



**Regence BlueAdvantage HMO and  
Regence BlueAdvantage HMO Plus  
2018 Formulary  
(List of Covered Drugs)**

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

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This formulary was updated on 12/01/2018. For more recent information or other questions, please contact Regence BlueShield Customer Services, at 1-855-522-8896 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m. Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week), or visit [regence.com/medicare](http://regence.com/medicare).

This document is available in an electronic format and may be available in other formats.

Regence BlueShield serves select counties in the state of Washington and is an independent licensee of the Blue Cross and Blue Shield Association.

**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 Regence BlueShield. When it refers to “plan” or “our plan,” it means Regence BlueAdvantage HMO and Regence BlueAdvantage HMO Plus.

This document includes a list of the drugs (formulary) for our plans which is current as of 12/01/2018. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2019, and from time to time during the year.

## **What is the Regence BlueAdvantage HMO and Regence BlueAdvantage HMO Plus Formulary?**

A formulary is a list of covered drugs selected by Regence 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Regence BlueAdvantage HMO or Regence BlueAdvantage HMO Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 12/01/2018. To get updated information about the drugs covered by Regence, please contact us. Our contact information appears on the front and back cover pages. Periodically our formulary may change, including changes to a medication’s cost-sharing tier. When this results in a medication you take moving to a different cost share, we will notify you via mail or on your monthly EOB. We update our printed formularies each month and they are available on our website [regence.com/medicare](http://regence.com/medicare).

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. 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?

Regence 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:** Regence requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Regence limits the amount of the drug that we will cover. For example, we provide 30 tablets per prescription for alfuzosin hcl. This may be in addition to a standard one-month or three-month supply.

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

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

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

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

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

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

## How do I request an exception to the Regence BlueAdvantage HMO and Regence BlueAdvantage HMO Plus Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to 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, we limit 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, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For those members who have been in the plan for more than 90 days and have a level-of-care change from one treatment setting to another:

For these unplanned transitions, you can request an exception or appeal for continued coverage of your drug. In addition we will review requests for continuation of therapy on a case-by-case basis for members that have had a change in the level of care and are stabilized on drug regimens that if altered, are known to have risks.

Examples of level-of-care changes include:

- Discharge from a hospital to home;
- Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan;
- Changing from hospice status and reverting back to standard Medicare Part A and B coverage;
- Discharges from chronic psychiatric hospitals with highly individualized drug regimens;
- Ending an LTC facility stay and returning to the community.

## **For more information**

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

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

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

## Regence's Formulary

The formulary below provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

The information in the Requirements/Limits column tells you if Regence has any special requirements for coverage of your drug.

## Tier Level Definitions and Copays

### Regence BlueAdvantage HMO – Plan Benefits Deductible: \$405 (waived for Tier 6)

Tier Name	Tier Level	Up to a 30*-day supply cost sharing at a standard retail or an out-of-network pharmacy	Up to a 30 -day supply cost sharing at a preferred retail or mail-order pharmacy	Up to a 60-day supply cost sharing at a standard retail pharmacy	Up to a 60-day supply cost sharing at a preferred retail or mail-order pharmacy	Up to a 90-day supply cost sharing at a standard retail pharmacy	Up to a 90-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$12	\$5	\$24	\$10	\$24	\$10
Generic	2	\$19	\$12	\$38	\$24	\$38	\$24
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	25%	25%	N/A	N/A	N/A	N/A
Select Care Drugs	6	\$3	\$0	\$6	\$0	\$6	\$0

\*31-day supply for long-term care residents

**Note** – Tier 5 is limited to a 30-day supply for retail, mail order and out-of-network (31-day supply for long-term care residents).

## Regence BlueAdvantage HMO Plus – Plan Benefits

Tier Name	Tier Level	Up to a 30*-day supply cost sharing at a standard retail or an out-of-network pharmacy	Up to a 30 -day supply cost sharing at a preferred retail or mail-order pharmacy	Up to a 60-day supply cost sharing at a standard retail pharmacy	Up to a 60-day supply cost sharing at a preferred retail or mail-order pharmacy	Up to a 90-day supply cost sharing at a standard retail pharmacy	Up to a 90-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$12	\$5	\$24	\$10	\$24	\$10
Generic	2	\$19	\$12	\$38	\$24	\$38	\$24
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	29%	29%	N/A	N/A	N/A	N/A
Select Care Drugs	6	\$3	\$0	\$6	\$0	\$6	\$0

\*31-day supply for long-term care residents

**Note** – Tier 5 is limited to a 30-day supply for retail, mail order and out-of-network (31-day supply for long-term care residents).

## Requirements and Limits Legend

Symbol	Meaning
#	<p><b>High Risk Medication</b></p> <p>Prior authorization required for coverage. Refer to the Requirements and Limits section under your prescription drug for additional information. High Risk Medications are medicines that may be unsafe in patients greater than 65 years of age. Our formulary does include coverage for some of these drugs, but alternatives may be found in lower co-pay tiers. Please discuss with your doctor if there are alternatives to these medications that would be appropriate for you to use.</p>
*	<p><b>Limited Distribution Drug</b></p> <p>This prescription drug may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-855-522-8896 from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week). TTY users should call 711.</p>
B/D	<p><b>Prior Authorization Medications – Part B or D</b></p> <p>This drug may be covered under Medicare Part B (medical) or D (prescription drug) depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.</p>
PA	<p><b>Prior Authorization Medications</b></p> <p>Prior Authorization required for coverage. Refer to the Requirements and Limits section under your prescription drug for additional information.</p>
QL	<p><b>Quantity Level Limit Medications</b></p> <p>Quantity Level limits apply. Refer to the Requirements/Limits section under your prescription drug for additional information.</p>



## Dosage Form Abbreviations Key

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

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (5000 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (390 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (390 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (390 tablets/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg#</i>	3	PA, QL (180 capsules/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	4	PA
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (25 mls/30 days)
<i>celecoxib cap 50 mg</i>	2	
<i>celecoxib cap 100 mg</i>	4	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	4	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	4	
<i>codeine sulfate tab 15 mg</i>	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	
<i>diclofenac sodium tab delayed release 50 mg</i>	2	
<i>diclofenac sodium tab delayed release 75 mg</i>	2	
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	
<i>diflunisal tab 500 mg</i>	2	
<i>etodolac cap 200 mg</i>	2	
<i>etodolac cap 300 mg</i>	2	
<i>etodolac tab er 24hr 400 mg</i>	4	
<i>etodolac tab er 24hr 500 mg</i>	4	
<i>etodolac tab er 24hr 600 mg</i>	4	
<i>etodolac tab 400 mg</i>	2	
<i>etodolac tab 500 mg</i>	2	
FENOPROFEN CALCIUM - fenoprofen calcium tab 600 mg	4	
FENOPROFEN CALCIUM - fenoprofen calcium cap 400 mg	4	
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)

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>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>	4	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>	4	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>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (5500 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	4	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	4	QL (390 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	4	QL (390 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	4	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	4	QL (390 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<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 susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap er 75 mg#</i>	3	PA
<i>indomethacin cap 25 mg#</i>	3	PA
<i>indomethacin cap 50 mg#</i>	3	PA
KETOPROFEN - ketoprofen cap 25 mg	4	
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	4	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)#</i>	3	PA
<i>ketorolac tromethamine inj 15 mg/ml#</i>	3	PA
<i>ketorolac tromethamine inj 30 mg/ml#</i>	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine tab 10 mg#</i>	3	PA
LEVORPHANOL TARTRATE - levorphanol tartrate tab 2 mg	4	
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg	4	
MECLOFENAMATE SODIUM - meclufenamate sodium cap 100 mg	4	
<i>mefenamic acid cap 250 mg</i>	4	
MELOXICAM - meloxicam susp 7.5 mg/5ml	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>methadone hcl conc 10 mg/ml</i>	3	QL (360 mls/30 days)
<i>methadone hcl inj 10 mg/ml</i>	3	
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (3600 mls/30 days)
<i>methadone hcl soln 10 mg/5ml</i>	3	QL (450 mls/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	2	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	2	QL (240 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 oral soln 10 mg/5ml</i>	2	QL (1800 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (900 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (1260 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	2	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	2	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	2	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>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>nalbuphine hcl inj 10 mg/ml</i>	4	
<i>nalbuphine hcl inj 20 mg/ml</i>	4	
<i>naproxen sodium tab 275 mg</i>	2	
<i>naproxen sodium tab 550 mg</i>	2	
<i>naproxen susp 125 mg/5ml</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tab 600 mg</i>	4	
<i>oxycodone hcl cap 5 mg</i>	3	QL (180 capsules/30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	3	QL (180 mls/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 (90 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	3	QL (180 tablets/30 days)
<b>OXYCODONE/IBUPROFEN - oxycodone-ibuprofen tab 5-400 mg</b>	4	QL (120 tablets/30 days)
<i>pentazocine w/ naloxone tab 50-0.5 mg#</i>	4	PA
<i>piroxicam cap 10 mg</i>	2	
<i>piroxicam cap 20 mg</i>	2	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
<b>TALWIN - pentazocine lactate inj 30 mg/ml#</b>	4	PA
<b>TOLMETIN SODIUM - tolmetin sodium cap 400 mg</b>	4	
<b>TOLMETIN SODIUM - tolmetin sodium tab 200 mg</b>	4	
<b>TOLMETIN SODIUM - tolmetin sodium tab 600 mg</b>	2	
<i>tramadol hcl tab er 24hr 100 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	4	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	2	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	2	QL (360 tablets/30 days)
<b>VOLTAREN - diclofenac sodium gel 1%</b>	4	
<b>Anesthetics</b>		
<i>lidocaine hcl gel 2%</i>	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl local inj 0.5%</i>	1	
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local preservative free inj 0.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl local preservative free inj 1%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	PA
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine oint 5%</i>	4	PA, QL (100 grams/30 days)
<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)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl inj 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sl tab 2 mg</i>	2	
<i>buprenorphine hcl sl tab 8 mg</i>	2	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	2	
CHANTIX - varenicline tartrate tab 0.5 mg	3	QL (56 tablets/28 days)
CHANTIX - varenicline tartrate tab 1 mg	3	QL (504 tablets/365 days)
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	3	QL (504 tablets/365 days)
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	QL (106 tablets/365 days)
<i>disulfiram tab 250 mg</i>	2	
<i>disulfiram tab 500 mg</i>	4	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml	1	
<i>naltrexone hcl tab 50 mg</i>	2	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 2-0.5 mg	3	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 4-1 mg	3	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 8-2 mg	3	
SUBOXONE - buprenorphine hcl-naloxone hcl sl film 12-3 mg	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	1	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	2	
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	2	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	2	
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for inj 15 (10-5) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	4	
<i>ampicillin cap 500 mg</i>	1	
AMPICILLIN SODIUM - ampicillin sodium for inj 125 mg	2	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	2	
<i>ampicillin sodium for inj 250 mg</i>	2	
<i>ampicillin sodium for inj 500 mg</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	2	
<i>ampicillin sodium for inj 2 gm</i>	2	
<i>ampicillin sodium for inj 10 gm</i>	2	
<i>ampicillin sodium for iv soln 2 gm</i>	2	
<i>ampicillin sodium for iv soln 10 gm</i>	2	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm	4	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	1	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin tab 600 mg</i>	1	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
<i>bacitracin intramuscular for soln 50000 unit</i>	1	
BACTOCILL IN DEXTROSE - oxacillin sodium in dextrose inj 1 gm/50ml	1	
BACTOCILL IN DEXTROSE - oxacillin sodium in dextrose inj 2 gm/50ml	5	
BACTROBAN NASAL - mupirocin calcium nasal oint 2%	4	
BICILLIN C-R - penicillin g benzathine & procaine inj susp 1200000 unit/2ml	4	
BICILLIN C-R - penicillin g benzathine & procaine inj 900000-300000 unt/2ml	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	
CEDAX - ceftibuten cap 400 mg	4	
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
CEFACLOR ER - cefaclor monohydrate tab er 12hr 500 mg	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	2	
CEFAZOLIN SODIUM - cefazolin sodium (bulk) for inj 100 gm	1	
CEFAZOLIN SODIUM - cefazolin sodium for inj 20 gm	1	
CEFAZOLIN SODIUM - cefazolin sodium for iv soln 1 gm	1	
CEFAZOLIN SODIUM - cefazolin sodium-dextrose iv solution 1 gm/50ml-4%	1	
<i>cefazolin sodium for inj 500 mg</i>	1	
<i>cefazolin sodium for inj 1 gm</i>	1	
<i>cefazolin sodium for inj 10 gm</i>	1	
CEFAZOLIN SODIUM/DEXTROSE - cefazolin sodium for iv soln 1 gm and dextrose 4%	1	
<i>cefdinir cap 300 mg</i>	2	
<i>cefdinir for susp 125 mg/5ml</i>	2	
<i>cefdinir for susp 250 mg/5ml</i>	2	
CEFEPIME - cefepime hcl iv soln 1 gm/50ml	2	

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Drug Name	Drug Tier	Requirements/Limits
CEFEPIME - cefepime hcl iv soln 2 gm/100ml	2	
<i>cefepime hcl for inj 1 gm</i>	2	
<i>cefepime hcl for inj 2 gm</i>	2	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 1 gm and dextrose 5%	2	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 2 gm and dextrose 5%	2	
<i>cefixime for susp 100 mg/5ml</i>	2	
<i>cefixime for susp 200 mg/5ml</i>	2	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	2	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 2 gm	2	
cefotaxime sodium for inj 1 gm	2	
CEFOTETAN - cefotetan disodium for inj 10 gm	1	
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	
CEFOTETAN/DEXTROSE - cefotetan disodium for iv soln 1 gm and dextrose 3.58%	1	
CEFOTETAN/DEXTROSE - cefotetan disodium for iv soln 2 gm and dextrose 2.08%	1	
CEFOXITIN SODIUM - cefoxitin sodium iv for soln 1 gm and dextrose 4%	1	
CEFOXITIN SODIUM - cefoxitin sodium iv for soln 2 gm and dextrose 2.2%	1	
<i>cefoxitin sodium for inj 10 gm</i>	1	
<i>cefoxitin sodium for iv soln 1 gm</i>	1	
<i>cefoxitin sodium for iv soln 2 gm</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	4	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	2	
<i>cefprozil tab 250 mg</i>	2	
<i>cefprozil tab 500 mg</i>	2	
<i>ceftazidime for inj 1 gm</i>	2	
<i>ceftazidime for inj 2 gm</i>	2	
<i>ceftazidime for inj 6 gm</i>	2	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftazidime for iv soln 1 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
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 1 gm and dextrose 5%	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 2 gm and dextrose 5%	4	
CEFTIBUTEN - ceftibuten cap 400 mg	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 20 mg/ml	2	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 40 mg/ml	2	
CEFTRIAZONE SODIUM - ceftriazone sodium (bulk) for inj 100 gm	2	
<i>ceftriazone sodium for inj 250 mg</i>	2	
<i>ceftriazone sodium for inj 500 mg</i>	2	
<i>ceftriazone sodium for inj 1 gm</i>	2	
<i>ceftriazone sodium for inj 2 gm</i>	2	
<i>ceftriazone sodium for inj 10 gm</i>	2	
<i>ceftriazone sodium for iv soln 1 gm</i>	2	
<i>ceftriazone sodium for iv soln 2 gm</i>	2	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 1 gm and dextrose 3.74%	2	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 2 gm and dextrose 2.22%	2	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	2	
<i>cefuroxime sodium for inj 7.5 gm</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	2	
CEPHALEXIN - cephalixin tab 250 mg	1	
CEPHALEXIN - cephalixin tab 500 mg	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	1	
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	2	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	2	
<i>ciprofloxacin hcl tab 250 mg</i>	1	
<i>ciprofloxacin hcl tab 500 mg</i>	1	
<i>ciprofloxacin hcl tab 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CLAFORAN - cefotaxime sodium for iv soln 1 gm	4	
<i>clarithromycin for susp 125 mg/5ml</i>	4	
<i>clarithromycin for susp 250 mg/5ml</i>	4	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>clarithromycin tab 250 mg</i>	2	
<i>clarithromycin tab 500 mg</i>	2	
CLEOCIN - clindamycin phosphate vaginal suppos 100 mg	4	
CLINDAGEL - clindamycin phosphate gel 1%	5	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	4	
<i>clindamycin phosphate foam 1%</i>	4	
<i>clindamycin phosphate gel 1%</i>	2	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	2	
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	2	
<i>clindamycin phosphate lotion 1%</i>	2	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>colistimethate sod for inj 150 mg</i>	1	
CUBICIN - daptomycin for iv soln 500 mg	5	
CUBICIN RF - daptomycin for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg</i>	4	
<i>demeclocycline hcl tab 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
DORIPENEM - doripenem for iv infusion 250 mg	4	
DORIPENEM - doripenem for iv infusion 500 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
<i>doxycycline hyclate cap 50 mg</i>	4	
<i>doxycycline hyclate cap 100 mg</i>	4	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 100 mg</i>	4	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate cap 100 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	4	
<i>doxycycline monohydrate tab 75 mg</i>	4	
<i>doxycycline monohydrate tab 100 mg</i>	4	
<i>doxycycline monohydrate tab 150 mg</i>	4	
E.E.S. GRANULES - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
<i>ertapenem sodium for inj 1 gm</i>	4	
ERYPED 200 - erythromycin ethylsuccinate for susp 200 mg/5ml	4	
ERYPED 400 - erythromycin ethylsuccinate for susp 400 mg/5ml	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	3	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	2	
ERYTHROMYCIN ETHYLSUCCINATE - erythromycin ethylsuccinate tab 400 mg	2	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	2	
<i>erythromycin gel 2%</i>	1	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	1	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<i>gentamicin in saline inj 0.8 mg/ml</i>	1	
<i>gentamicin in saline inj 1 mg/ml</i>	1	
<i>gentamicin in saline inj 1.2 mg/ml</i>	1	
<i>gentamicin in saline inj 1.6 mg/ml</i>	1	
<i>gentamicin sulfate inj 10 mg/ml</i>	1	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SALINE - gentamicin in saline inj 2 mg/ml	1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
INVANZ - ertapenem sodium for inj 1 gm	4	

