mg	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg*	5	PA, QL (120 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 40 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 50 mg (100 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO - selinexor tab therapy pack 60 mg (60 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	5	PA, QL (60 tablets/30 days)
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

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
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)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
Antiparasitics		
<i>albendazole tab 200 mg‡</i>	4	
<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>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg‡	4	
BENZNIDAZOLE - benznidazole tab 100 mg‡	4	
<i>chloroquine phosphate tab 500 mg‡</i>	2	
<i>chloroquine phosphate tab 250 mg‡</i>	4	
COARTEM - artemether-lumefantrine tab 20-120 mg‡	4	
<i>hydroxychloroquine sulfate tab 200 mg‡</i>	2	
<i>ivermectin tab 3 mg‡</i>	2	
<i>mefloquine hcl tab 250 mg‡</i>	4	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for nebulization soln 300 mg‡</i>	4	BD
<i>pentamidine isethionate for soln 300 mg‡</i>	4	
<i>praziquantel tab 600 mg‡</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)‡</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg‡</i>	3	
<i>amantadine hcl soln 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>	2	PA (>=65 yr)
<i>benztropine mesylate tab 1 mg#‡</i>	2	PA (>=65 yr)
<i>benztropine mesylate tab 2 mg#‡</i>	2	PA (>=65 yr)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate tab 2.5 mg‡</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg‡</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg‡</i>	4	
<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	
<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	
SELEGILINE HCL - selegiline hcl tab 5 mg‡	4	
<i>selegiline hcl cap 5 mg‡</i>	3	
Antipsychotics		
<i>aripiprazole oral solution 1 mg/ml‡</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg‡</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg‡</i>	3	PA (>=65 yr), 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>aripiprazole tab 10 mg†</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg†</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg†</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg†</i>	3	PA (>=65 yr), 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)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg†</i>	4	QL (60 tablets/30 days)
<i>asenapine maleate sl tab 5 mg†</i>	4	QL (60 tablets/30 days)
<i>asenapine maleate sl tab 10 mg†</i>	4	QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	PA (>=65 yr), QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg†	4	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg†</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg†</i>	4	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 25 mg†</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 50 mg†</i>	3	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg†</i>	3	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg†</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg†	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg†	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg†	4	PA (>=65 yr), QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT - iloperidone tab 6 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak‡	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml‡</i>	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml‡	4	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml‡	4	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg‡</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 2.5 mg‡</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 5 mg‡</i>	4	PA (>=65 yr)
<i>fluphenazine hcl tab 10 mg‡</i>	4	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml‡	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml‡</i>	4	PA (>=65 yr)
<i>haloperidol decanoate im soln 100 mg/ml‡</i>	4	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml‡</i>	4	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml‡</i>	4	PA (>=65 yr)
<i>haloperidol tab 0.5 mg‡</i>	2	PA (>=65 yr)
<i>haloperidol tab 1 mg‡</i>	2	PA (>=65 yr)
<i>haloperidol tab 2 mg‡</i>	2	PA (>=65 yr)
<i>haloperidol tab 5 mg‡</i>	2	PA (>=65 yr)
<i>haloperidol tab 10 mg‡</i>	2	PA (>=65 yr)
<i>haloperidol tab 20 mg‡</i>	3	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml	5	QL (1 kit/180 days)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,560 mg/5ml	5	QL (1 kit/180 days)
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)

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 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 (>=65 yr)
<i>loxapine succinate cap 10 mg‡</i>	3	PA (>=65 yr)
<i>loxapine succinate cap 25 mg‡</i>	3	PA (>=65 yr)
<i>loxapine succinate cap 50 mg‡</i>	3	PA (>=65 yr)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 10-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 15-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg‡	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg‡	4	PA (>=65 yr)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg‡	4	PA (>=65 yr)
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	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg‡</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg‡</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg‡</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg‡</i>	4	PA (>=65 yr), 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>olanzapine tab 2.5 mg†</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 5 mg†</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg†</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 10 mg†</i>	3	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg†</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 20 mg†</i>	3	PA (>=65 yr), 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>	4	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†	4	
PIMOZIDE - pimozide tab 2 mg†	4	
<i>quetiapine fumarate tab 25 mg†</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg†</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg†</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg†</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg†</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg†</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA (>=65 yr), QL (30 tablets/30 days)

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
REXULTI - brexpiprazole tab 3 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
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‡	4	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	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg‡</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg‡</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg‡</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg‡</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg‡</i>	4	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml‡</i>	4	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 1 mg‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 2 mg‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 3 mg‡</i>	2	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg‡</i>	2	PA (>=65 yr), 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	PA (>=65 yr), QL (30 patches/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg‡</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 25 mg‡</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 50 mg‡</i>	3	PA (>=65 yr)
<i>thioridazine hcl tab 100 mg‡</i>	3	PA (>=65 yr)
<i>thiothixene cap 1 mg‡</i>	3	PA (>=65 yr)
<i>thiothixene cap 2 mg‡</i>	3	PA (>=65 yr)
<i>thiothixene cap 5 mg‡</i>	3	PA (>=65 yr)
<i>thiothixene cap 10 mg‡</i>	4	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg‡</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 2 mg‡</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 5 mg‡</i>	3	PA (>=65 yr)
<i>trifluoperazine hcl tab 10 mg‡</i>	3	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), 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	PA (>=65 yr), QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg‡</i>	3	PA (>=65 yr), QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg‡</i>	3	PA (>=65 yr), QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg‡</i>	3	PA (>=65 yr), QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg‡</i>	3	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 10 mg‡</i>	2	
<i>baclofen tab 20 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>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)
<i>atazanavir sulfate cap 150 mg‡</i>	4	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg‡</i>	4	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg‡</i>	4	QL (30 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er	5	QL (4 mls/30 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er	5	QL (6 mls/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 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)
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)
<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)

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>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	5	QL (30 tablets/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	
<i>etravirine tab 100 mg</i>	5	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	5	QL (60 tablets/30 days)
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)
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)
<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)

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>lopinavir-ritonavir tab 100-25 mg‡</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	5	QL (120 tablets/30 days)
NEVIRAPINE ER - nevirapine tab er 24hr 100 mg‡	4	QL (90 tablets/30 days)
<i>nevirapine susp 50 mg/5ml‡</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 400 mg‡</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg‡</i>	3	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>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg‡</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg‡</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml‡</i>	4	QL (1080 mls/365 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 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	QL (6 boxes/365 days)
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	
<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

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
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>	2	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)
TYBOST - cobicistat tab 150 mg‡	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg‡</i>	2	
<i>valacyclovir hcl tab 1 gm‡</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg‡</i>	3	
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	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)‡	4	QL (4 tablets/365 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
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)‡	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)‡	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
zidovudine cap 100 mg‡	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml‡	4	QL (1920 mls/30 days)
zidovudine tab 300 mg‡	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg‡	2	QL (120 tablets/30 days)
alprazolam tab 0.5 mg‡	2	QL (120 tablets/30 days)
alprazolam tab 1 mg‡	2	QL (120 tablets/30 days)
alprazolam tab 2 mg‡	2	QL (150 tablets/30 days)
bupirone hcl tab 5 mg‡	2	
bupirone hcl tab 7.5 mg‡	3	
bupirone hcl tab 10 mg‡	2	
bupirone hcl tab 15 mg‡	2	
bupirone hcl tab 30 mg‡	2	
clonazepam orally disintegrating tab 0.125 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg‡	4	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg‡	4	QL (300 tablets/30 days)
clonazepam tab 0.5 mg‡	1	QL (120 tablets/30 days)
clonazepam tab 1 mg‡	1	QL (120 tablets/30 days)
clonazepam tab 2 mg‡	1	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg‡	3	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg‡	4	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg‡	4	PA, QL (180 tablets/30 days)
diazepam oral soln 1 mg/ml‡	4	PA, QL (1200 mls/30 days)
diazepam tab 2 mg‡	1	PA, QL (120 tablets/30 days)
diazepam tab 5 mg‡	2	PA, QL (120 tablets/30 days)
diazepam tab 10 mg‡	2	PA, QL (120 tablets/30 days)
lorazepam tab 0.5 mg‡	2	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg‡	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg‡	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
lithium carbonate cap 150 mg‡	3	
lithium carbonate cap 300 mg‡	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate cap 600 mg‡</i>	3	
<i>lithium carbonate tab er 300 mg‡</i>	2	
<i>lithium carbonate tab er 450 mg‡</i>	2	
<i>lithium carbonate tab 300 mg‡</i>	2	
Blood Glucose Regulators		
<i>acarbose tab 25 mg‡</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg‡</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg‡</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS‡	3	
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml‡	3	QL (4 pens/28 days), ST
<i>diazoxide susp 50 mg/ml‡</i>	4	
GAUZE PADS 2" X 2"‡	3	
<i>glimepiride tab 1 mg#‡</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#‡</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#‡</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg‡</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg‡</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg‡</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg‡</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg‡</i>	1	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg‡	3	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#‡</i>	2	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#‡</i>	2	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#‡</i>	2	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#‡</i>	2	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#‡</i>	2	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#‡</i>	2	QL (120 tablets/30 days)
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)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)‡	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)‡	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)‡	3	QL (20 pens/30 days)
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)
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>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg‡</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg‡</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg‡</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg‡</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg‡</i>	3	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg‡</i>	3	QL (90 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)‡	3	QL (1 pen/28 days), ST

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

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)‡	3	QL (2 pens/28 days), ST
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)‡	3	QL (1 pen/28 days), ST
<i>pioglitazone hcl tab 15 mg‡</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg‡</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg‡</i>	1	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg‡	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 7 mg‡	3	QL (30 tablets/30 days), ST
RYBELSUS - semaglutide tab 14 mg‡	3	QL (30 tablets/30 days), ST
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	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg‡	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg‡	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg‡	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg‡	3	QL (30 tablets/30 days)
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), ST
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg‡</i>	3	
<i>anagrelide hcl cap 1 mg‡</i>	4	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg‡</i>	4	
BRILINTA - ticagrelor tab 60 mg‡	3	
BRILINTA - ticagrelor tab 90 mg‡	3	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	5	
<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)

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
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 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)
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml‡</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml‡</i>	4	QL (30 syringes/90 days)
<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	
<i>heparin sodium (porcine) inj 20000 unit/ml‡</i>	3	
<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%‡	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
PRADAXA - dabigatran etexilate mesylate cap 75 mg‡	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg‡	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg‡	4	QL (60 capsules/30 days)
<i>prasugrel hcl tab 5 mg‡</i>	3	
<i>prasugrel hcl tab 10 mg‡</i>	3	
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

