



Regence BlueAdvantage HMO
Regence BlueAdvantage HMO Plus
Regence MedAdvantage + Rx Primary (PPO)
Regence MedAdvantage + Rx Classic (PPO)
Regence MedAdvantage + Rx Enhanced (PPO)

2020 Formulary
(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 20104, Version Number 14

This formulary was updated on 05/19/2020. For more recent information or other questions, please contact Regence BlueCross BlueShield of Oregon Customer Service, at 1-800-541-8981 for PPO plans or 1-855-522-8896 for HMO plans (for TTY users 711), from 8 a.m. to 8 p.m. Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m., seven days a week, or visit [regence.com/medicare](https://www.regence.com/medicare). Live online chat assistance is also available from 8 a.m. to 5 p.m., Monday through Friday. To access online chat, log in at [regence.com/medicare](https://www.regence.com/medicare) and click the Contact Us link.

Regence BlueCross BlueShield of Oregon 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 BlueCross BlueShield of Oregon. When it refers to “plan” or “our plan,” it means Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced.

This document includes a list of the drugs (formulary) for our plan which is current as of 05/19/2020. 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, 2021, and from time to time during the year.

What is the Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced Formulary?

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

Can the Formulary (drug list) change?

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

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage

+ Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced Formulary?”

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

The enclosed formulary is current as of 05/19/2020. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. 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.

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 111. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you (or your physician) to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 60 tablets/30 days per prescription for Losartan 25mg. 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 online a document that explains our prior authorization restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask 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 plan's formulary?" on page III for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service for a list of similar drugs that are covered by us. 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, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

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

Regence BlueAdvantage HMO, Regence BlueAdvantage HMO Plus, Regence MedAdvantage + Rx Primary, Regence MedAdvantage + Rx Classic, and Regence MedAdvantage + Rx Enhanced Formulary

The formulary below provides coverage information about the drugs covered by your plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 111.

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

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

Requirements and Limits Legend	
#	<p>High Risk Medication</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>Limited Distribution Drug</p> <p>This prescription drug may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Customer Service at 1-800-541-8981 for PPO plans or 1-855-522-8896 for HMO plans from 8 a.m. to 8 p.m., Monday through Friday. From October 1 through March 31, our telephone hours are 8 a.m. to 8 p.m., seven days a week. TTY users should call 711. Live online chat assistance is also available from 8 a.m. to 5 p.m., Monday through Friday. To access online chat, log in at regence.com/medicare and click the Contact Us link.</p>
B/D	<p>Prior Authorization Medications – Part B or D</p> <p>This drug may be covered under Medicare Part B (medical) or Part D (prescription) 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>Prior Authorization Medications</p> <p>Prior Authorization rules apply to this medication. Refer to the Requirements/Limits column for your prescription drug for additional information.</p>
QL	<p>Quantity Level Limit Medications</p> <p>Quantity Level limit rules apply to this medication. Refer to the Requirements/Limits column for your prescription drug for additional information.</p>

Dosage Form Abbreviations Key			
Abbreviation	Term	Abbreviation	Term
act	actuation	meq	milliequivalent
ad	adsorbed	misc	miscellaneous
aepb	aerosol powder blister	mg	milligram
aer, aero	aerosol	ml	milliliter
app	applicator	mu	million units
ba, breath act, breath activ	breath activated	nebu	nebules
cap, caps	capsules	orally disintegr tab	orally disintegrating tablets
cal	calcium	oin, oint	ointment
cart	cartridge	op, ophth	ophthalmic
cd	continuous delivery	osm	osmotic
chew tab	chewable tablets	pah	Pulmonary arterial hypertension
conc	concentrate	pak	pack
conj	conjugate, conjugated	pf	preservative-free
crys	crystals	pfu	plaque forming units
deter	deterrent	pow, powd	powder
disint, disintegr	disintegrating	pmdd	Premenstrual dysphoric disorder
dr	delayed-release	pref, prefill	prefilled
ec	enteric coated	pttw	patch twice weekly
el, elu	enzyme-linked immunosorbent assay	ptwk	patch weekly
er, extend-release, extended, extended rel, xr	extended-release	recomb	recombinant
ext	extract	refrig	refrigerate
gm	gram	sl	sublingual
gu	genitourinary	sol, soln	solution
hr	hour	sqcm	square centimeter
im	intramuscular	supp, suppos	suppositories
inh, inhal	inhalation	sus, susp	suspension
inj	injection	syr	syringe
ir	index of reactivity	tab, tabs	tablets
iv	intravenous	td	transdermal
l	liter	tl	translingual
la	long acting	unt	unit
lf, lfu	flocculation units	va	vaginal
liq, liqd	liquid	vac	vaccine
mcg	microgram		

Tier Level Definitions and Copays

Regence BlueAdvantage HMO – Plan Benefits							
Deductible: \$200 (waived for Tiers 1 and 2)							
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 100-day supply cost sharing at a standard retail pharmacy	Up to a 100-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$10	\$3	\$20	\$6	\$20	\$6
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

*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).

Tier Level Definitions and Copays

Regence BlueAdvantage HMO Plus – Plan Benefits							
Deductible: \$100 (waived for Tiers 1 and 2)							
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 100-day supply cost sharing at a standard retail pharmacy	Up to a 100-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$10	\$3	\$20	\$6	\$20	\$6
Generic	2	\$15	\$8	\$30	\$16	\$30	\$16
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	31%	31%	N/A	N/A	N/A	N/A

*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).

Tier Level Definitions and Copays

Regence MedAdvantage + Rx Primary – Plan Benefits							
Deductible: \$300 (waived for Tiers 1 and 2)							
Tier Name	Tier Level	Up to a 30*-day supply cost sharing at a standard retail or 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 100-day supply cost sharing at a standard retail pharmacy	Up to a 100-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$10	\$3	\$20	\$6	\$20	\$6
Generic	2	\$20	\$13	\$40	\$26	\$40	\$26
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	27%	27%	N/A	N/A	N/A	N/A

*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).

Tier Level Definitions and Copays

Regence MedAdvantage + Rx Classic – Plan Benefits							
Deductible: \$250 (waived for Tiers 1 and 2)							
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 100-day supply cost sharing at a standard retail pharmacy	Up to a 100-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$10	\$3	\$20	\$6	\$20	\$6
Generic	2	\$20	\$13	\$40	\$26	\$40	\$26
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	28%	28%	N/A	N/A	N/A	N/A

*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).

Tier Level Definitions and Copays

Regence MedAdvantage + Rx Enhanced – 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 100-day supply cost sharing at a standard retail pharmacy	Up to a 100-day supply cost sharing at a preferred retail or mail-order pharmacy
Preferred Generic	1	\$10	\$3	\$20	\$6	\$20	\$6
Generic	2	\$15	\$8	\$30	\$16	\$30	\$16
Preferred Brand	3	\$47	\$40	\$94	\$80	\$117.50	\$100
Non-Preferred Drug	4	45%	40%	45%	40%	45%	40%
Specialty	5	33%	33%	N/A	N/A	N/A	N/A

*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).

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	2	QL (180 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>	3	PA, QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	4	QL (87.5 mls/30 days)
<i>celecoxib cap 50 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	2	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	2	
<i>diclofenac sodium tab delayed release 25 mg</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	4	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	4	QL (90 tablets/30 days)
<i>diflunisal tab 500 mg</i>	2	
EC-NAPROXEN - naproxen tab ec 375 mg	2	QL (120 tablets/30 days)
EC-NAPROXEN - naproxen tab ec 500 mg	2	QL (90 tablets/30 days)
<i>etodolac cap 200 mg</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 500 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)

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 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>	2	QL (180 tablets/30 days)
<i>flurbiprofen tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (3600 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	4	QL (180 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	3	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	4	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap er 75 mg#</i>	3	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#</i>	2	QL (120 capsules/30 days)
KETOPROFEN - ketoprofen cap 25 mg	4	QL (360 capsules/30 days)
KETOPROFEN - ketoprofen cap 50 mg	4	QL (180 capsules/30 days)
KETOPROFEN - ketoprofen cap 75 mg	4	QL (120 capsules/30 days)
KETOPROFEN ER - ketoprofen cap er 24hr 200 mg	4	QL (30 capsules/30 days)
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)#</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac tromethamine inj 15 mg/ml#</i>	3	
<i>ketorolac tromethamine inj 30 mg/ml#</i>	3	
<i>ketorolac tromethamine tab 10 mg#</i>	3	
LEVORPHANOL TARTRATE - levorphanol tartrate tab 3 mg	4	QL (120 tablets/30 days)
<i>levorphanol tartrate tab 2 mg</i>	4	QL (120 tablets/30 days)
MECLOFENAMATE SODIUM - meclufenamate sodium cap 50 mg	4	QL (240 capsules/30 days)
MECLOFENAMATE SODIUM - meclufenamate sodium cap 100 mg	4	QL (120 capsules/30 days)
<i>mefenamic acid cap 250 mg</i>	4	QL (150 capsules/30 days)
<i>meloxicam tab 7.5 mg</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	1	QL (30 tablets/30 days)
<i>methadone hcl conc 10 mg/ml</i>	2	QL (90 mls/30 days)
<i>methadone hcl soln 5 mg/5ml</i>	3	QL (900 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)
<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 (2700 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg</i>	4	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	2	QL (240 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	2	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	2	
<i>nalbuphine hcl inj 20 mg/ml</i>	2	
<i>naproxen sodium tab 275 mg</i>	2	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	1	QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen tab 500 mg</i>	1	QL (90 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl cap 5 mg</i>	3	QL (360 capsules/30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	4	QL (270 mls/30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	3	QL (5400 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 (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	3	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	3	QL (360 tablets/30 days)
OXYCODONE/IBUPROFEN - oxycodone-ibuprofen tab 5-400 mg	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	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	2	QL (30 capsules/30 days)
<i>sulindac tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg</i>	2	QL (60 tablets/30 days)
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	4	QL (120 capsules/30 days)
TOLMETIN SODIUM - tolmetin sodium tab 600 mg	2	QL (90 tablets/30 days)
<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 (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl local inj 1%</i>	1	
<i>lidocaine hcl local preservative free inj 1%</i>	1	
<i>lidocaine hcl soln 4%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	2	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine oint 5%</i>	2	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)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
<i>buprenorphine hcl sl tab 2 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	QL (30 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	QL (60 films/30 days)
<i>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>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<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	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	2	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	2	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	2	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	2	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	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	

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

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Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor cap 250 mg</i>	2	
<i>cefaclor cap 500 mg</i>	2	
CEFACTOR ER - cefaclor monohydrate tab er 12hr 500 mg	4	
<i>cefadroxil cap 500 mg</i>	2	
<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 for iv soln 1 gm	2	
<i>cefazolin sodium for inj 500 mg</i>	2	
<i>cefazolin sodium for inj 1 gm</i>	2	
<i>cefazolin sodium for inj 10 gm</i>	2	
CEFAZOLIN SODIUM/DEXTROSE - cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)	2	
<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	4	
CEFEPIME - cefepime hcl iv soln 2 gm/100ml	4	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)	4	
CEFEPIME/DEXTROSE - cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefixime for susp 100 mg/5ml</i>	4	
<i>cefixime for susp 200 mg/5ml</i>	4	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	2	
<i>cefotaxime sodium for inj 1 gm</i>	2	
<i>cefotetan disodium for inj 1 gm</i>	1	
<i>cefotetan disodium for inj 2 gm</i>	1	
<i>cefoxitin sodium for inj 10 gm</i>	2	
<i>cefoxitin sodium for iv soln 1 gm</i>	2	
<i>cefoxitin sodium for iv soln 2 gm</i>	2	
<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	