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Drug Name	Drug Tier	Requirements/Limits
INVANZ - ertapenem sodium for iv inj 1 gm	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	1	
<i>levofloxacin iv soln 25 mg/ml</i>	2	
<i>levofloxacin oral soln 25 mg/ml</i>	2	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
<i>lincomycin hcl inj 300 mg/ml</i>	2	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
<i>linezolid for susp 100 mg/5ml</i>	5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	5	
<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	
<i>methenamine hippurate tab 1 gm</i>	2	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole iv soln 5 mg/ml</i>	2	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
MONUROL - fosfomycin tromethamine powd pack 3 gm	4	
MOXIFLOXACIN HCL - moxifloxacin hcl iv solution 400 mg/250ml	4	
<i>moxifloxacin hcl tab 400 mg</i>	4	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
NAFCILLIN - nafcillin sodium in dextrose inj 1 gm/50ml	1	
NAFCILLIN - nafcillin sodium in dextrose inj 2 gm/100ml	1	
NAFCILLIN SODIUM - nafcillin sodium for inj 10 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	5	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium for iv soln 10 gm</i>	4	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>neomycin-polymyxin b gu irrigation soln</i>	2	
<i>nitrofurantoin macrocrystalline cap 25 mg#</i>	4	PA
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	PA
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	3	PA
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	3	PA
<i>ofloxacin tab 400 mg</i>	2	
<i>oxacillin sodium for inj 1 gm</i>	4	
<i>oxacillin sodium for inj 2 gm</i>	4	
<i>oxacillin sodium for inj 10 gm</i>	5	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>penicillin g potassium for inj 5000000 unit</i>	1	
<i>penicillin g potassium for inj 20000000 unit</i>	1	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	3	
PENICILLIN G PROCAINE - penicillin g procaine intramuscular susp 600000 unit/ml	1	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	1	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
<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	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	4	
<i>polymyxin b sulfate for inj 500000 unit</i>	2	
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	1	
<i>sulfacetamide sodium lotion 10%</i>	1	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
SUPRAX - cefixime cap 400 mg	4	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SUPRAX - cefixime for susp 500 mg/5ml	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tigecycline for iv soln 50 mg</i>	5	
<i>tinidazole tab 250 mg</i>	4	
<i>tinidazole tab 500 mg</i>	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	2	
<i>tobramycin sulfate for inj 1.2 gm</i>	2	
<i>tobramycin sulfate inj 10 mg/ml</i>	2	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	2	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	2	
<i>trimethoprim tab 100 mg</i>	1	
TYGACIL - tigecycline for iv soln 50 mg	5	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%	2	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 750 mg/150ml-0.9%	2	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	2	
<i>vancomycin hcl cap 125 mg</i>	5	
<i>vancomycin hcl cap 250 mg</i>	5	
<i>vancomycin hcl for iv soln 100 gm</i>	2	
<i>vancomycin hcl for iv soln 500 mg</i>	2	
<i>vancomycin hcl for iv soln 750 mg</i>	2	
<i>vancomycin hcl for iv soln 1 gm</i>	2	
<i>vancomycin hcl for iv soln 5 gm</i>	2	
<i>vancomycin hcl for iv soln 10 gm</i>	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	2	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	2	
VIBATIV - telavancin hcl for iv soln 250 mg	4	
VIBATIV - telavancin hcl for iv soln 750 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
XIFAXAN - rifaximin tab 200 mg	5	PA, QL (90 tablets/30 days)
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 4-0.5gm/100ml	4	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	4	
ZYVOX - linezolid for susp 100 mg/5ml	5	
<b>Anticonvulsants</b>		
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	5	QL (240 tablets/30 days)
BANZEL - rufinamide tab 400 mg	5	QL (240 tablets/30 days)
BRIVIACT - brivaracetam iv soln 50 mg/5ml	5	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	4	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg</i>	2	
<i>carbamazepine cap er 12hr 200 mg</i>	2	
<i>carbamazepine cap er 12hr 300 mg</i>	2	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	4	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
<i>carbamazepine tab 200 mg</i>	1	
CELONTIN - methsuximide cap 300 mg	3	
CEREBYX - fosphenytoin sodium inj 500 mg/10ml	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg</i>	2	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	2	PA, QL (60 tablets/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	4	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	4	
DILANTIN - phenytoin sodium extended cap 30 mg	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	2	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	4	
<i>divalproex sodium tab er 24 hr 500 mg</i>	4	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	4	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	
<i>fosphenytoin sodium inj 100 mg/2ml</i>	2	
<i>fosphenytoin sodium inj 500 mg/10ml</i>	2	
FYCOMPA - perampanel susp 0.5 mg/ml	4	
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 6 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 8 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 10 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 12 mg	4	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	2	QL (180 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	2	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 (90 tablets/30 days)
GABITRIL - tiagabine hcl tab 12 mg	4	QL (120 tablets/30 days)
GABITRIL - tiagabine hcl tab 16 mg	4	QL (90 tablets/30 days)
<i>lamotrigine orally disintegrating tab 25 mg</i>	4	
<i>lamotrigine orally disintegrating tab 50 mg</i>	4	
<i>lamotrigine orally disintegrating tab 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine orally disintegrating tab 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab er 24hr 25 mg</i>	4	
<i>lamotrigine tab er 24hr 50 mg</i>	4	
<i>lamotrigine tab er 24hr 100 mg</i>	4	
<i>lamotrigine tab er 24hr 200 mg</i>	4	
<i>lamotrigine tab er 24hr 250 mg</i>	4	
<i>lamotrigine tab er 24hr 300 mg</i>	4	
<i>lamotrigine tab 25 mg</i>	1	
<i>lamotrigine tab 100 mg</i>	1	
<i>lamotrigine tab 150 mg</i>	1	
<i>lamotrigine tab 200 mg</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	2	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	1	
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
LYRICA - pregabalin cap 25 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 50 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 75 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 100 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 150 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 200 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 300 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
ONFI - clobazam suspension 2.5 mg/ml	4	PA, QL (480 mls/30 days)
ONFI - clobazam tab 10 mg	4	PA, QL (60 tablets/30 days)
ONFI - clobazam tab 20 mg	5	PA, QL (60 tablets/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	
<i>oxcarbazepine tab 150 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine tab 300 mg</i>	2	
<i>oxcarbazepine tab 600 mg</i>	2	
PEGANONE - ethotoin tab 250 mg	4	
<i>phenobarbital elixir 20 mg/5ml#</i>	3	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	3	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#	3	PA
<i>phenobarbital tab 15 mg#</i>	3	PA
<i>phenobarbital tab 16.2 mg#</i>	3	PA
<i>phenobarbital tab 30 mg#</i>	3	PA
<i>phenobarbital tab 32.4 mg#</i>	3	PA
<i>phenobarbital tab 60 mg#</i>	3	PA
<i>phenobarbital tab 64.8 mg#</i>	3	PA
<i>phenobarbital tab 97.2 mg#</i>	3	PA
<i>phenobarbital tab 100 mg#</i>	3	PA
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
<i>phenytoin sodium inj 50 mg/ml</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
SABRIL - vigabatrin powd pack 500 mg*	5	QL (180 packets/30 days)
SABRIL - vigabatrin tab 500 mg*	5	QL (180 tablets/30 days)
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	
TEGRETOL-XR - carbamazepine tab er 12hr 100 mg	4	
<i>tiagabine hcl tab 2 mg</i>	2	
<i>tiagabine hcl tab 4 mg</i>	2	
<i>tiagabine hcl tab 12 mg</i>	4	QL (120 tablets/30 days)
<i>tiagabine hcl tab 16 mg</i>	4	QL (90 tablets/30 days)
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	1	
<i>valproate sodium oral soln 250 mg/5ml</i>	1	
<i>valproic acid cap 250 mg</i>	1	
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	5	
VIMPAT - lacosamide oral solution 10 mg/ml	5	
VIMPAT - lacosamide tab 50 mg	4	
VIMPAT - lacosamide tab 100 mg	4	
VIMPAT - lacosamide tab 150 mg	4	
VIMPAT - lacosamide tab 200 mg	4	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>donepezil hydrochloride tab 5 mg</i>	1	QL (180 tablets/30 days)
<i>donepezil hydrochloride tab 10 mg</i>	1	QL (90 tablets/30 days)
<i>donepezil hydrochloride tab 23 mg</i>	4	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	PA
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	2	QL (200 mls/30 days)
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	2	QL (30 capsules/30 days)
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	2	QL (30 capsules/30 days)
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	2	QL (30 capsules/30 days)
<i>galantamine hydrobromide tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>galantamine hydrobromide tab 8 mg</i>	2	QL (60 tablets/30 days)
<i>galantamine hydrobromide tab 12 mg</i>	2	QL (60 tablets/30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	PA
<i>memantine hcl tab 5 mg</i>	2	PA
<i>memantine hcl tab 10 mg</i>	2	PA
<i>memantine hcl tab 5 mg (28) &amp; 10 mg (21) titration pak</i>	2	PA
<i>rivastigmine tartrate cap 1.5 mg</i>	4	QL (90 capsules/30 days)
<i>rivastigmine tartrate cap 3 mg</i>	4	QL (90 capsules/30 days)
<i>rivastigmine tartrate cap 4.5 mg</i>	4	QL (60 capsules/30 days)
<i>rivastigmine tartrate cap 6 mg</i>	4	QL (60 capsules/30 days)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	QL (30 patches/30 days)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	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
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	QL (30 patches/30 days)
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg#</i>	3	PA
<i>amitriptyline hcl tab 25 mg#</i>	3	PA
<i>amitriptyline hcl tab 50 mg#</i>	3	PA
<i>amitriptyline hcl tab 75 mg#</i>	3	PA
<i>amitriptyline hcl tab 100 mg#</i>	3	PA
<i>amitriptyline hcl tab 150 mg#</i>	3	PA
AMOXAPINE - amoxapine tab 25 mg#	3	PA
AMOXAPINE - amoxapine tab 50 mg#	3	PA
AMOXAPINE - amoxapine tab 100 mg#	3	PA
AMOXAPINE - amoxapine tab 150 mg#	3	PA
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (120 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (120 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (120 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg</i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg</i>	1	
<i>citalopram hydrobromide tab 20 mg</i>	1	
<i>citalopram hydrobromide tab 40 mg</i>	1	
<i>clomipramine hcl cap 25 mg#</i>	4	PA
<i>clomipramine hcl cap 50 mg#</i>	4	PA
<i>clomipramine hcl cap 75 mg#</i>	4	PA
<i>desipramine hcl tab 10 mg#</i>	3	PA
<i>desipramine hcl tab 25 mg#</i>	3	PA
<i>desipramine hcl tab 50 mg#</i>	3	PA
<i>desipramine hcl tab 75 mg#</i>	3	PA
<i>desipramine hcl tab 100 mg#</i>	3	PA
<i>desipramine hcl tab 150 mg#</i>	3	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	2	
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	2	
<i>doxepin hcl cap 10 mg#</i>	3	PA
<i>doxepin hcl cap 25 mg#</i>	3	PA
<i>doxepin hcl cap 50 mg#</i>	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg#</i>	3	PA
<i>doxepin hcl cap 100 mg#</i>	3	PA
<i>doxepin hcl cap 150 mg#</i>	3	PA
<i>doxepin hcl conc 10 mg/ml#</i>	3	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	2	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	QL (30 patches/30 days)
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	
<i>escitalopram oxalate tab 5 mg</i>	1	
<i>escitalopram oxalate tab 10 mg</i>	1	
<i>escitalopram oxalate tab 20 mg</i>	1	
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	PA, QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	PA, QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	PA, QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	PA, QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	PA, QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	2	
<i>fluoxetine hcl tab 20 mg</i>	4	
<i>fluoxetine hcl tab 60 mg</i>	4	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	4	QL (60 capsules/30 days)
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	4	QL (60 capsules/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>imipramine hcl tab 10 mg#</i>	3	PA
<i>imipramine hcl tab 25 mg#</i>	3	PA
<i>imipramine hcl tab 50 mg#</i>	3	PA
<i>imipramine pamoate cap 75 mg#</i>	4	PA
<i>imipramine pamoate cap 100 mg#</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 125 mg#</i>	4	PA
<i>imipramine pamoate cap 150 mg#</i>	4	PA
MAPROTILINE HCL - maprotiline hcl tab 25 mg	1	
MAPROTILINE HCL - maprotiline hcl tab 50 mg	1	
MAPROTILINE HCL - maprotiline hcl tab 75 mg	1	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	
<i>mirtazapine tab 7.5 mg</i>	2	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4	
<i>nefazodone hcl tab 50 mg</i>	4	
<i>nefazodone hcl tab 250 mg</i>	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
<i>nortriptyline hcl cap 10 mg#</i>	1	PA
<i>nortriptyline hcl cap 25 mg#</i>	1	PA
<i>nortriptyline hcl cap 50 mg#</i>	1	PA
<i>nortriptyline hcl cap 75 mg#</i>	1	PA
<i>nortriptyline hcl soln 10 mg/5ml#</i>	1	PA
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	4	PA, QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg#</i>	4	PA, QL (60 tablets/30 days)
<i>paroxetine hcl tab er 24hr 37.5 mg#</i>	4	PA, QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg#</i>	3	PA, QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	3	PA, QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	3	PA, QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#</i>	3	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	PA, QL (900 mls/30 days)
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 2-10 mg#	3	PA
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 2-25 mg#	3	PA
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 4-10 mg#	3	PA
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 4-25 mg#	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 4-50 mg#	3	PA
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>protriptyline hcl tab 5 mg#</i>	4	PA
<i>protriptyline hcl tab 10 mg#</i>	4	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg#</i>	3	PA
<i>trimipramine maleate cap 50 mg#</i>	3	PA
<i>trimipramine maleate cap 100 mg#</i>	3	PA
TRINTELLIX - vortioxetine hbr tab 5 mg	4	PA, QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	PA, QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	PA, QL (30 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	
<i>venlafaxine hcl tab 25 mg</i>	2	
<i>venlafaxine hcl tab 37.5 mg</i>	2	
<i>venlafaxine hcl tab 50 mg</i>	2	
<i>venlafaxine hcl tab 75 mg</i>	2	
<i>venlafaxine hcl tab 100 mg</i>	2	
VIIBRYD - vilazodone hcl tab 10 mg	4	PA, QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	PA, QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	PA, QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	PA, QL (60 tablets/365 days)
<b>Antiemetics</b>		
ALOXI - palonosetron hcl iv soln 0.25 mg/5ml	5	PA
ANZEMET - dolasetron mesylate iv inj 20 mg/ml	4	
ANZEMET - dolasetron mesylate tab 50 mg	4	BD
ANZEMET - dolasetron mesylate tab 100 mg	5	BD
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
CESAMET - nabilone cap 1 mg	4	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
<i>chlorpromazine hcl tab 10 mg</i>	4	PA
<i>chlorpromazine hcl tab 25 mg</i>	4	PA
<i>chlorpromazine hcl tab 50 mg</i>	4	PA
<i>chlorpromazine hcl tab 100 mg</i>	4	PA
<i>chlorpromazine hcl tab 200 mg</i>	4	PA
<i>dronabinol cap 2.5 mg</i>	4	BD
<i>dronabinol cap 5 mg</i>	4	BD
<i>dronabinol cap 10 mg</i>	4	BD
<i>granisetron hcl inj 0.1 mg/ml</i>	4	
<i>granisetron hcl inj 1 mg/ml</i>	4	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	4	
<i>granisetron hcl tab 1 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg#</i>	3	
<i>meclizine hcl tab 25 mg#</i>	3	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	2	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	2	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	4	BD
<i>ondansetron hcl tab 4 mg</i>	2	BD
<i>ondansetron hcl tab 8 mg</i>	2	BD
<i>ondansetron hcl tab 24 mg</i>	2	BD
<i>ondansetron orally disintegrating tab 4 mg</i>	2	BD
<i>ondansetron orally disintegrating tab 8 mg</i>	2	BD
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	4	PA
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml	4	PA
<i>perphenazine tab 2 mg</i>	2	PA
<i>perphenazine tab 4 mg</i>	2	PA
<i>perphenazine tab 8 mg</i>	2	PA
<i>perphenazine tab 16 mg</i>	2	PA
<i>prochlorperazine edisylate inj 5 mg/ml</i>	2	
<i>prochlorperazine maleate tab 5 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl inj 25 mg/ml#</i>	3	PA
<i>promethazine hcl suppos 25 mg#</i>	3	PA
<i>promethazine hcl tab 25 mg#</i>	3	PA
<b>Antifungals</b>		
ABELCET - amphotericin b lipid inj susp (for iv infusion) 5 mg/ml	5	BD
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for inj 50 mg	1	BD
CANCIDAS - caspofungin acetate for iv soln 50 mg	5	
CANCIDAS - caspofungin acetate for iv soln 70 mg	5	
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	5	
<i>ciclopirox gel 0.77%</i>	2	
<i>ciclopirox olamine cream 0.77%</i>	2	
<i>ciclopirox olamine susp 0.77%</i>	2	
<i>ciclopirox shampoo 1%</i>	4	
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	1	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	
<i>econazole nitrate cream 1%</i>	4	
ERAXIS - anidulafungin for iv soln 50 mg	5	
ERAXIS - anidulafungin for iv soln 100 mg	5	
<i>fluconazole for susp 10 mg/ml</i>	2	
<i>fluconazole for susp 40 mg/ml</i>	4	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	2	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	2	
FLUCONAZOLE IN NAACL - fluconazole in nacl 0.9% inj 100 mg/50ml	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	2	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	2	
<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>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	4	
<i>itraconazole cap 100 mg</i>	4	
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	1	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
<i>naftifine hcl cream 1%</i>	4	
<i>naftifine hcl cream 2%</i>	2	
NAFTIN - naftifine hcl cream 2%	4	
NAFTIN - naftifine hcl gel 1%	4	
NOXAFIL - posaconazole susp 40 mg/ml	5	QL (840 mls/28 days)
NOXAFIL - posaconazole tab delayed release 100 mg	5	
<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 tab 500000 unit</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	2	
<i>oxiconazole nitrate cream 1%</i>	4	
<i>terbinafine hcl tab 250 mg</i>	1	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal cream 0.8%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>voriconazole for inj 200 mg</i>	2	
<i>voriconazole for susp 40 mg/ml</i>	5	QL (450 mls/30 days)
<i>voriconazole tab 50 mg</i>	5	QL (90 tablets/30 days)
<i>voriconazole tab 200 mg</i>	5	QL (120 tablets/30 days)
<b>Antigout Agents</b>		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
COLCHICINE - colchicine tab 0.6 mg	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
COLCRYS - colchicine tab 0.6 mg	3	
<i>probenecid tab 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antimigraine Agents</b>		
<i>almotriptan malate tab 6.25 mg</i>	4	QL (12 tablets/30 days)
<i>almotriptan malate tab 12.5 mg</i>	4	QL (12 tablets/30 days)
DIHYDROERGOTAMINE MESYLATE - dihydroergotamine mesylate nasal spray 4 mg/ml	5	QL (8 mls/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	2	
<i>eletriptan hydrobromide tab 20 mg</i>	4	QL (12 tablets/30 days)
<i>eletriptan hydrobromide tab 40 mg</i>	4	QL (12 tablets/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
<i>naratriptan hcl tab 1 mg</i>	2	QL (12 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg</i>	2	QL (12 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	2	QL (12 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg</i>	2	QL (12 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg</i>	2	QL (12 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg</i>	2	QL (12 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (32 units/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (8 units/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (4 mls/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	QL (24 syringes/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	QL (16 syringes/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (24 syringes/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (4 packages/30 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tablets/30 days)
<b>Antimyasthenic Agents</b>		
GUANIDINE HCL - guanidine hcl tab 125 mg	1	
MESTINON - pyridostigmine bromide syrup 60 mg/5ml	4	
MESTINON TIMESPAN - pyridostigmine bromide tab er 180 mg	5	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg</i>	2	
REGONOL - pyridostigmine bromide iv soln 10 mg/2ml (5 mg/ml)	4	
<b>Antimycobacterials</b>		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml	1	

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Drug Name	Drug Tier	Requirements/Limits
ISONIAZID - isoniazid syrup 50 mg/5ml	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER - aminosalicyclic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	2	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	2	
<i>rifampin cap 300 mg</i>	2	
<i>rifampin for inj 600 mg</i>	1	
RIFATER - isoniazid-rifampin w/ pyrazinamide tab 50-120-300 mg	4	
SIRTURO - bedaquiline fumarate tab 100 mg	5	
TRECTOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
AFINITOR - everolimus tab 2.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg	5	PA, QL (150 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, QL (3 vials/28 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg	5	PA, QL (180 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
ARRANON - nelarabine iv soln 5 mg/ml	5	
ARSENIC TRIOXIDE - arsenic trioxide inj 10 mg/10ml (1 mg/ml)	3	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	PA
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	PA
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	PA

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Drug Name	Drug Tier	Requirements/Limits
BELEODAQ - belinostat for iv inj 500 mg*	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
BICNU - carmustine for inj 100 mg	3	
BLEO 15K - bleomycin sulf for inj 15 usp unit(15000 international unit)	4	BD
<i>bleomycin sulfate for inj 15 unit</i>	1	BD
<i>bleomycin sulfate for inj 30 unit</i>	1	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)
<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 (90 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml</i>	2	
<i>carboplatin iv soln 150 mg/15ml</i>	2	
<i>carboplatin iv soln 450 mg/45ml</i>	2	
<i>carboplatin iv soln 600 mg/60ml</i>	2	
<i>carmustine for inj 100 mg</i>	3	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	1	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	1	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	1	
<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)
COSMEGEN - dactinomycin for inj 0.5 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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	1	BD
<i>cytarabine inj pf 20 mg/ml</i>	1	BD
<i>cytarabine inj pf 100 mg/ml</i>	1	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	1	
<i>dactinomycin for inj 0.5 mg</i>	5	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	1	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	1	
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane for inj 250 mg</i>	5	
<i>dexrazoxane for inj 500 mg</i>	5	
DOCETAXEL - docetaxel for inj conc 20 mg/ml	5	
DOCETAXEL - docetaxel for inj conc 80 mg/4ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 160 mg/8ml (20 mg/ml)	5	
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
DOCETAXEL - docetaxel soln for iv infusion 20 mg/2ml	5	
DOCETAXEL - docetaxel soln for iv infusion 80 mg/8ml	5	
DOCETAXEL - docetaxel soln for iv infusion 160 mg/16ml	5	
DOCETAXEL - docetaxel soln for iv infusion 200 mg/20ml	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 10 mg</i>	1	BD
<i>doxorubicin hcl for inj 50 mg</i>	1	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	1	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
ELITEK - rasburicase for iv soln 1.5 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
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
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	1	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	1	
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)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	5	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	1	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	1	
EVOMELA - melphalan hcl for inj 50 mg*	5	
<i>exemestane tab 25 mg</i>	4	
FARESTON - toremifene citrate tab 60 mg	5	QL (30 tablets/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)
FASLODEX - fulvestrant inj 250 mg/5ml	5	QL (30 mls/30 days)
<i>fludarabine phosphate for inj 50 mg</i>	1	
<i>fludarabine phosphate inj 25 mg/ml</i>	1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	1	BD
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	1	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	1	BD
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	1	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
FUSILEV - levoleucovorin calcium for iv inj 50 mg	5	
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA, QL (9 vials/365 days)
<i>gemcitabine hcl for inj 200 mg</i>	5	
<i>gemcitabine hcl for inj 1 gm</i>	5	
<i>gemcitabine hcl for inj 2 gm</i>	5	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	5	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 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>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	5	
GILOTRIF - afatinib dimaleate tab 20 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	4	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN - trastuzumab for iv soln 440 mg*	5	PA
HEXALEN - altretamine cap 50 mg	5	PA
<i>hydroxyurea cap 500 mg</i>	1	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
ICLUSIG - ponatinib hcl tab 15 mg	5	PA, QL (90 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg	5	PA, QL (30 tablets/30 days)
IFOSFAMIDE - ifosfamide for inj 3 gm	1	
<i>ifosfamide for inj 1 gm</i>	1	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i>	1	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i>	1	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (60 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 140 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 560 mg	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml*	4	

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Drug Name	Drug Tier	Requirements/Limits
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml*	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (120 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	1	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	1	
ISTODAX - romidepsin for iv inj 10 mg	5	PA
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	PA
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)*	5	PA
KISQALI - ribociclib succinate tab 200 mg	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib tab 200 mg & letrozole tab 2.5 mg therapy pack	5	PA, QL (91 tablets/28 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	PA
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)

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
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	QL (30 tablets/30 days)
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	2	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	2	
<i>leucovorin calcium for inj 50 mg</i>	2	
<i>leucovorin calcium for inj 100 mg</i>	2	
<i>leucovorin calcium for inj 200 mg</i>	2	
<i>leucovorin calcium for inj 350 mg</i>	2	
<i>leucovorin calcium for inj 500 mg</i>	2	
<i>leucovorin calcium tab 5 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	3	
<i>levoleucovorin calcium for iv inj 50 mg</i>	5	
<i>levoleucovorin calcium inj 175 mg/17.5ml</i>	5	
<i>levoleucovorin calcium iv soln pf 250 mg/25ml</i>	5	
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 (100 tablets/28 days)
LYNPARZA - olaparib cap 50 mg*	5	PA, QL (480 capsules/30 days)
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
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 (30 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg</i>	2	
<i>mesna inj 100 mg/ml</i>	2	
MESNEX - mesna tab 400 mg	3	
<i>mitomycin for iv soln 5 mg</i>	5	
<i>mitomycin for iv soln 20 mg</i>	5	
<i>mitomycin for iv soln 40 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	1	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	1	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	1	
MUSTARGEN - mechlorethamine hcl for inj 10 mg	3	
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	QL (60 tablets/30 days)
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml*	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml*	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml*	5	PA
<i>oxaliplatin for iv inj 50 mg</i>	4	
<i>oxaliplatin for iv inj 100 mg</i>	4	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
PACLITAXEL - paclitaxel iv conc 150 mg/25ml (6 mg/ml)	1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	1	
PANRETIN - alitretinoin gel 0.1%	5	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	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, QL (2 vials/21 days)
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (30 capsules/30 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
ROMIDEPSIN - romidepsin for iv inj 10 mg	5	PA
RUBRACA - rucaparib camsylate tab 200 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (60 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (60 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (60 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (60 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (60 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
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)
<i>tamoxifen citrate tab 10 mg</i>	1	
<i>tamoxifen citrate tab 20 mg</i>	1	
TARCEVA - erlotinib hcl tab 25 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 100 mg	5	PA, QL (30 tablets/30 days)
TARCEVA - erlotinib hcl tab 150 mg	5	PA, QL (30 tablets/30 days)
TARGRETIN - bexarotene cap 75 mg	5	PA
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	QL (4 vials/28 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>topotecan hcl for inj 4 mg</i>	5	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	5	
TORISEL - temsirolimus soln for iv infusion 25 mg/ml	5	QL (4 vials/28 days)
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)*	5	
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	4	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (120 tablets/30 days)
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	1	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	1	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	1	
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 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
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	3	
ZEJULA - niraparib tosylate cap 100 mg	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (140 capsules/28 days)
ZYTIGA - abiraterone acetate tab 250 mg*	5	PA, QL (120 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (120 tablets/30 days)
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	4	
ALBENZA - albendazole tab 200 mg	4	
ALINIA - nitazoxanide for susp 100 mg/5ml	3	QL (500 mls/30 days)
ALINIA - nitazoxanide tab 500 mg	3	QL (20 tablets/30 days)
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	4	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	4	
BENZNIDAZOLE - benznidazole tab 12.5 mg	3	
BENZNIDAZOLE - benznidazole tab 100 mg	3	
BILTRICIDE - praziquantel tab 600 mg	3	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	1	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>crotamiton lotion 10%</i>	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
EURAX - crotamiton cream 10%	4	
EURAX - crotamiton lotion 10%	4	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
<i>malathion lotion 0.5%</i>	2	
<i>mefloquine hcl tab 250 mg</i>	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	3	BD