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
PROCRIPT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIPT - 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 20000 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>	1	
<i>warfarin sodium tab 2 mg‡</i>	1	
<i>warfarin sodium tab 2.5 mg‡</i>	1	
<i>warfarin sodium tab 3 mg‡</i>	1	
<i>warfarin sodium tab 4 mg‡</i>	1	
<i>warfarin sodium tab 5 mg‡</i>	1	
<i>warfarin sodium tab 6 mg‡</i>	1	
<i>warfarin sodium tab 7.5 mg‡</i>	1	
<i>warfarin sodium tab 10 mg‡</i>	1	
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>	3	
<i>acetazolamide tab 125 mg‡</i>	3	
<i>acetazolamide tab 250 mg‡</i>	3	
<i>aliskiren fumarate tab 150 mg‡</i>	4	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg‡</i>	4	QL (30 tablets/30 days)
<i>amiloride hcl tab 5 mg‡</i>	2	
<i>amiodarone hcl tab 200 mg‡</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiodarone hcl tab 400 mg‡</i>	4	
<i>amlodipine besylate tab 2.5 mg‡</i>	1	
<i>amlodipine besylate tab 5 mg‡</i>	1	
<i>amlodipine besylate tab 10 mg‡</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg‡</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg‡</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg‡</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg‡</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg‡</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg‡</i>	2	
<i>amlodipine besylate-valsartan tab 5-160 mg‡</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg‡</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg‡</i>	2	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg‡</i>	2	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg‡</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg‡</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg‡</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg‡</i>	3	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg‡</i>	3	QL (30 tablets/30 days)
<i>atenolol tab 25 mg‡</i>	1	
<i>atenolol tab 50 mg‡</i>	1	
<i>atenolol tab 100 mg‡</i>	1	
<i>atorvastatin calcium tab 10 mg‡</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg‡</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg‡</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg‡</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg‡</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg‡</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg‡</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg‡</i>	2	
<i>benazepril hcl tab 5 mg‡</i>	1	
<i>benazepril hcl tab 10 mg‡</i>	1	
<i>benazepril hcl tab 20 mg‡</i>	1	
<i>benazepril hcl tab 40 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>	4	
<i>bumetanide tab 0.5 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>bumetanide tab 1 mg‡</i>	2	
<i>bumetanide tab 2 mg‡</i>	3	
<i>captopril tab 12.5 mg‡</i>	2	
<i>captopril tab 25 mg‡</i>	3	
<i>captopril tab 50 mg‡</i>	3	
<i>captopril tab 100 mg‡</i>	3	
<i>carvedilol tab 3.125 mg‡</i>	1	
<i>carvedilol tab 6.25 mg‡</i>	1	
<i>carvedilol tab 12.5 mg‡</i>	1	
<i>carvedilol tab 25 mg‡</i>	1	
<i>chlorthalidone tab 25 mg‡</i>	2	
<i>chlorthalidone tab 50 mg‡</i>	2	
<i>cholestyramine light powder packets 4 gm‡</i>	4	
<i>cholestyramine light powder 4 gm/dose‡</i>	4	
<i>cholestyramine powder packets 4 gm‡</i>	4	
<i>cholestyramine powder 4 gm/dose‡</i>	4	
<i>clonidine hcl tab 0.1 mg‡</i>	1	
<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)
DEMSER - 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>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg‡</i>	4	
<i>diltiazem hcl cap er 12hr 90 mg‡</i>	4	
<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	

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 coated beads cap er 24hr 120 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg‡</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg‡</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg‡</i>	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>droxidopa cap 100 mg</i>	5	PA
<i>droxidopa cap 200 mg</i>	5	PA
<i>droxidopa cap 300 mg</i>	5	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg‡</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg‡</i>	2	
<i>enalapril maleate tab 2.5 mg‡</i>	2	
<i>enalapril maleate tab 5 mg‡</i>	2	
<i>enalapril maleate tab 10 mg‡</i>	2	
<i>enalapril maleate tab 20 mg‡</i>	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg‡	3	QL (180 tablets/30 days)
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>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg‡</i>	4	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg‡</i>	4	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg‡</i>	4	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe-simvastatin tab 10-80 mg‡</i>	4	QL (30 tablets/30 days)
<i>fenofibrate micronized cap 67 mg‡</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg‡</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg‡</i>	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>	2	
<i>fosinopril sodium tab 10 mg‡</i>	2	
<i>fosinopril sodium tab 20 mg‡</i>	2	
<i>fosinopril sodium tab 40 mg‡</i>	2	
<i>furosemide inj 10 mg/ml‡</i>	4	
<i>furosemide oral soln 10 mg/ml‡</i>	4	
<i>furosemide tab 20 mg‡</i>	1	
<i>furosemide tab 40 mg‡</i>	1	
<i>furosemide tab 80 mg‡</i>	1	
<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>	1	
<i>hydrochlorothiazide tab 25 mg‡</i>	1	
<i>hydrochlorothiazide tab 50 mg‡</i>	1	
<i>icosapent ethyl cap 1 gm‡</i>	3	
<i>irbesartan tab 75 mg‡</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg‡</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg‡</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg‡</i>	3	
<i>isosorbide dinitrate tab 10 mg‡</i>	3	
<i>isosorbide dinitrate tab 20 mg‡</i>	3	
<i>isosorbide mononitrate tab er 24hr 30 mg‡</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide 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>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg‡</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg‡</i>	1	
<i>lisinopril tab 2.5 mg‡</i>	1	
<i>lisinopril tab 5 mg‡</i>	1	
<i>lisinopril tab 10 mg‡</i>	1	
<i>lisinopril tab 20 mg‡</i>	1	
<i>lisinopril tab 30 mg‡</i>	1	
<i>lisinopril tab 40 mg‡</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg‡</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg‡</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg‡</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg‡</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg‡</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg‡</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg‡</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg‡</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg‡</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg‡</i>	4	
<i>methazolamide tab 50 mg‡</i>	4	
<i>metoprolol succinate tab er 24hr 25 mg‡</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg‡</i>	2	
<i>metoprolol succinate tab er 24hr 100 mg‡</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg‡</i>	2	
<i>metoprolol tartrate tab 25 mg‡</i>	1	
<i>metoprolol tartrate tab 50 mg‡</i>	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	

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>midodrine hcl tab 10 mg‡</i>	3	
<i>minoxidil tab 2.5 mg‡</i>	2	
<i>minoxidil tab 10 mg‡</i>	2	
MULTAQ - dronedarone hcl tab 400 mg‡	3	
<i>niacin tab er 500 mg‡</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg‡</i>	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>	3	
<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	
NITRO-BID - nitroglycerin oint 2%‡	4	
<i>nitroglycerin sl tab 0.3 mg‡</i>	2	
<i>nitroglycerin sl tab 0.4 mg‡</i>	2	
<i>nitroglycerin sl tab 0.6 mg‡</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr‡</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr‡</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr‡</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr‡</i>	2	
<i>olmesartan medoxomil tab 5 mg‡</i>	2	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg‡</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg‡</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg‡</i>	2	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm‡</i>	3	
<i>pentoxifylline tab er 400 mg‡</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg‡</i>	2	
<i>pindolol tab 10 mg‡</i>	3	
<i>pravastatin sodium tab 10 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg‡</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg‡</i>	2	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg‡</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>prazosin hcl cap 2 mg‡</i>	2	
<i>prazosin hcl cap 5 mg‡</i>	2	
<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>	4	
<i>propranolol hcl tab 10 mg‡</i>	2	
<i>propranolol hcl tab 20 mg‡</i>	2	
<i>propranolol hcl tab 40 mg‡</i>	2	
<i>propranolol hcl tab 80 mg‡</i>	2	
<i>quinapril hcl tab 5 mg‡</i>	2	
<i>quinapril hcl tab 10 mg‡</i>	2	
<i>quinapril hcl tab 20 mg‡</i>	2	
<i>quinapril hcl tab 40 mg‡</i>	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg‡	3	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg‡	3	
<i>ramipril cap 1.25 mg‡</i>	1	
<i>ramipril cap 2.5 mg‡</i>	1	
<i>ramipril cap 5 mg‡</i>	1	
<i>ramipril cap 10 mg‡</i>	1	
<i>ranolazine tab er 12hr 500 mg‡</i>	4	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg‡</i>	4	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 (2 systems/28 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>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg‡</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg‡</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg‡</i>	2	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg‡</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg‡</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg‡</i>	1	QL (60 tablets/30 days)

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>simvastatin tab 40 mg‡</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg‡</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/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	
<i>sotalol hcl tab 160 mg‡</i>	2	
<i>sotalol hcl tab 240 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>terazosin hcl cap 1 mg‡</i>	2	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg‡</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg‡</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg‡</i>	2	QL (60 capsules/30 days)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg‡</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg‡</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg‡</i>	2	
<i>valsartan tab 40 mg‡</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 80 mg‡</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 160 mg‡</i>	2	QL (60 tablets/30 days)
<i>valsartan tab 320 mg‡</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg‡</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg‡</i>	2	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg‡</i>	2	QL (30 tablets/30 days)
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	
<i>verapamil hcl tab 120 mg‡</i>	2	
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg‡</i>	3	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>atomoxetine hcl cap 10 mg‡</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg‡</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg‡</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg‡</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg‡</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg‡</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg‡</i>	4	QL (30 capsules/30 days)
AVONEX - interferon beta-1a 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>	3	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 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 (pddd) 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)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	5	PA, QL (1 pack/28 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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 20 mg‡</i>	3	QL (90 tablets/30 days)
NUEDEXTA - 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 - peginterferon beta-1a im soln prefilled syr 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	
<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>	4	
Dermatological Agents		
<i>acitretin cap 10 mg‡</i>	4	
<i>acitretin cap 17.5 mg‡</i>	4	
<i>acitretin cap 25 mg‡</i>	4	
<i>azelaic acid gel 15%‡</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%‡</i>	4	
<i>calcipotriene cream 0.005%‡</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)‡</i>	3	
<i>clotrimazole w/ betamethasone cream 1-0.05%‡</i>	2	
FINACEA - azelaic acid foam 15%‡	3	
<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>	3	QL (120 grams/30 days)
<i>fluorouracil cream 5%‡</i>	4	
<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)