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>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>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 1 gm and dextrose 5% (50ml)	4	
CEFTAZIDIME/DEXTROSE - ceftazidime for iv soln 2 gm and dextrose 5% (50ml)	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 20 mg/ml	4	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 40 mg/ml	4	
CEFTRIAZONE SODIUM - ceftriazone sodium (bulk) for inj 100 gm	4	
<i>ceftriazone sodium for inj 250 mg</i>	4	
<i>ceftriazone sodium for inj 500 mg</i>	4	
<i>ceftriazone sodium for inj 1 gm</i>	4	
<i>ceftriazone sodium for inj 2 gm</i>	4	
<i>ceftriazone sodium for inj 10 gm</i>	4	
<i>ceftriazone sodium for iv soln 1 gm</i>	4	
<i>ceftriazone sodium for iv soln 2 gm</i>	4	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
<i>cefuroxime axetil tab 250 mg</i>	2	
<i>cefuroxime axetil tab 500 mg</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	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	2	
CEPHALEXIN - cephalixin tab 500 mg	2	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	4	
<i>cephalexin for susp 125 mg/5ml</i>	2	
<i>cephalexin for susp 250 mg/5ml</i>	2	
<i>ciprofloxacin hcl tab 250 mg</i>	1	
<i>ciprofloxacin hcl 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>ciprofloxacin hcl tab 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	4	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	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>	2	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	2	
<i>colistimethate sod for inj 150 mg</i>	4	
<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>	2	
<i>dicloxacillin sodium cap 500 mg</i>	2	
<i>doxycycline hyclate cap 50 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	2	
<i>doxycycline hyclate tab 100 mg</i>	2	
<i>doxycycline monohydrate cap 50 mg</i>	2	
<i>doxycycline monohydrate cap 100 mg</i>	2	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>doxycycline monohydrate tab 100 mg</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>ertapenem sodium for inj 1 gm</i>	4	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	3	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	4	
ERYTHROMYCIN ETHYLSUCCINATE - erythromycin ethylsuccinate tab 400 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin gel 2%</i>	2	
<i>erythromycin pads 2%</i>	2	
<i>erythromycin soln 2%</i>	2	
<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 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 2 mg/ml	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
<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	

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>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	5	
<i>linezolid for susp 100 mg/5ml</i>	5	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	2	
<i>meropenem iv for soln 500 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	2	
METRONIDAZOLE - metronidazole iv soln 5 mg/ml	1	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	2	
<i>minocycline hcl cap 50 mg</i>	2	
<i>minocycline hcl cap 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	2	
MONUROL - fosfomycin tromethamine powd pack 3 gm	4	
<i>moxifloxacin hcl tab 400 mg</i>	2	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml	4	
NAFCILLIN SODIUM - nafcillin sodium for inj 10 gm	5	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	4	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
<i>nafcillin sodium for inj 1 gm</i>	4	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg</i>	1	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	4	
<i>nitrofurantoin macrocrystalline cap 25 mg#</i>	4	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	3	
<i>ofloxacin tab 400 mg</i>	2	
OXACILLIN SODIUM - oxacillin sodium in dextrose inj 2 gm/50ml	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>oxacillin sodium for inj 1 gm</i>	4	
<i>oxacillin sodium for inj 2 gm</i>	4	
<i>oxacillin sodium for iv soln 10 gm</i>	5	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
PENICILLIN G PROCAINE - penicillin g procaine intramuscular susp 600000 unit/ml	2	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml	2	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml	2	
<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	2	
<i>sulfacetamide sodium lotion 10%</i>	2	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SUPRAX - cefixime 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	
TAZICEF - ceftazidime for iv soln 1 gm	4	
TAZICEF - ceftazidime for iv soln 2 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tigecycline for iv soln 50 mg</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>tinidazole tab 250 mg</i>	4	
<i>tinidazole tab 500 mg</i>	2	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	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 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>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	2	
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 for iv soln 100 gm	2	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	2	
<i>vancomycin hcl cap 125 mg</i>	4	
<i>vancomycin hcl cap 250 mg</i>	4	
<i>vancomycin hcl for iv soln 500 mg</i>	4	
<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 HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1000 mg/200ml	2	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 1500 mg/300ml	2	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	2	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	2	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	2	
VIBATIV - telavancin hcl for iv soln 750 mg	4	
XIFAXAN - rifaximin tab 200 mg	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg	5	
APTIOM - eslicarbazepine acetate tab 400 mg	5	
APTIOM - eslicarbazepine acetate tab 600 mg	5	
APTIOM - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	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>	2	
<i>carbamazepine susp 100 mg/5ml</i>	2	
<i>carbamazepine tab er 12hr 100 mg</i>	2	
<i>carbamazepine tab er 12hr 200 mg</i>	2	
<i>carbamazepine tab er 12hr 400 mg</i>	4	
<i>carbamazepine tab 200 mg</i>	2	
CELONTIN - methsuximide cap 300 mg	3	
<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	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	2	QL (5 twin pack(s)/30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	2	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	2	QL (5 twin pack(s)/30 days)
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>	2	
<i>divalproex sodium tab delayed release 250 mg</i>	2	
<i>divalproex sodium tab delayed release 500 mg</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg</i>	2	
<i>divalproex sodium tab er 24 hr 500 mg</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
<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	5	
FYCOMPA - perampanel tab 2 mg	4	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 4 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 6 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 8 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 10 mg	5	QL (30 tablets/30 days)
FYCOMPA - perampanel tab 12 mg	5	QL (30 tablets/30 days)
<i>gabapentin cap 100 mg</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	1	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 (135 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	
<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	

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>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 oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg</i>	2	
<i>levetiracetam tab er 24hr 750 mg</i>	2	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	2	
<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	
<i>phenobarbital sodium inj 65 mg/ml#</i>	3	
<i>phenobarbital sodium inj 130 mg/ml#</i>	3	
<i>phenobarbital tab 15 mg#</i>	3	
<i>phenobarbital tab 16.2 mg#</i>	3	
<i>phenobarbital tab 30 mg#</i>	3	
<i>phenobarbital tab 32.4 mg#</i>	3	
<i>phenobarbital tab 60 mg#</i>	3	
<i>phenobarbital tab 64.8 mg#</i>	3	
<i>phenobarbital tab 97.2 mg#</i>	3	
<i>phenobarbital tab 100 mg#</i>	3	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg</i>	2	
<i>phenytoin sodium extended cap 200 mg</i>	2	
<i>phenytoin sodium extended cap 300 mg</i>	2	
<i>phenytoin susp 125 mg/5ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 25 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	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	
<i>topiramate tab 200 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml</i>	2	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 10 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	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
VIMPAT - lacosamide oral solution 10 mg/ml	5	
VIMPAT - lacosamide tab 50 mg	4	
VIMPAT - lacosamide tab 100 mg	5	
VIMPAT - lacosamide tab 150 mg	5	
VIMPAT - lacosamide tab 200 mg	5	
zonisamide cap 25 mg	2	
zonisamide cap 50 mg	2	
zonisamide cap 100 mg	2	
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg	2	QL (30 tablets/30 days)
donepezil hydrochloride orally disintegrating tab 10 mg	2	QL (30 tablets/30 days)
donepezil hydrochloride tab 5 mg	1	QL (180 tablets/30 days)
donepezil hydrochloride tab 10 mg	1	QL (90 tablets/30 days)
donepezil hydrochloride tab 23 mg	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	2	QL (200 mls/30 days)
galantamine hydrobromide cap er 24hr 8 mg	2	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 16 mg	2	QL (30 capsules/30 days)
galantamine hydrobromide cap er 24hr 24 mg	2	QL (30 capsules/30 days)
galantamine hydrobromide tab 4 mg	2	QL (60 tablets/30 days)
galantamine hydrobromide tab 8 mg	2	QL (60 tablets/30 days)
galantamine hydrobromide tab 12 mg	2	QL (60 tablets/30 days)
memantine hcl oral solution 2 mg/ml	4	PA
memantine hcl tab 5 mg	2	PA
memantine hcl tab 10 mg	2	PA
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	4	PA
rivastigmine tartrate cap 1.5 mg	2	QL (90 capsules/30 days)
rivastigmine tartrate cap 3 mg	2	QL (90 capsules/30 days)
rivastigmine tartrate cap 4.5 mg	2	QL (60 capsules/30 days)
rivastigmine tartrate cap 6 mg	2	QL (60 capsules/30 days)
rivastigmine td patch 24hr 4.6 mg/24hr	4	QL (30 patches/30 days)
rivastigmine td patch 24hr 9.5 mg/24hr	4	QL (30 patches/30 days)
rivastigmine td patch 24hr 13.3 mg/24hr	4	QL (30 patches/30 days)
Antidepressants		
amitriptyline hcl tab 10 mg#	3	
amitriptyline hcl tab 25 mg#	3	
amitriptyline hcl tab 50 mg#	3	
amitriptyline hcl tab 75 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
<i>amitriptyline hcl tab 100 mg#</i>	3	
<i>amitriptyline hcl tab 150 mg#</i>	3	
AMOXAPINE - amoxapine tab 25 mg#	3	
AMOXAPINE - amoxapine tab 50 mg#	3	
AMOXAPINE - amoxapine tab 100 mg#	3	
AMOXAPINE - amoxapine tab 150 mg#	3	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	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>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	4	
<i>clomipramine hcl cap 50 mg#</i>	4	
<i>clomipramine hcl cap 75 mg#</i>	4	
<i>desipramine hcl tab 10 mg#</i>	3	
<i>desipramine hcl tab 25 mg#</i>	3	
<i>desipramine hcl tab 50 mg#</i>	3	
<i>desipramine hcl tab 75 mg#</i>	3	
<i>desipramine hcl tab 100 mg#</i>	3	
<i>desipramine hcl tab 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	2	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 150 mg#	3	
<i>doxepin hcl cap 10 mg#</i>	3	
<i>doxepin hcl cap 25 mg#</i>	3	
<i>doxepin hcl cap 50 mg#</i>	3	
<i>doxepin hcl cap 75 mg#</i>	3	
<i>doxepin hcl cap 100 mg#</i>	3	
<i>doxepin hcl conc 10 mg/ml#</i>	3	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg	4	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
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg	4	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg</i>	4	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>	4	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	4	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	QL (600 mls/30 days)
<i>fluoxetine hcl tab 60 mg</i>	4	QL (30 tablets/30 days)
<i>fluoxetine hcl tab 10 mg</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate 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>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	2	
<i>imipramine hcl tab 25 mg#</i>	2	
<i>imipramine hcl tab 50 mg#</i>	2	

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>imipramine pamoate cap 75 mg#</i>	4	
<i>imipramine pamoate cap 100 mg#</i>	4	
<i>imipramine pamoate cap 125 mg#</i>	4	
<i>imipramine pamoate cap 150 mg#</i>	4	
MAPROTILINE HCL - maprotiline hcl tab 25 mg	2	
MAPROTILINE HCL - maprotiline hcl tab 50 mg	2	
MAPROTILINE HCL - maprotiline hcl tab 75 mg	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg</i>	1	QL (30 tablets/30 days)
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4	
<i>nefazodone hcl tab 250 mg</i>	4	
<i>nefazodone hcl tab 50 mg</i>	4	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	4	
<i>nortriptyline hcl cap 10 mg#</i>	2	
<i>nortriptyline hcl cap 25 mg#</i>	2	
<i>nortriptyline hcl cap 50 mg#</i>	2	
<i>nortriptyline hcl cap 75 mg#</i>	2	
<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>	2	PA, QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	2	PA, QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	2	PA, QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#</i>	2	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

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Drug Name	Drug Tier	Requirements/Limits
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 4-25 mg#	3	PA
PERPHENAZINE/AMITRIPTYLINE - perphenazine-amitriptyline tab 4-50 mg#	3	PA
<i>phenelzine sulfate tab 15 mg</i>	2	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	4	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg</i>	1	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg</i>	1	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg</i>	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (60 tablets/365 days)