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Drug Name	Drug Tier	Requirements/Limits
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	BD
<i>permethrin cream 5%</i>	2	
<i>praziquantel tab 600 mg</i>	2	
PRIMAQUINE PHOSPHATE - primaquine phosphate tab 26.3 mg	3	
<i>quinine sulfate cap 324 mg</i>	4	PA
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg</i>	2	
<i>amantadine hcl syrup 50 mg/5ml</i>	2	
<i>amantadine hcl tab 100 mg</i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	
<i>benztropine mesylate inj 1 mg/ml</i>	3	
<i>benztropine mesylate tab 0.5 mg#</i>	3	PA
<i>benztropine mesylate tab 1 mg#</i>	3	PA
<i>benztropine mesylate tab 2 mg#</i>	3	PA
<i>bromocriptine mesylate cap 5 mg</i>	4	
<i>bromocriptine mesylate tab 2.5 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	2	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	1	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
<i>entacapone tab 200 mg</i>	4	
NEUPRO - rotigotine td patch 24hr 1 mg/24hr	4	QL (30 patches/30 days)
NEUPRO - rotigotine td patch 24hr 2 mg/24hr	4	QL (30 patches/30 days)
NEUPRO - rotigotine td patch 24hr 3 mg/24hr	4	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
NEUPRO - rotigotine td patch 24hr 4 mg/24hr	4	QL (30 patches/30 days)
NEUPRO - rotigotine td patch 24hr 6 mg/24hr	4	QL (30 patches/30 days)
NEUPRO - rotigotine td patch 24hr 8 mg/24hr	4	QL (30 patches/30 days)
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	4	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg</i>	4	QL (30 tablets/30 days)
<i>rasagiline mesylate tab 1 mg</i>	4	QL (30 tablets/30 days)
<i>ropinirole hydrochloride tab er 24hr 2 mg</i>	4	QL (30 tablets/30 days)
<i>ropinirole hydrochloride tab er 24hr 4 mg</i>	4	QL (30 tablets/30 days)
<i>ropinirole hydrochloride tab er 24hr 6 mg</i>	4	QL (90 tablets/30 days)
<i>ropinirole hydrochloride tab er 24hr 8 mg</i>	4	QL (30 tablets/30 days)
<i>ropinirole hydrochloride tab er 24hr 12 mg</i>	4	QL (90 tablets/30 days)
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl elixir 0.4 mg/ml#</i>	3	PA
<i>trihexyphenidyl hcl tab 2 mg#</i>	3	PA
<i>trihexyphenidyl hcl tab 5 mg#</i>	3	PA
<b>Antipsychotics</b>		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	PA, QL (1 syringe or vial/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
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	PA, QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	PA, QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	PA, QL (1 syringe or vial/28 days)
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA, QL (900 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	4	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	4	PA, QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	4	PA, QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	PA, QL (1 syringe/56 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	4	PA, QL (180 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	5	PA, QL (120 tablets/30 days)
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	PA, QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	PA, QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	PA, QL (270 tablets/30 days)
<i>clozapine tab 25 mg</i>	1	PA, QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	1	PA, QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	1	PA, QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	1	PA, QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA, QL (60 tablets/30 days)

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 TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA, QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	2	PA
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	2	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	2	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	2	PA
<i>fluphenazine hcl tab 1 mg</i>	2	PA
<i>fluphenazine hcl tab 2.5 mg</i>	2	PA
<i>fluphenazine hcl tab 5 mg</i>	2	PA
<i>fluphenazine hcl tab 10 mg</i>	2	PA
GEODON - ziprasidone mesylate for inj 20 mg	4	PA, QL (60 vials/30 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	2	PA
<i>haloperidol decanoate im soln 100 mg/ml</i>	2	PA
<i>haloperidol lactate inj 5 mg/ml</i>	2	PA
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PA
<i>haloperidol tab 0.5 mg</i>	2	PA
<i>haloperidol tab 1 mg</i>	2	PA
<i>haloperidol tab 2 mg</i>	2	PA
<i>haloperidol tab 5 mg</i>	2	PA
<i>haloperidol tab 10 mg</i>	2	PA
<i>haloperidol tab 20 mg</i>	2	PA
INVEGA SUSTENNA - paliperidone palmitate im extend-release susp 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 39 mg/0.25ml	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 78 mg/0.5ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate im extended-release susp 234 mg/1.5ml	5	PA, QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 273 mg/0.875ml	4	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 410 mg/1.315ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 546 mg/1.75ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate im extend-release susp 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)

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
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg</i>	1	PA
<i>loxapine succinate cap 10 mg</i>	1	PA
<i>loxapine succinate cap 25 mg</i>	1	PA
<i>loxapine succinate cap 50 mg</i>	1	PA
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
NUPLAZID - pimavanserin tartrate tab 17 mg*	5	PA, QL (60 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	2	PA, QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	PA, QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	PA, QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	2	PA, QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	2	PA, QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	2	PA, QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	2	PA, QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	2	PA, QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	2	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	5	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	5	PA, QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	PA, QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	PA, QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	PA, QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)

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 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	4	PA, QL (2 vials/28 days)
<i>risperidone orally disintegrating tab 0.25 mg</i>	4	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	2	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	4	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	4	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	4	PA, QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	4	PA, QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	1	PA, QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	1	PA, QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA, QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	PA, QL (60 tablets/30 days)
<i>thioridazine hcl tab 10 mg</i>	2	PA
<i>thioridazine hcl tab 25 mg</i>	2	PA
<i>thioridazine hcl tab 50 mg</i>	2	PA
<i>thioridazine hcl tab 100 mg</i>	2	PA
<i>thiothixene cap 1 mg</i>	1	PA
<i>thiothixene cap 2 mg</i>	1	PA
<i>thiothixene cap 5 mg</i>	1	PA
<i>thiothixene cap 10 mg</i>	1	PA
<i>trifluoperazine hcl tab 1 mg</i>	2	PA
<i>trifluoperazine hcl tab 2 mg</i>	2	PA
<i>trifluoperazine hcl tab 5 mg</i>	2	PA
<i>trifluoperazine hcl tab 10 mg</i>	2	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	4	PA, QL (14 capsules/365 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)

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
VRAYLAR - cariprazine hcl cap 6 mg	5	PA, QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	4	PA, QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	4	PA, QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	4	PA, QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	4	PA, QL (60 capsules/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	4	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	4	
<i>dantrolene sodium cap 100 mg</i>	4	
<i>tizanidine hcl cap 2 mg</i>	4	
<i>tizanidine hcl cap 4 mg</i>	4	
<i>tizanidine hcl cap 6 mg</i>	4	
<i>tizanidine hcl tab 2 mg</i>	2	
<i>tizanidine hcl tab 4 mg</i>	2	
<b>Antivirals</b>		
<i>abacavir sulfate soln 20 mg/ml</i>	4	
<i>abacavir sulfate tab 300 mg</i>	4	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	5	
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir oint 5%</i>	4	
<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>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	5	
APTIVUS - tipranavir cap 250 mg	5	
APTIVUS - tipranavir oral soln 100 mg/ml	5	
<i>atazanavir sulfate cap 150 mg</i>	5	
<i>atazanavir sulfate cap 200 mg</i>	5	
<i>atazanavir sulfate cap 300 mg</i>	5	
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	QL (600 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
<i>cidofovir iv inj 75 mg/ml</i>	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	
CRIXIVAN - indinavir sulfate cap 400 mg	3	
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 90 mg	5	PA
DENAVIR - penciclovir cream 1%	5	
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
<i>didanosine delayed release capsule 200 mg</i>	4	
<i>didanosine delayed release capsule 250 mg</i>	4	
<i>didanosine delayed release capsule 400 mg</i>	4	
EDURANT - rilpivirine hcl tab 25 mg	5	
<i>efavirenz cap 50 mg</i>	4	
<i>efavirenz cap 200 mg</i>	4	
<i>efavirenz tab 600 mg</i>	5	
EMTRIVA - emtricitabine caps 200 mg	3	
EMTRIVA - emtricitabine soln 10 mg/ml	3	
<i>entecavir tab 0.5 mg</i>	5	QL (30 tablets/30 days)
<i>entecavir tab 1 mg</i>	5	QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EPZICOM - abacavir sulfate-lamivudine tab 600-300 mg	5	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg</i>	2	QL (60 tablets/30 days)
<i>famciclovir tab 250 mg</i>	2	QL (60 tablets/30 days)
<i>famciclovir tab 500 mg</i>	2	QL (60 tablets/30 days)
<i>fosamprenavir calcium tab 700 mg</i>	5	
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	

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
INTELENCE - etravirine tab 100 mg	5	QL (120 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 10000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 18000000 unit	5	
INTRON A W/DILUENT - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate cap 200 mg	5	
INVIRASE - saquinavir mesylate tab 500 mg	5	
ISENTRESS - raltegravir potassium chew tab 25 mg	3	
ISENTRESS - raltegravir potassium chew tab 100 mg	3	
ISENTRESS - raltegravir potassium packet for susp 100 mg	3	
ISENTRESS - raltegravir potassium tab 400 mg	3	QL (120 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	3	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	4	
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	
<i>lamivudine oral soln 10 mg/ml</i>	4	
<i>lamivudine tab 100 mg (hbv)</i>	4	
<i>lamivudine tab 150 mg</i>	4	
<i>lamivudine tab 300 mg</i>	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	
LEXIVA - fosamprenavir calcium susp 50 mg/ml	3	
LEXIVA - fosamprenavir calcium tab 700 mg	5	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
MODERIBA - ribavirin tab 200 mg & ribavirin 400 mg tab therapy pack	5	
MODERIBA - ribavirin tab 400 mg & ribavirin 600 mg tab therapy pack	5	
MODERIBA 1200 DOSE PACK - ribavirin tab 600 mg	5	
MODERIBA 800 DOSE PACK - ribavirin tab 400 mg	2	
<i>nevirapine susp 50 mg/5ml</i>	4	
<i>nevirapine tab er 24hr 100 mg</i>	4	
<i>nevirapine tab er 24hr 400 mg</i>	4	
<i>nevirapine tab 200 mg</i>	2	
NORVIR - ritonavir cap 100 mg	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
NORVIR - ritonavir oral soln 80 mg/ml	3	
NORVIR - ritonavir powder packet 100 mg	3	
NORVIR - ritonavir tab 100 mg	3	
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>	2	QL (1080 mls/365 days)
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	QL (4 vials/28 days)
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	QL (4 syringes/28 days)
PEGASYS PROCLICK - peginterferon alfa-2a inj 135 mcg/0.5ml	5	QL (4 syringes/28 days)
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	QL (4 syringes/28 days)
PREVYMIS - letermovir iv soln 240 mg/12ml	5	
PREVYMIS - letermovir iv soln 480 mg/24ml	5	
PREVYMIS - letermovir tab 240 mg	5	
PREVYMIS - letermovir tab 480 mg	5	
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	
PREZISTA - darunavir ethanolate tab 75 mg	3	
PREZISTA - darunavir ethanolate tab 150 mg	3	
PREZISTA - darunavir ethanolate tab 600 mg	5	
PREZISTA - darunavir ethanolate tab 800 mg	5	
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	QL (6 boxes/365 days)
RESCRIPTOR - delavirdine mesylate tab 100 mg	3	
RESCRIPTOR - delavirdine mesylate tab 200 mg	3	
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate cap 150 mg	5	
REYATAZ - atazanavir sulfate cap 200 mg	5	
REYATAZ - atazanavir sulfate cap 300 mg	5	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	
RIBASPHERE - ribavirin tab 400 mg	2	
RIBASPHERE - ribavirin tab 600 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 200 mg & ribavirin 400 mg tab therapy pack	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg & ribavirin 600 mg tab therapy pack	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	2	
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
<i>rimantadine hydrochloride tab 100 mg</i>	4	
<i>ritonavir tab 100 mg</i>	3	
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	
SELZENTRY - maraviroc tab 75 mg	5	
SELZENTRY - maraviroc tab 150 mg	5	QL (120 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
<i>stavudine cap 15 mg</i>	2	
<i>stavudine cap 20 mg</i>	2	
<i>stavudine cap 30 mg</i>	2	
<i>stavudine cap 40 mg</i>	2	
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	
SUSTIVA - efavirenz cap 50 mg	4	
SUSTIVA - efavirenz cap 200 mg	5	
SUSTIVA - efavirenz tab 600 mg	5	
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
TAMIFLU - oseltamivir phosphate for susp 6 mg/ml	3	QL (1080 mls/365 days)
TECHNIVIE - ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	5	PA
<i>tenofovir disoproxil fumarate tab 300 mg</i>	5	
TIVICAY - dolutegravir sodium tab 10 mg	4	
TIVICAY - dolutegravir sodium tab 25 mg	5	
TIVICAY - dolutegravir sodium tab 50 mg	5	
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	
TYBOST - cobicistat tab 150 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
TYZEKA - telbivudine tab 600 mg	5	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	QL (60 tablets/30 days)
<i>valacyclovir hcl tab 1 gm</i>	2	QL (90 tablets/30 days)
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	5	
VICTRELIS - boceprevir cap 200 mg	5	QL (360 capsules/30 days)
VIDEX - didanosine for soln 2 gm	3	
VIDEX - didanosine for soln 4 gm	3	
VIDEX EC - didanosine delayed release capsule 125 mg	4	
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIEKIRA XR - dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	
VIRACEPT - nelfinavir mesylate tab 625 mg	5	
VIRAMUNE - nevirapine susp 50 mg/5ml	4	
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	
VIREAD - tenofovir disoproxil fumarate tab 300 mg	5	
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
ZERIT - stavudine for oral soln 1 mg/ml	4	
ZIAGEN - abacavir sulfate soln 20 mg/ml	4	
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	2	
<i>zidovudine tab 300 mg</i>	2	
<b>Anxiolytics</b>		
<i>alprazolam tab 0.25 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>alprazolam tab 1 mg</i>	2	QL (300 tablets/30 days)
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 0.25 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>clonazepam orally disintegrating tab 0.5 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 1 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam tab 1 mg</i>	2	QL (90 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (90 tablets/90 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (90 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tablets/30 days)
DIAZEPAM - diazepam inj 5 mg/ml	2	
DIAZEPAM - diazepam oral soln 1 mg/ml	2	QL (1200 mls/30 days)
<i>diazepam conc 5 mg/ml</i>	2	QL (240 mls/30 days)
<i>diazepam tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>diazepam tab 5 mg</i>	2	QL (60 tablets/30 days)
<i>diazepam tab 10 mg</i>	2	QL (120 tablets/30 days)
HYDROXYZINE HCL - hydroxyzine hcl im soln 25 mg/ml#	4	PA
<i>hydroxyzine hcl tab 10 mg#</i>	3	PA
<i>hydroxyzine hcl tab 25 mg#</i>	3	PA
<i>hydroxyzine hcl tab 50 mg#</i>	3	PA
<i>lorazepam tab 0.5 mg</i>	2	QL (120 tablets/30 days)
<i>lorazepam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	2	QL (150 tablets/30 days)
<b>Bipolar Agents</b>		
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 100 mg	4	
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 200 mg	4	
EQUETRO - carbamazepine (antipsychotic) cap er 12hr 300 mg	4	
LITHIUM - lithium oral solution 8 meq/5ml	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	4	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	4	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	4	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	4	
<i>olanzapine-fluoxetine hcl cap 12-50 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
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg</i>	2	
<i>acarbose tab 50 mg</i>	2	
<i>acarbose tab 100 mg</i>	2	
ALCOHOL SWABS	3	
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON - exenatide for inj extended release susp 2 mg	3	QL (4 vials/28 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days)
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	3	QL (4 pens/28 days)
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	4	QL (1 pen/30 days)
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	QL (1 pen/30 days)
CHLORPROPAMIDE - chlorpropamide tab 100 mg#	3	PA
CHLORPROPAMIDE - chlorpropamide tab 250 mg#	3	PA
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg</i>	6	
<i>glimepiride tab 2 mg</i>	6	
<i>glimepiride tab 4 mg</i>	6	
<i>glipizide tab er 24hr 2.5 mg</i>	6	
<i>glipizide tab er 24hr 5 mg</i>	6	
<i>glipizide tab er 24hr 10 mg</i>	6	
<i>glipizide tab 5 mg</i>	6	
<i>glipizide tab 10 mg</i>	6	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	6	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	6	
<i>glipizide-metformin hcl tab 5-500 mg</i>	6	
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	
HUMALOG - insulin lispro inj 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	PA, QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	PA, QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	PA, QL (30 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	PA, QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (30 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (30 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 (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE - empagliflozin tab 25 mg	3	PA, QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	4	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	4	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)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	6	
<i>metformin hcl tab er 24hr 750 mg</i>	6	
<i>metformin hcl tab 500 mg</i>	6	
<i>metformin hcl tab 850 mg</i>	6	
<i>metformin hcl tab 1000 mg</i>	6	
<i>miglitol tab 25 mg</i>	2	
<i>miglitol tab 50 mg</i>	2	
<i>miglitol tab 100 mg</i>	2	
<i>nateglinide tab 60 mg</i>	2	
<i>nateglinide tab 120 mg</i>	2	
ONGLYZA - saxagliptin hcl tab 2.5 mg	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	3	QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	3	QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	3	QL (2 pens/28 days)
<i>pioglitazone hcl tab 15 mg</i>	1	
<i>pioglitazone hcl tab 30 mg</i>	1	
<i>pioglitazone hcl tab 45 mg</i>	1	
PROGLYCEM - diazoxide susp 50 mg/ml	5	
<i>repaglinide tab 0.5 mg</i>	2	
<i>repaglinide tab 1 mg</i>	2	
<i>repaglinide tab 2 mg</i>	2	
REPAGLINIDE/METFORMIN HYDROCHLORIDE - repaglinide- metformin hcl tab 1-500 mg	2	
REPAGLINIDE/METFORMIN HYDROCHLORIDE - repaglinide- metformin hcl tab 2-500 mg	2	
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	QL (4 syringes/30 days)
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4	QL (4 syringes/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	PA, QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	PA, QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	PA, QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	PA, QL (60 tablets/30 days)
TOLAZAMIDE - tolazamide tab 250 mg	6	
TOLAZAMIDE - tolazamide tab 500 mg	6	
TOLBUTAMIDE - tolbutamide tab 500 mg	6	
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	4	QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	4	QL (4 pens/28 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days)
<b>Blood Products/Modifiers/Volume Expanders</b>		
AMICAR - aminocaproic acid oral soln 0.25 gm/ml	4	
AMICAR - aminocaproic acid tab 500 mg	4	
<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	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
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>azacitidine for inj 100 mg</i>	5	
BEVYXXA - betrixaban maleate cap 40 mg	4	QL (43 capsules/42 days)
BEVYXXA - betrixaban maleate cap 80 mg	4	QL (43 capsules/42 days)
BRILINTA - ticagrelor tab 60 mg	4	
BRILINTA - ticagrelor tab 90 mg	4	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>dipyridamole tab 25 mg#</i>	3	PA
<i>dipyridamole tab 50 mg#</i>	3	PA
<i>dipyridamole tab 75 mg#</i>	3	PA
ELIQUIS - apixaban tab 2.5 mg	3	
ELIQUIS - apixaban tab 5 mg	3	
ELIQUIS STARTER PACK - apixaban tab 5 mg	3	
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 100 mg/ml</i>	4	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	
<i>enoxaparin sodium inj 150 mg/ml</i>	4	
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	
EPOGEN - epoetin alfa inj 2000 unit/ml	3	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	3	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	3	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	3	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	5	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	4	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	4	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	4	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	4	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	
<i>heparin sodium (porcine) 2 unit/ml in sodium chloride 0.9%</i>	1	
<i>heparin sodium (porcine) 40 unit/ml in d5w</i>	1	
<i>heparin sodium (porcine) 50 unit/ml in d5w</i>	1	
HEPARIN SODIUM/D5W - heparin sodium (porcine) 100 unit/ml in d5w	1	
HEPARIN SODIUM/NACL 0.45% - heparin sodium (porcine) 50 unit/ml in sodium chloride 0.45%	1	
HEPARIN SODIUM/NACL 0.45% - heparin sodium (porcine) 100 unit/ml in sodium chloride 0.45%	1	
HEPARIN SODIUM/SODIUM CHLORIDE - heparin sod (porcine) in nacl iv soln 25000 unit/250ml-0.45%	1	
HEPARIN SODIUM/SODIUM CHLORIDE - heparin sod (porcine) in nacl iv soln 25000 unit/500ml-0.45%	1	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	QL (8 vials/30 days)
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	5	
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	5	
NEUPOGEN - filgrastim inj 300 mcg/ml	5	
NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	5	
NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml	5	
NEUPOGEN - filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	5	
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	
<i>prasugrel hcl tab 5 mg</i>	4	
<i>prasugrel hcl tab 10 mg</i>	4	
PROCRIT - epoetin alfa inj 2000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	3	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
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
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	
<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 10 mg	3	
XARELTO - rivaroxaban tab 15 mg	3	
XARELTO - rivaroxaban tab 20 mg	3	
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5	
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5	
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>acetazolamide cap er 12hr 500 mg</i>	4	
<i>acetazolamide sodium for inj 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	4	
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 50-50 mg	4	
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	1	
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	1	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 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>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>	1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	1	
<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>	6	QL (30 tablets/30 days)
<i>atorvastatin calcium tab 20 mg</i>	6	QL (30 tablets/30 days)
<i>atorvastatin calcium tab 40 mg</i>	6	QL (30 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	6	QL (30 tablets/30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	1	
<i>benazepril hcl tab 5 mg</i>	6	
<i>benazepril hcl tab 10 mg</i>	6	
<i>benazepril hcl tab 20 mg</i>	6	
<i>benazepril hcl tab 40 mg</i>	6	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>candesartan cilexetil tab 4 mg</i>	2	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 8 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil tab 16 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	2	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-15 mg	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 25-25 mg	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-15 mg	1	
CAPTOPRIL/HYDROCHLOROTHIAZIDE - captopril & hydrochlorothiazide tab 50-25 mg	1	
CARDIZEM LA - diltiazem hcl coated beads tab er 24hr 120 mg	4	
<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	
CHLOROTHIAZIDE - chlorothiazide tab 250 mg	1	
<i>chlorothiazide tab 500 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>choline fenofibrate cap dr 45 mg</i>	2	QL (30 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg</i>	4	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	
<i>colesevelam hcl tab 625 mg</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	2	
CORLANOR - ivabradine hcl tab 5 mg	4	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	4	PA, QL (60 tablets/30 days)
DEMSER - metyrosine cap 250 mg	5	
DIGOXIN - digoxin oral soln 0.05 mg/ml#	3	QL (150 mls/30 days)
<i>digoxin inj 0.25 mg/ml#</i>	3	
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	3	PA, QL (30 tablets/30 days)
DILTIAZEM HCL - diltiazem hcl iv for soln 100 mg	1	
<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>	2	
<i>diltiazem hcl cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	4	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	4	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	4	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	4	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	4	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	2	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>disopyramide phosphate cap 100 mg#</i>	4	PA
<i>disopyramide phosphate cap 150 mg#</i>	4	PA
<i>dofetilide cap 125 mcg (0.125 mg)</i>	2	QL (240 capsules/30 days)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	2	QL (120 capsules/30 days)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	2	QL (60 capsules/30 days)
<i>doxazosin mesylate tab 1 mg</i>	2	
<i>doxazosin mesylate tab 2 mg</i>	2	
<i>doxazosin mesylate tab 4 mg</i>	2	
<i>doxazosin mesylate tab 8 mg</i>	2	
DYRENIUM - triamterene cap 50 mg	4	
DYRENIUM - triamterene cap 100 mg	4	
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	6	
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	6	
<i>enalapril maleate tab 2.5 mg</i>	6	
<i>enalapril maleate tab 5 mg</i>	6	
<i>enalapril maleate tab 10 mg</i>	6	
<i>enalapril maleate tab 20 mg</i>	6	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	4	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	4	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	4	PA, QL (60 tablets/30 days)
<i>eplerenone tab 25 mg</i>	4	
<i>eplerenone tab 50 mg</i>	4	
EPROSARTAN MESYLATE - eprosartan mesylate tab 600 mg	2	
<i>ezetimibe tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 67 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 130 mg</i>	2	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 134 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 40 mg</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 48 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 120 mg</i>	4	QL (30 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)
FENOFIBRIC ACID - fenofibric acid tab 35 mg	2	QL (60 tablets/30 days)
FENOFIBRIC ACID - fenofibric acid tab 105 mg	2	
<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>fluvastatin sodium cap 20 mg</i>	2	
<i>fluvastatin sodium cap 40 mg</i>	2	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>fosinopril sodium tab 10 mg</i>	6	
<i>fosinopril sodium tab 20 mg</i>	6	
<i>fosinopril sodium tab 40 mg</i>	6	
FUROSEMIDE - furosemide oral soln 8 mg/ml	1	
<i>furosemide inj 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<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>	1	
<i>guanfacine hcl tab 1 mg#</i>	3	PA
<i>guanfacine hcl tab 2 mg#</i>	3	PA
<i>hydralazine hcl inj 20 mg/ml</i>	1	
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>irbesartan tab 75 mg</i>	6	
<i>irbesartan tab 150 mg</i>	6	
<i>irbesartan tab 300 mg</i>	6	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	6	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	6	
ISOSORBIDE DINITRATE ER - isosorbide dinitrate tab er 40 mg	2	
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide dinitrate tab 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	2	
<i>isosorbide mononitrate tab 20 mg</i>	2	
<i>isradipine cap 2.5 mg</i>	4	
<i>isradipine cap 5 mg</i>	4	
JUXTAPID - lomitapide mesylate cap 5 mg*	5	PA, QL (30 capsules/30 days)
JUXTAPID - lomitapide mesylate cap 10 mg*	5	PA, QL (30 capsules/30 days)
JUXTAPID - lomitapide mesylate cap 20 mg*	5	PA, QL (30 capsules/30 days)
JUXTAPID - lomitapide mesylate cap 30 mg*	5	PA, QL (30 capsules/30 days)
JUXTAPID - lomitapide mesylate cap 40 mg*	5	PA, QL (30 capsules/30 days)
JUXTAPID - lomitapide mesylate cap 60 mg*	5	PA, QL (30 capsules/30 days)
KEVEYIS - dichlorphenamide tab 50 mg	5	QL (120 tablets/30 days)
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA, QL (4 syringes/28 days)
<i>labetalol hcl iv soln 5 mg/ml</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 &amp; hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	6	
<i>lisinopril tab 2.5 mg</i>	6	
<i>lisinopril tab 5 mg</i>	6	
<i>lisinopril tab 10 mg</i>	6	
<i>lisinopril tab 20 mg</i>	6	