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>halobetasol propionate oint 0.05%‡</i>	4	QL (200 grams/28 days)
<i>hydrocortisone cream 1%‡</i>	2	
<i>hydrocortisone cream 2.5%‡</i>	3	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>imiquimod cream 5%‡</i>	3	PA
<i>isotretinoin cap 10 mg‡</i>	4	
<i>isotretinoin cap 20 mg‡</i>	4	
<i>isotretinoin cap 25 mg‡</i>	4	
<i>isotretinoin cap 30 mg‡</i>	4	
<i>isotretinoin cap 35 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>malathion lotion 0.5%‡</i>	4	
<i>metronidazole cream 0.75%‡</i>	4	
<i>metronidazole gel 0.75%‡</i>	3	
<i>metronidazole lotion 0.75%‡</i>	4	
<i>mupirocin oint 2%‡</i>	2	
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%‡</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	
<i>silver sulfadiazine cream 1%‡</i>	2	
SOOLANTRA - ivermectin cream 1%‡	3	
<i>sulfacetamide sodium lotion 10%‡</i>	4	
<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 gel 0.025%‡</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>dextrose inj 10%‡</i>	4	
<i>dextrose 5% in lactated ringers‡</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.33%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%‡</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%‡</i>	4	
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)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%‡	4	BD
<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>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj‡</i>	4	
<i>lactated ringer's solution‡</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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>magnesium sulfate inj 50%‡</i>	4	
NUTRILIPID - fat emulsion plant based (soy) 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>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq‡</i>	2	
<i>potassium chloride microencapsulated crys er tab 15 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>	4	
<i>potassium citrate tab er 5 meq (540 mg)‡</i>	4	
<i>potassium citrate tab er 10 meq (1080 mg)‡</i>	4	
<i>potassium citrate tab er 15 meq (1620 mg)‡</i>	4	
<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>	4	
<i>sodium chloride preservative free inj 0.9%‡</i>	4	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml‡</i>	3	
<i>sodium polystyrene sulfonate powder‡</i>	3	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml‡</i>	3	
TRAVASOL - amino acid infusion 10%‡	4	BD
<i>trientine hcl cap 250 mg</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%‡	4	BD
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>alose tron hcl tab 0.5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>dicyclomine hcl cap 10 mg#‡</i>	2	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#‡</i>	2	PA (>=65 yr)
<i>esomeprazole sodium for intravenous soln 40 mg‡</i>	4	
<i>famotidine for susp 40 mg/5ml‡</i>	4	
<i>famotidine inj 20 mg/2ml‡</i>	4	
<i>famotidine inj 40 mg/4ml‡</i>	4	
<i>famotidine inj 200 mg/20ml‡</i>	4	
<i>famotidine tab 20 mg‡</i>	2	
<i>famotidine tab 40 mg‡</i>	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm‡	4	
<i>glycopyrrolate tab 1 mg‡</i>	2	
<i>glycopyrrolate tab 2 mg‡</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml‡</i>	2	
<i>lactulose solution 10 gm/15ml‡</i>	2	
LINZESS - linaclotide cap 72 mcg‡	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 145 mcg‡	3	QL (30 capsules/30 days)
LINZESS - linaclotide cap 290 mcg‡	3	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg‡</i>	2	
<i>metoclopramide hcl inj 5 mg/ml‡</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)‡</i>	4	
<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
NIZATIDINE - nizatidine cap 150 mg‡	4	
<i>nizatidine cap 300 mg‡</i>	3	
OICALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OICALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
<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	

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>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm‡</i>	2	
RELISTOR - methylalantrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA
RELISTOR - methylalantrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylalantrexone bromide tab 150 mg	5	PA
<i>sucralfate tab 1 gm‡</i>	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml‡	4	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg‡	4	
<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)
Genetic or Enzyme or Protein 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	
<i>cromolyn sodium oral conc 100 mg/5ml‡</i>	4	
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 tab 100 mg*	5	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)‡</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>levocarnitine tab 330 mg‡</i>	3	
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	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCIVI - elapegademase-ivlr 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 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
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOX - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit‡	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit‡	3	

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 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>	3	
<i>bethanechol chloride tab 10 mg‡</i>	3	
<i>bethanechol chloride tab 25 mg‡</i>	3	
<i>bethanechol chloride tab 50 mg‡</i>	3	
<i>finasteride tab 5 mg‡</i>	2	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml‡	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg‡	3	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg‡	3	QL (30 tablets/30 days)
<i>oxybutynin chloride syrup 5 mg/5ml‡</i>	4	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)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml‡	4	
<i>dexamethasone elixir 0.5 mg/5ml‡</i>	4	
<i>dexamethasone sodium phosphate inj 4 mg/ml‡</i>	4	
<i>dexamethasone sodium phosphate inj 20 mg/5ml‡</i>	4	
<i>dexamethasone sodium phosphate inj 120 mg/30ml‡</i>	4	
<i>dexamethasone tab therapy pack 1.5 mg (21)‡</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (35)‡</i>	3	
<i>dexamethasone tab therapy pack 1.5 mg (51)‡</i>	3	
<i>dexamethasone tab 0.5 mg‡</i>	1	
<i>dexamethasone tab 0.75 mg‡</i>	1	
<i>dexamethasone tab 1.5 mg‡</i>	3	
<i>dexamethasone tab 4 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>dexamethasone tab 6 mg‡</i>	3	
<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	
<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>	3	
<i>methylprednisolone tab therapy pack 4 mg (21)‡</i>	2	
<i>methylprednisolone tab 4 mg‡</i>	2	
<i>methylprednisolone tab 8 mg‡</i>	2	
<i>methylprednisolone tab 16 mg‡</i>	3	
<i>methylprednisolone tab 32 mg‡</i>	2	
PREDNISOLONE - prednisolone syrup 15 mg/5ml‡	4	
<i>prednisolone sod phosphate oral soln 15 mg/5ml‡</i>	4	
PREDNISONE - prednisone oral soln 5 mg/5ml‡	4	
<i>prednisone tab therapy pack 5 mg (21)‡</i>	2	
<i>prednisone tab therapy pack 5 mg (48)‡</i>	2	
<i>prednisone tab therapy pack 10 mg (21)‡</i>	2	
<i>prednisone tab therapy pack 10 mg (48)‡</i>	2	
<i>prednisone tab 1 mg‡</i>	2	
<i>prednisone tab 2.5 mg‡</i>	1	
<i>prednisone tab 5 mg‡</i>	2	
<i>prednisone tab 10 mg‡</i>	2	
<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 preservative free inj 4 mcg/ml‡</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 - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	

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Drug Name	Drug Tier	Requirements/Limits
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‡	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
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	
danazol cap 50 mg‡	4	PA
danazol cap 100 mg‡	4	PA
danazol cap 200 mg‡	4	PA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)‡	3	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg‡	3	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg‡	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	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg‡	3	
drospirenone-ethinyl estradiol tab 3-0.02 mg‡	3	
drospirenone-ethinyl estradiol tab 3-0.03 mg‡	3	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#‡	4	
ELLA - ulipristal acetate tab 30 mg‡	3	
estradiol & norethindrone acetate tab 1-0.5 mg#‡	4	
estradiol tab 0.5 mg#‡	2	
estradiol tab 1 mg#‡	2	
estradiol tab 2 mg#‡	2	
estradiol td patch twice weekly 0.025 mg/24hr#‡	3	
estradiol td patch twice weekly 0.0375 mg/24hr#‡	3	
estradiol td patch twice weekly 0.05 mg/24hr#‡	3	
estradiol td patch twice weekly 0.075 mg/24hr#‡	3	
estradiol td patch twice weekly 0.1 mg/24hr#‡	3	
estradiol td patch weekly 0.025 mg/24hr#‡	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#‡</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr#‡</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr#‡</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr#‡</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr#‡</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm‡</i>	3	
<i>estradiol vaginal tab 10 mcg‡</i>	4	
<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>	4	
<i>medroxyprogesterone acetate im susp 150 mg/ml‡</i>	4	
<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 (>=65 yr)
<i>megestrol acetate tab 20 mg#‡</i>	2	PA (>=65 yr)
<i>megestrol acetate tab 40 mg#‡</i>	2	PA (>=65 yr)
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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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	
<i>progesterone cap 100 mg‡</i>	2	
<i>progesterone cap 200 mg‡</i>	2	
<i>raloxifene hcl tab 60 mg‡</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml‡</i>	3	PA
<i>testosterone cypionate im inj in oil 200 mg/ml‡</i>	3	PA
<i>testosterone td gel 25 mg/2.5gm (1%)‡</i>	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 12.5 mg/act (1%)‡</i>	4	PA, QL (4 pump bottles/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)
TYBLUME - levonorgestrel & ethinyl estradiol chew tab 0.1 mg-20 mcg‡	3	
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	

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Drug Name	Drug Tier	Requirements/Limits
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	
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 50 mcg/ml‡	4	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 100 mcg/ml‡	4	PA
OCTREOTIDE ACETATE - octreotide acetate subcutaneous soln pref syr 500 mcg/ml‡	4	PA
<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
ORGOVYX - relugolix tab 120 mg	5	PA, QL (90 tablets/30 days)
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‡	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg‡	4	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg‡	4	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‡	3	BD
<i>azathioprine tab 50 mg‡</i>	2	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	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml‡	3	
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 75 mg/0.5ml	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>	4	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	

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln pen-injector 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
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

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Drug Name	Drug Tier	Requirements/Limits
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp‡	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 20 mg/0.2ml	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 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 - adalimumab pen-injector kit 80 mg/0.8ml	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-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	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
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
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml‡	3	
INTRON A - interferon alfa-2b inj 6000000 unit/ml‡	4	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit‡	4	
INTRON A - interferon alfa-2b for inj 18000000 unit‡	4	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
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	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml‡	3	
<i>leflunomide tab 10 mg‡</i>	4	
<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) diphth conjugate vaccine‡	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine‡	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)‡	3	
<i>methotrexate sodium for inj 1 gm‡</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)‡</i>	3	
<i>methotrexate sodium tab 2.5 mg‡</i>	2	
<i>mycophenolate mofetil cap 250 mg‡</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml‡</i>	4	BD
<i>mycophenolate mofetil hcl for iv soln 500 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
<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
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	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
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>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	5	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	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
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 oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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 1 mg	5	BD
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg‡</i>	4	
<i>budesonide delayed release particles cap 3 mg‡</i>	4	QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	QL (30 tablets/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>	3	
<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>	4	
<i>mesalamine tab delayed release 1.2 gm‡</i>	4	QL (120 tablets/30 days)
<i>sulfasalazine tab 500 mg‡</i>	2	
Metabolic Bone Disease Agents		
ALENDRONATE SODIUM - alendronate sodium tab 5 mg‡	4	QL (30 tablets/30 days)
<i>alendronate sodium tab 10 mg‡</i>	2	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg‡</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg‡</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) inj 200 unit/ml</i>	5	
<i>calcitonin (salmon) nasal soln 200 unit/act‡</i>	3	
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>	4	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 620 mcg/2.48ml	5	PA
<i>ibandronate sodium tab 150 mg‡</i>	2	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)

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
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>	4	
<i>paricalcitol iv soln 5 mcg/ml‡</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml‡	4	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<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>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm‡	4	
<i>brimonidine tartrate ophth soln 0.15%‡</i>	4	
<i>brimonidine tartrate ophth soln 0.2%‡</i>	2	
CARTEOLOL HCL - carteolol hcl ophth soln 1%‡	4	
<i>ciprofloxacin hcl ophth soln 0.3%‡</i>	2	
<i>cromolyn sodium ophth soln 4%‡</i>	2	
CYSTADROPS - cysteamine hcl ophth soln 0.37%	5	PA
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	QL (15 mls/75 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)‡</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)‡</i>	2	
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-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml‡	4	
<i>ofloxacin ophth soln 0.3%‡</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	
SULFACETAMIDE SODIUM/PREDNISOLONE - sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%‡	4	
<i>timolol maleate ophth gel forming soln 0.25%‡</i>	4	
<i>timolol maleate ophth gel forming soln 0.5%‡</i>	4	
<i>timolol maleate ophth soln 0.25%‡</i>	2	
<i>timolol maleate ophth soln 0.5%‡</i>	2	
<i>tobramycin ophth soln 0.3%‡</i>	2	
<i>travoprost ophth soln 0.004%‡</i>	3	QL (15 mls/75 days)
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>	4	
<i>neomycin-polymyxin-hc otic soln 1%‡</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%‡</i>	3	
<i>ofloxacin otic soln 0.3%‡</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%‡</i>	3	BD
<i>acetylcysteine inhal soln 20%‡</i>	3	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose‡	3	QL (1 inhaler/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 DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose‡	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose‡	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act‡	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act‡	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act‡	3	QL (1 canister/30 days)
<i>albuterol sulfate 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)