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

Drug Name	Drug Tier	Requirements/Limits
Antiemetics		
ANZEMET - dolasetron mesylate tab 50 mg	4	BD
ANZEMET - dolasetron mesylate tab 100 mg	5	BD
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 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>fosaprepitant dimeglumine for iv infusion 150 mg</i>	4	
<i>granisetron hcl tab 1 mg</i>	4	BD
<i>meclizine hcl tab 12.5 mg#</i>	2	
<i>meclizine hcl tab 25 mg#</i>	2	
<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>	2	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 pref syr 0.25 mg/5ml</i>	4	
<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 maleate tab 5 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl inj 25 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>promethazine hcl suppos 25 mg#</i>	3	PA
<i>promethazine hcl tab 25 mg#</i>	2	PA
Antifungals		
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 iv soln 50 mg	4	BD
<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>	2	
<i>ciclopirox solution 8%</i>	2	
<i>clotrimazole cream 1%</i>	2	
<i>clotrimazole soln 1%</i>	2	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	
<i>econazole nitrate cream 1%</i>	2	
ERAXIS - anidulafungin for iv soln 50 mg	4	
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>	2	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	4	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	4	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	4	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg</i>	2	
<i>fluconazole tab 100 mg</i>	2	
<i>fluconazole tab 150 mg</i>	2	
<i>fluconazole tab 200 mg</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
<i>griseofulvin microsize tab 500 mg</i>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	4	
<i>griseofulvin ultramicrosize tab 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole cream 2%</i>	2	
<i>ketoconazole foam 2%</i>	4	
<i>ketoconazole shampoo 2%</i>	2	
<i>ketoconazole tab 200 mg</i>	2	
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
MICONAZOLE 3 - miconazole nitrate vaginal suppos 200 mg	2	
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>	4	
<i>naftifine hcl gel 1%</i>	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>posaconazole tab delayed release 100 mg</i>	5	
<i>terbinafine hcl tab 250 mg</i>	1	
TERCONAZOLE - terconazole vaginal cream 0.8%	2	
<i>terconazole vaginal cream 0.4%</i>	2	
<i>terconazole vaginal suppos 80 mg</i>	2	
<i>voriconazole for inj 200 mg</i>	5	
<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)
Antigout Agents		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	2	
COLCRYS - colchicine tab 0.6 mg	3	
<i>probenecid tab 500 mg</i>	2	
Antimigraine Agents		
<i>almotriptan malate tab 6.25 mg</i>	4	QL (12 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>almotriptan malate tab 12.5 mg</i>	4	QL (12 tablets/30 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	5	QL (24 ampules/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	QL (8 mls/28 days)
<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)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	4	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	4	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	4	PA, QL (2 syringes/30 days)
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
<i>naratriptan hcl tab 1 mg</i>	4	QL (12 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg</i>	4	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)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	4	QL (8 syringes/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>	2	QL (12 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (12 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (12 tablets/30 days)
Antimyasthenic Agents		
GUANIDINE HCL - guanidine hcl tab 125 mg	2	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	4	
<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	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
<i>dapsone tab 25 mg</i>	2	
<i>dapsone tab 100 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hcl tab 100 mg</i>	2	
<i>ethambutol hcl tab 400 mg</i>	2	
ISONIAZID - isoniazid syrup 50 mg/5ml	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER - aminosalicic acid er granules packet 4 gm	4	
PRETOMANID - pretomanid tab 200 mg	4	QL (30 tablets/30 days)
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	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	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
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	
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (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	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	3	
<i>arsenic trioxide iv soln 12 mg/6ml (2 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
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	
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 300 mg	5	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA
<i>bicalutamide tab 50 mg</i>	2	
<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)
BRAFTOVI - encorafenib cap 75 mg	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
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>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg	5	PA, QL (56 capsules/28 days)

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
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
<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
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
<i>dexrazoxane hcl for inj 250 mg</i>	5	
<i>dexrazoxane hcl for inj 500 mg</i>	5	
DROXIA - hydroxyurea cap 200 mg	4	
DROXIA - hydroxyurea cap 300 mg	4	
DROXIA - hydroxyurea cap 400 mg	4	
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 100 mg</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg</i>	5	PA, QL (30 tablets/30 days)
ETHYOL - amifostine for inj 500 mg	5	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	5	
<i>everolimus tab 2.5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 7.5 mg</i>	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	

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>exemestane tab 25 mg</i>	4	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	QL (30 mls/30 days)
<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>	2	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
<i>fulvestrant inj 250 mg/5ml</i>	5	QL (30 mls/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
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
<i>hydroxyurea cap 500 mg</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 15 mg*	5	PA, QL (90 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg*	5	PA, QL (30 tablets/30 days)
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)
<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)

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
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 560 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (120 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
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

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
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	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 tab 5 mg</i>	2	
<i>leucovorin calcium tab 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (100 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg*	5	PA, QL (120 tablets/30 days)
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (30 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	PA, QL (180 tablets/30 days)
<i>mercaptapurine tab 50 mg</i>	2	
MESNEX - mesna tab 400 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)

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
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	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA
ONCASPARGASE - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
PANRETIN - alitretinoin gel 0.1%	5	
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 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
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (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	
RITUXAN - rituximab iv soln 500 mg/50ml*	5	
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg*	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4	
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (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)
TALZENNA - talazoparib tosylate cap 0.25 mg*	5	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg</i>	2	
<i>tamoxifen citrate tab 20 mg</i>	2	
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 50 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)

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
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA, QL (1 pen/30 days)
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg</i>	5	QL (30 tablets/30 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	
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	3	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	1	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	1	BD
VITRAKVI - larotrectinib sulfate cap 25 mg	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg*	5	PA, QL (30 tablets/30 days)

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
VIZIMPRO - dacomitinib tab 30 mg*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg*	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap 200 mg*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg*	5	PA, QL (60 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (100 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (60 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate tab 125 mg*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	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 tab 150 mg*	5	PA, QL (140 tablets/28 days)
ZYTIGA - abiraterone acetate tab 500 mg*	5	PA, QL (120 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	5	
ALINIA - nitazoxanide for susp 100 mg/5ml	3	QL (500 mls/30 days)
ALINIA - nitazoxanide tab 500 mg	5	QL (20 tablets/30 days)
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 500 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
CHLOROQUINE PHOSPHATE- chloroquine phosphate tab 250 mg	4	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>crotamiton lotion 10%</i>	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	2	
<i>malathion lotion 0.5%</i>	4	
MEFLOQUINE HCL - mefloquine hcl tab 250 mg	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	3	BD
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	3	BD
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>permethrin cream 5%</i>	2	
<i>praziquantel tab 600 mg</i>	2	
<i>primaquine phosphate tab 26.3 mg</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	
<i>quinine sulfate cap 324 mg</i>	2	PA
Antiparkinson Agents		
<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 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 & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	4	
<i>carbidopa & levodopa tab er 25-100 mg</i>	2	
<i>carbidopa & levodopa tab er 50-200 mg</i>	2	
<i>carbidopa & levodopa tab 10-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-100 mg</i>	2	
<i>carbidopa & levodopa tab 25-250 mg</i>	2	
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	

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
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)
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>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	

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>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	2	
<i>selegiline hcl tab 5 mg</i>	2	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl oral soln 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
Antipsychotics		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg	5	QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 400 mg	5	QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg	5	QL (1 syringe or vial/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 400 mg	5	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	QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	2	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	4	QL (180 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	5	QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine tab 25 mg</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	2	QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 8 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	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>	4	PA
<i>fluphenazine hcl tab 10 mg</i>	4	PA
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	2	PA
GEODON - ziprasidone mesylate for inj 20 mg	4	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 er susp pref syr 39 mg/0.25ml	4	QL (1 kit/28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	5	QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg</i>	2	PA
<i>loxapine succinate cap 10 mg</i>	2	PA
<i>loxapine succinate cap 25 mg</i>	2	PA
<i>loxapine succinate cap 50 mg</i>	2	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	2	QL (30 tablets/30 days)

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

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

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

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

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
Antispasticity Agents		
<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>	2	
<i>dantrolene sodium cap 100 mg</i>	2	
<i>tizanidine hcl cap 2 mg</i>	2	
<i>tizanidine hcl cap 4 mg</i>	2	
<i>tizanidine hcl cap 6 mg</i>	2	
<i>tizanidine hcl tab 2 mg</i>	2	
<i>tizanidine hcl tab 4 mg</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	4	
<i>abacavir sulfate tab 300 mg</i>	4	
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	
<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	
BARACLUDGE - entecavir oral soln 0.05 mg/ml	5	QL (600 mls/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	
COMPLERA - emtricitabine-ripirovirine-tenofovir df tab 200-25-300 mg	5	
CRIXIVAN - indinavir sulfate cap 200 mg	3	
CRIXIVAN - indinavir sulfate cap 400 mg	3	
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DENAVIR - penciclovir cream 1%	5	

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	
<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	
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
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>	4	QL (30 tablets/30 days)
<i>entecavir tab 1 mg</i>	4	QL (30 tablets/30 days)
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	
<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	
<i>ganciclovir sodium for inj 500 mg</i>	2	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	3	
INTELENCE - etravirine tab 100 mg	5	
INTELENCE - etravirine tab 200 mg	5	
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate tab 500 mg	5	
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	

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
ISENTRESS - raltegravir potassium tab 400 mg	5	
ISENTRESS HD - raltegravir potassium tab 600 mg	5	
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	
KALETRA - lopinavir-ritonavir tab 100-25 mg	3	
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	
<i>lamivudine oral soln 10 mg/ml</i>	4	
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	4	
<i>lamivudine tab 300 mg</i>	4	
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	3	
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<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 oral soln 80 mg/ml	3	
NORVIR - ritonavir powder packet 100 mg	3	
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	
<i>oseltamivir phosphate cap 30 mg</i>	2	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate cap 75 mg</i>	2	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	4	QL (1080 mls/365 days)
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 180 mcg/0.5ml	5	QL (4 syringes/28 days)
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir iv soln 240 mg/12ml	5	
PREVYMIS - letermovir iv soln 480 mg/24ml	5	
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	
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	

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
PREZISTA - darunavir ethanolate tab 800 mg	5	
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>rimantadine hydrochloride tab 100 mg</i>	4	
<i>ritonavir tab 100 mg</i>	3	
SELZENTRY - maraviroc oral soln 20 mg/ml	5	
SELZENTRY - maraviroc tab 25 mg	3	
SELZENTRY - maraviroc tab 75 mg	5	
SELZENTRY - maraviroc tab 150 mg	5	
SELZENTRY - maraviroc tab 300 mg	5	
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg	5	PA
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	
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	
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	
TIVICAY - dolutegravir sodium tab 10 mg	3	
TIVICAY - dolutegravir sodium tab 25 mg	5	
TIVICAY - dolutegravir sodium tab 50 mg	5	
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	4	
<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	
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
VIRACEPT - nelfinavir mesylate tab 250 mg	5	
VIRACEPT - nelfinavir mesylate tab 625 mg	5	
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	
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	4	
XOFLUZA - baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	4	
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
<i>zidovudine cap 100 mg</i>	2	
<i>zidovudine syrup 10 mg/ml</i>	4	
<i>zidovudine tab 300 mg</i>	2	
Anxiolytics		
<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>	2	
<i>bupirone hcl tab 7.5 mg</i>	2	
<i>bupirone hcl tab 10 mg</i>	2	
<i>bupirone hcl tab 15 mg</i>	2	
<i>bupirone hcl tab 30 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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 (120 tablets/30 days)
<i>clonazepam tab 1 mg</i>	2	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	2	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg</i>	2	QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	QL (180 tablets/30 days)
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 inj 5 mg/ml</i>	2	
<i>diazepam tab 2 mg</i>	2	QL (120 tablets/30 days)
<i>diazepam tab 5 mg</i>	2	QL (120 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>	2	PA
<i>hydroxyzine hcl tab 25 mg#</i>	2	PA
<i>hydroxyzine hcl tab 50 mg#</i>	2	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)
Bipolar Agents		
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	2	
<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>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	1	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)

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
ALCOHOL SWABS	3	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/30 days)
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 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 (2 pens/30 days)
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	4	QL (1 pen/30 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
GAUZE PADS 2" X 2"	3	
<i>glimepiride tab 1 mg</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg</i>	2	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	3	QL (4 kits/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
GVOKE HYPOPEN - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN - glucagon subcutaneous solution auto-injector 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	3	QL (4 syringes/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)

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 KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	3	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN SYRINGE/NEEDLE	3	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
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)