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>lisinopril tab 30 mg</i>	6	
<i>lisinopril tab 40 mg</i>	6	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	6	QL (30 tablets/30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	6	QL (30 tablets/30 days)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 50 mg</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg</i>	6	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	4	
METHYCLOTHIAZIDE - methyclothiazide tab 5 mg	1	
<i>methyl dopa tab 250 mg#</i>	3	PA
<i>methyl dopa tab 500 mg#</i>	3	PA
METHYLDOPA/HYDROCHLOROTHIAZIDE - methyl dopa & hydrochlorothiazide tab 250-15 mg#	3	PA
METHYLDOPA/HYDROCHLOROTHIAZIDE - methyl dopa & hydrochlorothiazide tab 250-25 mg#	3	PA
METHYLDOPATE HCL - methyl dopate hcl inj 250 mg/5ml#	3	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	1	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	1	
<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	
METOPROLOL TARTRATE - metoprolol tartrate iv soln cart inj 5 mg/5ml (1 mg/ml)	1	
METOPROLOL TARTRATE - metoprolol tartrate tab 37.5 mg	2	
METOPROLOL TARTRATE - metoprolol tartrate tab 75 mg	2	
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg</i>	2	
<i>midodrine hcl tab 5 mg</i>	2	
<i>midodrine hcl tab 10 mg</i>	2	
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	6	
<i>moexipril hcl tab 15 mg</i>	6	
<i>moexipril-hydrochlorothiazide tab 7.5-12.5 mg</i>	6	
<i>moexipril-hydrochlorothiazide tab 15-12.5 mg</i>	6	
<i>moexipril-hydrochlorothiazide tab 15-25 mg</i>	6	
MULTAQ - dronedarone hcl tab 400 mg	4	
<i>nadolol tab 20 mg</i>	4	
<i>nadolol tab 40 mg</i>	4	
<i>nadolol tab 80 mg</i>	4	
<i>niacin tab er 500 mg</i>	4	
<i>niacin tab er 750 mg</i>	4	
<i>niacin tab er 1000 mg</i>	4	
<i>nicardipine hcl cap 20 mg</i>	2	
<i>nicardipine hcl cap 30 mg</i>	2	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	2	
<i>nifedipine cap 10 mg#</i>	3	PA
<i>nifedipine cap 20 mg#</i>	3	PA
<i>nifedipine tab er 24hr 30 mg</i>	2	
<i>nifedipine tab er 24hr 60 mg</i>	2	
<i>nifedipine tab er 24hr 90 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	5	
NITRO-BID - nitroglycerin oint 2%	4	
NITROGLYCERIN - nitroglycerin iv soln 5 mg/ml	1	
NITROGLYCERIN LINGUAL - nitroglycerin lingual aerosol 400 mcg/spray	4	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	QL (30 patches/30 days)
NITROSTAT - nitroglycerin sl tab 0.3 mg	4	
NITROSTAT - nitroglycerin sl tab 0.4 mg	4	
NITROSTAT - nitroglycerin sl tab 0.6 mg	4	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>pentoxifylline tab er 400 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
PRALUENT - alirocumab subcutaneous soln pen-injector 75 mg/ml*	5	PA, QL (2 pens/28 days)
PRALUENT - alirocumab subcutaneous soln pen-injector 150 mg/ml*	5	PA, QL (2 pens/28 days)
<i>pravastatin sodium tab 10 mg</i>	6	QL (30 tablets/30 days)
<i>pravastatin sodium tab 20 mg</i>	6	QL (30 tablets/30 days)
<i>pravastatin sodium tab 40 mg</i>	6	QL (30 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	6	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
PROCAINAMIDE HCL - procainamide hcl inj 100 mg/ml	1	
PROCAINAMIDE HCL - procainamide hcl inj 500 mg/ml	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 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>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>	4	
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml	2	
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml	2	
<i>propranolol hcl cap er 24hr 60 mg</i>	2	
<i>propranolol hcl cap er 24hr 80 mg</i>	2	
<i>propranolol hcl cap er 24hr 120 mg</i>	2	
<i>propranolol hcl cap er 24hr 160 mg</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	2	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 60 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
PROPRANOLOL/HYDROCHLOROTHIAZIDE - propranolol & hydrochlorothiazide tab 40-25 mg	2	
PROPRANOLOL/HYDROCHLOROTHIAZIDE - propranolol & hydrochlorothiazide tab 80-25 mg	2	
<i>quinapril hcl tab 5 mg</i>	6	
<i>quinapril hcl tab 10 mg</i>	6	
<i>quinapril hcl tab 20 mg</i>	6	
<i>quinapril hcl tab 40 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	6	
QUINIDINE GLUCONATE - quinidine gluconate inj 80 mg/ml	1	
<i>quinidine gluconate tab er 324 mg</i>	4	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	1	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	1	
<i>ramipril cap 1.25 mg</i>	6	
<i>ramipril cap 2.5 mg</i>	6	
<i>ramipril cap 5 mg</i>	6	
<i>ramipril cap 10 mg</i>	6	
RANEXA - ranolazine tab er 12hr 500 mg	4	QL (60 tablets/30 days)
RANEXA - ranolazine tab er 12hr 1000 mg	4	QL (60 tablets/30 days)
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	5	PA, QL (3 syringes/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	5	PA, QL (1 system/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	5	PA, QL (3 pens/28 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (30 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 10 mg</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 20 mg</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 40 mg</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 80 mg</i>	6	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	1	
<i>sotalol hcl (afib/af) tab 120 mg</i>	1	
<i>sotalol hcl (afib/af) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
SOTALOL HYDROCHLORIDE - sotalol hcl inj 150 mg/10ml (15 mg/ml)	1	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	2	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	1	
<i>terazosin hcl cap 2 mg</i>	1	
<i>terazosin hcl cap 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl cap 10 mg</i>	1	
TIMOLOL MALEATE - timolol maleate tab 5 mg	2	
TIMOLOL MALEATE - timolol maleate tab 10 mg	2	
TIMOLOL MALEATE - timolol maleate tab 20 mg	2	
<i>toremide tab 5 mg</i>	1	
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
<i>trandolapril tab 1 mg</i>	6	
<i>trandolapril tab 2 mg</i>	6	
<i>trandolapril tab 4 mg</i>	6	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	2	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	2	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	1	
<i>valsartan tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan tab 160 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	QL (30 tablets/30 days)
<i>verapamil hcl cap er 24hr 360 mg</i>	2	
<i>verapamil hcl cap er 24hr 100 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	2	
<i>verapamil hcl cap er 24hr 180 mg</i>	2	
<i>verapamil hcl cap er 24hr 200 mg</i>	2	
<i>verapamil hcl cap er 24hr 240 mg</i>	2	
<i>verapamil hcl cap er 24hr 300 mg</i>	2	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
WELCHOL - colesevelam hcl packet for susp 3.75 gm	4	
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tablets/30 days)
AMPYRA - dalfampridine tab er 12hr 10 mg*	5	PA, QL (60 tablets/30 days)
<i>atomoxetine hcl cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg</i>	2	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg</i>	2	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg</i>	2	QL (30 capsules/30 days)
AUBAGIO - teriflunomide tab 7 mg	5	PA, QL (30 tablets/30 days)
AUBAGIO - teriflunomide tab 14 mg	5	PA, QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg	5	PA
AUSTEDO - deutetrabenazine tab 9 mg	5	PA
AUSTEDO - deutetrabenazine tab 12 mg	5	PA
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	QL (15 vials/syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg*</i>	5	PA, QL (60 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	4	QL (30 capsules/30 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	2	QL (90 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	4	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
EXTAVIA - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
FLUOXETINE - fluoxetine hcl (pmdd) cap 10 mg	1	
FLUOXETINE - fluoxetine hcl (pmdd) cap 20 mg	1	
GILENYA - fingolimod hcl cap 0.5 mg	5	PA, QL (28 capsules/28 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg#</i>	4	PA, QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 2 mg#</i>	4	PA, QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 3 mg#</i>	4	PA, QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 4 mg#</i>	4	PA, QL (30 tablets/30 days)
INGREZZA - valbenazine tosylate cap 40 mg	5	PA
INGREZZA - valbenazine tosylate cap 80 mg	5	PA
LEMTRADA - alemtuzumab iv inj 12 mg/1.2ml (10 mg/ml)	5	PA, QL (5 vials/365 days)
METHYLIN - methylphenidate hcl soln 5 mg/5ml	3	QL (900 mls/30 days)
METHYLIN - methylphenidate hcl soln 10 mg/5ml	3	QL (900 mls/30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</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>methylphenidate hcl cap er 24hr 20 mg (la)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	4	QL (30 capsules/30 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl chew tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl chew tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	2	QL (900 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	2	QL (900 mls/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i>	4	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 10 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (60 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (60 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	2	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 18 mg	4	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 27 mg	4	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 36 mg	4	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER - methylphenidate hcl tab er 24hr 54 mg	4	QL (90 tablets/30 days)
METHYLPHENIDATE HYDROCHLORIDE ER (LA) - methylphenidate hcl cap er 24hr 60 mg (la)	4	QL (30 capsules/30 days)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (4 syringes/365 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (4 syringes/365 days)
RADICAVA - edaravone inj 30 mg/100ml (0.3 mg/ml)	5	PA
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	5	PA, QL (12 syringes/30 days)
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	5	PA, QL (12 syringes/30 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	5	PA, QL (12 syringes/30 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	5	PA, QL (12 syringes/30 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (12 syringes/30 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (12 syringes/30 days)
<i>riluzole tab 50 mg</i>	4	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg*</i>	5	PA
<i>tetrabenazine tab 25 mg*</i>	5	PA
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VYVANSE - lisdexamfetamine dimesylate cap 10 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 20 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 30 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 40 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 50 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 60 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 70 mg	4	QL (30 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg	4	QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg	4	QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg	4	QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg	4	QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg	4	QL (30 tablets/30 days)
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg	4	QL (30 tablets/30 days)
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
<b>Dermatological Agents</b>		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	5	
<i>acitretin cap 25 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
ACZONE - dapsone gel 5%	4	
ACZONE - dapsone gel 7.5%	4	
<i>adapalene cream 0.1%</i>	4	
<i>adapalene gel 0.1%</i>	4	
<i>adapalene gel 0.3%</i>	4	
<i>alclometasone dipropionate cream 0.05%</i>	2	
<i>alclometasone dipropionate oint 0.05%</i>	2	
AMCINONIDE - amcinonide cream 0.1%	4	
AMCINONIDE - amcinonide lotion 0.1%	4	
AMCINONIDE - amcinonide oint 0.1%	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	
<i>betamethasone dipropionate augmented gel 0.05%</i>	4	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	
<i>betamethasone dipropionate cream 0.05%</i>	2	
<i>betamethasone dipropionate lotion 0.05%</i>	2	
<i>betamethasone dipropionate oint 0.05%</i>	2	
<i>betamethasone valerate aerosol foam 0.12%</i>	4	
<i>betamethasone valerate cream 0.1%</i>	2	
<i>betamethasone valerate lotion 0.1%</i>	2	
<i>betamethasone valerate oint 0.1%</i>	2	
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	QL (60 mls/30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	4	
CALCITRIOL - calcitriol oint 3 mcg/gm	4	
CAPEX - fluocinolone acetonide shampoo 0.01%	4	
CARAC - fluorouracil cream 0.5%	5	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	4	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	
<i>clobetasol propionate emollient base cream 0.05%</i>	4	
<i>clobetasol propionate emulsion foam 0.05%</i>	4	
<i>clobetasol propionate foam 0.05%</i>	4	
<i>clobetasol propionate gel 0.05%</i>	4	
<i>clobetasol propionate lotion 0.05%</i>	4	
<i>clobetasol propionate oint 0.05%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate shampoo 0.05%</i>	4	
<i>clobetasol propionate soln 0.05%</i>	2	
<i>clobetasol propionate spray 0.05%</i>	4	
CLODERM - clocortolone pivalate cream 0.1%	4	
CLODERM PUMP - clocortolone pivalate cream 0.1%	4	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	4	
CONDYLOX - podofilox gel 0.5%	4	
CORDRAN - flurandrenolide tape 4 mcg/sqcm	4	
CORDRAN TAPE - flurandrenolide tape 4 mcg/sqcm	4	
CORTISPORIN - bacitracin-polymyxin-neomycin hc oint 1%	4	
<i>dapsone gel 5%</i>	4	
DESONATE - desonide gel 0.05%	4	
<i>desonide cream 0.05%</i>	4	
<i>desonide lotion 0.05%</i>	4	
<i>desonide oint 0.05%</i>	2	
<i>desoximetasone cream 0.05%</i>	4	
<i>desoximetasone cream 0.25%</i>	2	
<i>desoximetasone gel 0.05%</i>	4	
<i>desoximetasone oint 0.25%</i>	4	
<i>diclofenac sodium gel 3%</i>	5	
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	4	
<i>diflorasone diacetate oint 0.05%</i>	4	
DOXEPIN HYDROCHLORIDE - doxepin hcl cream 5%	4	
DOXYCYCLINE - doxycycline (rosacea) cap delayed release 40 mg	2	
ELIDEL - pimecrolimus cream 1%	4	
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	5	
FINACEA - azelaic acid gel 15%	4	
<i>fluocinolone acetonide cream 0.01%</i>	2	
<i>fluocinolone acetonide cream 0.025%</i>	2	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	
<i>fluocinolone acetonide oint 0.025%</i>	2	
<i>fluocinolone acetonide soln 0.01%</i>	4	
<i>fluocinonide cream 0.05%</i>	2	
<i>fluocinonide cream 0.1%</i>	4	
<i>fluocinonide emulsified base cream 0.05%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel 0.05%</i>	2	
<i>fluocinonide oint 0.05%</i>	2	
<i>fluocinonide soln 0.05%</i>	2	
FLUOROURACIL - fluorouracil cream 0.5%	5	
<i>fluorouracil cream 5%</i>	2	
<i>fluorouracil soln 2%</i>	2	
<i>fluorouracil soln 5%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	2	
<i>fluticasone propionate lotion 0.05%</i>	4	
<i>fluticasone propionate oint 0.005%</i>	2	
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halobetasol propionate cream 0.05%</i>	4	
<i>halobetasol propionate oint 0.05%</i>	4	
HALOG - halcinonide cream 0.1%	4	
HALOG - halcinonide oint 0.1%	4	
<i>hydrocortisone butyrate cream 0.1%</i>	4	
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	4	
<i>hydrocortisone butyrate oint 0.1%</i>	2	
<i>hydrocortisone butyrate soln 0.1%</i>	4	
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	2	
<i>hydrocortisone valerate oint 0.2%</i>	2	
<i>imiquimod cream 5%</i>	2	QL (12 packets/30 days)
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
<i>methoxsalen rapid cap 10 mg</i>	5	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%</i>	2	
<i>metronidazole gel 1%</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole lotion 0.75%</i>	4	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	2	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	2	
ORACEA - doxycycline cap delayed release 40 mg	4	
<i>podofilox soln 0.5%</i>	2	
<i>prednicarbate cream 0.1%</i>	2	
<i>prednicarbate oint 0.1%</i>	4	
PRUDOXIN - doxepin hcl cream 5%	4	
RETIN-A MICRO - tretinoin microsphere gel 0.04%	4	
RETIN-A MICRO - tretinoin microsphere gel 0.1%	4	
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.04%	4	
RETIN-A MICRO PUMP - tretinoin microsphere gel 0.1%	4	
SANTYL - collagenase oint 250 unit/gm	4	
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
SULFAMYLON - mafenide acetate cream 85 mg/gm	4	
TACLONEX - calcipotriene-betamethasone dipropionate susp 0.005-0.064%	5	
<i>tacrolimus oint 0.03%</i>	4	
<i>tacrolimus oint 0.1%</i>	4	
<i>tazarotene cream 0.1%</i>	2	
TAZORAC - tazarotene cream 0.05%	4	
TAZORAC - tazarotene gel 0.05%	4	QL (100 grams/30 days)
TAZORAC - tazarotene gel 0.1%	4	QL (100 grams/30 days)
<i>tretinoin cream 0.025%</i>	2	
<i>tretinoin cream 0.05%</i>	2	
<i>tretinoin cream 0.1%</i>	2	
<i>tretinoin gel 0.01%</i>	2	
<i>tretinoin gel 0.025%</i>	2	
<i>tretinoin gel 0.05%</i>	2	
<i>tretinoin microsphere gel 0.04%</i>	4	
<i>tretinoin microsphere gel 0.1%</i>	4	
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	4	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
VECTICAL - calcitriol oint 3 mcg/gm	4	
VEREGEN - sinecatechins oint 15%	5	
ZONALON - doxepin hcl cream 5%	4	
8-MOP - methoxsalen cap 10 mg	3	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>amino acid electrolyte infusion 8.5%</i>	4	BD
<i>amino acid infusion 6%</i>	1	BD
<i>amino acid infusion 15%</i>	4	BD
AMINOSYN - amino acid infusion 8.5%	4	BD
AMINOSYN - amino acid infusion 10%	4	BD
AMINOSYN II - amino acid infusion 8.5%	4	BD
AMINOSYN II - amino acid infusion 10%	4	BD
AMINOSYN M - amino acid electrolyte infusion 3.5%	4	BD
AMINOSYN 7%/ELECTROLYTES - amino acid electrolyte infusion 7%	4	BD
AMINOSYN-HBC - amino acid infusion 7%	4	BD
AMINOSYN-PF - amino acid infusion 10%	4	BD
AMINOSYN-PF 7% - amino acid infusion 7%	4	BD
AMINOSYN-RF - amino acid infusion 5.2%	4	BD
<i>calcium acetate cap 667 mg</i>	2	
CARBAGLU - carglumic acid tab 200 mg	5	
CHEMET - succimer cap 100 mg	4	
CLINIMIX E 2.75%/DEXTROSE - amino acid electrolyte w/cal infusion 2.75% in d5w	4	BD
CLINIMIX E 2.75%/DEXTROSE - amino acid electrolyte w/cal infusion 2.75% in d10w	4	BD
CLINIMIX E 4.25%/DEXTROSE - amino acid electrolyte w/cal infusion 4.25% in d5w	4	BD
CLINIMIX E 4.25%/DEXTROSE - amino acid electrolyte w/cal infusion 4.25% in d10w	4	BD
CLINIMIX E 4.25%/DEXTROSE - amino acid electrolyte w/cal infusion 4.25% in d25w	4	BD
CLINIMIX E 5%/DEXTROSE 15 - amino acid electrolyte w/cal infusion 5% in d15w	4	BD
CLINIMIX E 5%/DEXTROSE 20 - amino acid electrolyte w/cal infusion 5% in d20w	4	BD