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
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)
azelastine hcl nasal spray 0.1% (137 mcg/spray)‡	2	QL (2 bottles/30 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)‡	3	QL (2 bottles/30 days)
bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
bosentan tab 125 mg*	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)
budesonide inhalation susp 0.25 mg/2ml‡	4	BD
budesonide inhalation susp 0.5 mg/2ml‡	4	BD
budesonide inhalation susp 1 mg/2ml‡	4	BD
caffeine citrate oral soln 60 mg/3ml‡	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#‡	4	PA (>=65 yr)
cromolyn sodium soln nebu 20 mg/2ml‡	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)
diphenhydramine hcl inj 50 mg/ml‡	4	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)‡	3	
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)‡	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister‡	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister‡	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister‡	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)‡	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)‡	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)‡	3	QL (2 canisters/30 days)
fluticasone propionate nasal susp 50 mcg/act‡	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>montelukast sodium chew tab 4 mg‡</i>	4	
<i>montelukast sodium chew tab 5 mg‡</i>	4	
<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)
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 2.5 mg/2.5ml	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)
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	

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>terbutaline sulfate tab 5 mg‡</i>	4	
THEOPHYLLINE ER - theophylline tab er 12hr 300 mg‡	4	
THEOPHYLLINE ER - theophylline tab er 12hr 450 mg‡	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, PA
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 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act‡	3	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg‡</i>	4	
<i>zafirlukast tab 20 mg‡</i>	3	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#‡</i>	2	PA
<i>cyclobenzaprine hcl tab 10 mg#‡</i>	2	PA
<i>methocarbamol tab 500 mg#‡</i>	2	
<i>methocarbamol tab 750 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
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>	3	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)
<i>temazepam cap 15 mg‡</i>	2	QL (30 capsules/30 days)
<i>temazepam cap 30 mg‡</i>	2	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg	5	PA, QL (60 tablets/30 days)
WAKIX - pitolisant hcl tab 17.8 mg	5	PA, QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg##‡</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg##‡</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg##‡</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg##‡</i>	2	QL (30 tablets/30 days)

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<i>benztropine mesylate tab 0.5 mg</i>	36	BRUKINSA.....	24
<i>benztropine mesylate tab 1 mg</i>	36	<i>budesonide delayed release particles cap 3 mg</i>	83
<i>benztropine mesylate tab 2 mg</i>	36	<i>budesonide inhalation susp 0.25 mg/2ml</i>	87
BESPONSA.....	24	<i>budesonide inhalation susp 0.5 mg/2ml</i>	87
		<i>budesonide inhalation susp 1 mg/2ml</i>	87
		<i>budesonide tab er 24hr 9 mg</i>	83
		<i>bumetanide inj 0.25 mg/ml</i>	54
		<i>bumetanide tab 0.5 mg</i>	54
		<i>bumetanide tab 1 mg</i>	55

<i>bumetanide tab 2 mg</i>	55	CALCITRIOL.....	83
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	3	<i>calcitriol cap 0.25 mcg</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	3	<i>calcitriol cap 0.5 mcg</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	3	<i>calcitriol oral soln 1 mcg/ml</i>	83
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	3	<i>calcium acetate cap 667 mg</i>	65
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	3	<i>calcium acetate tab 667 mg</i>	65
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<i>buprenorphine hcl sl tab 8 mg</i>	3	CAPLYTA.....	38
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	CAPRELSA.....	24
<i>bupropion hcl tab 100 mg</i>	16	CAPRELSA.....	24
<i>bupropion hcl tab 75 mg</i>	16	<i>captopril tab 100 mg</i>	55
<i>bupropion hcl tab er 12hr 100 mg</i>	15	<i>captopril tab 12.5 mg</i>	55
<i>bupropion hcl tab er 12hr 150 mg</i>	15	<i>captopril tab 25 mg</i>	55
<i>bupropion hcl tab er 12hr 200 mg</i>	15	<i>captopril tab 50 mg</i>	55
<i>bupropion hcl tab er 24hr 150 mg</i>	15	CARBAGLU.....	65
<i>bupropion hcl tab er 24hr 300 mg</i>	16	<i>carbamazepine cap er 12hr 100 mg</i>	11
<i>bupirone hcl tab 10 mg</i>	48	<i>carbamazepine cap er 12hr 200 mg</i>	11
<i>bupirone hcl tab 15 mg</i>	48	<i>carbamazepine cap er 12hr 300 mg</i>	11
<i>bupirone hcl tab 30 mg</i>	48	<i>carbamazepine chew tab 100 mg</i>	11
<i>bupirone hcl tab 5 mg</i>	48	<i>carbamazepine susp 100 mg/5ml</i>	11
<i>bupirone hcl tab 7.5 mg</i>	48	<i>carbamazepine tab 200 mg</i>	11
<i>busulfan inj 6 mg/ml</i>	24	<i>carbamazepine tab er 12hr 100 mg</i>	11
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	<i>carbamazepine tab er 12hr 200 mg</i>	11
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	<i>carbamazepine tab er 12hr 400 mg</i>	11
BUTORPHANOL TARTRATE.....	1	<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	37
<i>butorphanol tartrate inj 2 mg/ml</i>	1	<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	37
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C		<i>carbidopa & levodopa tab 10-100 mg</i>	37
CABENUVA.....	44	<i>carbidopa & levodopa tab 25-100 mg</i>	37
CABENUVA.....	44	<i>carbidopa & levodopa tab 25-250 mg</i>	37
<i>cabergoline tab 0.5 mg</i>	75	<i>carbidopa & levodopa tab er 25-100 mg</i>	37
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CABOMETYX.....	24	<i>carboplatin iv soln 450 mg/45ml</i>	24
CABOMETYX.....	24	<i>carboplatin iv soln 50 mg/5ml</i>	24
<i>caffeine citrate oral soln 60 mg/3ml</i>	87	<i>carboplatin iv soln 600 mg/60ml</i>	24
<i>calcipotriene cream 0.005%</i>	63	<i>carmustine for inj 100 mg</i>	24
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	63	CARTEOLOL HCL.....	84
<i>calcitonin (salmon) inj 200 unit/ml</i>	83	<i>carvedilol tab 12.5 mg</i>	55
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	83	<i>carvedilol tab 25 mg</i>	55
		<i>carvedilol tab 3.125 mg</i>	55
		<i>carvedilol tab 6.25 mg</i>	55
		<i>caspofungin acetate for iv soln 50 mg</i>	20
		<i>caspofungin acetate for iv soln 70 mg</i>	20
		<i>cefaclor cap 250 mg</i>	5
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cefazolin sodium for inj 500 mg.....	5	chloroquine phosphate tab 250 mg.....	36
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cefdinir for susp 125 mg/5ml.....	5	CHLORPROMAZINE HCL.....	19
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CEFEPIME.....	5	chlorpromazine hcl tab 100 mg.....	19
CEFEPIME.....	5	chlorpromazine hcl tab 10 mg.....	19
CEFEPIME/DEXTROSE.....	5	chlorpromazine hcl tab 200 mg.....	19
CEFEPIME/DEXTROSE.....	5	chlorpromazine hcl tab 25 mg.....	19
cefepime hcl for inj 1 gm.....	5	chlorpromazine hcl tab 50 mg.....	19
cefepime hcl for inj 2 gm.....	5	CHLORPROMAZINE	
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cefprozil tab 500 mg.....	5	cholestyramine light powder packets 4 gm.....	55
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ceftriaxone sodium for inj 250 mg.....	6	ciprofloxacin 400 mg/200ml in d5w.....	6
ceftriaxone sodium for inj 2 gm.....	6	CIPROFLOXACIN HCL.....	6
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ceftriaxone sodium for iv soln 2 gm.....	6	ciprofloxacin hcl tab 500 mg.....	6
cefuroxime axetil tab 250 mg.....	6	ciprofloxacin hcl tab 750 mg.....	6
cefuroxime axetil tab 500 mg.....	6	CISPLATIN.....	24
cefuroxime sodium for inj 750 mg.....	6	cisplatin inj 100 mg/100ml (1 mg/ml).....	24
cefuroxime sodium for iv soln 1.5 gm.....	6	cisplatin inj 50 mg/50ml (1 mg/ml).....	24
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clindamycin phosphate inj 300 mg/2ml.....	7	mg.....	21
clindamycin phosphate inj 600 mg/4ml.....	7	colestipol hcl granule packets 5 gm.....	55
clindamycin phosphate inj 900 mg/6ml.....	7	colestipol hcl granules 5 gm.....	55
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clomipramine hcl cap 25 mg.....	16	COMPLERA.....	44
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clonidine hcl tab er 12hr 0.1 mg.....	62	CRESEMBA.....	20
clonidine td patch weekly 0.1 mg/24hr.....	55	CRESEMBA.....	20
clonidine td patch weekly 0.2 mg/24hr.....	55	CRIXIVAN.....	44
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clozapine orally disintegrating tab 100		CYCLOPHOSPHAMIDE.....	25
mg.....	38	CYCLOPHOSPHAMIDE.....	25
clozapine orally disintegrating tab 25		CYCLOPHOSPHAMIDE.....	25
mg.....	38	CYCLOPHOSPHAMIDE.....	25