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
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>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	4	PA, QL (150 tablets/30 days)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	4	PA, QL (60 tablets/30 days)
<i>metformin hcl tab er 24hr modified release 500 mg</i>	4	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	4	PA, QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
<i>miglitol tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>miglitol tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>miglitol tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>nateglinide tab 60 mg</i>	2	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	2	QL (90 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 2.5 mg	3	QL (60 tablets/30 days)
ONGLYZA - saxagliptin hcl tab 5 mg	3	QL (30 tablets/30 days)
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	3	QL (1 pen/28 days)
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	3	QL (2 pens/28 days)
<i>pioglitazone hcl tab 15 mg</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg</i>	1	QL (30 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	5	
<i>repaglinide tab 0.5 mg</i>	2	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	2	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	2	QL (240 tablets/30 days)
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)	5	QL (4 syringes/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)

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 XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOLBUTAMIDE - tolbutamide tab 500 mg	2	QL (180 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/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	3	QL (4 pens/28 days)
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	QL (4 pens/28 days)
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days)
Blood Products/Modifiers/Volume Expanders		
AMICAR - aminocaproic acid oral soln 0.25 gm/ml	4	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	4	
<i>aminocaproic acid tab 500 mg</i>	4	
<i>aminocaproic acid tab 1000 mg</i>	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	
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	
<i>dipyridamole tab 50 mg#</i>	3	
<i>dipyridamole tab 75 mg#</i>	3	
DOPTELET - avatrombopag maleate tab 20 mg	5	PA
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab 5 mg	3	QL (74 tablets/30 days)
<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	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	5	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	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>heparin sodium (porcine) inj 1000 unit/ml</i>	4	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	2	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	4	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	QL (8 vials/30 days)
MULPLETA - lusutrombopag tab 3 mg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
<i>prasugrel hcl tab 5 mg</i>	2	
<i>prasugrel hcl tab 10 mg</i>	2	
PROCRIT - epoetin alfa inj 2000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 3000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 4000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 10000 unit/ml	4	PA
PROCRIT - epoetin alfa inj 20000 unit/ml	5	PA
PROCRIT - epoetin alfa inj 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
TAVALISSE - fostamatinib disodium tab 100 mg	5	PA
TAVALISSE - fostamatinib disodium tab 150 mg	5	PA
<i>tranexamic acid tab 650 mg</i>	2	
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 1 mg</i>	1	
<i>warfarin sodium tab 2 mg</i>	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
<i>warfarin sodium tab 3 mg</i>	1	
<i>warfarin sodium tab 4 mg</i>	1	
<i>warfarin sodium tab 5 mg</i>	1	
<i>warfarin sodium tab 6 mg</i>	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
<i>warfarin sodium tab 10 mg</i>	1	
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	5	PA
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	5	PA
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg</i>	2	
<i>acebutolol hcl cap 400 mg</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	2	
<i>acetazolamide tab 125 mg</i>	2	
<i>acetazolamide tab 250 mg</i>	2	
ALDACTAZIDE - spironolactone & hydrochlorothiazide tab 50-50 mg	4	
<i>aliskiren fumarate tab 150 mg</i>	4	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	2	
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 100 mg</i>	2	
<i>amiodarone hcl tab 200 mg</i>	1	
<i>amiodarone hcl tab 400 mg</i>	2	
<i>amlodipine besylate tab 2.5 mg</i>	1	
<i>amlodipine besylate tab 5 mg</i>	1	
<i>amlodipine besylate tab 10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 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>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	2	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	2	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	1	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>candesartan cilexetil tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg</i>	2	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg</i>	2	QL (60 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 (30 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>	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>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
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	2	
<i>chlorothiazide tab 500 mg</i>	2	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	2	
<i>cholestyramine light powder 4 gm/dose</i>	2	
<i>cholestyramine powder packets 4 gm</i>	2	
<i>cholestyramine powder 4 gm/dose</i>	2	
<i>choline fenofibrate cap dr 45 mg</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg</i>	2	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	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	QL (30 packets/30 days)
<i>colesevelam hcl tab 625 mg</i>	4	QL (180 tablets/30 days)
<i>colestipol hcl granule packets 5 gm</i>	4	
<i>colestipol hcl granules 5 gm</i>	4	
<i>colestipol hcl tab 1 gm</i>	4	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	4	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg	4	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
CORLANOR - ivabradine hcl tab 7.5 mg	4	PA, QL (60 tablets/30 days)
DEMSEER - metyrosine cap 250 mg	5	
<i>digoxin oral soln 0.05 mg/ml#</i>	3	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 24hr 120 mg</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg</i>	4	
<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>	2	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	2	
<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 tab 30 mg</i>	2	
<i>diltiazem hcl tab 60 mg</i>	2	
<i>diltiazem hcl tab 90 mg</i>	2	
<i>diltiazem hcl tab 120 mg</i>	2	
<i>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>	4	QL (240 capsules/30 days)
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	QL (120 capsules/30 days)
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	QL (60 capsules/30 days)
<i>doxazosin mesylate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (60 tablets/30 days)

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>doxazosin mesylate tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	QL (60 tablets/30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	2	
<i>felodipine tab er 24hr 5 mg</i>	2	
<i>felodipine tab er 24hr 10 mg</i>	2	
<i>fenofibrate micronized cap 43 mg</i>	2	QL (60 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)
<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>	4	QL (60 tablets/30 days)
<i>fenofibrate tab 48 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 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)
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>fluvastatin sodium cap 20 mg</i>	2	QL (60 capsules/30 days)
<i>fluvastatin sodium cap 40 mg</i>	2	QL (60 capsules/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
FUROSEMIDE - furosemide oral soln 8 mg/ml	1	
<i>furosemide inj 10 mg/ml</i>	2	
<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	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg#</i>	2	
<i>guanfacine hcl tab 2 mg#</i>	2	
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	2	
<i>indapamide tab 2.5 mg</i>	2	
<i>irbesartan tab 75 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<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>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isradipine cap 2.5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>isradipine cap 5 mg</i>	2	
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	PA, QL (120 tablets/30 days)
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>methyldopa tab 250 mg#</i>	3	
<i>methyldopa tab 500 mg#</i>	3	
METHYLDOPA/HYDROCHLOROTHIDE - methyldopa & hydrochlorothiazide tab 250-15 mg#	3	
METHYLDOPA/HYDROCHLOROTHIDE - methyldopa & hydrochlorothiazide tab 250-25 mg#	3	
<i>metolazone tab 2.5 mg</i>	2	
<i>metolazone tab 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone tab 10 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	2	
<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	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	2	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	2	
<i>metoprolol tartrate tab 100 mg</i>	1	
METOPROLOL/HYDROCHLOROTHIAZIDE - metoprolol & hydrochlorothiazide tab 100-50 mg	2	
MEXILETINE HCL - mexiletine hcl cap 150 mg	4	
MEXILETINE HCL - mexiletine hcl cap 200 mg	4	
MEXILETINE HCL - mexiletine hcl cap 250 mg	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>	2	
<i>minoxidil tab 10 mg</i>	2	
<i>moexipril hcl tab 7.5 mg</i>	2	
<i>moexipril hcl tab 15 mg</i>	2	
MULTAQ - dronedarone hcl tab 400 mg	4	
<i>nadolol tab 20 mg</i>	2	
<i>nadolol tab 40 mg</i>	2	
<i>nadolol tab 80 mg</i>	2	
<i>niacin tab er 500 mg</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg</i>	4	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg</i>	4	QL (60 tablets/30 days)
<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>	2	
<i>nifedipine cap 20 mg#</i>	2	
<i>nifedipine tab er 24hr 30 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	2	
<i>nimodipine cap 30 mg</i>	4	
NITRO-BID - nitroglycerin oint 2%	2	
NITROGLYCERIN - nitroglycerin iv soln 5 mg/ml	2	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	QL (30 patches/30 days)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	QL (30 patches/30 days)
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	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	2	QL (120 capsules/30 days)
<i>pentoxifylline tab er 400 mg</i>	2	
<i>perindopril erbumine tab 2 mg</i>	2	
<i>perindopril erbumine tab 4 mg</i>	2	
<i>perindopril erbumine tab 8 mg</i>	2	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	2	
<i>pindolol tab 10 mg</i>	2	
<i>pravastatin sodium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 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>prazosin hcl cap 5 mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	2	
<i>propafenone hcl tab 225 mg</i>	2	
<i>propafenone hcl tab 300 mg</i>	2	
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 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>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	2	
<i>quinidine gluconate tab er 324 mg</i>	4	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	2	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	2	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg</i>	4	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	4	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	