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 25 - amino acid electrolyte w/cal infusion 5% in d25w	4	BD
CLINIMIX N14G30E - amino acid electrolyte w/cal infusion 4.25% in d15w	4	BD
CLINIMIX N9G15E - amino acid electrolyte w/cal infusion 2.75% in d7.5w	4	BD
CLINIMIX N9G20E - amino acid electrolyte w/cal infusion 2.75% in d10w	4	BD
CLINIMIX 2.75%/DEXTROSE 5 - amino acid infusion 2.75% in d5w	4	BD
CLINIMIX 4.25%/DEXTROSE 1 - amino acid infusion 4.25% in d10w	4	BD
CLINIMIX 4.25%/DEXTROSE 2 - amino acid infusion 4.25% in d20w	4	BD
CLINIMIX 4.25%/DEXTROSE 2 - amino acid infusion 4.25% in d25w	4	BD
CLINIMIX 4.25%/DEXTROSE 5 - amino acid infusion 4.25% in d5w	4	BD
CLINIMIX 5%/DEXTROSE 15% - amino acid infusion 5% in d15w	4	BD
CLINIMIX 5%/DEXTROSE 20% - amino acid infusion 5% in d20w	4	BD
CLINIMIX 5%/DEXTROSE 25% - amino acid infusion 5% in d25w	4	BD
DEXTROSE 10%/NACL 0.45% - dextrose 10% w/ sodium chloride 0.45%	1	
<i>dextrose inj 5%</i>	1	
<i>dextrose inj 10%</i>	1	
DEXTROSE 10%/NACL 0.2% - dextrose 10% w/ sodium chloride 0.2%	1	
<i>dextrose 5% in lactated ringers</i>	1	
DEXTROSE 5%/NACL 0.225% - dextrose 5% w/ sodium chloride 0.225%	1	
DEXTROSE 5%/NACL 0.3% - dextrose 5% w/ sodium chloride 0.3%	1	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	1	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	1	
EXJADE - deferasirox tab for oral susp 125 mg*	5	
EXJADE - deferasirox tab for oral susp 250 mg*	5	
EXJADE - deferasirox tab for oral susp 500 mg*	5	
<i>fat emulsion iv soln 20%</i>	4	BD
FERRIPROX - deferiprone oral soln 100 mg/ml	5	
FERRIPROX - deferiprone tab 500 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
FOSRENOL - lanthanum carbonate chew tab 500 mg	5	
FOSRENOL - lanthanum carbonate chew tab 750 mg	5	
FOSRENOL - lanthanum carbonate chew tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	
FREAMINE HBC 6.9% - amino acid infusion 6.9%	4	BD
FREAMINE III - amino acid infusion 10%	4	BD
HEPATAMINE - amino acid infusion 8%	2	BD
INTRALIPID - fat emulsion iv soln 30%	4	BD
IONOSOL-MB/DEXTROSE 5% - electrolyte-mb in d5w soln	1	
<i>irrigation solution, physiological</i>	4	
ISOLYTE-P/DEXTROSE 5% - electrolyte-p in d5w soln	1	
ISOLYTE-S - electrolyte-s solution	3	
ISOLYTE-S PH 7.4 - electrolyte-s (ph 7.4) solution	3	
KCL 0.15%/D5W/NACL 0.225% - kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.225% inj	1	
KCL 0.3%/D5W/NACL 0.9% - kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	1	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	1	
KLOR-CON M15 - potassium chloride microencapsulated crys er tab 15 meq	2	
<i>lactated ringer's for irrigation</i>	1	
<i>lactated ringer's solution</i>	1	
<i>lanthanum carbonate chew tab 500 mg</i>	5	
<i>lanthanum carbonate chew tab 750 mg</i>	5	
<i>lanthanum carbonate chew tab 1000 mg</i>	5	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	2	
<i>magnesium sulfate inj 50%</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NEPHRAMINE - amino acid infusion 5.4%	4	BD
NORMOSOL -R - electrolyte-r solution	3	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	1	
NORMOSOL-R - electrolyte-r (ph 7.4) solution	3	
NORMOSOL-R IN D5W - electrolyte-r in d5w soln	1	
<i>parenteral electrolyte conc</i>	1	
PLASMA-LYTE A - electrolyte-a solution	3	
PLASMA-LYTE-148 - electrolyte-148 solution	3	
POTASSIUM CHLORIDE - potassium chloride inj 10 meq/50ml	4	
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
POTASSIUM CHLORIDE ER - potassium chloride tab er 20 meq (1500 mg)	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride inj 10 meq/100ml</i>	4	
<i>potassium chloride inj 20 meq/100ml</i>	4	
<i>potassium chloride inj 20 meq/50ml</i>	4	
<i>potassium chloride inj 40 meq/100ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	2	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	1	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	1	
<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	
PREMASOL - amino acid infusion 10%	1	BD
PROCALAMINE - amino acid electrolyte infusion 3%	4	BD
PROSOL - amino acid infusion 20%	4	BD
RENVELA - sevelamer carbonate tab 800 mg	5	QL (540 tablets/30 days)
<i>ringer's solution</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ringer's solution for irrigation</i>	1	
SAMSCA - tolvaptan tab 15 mg	5	QL (60 tablets/30 days)
SAMSCA - tolvaptan tab 30 mg	5	QL (60 tablets/30 days)
<i>sevelamer carbonate packet 0.8 gm</i>	5	QL (540 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	QL (180 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	5	QL (540 tablets/30 days)
<i>sodium chloride inj 0.45%</i>	1	
<i>sodium chloride inj 0.9%</i>	1	
<i>sodium chloride inj 3%</i>	1	
<i>sodium chloride inj 5%</i>	1	
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	1	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.9%</i>	1	
SODIUM LACTATE - sodium lactate inj 5 meq/ml	1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	1	
<i>sodium polystyrene sulfonate powder</i>	1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	1	
SYNTHAMIN 17 - amino acid infusion 10%	4	BD
SYPRINE - trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
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
<i>water for irrigation, sterile irrigation soln</i>	1	
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl tab 0.5 mg</i>	5	QL (60 tablets/30 days)
<i>alosetron hcl tab 1 mg</i>	5	QL (60 tablets/30 days)
AMITIZA - lubiprostone cap 8 mcg	3	
AMITIZA - lubiprostone cap 24 mcg	3	
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	4	
ATROPINE SULFATE - atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)#	1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)#</i>	1	
CANTIL - mepenzolate bromide tab 25 mg	4	
CARAFATE - sucralfate susp 1 gm/10ml	4	
<i>cimetidine hcl soln 300 mg/5ml</i>	1	
<i>cimetidine tab 200 mg</i>	2	
<i>cimetidine tab 300 mg</i>	2	
<i>cimetidine tab 400 mg</i>	2	
<i>cimetidine tab 800 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>cromolyn sodium oral conc 100 mg/5ml</i>	4	
<i>dicyclomine hcl cap 10 mg#</i>	1	PA
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	1	PA
<i>dicyclomine hcl tab 20 mg#</i>	1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	2	
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml#	2	
ESOMEPRAZOLE SODIUM - esomeprazole sodium for intravenous soln 20 mg	4	
<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>	1	
<i>famotidine inj 40 mg/4ml</i>	1	
<i>famotidine inj 200 mg/20ml</i>	1	
FAMOTIDINE PREMIXED - famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
<i>famotidine tab 20 mg</i>	1	
<i>famotidine tab 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>glycopyrrolate inj 0.2 mg/ml</i>	2	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
GOLYTELY - peg 3350-kcl-na bicarb-nacl-na sulfate packet 227.1 gm	4	
KRISTALOSE - lactulose oral crystal packet 10 gm	3	
KRISTALOSE - lactulose oral crystal packet 20 gm	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose oral crystal packet 10 gm</i>	5	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lansoprazole cap delayed release 15 mg</i>	4	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	
LINZESS - linaclotide cap 145 mcg	3	
LINZESS - linaclotide cap 290 mcg	3	
<i>loperamide hcl cap 2 mg</i>	1	
<i>methscopolamine bromide 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>methscopolamine bromide tab 5 mg</i>	4	
<i>metoclopramide hcl inj 5 mg/ml</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg</i>	1	
<i>metoclopramide hcl tab 10 mg</i>	1	
<i>misoprostol tab 100 mcg</i>	2	
<i>misoprostol tab 200 mcg</i>	2	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
NIZATIDINE - nizatidine oral soln 15 mg/ml	4	
<i>nizatidine cap 150 mg</i>	2	
<i>nizatidine cap 300 mg</i>	2	
<i>omeprazole cap delayed release 10 mg</i>	2	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	2	
OSMOPREP - sod phos mono-sod phos di tabs 1.102-0.398 gm(1.5gm na phos)	4	
<i>pantoprazole sodium ec tab 20 mg</i>	1	QL (120 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
PROPANTHELINE BROMIDE - propantheline bromide tab 15 mg#	3	PA
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
<i>rabeprazole sodium ec tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>ranitidine hcl cap 150 mg</i>	2	
<i>ranitidine hcl cap 300 mg</i>	2	
<i>ranitidine hcl inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>ranitidine hcl inj 150 mg/6ml (25 mg/ml)</i>	1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	2	
<i>ranitidine hcl tab 150 mg</i>	1	
<i>ranitidine hcl tab 300 mg</i>	1	
RELISTOR - methylalntrexone bromide inj 8 mg/0.4ml (20 mg/ml)	4	PA
RELISTOR - methylalntrexone bromide inj 12 mg/0.6ml (20 mg/ml)	4	PA
RELISTOR - methylalntrexone bromide tab 150 mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	4	
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
ADAGEN - pegademase bovine inj 250 unit/ml*	5	
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 500 mg	5	PA
ARALAST NP - alpha1-proteinase inhibitor (human) for iv soln 1000 mg	5	PA
BRINEURA - cerliponase alfa intraventricular 2 x 150 mg/5ml kit	5	PA
BUPHENYL - sodium phenylbutyrate tab 500 mg	5	
CERDELGA - eliglustat tartrate cap 84 mg	5	PA
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	
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)*	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	5	PA
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	

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

Drug Name	Drug Tier	Requirements/Limits
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit	4	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	4	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	4	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	4	
PANCREAZE - pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	4	
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
RAVICTI - glycerol phenylbutyrate liquid 1.1 gm/ml	5	QL (525 mls/30 days)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	
<i>sodium phenylbutyrate tab 500 mg</i>	5	
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
SUCRAID - sacrosidase soln 8500 unit/ml	5	
VIMIZIM - elosulfase alfa soln for iv infusion 5 mg/5ml (1 mg/ml)	5	
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
ZAVESCA - miglustat cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZEMAIRA - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	

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	
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	2	
<i>bethanechol chloride tab 50 mg</i>	2	
<i>darifenacin hydrobromide tab er 24hr 7.5 mg</i>	4	QL (30 tablets/30 days)
<i>darifenacin hydrobromide tab er 24hr 15 mg</i>	4	QL (30 tablets/30 days)
DEPEN TITRATABS - penicillamine tab 250 mg	5	
<i>dutasteride cap 0.5 mg</i>	4	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (60 capsules/30 days)
ELMIRON - pentosan polysulfate sodium caps 100 mg	3	
<i>finasteride tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>flavoxate hcl tab 100 mg</i>	2	
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	4	PA, QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	4	PA, QL (30 tablets/30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	
<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 (30 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>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i>	4	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	4	QL (60 tablets/30 days)
<i>tropium chloride cap er 24hr 60 mg</i>	4	QL (30 capsules/30 days)
<i>tropium chloride tab 20 mg</i>	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
CORTISONE ACETATE - cortisone acetate tab 25 mg	1	
DEPO-MEDROL - methylprednisolone acetate inj susp 20 mg/ml	4	
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml	2	
DEXAMETHASONE - dexamethasone tab 1 mg	1	
DEXAMETHASONE - dexamethasone tab 2 mg	1	
<i>dexamethasone elixir 0.5 mg/5ml</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
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/ml	3	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate inj 10 mg/ml	1	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	1	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	1	
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
EMFLAZA - deflazacort susp 22.75 mg/ml	5	PA
EMFLAZA - deflazacort tab 6 mg	5	PA
EMFLAZA - deflazacort tab 18 mg	5	PA
EMFLAZA - deflazacort tab 30 mg	5	PA
EMFLAZA - deflazacort tab 36 mg	5	PA
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
H.P. ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	2	
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	2	
<i>methylprednisolone sod succ for inj 40 mg</i>	2	
<i>methylprednisolone sod succ for inj 125 mg</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg</i>	2	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	2	
<i>methylprednisolone tab 4 mg</i>	2	
<i>methylprednisolone tab 8 mg</i>	2	
<i>methylprednisolone tab 16 mg</i>	2	
<i>methylprednisolone tab 32 mg</i>	2	
MILLIPRED - prednisolone sod phosphate oral soln 10 mg/5ml	4	
MILLIPRED - prednisolone tab 5 mg	4	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 20 mg/5ml</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
PREDNISOLONE SODIUM PHOSPHATE - prednisolone sodium phosphate oral soln 25 mg/5ml	1	
<i>prednisolone syrup 15 mg/5ml</i>	1	
PREDNISONONE - prednisone oral soln 5 mg/5ml	1	
PREDNISONONE - prednisone tab therapy pack 5 mg (21)	1	
PREDNISONONE - prednisone tab therapy pack 5 mg (48)	1	
PREDNISONONE - prednisone tab therapy pack 10 mg (21)	1	
PREDNISONONE - prednisone tab therapy pack 10 mg (48)	1	
PREDNISONONE - prednisone tab 50 mg	1	
PREDNISONONE INTENSOL - prednisone conc 5 mg/ml	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 100 mg	3	
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 250 mg	3	
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 500 mg	3	
SOLU-CORTEF - hydrocortisone sodium succinate pf for inj 1000 mg	3	
SOLU-MEDROL - methylprednisolone sod succ for inj 2000 mg	4	
VERIPRED 20 - prednisolone sod phosphate oral soln 20 mg/5ml	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
<i>chorionic gonadotropin for im inj 10000 unit(chorionic gonadotropin, pregnyl)</i>	2	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01%</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	2	
<i>desmopressin acetate tab 0.2 mg</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin inj 5 mg/1.5ml	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml	5	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	3	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
ALORA - estradiol td patch twice weekly 0.025 mg/24hr#	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
ALORA - estradiol td patch twice weekly 0.05 mg/24hr#	4	PA
ALORA - estradiol td patch twice weekly 0.075 mg/24hr#	4	PA
ALORA - estradiol td patch twice weekly 0.1 mg/24hr#	4	PA
ANADROL-50 - oxymetholone tab 50 mg	5	PA
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	
<i>danazol cap 200 mg</i>	4	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	4	
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4	QL (12 mls/28 days)
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	2	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	PA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	4	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	2	
ELLA - ulipristal acetate tab 30 mg	4	
ESTRACE - estradiol vaginal cream 0.1 mg/gm	4	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg#</i>	4	PA
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg#</i>	4	PA
<i>estradiol tab 0.5 mg#</i>	3	PA
<i>estradiol tab 1 mg#</i>	3	PA
<i>estradiol tab 2 mg#</i>	3	PA
<i>estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	PA
<i>estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	PA
<i>estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	PA
<i>estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	PA
<i>estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	PA
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	3	PA
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	3	PA
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	3	PA
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	3	PA
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	3	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tab 10 mcg</i>	2	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</i>	2	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	QL (1 ring/30 days)
ESTROPIPATE - estropipate tab 0.75 mg#	3	PA
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	2	
FEMRING - estradiol acetate vaginal ring 0.05 mg/24hr	4	QL (1 ring/90 days)
FEMRING - estradiol acetate vaginal ring 0.1 mg/24hr	4	QL (1 ring/90 days)
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	2	QL (91 tablets/91 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	2	QL (91 tablets/91 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	2	QL (91 tablets/91 days)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	QL (91 tablets/91 days)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	2	QL (1 syringe/90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	2	QL (1 vial/90 days)
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml#</i>	3	PA
<i>megestrol acetate susp 625 mg/5ml#</i>	4	PA
<i>megestrol acetate tab 20 mg#</i>	3	PA
<i>megestrol acetate tab 40 mg#</i>	3	PA
MENEST - esterified estrogens tab 0.3 mg#	4	PA
MENEST - esterified estrogens tab 0.625 mg#	4	PA
MENEST - esterified estrogens tab 1.25 mg#	4	PA
METHITEST - methyltestosterone oral tab 10 mg	3	PA
MINIVELLE - estradiol td patch twice weekly 0.025 mg/24hr#	4	PA
MINIVELLE - estradiol td patch twice weekly 0.0375 mg/24hr#	4	PA
MINIVELLE - estradiol td patch twice weekly 0.05 mg/24hr#	4	PA
MINIVELLE - estradiol td patch twice weekly 0.075 mg/24hr#	4	PA
MINIVELLE - estradiol td patch twice weekly 0.1 mg/24hr#	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
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	2	
<i>norethindrone acetate tab 5 mg</i>	2	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	2	
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	4	QL (1 ring/28 days)
OGESTREL - norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	2	
ORTHO TRI-CYCLEN LO - norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	3	
<i>oxandrolone tab 2.5 mg</i>	4	QL (120 tablets/30 days)
<i>oxandrolone tab 10 mg</i>	4	QL (60 tablets/30 days)
PREMARIN - estrogens, conjugated for inj 25 mg	4	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	4	
PREMARIN - estrogens, conjugated tab 0.3 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.45 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.625 mg#	4	PA
PREMARIN - estrogens, conjugated tab 0.9 mg#	4	PA
PREMARIN - estrogens, conjugated tab 1.25 mg#	4	PA
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg#	4	PA
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg#	4	PA
<i>progesterone micronized cap 100 mg</i>	2	
<i>progesterone micronized cap 200 mg</i>	2	
<i>raloxifene hcl tab 60 mg</i>	2	QL (30 tablets/30 days)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	2	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	2	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	2	
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (120 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
XULANE - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	4	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tab 25 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	
<i>levothyroxine sodium tab 125 mcg</i>	1	
<i>levothyroxine sodium tab 137 mcg</i>	1	
<i>levothyroxine sodium tab 150 mcg</i>	1	
<i>levothyroxine sodium tab 175 mcg</i>	1	
<i>levothyroxine sodium tab 200 mcg</i>	1	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>liothyronine sodium iv soln 10 mcg/ml</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	
SYNTHROID - levothyroxine sodium tab 25 mcg	3	
SYNTHROID - levothyroxine sodium tab 50 mcg	3	
SYNTHROID - levothyroxine sodium tab 75 mcg	3	
SYNTHROID - levothyroxine sodium tab 88 mcg	3	
SYNTHROID - levothyroxine sodium tab 100 mcg	3	
SYNTHROID - levothyroxine sodium tab 112 mcg	3	
SYNTHROID - levothyroxine sodium tab 125 mcg	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
SYNTHROID - levothyroxine sodium tab 137 mcg	3	
SYNTHROID - levothyroxine sodium tab 150 mcg	3	
SYNTHROID - levothyroxine sodium tab 175 mcg	3	
SYNTHROID - levothyroxine sodium tab 200 mcg	3	
SYNTHROID - levothyroxine sodium tab 300 mcg	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	4	
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	QL (4 vials/28 days)
FIRMAGON - degarelix acetate for inj 120 mg	5	QL (6 vials/28 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	2	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<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>	5	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 10 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 20 mg	5	PA
SANDOSTATIN LAR DEPOT - octreotide acetate for im inj kit 30 mg	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<b>Immunological Agents</b>		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - riloncept for inj 220 mg*	5	PA
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
AZASAN - azathioprine tab 75 mg	4	BD
AZASAN - azathioprine tab 100 mg	4	BD
AZATHIOPRINE - azathioprine sodium for inj 100 mg	1	BD
<i>azathioprine tab 50 mg</i>	1	BD
BCG VACCINE - bcg vaccine inj	4	
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
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BIVIGAM - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
BIVIGAM - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
CARIMUNE NANOFILTERED - immune globulin (human) iv for soln 6 gm	5	BD, PA
CARIMUNE NANOFILTERED - immune globulin (human) iv for soln 12 gm	5	BD, PA
CELLCEPT INTRAVENOUS - mycophenolate mofetil hcl for iv soln 500 mg	4	BD
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	5	PA
<i>cyclosporine cap 25 mg</i>	4	BD
<i>cyclosporine cap 100 mg</i>	4	BD
<i>cyclosporine iv soln 50 mg/ml</i>	4	BD
CYCLOSPORINE MODIFIED - cyclosporine modified cap 50 mg	4	BD
<i>cyclosporine modified cap 25 mg</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified cap 50 mg</i>	4	BD
<i>cyclosporine modified cap 100 mg</i>	4	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA, QL (4 syringes/28 days)
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
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
ENVARUSUS XR - tacrolimus tab er 24hr 0.75 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 1 mg	4	BD
ENVARUSUS XR - tacrolimus tab er 24hr 4 mg	4	BD
FIRAZYR - icatibant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
FLEBOGAMMA DIF - immune globulin (human) iv soln 0.5 gm/10ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 2.5 gm/50ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
FLEBOGAMMA DIF - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
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

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
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
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	3	QL (1 vaccine/365 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	QL (1 vaccine/365 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
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	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KALBITOR - ecallantide inj 10 mg/ml	5	PA, QL (18 mls/30 days)
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
<i>leflunomide tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>leflunomide tab 20 mg</i>	2	QL (30 tablets/30 days)
M-M-R II - measles, mumps & rubella virus vaccines for inj	3	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
<i>methotrexate sodium for inj 1 gm</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	4	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	2	BD
<i>mycophenolate mofetil tab 500 mg</i>	4	BD
<i>mycophenolate sodium tab dr 180 mg</i>	4	BD
<i>mycophenolate sodium tab dr 360 mg</i>	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
OCTAGAM - immune globulin (human) iv soln 1 gm/20ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 2.5 gm/50ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 25 gm/500ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 2 gm/20ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
OCTAGAM - immune globulin (human) iv soln 20 gm/200ml	5	BD, 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	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PRIVIGEN - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
PRIVIGEN - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
PRIVIGEN - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
PRIVIGEN - immune globulin (human) iv soln 40 gm/400ml	5	BD, PA
PROGRAF - tacrolimus inj 5 mg/ml	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
RAPAMUNE - sirolimus oral soln 1 mg/ml	5	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD

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

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	5	PA
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/year)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	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
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>	4	BD
<i>tacrolimus cap 1 mg</i>	4	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	
TETANUS/DIPHThERIA TOXOIDS ADSORBED - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hepatitis a (inact)-hep b (recomb) vac inj 720-20 elu-mcg/ml	3	

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

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	3	QL (1 vaccine/year)
<b>Inflammatory Bowel Disease Agents</b>		
APRISO - mesalamine cap er 24hr 0.375 gm	3	QL (120 capsules/30 days)
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	5	
CANASA - mesalamine suppos 1000 mg	5	QL (30 suppositories/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone rectal cream 1%</i>	1	
<i>hydrocortisone rectal cream 2.5%</i>	1	
LIALDA - mesalamine tab delayed release 1.2 gm	3	QL (120 tablets/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
<b>Metabolic Bone Disease Agents</b>		
ALENDRONATE SODIUM - alendronate sodium tab 40 mg	1	QL (30 tablets/30 days)
<i>alendronate sodium tab 5 mg</i>	6	QL (30 tablets/30 days)
<i>alendronate sodium tab 10 mg</i>	6	QL (30 tablets/30 days)
<i>alendronate sodium tab 35 mg</i>	6	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg</i>	6	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	QL (1 bottle/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol inj 1 mcg/ml</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>doxercalciferol cap 0.5 mcg</i>	4	
<i>doxercalciferol cap 1 mcg</i>	4	
<i>doxercalciferol cap 2.5 mcg</i>	4	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	4	
ETIDRONATE DISODIUM - etidronate disodium tab 200 mg	2	
ETIDRONATE DISODIUM - etidronate disodium tab 400 mg	2	
FORTEO - teriparatide (recombinant) inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg</i>	2	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
PAMIDRONATE DISODIUM - pamidronate disodium iv soln 6 mg/ml	1	
<i>pamidronate disodium for inj 30 mg</i>	1	
<i>pamidronate disodium for inj 90 mg</i>	1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	1	
<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 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	4	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	4	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	4	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	4	QL (2 tablets/30 days)
SENSIPAR - cinacalcet hcl tab 30 mg	5	QL (60 tablets/30 days)
SENSIPAR - cinacalcet hcl tab 60 mg	5	QL (60 tablets/30 days)
SENSIPAR - cinacalcet hcl tab 90 mg	5	QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA, QL (1 vial/28 days)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
ZOMETA - zoledronic acid iv soln 4 mg/100ml	5	
<b>Ophthalmic Agents</b>		
ALOMIDE - Iodoxamide tromethamine ophth soln 0.1%	4	
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	4	
ALREX - loteprednol etabonate ophth susp 0.2%	3	
<i>apraclonidine hcl ophth soln 0.5%</i>	2	
AZASITE - azithromycin ophth soln 1%	4	
<i>azelastine hcl ophth soln 0.05%</i>	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
<i>bimatoprost ophth soln 0.03%</i>	4	
BLEPHAMIDE - sulfacetamide sodium-prednisolone ophth susp 10-0.2%	4	
BLEPHAMIDE S.O.P. - sulfacetamide sodium-prednisolone ophth ointment 10-0.2%	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	4	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	4	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTARAN - cysteamine hcl ophth soln 0.44%	5	QL (60 mls/28 days)
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	2	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	QL (1 bottle/30 days)
DUREZOL - difluprednate ophth emulsion 0.05%	4	
<i>epinastine hcl ophth soln 0.05%</i>	2	
<i>erythromycin ophth oint 5 mg/gm</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
FLAREX - fluorometholone acetate ophth susp 0.1%	4	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
FML - fluorometholone ophth oint 0.1%	3	
FML FORTE - fluorometholone ophth susp 0.25%	4	
<i>gatifloxacin ophth soln 0.5%</i>	2	
<i>gentamicin sulfate ophth oint 0.3%</i>	2	
<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>	3	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%</i>	1	QL (1 bottle/25 days)
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>levofloxacin ophth soln 0.5%</i>	2	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX - loteprednol etabonate ophth susp 0.5%	3	
LUMIGAN - bimatoprost ophth soln 0.01%	4	PA
MAXIDEX - dexamethasone ophth susp 0.1%	4	
<i>moxifloxacin hcl ophth soln 0.5%</i>	4	
NATACYN - natamycin ophth susp 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	2	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE - neomycin-polymyxin-hc ophth susp	2	
NEVANAC - nepafenac ophth susp 0.1%	4	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>olopatadine hcl ophth soln 0.1%</i>	4	
<i>olopatadine hcl ophth soln 0.2%</i>	4	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
<i>pilocarpine hcl ophth soln 1%</i>	2	
<i>pilocarpine hcl ophth soln 2%</i>	2	
<i>pilocarpine hcl ophth soln 4%</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
PRED MILD - prednisolone acetate ophth susp 0.12%	3	
PRED-G - gentamicin-prednisolone ace ophth susp 0.3-1%	4	
PRED-G S.O.P. - gentamicin-prednisolone ace ophth oint 0.3-0.6%	4	
<i>prednisolone acetate ophth susp 1%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
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)
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	2	
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
TOBRADEX ST - tobramycin-dexamethasone ophth susp 0.3-0.05%	4	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	2	
TOBEX - tobramycin ophth oint 0.3%	4	
TRAVATAN Z - travoprost ophth soln 0.004%	4	PA
TRAVOPROST - travoprost ophth soln 0.004%	2	QL (5 mls/30 days)
<i>trifluridine ophth soln 1%</i>	2	
VEXOL - rimexolone ophth susp 1%	4	
ZIRGAN - ganciclovir ophth gel 0.15%	4	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4	
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%</i>	1	
ACETIC ACID/ALUMINUM ACETATE - acetic acid 2% in aluminum acetate otic soln	1	
COLY-MYCIN S - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	4	
<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>	2	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	2	
<i>ofloxacin otic soln 0.3%</i>	2	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%</i>	2	BD
<i>acetylcysteine inhal soln 20%</i>	2	BD
ADCIRCA - tadalafil tab 20 mg (pah)	5	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	4	PA
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	4	PA
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	4	PA
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	4	PA
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	4	PA
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	4	PA
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	2	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab er 12hr 4 mg</i>	2	
<i>albuterol sulfate tab er 12hr 8 mg</i>	4	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
<i>aminophylline inj 25 mg/ml</i>	1	
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/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 (2 canisters/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (2 canisters/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (2 canisters/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (2 canisters/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (2 canisters/30 days)
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (2 canisters/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	3	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	
BROVANA - arformoterol tartrate soln nebu 15 mcg/2ml	4	BD, QL (60 vials/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
CAYSTON - aztreonam lysine for inhal soln 75 mg	5	QL (84 vials/30 days)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	2	
CINQAIR - reslizumab iv infusion soln 100 mg/10ml (10 mg/ml)	5	PA
CLARINEX - desloratadine syrup 0.5 mg/ml	4	
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	2	PA
<i>cyproheptadine hcl tab 4 mg#</i>	2	PA
DALIRESP - roflumilast tab 250 mcg	4	PA
DALIRESP - roflumilast tab 500 mcg	4	PA
<i>desloratadine tab 5 mg</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	3	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	3	QL (1 canister/30 days)
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA, QL (4 syringes/28 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	4	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for EpiPen 2-Pak)	3	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(authorized generic for Adrenaclick)	4	
EPIPEN 2-PAK - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	3	
EPIPEN-JR 2-PAK - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA
ESBRIET - pirfenidone tab 267 mg*	5	PA
ESBRIET - pirfenidone tab 801 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
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (2 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	
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>	1	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (1 bottle/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (56 packets/28 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (56 packets/28 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
LETAIRIS - ambrisentan tab 5 mg*	5	PA, QL (30 tablets/30 days)
LETAIRIS - ambrisentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml</i>	4	BD
<i>levalbuterol hcl soln nebu 0.31 mg/3ml</i>	4	BD
<i>levalbuterol hcl soln nebu 0.63 mg/3ml</i>	4	BD
<i>levalbuterol hcl soln nebu 1.25 mg/3ml</i>	4	BD
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	2	
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
METAPROTERENOL SULFATE - metaproterenol sulfate syrup 10 mg/5ml	1	
METAPROTERENOL SULFATE - metaproterenol sulfate tab 10 mg	1	
METAPROTERENOL SULFATE - metaproterenol sulfate tab 20 mg	1	
<i>montelukast sodium chew tab 4 mg</i>	1	QL (30 tablets/30 days)
<i>montelukast sodium chew tab 5 mg</i>	1	QL (30 tablets/30 days)
<i>montelukast sodium oral granules packet 4 mg</i>	2	QL (30 packets/30 days)
<i>montelukast sodium tab 10 mg</i>	1	QL (30 tablets/30 days)
NUCALA - mepolizumab for inj 100 mg	5	PA
OFEV - nintedanib esylate cap 100 mg*	5	PA
OFEV - nintedanib esylate cap 150 mg*	5	PA
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)