<i>cyclophosphamide cap 25 mg</i>	25	<i>deferasirox tab 90 mg</i>	65
<i>cyclophosphamide cap 50 mg</i>	25	<i>deferasirox tab for oral susp 125 mg</i>	65
<i>cyclophosphamide for inj 1 gm</i>	25	<i>deferasirox tab for oral susp 250 mg</i>	65
<i>cyclophosphamide for inj 2 gm</i>	25	<i>deferasirox tab for oral susp 500 mg</i>	65
<i>cyclophosphamide for inj 500 mg</i>	25	DELSTRIGO.....	44
<i>cyclosporine cap 100 mg</i>	77	DEMSEER.....	55
<i>cyclosporine cap 25 mg</i>	77	DESCOVY.....	44
<i>cyclosporine iv soln 50 mg/ml</i>	77	<i>desipramine hcl tab 100 mg</i>	16
<i>cyclosporine modified cap 100 mg</i>	77	<i>desipramine hcl tab 10 mg</i>	16
<i>cyclosporine modified cap 25 mg</i>	77	<i>desipramine hcl tab 150 mg</i>	16
<i>cyclosporine modified cap 50 mg</i>	77	<i>desipramine hcl tab 25 mg</i>	16
<i>cyclosporine modified oral soln 100 mg/ ml</i>	77	<i>desipramine hcl tab 50 mg</i>	16
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CYRAMZA.....	25	<i>desmopressin acetate inj 4 mcg/ml</i>	71
CYSTADANE.....	68	<i>desmopressin acetate nasal spray soln 0.01%</i>	71
CYSTADROPS.....	84	<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	71
CYSTAGON.....	68	<i>desmopressin acetate preservative free inj 4 mcg/ ml</i>	71
CYSTAGON.....	68	<i>desmopressin acetate tab 0.1 mg</i>	71
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CYTARABINE.....	25	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	72
<i>cytarabine inj pf 100 mg/ml</i>	25	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg</i>	72
<i>cytarabine inj pf 20 mg/ml</i>	25	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	72
D		<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	16
DACARBAZINE.....	25	<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	16
<i>dacarbazine for inj 200 mg</i>	25	<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	16
<i>dactinomycin for inj 0.5 mg</i>	25	DEXAMETHASONE.....	70
<i>dalfampridine tab er 12hr 10 mg</i>	62	<i>dexamethasone elixir 0.5 mg/5ml</i>	70
DALIRESP.....	87	DEXAMETHASONE SODIUM PHOSPHATE.....	84
DALIRESP.....	87	<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	70
<i>danazol cap 100 mg</i>	72	<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	70
<i>danazol cap 200 mg</i>	72	<i>dexamethasone sodium phosphate inj 4 mg/ ml</i>	70
<i>danazol cap 50 mg</i>	72	<i>dexamethasone tab 0.5 mg</i>	70
DANYELZA.....	25	<i>dexamethasone tab 0.75 mg</i>	70
<i>dapsone tab 100 mg</i>	22	<i>dexamethasone tab 1.5 mg</i>	70
<i>dapsone tab 25 mg</i>	22	<i>dexamethasone tab 4 mg</i>	70
DAPTACEL.....	77	<i>dexamethasone tab 6 mg</i>	71
<i>daptomycin for iv soln 500 mg</i>	7	<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	70
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DARZALEX.....	25		
DARZALEX FASPRO.....	25		
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	25		
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DAURISMO.....	25		
<i>decitabine for inj 50 mg</i>	25		
<i>deferasirox granules packet 180 mg</i>	65		
<i>deferasirox granules packet 360 mg</i>	65		
<i>deferasirox granules packet 90 mg</i>	65		
<i>deferasirox tab 180 mg</i>	65		
<i>deferasirox tab 360 mg</i>	65		

dexamethasone tab therapy pack 1.5 mg (35).....	70	digoxin tab 250 mcg (0.25 mg).....	55
dexamethasone tab therapy pack 1.5 mg (51).....	70	dihydroergotamine mesylate nasal spray 4 mg/ ml.....	21
dexmethylphenidate hcl tab 10 mg.....	62	DILANTIN.....	11
dexmethylphenidate hcl tab 2.5 mg.....	62	diltiazem hcl cap er 12hr 120 mg.....	55
dexmethylphenidate hcl tab 5 mg.....	62	diltiazem hcl cap er 12hr 60 mg.....	55
dexrazoxane hcl for inj 250 mg.....	25	diltiazem hcl cap er 12hr 90 mg.....	55
dexrazoxane hcl for inj 500 mg.....	25	diltiazem hcl cap er 24hr 120 mg.....	55
dextroamphetamine sulfate tab 10 mg.....	62	diltiazem hcl cap er 24hr 180 mg.....	55
dextroamphetamine sulfate tab 5 mg.....	62	diltiazem hcl cap er 24hr 240 mg.....	55
dextrose 2.5% w/ sodium chloride 0.45%.....	65	diltiazem hcl coated beads cap er 24hr 120 mg.....	56
dextrose 5% in lactated ringers.....	65	diltiazem hcl coated beads cap er 24hr 180 mg.....	56
dextrose 5% w/ sodium chloride 0.2%.....	65	diltiazem hcl coated beads cap er 24hr 240 mg.....	56
dextrose 5% w/ sodium chloride 0.33%.....	65	diltiazem hcl coated beads cap er 24hr 300 mg.....	56
dextrose 5% w/ sodium chloride 0.45%.....	65	diltiazem hcl coated beads cap er 24hr 360 mg.....	56
dextrose 5% w/ sodium chloride 0.9%.....	65	diltiazem hcl extended release beads cap er 24hr 120 mg.....	56
dextrose inj 10%.....	65	diltiazem hcl extended release beads cap er 24hr 180 mg.....	56
dextrose inj 5%.....	65	diltiazem hcl extended release beads cap er 24hr 240 mg.....	56
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DIACOMIT.....	11	diltiazem hcl extended release beads cap er 24hr 360 mg.....	56
DIACOMIT.....	11	diltiazem hcl extended release beads cap er 24hr 420 mg.....	56
DIACOMIT.....	11	diltiazem hcl tab 120 mg.....	56
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DIASTAT ACUDIAL.....	11	diltiazem hcl tab 60 mg.....	56
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diazepam oral soln 1 mg/ml.....	48	dimethyl fumarate capsule delayed release 120 mg.....	62
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DIAZEPAM RECTAL GEL.....	11	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	62
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diazepam tab 2 mg.....	48	DIPHThERIA/TETANUS TOXOIDS ADSORBED.....	77
diazepam tab 5 mg.....	48	disulfiram tab 250 mg.....	3
diazoxide susp 50 mg/ml.....	49	disulfiram tab 500 mg.....	3
diclofenac potassium tab 50 mg.....	1	divalproex sodium cap delayed release sprinkle 125 mg.....	11
diclofenac sodium gel 1%.....	1	divalproex sodium tab delayed release 125 mg.....	11
diclofenac sodium tab delayed release 25 mg.....	1		
diclofenac sodium tab delayed release 50 mg.....	1		
diclofenac sodium tab delayed release 75 mg.....	1		
diclofenac sodium tab er 24hr 100 mg.....	1		
dicloxacillin sodium cap 250 mg.....	7		
dicloxacillin sodium cap 500 mg.....	7		
dicyclomine hcl cap 10 mg.....	67		
dicyclomine hcl tab 20 mg.....	67		
digoxin oral soln 0.05 mg/ml.....	55		
digoxin tab 125 mcg (0.125 mg).....	55		

<i>divalproex sodium tab delayed release 250 mg</i>	11	<i>doxycycline hyclate cap 100 mg</i>	7
<i>divalproex sodium tab delayed release 500 mg</i>	11	<i>doxycycline hyclate cap 50 mg</i>	7
<i>divalproex sodium tab er 24 hr 250 mg</i>	11	<i>doxycycline hyclate for inj 100 mg</i>	7
<i>divalproex sodium tab er 24 hr 500 mg</i>	11	<i>doxycycline hyclate tab 100 mg</i>	7
DIVIGEL.....	72	<i>doxycycline hyclate tab 20 mg</i>	7
DIVIGEL.....	72	DRIZALMA SPRINKLE.....	16
DIVIGEL.....	72	DRIZALMA SPRINKLE.....	16
DIVIGEL.....	72	DRIZALMA SPRINKLE.....	16
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DIVIGEL.....	72	<i>dronabinol cap 2.5 mg</i>	19
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	25	<i>dronabinol cap 5 mg</i>	19
<i>docetaxel for inj conc 20 mg/ml</i>	25	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	72
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	25	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	72
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	25	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	72
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	25	<i>droxidopa cap 100 mg</i>	56
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	25	<i>droxidopa cap 200 mg</i>	56
<i>dofetilide cap 125 mcg (0.125 mg)</i>	56	<i>droxidopa cap 300 mg</i>	56
<i>dofetilide cap 250 mcg (0.25 mg)</i>	56	DUAVEE.....	72
<i>dofetilide cap 500 mcg (0.5 mg)</i>	56	<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	15	<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	16
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	15	<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	16
<i>donepezil hydrochloride tab 10 mg</i>	15	DUPIXENT.....	78
<i>donepezil hydrochloride tab 5 mg</i>	15	DUPIXENT.....	78
<i>dorzolamide hcl ophth soln 2%</i>	84	DUPIXENT.....	78
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	84	DUPIXENT.....	78
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<i>doxazosin mesylate tab 2 mg</i>	56	<i>efavirenz cap 200 mg</i>	44
<i>doxazosin mesylate tab 4 mg</i>	56	<i>efavirenz cap 50 mg</i>	44
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EVOTAZ.....	45	fantanyl citrate lozenge on a handle 400 mcg.....	1
exemestane tab 25 mg.....	26	fantanyl citrate lozenge on a handle 600 mcg.....	1
		fantanyl citrate lozenge on a handle 800 mcg.....	1
		fantanyl td patch 72hr 100 mcg/hr.....	1
		fantanyl td patch 72hr 12 mcg/hr.....	1
		fantanyl td patch 72hr 25 mcg/hr.....	1