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Drug Name	Drug Tier	Requirements/Limits
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	2	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	2	
<i>telmisartan tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg</i>	2	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg</i>	2	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 (60 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	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg</i>	1	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
<i>terazosin hcl cap 10 mg</i>	1	QL (60 capsules/30 days)
<i>timolol maleate tab 5 mg</i>	2	
<i>timolol maleate tab 10 mg</i>	2	
<i>timolol maleate tab 20 mg</i>	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>	2	
<i>trandolapril tab 2 mg</i>	2	
<i>trandolapril tab 4 mg</i>	1	
<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 & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	
<i>triamterene cap 50 mg</i>	4	
<i>triamterene cap 100 mg</i>	4	
<i>valsartan tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 80 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 160 mg</i>	1	QL (60 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 (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QL (30 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>	2	QL (30 tablets/30 days)
<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	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	2	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	2	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 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 er 240 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
VYNDALIN - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	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 (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	2	QL (60 tablets/30 days)
<i>atomoxetine hcl cap 10 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg</i>	4	QL (30 capsules/30 days)
AUBAGIO - teriflunomide tab 7 mg*	5	QL (30 tablets/30 days)
AUBAGIO - teriflunomide tab 14 mg*	5	QL (30 tablets/30 days)
AUSTEDO - deutetrabenazine tab 6 mg*	5	PA, QL (60 tablets/30 days)
AUSTEDO - deutetrabenazine tab 9 mg*	5	PA, QL (120 tablets/30 days)
AUSTEDO - deutetrabenazine tab 12 mg*	5	PA, QL (120 tablets/30 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	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	4	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>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 (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	2	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	4	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	4	QL (120 capsules/30 days)
<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)
GILENYA - fingolimod hcl cap 0.5 mg	5	QL (30 capsules/30 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>	2	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 2 mg#</i>	2	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 3 mg#</i>	2	QL (30 tablets/30 days)
<i>guanfacine hcl tab er 24hr 4 mg#</i>	2	QL (30 tablets/30 days)
INGREZZA - valbenazine tosylate cap therapy pack 40 mg (7) & 80 mg (21)	5	PA, QL (1 pack/28 days)
INGREZZA - valbenazine tosylate cap 40 mg	5	PA, QL (60 capsules/30 days)
INGREZZA - valbenazine tosylate cap 80 mg	5	PA, QL (30 capsules/30 days)
LEMTRADA - alemtuzumab iv inj 12 mg/1.2ml (10 mg/ml)	5	PA, QL (5 vials/365 days)
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	5	PA
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	5	PA
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl cap er 10 mg (cd)</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 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)
<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 cap er 24hr 60 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 (450 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) 72 mg</i>	4	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	4	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	4	QL (60 tablets/30 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 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 er 24hr 27 mg</i>	4	QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	4	QL (60 tablets/30 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	4	QL (30 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	2	QL (90 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)
NUEDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	4	PA, QL (60 capsules/30 days)
ONPATTRO - patisiran sodium iv soln 10 mg/5ml (2 mg/ml)	5	PA
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	QL (2 syringes/28 days)
RADICAVA - edaravone inj 30 mg/100ml (0.3 mg/ml)	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	5	QL (12 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	5	QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	5	QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	5	QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	QL (1 box/28 days)
RELEXXII - methylphenidate hcl tab er osmotic release (osm) 72 mg	4	QL (30 tablets/30 days)
<i>riluzole tab 50 mg</i>	2	
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)
TEGSEDI - inotersen sod subcutaneous pref syr 284 mg/1.5ml	5	PA
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
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)
Dental and Oral Agents		
<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>	2	
<i>pilocarpine hcl tab 7.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste 0.1%</i>	2	
Dermatological Agents		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
ACZONE - dapsone gel 7.5%	4	
<i>adapalene cream 0.1%</i>	4	PA
<i>adapalene gel 0.1%</i>	4	PA
<i>adapalene gel 0.3%</i>	4	PA
<i>alclometasone dipropionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	2	QL (120 grams/30 days)
AMCINONIDE - amcinonide cream 0.1%	4	QL (120 grams/30 days)
AMCINONIDE - amcinonide lotion 0.1%	4	QL (120 mls/30 days)
AMCINONIDE - amcinonide oint 0.1%	4	QL (120 grams/30 days)
AUGMENTED BETAMETHASONE DIPROPIONATE - betamethasone dipropionate augmented gel 0.05%	2	QL (200 grams/28 days)
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate aerosol foam 0.12%</i>	4	QL (150 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	2	QL (135 grams/30 days)
<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>	3	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	QL (840 mls/30 days)
<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	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emulsion foam 0.05%</i>	4	QL (200 grams/28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate foam 0.05%</i>	4	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (177 mls/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	2	QL (200 mls/28 days)
<i>clobetasol propionate spray 0.05%</i>	4	QL (236 mls/28 days)
<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	QL (2 boxes/30 days)
CORTISPORIN - bacitracin-polymyxin-neomycin hc oint 1%	4	
<i>dapsone gel 5%</i>	4	
<i>dapsone gel 7.5%</i>	4	
DESONATE - desonide gel 0.05%	4	QL (120 grams/30 days)
<i>desonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	4	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	2	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	2	QL (120 grams/30 days)
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	4	
DIFLORASONE DIACETATE - diflorasone diacetate cream 0.05%	4	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120 grams/30 days)
DOXEPIN HYDROCHLORIDE - doxepin hcl cream 5%	4	
DOXYCYCLINE - doxycycline (rosacea) cap delayed release 40 mg	4	
ENSTILAR - calcipotriene-betamethasone dipropionate foam 0.005-0.064%	5	
<i>fluocinolone acetonide cream 0.01%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	4	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide cream 0.1%</i>	4	QL (240 grams/28 days)
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 grams/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide gel 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	2	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	
FLUOROURACIL - fluorouracil soln 2%	2	
FLUOROURACIL - fluorouracil soln 5%	2	
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate lotion 0.05%</i>	4	QL (120 mls/30 days)
<i>fluticasone propionate oint 0.005%</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	2	
<i>halcinonide cream 0.1%</i>	4	QL (240 grams/30 days)
<i>halobetasol propionate cream 0.05%</i>	2	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (200 grams/28 days)
HALOG - halcinonide oint 0.1%	4	QL (240 grams/30 days)
<i>hydrocortisone butyrate cream 0.1%</i>	4	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	4	QL (120 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120 grams/30 days)
<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>	2	
<i>lactic acid (ammonium lactate) lotion 12%</i>	2	
<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>	2	QL (135 grams/28 days)
<i>mometasone furoate oint 0.1%</i>	2	QL (135 grams/28 days)
<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	
<i>pimecrolimus cream 1%</i>	4	
<i>podofilox soln 0.5%</i>	2	
PREDNICARBATE - prednicarbate cream 0.1%	2	QL (120 grams/30 days)
PREDNICARBATE - prednicarbate oint 0.1%	4	QL (120 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	4	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	2	
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>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%	4	PA, QL (100 grams/30 days)
TAZORAC - tazarotene gel 0.1%	4	PA, QL (100 grams/30 days)
<i>tretinoin cream 0.025%</i>	2	PA
<i>tretinoin cream 0.05%</i>	4	PA
<i>tretinoin cream 0.1%</i>	4	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>tretinoin gel 0.05%</i>	4	PA
<i>tretinoin microsphere gel 0.04%</i>	4	PA
<i>tretinoin microsphere gel 0.1%</i>	4	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	4	QL (126 grams/30 days)
<i>triamcinolone acetonide cream 0.025%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/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
VECTICAL - calcitriol oint 3 mcg/gm	4	
VEREGEN - sinecatechins oint 15%	5	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II - amino acid infusion 10%	4	BD
AMINOSYN-PF - amino acid infusion 10%	4	BD
AMINOSYN-PF 7% - amino acid infusion 7%	4	BD
<i>calcium acetate cap 667 mg</i>	2	
CARBAGLU - carglumic acid tab 200 mg*	5	PA
CHEMET - succimer cap 100 mg	4	
CLINIMIX E 2.75%/DEXTROSE 5% - amino acid electrolyte w/cal infusion 2.75% in d5w	4	BD
CLINIMIX E 4.25%/DEXTROSE 10% - amino acid electrolyte w/cal infusion 4.25% in d10w	4	BD
CLINIMIX E 4.25%/DEXTROSE 25% - amino acid electrolyte w/cal infusion 4.25% in d5w	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
CLINIMIX N9G15E - amino acid electrolyte w/cal infusion 2.75% in d7.5w	4	BD
CLINIMIX 4.25%/DEXTROSE 10% - amino acid infusion 4.25% in d10w	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
CLINOLIPID - fat emulsion plant based iv emulsion 20%	4	BD
<i>deferasirox tab for oral susp 125 mg</i>	5	
<i>deferasirox tab for oral susp 250 mg</i>	5	
<i>deferasirox tab for oral susp 500 mg</i>	5	
<i>deferasirox tab 90 mg</i>	5	
<i>deferasirox tab 360 mg</i>	5	
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 2.5%/NACL 0.45% - dextrose 2.5% w/ sodium chloride 0.45%	1	
DEXTROSE 5%/NACL 0.225% - dextrose 5% w/ sodium chloride 0.225%	1	
<i>dextrose 5% w/ sodium chloride 0.2%</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>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	
FERRIPROX - deferiprone oral soln 100 mg/ml	5	
FERRIPROX - deferiprone tab 500 mg	5	
FERRIPROX - deferiprone tab 1000 mg	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
FREAMINE HBC 6.9% - amino acid infusion 6.9%	4	BD
FREAMINE III - amino acid infusion 10%	4	BD
HEPATAMINE - amino acid infusion 8%	4	BD
INTRALIPID - fat emulsion plant based iv emulsion 20%	4	BD
INTRALIPID - fat emulsion plant based iv emulsion 30%	4	BD
<i>irrigation solution, physiological</i>	4	
ISOLYTE-S - electrolyte-s solution	3	
ISOLYTE-S PH 7.4 - electrolyte-s (ph 7.4) solution	3	
JYNARQUE - tolvaptan tab therapy pack 45 & 15 mg	5	QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 60 & 30 mg	5	QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab therapy pack 90 & 30 mg	5	QL (56 tablets/28 days)
JYNARQUE - tolvaptan tab 15 mg	5	QL (60 tablets/30 days)
JYNARQUE - tolvaptan tab 30 mg	5	QL (60 tablets/30 days)
<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% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj</i>	1	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	1	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	1	
KLOR-CON M15 - potassium chloride microencapsulated crys er tab 15 meq	2	
<i>lanthanum carbonate chew tab 500 mg</i>	4	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	5	QL (120 tablets/30 days)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	4	
<i>levocarnitine tab 330 mg</i>	2	
<i>magnesium sulfate inj 50%</i>	1	
NEPHRAMINE - amino acid infusion 5.4%	4	BD

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Drug Name	Drug Tier	Requirements/Limits
NORMOSOL -R - electrolyte-r solution	3	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	3	
NORMOSOL-R - electrolyte-r (ph 7.4) solution	3	
NUTRILIPID - fat emulsion plant based iv emulsion 20%	4	BD
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	
<i>potassium chloride inj 20 meq/50ml</i>	4	
<i>potassium chloride inj 40 meq/100ml</i>	4	
<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 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>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	2	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	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	2	
<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
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 (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	5	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	QL (270 tablets/30 days)
<i>sodium chloride inj 2.5 meq/ml (14.6%)</i>	2	
<i>sodium chloride irrigation soln 0.9%</i>	2	
<i>sodium chloride iv soln 0.45%</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride iv soln 0.9%</i>	2	
<i>sodium chloride iv soln 3%</i>	2	
<i>sodium chloride iv soln 5%</i>	2	
<i>sodium chloride preservative free inj 0.9%</i>	2	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	2	
<i>sodium polystyrene sulfonate powder</i>	4	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	2	
SYNTHAMIN 17 - amino acid infusion 10%	4	BD
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	
Gastrointestinal Agents		
<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	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
<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)#	2	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)#</i>	2	
CARAFATE - sucralfate susp 1 gm/10ml	4	
CIMETIDINE HCL - cimetidine hcl soln 300 mg/5ml	2	
<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	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	3	
DEXILANT - dexlansoprazole cap delayed release 30 mg	4	PA, QL (30 capsules/30 days)
DEXILANT - dexlansoprazole cap delayed release 60 mg	4	PA, QL (30 capsules/30 days)
<i>dicyclomine hcl cap 10 mg#</i>	2	PA
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	2	PA
<i>dicyclomine hcl tab 20 mg#</i>	2	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	2	PA
DIPHENOXYLATE/ATROPINE - diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml#	4	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	4	QL (30 packets/30 days)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	4	QL (30 packets/30 days)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	4	QL (30 packets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine for susp 40 mg/5ml</i>	4	
<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 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 20 gm	3	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	PA
LINZESS - linaclotide cap 145 mcg	3	PA
LINZESS - linaclotide cap 290 mcg	3	PA
<i>loperamide hcl cap 2 mg</i>	2	
<i>methscopolamine bromide tab 2.5 mg</i>	4	
<i>methscopolamine bromide tab 5 mg</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	2	
<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	
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	PA, QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	4	PA, QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	4	PA, QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	4	PA, QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	PA, QL (30 packets/30 days)
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	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole cap delayed release 20 mg</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg</i>	1	QL (60 capsules/30 days)
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 (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	4	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
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>	2	QL (30 tablets/30 days)
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	4	PA
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
<i>sucralfate susp 1 gm/10ml</i>	4	
<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>	2	
<i>ursodiol tab 500 mg</i>	2	
XERMELO - telotristat etiprate tab 250 mg (telotristat ethyl equiv)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
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
CERDELGA - eliglustat tartrate cap 84 mg	5	PA, QL (60 capsules/30 days)
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	