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
ORENITRAM - treprostinil diolamine tab er 0.125 mg	4	PA
ORENITRAM - treprostinil diolamine tab er 0.25 mg	5	PA
ORENITRAM - treprostinil diolamine tab er 1 mg	5	PA
ORENITRAM - treprostinil diolamine tab er 2.5 mg	5	PA
ORENITRAM - treprostinil diolamine tab er 5 mg	5	PA
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA
PERFOROMIST - formoterol fumarate soln nebu 20 mcg/2ml	4	BD
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)
PULMICORT - budesonide inhalation susp 1 mg/2ml	4	BD
PULMICORT FLEXHALER - budesonide inhal aero powd 90 mcg/act (breath activated)	3	QL (1 canister/30 days)
PULMICORT FLEXHALER - budesonide inhal aero powd 180 mcg/act (breath activated)	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD, QL (60 ampules/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 canister/30 days)
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 canisters/30 days)
REMODULIN - treprostinil sodium inj 1 mg/ml*	5	BD, PA
REMODULIN - treprostinil sodium inj 2.5 mg/ml*	5	BD, PA
REMODULIN - treprostinil sodium inj 5 mg/ml*	5	BD, PA
REMODULIN - treprostinil sodium inj 10 mg/ml*	5	BD, PA
REVATIO - sildenafil citrate for suspension 10 mg/ml	5	PA
<i>ribavirin for inhal soln 6 gm</i>	5	
SEMPREX-D - acrivastine & pseudoephedrine cap 8-60 mg	4	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose	3	QL (1 inhaler/30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	1	PA
<i>sildenafil citrate tab 20 mg</i>	2	PA, QL (540 tablets/30 days)
SPIRIVA HANDHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	

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
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate inj 1 mg/ml</i>	1	
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
<i>theophylline tab er 12hr 100 mg</i>	1	
<i>theophylline tab er 12hr 200 mg</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	
TOBI PODHALER - tobramycin inhal cap 28 mg	5	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, QL (56 ampules/28 days)
TRACLEER - bosentan tab 62.5 mg*	5	PA, QL (60 tablets/30 days)
TRACLEER - bosentan tab 125 mg*	5	PA, QL (60 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
TYVASO - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (30 ampules/30 days)
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (30 ampules/30 days)
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (30 ampules/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (400 tablets/365 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (150 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 (540 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (540 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
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg</i>	2	QL (60 tablets/30 days)
<i>zafirlukast tab 20 mg</i>	2	QL (60 tablets/30 days)
<i>zileuton tab er 12hr 600 mg</i>	5	QL (120 tablets/30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>chlorzoxazone tab 500 mg#</i>	3	PA
<i>cyclobenzaprine hcl tab 5 mg#</i>	3	PA
<i>methocarbamol tab 500 mg#</i>	3	PA
<i>methocarbamol tab 750 mg#</i>	3	PA
<i>orphenadrine citrate inj 30 mg/ml#</i>	3	PA
<i>orphenadrine citrate tab er 12hr 100 mg#</i>	3	PA
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	4	PA, QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg</i>	4	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
ROZEREM - ramelteon tab 8 mg	3	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)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	3	PA
<i>zaleplon cap 10 mg#</i>	3	PA
<i>zolpidem tartrate tab 5 mg#</i>	3	PA
<i>zolpidem tartrate tab 10 mg#</i>	3	PA

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<i>mg/5ml</i> .....	6	<i>ampicillin sodium for inj 250 mg</i> .....	6
<i>amoxicillin &amp; k clavulanate tab 250-125</i>		<i>ampicillin sodium for inj 2 gm</i> .....	6
<i>mg</i> .....	6	<i>ampicillin sodium for inj 500 mg</i> .....	6
<i>amoxicillin &amp; k clavulanate tab 500-125</i>		<i>ampicillin sodium for iv soln 10 gm</i> .....	6
<i>mg</i> .....	6	<i>ampicillin sodium for iv soln 2 gm</i> .....	6
<i>amoxicillin &amp; k clavulanate tab 875-125</i>		AMPICILLIN-SULBACTAM.....	6
<i>mg</i> .....	6	AMPICILLIN-SULBACTAM.....	6
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5</i>		AMPYRA.....	71
<i>mg</i> .....	6	ANADROL-50.....	91
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy</i>		<i>anagrelide hcl cap 0.5 mg</i> .....	55
<i>pack</i> .....	83	<i>anagrelide hcl cap 1 mg</i> .....	55
<i>amphetamine-dextroamphetamine cap er 24hr 10</i>		<i>anastrozole tab 1 mg</i> .....	28
<i>mg</i> .....	71	ANORO ELLIPTA.....	108
<i>amphetamine-dextroamphetamine cap er 24hr 15</i>		ANZEMET.....	23
<i>mg</i> .....	71	ANZEMET.....	23
<i>amphetamine-dextroamphetamine cap er 24hr 20</i>		ANZEMET.....	23
<i>mg</i> .....	71	APOKYN.....	39
<i>amphetamine-dextroamphetamine cap er 24hr 25</i>		<i>apraclonidine hcl ophth soln 0.5%</i> .....	105
<i>mg</i> .....	71	<i>aprepitant capsule 125 mg</i> .....	24
<i>amphetamine-dextroamphetamine cap er 24hr 30</i>		<i>aprepitant capsule 40 mg</i> .....	24
<i>mg</i> .....	71	<i>aprepitant capsule 80 mg</i> .....	24
<i>amphetamine-dextroamphetamine cap er 24hr 5</i>		<i>aprepitant capsule therapy pack 80 &amp; 125</i>	
<i>mg</i> .....	71	<i>mg</i> .....	23
<i>amphetamine-dextroamphetamine tab 10</i>		APRISO.....	103
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<i>amphetamine-dextroamphetamine tab 12.5</i>		APTIOM.....	15
<i>mg</i> .....	71	APTIOM.....	15
<i>amphetamine-dextroamphetamine tab 15</i>		APTIOM.....	15
<i>mg</i> .....	71	APTIVUS.....	45
<i>amphetamine-dextroamphetamine tab 20</i>		APTIVUS.....	45
<i>mg</i> .....	71	ARALAST NP.....	86
<i>amphetamine-dextroamphetamine tab 30</i>		ARALAST NP.....	86
<i>mg</i> .....	71	ARANESP ALBUMIN FREE.....	55
		ARANESP ALBUMIN FREE.....	55

ARANESP ALBUMIN FREE.....	55	<i>aspirin-dipyridamole cap er 12hr 25-200</i>	
ARANESP ALBUMIN FREE.....	55	<i>mg.....</i>	56
ARANESP ALBUMIN FREE.....	55	<i>atazanavir sulfate cap 150 mg.....</i>	45
ARANESP ALBUMIN FREE.....	55	<i>atazanavir sulfate cap 200 mg.....</i>	45
ARANESP ALBUMIN FREE.....	55	<i>atazanavir sulfate cap 300 mg.....</i>	45
ARANESP ALBUMIN FREE.....	55	<i>atenolol &amp; chlorthalidone tab 100-25</i>	
ARANESP ALBUMIN FREE.....	55	<i>mg.....</i>	59
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ARANESP ALBUMIN FREE.....	55	<i>atenolol tab 100 mg.....</i>	59
ARANESP ALBUMIN FREE.....	55	<i>atenolol tab 25 mg.....</i>	59
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<i>aripiprazole orally disintegrating tab 10</i>		<i>atomoxetine hcl cap 25 mg.....</i>	71
<i>mg.....</i>	41	<i>atomoxetine hcl cap 40 mg.....</i>	71
<i>aripiprazole orally disintegrating tab 15</i>		<i>atomoxetine hcl cap 60 mg.....</i>	71
<i>mg.....</i>	41	<i>atomoxetine hcl cap 80 mg.....</i>	71
<i>aripiprazole oral solution 1 mg/ml.....</i>	41	<i>atorvastatin calcium tab 10 mg.....</i>	59
<i>aripiprazole tab 10 mg.....</i>	41	<i>atorvastatin calcium tab 20 mg.....</i>	59
<i>aripiprazole tab 15 mg.....</i>	41	<i>atorvastatin calcium tab 40 mg.....</i>	59
<i>aripiprazole tab 20 mg.....</i>	41	<i>atorvastatin calcium tab 80 mg.....</i>	59
<i>aripiprazole tab 2 mg.....</i>	41	<i>atovaquone-proguanil hcl tab 250-100</i>	
<i>aripiprazole tab 30 mg.....</i>	41	<i>mg.....</i>	38
<i>aripiprazole tab 5 mg.....</i>	41	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
ARISTADA.....	41	<i>mg.....</i>	38
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ARISTADA.....	41	ATRIPLA.....	45
ARISTADA.....	41	ATROPINE SULFATE.....	83
<i>armodafinil tab 150 mg.....</i>	113	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/</i>	
<i>armodafinil tab 200 mg.....</i>	113	<i>ml).....</i>	83
<i>armodafinil tab 250 mg.....</i>	113	ATROVENT HFA.....	109
<i>armodafinil tab 50 mg.....</i>	113	AUBAGIO.....	71
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ARZERRA.....	28	AUSTEDO.....	71
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ASMANEX TWISTHALER 30 METERED		AZASAN.....	97
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<i>azithromycin for susp 100 mg/5ml</i> .....	6	<i>benztropine mesylate inj 1 mg/ml</i> .....	39
<i>azithromycin for susp 200 mg/5ml</i> .....	6	<i>benztropine mesylate tab 0.5 mg</i> .....	39
<i>azithromycin iv for soln 500 mg</i> .....	6	<i>benztropine mesylate tab 1 mg</i> .....	39
<i>azithromycin tab 250 mg</i> .....	6	<i>benztropine mesylate tab 2 mg</i> .....	39
<i>azithromycin tab 500 mg</i> .....	6	BERINERT.....	97
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<i>aztreonam for inj 2 gm</i> .....	7	0.05%.....	75
<b>B</b>		<i>betamethasone dipropionate augmented gel</i>	
BACITRACIN.....	105	0.05%.....	75
<i>bacitracin intramuscular for soln 50000</i>		<i>betamethasone dipropionate augmented lotion</i>	
<i>unit</i> .....	7	0.05%.....	75
<i>bacitracin-polymyxin b ophth oint</i> .....	105	<i>betamethasone dipropionate augmented oint</i>	
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		0.05%.....	75
1%.....	105	<i>betamethasone dipropionate cream</i>	
<i>baclofen tab 10 mg</i> .....	45	0.05%.....	75
<i>baclofen tab 20 mg</i> .....	45	<i>betamethasone dipropionate lotion</i>	
BACTOCILL IN DEXTROSE.....	7	0.05%.....	75
BACTOCILL IN DEXTROSE.....	7	<i>betamethasone dipropionate oint</i>	
BACTROBAN NASAL.....	7	0.05%.....	75
<i>balsalazide disodium cap 750 mg</i> .....	103	<i>betamethasone valerate aerosol foam</i>	
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BANZEL.....	15	<i>betamethasone valerate cream 0.1%</i> .....	75
BANZEL.....	15	<i>betamethasone valerate lotion 0.1%</i> .....	75
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BCG VACCINE.....	97	<i>betaxolol hcl tab 10 mg</i> .....	59
BELEODAQ.....	29	<i>betaxolol hcl tab 20 mg</i> .....	59
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5</i>		<i>bethanechol chloride tab 10 mg</i> .....	88
<i>mg</i> .....	59	<i>bethanechol chloride tab 25 mg</i> .....	88
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5</i>		<i>bethanechol chloride tab 50 mg</i> .....	88
<i>mg</i> .....	59	<i>bethanechol chloride tab 5 mg</i> .....	88
<i>benazepril &amp; hydrochlorothiazide tab 20-25</i>		BEVYXXA.....	56
<i>mg</i> .....	59	BEVYXXA.....	56
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25</i>		<i>bexarotene cap 75 mg</i> .....	29
<i>mg</i> .....	59	BEXSERO.....	97
<i>benazepril hcl tab 10 mg</i> .....	59	<i>bicalutamide tab 50 mg</i> .....	29
<i>benazepril hcl tab 20 mg</i> .....	59	BICILLIN C-R.....	7
<i>benazepril hcl tab 40 mg</i> .....	59	BICILLIN C-R.....	7
<i>benazepril hcl tab 5 mg</i> .....	59	BICILLIN L-A.....	7
BENDEKA.....	29	BICILLIN L-A.....	7
BENLYSTA.....	97	BICILLIN L-A.....	7
BENLYSTA.....	97	BICNU.....	29
BENLYSTA.....	97	BIKTARVY.....	46
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BENZNIDAZOLE.....	38	<i>bimatoprost ophth soln 0.03%</i> .....	105
BENZNIDAZOLE.....	38	<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25</i>	
<i>benzoyl peroxide-erythromycin gel</i>		<i>mg</i> .....	59
5-3%.....	75	<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25</i>	
		<i>mg</i> .....	59

<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i> .....	59	<i>bupropion hcl tab er 12hr 150 mg</i> .....	20
<i>bisoprolol fumarate tab 10 mg</i> .....	59	<i>bupropion hcl tab er 12hr 200 mg</i> .....	20
<i>bisoprolol fumarate tab 5 mg</i> .....	59	<i>bupropion hcl tab er 24hr 150 mg</i> .....	20
BIVIGAM.....	97	<i>bupropion hcl tab er 24hr 300 mg</i> .....	20
BIVIGAM.....	97	<i>buspirone hcl tab 10 mg</i> .....	50
BLEO 15K.....	29	<i>buspirone hcl tab 15 mg</i> .....	50
<i>bleomycin sulfate for inj 15 unit</i> .....	29	<i>buspirone hcl tab 30 mg</i> .....	50
<i>bleomycin sulfate for inj 30 unit</i> .....	29	<i>buspirone hcl tab 5 mg</i> .....	50
BLEPHAMIDE.....	105	<i>buspirone hcl tab 7.5 mg</i> .....	50
BLEPHAMIDE S.O.P.....	105	<i>busulfan inj 6 mg/ml</i> .....	29
BLINCYTO.....	29	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> .....	1
BOOSTRIX.....	97	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> .....	1
BOSULIF.....	29	BUTORPHANOL TARTRATE.....	1
BOSULIF.....	29	<i>butorphanol tartrate inj 2 mg/ml</i> .....	1
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BRILINTA.....	56	BYDUREON.....	52
BRILINTA.....	56	BYDUREON BCISE.....	52
<i>brimonidine tartrate ophth soln 0.2%</i> .....	105	BYDUREON PEN.....	52
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BRIVIACT.....	15		
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BRIVIACT.....	15	<i>cabergoline tab 0.5 mg</i> .....	95
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BRIVIACT.....	15	CABOMETYX.....	29
BRIVIACT.....	15	CABOMETYX.....	29
BRIVIACT.....	15	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> .....	75
BRIVIACT.....	15	<i>calcipotriene cream 0.005%</i> .....	75
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i> .....	105	<i>calcipotriene oint 0.005%</i> .....	75
<i>bromocriptine mesylate cap 5 mg</i> .....	39	<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	75
<i>bromocriptine mesylate tab 2.5 mg</i> .....	39	<i>calcitonin (salmon) nasal soln 200 unit/act</i> .....	103
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<i>budesonide delayed release particles cap 3 mg</i> .....	103	<i>calcitriol cap 0.25 mcg</i> .....	104
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	109	<i>calcitriol cap 0.5 mcg</i> .....	104
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	109	<i>calcitriol inj 1 mcg/ml</i> .....	104
<i>budesonide inhalation susp 1 mg/2ml</i> .....	109	<i>calcitriol oral soln 1 mcg/ml</i> .....	104
<i>bumetanide inj 0.25 mg/ml</i> .....	59	<i>calcium acetate cap 667 mg</i> .....	79
<i>bumetanide tab 0.5 mg</i> .....	59	CALQUENCE.....	29
<i>bumetanide tab 1 mg</i> .....	59	CANASA.....	103
<i>bumetanide tab 2 mg</i> .....	59	CANCIDAS.....	25
BUPHENYL.....	86	CANCIDAS.....	25
<i>buprenorphine hcl inj 0.3 mg/ml</i> .....	5	<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> .....	60
<i>buprenorphine hcl sl tab 2 mg</i> .....	5	<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> .....	60
<i>buprenorphine hcl sl tab 8 mg</i> .....	5	<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> .....	60
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	5		
<i>bupropion hcl tab 100 mg</i> .....	20		
<i>bupropion hcl tab 75 mg</i> .....	20		
<i>bupropion hcl tab er 12hr 100 mg</i> .....	20		



<i>candesartan cilexetil tab 16 mg</i> .....	60	<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	39
<i>candesartan cilexetil tab 32 mg</i> .....	60	<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	39
<i>candesartan cilexetil tab 4 mg</i> .....	59	<i>carbidopa &amp; levodopa tab er 25-100</i>	
<i>candesartan cilexetil tab 8 mg</i> .....	60	<i>mg</i> .....	39
CANTIL.....	83	<i>carbidopa &amp; levodopa tab er 50-200</i>	
CAPASTAT SULFATE.....	27	<i>mg</i> .....	39
CAPEX.....	75	<i>carboplatin iv soln 150 mg/15ml</i> .....	29
CAPRELSA.....	29	<i>carboplatin iv soln 450 mg/45ml</i> .....	29
CAPRELSA.....	29	<i>carboplatin iv soln 50 mg/5ml</i> .....	29
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CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	60	CARIMUNE NANOFILTERED.....	97
<i>captopyril tab 100 mg</i> .....	60	CARIMUNE NANOFILTERED.....	97
<i>captopyril tab 12.5 mg</i> .....	60	<i>carmustine for inj 100 mg</i> .....	29
<i>captopyril tab 25 mg</i> .....	60	<i>carteolol hcl ophth soln 1%</i> .....	105
<i>captopyril tab 50 mg</i> .....	60	<i>carvedilol tab 12.5 mg</i> .....	60
CARAC.....	75	<i>carvedilol tab 25 mg</i> .....	60
CARAFATE.....	83	<i>carvedilol tab 3.125 mg</i> .....	60
CARBAGLU.....	79	<i>carvedilol tab 6.25 mg</i> .....	60
<i>carbamazepine cap er 12hr 100 mg</i> .....	15	<i>casprofungin acetate for iv soln 50 mg</i> .....	25
<i>carbamazepine cap er 12hr 200 mg</i> .....	15	<i>casprofungin acetate for iv soln 70 mg</i> .....	25
<i>carbamazepine cap er 12hr 300 mg</i> .....	15	CAYSTON.....	109
<i>carbamazepine chew tab 100 mg</i> .....	15	CEDAX.....	7
<i>carbamazepine susp 100 mg/5ml</i> .....	15	<i>cefaclor cap 250 mg</i> .....	7
<i>carbamazepine tab 200 mg</i> .....	15	<i>cefaclor cap 500 mg</i> .....	7
<i>carbamazepine tab er 12hr 100 mg</i> .....	15	CEFACTOR ER.....	7
<i>carbamazepine tab er 12hr 200 mg</i> .....	15	<i>cefadroxil cap 500 mg</i> .....	7
<i>carbamazepine tab er 12hr 400 mg</i> .....	15	<i>cefadroxil for susp 250 mg/5ml</i> .....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	39	<i>cefadroxil for susp 500 mg/5ml</i> .....	7
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CARBIDOPA/LEVODOPA/ ENTACAPONE.....	39	CEFAZOLIN SODIUM.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	39	CEFAZOLIN SODIUM.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	39	CEFAZOLIN SODIUM.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	39	CEFAZOLIN SODIUM/DEXTROSE.....	7
<i>carbidopa &amp; levodopa orally disintegrating tab</i>		<i>cefazolin sodium for inj 10 gm</i> .....	7
<i>10-100 mg</i> .....	39	<i>cefazolin sodium for inj 1 gm</i> .....	7
<i>carbidopa &amp; levodopa orally disintegrating tab</i>		<i>cefazolin sodium for inj 500 mg</i> .....	7
<i>25-100 mg</i> .....	39	<i>cefdinir cap 300 mg</i> .....	7
<i>carbidopa &amp; levodopa orally disintegrating tab</i>		<i>cefdinir for susp 125 mg/5ml</i> .....	7
<i>25-250 mg</i> .....	39	<i>cefdinir for susp 250 mg/5ml</i> .....	7
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	39	CEFEPIME.....	7
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		CEFEPIME/DEXTROSE.....	8
		<i>cefepime hcl for inj 1 gm</i> .....	8
		<i>cefepime hcl for inj 2 gm</i> .....	8
		<i>cefixime for susp 100 mg/5ml</i> .....	8
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		CEFOTAXIME SODIUM.....	8
		CEFOTAXIME SODIUM.....	8
		<i>cefotaxime sodium for inj 1 gm</i> .....	8