<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	1	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	27
<i>fentanyl td patch 72hr 50 mcg/hr</i>	1	<i>fluoxetine hcl (pmdd) tab 10 mg</i>	62
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	1	<i>fluoxetine hcl cap 10 mg</i>	17
<i>fentanyl td patch 72hr 75 mcg/hr</i>	1	<i>fluoxetine hcl cap 20 mg</i>	17
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	1	<i>fluoxetine hcl cap 40 mg</i>	17
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<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	20	FOLOTYN.....	27
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	20	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	52
<i>fluconazole tab 100 mg</i>	20	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	52
<i>fluconazole tab 150 mg</i>	20	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	52
<i>fluconazole tab 200 mg</i>	20	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	52
<i>fluconazole tab 50 mg</i>	20	FORTEO.....	83
<i>flucytosine cap 250 mg</i>	20	<i>fosamprenavir calcium tab 700 mg</i>	45
<i>flucytosine cap 500 mg</i>	20	<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	19
<i>fludarabine phosphate for inj 50 mg</i>	26	<i>fosinopril sodium tab 10 mg</i>	57
<i>fludarabine phosphate inj 25 mg/ml</i>	26	<i>fosinopril sodium tab 20 mg</i>	57
<i>fludrocortisone acetate tab 0.1 mg</i>	71	<i>fosinopril sodium tab 40 mg</i>	57
<i>fluocinolone acetonide (otic) oil 0.01%</i>	85	<i>fosphenytoin sodium inj 100 mg/2ml</i>	12
<i>fluocinonide cream 0.05%</i>	63	<i>fosphenytoin sodium inj 500 mg/10ml</i>	12
<i>fluocinonide emulsified base cream 0.05%</i>	63	FOSRENOL.....	65
<i>fluocinonide gel 0.05%</i>	63	FOSRENOL.....	65
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<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	27		
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<i>furosemide inj 10 mg/ml</i>	57	GARDASIL 9.....	79
<i>furosemide oral soln 10 mg/ml</i>	57	GARDASIL 9.....	79
<i>furosemide tab 20 mg</i>	57	GATTEX.....	67
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FYCOMPA.....	12	<i>gemcitabine hcl for inj 200 mg</i>	27
FYCOMPA.....	12	<i>gemcitabine hcl for inj 2 gm</i>	27
FYCOMPA.....	12	<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ ml)</i>	27
FYCOMPA.....	12	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ ml)</i>	27
FYCOMPA.....	12	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ ml)</i>	27
G		<i>gemfibrozil tab 600 mg</i>	57
<i>gabapentin cap 100 mg</i>	12	GENTAK.....	84
<i>gabapentin cap 300 mg</i>	12	<i>gentamicin sulfate cream 0.1%</i>	63
<i>gabapentin cap 400 mg</i>	12	<i>gentamicin sulfate inj 40 mg/ml</i>	7
<i>gabapentin oral soln 250 mg/5ml</i>	12	<i>gentamicin sulfate oint 0.1%</i>	63
<i>gabapentin tab 600 mg</i>	12	<i>gentamicin sulfate ophth soln 0.3%</i>	84
<i>gabapentin tab 800 mg</i>	12	GENTAMICIN SULFATE PEDIATRIC.....	7
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<i>galantamine hydrobromide cap er 24hr 24 mg</i>	15	GILOTRIF.....	27
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	15	GILOTRIF.....	27
<i>galantamine hydrobromide tab 12 mg</i>	15	GILOTRIF.....	27
<i>galantamine hydrobromide tab 4 mg</i>	15	<i>glatiramer acetate soln prefilled syringe 20 mg/ ml</i>	62
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<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	19	HUMALOG.....	49
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H		HUMALOG MIX 50/50 KWIKPEN.....	50
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HAEGARDA.....	79	HUMALOG MIX 75/25 KWIKPEN.....	50
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<i>halobetasol propionate cream 0.05%</i>	63	HUMIRA.....	79
<i>halobetasol propionate oint 0.05%</i>	64	HUMIRA.....	79
<i>haloperidol decanoate im soln 100 mg/</i> <i>ml</i>	39	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	79
<i>haloperidol decanoate im soln 50 mg/</i> <i>ml</i>	39	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	79
<i>haloperidol lactate inj 5 mg/ml</i>	39	HUMIRA PEN.....	79
<i>haloperidol lactate oral conc 2 mg/ml</i>	39	HUMIRA PEN.....	79
<i>haloperidol tab 0.5 mg</i>	39	HUMIRA PEN.....	79
<i>haloperidol tab 10 mg</i>	39	HUMIRA PEN-CD/UC/HS STARTER.....	79
<i>haloperidol tab 1 mg</i>	39	HUMIRA PEN-CD/UC/HS STARTER.....	79
<i>haloperidol tab 20 mg</i>	39	HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	79
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<i>heparin sodium (porcine) inj 10000 unit/</i> <i>ml</i>	52	<i>hydralazine hcl tab 50 mg</i>	57
<i>heparin sodium (porcine) inj 1000 unit/</i> <i>ml</i>	52	<i>hydrochlorothiazide cap 12.5 mg</i>	57
<i>heparin sodium (porcine) inj 20000 unit/</i> <i>ml</i>	52	<i>hydrochlorothiazide tab 12.5 mg</i>	57
<i>heparin sodium (porcine) inj 5000 unit/</i> <i>ml</i>	52	<i>hydrochlorothiazide tab 25 mg</i>	57
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	52	<i>hydrochlorothiazide tab 50 mg</i>	57
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HERCEPTIN HYLECTA.....	27	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	1
HERZUMA.....	27	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	1
HERZUMA.....	27	<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	1
		<i>hydrocortisone cream 1%</i>	64

<i>hydrocortisone cream 2.5%</i>	64	IFOSFAMIDE.....	28
<i>hydrocortisone enema 100 mg/60ml</i>	83	<i>ifosfamide for inj 1 gm</i>	28
<i>hydrocortisone lotion 2.5%</i>	64	ILARIS.....	80
<i>hydrocortisone oint 1%</i>	64	<i>imatinib mesylate tab 100 mg</i>	28
<i>hydrocortisone oint 2.5%</i>	64	<i>imatinib mesylate tab 400 mg</i>	28
<i>hydrocortisone perianal cream 1%</i>	83	IMBRUVICA.....	28
<i>hydrocortisone perianal cream 2.5%</i>	83	IMBRUVICA.....	28
<i>hydrocortisone tab 10 mg</i>	71	IMBRUVICA.....	28
<i>hydrocortisone tab 20 mg</i>	71	IMBRUVICA.....	28
<i>hydrocortisone tab 5 mg</i>	71	IMFINZI.....	28
<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i>	85	IMFINZI.....	28
<i>hydromorphone hcl inj 2 mg/ml</i>	1	IMIPENEM/CILASTATIN.....	7
<i>hydromorphone hcl liqd 1 mg/ml</i>	2	<i>imipenem-cilastatin intravenous for soln 500</i> <i>mg</i>	7
<i>hydromorphone hcl preservative free inj 10 mg/</i> <i>ml</i>	2	<i>imipramine hcl tab 10 mg</i>	17
<i>hydromorphone hcl preservative free inj 2 mg/</i> <i>ml</i>	2	<i>imipramine hcl tab 25 mg</i>	17
<i>hydromorphone hcl tab 2 mg</i>	2	<i>imipramine hcl tab 50 mg</i>	17
<i>hydromorphone hcl tab 4 mg</i>	2	<i>imiquimod cream 5%</i>	64
<i>hydromorphone hcl tab 8 mg</i>	2	IMLYGIC.....	28
<i>hydroxychloroquine sulfate tab 200 mg</i>	36	IMLYGIC.....	28
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<i>hydroxyurea cap 500 mg</i>	27	INCRELEX.....	71
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<i>ibandronate sodium tab 150 mg</i>	83	INFANRIX.....	80
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IBRANCE.....	27	INLYTA.....	28
IBRANCE.....	27	INQOVI.....	28
IBRANCE.....	27	INREBIC.....	28
IBRANCE.....	27	INSULIN SYRINGE/NEEDLE.....	50
IBRANCE.....	27	INTELENCE.....	45
<i>ibuprofen tab 400 mg</i>	2	INTRALIPID.....	65
<i>ibuprofen tab 600 mg</i>	2	INTRON A.....	80
<i>ibuprofen tab 800 mg</i>	2	INTRON A.....	80
<i>icatibant acetate inj 30 mg/3ml</i>	80	INTRON A.....	80
ICLUSIG.....	27	INTRON A.....	80
ICLUSIG.....	27	INTRON A.....	80
ICLUSIG.....	27	INVEGA HAFYERA.....	39
ICLUSIG.....	27	INVEGA HAFYERA.....	39
<i>icosapent ethyl cap 1 gm</i>	57	INVEGA SUSTENNA.....	39
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/</i> <i>ml)</i>	28	INVEGA SUSTENNA.....	39
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/</i> <i>ml)</i>	28	INVEGA SUSTENNA.....	39
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	27	INVEGA SUSTENNA.....	40
IDHIFA.....	28	INVEGA TRINZA.....	40
IDHIFA.....	28	INVEGA TRINZA.....	40
		INVEGA TRINZA.....	40
		INVIRASE.....	45
		IPOL INACTIVATED IPV.....	80
		<i>ipratropium bromide inhal soln 0.02%</i>	88

<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray)</i>	88	JANUMET.....	50
<i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray)</i>	88	JANUMET XR.....	50
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	57	JANUMET XR.....	50
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	57	JANUVIA.....	50
<i>irbesartan tab 150 mg</i>	57	JANUVIA.....	50
<i>irbesartan tab 300 mg</i>	57	JARDIANCE.....	50
<i>irbesartan tab 75 mg</i>	57	JARDIANCE.....	50
IRESSA.....	28	JEMPERLI.....	28
IRINOTECAN.....	28	JEVTANA.....	28
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	28	JULUCA.....	45
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	28	K	
ISENTRESS.....	45	KADCYLA.....	28
ISENTRESS.....	45	KADCYLA.....	28
ISENTRESS.....	45	KALYDECO.....	88
ISENTRESS.....	45	KALYDECO.....	88
ISENTRESS HD.....	45	KALYDECO.....	88
ISONIAZID.....	22	KALYDECO.....	88
<i>isoniazid tab 100 mg</i>	22	KANJINTI.....	28
<i>isoniazid tab 300 mg</i>	22	KANJINTI.....	29
<i>isosorbide dinitrate tab 10 mg</i>	57	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>isosorbide dinitrate tab 20 mg</i>	57	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	65
<i>isosorbide dinitrate tab 5 mg</i>	57	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	58	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	65
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	57	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	58	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	65
<i>isotretinoin cap 10 mg</i>	64	KEPIVANCE.....	63
<i>isotretinoin cap 20 mg</i>	64	<i>ketoconazole cream 2%</i>	20
<i>isotretinoin cap 25 mg</i>	64	<i>ketoconazole shampoo 2%</i>	21
<i>isotretinoin cap 30 mg</i>	64	<i>ketoconazole tab 200 mg</i>	21
<i>isotretinoin cap 35 mg</i>	64	<i>ketorolac tromethamine ophth soln 0.4%</i>	84
<i>isotretinoin cap 40 mg</i>	64	<i>ketorolac tromethamine ophth soln 0.5%</i>	84
ISTODAX (OVERFILL).....	28	KEYTRUDA.....	29
<i>itraconazole cap 100 mg</i>	20	KINERET.....	80
<i>ivermectin tab 3 mg</i>	36	KINRIX.....	80
IXEMPRA KIT.....	28	KINRIX.....	80
IXEMPRA KIT.....	28	KISQALI.....	29
IXIARO.....	80	KISQALI.....	29
J		KISQALI.....	29
JAKAFI.....	28	KISQALI FEMARA 200 DOSE.....	29
JAKAFI.....	28	KISQALI FEMARA 400 DOSE.....	29
JAKAFI.....	28	KISQALI FEMARA 600 DOSE.....	29
JAKAFI.....	28	KLOXXADO.....	3
JAKAFI.....	28		