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Drug Name	Drug Tier	Requirements/Limits
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
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
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
GALAFOLD - migalastat hcl cap 123 mg	5	PA, QL (14 capsules/28 days)
GLASSIA - alpha1-proteinase inhibitor (human) inj 1000 mg/50ml	5	PA
KANUMA - sebelipase alfa iv soln 20 mg/10ml (2 mg/ml)	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg*</i>	5	
<i>nitisinone cap 5 mg*</i>	5	
<i>nitisinone cap 10 mg*</i>	5	
NITYR - nitisinone tab 2 mg	5	
NITYR - nitisinone tab 5 mg	5	
NITYR - nitisinone tab 10 mg	5	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
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	PA, QL (525 mls/30 days)
REVCIVI - elapegademase-livr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
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
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg</i>	2	
<i>bethanechol chloride tab 10 mg</i>	2	
<i>bethanechol chloride tab 25 mg</i>	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>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 capsules/30 days)
ELMIRON - pentosan polysulfate sodium caps 100 mg	5	PA
<i>finasteride tab 5 mg</i>	1	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	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron tab er 24 hr 50 mg	4	QL (30 tablets/30 days)
<i>oxybutynin chloride syrup 5 mg/5ml</i>	1	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>solifenacin succinate tab 5 mg</i>	4	QL (30 tablets/30 days)
<i>solifenacin succinate tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	2	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>	2	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
CORTISONE ACETATE - cortisone acetate tab 25 mg	4	
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	
DEXAMETHASONE INTENSOL - dexamethasone conc 1 mg/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
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sod phos inj sol pref syr 10 mg/ml (pf)	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 120 mg/30ml</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	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
<i>hydrocortisone tab 5 mg</i>	2	
<i>hydrocortisone tab 10 mg</i>	2	
<i>hydrocortisone tab 20 mg</i>	2	
<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 500 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 tab 5 mg	4	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	2	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 10 mg/5ml</i>	2	
<i>prednisolone sod phosphate oral soln 20 mg/5ml</i>	2	
PREDNISOLONE SODIUM PHOSPHATE - prednisolone sodium phosphate oral soln 25 mg/5ml	2	
<i>prednisolone syrup 15 mg/5ml</i>	2	
PREDNISONE - prednisone oral soln 5 mg/5ml	4	
PREDNISONE INTENSOL - prednisone conc 5 mg/ml	2	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab 1 mg</i>	2	
<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	
<i>prednisone tab 50 mg</i>	2	
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	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<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	
EGRIFTA - tesamorelin acetate for inj 1 mg*	5	PA
EGRIFTA SV - tesamorelin acetate for inj 2 mg*	5	PA
INCRELEX - mecasemin 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
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ALORA - estradiol td patch twice weekly 0.025 mg/24hr#	4	
ALORA - estradiol td patch twice weekly 0.05 mg/24hr#	4	
ALORA - estradiol td patch twice weekly 0.075 mg/24hr#	4	
ALORA - estradiol td patch twice weekly 0.1 mg/24hr#	4	
ANADROL-50 - oxymetholone tab 50 mg	5	PA
<i>danazol cap 50 mg</i>	4	
<i>danazol cap 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	4	
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	2	
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 & 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 & ethinyl estradiol tab 0.15 mg-30 mcg</i>	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	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	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	4	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg#</i>	2	
<i>estradiol tab 1 mg#</i>	2	
<i>estradiol tab 2 mg#</i>	3	
<i>estradiol td patch twice weekly 0.025 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.0375 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch twice weekly 0.1 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	4	
<i>estradiol valerate im in oil 20 mg/ml</i>	2	
<i>estradiol valerate im in oil 40 mg/ml</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
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	4	QL (1 ring/30 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	QL (1 ring/28 days)
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)
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 4 mcg	4	
IMVEXXY MAINTENANCE PACK - estradiol vaginal insert 10 mcg	4	
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 4 mcg	4	
IMVEXXY STARTER PACK - estradiol vaginal insert starter pack 10 mcg	4	
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	2	QL (91 tablets/91 days)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	2	QL (91 tablets/91 days)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	2	QL (91 tablets/91 days)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	2	QL (91 tablets/91 days)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	2	
<i>levonorgestrel & 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	
MENEST - esterified estrogens tab 0.625 mg#	4	
MENEST - esterified estrogens tab 1.25 mg#	4	
METHITEST - methyltestosterone oral tab 10 mg	3	PA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	2	
<i>norethindrone & 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	

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 ace & ethinyl estradiol tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	2	
<i>norethindrone ace & 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 & 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 & 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	
OSPHENA - ospemifene tab 60 mg	4	PA
<i>oxandrolone tab 2.5 mg</i>	3	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	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	4	
PREMARIN - estrogens, conjugated tab 0.45 mg#	4	
PREMARIN - estrogens, conjugated tab 0.625 mg#	4	
PREMARIN - estrogens, conjugated tab 0.9 mg#	4	
PREMARIN - estrogens, conjugated tab 1.25 mg#	4	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	4	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	4	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
XULANE - norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	2	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	2	
<i>liothyronine sodium tab 5 mcg</i>	2	
<i>liothyronine sodium tab 25 mcg</i>	2	
<i>liothyronine sodium tab 50 mcg</i>	2	
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	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	3	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	2	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	
FIRMAGON - degarelix acetate for inj 80 mg	4	QL (4 vials/28 days)
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	QL (6 vials/28 days)
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
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>	4	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 MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	

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

Drug Name	Drug Tier	Requirements/Limits
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	2	BD
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine inj	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BERINERT - c1 esterase inhibitor (human) for iv inj kit 500 unit*	5	PA, QL (10 vials/30 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BIVIGAM - immune globulin (human) iv soln 5 gm/50ml	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
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
CUVITRU - immune globulin (human) subcutaneous inj 1 gm/5ml	5	BD, PA
CUVITRU - immune globulin (human) subcutaneous inj 2 gm/10ml	5	BD, PA
CUVITRU - immune globulin (human) subcutaneous inj 4 gm/20ml	5	BD, PA
CUVITRU - immune globulin (human) subcutaneous inj 8 gm/40ml	5	BD, PA
CUVITRU - immune globulin (human) subcutaneous inj 10 gm/50ml	5	BD, PA
<i>cyclosporine cap 25 mg</i>	4	BD
<i>cyclosporine cap 100 mg</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine iv soln 50 mg/ml</i>	4	BD
<i>cyclosporine modified cap 25 mg</i>	4	BD
<i>cyclosporine modified cap 50 mg</i>	2	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 200 mg/1.14ml	5	PA, QL (4 syringes/28 days)
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
<i>everolimus tab 0.25 mg</i>	5	BD
<i>everolimus tab 0.5 mg</i>	5	BD
<i>everolimus tab 0.75 mg</i>	5	BD
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

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 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAKED - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	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 (3 vaccines/365 days)
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	QL (3 vaccines/365 days)

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Drug Name	Drug Tier	Requirements/Limits
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HIZENTRA - immune globulin (human) subcutaneous inj 1 gm/5ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous inj 2 gm/10ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous inj 4 gm/20ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous inj 10 gm/50ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 1 gm/5ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	5	BD, PA
HIZENTRA - immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	5	BD, PA
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
HYQVIA - immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	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
HYQVIA - immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	5	BD, PA
HYQVIA - immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	5	BD, PA
HYQVIA - immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	5	BD, PA
HYQVIA - immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	5	BD, PA
<i>icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
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 (4 kits/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 soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	2	
<i>methotrexate sodium for inj 1 gm</i>	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	2	
<i>methotrexate sodium tab 2.5 mg</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	2	BD
<i>mycophenolate mofetil tab 500 mg</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg</i>	2	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

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
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
OCTAGAM - immune globulin (human) iv soln 30 gm/300ml	5	BD, PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
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
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
REMICADE - infliximab for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
RUCONEST - c1 esterase inhibitor (recombinant) for iv inj 2100 unit	5	PA, QL (8 vials/30 days)
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime)
SIMULECT - basiliximab for iv soln 10 mg	5	BD

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Drug Name	Drug Tier	Requirements/Limits
SIMULECT - basiliximab for iv soln 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	5	BD
<i>sirolimus tab 0.5 mg</i>	4	BD
<i>sirolimus tab 1 mg</i>	4	BD
<i>sirolimus tab 2 mg</i>	5	BD
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	5	PA
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg</i>	2	BD
<i>tacrolimus cap 1 mg</i>	2	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TREMFYA - guselkumab soln pen-injector 100 mg/ml	5	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	5	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg	5	PA

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
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	3	QL (1 vaccine/lifetime)
Inflammatory Bowel Disease Agents		
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>	4	QL (90 capsules/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	3	QL (120 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	5	
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	2	
<i>sulfasalazine tab 500 mg</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	2	QL (1 bottle/28 days)
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg</i>	5	QL (60 tablets/30 days)
<i>cinacalcet hcl tab 60 mg</i>	5	QL (60 tablets/30 days)
<i>cinacalcet hcl tab 90 mg</i>	5	QL (120 tablets/30 days)
<i>doxercalciferol cap 0.5 mcg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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	
EVENITY - romosozumab-aqqg inj soln prefilled syringe 105 mg/1.17ml	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
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 for inj 30 mg	1	
PAMIDRONATE DISODIUM - pamidronate disodium for inj 90 mg	1	
<i>paricalcitol cap 1 mcg</i>	4	
<i>paricalcitol cap 2 mcg</i>	4	
<i>paricalcitol cap 4 mcg</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	
<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 (1 tablet/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	QL (1 vial/28 days)
Ophthalmic Agents		
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	

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Drug Name	Drug Tier	Requirements/Limits
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
<i>bimatoprost ophth soln 0.03%</i>	2	
BLEPHAMIDE - sulfacetamide sodium-prednisolone ophth susp 10-0.2%	4	
<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>	1	
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>	2	
<i>dorzolamide hcl ophth soln 2%</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	2	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	
FLAREX - fluorometholone acetate ophth susp 0.1%	4	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	2	
FML - fluorometholone ophth oint 0.1%	3	
FML FORTE - fluorometholone ophth susp 0.25%	4	
<i>gatifloxacin ophth soln 0.5%</i>	4	
GENTAK - gentamicin sulfate ophth oint 0.3%	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 gel 0.5%	3	
LOTEMAX - loteprednol etabonate ophth oint 0.5%	3	
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%	3	
<i>loteprednol etabonate ophth susp 0.5%</i>	3	
LUMIGAN - bimatoprost ophth soln 0.01%	4	PA

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Drug Name	Drug Tier	Requirements/Limits
MAXIDEX - dexamethasone ophth susp 0.1%	4	
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily)(generic for Moxeza)</i>	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>	2	
<i>olopatadine hcl ophth soln 0.1%</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	2	
OXERVATE - cenegermin-bkbj ophth soln 0.002% (20 mcg/ml)	5	PA
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>	1	
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	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	4	
PREDNISOLONE SODIUM PHOSPHATE - prednisolone sodium phosphate ophth soln 1%	2	
<i>proparacaine hcl ophth soln 0.5%</i>	2	
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>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.25%	2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.5%	2	

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Drug Name	Drug Tier	Requirements/Limits
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
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	
TOBREX - tobramycin ophth oint 0.3%	4	
TRAVATAN Z - travoprost ophth soln 0.004%	4	PA
<i>travoprost ophth soln 0.004%</i>	4	PA
TRIFLURIDINE - trifluridine ophth soln 1%	3	
ZIRGAN - ganciclovir ophth gel 0.15%	4	
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	4	
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
COLY-MYCIN S - neomycin-colistin-hc-thonzonium otic susp 3.3-3-10-0.5 mg/ml	4	
CORTISPORIN-TC - 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	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	2	BD
<i>acetylcysteine inhal soln 20%</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 4 mg	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
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 8 mg	4	
<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>	2	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/ act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)

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
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
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>	3	PA
<i>cyproheptadine hcl tab 4 mg#</i>	2	PA
DALIRESP - roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
DALIRESP - roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
<i>desloratadine tab 5 mg</i>	3	
<i>diphenhydramine hcl inj 50 mg/ml</i>	2	
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	4	
EPINEPHRINE - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (authorized generic for Adrenaclick)	4	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)</i>	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)

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
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
FLUNISOLIDE - flunisolide nasal soln 25 mcg/act (0.025%)	2	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	2	BD
KALYDECO - ivacaftor packet 25 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
<i>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>	1	
METAPROTERENOL SULFATE - metaproterenol sulfate syrup 10 mg/5ml	2	
<i>montelukast sodium chew tab 4 mg</i>	2	QL (30 tablets/30 days)
<i>montelukast sodium chew tab 5 mg</i>	2	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>	2	QL (30 tablets/30 days)
NUCALA - mepolizumab for inj 100 mg	5	PA
NUCALA - mepolizumab subcutaneous solution auto-injector 100 mg/ml	5	PA
NUCALA - mepolizumab subcutaneous solution pref syringe 100 mg/ml	5	PA
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)

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>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
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, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
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)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD, QL (60 ampules/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 canister/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 canisters/30 days)
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD, PA
REMODULIN - treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD, PA
REMODULIN - treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD, PA
REMODULIN - treprostinil inj soln 200 mg/20ml (10 mg/ml)*	5	BD, 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 for suspension 10 mg/ml</i>	5	PA, QL (224 mls/30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml</i>	1	PA, QL (90 vials/30 days)
<i>sildenafil citrate tab 20 mg</i>	2	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)