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CEFOTETAN/DEXTROSE.....	8	CEPHALEXIN.....	9
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<i>cefotetan disodium for inj 2 gm.....</i>	8	<i>cephalexin cap 500 mg.....</i>	9
CEFOXITIN SODIUM.....	8	<i>cephalexin cap 750 mg.....</i>	9
CEFOXITIN SODIUM.....	8	<i>cephalexin for susp 125 mg/5ml.....</i>	9
<i>cefoxitin sodium for inj 10 gm.....</i>	8	<i>cephalexin for susp 250 mg/5ml.....</i>	9
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<i>mg/5ml.....</i>	8	CESAMET.....	24
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<i>mg/5ml.....</i>	8	<i>mg/5ml).....</i>	109
<i>cefpodoxime proxetil tab 100 mg.....</i>	8	<i>cevimeline hcl cap 30 mg.....</i>	74
<i>cefpodoxime proxetil tab 200 mg.....</i>	8	CHANTIX.....	5
<i>cefprozil for susp 125 mg/5ml.....</i>	8	CHANTIX.....	5
<i>cefprozil for susp 250 mg/5ml.....</i>	8	CHANTIX CONTINUING MONTH	
<i>cefprozil tab 250 mg.....</i>	8	PACK.....	5
<i>cefprozil tab 500 mg.....</i>	8	CHANTIX STARTING MONTH PACK.....	5
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<i>ceftazidime for inj 6 gm.....</i>	8	CHLOROQUINE PHOSPHATE.....	38
<i>ceftazidime for iv soln 1 gm.....</i>	8	<i>chloroquine phosphate tab 500 mg.....</i>	38
<i>ceftazidime for iv soln 2 gm.....</i>	8	CHLOROTHIAZIDE.....	60
CEFTIBUTEN.....	9	<i>chlorothiazide tab 500 mg.....</i>	60
CEFTRIAXONE/DEXTROSE.....	9	CHLORPROMAZINE HCL.....	24
CEFTRIAXONE/DEXTROSE.....	9	CHLORPROMAZINE HCL.....	24
CEFTRIAXONE IN ISO-OSMOTIC		<i>chlorpromazine hcl tab 100 mg.....</i>	24
DEXTROSE.....	9	<i>chlorpromazine hcl tab 10 mg.....</i>	24
CEFTRIAXONE IN ISO-OSMOTIC		<i>chlorpromazine hcl tab 200 mg.....</i>	24
DEXTROSE.....	9	<i>chlorpromazine hcl tab 25 mg.....</i>	24
CEFTRIAXONE SODIUM.....	9	<i>chlorpromazine hcl tab 50 mg.....</i>	24
<i>ceftriaxone sodium for inj 10 gm.....</i>	9	CHLORPROPAMIDE.....	52
<i>ceftriaxone sodium for inj 1 gm.....</i>	9	CHLORPROPAMIDE.....	52
<i>ceftriaxone sodium for inj 250 mg.....</i>	9	<i>chlorthalidone tab 25 mg.....</i>	60
<i>ceftriaxone sodium for inj 2 gm.....</i>	9	<i>chlorthalidone tab 50 mg.....</i>	60
<i>ceftriaxone sodium for inj 500 mg.....</i>	9	<i>chlorzoxazone tab 500 mg.....</i>	113
<i>ceftriaxone sodium for iv soln 1 gm.....</i>	9	<i>cholestyramine light powder 4 gm/</i>	
<i>ceftriaxone sodium for iv soln 2 gm.....</i>	9	<i>dose.....</i>	60
<i>cefuroxime axetil tab 250 mg.....</i>	9	<i>cholestyramine light powder packets 4</i>	
<i>cefuroxime axetil tab 500 mg.....</i>	9	<i>gm.....</i>	60
<i>cefuroxime sodium for inj 7.5 gm.....</i>	9	<i>cholestyramine powder 4 gm/dose.....</i>	60
<i>cefuroxime sodium for inj 750 mg.....</i>	9	<i>cholestyramine powder packets 4 gm.....</i>	60
<i>cefuroxime sodium for iv soln 1.5 gm.....</i>	9	<i>choline fenofibrate cap dr 135 mg.....</i>	60
<i>celecoxib cap 100 mg.....</i>	1	<i>choline fenofibrate cap dr 45 mg.....</i>	60
<i>celecoxib cap 200 mg.....</i>	1	<i>chorionic gonadotropin for im inj 10000 unit(chorionic</i>	
<i>celecoxib cap 400 mg.....</i>	1	<i>gonadotropin, pregnyl).....</i>	90
<i>celecoxib cap 50 mg.....</i>	1	<i>ciclopirox gel 0.77%.....</i>	25
CELLCEPT INTRAVENOUS.....	97	<i>ciclopirox olamine cream 0.77%.....</i>	25

<i>ciclopirox olamine susp 0.77%</i> .....	25	<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i> .....	10
<i>ciclopirox shampoo 1%</i> .....	25	<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i> .....	10
<i>ciclopirox solution 8%</i> .....	25	<i>clindamycin phosphate inj 300 mg/2ml</i> .....	10
<i>cidofovir iv inj 75 mg/ml</i> .....	46	<i>clindamycin phosphate inj 600 mg/4ml</i> .....	10
<i>cilostazol tab 100 mg</i> .....	56	<i>clindamycin phosphate inj 900 mg/6ml</i> .....	10
<i>cilostazol tab 50 mg</i> .....	56	<i>clindamycin phosphate inj 9 gm/60ml</i> .....	10
CIMDUO.....	46	<i>clindamycin phosphate iv soln 300 mg/2ml</i> .....	10
<i>cimetidine hcl soln 300 mg/5ml</i> .....	83	<i>clindamycin phosphate iv soln 600 mg/4ml</i> .....	10
<i>cimetidine tab 200 mg</i> .....	83	<i>clindamycin phosphate iv soln 900 mg/6ml</i> .....	10
<i>cimetidine tab 300 mg</i> .....	83	<i>clindamycin phosphate lotion 1%</i> .....	10
<i>cimetidine tab 400 mg</i> .....	83	<i>clindamycin phosphate soln 1%</i> .....	10
<i>cimetidine tab 800 mg</i> .....	83	<i>clindamycin phosphate swab 1%</i> .....	10
CINQAIR.....	109	<i>clindamycin phosphate vaginal cream 2%</i> .....	10
CINRYZE.....	97	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	75
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i> .....	9	CLINIMIX 2.75%/DEXTROSE 5.....	80
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i> .....	9	CLINIMIX 4.25%/DEXTROSE 1.....	80
<i>ciprofloxacin hcl ophth soln 0.3%</i> .....	105	CLINIMIX 4.25%/DEXTROSE 2.....	80
<i>ciprofloxacin hcl tab 250 mg</i> .....	9	CLINIMIX 4.25%/DEXTROSE 2.....	80
<i>ciprofloxacin hcl tab 500 mg</i> .....	9	CLINIMIX 4.25%/DEXTROSE 5.....	80
<i>ciprofloxacin hcl tab 750 mg</i> .....	9	CLINIMIX 5%/DEXTROSE 15%.....	80
CISPLATIN.....	29	CLINIMIX 5%/DEXTROSE 20%.....	80
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i> .....	29	CLINIMIX 5%/DEXTROSE 25%.....	80
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i> .....	29	CLINIMIX E 2.75%/DEXTROSE.....	79
<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	20	CLINIMIX E 2.75%/DEXTROSE.....	79
<i>citalopram hydrobromide tab 10 mg</i> .....	20	CLINIMIX E 4.25%/DEXTROSE.....	79
<i>citalopram hydrobromide tab 20 mg</i> .....	20	CLINIMIX E 4.25%/DEXTROSE.....	79
<i>citalopram hydrobromide tab 40 mg</i> .....	20	CLINIMIX E 4.25%/DEXTROSE.....	79
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i> .....	29	CLINIMIX E 5%/DEXTROSE 15.....	79
CLAFORAN.....	10	CLINIMIX E 5%/DEXTROSE 20.....	79
CLARINEX.....	109	CLINIMIX E 5%/DEXTROSE 25.....	80
<i>clarithromycin for susp 125 mg/5ml</i> .....	10	CLINIMIX N14G30E.....	80
<i>clarithromycin for susp 250 mg/5ml</i> .....	10	CLINIMIX N9G15E.....	80
<i>clarithromycin tab 250 mg</i> .....	10	CLINIMIX N9G20E.....	80
<i>clarithromycin tab 500 mg</i> .....	10	<i>clobazam suspension 2.5 mg/ml</i> .....	15
<i>clarithromycin tab er 24hr 500 mg</i> .....	10	<i>clobazam tab 10 mg</i> .....	15
CLEOCIN.....	10	<i>clobazam tab 20 mg</i> .....	15
CLINDAGEL.....	10	<i>clobetasol propionate cream 0.05%</i> .....	75
<i>clindamycin hcl cap 150 mg</i> .....	10	<i>clobetasol propionate emollient base cream 0.05%</i> .....	75
<i>clindamycin hcl cap 300 mg</i> .....	10	<i>clobetasol propionate emulsion foam 0.05%</i> .....	75
<i>clindamycin hcl cap 75 mg</i> .....	10	<i>clobetasol propionate foam 0.05%</i> .....	75
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i> .....	10	<i>clobetasol propionate gel 0.05%</i> .....	75
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	75	<i>clobetasol propionate lotion 0.05%</i> .....	75
<i>clindamycin phosphate foam 1%</i> .....	10	<i>clobetasol propionate oint 0.05%</i> .....	75
<i>clindamycin phosphate gel 1%</i> .....	10		
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i> .....	10		

<i>clobetasol propionate shampoo 0.05%</i> .....	76	<i>codeine sulfate tab 15 mg</i> .....	1
<i>clobetasol propionate soln 0.05%</i> .....	76	<i>codeine sulfate tab 30 mg</i> .....	1
<i>clobetasol propionate spray 0.05%</i> .....	76	<i>codeine sulfate tab 60 mg</i> .....	1
CLODERM.....	76	COLCHICINE.....	26
CLODERM PUMP.....	76	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clofarabine iv soln 1 mg/ml</i> .....	29	<i>mg</i> .....	26
<i>clomipramine hcl cap 25 mg</i> .....	20	COLCRYS.....	26
<i>clomipramine hcl cap 50 mg</i> .....	20	<i>colesevelam hcl packet for susp 3.75</i>	
<i>clomipramine hcl cap 75 mg</i> .....	20	<i>gm</i> .....	61
<i>clonazepam orally disintegrating tab 0.125</i>		<i>colesevelam hcl tab 625 mg</i> .....	61
<i>mg</i> .....	50	<i>colestipol hcl granule packets 5 gm</i> .....	61
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl granules 5 gm</i> .....	61
<i>mg</i> .....	50	<i>colestipol hcl tab 1 gm</i> .....	61
<i>clonazepam orally disintegrating tab 0.5</i>		<i>colistimethate sod for inj 150 mg</i> .....	10
<i>mg</i> .....	51	COLY-MYCIN S.....	107
<i>clonazepam orally disintegrating tab 1</i>		COMBIGAN.....	105
<i>mg</i> .....	51	COMBIVENT RESPIMAT.....	109
<i>clonazepam orally disintegrating tab 2</i>		COMETRIQ.....	29
<i>mg</i> .....	51	COMETRIQ.....	29
<i>clonazepam tab 0.5 mg</i> .....	51	COMETRIQ.....	29
<i>clonazepam tab 1 mg</i> .....	51	COMPLERA.....	46
<i>clonazepam tab 2 mg</i> .....	51	CONDYLOX.....	76
<i>clonidine hcl tab 0.1 mg</i> .....	60	COPAXONE.....	71
<i>clonidine hcl tab 0.2 mg</i> .....	60	COPAXONE.....	71
<i>clonidine hcl tab 0.3 mg</i> .....	60	CORDRAN.....	76
<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	60	CORDRAN TAPE.....	76
<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	60	CORLANOR.....	61
<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	60	CORLANOR.....	61
<i>clopidogrel bisulfate tab 75 mg</i> .....	56	CORTISONE ACETATE.....	88
<i>clorazepate dipotassium tab 15 mg</i> .....	51	CORTISPORIN.....	76
<i>clorazepate dipotassium tab 3.75 mg</i> .....	51	COSENTYX.....	97
<i>clorazepate dipotassium tab 7.5 mg</i> .....	51	COSENTYX SENSOREADY PEN.....	97
<i>clotrimazole cream 1%</i> .....	25	COSMEGEN.....	29
<i>clotrimazole soln 1%</i> .....	25	COTELLIC.....	29
<i>clotrimazole troche 10 mg</i> .....	25	CREON.....	86
<i>clotrimazole w/ betamethasone cream</i>		CREON.....	86
<i>1-0.05%</i> .....	76	CREON.....	86
<i>clotrimazole w/ betamethasone lotion</i>		CREON.....	86
<i>1-0.05%</i> .....	76	CREON.....	86
CLOZAPINE ODT.....	41	CRESEMBA.....	25
CLOZAPINE ODT.....	41	CRESEMBA.....	25
<i>clozapine orally disintegrating tab 100</i>		CRIXIVAN.....	46
<i>mg</i> .....	41	CRIXIVAN.....	46
<i>clozapine orally disintegrating tab 12.5</i>		<i>cromolyn sodium ophth soln 4%</i> .....	105
<i>mg</i> .....	41	<i>cromolyn sodium oral conc 100</i>	
<i>clozapine orally disintegrating tab 25</i>		<i>mg/5ml</i> .....	84
<i>mg</i> .....	41	<i>cromolyn sodium soln nebu 20</i>	
<i>clozapine tab 100 mg</i> .....	41	<i>mg/2ml</i> .....	109
<i>clozapine tab 200 mg</i> .....	41	<i>crotamiton lotion 10%</i> .....	38
<i>clozapine tab 25 mg</i> .....	41	CUBICIN.....	10
<i>clozapine tab 50 mg</i> .....	41	CUBICIN RF.....	10
COARTEM.....	38	<i>cyclobenzaprine hcl tab 5 mg</i> .....	113

cyclophosphamide cap 25 mg.....	30	darifenacin hydrobromide tab er 24hr 7.5	
cyclophosphamide cap 50 mg.....	30	mg.....	88
cyclophosphamide for inj 1 gm.....	30	DARZALEX.....	30
cyclophosphamide for inj 2 gm.....	30	DARZALEX.....	30
cyclophosphamide for inj 500 mg.....	30	daunorubicin hcl iv soln 20 mg/4ml.....	30
CYCLOSET.....	52	DAUNORUBICIN HYDROCHLORIDE.....	30
cyclosporine cap 100 mg.....	97	decitabine for inj 50 mg.....	30
cyclosporine cap 25 mg.....	97	demeclocycline hcl tab 150 mg.....	10
cyclosporine iv soln 50 mg/ml.....	97	demeclocycline hcl tab 300 mg.....	10
CYCLOSPORINE MODIFIED.....	97	DEMSEER.....	61
cyclosporine modified cap 100 mg.....	98	DENAVIR.....	46
cyclosporine modified cap 25 mg.....	97	DEPEN TITRATABS.....	88
cyclosporine modified cap 50 mg.....	98	DEPO-ESTRADIOL.....	91
cyclosporine modified oral soln 100 mg/ ml.....	98	DEPO-MEDROL.....	88
cyproheptadine hcl syrup 2 mg/5ml.....	109	DEPO-PROVERA.....	91
cyproheptadine hcl tab 4 mg.....	109	DEPO-SUBQ PROVERA 104.....	91
CYRAMZA.....	30	DESCOVY.....	46
CYRAMZA.....	30	desipramine hcl tab 100 mg.....	20
CYSTADANE.....	86	desipramine hcl tab 10 mg.....	20
CYSTAGON.....	86	desipramine hcl tab 150 mg.....	20
CYSTAGON.....	86	desipramine hcl tab 25 mg.....	20
CYSTARAN.....	105	desipramine hcl tab 50 mg.....	20
CYTARABINE.....	30	desipramine hcl tab 75 mg.....	20
cytarabine inj pf 100 mg/ml.....	30	desloratadine tab 5 mg.....	109
cytarabine inj pf 20 mg/ml.....	30	desmopressin acetate inj 4 mcg/ml.....	90
<b>D</b>		desmopressin acetate nasal spray soln 0.01%.....	90
DACARBAZINE.....	30	desmopressin acetate nasal spray soln 0.01% (refrigerated).....	90
dacarbazine for inj 200 mg.....	30	desmopressin acetate tab 0.1 mg.....	90
dactinomycin for inj 0.5 mg.....	30	desmopressin acetate tab 0.2 mg.....	90
DAKLINZA.....	46	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	91
DAKLINZA.....	46	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	91
DAKLINZA.....	46	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	91
dalfampridine tab er 12hr 10 mg.....	71	DESONATE.....	76
DALIRESP.....	109	desonide cream 0.05%.....	76
DALIRESP.....	109	desonide lotion 0.05%.....	76
danazol cap 100 mg.....	91	desonide oint 0.05%.....	76
danazol cap 200 mg.....	91	desoximetasone cream 0.05%.....	76
danazol cap 50 mg.....	91	desoximetasone cream 0.25%.....	76
dantrolene sodium cap 100 mg.....	45	desoximetasone gel 0.05%.....	76
dantrolene sodium cap 25 mg.....	45	desoximetasone oint 0.25%.....	76
dantrolene sodium cap 50 mg.....	45	desvenlafaxine succinate tab er 24hr 100 mg.....	20
dapsone gel 5%.....	76	desvenlafaxine succinate tab er 24hr 25 mg.....	20
dapsone tab 100 mg.....	27	desvenlafaxine succinate tab er 24hr 50 mg.....	20
dapsone tab 25 mg.....	27		
DAPTACEL.....	98		
daptomycin for iv soln 500 mg.....	10		
DARAPRIM.....	38		
darifenacin hydrobromide tab er 24hr 15 mg.....	88		

DEXAMETHASONE.....	88	<i>dextroamphetamine sulfate tab 5 mg.....</i>	72
DEXAMETHASONE.....	88	DEXTROSE 10%/NACL 0.2%.....	80
DEXAMETHASONE.....	88	DEXTROSE 10%/NACL 0.45%.....	80
<i>dexamethasone elixir 0.5 mg/5ml.....</i>	88	<i>dextrose 2.5% w/ sodium chloride</i>	
DEXAMETHASONE INTENSOL.....	89	0.45%.....	80
DEXAMETHASONE SODIUM		DEXTROSE 5%/NACL 0.225%.....	80
PHOSPHATE.....	89	DEXTROSE 5%/NACL 0.3%.....	80
DEXAMETHASONE SODIUM		<i>dextrose 5% in lactated ringers.....</i>	80
PHOSPHATE.....	105	<i>dextrose 5% w/ sodium chloride 0.2%.....</i>	80
<i>dexamethasone sodium phosphate inj 100</i>		<i>dextrose 5% w/ sodium chloride</i>	
<i>mg/10ml.....</i>	89	0.33%.....	80
<i>dexamethasone sodium phosphate inj 120</i>		<i>dextrose 5% w/ sodium chloride</i>	
<i>mg/30ml.....</i>	89	0.45%.....	80
<i>dexamethasone sodium phosphate inj 20</i>		<i>dextrose 5% w/ sodium chloride 0.9%.....</i>	80
<i>mg/5ml.....</i>	89	<i>dextrose inj 10%.....</i>	80
<i>dexamethasone sodium phosphate inj 4 mg/</i>		<i>dextrose inj 5%.....</i>	80
<i>ml.....</i>	89	DIASTAT ACUDIAL.....	15
<i>dexamethasone sod phosphate preservative free inj</i>		DIASTAT ACUDIAL.....	15
<i>10 mg/ml.....</i>	89	DIASTAT PEDIATRIC.....	16
<i>dexamethasone tab 0.5 mg.....</i>	89	DIAZEPAM.....	51
<i>dexamethasone tab 0.75 mg.....</i>	89	DIAZEPAM.....	51
<i>dexamethasone tab 1.5 mg.....</i>	89	<i>diazepam conc 5 mg/ml.....</i>	51
<i>dexamethasone tab 4 mg.....</i>	89	DIAZEPAM RECTAL GEL.....	16
<i>dexamethasone tab 6 mg.....</i>	89	DIAZEPAM RECTAL GEL.....	16
<i>dexmethylphenidate hcl cap er 24 hr 10</i>		DIAZEPAM RECTAL GEL.....	16
<i>mg.....</i>	72	<i>diazepam tab 10 mg.....</i>	51
<i>dexmethylphenidate hcl cap er 24 hr 15</i>		<i>diazepam tab 2 mg.....</i>	51
<i>mg.....</i>	72	<i>diazepam tab 5 mg.....</i>	51
<i>dexmethylphenidate hcl cap er 24 hr 20</i>		<i>diclofenac potassium tab 50 mg.....</i>	1
<i>mg.....</i>	72	<i>diclofenac sodium gel 1%.....</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 25</i>		<i>diclofenac sodium gel 3%.....</i>	76
<i>mg.....</i>	72	<i>diclofenac sodium ophth soln 0.1%.....</i>	105
<i>dexmethylphenidate hcl cap er 24 hr 30</i>		<i>diclofenac sodium tab delayed release 25</i>	
<i>mg.....</i>	72	<i>mg.....</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 35</i>		<i>diclofenac sodium tab delayed release 50</i>	
<i>mg.....</i>	72	<i>mg.....</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 40</i>		<i>diclofenac sodium tab delayed release 75</i>	
<i>mg.....</i>	72	<i>mg.....</i>	1
<i>dexmethylphenidate hcl cap er 24 hr 5</i>		<i>diclofenac sodium tab er 24hr 100 mg.....</i>	1
<i>mg.....</i>	72	<i>diclofenac w/ misoprostol tab delayed release 50-0.2</i>	
<i>dexmethylphenidate hcl tab 10 mg.....</i>	72	<i>mg.....</i>	1
<i>dexmethylphenidate hcl tab 2.5 mg.....</i>	72	<i>diclofenac w/ misoprostol tab delayed release 75-0.2</i>	
<i>dexmethylphenidate hcl tab 5 mg.....</i>	72	<i>mg.....</i>	1
<i>dexrazoxane for inj 250 mg.....</i>	30	<i>dicloxacillin sodium cap 250 mg.....</i>	10
<i>dexrazoxane for inj 500 mg.....</i>	30	<i>dicloxacillin sodium cap 500 mg.....</i>	10
<i>dextroamphetamine sulfate cap er 24hr 10</i>		<i>dicyclomine hcl cap 10 mg.....</i>	84
<i>mg.....</i>	72	<i>dicyclomine hcl oral soln 10 mg/5ml.....</i>	84
<i>dextroamphetamine sulfate cap er 24hr 15</i>		<i>dicyclomine hcl tab 20 mg.....</i>	84
<i>mg.....</i>	72	<i>didanosine delayed release capsule 200</i>	
<i>dextroamphetamine sulfate cap er 24hr 5</i>		<i>mg.....</i>	46
<i>mg.....</i>	72	<i>didanosine delayed release capsule 250</i>	
<i>dextroamphetamine sulfate tab 10 mg.....</i>	72	<i>mg.....</i>	46