KORLYM.....	75	LAZANDA.....	2
KOSELUGO.....	29	LEDIPASVIR/SOFOSBUVIR.....	45
KOSELUGO.....	29	<i>leflunomide tab 10 mg</i>	80
KUVAN.....	68	<i>leflunomide tab 20 mg</i>	80
KUVAN.....	68	LENVIMA 10 MG DAILY DOSE.....	29
KUVAN.....	68	LENVIMA 12MG DAILY DOSE.....	29
KYPROLIS.....	29	LENVIMA 14 MG DAILY DOSE.....	29
KYPROLIS.....	29	LENVIMA 18 MG DAILY DOSE.....	29
KYPROLIS.....	29	LENVIMA 20 MG DAILY DOSE.....	29
		LENVIMA 24 MG DAILY DOSE.....	29
L		LENVIMA 4 MG DAILY DOSE.....	29
<i>labetalol hcl tab 100 mg</i>	58	LENVIMA 8 MG DAILY DOSE.....	29
<i>labetalol hcl tab 200 mg</i>	58	<i>letrozole tab 2.5 mg</i>	29
<i>labetalol hcl tab 300 mg</i>	58	LEUCOVORIN CALCIUM.....	29
LACRISERT.....	84	<i>leucovorin calcium for inj 100 mg</i>	29
<i>lactated ringer's solution</i>	65	<i>leucovorin calcium for inj 200 mg</i>	29
<i>lactic acid (ammonium lactate) cream</i> <i>12%</i>	64	<i>leucovorin calcium for inj 350 mg</i>	29
<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i>	64	<i>leucovorin calcium for inj 500 mg</i>	29
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i>	67	<i>leucovorin calcium for inj 50 mg</i>	29
<i>lactulose solution 10 gm/15ml</i>	67	<i>leucovorin calcium inj 500 mg/50ml (10 mg/</i> <i>ml)</i>	30
<i>lamivudine oral soln 10 mg/ml</i>	45	<i>leucovorin calcium tab 10 mg</i>	30
<i>lamivudine tab 100 mg (hbv)</i>	45	<i>leucovorin calcium tab 15 mg</i>	30
<i>lamivudine tab 150 mg</i>	45	<i>leucovorin calcium tab 25 mg</i>	30
<i>lamivudine tab 300 mg</i>	45	<i>leucovorin calcium tab 5 mg</i>	30
<i>lamivudine-zidovudine tab 150-300 mg</i>	45	LEUKERAN.....	30
<i>lamotrigine tab 100 mg</i>	12	LEUKINE.....	52
<i>lamotrigine tab 150 mg</i>	12	<i>leuprolide acetate inj kit 5 mg/ml</i>	75
<i>lamotrigine tab 200 mg</i>	12	<i>levetiracetam inj 500 mg/5ml (100 mg/</i> <i>ml)</i>	12
<i>lamotrigine tab 25 mg</i>	12	<i>levetiracetam oral soln 100 mg/ml</i>	12
<i>lamotrigine tab chewable dispersible 25</i> <i>mg</i>	12	<i>levetiracetam tab 1000 mg</i>	12
<i>lamotrigine tab chewable dispersible 5</i> <i>mg</i>	12	<i>levetiracetam tab 250 mg</i>	12
<i>lanthanum carbonate chew tab 1000</i> <i>mg</i>	66	<i>levetiracetam tab 500 mg</i>	12
<i>lanthanum carbonate chew tab 500</i> <i>mg</i>	66	<i>levetiracetam tab 750 mg</i>	12
<i>lanthanum carbonate chew tab 750</i> <i>mg</i>	66	<i>levocarnitine oral soln 1 gm/10ml</i> <i>(10%)</i>	68
LANTUS.....	50	<i>levocarnitine tab 330 mg</i>	69
LANTUS SOLOSTAR.....	50	<i>levocetirizine dihydrochloride tab 5 mg</i>	88
<i>lapatinib ditosylate tab 250 mg</i>	29	<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	7
<i>latanoprost ophth soln 0.005%</i>	84	<i>levofloxacin in d5w iv soln 500</i> <i>mg/100ml</i>	7
LATUDA.....	40	<i>levofloxacin in d5w iv soln 750</i> <i>mg/150ml</i>	7
LATUDA.....	40	<i>levofloxacin iv soln 25 mg/ml</i>	7
LATUDA.....	40	<i>levofloxacin oral soln 25 mg/ml</i>	7
LATUDA.....	40	<i>levofloxacin tab 250 mg</i>	7
LATUDA.....	40	<i>levofloxacin tab 500 mg</i>	7
LATUDA.....	40	<i>levofloxacin tab 750 mg</i>	8
LAZANDA.....	2	<i>levonorgestrel & ethinyl estradiol (91-day) tab</i> <i>0.15-0.03 mg</i>	73

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	73	LINZESS.....	67
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	73	liothyronine sodium tab 25 mcg.....	75
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	73	liothyronine sodium tab 50 mcg.....	75
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	73	liothyronine sodium tab 5 mcg.....	75
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lisinopril & hydrochlorothiazide tab 10-12.5 mg.....	58
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lisinopril & hydrochlorothiazide tab 20-12.5 mg.....	58
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lisinopril & hydrochlorothiazide tab 20-25 mg.....	58
levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lisinopril tab 10 mg.....	58
levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	75	lisinopril tab 2.5 mg.....	58
levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	75	lisinopril tab 20 mg.....	58
levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	75	lisinopril tab 30 mg.....	58
levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lisinopril tab 40 mg.....	58
levothyroxine sodium tab 300 mcg (levo-t, unithroid).....	75	lisinopril tab 5 mg.....	58
levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lithium carbonate cap 150 mg.....	48
levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lithium carbonate cap 300 mg.....	48
levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid).....	74	lithium carbonate cap 600 mg.....	49
LEXIVA.....	45	lithium carbonate tab 300 mg.....	49
LIBTAYO.....	30	lithium carbonate tab er 300 mg.....	49
LIDOCAINE HCL.....	3	lithium carbonate tab er 450 mg.....	49
lidocaine hcl local inj 1%.....	3	LONSURF.....	30
lidocaine hcl local preservative free inj 1%.....	3	LONSURF.....	30
lidocaine hcl soln 4%.....	3	loperamide hcl cap 2 mg.....	67
lidocaine hcl urethral/mucosal gel 2%.....	3	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	45
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	3	lopinavir-ritonavir tab 100-25 mg.....	46
lidocaine hcl viscous soln 2%.....	3	lopinavir-ritonavir tab 200-50 mg.....	46
lidocaine patch 5%.....	3	lorazepam tab 0.5 mg.....	48
lidocaine-prilocaine cream 2.5-2.5%.....	3	lorazepam tab 1 mg.....	48
LINEZOLID.....	8	lorazepam tab 2 mg.....	48
linezolid for susp 100 mg/5ml.....	8	LORBRENA.....	30
linezolid iv soln 600 mg/300ml (2 mg/ml).....	8	LORBRENA.....	30
linezolid tab 600 mg.....	8	losartan potassium & hydrochlorothiazide tab 100-12.5 mg.....	58
LINZESS.....	67	losartan potassium & hydrochlorothiazide tab 100-25 mg.....	58
LINZESS.....	67	losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....	58
		losartan potassium tab 100 mg.....	58
		losartan potassium tab 25 mg.....	58
		losartan potassium tab 50 mg.....	58
		lovastatin tab 10 mg.....	58
		lovastatin tab 20 mg.....	58
		lovastatin tab 40 mg.....	58
		loxapine succinate cap 10 mg.....	40
		loxapine succinate cap 25 mg.....	40
		loxapine succinate cap 50 mg.....	40
		loxapine succinate cap 5 mg.....	40
		LUMAKRAS.....	30
		LUMIZYME.....	69

LUMOXITI.....	30	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....</i>	15
LUPRON DEPOT (1-MONTH).....	75	<i>memantine hcl tab 5 mg.....</i>	15
LUPRON DEPOT (1-MONTH).....	75	MENACTRA.....	80
LUPRON DEPOT (3-MONTH).....	75	MENEST.....	73
LUPRON DEPOT (3-MONTH).....	75	MENEST.....	73
LUPRON DEPOT (4-MONTH).....	75	MENEST.....	73
LUPRON DEPOT (6-MONTH).....	75	MENQUADFI.....	80
LUPRON DEPOT-PED (1-MONTH).....	75	MENVEO.....	80
LUPRON DEPOT-PED (1-MONTH).....	75	<i>mercaptopurine tab 50 mg.....</i>	30
LUPRON DEPOT-PED (1-MONTH).....	75	MEROPENEM/SODIUM CHLORIDE.....	8
LUPRON DEPOT-PED (3-MONTH).....	76	MEROPENEM/SODIUM CHLORIDE.....	8
LUPRON DEPOT-PED (3-MONTH).....	76	<i>meropenem iv for soln 1 gm.....</i>	8
LYBALVI.....	40	<i>meropenem iv for soln 500 mg.....</i>	8
LYBALVI.....	40	<i>mesalamine cap er 24hr 0.375 gm.....</i>	83
LYBALVI.....	40	<i>mesalamine enema 4 gm.....</i>	83
LYBALVI.....	40	<i>mesalamine rectal enema 4 gm & cleanser wipe kit.....</i>	83
LYNPARZA.....	30	<i>mesalamine suppos 1000 mg.....</i>	83
LYNPARZA.....	30	<i>mesalamine tab delayed release 1.2 gm.....</i>	83
LYSODREN.....	75	<i>mesna inj 100 mg/ml.....</i>	30
M		MESNEX.....	30
<i>magnesium sulfate inj 50%.....</i>	66	<i>metformin hcl tab 1000 mg.....</i>	50
<i>malathion lotion 0.5%.....</i>	64	<i>metformin hcl tab 500 mg.....</i>	50
MARPLAN.....	17	<i>metformin hcl tab 850 mg.....</i>	50
MARQIBO.....	30	<i>metformin hcl tab er 24hr 500 mg.....</i>	50
MATULANE.....	30	<i>metformin hcl tab er 24hr 750 mg.....</i>	50
MAYZENT.....	62	<i>methadone hcl tab 10 mg.....</i>	2
MAYZENT.....	62	<i>methadone hcl tab 5 mg.....</i>	2
MAYZENT STARTER PACK.....	62	<i>methazolamide tab 25 mg.....</i>	58
<i>meclizine hcl tab 12.5 mg.....</i>	19	<i>methazolamide tab 50 mg.....</i>	58
<i>medroxyprogesterone acetate im susp 150 mg/ml.....</i>	73	<i>methimazole tab 10 mg.....</i>	76
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....</i>	73	<i>methimazole tab 5 mg.....</i>	76
<i>medroxyprogesterone acetate tab 10 mg.....</i>	73	<i>methocarbamol tab 500 mg.....</i>	89
<i>medroxyprogesterone acetate tab 2.5 mg.....</i>	73	<i>methocarbamol tab 750 mg.....</i>	89
<i>medroxyprogesterone acetate tab 5 mg.....</i>	73	METHOTREXATE SODIUM.....	80
<i>mefloquine hcl tab 250 mg.....</i>	36	<i>methotrexate sodium for inj 1 gm.....</i>	80
<i>megestrol acetate susp 40 mg/ml.....</i>	73	<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml).....</i>	80
<i>megestrol acetate tab 20 mg.....</i>	73	<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml).....</i>	80
<i>megestrol acetate tab 40 mg.....</i>	73	<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....</i>	80
MEKINIST.....	30	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....</i>	80
MEKINIST.....	30	<i>methotrexate sodium tab 2.5 mg.....</i>	80
MEKTOVI.....	30	<i>methylergonovine maleate tab 0.2 mg.....</i>	70
<i>meloxicam tab 15 mg.....</i>	2	<i>methylphenidate hcl tab 10 mg.....</i>	62
<i>meloxicam tab 7.5 mg.....</i>	2	<i>methylphenidate hcl tab 20 mg.....</i>	63
<i>melphalan hcl for inj 50 mg.....</i>	30	<i>methylphenidate hcl tab 5 mg.....</i>	62
<i>memantine hcl oral solution 2 mg/ml.....</i>	15	<i>methylphenidate hcl tab er 20 mg.....</i>	62
<i>memantine hcl tab 10 mg.....</i>	15		