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 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	3	
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	3	
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<i>terbutaline sulfate tab 5 mg</i>	4	
<i>theophylline tab er 12hr 300 mg</i>	2	
<i>theophylline tab er 12hr 450 mg</i>	2	
<i>theophylline tab er 24hr 400 mg</i>	2	
<i>theophylline tab er 24hr 600 mg</i>	2	
TOBI PODHALER - tobramycin inhal cap 28 mg	5	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, QL (56 ampules/28 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)*</i>	5	BD, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*</i>	5	BD, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)*</i>	5	BD, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)*</i>	5	BD, PA
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
TYVASO - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (28 ampules/30 days)
TYVASO REFILL - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (28 ampules/30 days)
TYVASO STARTER - treprostinil inhalation solution 0.6 mg/ml	5	BD, PA, QL (28 ampules/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (2 packs (400 tablets)/365 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
YUPELRI - revefenacin inhalation solution 175 mcg/3ml	5	BD
<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)
Skeletal Muscle Relaxants		
<i>chlorzoxazone tab 500 mg#</i>	3	
<i>cyclobenzaprine hcl tab 5 mg#</i>	2	PA
<i>methocarbamol tab 500 mg#</i>	2	
<i>methocarbamol tab 750 mg#</i>	2	
<i>orphenadrine citrate inj 30 mg/ml#</i>	3	PA
<i>orphenadrine citrate tab er 12hr 100 mg#</i>	3	PA
Sleep Disorder Agents		
<i>armodafinil tab 50 mg</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	2	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	2	PA, QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg</i>	2	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	2	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	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>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg#</i>	2	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#</i>	2	QL (30 tablets/30 days)

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AMICAR.....	53	amoxicillin (trihydrate) cap 500 mg.....	5
amikacin sulfate inj 1 gm/4ml (250 mg/		amoxicillin (trihydrate) for susp 125	
ml).....	5	mg/5ml.....	5
amikacin sulfate inj 500 mg/2ml (250 mg/		amoxicillin (trihydrate) for susp 200	
ml).....	5	mg/5ml.....	5
amiloride & hydrochlorothiazide tab 5-50		amoxicillin (trihydrate) for susp 250	
mg.....	56	mg/5ml.....	5
amiloride hcl tab 5 mg.....	56	amoxicillin (trihydrate) for susp 400	
aminocaproic acid oral soln 0.25 gm/		mg/5ml.....	5
ml.....	53	amoxicillin (trihydrate) tab 500 mg.....	5
aminocaproic acid tab 1000 mg.....	53	amoxicillin (trihydrate) tab 875 mg.....	5
aminocaproic acid tab 500 mg.....	53	amoxicillin & k clavulanate for susp 200-28.5	
AMINOSYN II.....	76	mg/5ml.....	6
AMINOSYN-PF.....	76	amoxicillin & k clavulanate for susp 250-62.5	
AMINOSYN-PF 7%.....	76	mg/5ml.....	6
amiodarone hcl tab 100 mg.....	56	amoxicillin & k clavulanate for susp 400-57	
amiodarone hcl tab 200 mg.....	56	mg/5ml.....	6
amiodarone hcl tab 400 mg.....	56	amoxicillin & k clavulanate for susp 600-42.9	
AMITIZA.....	79	mg/5ml.....	6

amoxicillin & k clavulanate tab 250-125 mg.....	6	ANORO ELLIPTA.....	105
amoxicillin & k clavulanate tab 500-125 mg.....	6	ANZEMET.....	23
amoxicillin & k clavulanate tab 875-125 mg.....	6	ANZEMET.....	23
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg.....	6	APOKYN.....	37
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack.....	79	apraclonidine hcl ophth soln 0.5%.....	101
amphetamine-dextroamphetamine cap er 24hr 10 mg.....	68	aprepitant capsule 125 mg.....	23
amphetamine-dextroamphetamine cap er 24hr 15 mg.....	68	aprepitant capsule 40 mg.....	23
amphetamine-dextroamphetamine cap er 24hr 20 mg.....	68	aprepitant capsule 80 mg.....	23
amphetamine-dextroamphetamine cap er 24hr 25 mg.....	68	aprepitant capsule therapy pack 80 & 125 mg.....	23
amphetamine-dextroamphetamine cap er 24hr 30 mg.....	68	APRISO.....	100
amphetamine-dextroamphetamine cap er 24hr 5 mg.....	68	APTIOM.....	14
amphetamine-dextroamphetamine tab 10 mg.....	68	APTIOM.....	14
amphetamine-dextroamphetamine tab 12.5 mg.....	68	APTIOM.....	14
amphetamine-dextroamphetamine tab 15 mg.....	68	APTIVUS.....	44
amphetamine-dextroamphetamine tab 20 mg.....	68	APTIVUS.....	44
amphetamine-dextroamphetamine tab 30 mg.....	68	ARALAST NP.....	81
amphetamine-dextroamphetamine tab 5 mg.....	68	ARALAST NP.....	81
amphetamine-dextroamphetamine tab 7.5 mg.....	68	ARANESP ALBUMIN FREE.....	53
AMPHOTERICIN B.....	24	ARANESP ALBUMIN FREE.....	53
AMPICILLIN.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....	6	ARANESP ALBUMIN FREE.....	53
AMPICILLIN SODIUM.....	6	ARANESP ALBUMIN FREE.....	53
AMPICILLIN SODIUM.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin sodium for inj 1 gm.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin sodium for inj 250 mg.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin sodium for inj 2 gm.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin sodium for inj 500 mg.....	6	ARANESP ALBUMIN FREE.....	53
ampicillin sodium for iv soln 10 gm.....	6	ARANESP ALBUMIN FREE.....	54
ampicillin sodium for iv soln 2 gm.....	6	ARANESP ALBUMIN FREE.....	54
ANADROL-50.....	86	ARANESP ALBUMIN FREE.....	54
anagrelide hcl cap 0.5 mg.....	53	ARANESP ALBUMIN FREE.....	54
anagrelide hcl cap 1 mg.....	53	ARCALYST.....	93
anastrozole tab 1 mg.....	27	aripiprazole orally disintegrating tab 10 mg.....	39
		aripiprazole orally disintegrating tab 15 mg.....	39
		aripiprazole oral solution 1 mg/ml.....	39
		aripiprazole tab 10 mg.....	39
		aripiprazole tab 15 mg.....	39
		aripiprazole tab 20 mg.....	39
		aripiprazole tab 2 mg.....	39
		aripiprazole tab 30 mg.....	39
		aripiprazole tab 5 mg.....	39
		ARISTADA.....	39
		ARISTADA.....	39
		ARISTADA.....	39
		ARISTADA.....	39
		ARISTADA.....	39
		ARISTADA INITIO.....	39
		armodafinil tab 150 mg.....	110

<i>armodafinil tab 200 mg</i>	110	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>armodafinil tab 250 mg</i>	110	<i>mg</i>	36
<i>armodafinil tab 50 mg</i>	110	<i>atovaquone susp 750 mg/5ml</i>	36
ARNUITY ELLIPTA.....	105	ATRIPLA.....	44
ARNUITY ELLIPTA.....	105	ATROPINE SULFATE.....	79
ARNUITY ELLIPTA.....	105	<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/</i>	
ARRANON.....	27	<i>ml)</i>	79
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/</i>		ATROVENT HFA.....	105
<i>ml)</i>	27	AUBAGIO.....	68
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/</i>		AUBAGIO.....	68
<i>ml)</i>	27	AUGMENTED BETAMETHASONE	
ARZERRA.....	28	DIPROPIONATE.....	72
ARZERRA.....	28	AUSTEDO.....	68
ASMANEX HFA.....	105	AUSTEDO.....	68
ASMANEX HFA.....	105	AUSTEDO.....	68
ASMANEX TWISTHALER 120 METERED		AVASTIN.....	28
DOSES.....	105	AVASTIN.....	28
ASMANEX TWISTHALER 14 METERED		AVONEX.....	68
DOSES.....	105	AVONEX PEN.....	68
ASMANEX TWISTHALER 30 METERED		AYVAKIT.....	28
DOSES.....	105	AYVAKIT.....	28
ASMANEX TWISTHALER 30 METERED		AYVAKIT.....	28
DOSES.....	105	AZASAN.....	93
ASMANEX TWISTHALER 60 METERED		AZASAN.....	93
DOSES.....	105	AZASITE.....	101
ASMANEX TWISTHALER 7 METERED		AZATHIOPRINE.....	93
DOSES.....	105	<i>azathioprine tab 50 mg</i>	93
<i>aspirin-dipyridamole cap er 12hr 25-200</i>		<i>azelaic acid gel 15%</i>	72
<i>mg</i>	54	<i>azelastine hcl nasal spray 0.1% (137 mcg/</i>	
<i>atazanavir sulfate cap 150 mg</i>	44	<i>spray)</i>	105
<i>atazanavir sulfate cap 200 mg</i>	44	<i>azelastine hcl ophth soln 0.05%</i>	101
<i>atazanavir sulfate cap 300 mg</i>	44	<i>azithromycin for susp 100 mg/5ml</i>	6
<i>atenolol & chlorthalidone tab 100-25</i>		<i>azithromycin for susp 200 mg/5ml</i>	6
<i>mg</i>	57	<i>azithromycin iv for soln 500 mg</i>	6
<i>atenolol & chlorthalidone tab 50-25 mg</i>	57	<i>azithromycin tab 250 mg</i>	6
<i>atenolol tab 100 mg</i>	57	<i>azithromycin tab 500 mg</i>	6
<i>atenolol tab 25 mg</i>	57	<i>azithromycin tab 600 mg</i>	6
<i>atenolol tab 50 mg</i>	57	AZOPT.....	101
ATGAM.....	93	<i>aztreonam for inj 1 gm</i>	6
<i>atomoxetine hcl cap 100 mg</i>	68	<i>aztreonam for inj 2 gm</i>	6
<i>atomoxetine hcl cap 10 mg</i>	68	B	
<i>atomoxetine hcl cap 18 mg</i>	68	BACITRACIN.....	101
<i>atomoxetine hcl cap 25 mg</i>	68	<i>bacitracin-polymyxin b ophth oint</i>	101
<i>atomoxetine hcl cap 40 mg</i>	68	<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>	
<i>atomoxetine hcl cap 60 mg</i>	68	<i>1%</i>	101
<i>atomoxetine hcl cap 80 mg</i>	68	<i>baclofen tab 10 mg</i>	44
<i>atorvastatin calcium tab 10 mg</i>	57	<i>baclofen tab 20 mg</i>	44
<i>atorvastatin calcium tab 20 mg</i>	57	<i>balsalazide disodium cap 750 mg</i>	100
<i>atorvastatin calcium tab 40 mg</i>	57	BALVERSA.....	28
<i>atorvastatin calcium tab 80 mg</i>	57	BALVERSA.....	28
<i>atovaquone-proguanil hcl tab 250-100</i>		BALVERSA.....	28
<i>mg</i>	36		