<i>didanosine delayed release capsule 400 mg</i> .....	46	<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i> .....	61
DIFLORASONE DIACETATE.....	76	<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i> .....	61
<i>diflorasone diacetate oint 0.05%</i> .....	76	<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i> .....	61
<i>diflunisal tab 500 mg</i> .....	1	<i>diltiazem hcl tab 120 mg</i> .....	62
DIGOXIN.....	61	<i>diltiazem hcl tab 30 mg</i> .....	62
<i>digoxin inj 0.25 mg/ml</i> .....	61	<i>diltiazem hcl tab 60 mg</i> .....	62
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	61	<i>diltiazem hcl tab 90 mg</i> .....	62
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	61	DIPENTUM.....	103
DIHYDROERGOTAMINE MESYLATE.....	27	<i>diphenhydramine hcl inj 50 mg/ml</i> .....	109
<i>dihydroergotamine mesylate inj 1 mg/ml</i> .....	27	DIPHENOXYLATE/ATROPINE.....	84
DILANTIN.....	16	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	84
DILTIAZEM HCL.....	61	DIPHThERIA/TETANUS TOXOIDS	
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	61	ADSORBED.....	98
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	61	<i>dipyridamole tab 25 mg</i> .....	56
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	61	<i>dipyridamole tab 50 mg</i> .....	56
<i>diltiazem hcl cap er 24hr 120 mg</i> .....	61	<i>dipyridamole tab 75 mg</i> .....	56
<i>diltiazem hcl cap er 24hr 180 mg</i> .....	61	<i>disopyramide phosphate cap 100 mg</i> .....	62
<i>diltiazem hcl cap er 24hr 240 mg</i> .....	61	<i>disopyramide phosphate cap 150 mg</i> .....	62
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> .....	61	<i>disulfiram tab 250 mg</i> .....	5
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> .....	61	<i>disulfiram tab 500 mg</i> .....	5
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> .....	61	<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	16
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> .....	61	<i>divalproex sodium tab delayed release 125 mg</i> .....	16
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> .....	61	<i>divalproex sodium tab delayed release 250 mg</i> .....	16
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<i>mcg</i> .....	2	<i>mg/200ml</i> .....	25
<i>fantanyl citrate lozenge on a handle 200</i>		<i>fluconazole tab 100 mg</i> .....	25
<i>mcg</i> .....	1	<i>fluconazole tab 150 mg</i> .....	25
<i>fantanyl citrate lozenge on a handle 400</i>		<i>fluconazole tab 200 mg</i> .....	25
<i>mcg</i> .....	1	<i>fluconazole tab 50 mg</i> .....	25
<i>fantanyl citrate lozenge on a handle 600</i>		<i>flucytosine cap 250 mg</i> .....	25
<i>mcg</i> .....	1	<i>flucytosine cap 500 mg</i> .....	25
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<i>fantanyl td patch 72hr 12 mcg/hr</i> .....	2	<i>flunisolide nasal soln 25 mcg/act</i>	
<i>fantanyl td patch 72hr 25 mcg/hr</i> .....	2	(0.025%).....	110
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<i>gabapentin oral soln 250 mg/5ml</i> .....	16	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i> .....	31
<i>gabapentin tab 600 mg</i> .....	16	<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i> .....	32
<i>gabapentin tab 800 mg</i> .....	16	<i>gemfibrozil tab 600 mg</i> .....	63
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GABITRIL.....	16	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	11
GALANTAMINE HYDROBROMIDE.....	19	<i>gentamicin in saline inj 1.6 mg/ml</i> .....	11
<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	19	<i>gentamicin in saline inj 1 mg/ml</i> .....	11
<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	19	GENTAMICIN SULFATE/0.9% SALINE.....	11
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<i>galantamine hydrobromide tab 12 mg</i> .....	19	<i>gentamicin sulfate inj 10 mg/ml</i> .....	11
<i>galantamine hydrobromide tab 4 mg</i> .....	19	<i>gentamicin sulfate inj 40 mg/ml</i> .....	11
<i>galantamine hydrobromide tab 8 mg</i> .....	19	<i>gentamicin sulfate oint 0.1%</i> .....	77
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GAMMAKED.....	99	GLEOSTINE.....	32
GAMMAKED.....	99	GLEOSTINE.....	32
GAMMAPLEX.....	99	<i>glimepiride tab 1 mg</i> .....	52
GAMMAPLEX.....	99	<i>glimepiride tab 2 mg</i> .....	52
GAMMAPLEX.....	99	<i>glimepiride tab 4 mg</i> .....	52
GAMMAPLEX.....	99	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	52
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GAMUNEX-C.....	99	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	52
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GAMUNEX-C.....	99	<i>glipizide tab 5 mg</i> .....	52
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GAZYVA.....	31	<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i> .....	84
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<i>gemcitabine hcl for inj 200 mg</i> .....	31	<i>glycopyrrolate tab 1 mg</i> .....	84
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<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i> .....	31		

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GOLYTELY.....	84	<i>d5w</i> .....	57
<i>granisetron hcl inj 0.1 mg/ml</i> .....	24	<i>heparin sodium (porcine) inj 10000 unit/</i>	
<i>granisetron hcl inj 1 mg/ml</i> .....	24	<i>ml</i> .....	57
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i> .....	24	<i>heparin sodium (porcine) inj 1000 unit/</i>	
<i>granisetron hcl tab 1 mg</i> .....	24	<i>ml</i> .....	57
<i>griseofulvin microsize susp 125</i>		<i>heparin sodium (porcine) inj 20000 unit/</i>	
<i>mg/5ml</i> .....	25	<i>ml</i> .....	57
<i>griseofulvin microsize tab 500 mg</i> .....	26	<i>heparin sodium (porcine) inj 5000 unit/</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i> .....	26	<i>ml</i> .....	57
<i>griseofulvin ultramicrosize tab 250 mg</i> .....	26	<i>heparin sodium (porcine) pf inj 5000</i>	
<i>guanfacine hcl tab 1 mg</i> .....	63	<i>unit/0.5ml</i> .....	57
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<i>halobetasol propionate oint 0.05%</i> .....	77	HUMALOG KWIKPEN.....	52
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HALOG.....	77	HUMALOG MIX 50/50 KWIKPEN.....	53
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<i>ml</i> .....	42	HUMALOG MIX 75/25 KWIKPEN.....	53
<i>haloperidol decanoate im soln 50 mg/</i>		HUMIRA.....	100
<i>ml</i> .....	42	HUMIRA.....	100
<i>haloperidol lactate inj 5 mg/ml</i> .....	42	HUMIRA.....	100
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	42	HUMIRA.....	100
<i>haloperidol tab 0.5 mg</i> .....	42	HUMIRA.....	100
<i>haloperidol tab 10 mg</i> .....	42	HUMIRA.....	100
<i>haloperidol tab 1 mg</i> .....	42	HUMIRA PEDIATRIC CROHNS DISEASE	
<i>haloperidol tab 20 mg</i> .....	42	STARTER PACK.....	100
<i>haloperidol tab 2 mg</i> .....	42	HUMIRA PEDIATRIC CROHNS DISEASE	
<i>haloperidol tab 5 mg</i> .....	42	STARTER PACK.....	100
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HAVRIX.....	99	STARTER PACK.....	100
HAVRIX.....	99	HUMIRA PEN.....	100
HEPARIN SODIUM/D5W.....	57	HUMIRA PEN.....	100
HEPARIN SODIUM/NACL 0.45%.....	57	HUMIRA PEN-CD/UC/HS STARTER.....	100
HEPARIN SODIUM/NACL 0.45%.....	57	HUMIRA PEN-CD/UC/HS STARTER.....	100
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<i>0.9%</i> .....	57	HUMULIN N KWIKPEN.....	53
<i>heparin sodium (porcine) 40 unit/ml in</i>		HUMULIN R.....	53
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<i>hydralazine hcl tab 100 mg</i> .....	63	CAPROATE.....	92
<i>hydralazine hcl tab 10 mg</i> .....	63	<i>hydroxyurea cap 500 mg</i> .....	32
<i>hydralazine hcl tab 25 mg</i> .....	63	HYDROXYZINE HCL.....	51
<i>hydralazine hcl tab 50 mg</i> .....	63	<i>hydroxyzine hcl tab 10 mg</i> .....	51
<i>hydrochlorothiazide cap 12.5 mg</i> .....	63	<i>hydroxyzine hcl tab 25 mg</i> .....	51
<i>hydrochlorothiazide tab 12.5 mg</i> .....	63	<i>hydroxyzine hcl tab 50 mg</i> .....	51
<i>hydrochlorothiazide tab 25 mg</i> .....	63	<b>I</b>	
<i>hydrochlorothiazide tab 50 mg</i> .....	63	<i>ibandronate sodium tab 150 mg</i> .....	104
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<i>hydrocodone-acetaminophen tab 10-300</i> <i>mg</i> .....	2	IBRANCE.....	32
<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i> .....	2	IBRANCE.....	32
<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i> .....	2	<i>ibuprofen susp 100 mg/5ml</i> .....	2
<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i> .....	2	<i>ibuprofen tab 400 mg</i> .....	2
<i>hydrocodone-acetaminophen tab 7.5-300</i> <i>mg</i> .....	2	<i>ibuprofen tab 600 mg</i> .....	2
<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i> .....	2	<i>ibuprofen tab 800 mg</i> .....	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2	ICLUSIG.....	32
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<i>hydrocortisone butyrate hydrophilic lipo base cream</i> <i>0.1%</i> .....	77	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/</i> <i>ml)</i> .....	32
<i>hydrocortisone butyrate oint 0.1%</i> .....	77	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/</i> <i>ml)</i> .....	32
<i>hydrocortisone butyrate soln 0.1%</i> .....	77	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i> .....	32
<i>hydrocortisone cream 1%</i> .....	77	IDHIFA.....	32
<i>hydrocortisone cream 2.5%</i> .....	77	IDHIFA.....	32
<i>hydrocortisone enema 100 mg/60ml</i> .....	103	IFOSFAMIDE.....	32
<i>hydrocortisone lotion 2.5%</i> .....	77	<i>ifosfamide for inj 1 gm</i> .....	32
<i>hydrocortisone oint 1%</i> .....	77	<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)</i> .....	32
<i>hydrocortisone oint 2.5%</i> .....	77	<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)</i> .....	32
<i>hydrocortisone rectal cream 1%</i> .....	103	<i>imatinib mesylate tab 100 mg</i> .....	32
<i>hydrocortisone rectal cream 2.5%</i> .....	103	<i>imatinib mesylate tab 400 mg</i> .....	32
<i>hydrocortisone tab 10 mg</i> .....	89	IMBRUVICA.....	32
<i>hydrocortisone tab 20 mg</i> .....	89	IMBRUVICA.....	32
<i>hydrocortisone tab 5 mg</i> .....	89	IMBRUVICA.....	32
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<i>hydrocortisone valerate oint 0.2%</i> .....	77	IMBRUVICA.....	32
<i>hydrocortisone w/ acetic acid otic soln</i> <i>1-2%</i> .....	107	IMBRUVICA.....	32
<i>hydromorphone hcl liqd 1 mg/ml</i> .....	2	IMFINZI.....	32
<i>hydromorphone hcl preservative free inj 10 mg/</i> <i>ml</i> .....	2	IMFINZI.....	32
<i>hydromorphone hcl tab 2 mg</i> .....	2	<i>imipenem-cilastatin intravenous for soln 250</i> <i>mg</i> .....	11
<i>hydromorphone hcl tab 4 mg</i> .....	2	<i>imipenem-cilastatin intravenous for soln 500</i> <i>mg</i> .....	11
<i>hydromorphone hcl tab 8 mg</i> .....	2	<i>imipramine hcl tab 10 mg</i> .....	21
<i>hydroxychloroquine sulfate tab 200 mg</i> .....	38	<i>imipramine hcl tab 25 mg</i> .....	21
		<i>imipramine hcl tab 50 mg</i> .....	21
		<i>imipramine pamoate cap 100 mg</i> .....	21
		<i>imipramine pamoate cap 125 mg</i> .....	22
		<i>imipramine pamoate cap 150 mg</i> .....	22
		<i>imipramine pamoate cap 75 mg</i> .....	21
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IMLYGIC.....	32	IPOL INACTIVATED IPV.....	100
IMLYGIC.....	33	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>	
IMOVAX RABIES (H.D.C.V.).....	100	<i>mg/3ml.....</i>	110
INCRELEX.....	90	<i>ipratropium bromide inhal soln 0.02%.....</i>	110
INCRUSE ELLIPTA.....	110	<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i>	
<i>indapamide tab 1.25 mg.....</i>	64	<i>spray).....</i>	110
<i>indapamide tab 2.5 mg.....</i>	64	<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i>	
<i>indomethacin cap 25 mg.....</i>	2	<i>spray).....</i>	110
<i>indomethacin cap 50 mg.....</i>	2	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>	
<i>indomethacin cap er 75 mg.....</i>	2	<i>mg.....</i>	64
INFANRIX.....	100	<i>irbesartan-hydrochlorothiazide tab 300-12.5</i>	
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INGREZZA.....	72	<i>irbesartan tab 150 mg.....</i>	64
INLYTA.....	33	<i>irbesartan tab 300 mg.....</i>	64
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INTELENCE.....	46	IRINOTECAN.....	33
INTELENCE.....	47	<i>irinotecan hcl inj 100 mg/5ml (20 mg/</i>	
INTELENCE.....	47	<i>ml).....</i>	33
INTRALIPID.....	81	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml).....</i>	33
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INTRON A.....	47	ISENTRESS.....	47
INTRON A.....	47	ISENTRESS.....	47
INTRON A.....	47	ISENTRESS.....	47
INTRON A.....	47	ISENTRESS.....	47
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INTRON A W/DILUENT.....	47	ISOLYTE-P/DEXTROSE 5%.....	81
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INVEGA SUSTENNA.....	42	ISONIAZID.....	28
INVEGA SUSTENNA.....	42	<i>isoniazid tab 100 mg.....</i>	28
INVEGA SUSTENNA.....	42	<i>isoniazid tab 300 mg.....</i>	28
INVEGA SUSTENNA.....	42	ISOSORBIDE DINITRATE ER.....	64
INVEGA SUSTENNA.....	42	<i>isosorbide dinitrate tab 10 mg.....</i>	64
INVEGA TRINZA.....	42	<i>isosorbide dinitrate tab 20 mg.....</i>	64
INVEGA TRINZA.....	42	<i>isosorbide dinitrate tab 30 mg.....</i>	64
INVEGA TRINZA.....	42	<i>isosorbide dinitrate tab 5 mg.....</i>	64
INVEGA TRINZA.....	42	<i>isosorbide mononitrate tab 10 mg.....</i>	64
INVIRASE.....	47	<i>isosorbide mononitrate tab 20 mg.....</i>	64
INVIRASE.....	47	<i>isosorbide mononitrate tab er 24hr 120</i>	
INVOKAMET.....	53	<i>mg.....</i>	64
INVOKAMET.....	53	<i>isosorbide mononitrate tab er 24hr 30</i>	
INVOKAMET.....	53	<i>mg.....</i>	64
INVOKAMET.....	53	<i>isosorbide mononitrate tab er 24hr 60</i>	
INVOKAMET XR.....	53	<i>mg.....</i>	64
INVOKAMET XR.....	53	<i>isotretinoin cap 10 mg.....</i>	77
INVOKAMET XR.....	53	<i>isotretinoin cap 20 mg.....</i>	77
INVOKAMET XR.....	53	<i>isotretinoin cap 30 mg.....</i>	77
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ISTODAX.....	33	<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.9%</i>	
ISTODAX (OVERFILL).....	33	<i>inj.....</i>	81
<i>itraconazole cap 100 mg</i> .....	26	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj.....</i>	81
<i>ivermectin tab 3 mg</i> .....	38	<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj.....</i>	81
IXEMPRA KIT.....	33	<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45%</i>	
IXEMPRA KIT.....	33	<i>inj.....</i>	81
IXIARO.....	100	<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45%</i>	
<b>J</b>		<i>inj.....</i>	81
JAKAFI.....	33	<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj.....</i>	81
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JAKAFI.....	33	<i>ketoconazole foam 2%.....</i>	26
JAKAFI.....	33	<i>ketoconazole shampoo 2%.....</i>	26
JANUMET.....	53	<i>ketoconazole tab 200 mg.....</i>	26
JANUMET.....	53	KETOPROFEN.....	2
JANUMET XR.....	53	KETOPROFEN ER.....	2
JANUMET XR.....	53	<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/</i>	
JANUMET XR.....	53	<i>ml).....</i>	2
JANUVIA.....	53	<i>ketorolac tromethamine inj 15 mg/ml.....</i>	2
JANUVIA.....	53	<i>ketorolac tromethamine inj 30 mg/ml.....</i>	2
JANUVIA.....	53	<i>ketorolac tromethamine ophth soln</i>	
JARDIANCE.....	53	<i>0.4%.....</i>	106
JARDIANCE.....	54	<i>ketorolac tromethamine ophth soln</i>	
JEVTANA.....	33	<i>0.5%.....</i>	106
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JUXTAPID.....	64	KEYTRUDA.....	33
JUXTAPID.....	64	KINERET.....	100
JUXTAPID.....	64	KINRIX.....	100
JUXTAPID.....	64	KISQALI.....	33
JUXTAPID.....	64	KISQALI FEMARA 200 DOSE.....	33
JUXTAPID.....	64	KISQALI FEMARA 400 DOSE.....	33
JUXTAPID.....	64	KISQALI FEMARA 600 DOSE.....	33
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KADCYLA.....	33	KOMBIGLYZE XR.....	54
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KALYDECO.....	110	KUVAN.....	86
KCL 0.15%/D5W/NACL 0.225%.....	81	KUVAN.....	86
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<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45%</i>		KYPROLIS.....	33
<i>inj.....</i>	81	KYPROLIS.....	33
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2%</i>		KYPROLIS.....	33
<i>inj.....</i>	81	<b>L</b>	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.33%</i>		<i>labetalol hcl iv soln 5 mg/ml.....</i>	64
<i>inj.....</i>	81	<i>labetalol hcl tab 100 mg.....</i>	64
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45%</i>		<i>labetalol hcl tab 200 mg.....</i>	64
<i>inj.....</i>	81		

<i>labetalol hcl tab 300 mg</i> .....	64	LARTRUVO.....	33
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<i>lactic acid (ammonium lactate) lotion</i> 12%.....	77	LATUDA.....	43
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	84	<i>leflunomide tab 10 mg</i> .....	100
<i>lactulose oral crystal packet 10 gm</i> .....	84	<i>leflunomide tab 20 mg</i> .....	100
<i>lactulose solution 10 gm/15ml</i> .....	84	LEMTRADA.....	72
<i>lamivudine oral soln 10 mg/ml</i> .....	47	LENVIMA 10 MG DAILY DOSE.....	33
<i>lamivudine tab 100 mg (hbv)</i> .....	47	LENVIMA 12MG DAILY DOSE.....	33
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<i>metronidazole gel 0.75%</i> .....	77	<i>mirtazapine tab 7.5 mg</i> .....	22
<i>metronidazole gel 1%</i> .....	77	<i>misoprostol tab 100 mcg</i> .....	85
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i> .....	12	<i>misoprostol tab 200 mcg</i> .....	85
<i>metronidazole iv soln 5 mg/ml</i> .....	12	<i>mitomycin for iv soln 20 mg</i> .....	34
<i>metronidazole lotion 0.75%</i> .....	78	<i>mitomycin for iv soln 40 mg</i> .....	34
<i>metronidazole tab 250 mg</i> .....	12	<i>mitomycin for iv soln 5 mg</i> .....	34
<i>metronidazole tab 500 mg</i> .....	12	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i> .....	35
		<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i> .....	35
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<i>moexipril-hydrochlorothiazide tab 15-25</i> <i>mg</i> .....	66	<i>nabumetone tab 500 mg</i> .....	3
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<i>montelukast sodium tab 10 mg</i> .....	110	NAFCILLIN SODIUM.....	12
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<i>morphine sulfate inj pf 1 mg/ml</i> .....	3	<i>nafcillin sodium for iv soln 10 gm</i> .....	13
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<i>moxifloxacin hcl 400 mg/250ml in sodium chloride</i> <i>0.8% inj</i> .....	12	<i>naproxen sodium tab 550 mg</i> .....	3
<i>moxifloxacin hcl ophth soln 0.5%</i> .....	106	<i>naproxen susp 125 mg/5ml</i> .....	3
<i>moxifloxacin hcl tab 400 mg</i> .....	12	<i>naproxen tab 250 mg</i> .....	3
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<i>mupirocin oint 2%</i> .....	78	<i>naproxen tab ec 375 mg</i> .....	3
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<i>ml)</i> .....	24	<i>oxaliplatin iv soln 100 mg/20ml</i> .....	35
<i>ondansetron hcl inj 4 mg/2ml (2 mg/</i>		<i>oxaliplatin iv soln 50 mg/10ml</i> .....	35
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## NONDISCRIMINATION NOTICE

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Regence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### **Regence:**

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, and accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services listed above, please contact:

### **Medicare Customer Service**

1-800-541-8981 (TTY: 711)

### **Customer Service for all other plans**

1-888-344-6347 (TTY: 711)

If you believe that Regence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our civil rights coordinator below:

### **Medicare Customer Service**

Civil Rights Coordinator

MS: B32AG, PO Box 1827

Medford, OR 97501

1-866-749-0355, (TTY: 711)

Fax: 1-888-309-8784

medicareappeals@regence.com

### **Customer Service for all other plans**

Civil Rights Coordinator

MS CS B32B, P.O. Box 1271

Portland, OR 97207-1271

1-888-344-6347, (TTY: 711)

CS@regence.com

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

U.S. Department of Health and Human Services  
200 Independence Avenue SW,  
Room 509F HHH Building  
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



## Language assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (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 1-888-344-6347 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-344-6347 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-344-6347 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-344-6347 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-344-6347 (телетайп: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-344-6347 (ATS : 711)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-344-6347 (TTY:711) まで、お電話にてご連絡ください。

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-888-344-6347 (TTY: 711.)

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea te ke lava 'o ma'u ia. ha'o telefonimai mai ki he fika 1-888-344-6347 (TTY: 711)

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-344-6347 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711)

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-888-344-6347 (TTY: 711)។

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-344-6347 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienstleistungen zur Verfügung. Rufnummer: 1-888-344-6347 (TTY: 711)

ማስታወሻ:- የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል፤ በሚከተለው ቁጥር ይደውሉ 1-888-344-6347 (መስማት ለተሳናቸው:- 711)።

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-344-6347 (телетайп: 711)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-888-344-6347 (टिडिवाइ: 711)

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-344-6347 (TTY: 711)

MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-344-6347 (TTY: 711)

โปรดทราบ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-344-6347 (TTY: 711)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີຜ້ອມໃຫ້ທ່ານ. ໂທ 1-888-344-6347 (TTY: 711)

Afaan dubbattan Oroomiffaa tiif, tajaajjila gargaarsa afaanii tola ni jira. 1-888-344-6347 (TTY: 711) tiin bilbilaa.

توجه: اگر بہ زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-344-6347 (TTY: 711) تماس بگیرید.

ملحوظة: إذا كنت تتحدث فاذاكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-344-6347 (رقم هاتف الصم والبكم 711 TTY)

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This formulary was updated on 12/01/2018. For more recent information or other questions, please contact Regence BlueShield Customer Service, at 1-855-522-8896 or, for TTY users, 711, from 8:00 a.m. to 8:00 p.m., Monday through Friday (from October 1 through February 14, our telephone hours are 8:00 a.m. to 8:00 p.m., seven days a week), or visit [regence.com/medicare](https://www.regence.com/medicare).

The formulary may change at any time. You will receive notice when necessary.

Regence BlueShield is a Medicare Advantage Plan with a Medicare contract. Enrollment in Regence BlueShield depends on contract renewal.

December\_2018Comprehensive Formulary