<i>methylprednisolone sod succ for inj 1000 mg</i>	71	MIGRANAL.....	21
<i>methylprednisolone sod succ for inj 125 mg</i>	71	<i>minocycline hcl cap 100 mg</i>	8
<i>methylprednisolone sod succ for inj 40 mg</i>	71	<i>minocycline hcl cap 50 mg</i>	8
<i>methylprednisolone sod succ for inj 500 mg</i>	71	<i>minocycline hcl cap 75 mg</i>	8
<i>methylprednisolone tab 16 mg</i>	71	<i>minoxidil tab 10 mg</i>	59
<i>methylprednisolone tab 32 mg</i>	71	<i>minoxidil tab 2.5 mg</i>	59
<i>methylprednisolone tab 4 mg</i>	71	<i>mirtazapine orally disintegrating tab 15 mg</i>	17
<i>methylprednisolone tab 8 mg</i>	71	<i>mirtazapine orally disintegrating tab 30 mg</i>	17
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	71	<i>mirtazapine orally disintegrating tab 45 mg</i>	17
<i>metoclopramide hcl inj 5 mg/ml</i>	67	<i>mirtazapine tab 15 mg</i>	17
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	67	<i>mirtazapine tab 30 mg</i>	17
<i>metoclopramide hcl tab 10 mg</i>	67	<i>mirtazapine tab 45 mg</i>	17
<i>metoclopramide hcl tab 5 mg</i>	67	<i>mirtazapine tab 7.5 mg</i>	17
<i>metoprolol succinate tab er 24hr 100 mg</i>	58	<i>misoprostol tab 100 mcg</i>	67
<i>metoprolol succinate tab er 24hr 200 mg</i>	58	<i>misoprostol tab 200 mcg</i>	67
<i>metoprolol succinate tab er 24hr 25 mg</i>	58	<i>mitomycin for iv soln 20 mg</i>	30
<i>metoprolol succinate tab er 24hr 50 mg</i>	58	<i>mitomycin for iv soln 40 mg</i>	30
<i>metoprolol tartrate tab 100 mg</i>	58	<i>mitomycin for iv soln 5 mg</i>	30
<i>metoprolol tartrate tab 25 mg</i>	58	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	30
<i>metoprolol tartrate tab 50 mg</i>	58	<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30
<i>metronidazole cream 0.75%</i>	64	<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	30
<i>metronidazole gel 0.75%</i>	64	M-M-R II.....	80
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	8	<i>modafinil tab 100 mg</i>	90
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	8	<i>modafinil tab 200 mg</i>	90
<i>metronidazole lotion 0.75%</i>	64	MOLINDONE HYDROCHLORIDE.....	40
<i>metronidazole tab 250 mg</i>	8	MOLINDONE HYDROCHLORIDE.....	40
<i>metronidazole tab 500 mg</i>	8	MOLINDONE HYDROCHLORIDE.....	40
<i>metronidazole vaginal gel 0.75%</i>	8	MONJUVI.....	30
<i>metyrosine cap 250 mg</i>	58	<i>montelukast sodium chew tab 4 mg</i>	88
<i>mexiletine hcl cap 150 mg</i>	58	<i>montelukast sodium chew tab 5 mg</i>	88
<i>mexiletine hcl cap 200 mg</i>	58	<i>montelukast sodium oral granules packet 4 mg</i>	88
<i>mexiletine hcl cap 250 mg</i>	58	<i>montelukast sodium tab 10 mg</i>	88
MIACALCIN.....	83	<i>morphine sulfate inj pf 0.5 mg/ml</i>	2
<i>micafungin sodium for iv soln 100 mg</i>	21	<i>morphine sulfate inj pf 1 mg/ml</i>	2
<i>micafungin sodium for iv soln 50 mg</i>	21	<i>morphine sulfate tab 15 mg</i>	2
<i>midodrine hcl tab 10 mg</i>	59	<i>morphine sulfate tab 30 mg</i>	2
<i>midodrine hcl tab 2.5 mg</i>	58	<i>morphine sulfate tab er 100 mg</i>	2
<i>midodrine hcl tab 5 mg</i>	58	<i>morphine sulfate tab er 15 mg</i>	2
MIGERGOT.....	21	<i>morphine sulfate tab er 200 mg</i>	2
<i>miglustat cap 100 mg</i>	69	<i>morphine sulfate tab er 30 mg</i>	2
		<i>morphine sulfate tab er 60 mg</i>	2
		<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	85
		<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	85

MOZOBIL.....	52	NEFAZODONE HYDROCHLORIDE.....	17
MULTAQ.....	59	NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	85
<i>mupirocin oint 2%</i>	64	<i>neomycin-polymyxin-dexamethasone ophth oint</i> <i>0.1%</i>	85
MVASI.....	30	<i>neomycin-polymyxin-dexamethasone ophth susp</i> <i>0.1%</i>	85
MVASI.....	30	<i>neomycin-polymyxin-hc otic soln 1%</i>	85
MYALEPT.....	67	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i> <i>unit/ml-1%</i>	85
<i>mycophenolate mofetil cap 250 mg</i>	80	<i>neomycin sulfate tab 500 mg</i>	8
<i>mycophenolate mofetil for oral susp 200 mg/</i> <i>ml</i>	80	NERLYNX.....	30
<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg</i>	80	NEVIRAPINE ER.....	46
<i>mycophenolate mofetil tab 500 mg</i>	81	<i>nevirapine susp 50 mg/5ml</i>	46
MYLOTARG.....	30	<i>nevirapine tab 200 mg</i>	46
MYRBETRIQ.....	70	<i>nevirapine tab er 24hr 400 mg</i>	46
MYRBETRIQ.....	70	NEXAVAR.....	30
MYRBETRIQ.....	70	<i>niacin tab er 1000 mg</i>	59
N		<i>niacin tab er 500 mg</i>	59
<i>nabumetone tab 500 mg</i>	2	<i>niacin tab er 750 mg</i>	59
<i>nabumetone tab 750 mg</i>	2	NICOTROL INHALER.....	3
NAFCILLIN.....	8	NICOTROL NS.....	4
NAFCILLIN.....	8	<i>nifedipine tab er 24hr 30 mg</i>	59
NAFCILLIN SODIUM.....	8	<i>nifedipine tab er 24hr 60 mg</i>	59
NAFCILLIN SODIUM.....	8	<i>nifedipine tab er 24hr 90 mg</i>	59
<i>nafcillin sodium for inj 1 gm</i>	8	<i>nifedipine tab er 24hr osmotic release 30</i> <i>mg</i>	59
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<i>naloxone hcl inj 4 mg/10ml</i>	3	NINLARO.....	31
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<i>nortriptyline hcl cap 75 mg</i>	18	<i>olanzapine orally disintegrating tab 15 mg</i>	40
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<i>ml)</i>	19	<i>oxybutynin chloride tab 5 mg</i>	70
<i>ondansetron hcl inj 4 mg/2ml (2 mg/</i>		<i>oxybutynin chloride tab er 24hr 10 mg</i>	70
<i>ml)</i>	19	<i>oxybutynin chloride tab er 24hr 15 mg</i>	70
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<i>mg</i>	19	<i>oxycodone hcl tab 20 mg</i>	2
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<i>paricalcitol iv soln 2 mcg/ml</i>	84	<i>phenobarbital sodium inj 130 mg/ml</i>	13
<i>paricalcitol iv soln 5 mcg/ml</i>	84	<i>phenobarbital sodium inj 65 mg/ml</i>	12
<i>paromomycin sulfate cap 250 mg</i>	8	<i>phenobarbital tab 100 mg</i>	13
<i>paroxetine hcl oral susp 10 mg/5ml</i>	18	<i>phenobarbital tab 15 mg</i>	13
<i>paroxetine hcl tab 10 mg</i>	18	<i>phenobarbital tab 16.2 mg</i>	13
<i>paroxetine hcl tab 20 mg</i>	18	<i>phenobarbital tab 30 mg</i>	13
<i>paroxetine hcl tab 30 mg</i>	18	<i>phenobarbital tab 32.4 mg</i>	13
<i>paroxetine hcl tab 40 mg</i>	18	<i>phenobarbital tab 60 mg</i>	13
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<i>potassium chloride tab er 8 meq (600 mg)</i>	66	<i>pregabalin cap 100 mg</i>	13
<i>potassium citrate tab er 10 meq (1080 mg)</i>	66	<i>pregabalin cap 150 mg</i>	13
<i>potassium citrate tab er 15 meq (1620 mg)</i>	66	<i>pregabalin cap 200 mg</i>	13
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Braven Health complies with applicable Federal civil rights laws and does not discriminate against nor does it exclude people or treat them differently on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Braven Health provides free aids and services to people with disabilities (e.g. qualified language interpreters and information in other formats) and to those whose primary language is not English (e.g. information in other languages) to communicate effectively with us.

Contacting Member Services

Call Member Services at **1-833-272-8360 (TTY 711)** or the **phone number on the back of your member ID card**, if you need the free aids and services noted above and for **all other Member Services issues**.

Filing a Section 1557 Grievance

If you believe that Braven Health has failed to provide the free communication aids and services or discriminated against you for one of the reasons described above, you can file a discrimination complaint also known as a Section 1557 Grievance. Braven Health's Civil Rights Coordinator can be reached by calling the Member Services number on the back of your member ID card or by writing to:

Braven Health
Civil Rights Coordinator
PO Box 820
Newark, NJ 07101

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at **U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201** or by phone at **1-800-368-1019** or **1-800-537-7697 (TDD)**. OCR Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Language assistance

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-833-272-8360 (TTY 711)**.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-833-272-8360 (TTY 711)**。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-833-272-8360 (TTY 711) 번으로 전화해 주십시오.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-833-272-8360 (TTY 711)**.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન

કરો **1-833-272-8360 (TTY 711)**.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-833-272-8360 (TTY 711)**.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-833-272-8360 (TTY 711)**.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-833-272-8360** (رقم هاتف الصم والبكم 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-833-272-8360 (TTY 711)**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-833-272-8360 (телетайп 711)**.

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-833-272-8360 (TTY 711)**.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-833-272-8360 (TTY 711) पर कॉल करें।

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-833-272-8360 (TTY 711)**.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-833-272-8360 (ATS 711)**.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-833-272-8360 (TTY 711)**.

Formulary ID: **00021248**; Version: **21**

This formulary was updated on **December 1, 2021**. For more recent information or other questions, please contact Braven Health at **1-855-457-0222 (TTY 711)**, 24 hours a day, seven days a week or, visit Bravenhealth.com.

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