BANZEL.....	14	<i>betamethasone valerate lotion 0.1%.....</i>	72
BANZEL.....	14	<i>betamethasone valerate oint 0.1%.....</i>	72
BANZEL.....	14	BETASERON.....	68
BAQSIMI ONE PACK.....	50	<i>betaxolol hcl ophth soln 0.5%.....</i>	102
BAQSIMI TWO PACK.....	50	<i>betaxolol hcl tab 10 mg.....</i>	57
BARACLUDGE.....	44	<i>betaxolol hcl tab 20 mg.....</i>	57
BASAGLAR KWIKPEN.....	50	<i>bethanechol chloride tab 10 mg.....</i>	84
BAVENCIO.....	28	<i>bethanechol chloride tab 25 mg.....</i>	84
BCG VACCINE.....	93	<i>bethanechol chloride tab 50 mg.....</i>	84
BELEODAQ.....	28	<i>bethanechol chloride tab 5 mg.....</i>	84
<i>benazepril & hydrochlorothiazide tab 10-12.5</i>		<i>bexarotene cap 75 mg.....</i>	28
<i>mg.....</i>	57	BEXSERO.....	93
<i>benazepril & hydrochlorothiazide tab 20-12.5</i>		<i>bicalutamide tab 50 mg.....</i>	28
<i>mg.....</i>	57	BICILLIN C-R.....	6
<i>benazepril & hydrochlorothiazide tab 20-25</i>		BICILLIN C-R.....	6
<i>mg.....</i>	57	BICILLIN L-A.....	6
<i>benazepril & hydrochlorothiazide tab 5-6.25</i>		BICILLIN L-A.....	6
<i>mg.....</i>	57	BICILLIN L-A.....	6
<i>benazepril hcl tab 10 mg.....</i>	57	BIKTARVY.....	44
<i>benazepril hcl tab 20 mg.....</i>	57	<i>bimatoprost ophth soln 0.03%.....</i>	102
<i>benazepril hcl tab 40 mg.....</i>	57	<i>bisoprolol & hydrochlorothiazide tab 10-6.25</i>	
<i>benazepril hcl tab 5 mg.....</i>	57	<i>mg.....</i>	57
BENDEKA.....	28	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25</i>	
BENLYSTA.....	93	<i>mg.....</i>	57
BENLYSTA.....	93	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i>	
BENLYSTA.....	93	<i>mg.....</i>	57
BENLYSTA.....	93	<i>bisoprolol fumarate tab 10 mg.....</i>	57
BENZNIDAZOLE.....	36	<i>bisoprolol fumarate tab 5 mg.....</i>	57
BENZNIDAZOLE.....	36	BIVIGAM.....	93
<i>benzoyl peroxide-erythromycin gel</i>		<i>bleomycin sulfate for inj 15 unit.....</i>	28
<i>5-3%.....</i>	72	<i>bleomycin sulfate for inj 30 unit.....</i>	28
<i>benztropine mesylate tab 0.5 mg.....</i>	37	BLEPHAMIDE.....	102
<i>benztropine mesylate tab 1 mg.....</i>	37	BLINCYTO.....	28
<i>benztropine mesylate tab 2 mg.....</i>	37	BOOSTRIX.....	93
BERINERT.....	93	<i>bosentan tab 125 mg.....</i>	105
BESIVANCE.....	102	<i>bosentan tab 62.5 mg.....</i>	105
BESPONSA.....	28	BOSULIF.....	28
<i>betamethasone dipropionate augmented cream</i>		BOSULIF.....	28
<i>0.05%.....</i>	72	BOSULIF.....	28
<i>betamethasone dipropionate augmented lotion</i>		BRAFTOVI.....	28
<i>0.05%.....</i>	72	BREO ELLIPTA.....	105
<i>betamethasone dipropionate augmented oint</i>		BREO ELLIPTA.....	105
<i>0.05%.....</i>	72	BRILINTA.....	54
<i>betamethasone dipropionate cream</i>		BRILINTA.....	54
<i>0.05%.....</i>	72	<i>brimonidine tartrate ophth soln 0.2%.....</i>	102
<i>betamethasone dipropionate lotion</i>		BRINEURA.....	81
<i>0.05%.....</i>	72	BRIVIACT.....	14
<i>betamethasone dipropionate oint</i>		BRIVIACT.....	14
<i>0.05%.....</i>	72	BRIVIACT.....	14
<i>betamethasone valerate aerosol foam</i>		BRIVIACT.....	14
<i>0.12%.....</i>	72	BRIVIACT.....	14
<i>betamethasone valerate cream 0.1%.....</i>	72	BRIVIACT.....	14

BRIVIACT.....	14
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	102
<i>bromocriptine mesylate cap 5 mg</i>	37
<i>bromocriptine mesylate tab 2.5 mg</i>	37
BROVANA.....	106
BRUKINSA.....	28
<i>budesonide delayed release particles cap 3 mg</i>	100
<i>budesonide inhalation susp 0.25 mg/2ml</i>	106
<i>budesonide inhalation susp 0.5 mg/2ml</i>	106
<i>budesonide inhalation susp 1 mg/2ml</i>	106
<i>bumetanide inj 0.25 mg/ml</i>	57
<i>bumetanide tab 0.5 mg</i>	57
<i>bumetanide tab 1 mg</i>	57
<i>bumetanide tab 2 mg</i>	57
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	5
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	5
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	5
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	5
<i>buprenorphine hcl sl tab 2 mg</i>	5
<i>buprenorphine hcl sl tab 8 mg</i>	5
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	5
<i>bupropion hcl tab 100 mg</i>	19
<i>bupropion hcl tab 75 mg</i>	19
<i>bupropion hcl tab er 12hr 100 mg</i>	19
<i>bupropion hcl tab er 12hr 150 mg</i>	19
<i>bupropion hcl tab er 12hr 200 mg</i>	19
<i>bupropion hcl tab er 24hr 150 mg</i>	19
<i>bupropion hcl tab er 24hr 300 mg</i>	19
<i>bupirone hcl tab 10 mg</i>	48
<i>bupirone hcl tab 15 mg</i>	48
<i>bupirone hcl tab 30 mg</i>	48
<i>bupirone hcl tab 5 mg</i>	48
<i>bupirone hcl tab 7.5 mg</i>	48
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	1
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	1
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1
BYDUREON BCISE.....	50
BYDUREON PEN.....	50
BYETTA.....	50
BYETTA.....	50

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<i>cabergoline tab 0.5 mg</i>	91
CABOMETYX.....	28
CABOMETYX.....	28
CABOMETYX.....	28
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	72
<i>calcipotriene cream 0.005%</i>	72
<i>calcipotriene oint 0.005%</i>	72
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	72
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	100
CALCITRIOL.....	72
<i>calcitriol cap 0.25 mcg</i>	100
<i>calcitriol cap 0.5 mcg</i>	100
<i>calcitriol oral soln 1 mcg/ml</i>	100
<i>calcium acetate cap 667 mg</i>	76
CALQUENCE.....	28
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	57
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	57
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	57
<i>candesartan cilexetil tab 16 mg</i>	57
<i>candesartan cilexetil tab 32 mg</i>	57
<i>candesartan cilexetil tab 4 mg</i>	57
<i>candesartan cilexetil tab 8 mg</i>	57
CAPASTAT SULFATE.....	26
CAPEX.....	72
CAPLYTA.....	39
CAPRELSA.....	28
CAPRELSA.....	28
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	58
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	58
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	58
CAPTOPRIL/ HYDROCHLOROTHIAZIDE.....	58
<i>captopril tab 100 mg</i>	58
<i>captopril tab 12.5 mg</i>	57
<i>captopril tab 25 mg</i>	58
<i>captopril tab 50 mg</i>	58
CARAFATE.....	79
CARBAGLU.....	76
<i>carbamazepine cap er 12hr 100 mg</i>	14
<i>carbamazepine cap er 12hr 200 mg</i>	14
<i>carbamazepine cap er 12hr 300 mg</i>	14
<i>carbamazepine chew tab 100 mg</i>	14

<i>carbamazepine susp 100 mg/5ml</i>	14	<i>cefazolin sodium for inj 500 mg</i>	7
<i>carbamazepine tab 200 mg</i>	14	<i>cefdinir cap 300 mg</i>	7
<i>carbamazepine tab er 12hr 100 mg</i>	14	<i>cefdinir for susp 125 mg/5ml</i>	7
<i>carbamazepine tab er 12hr 200 mg</i>	14	<i>cefdinir for susp 250 mg/5ml</i>	7
<i>carbamazepine tab er 12hr 400 mg</i>	14	CEFEPIME.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	CEFEPIME.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	CEFEPIME/DEXTROSE.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	CEFEPIME/DEXTROSE.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	<i>cefepime hcl for inj 1 gm</i>	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	<i>cefepime hcl for inj 2 gm</i>	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	<i>cefixime cap 400 mg</i>	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	<i>cefixime for susp 100 mg/5ml</i>	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	<i>cefixime for susp 200 mg/5ml</i>	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	38	CEFOTAXIME SODIUM.....	7
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	37	<i>cefotaxime sodium for inj 1 gm</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	37	<i>cefotetan disodium for inj 1 gm</i>	7
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	37	<i>cefotetan disodium for inj 2 gm</i>	7
<i>carbidopa & levodopa tab 10-100 mg</i>	37	<i>cefoxitin sodium for inj 10 gm</i>	7
<i>carbidopa & levodopa tab 25-100 mg</i>	37	<i>cefoxitin sodium for iv soln 1 gm</i>	7
<i>carbidopa & levodopa tab 25-250 mg</i>	37	<i>cefoxitin sodium for iv soln 2 gm</i>	7
<i>carbidopa & levodopa tab er 25-100 mg</i>	37	<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	7
<i>carbidopa & levodopa tab er 50-200 mg</i>	37	<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	7
CARDIZEM LA.....	58	<i>cefpodoxime proxetil tab 100 mg</i>	7
CARIMUNE NANOFILTERED.....	93	<i>cefpodoxime proxetil tab 200 mg</i>	7
CARIMUNE NANOFILTERED.....	93	<i>cefprozil for susp 125 mg/5ml</i>	7
<i>carteolol hcl ophth soln 1%</i>	102	<i>cefprozil for susp 250 mg/5ml</i>	8
<i>carvedilol tab 12.5 mg</i>	58	<i>cefprozil tab 250 mg</i>	8
<i>carvedilol tab 25 mg</i>	58	<i>cefprozil tab 500 mg</i>	8
<i>carvedilol tab 3.125 mg</i>	58	CEFTAZIDIME/DEXTROSE.....	8
<i>carvedilol tab 6.25 mg</i>	58	CEFTAZIDIME/DEXTROSE.....	8
<i>casprofungin acetate for iv soln 50 mg</i>	24	<i>ceftazidime for inj 1 gm</i>	8
<i>casprofungin acetate for iv soln 70 mg</i>	24	<i>ceftazidime for inj 2 gm</i>	8
CAYSTON.....	106	<i>ceftazidime for inj 6 gm</i>	8
<i>cefaclor cap 250 mg</i>	7	CEFTRIAAXONE/DEXTROSE.....	8
<i>cefaclor cap 500 mg</i>	7	CEFTRIAAXONE/DEXTROSE.....	8
CEFACLOR ER.....	7	CEFTRIAAXONE IN ISO-OSMOTIC DEXTROSE.....	8
<i>cefadroxil cap 500 mg</i>	7	CEFTRIAAXONE IN ISO-OSMOTIC DEXTROSE.....	8
<i>cefadroxil for susp 250 mg/5ml</i>	7	CEFTRIAAXONE SODIUM.....	8
<i>cefadroxil for susp 500 mg/5ml</i>	7	<i>ceftriaxone sodium for inj 10 gm</i>	8
<i>cefadroxil tab 1 gm</i>	7	<i>ceftriaxone sodium for inj 1 gm</i>	8
CEFAZOLIN SODIUM.....	7	<i>ceftriaxone sodium for inj 250 mg</i>	8
CEFAZOLIN SODIUM/DEXTROSE.....	7	<i>ceftriaxone sodium for inj 2 gm</i>	8
<i>cefazolin sodium for inj 10 gm</i>	7	<i>ceftriaxone sodium for inj 500 mg</i>	8
<i>cefazolin sodium for inj 1 gm</i>	7	<i>ceftriaxone sodium for iv soln 1 gm</i>	8
		<i>ceftriaxone sodium for iv soln 2 gm</i>	8
		<i>cefuroxime axetil tab 250 mg</i>	8
		<i>cefuroxime axetil tab 500 mg</i>	8
		<i>cefuroxime sodium for inj 7.5 gm</i>	8

cefuroxime sodium for inj 750 mg.....	8	ciclopirox shampoo 1%.....	24
cefuroxime sodium for iv soln 1.5 gm.....	8	ciclopirox solution 8%.....	24
celecoxib cap 100 mg.....	1	cilostazol tab 100 mg.....	54
celecoxib cap 200 mg.....	1	cilostazol tab 50 mg.....	54
celecoxib cap 400 mg.....	1	CIMDUO.....	44
celecoxib cap 50 mg.....	1	CIMETIDINE HCL.....	79
CELONTIN.....	14	cimetidine tab 200 mg.....	79
CEPHALEXIN.....	8	cimetidine tab 300 mg.....	79
CEPHALEXIN.....	8	cimetidine tab 400 mg.....	79
cephalexin cap 250 mg.....	8	cimetidine tab 800 mg.....	79
cephalexin cap 500 mg.....	8	cinacalcet hcl tab 30 mg.....	100
cephalexin cap 750 mg.....	8	cinacalcet hcl tab 60 mg.....	100
cephalexin for susp 125 mg/5ml.....	8	cinacalcet hcl tab 90 mg.....	100
cephalexin for susp 250 mg/5ml.....	8	CINQAIR.....	106
CERDELGA.....	81	CINRYZE.....	93
CEREZYME.....	81	ciprofloxacin 200 mg/100ml in d5w.....	9
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	106	ciprofloxacin 400 mg/200ml in d5w.....	9
cevimeline hcl cap 30 mg.....	71	ciprofloxacin hcl ophth soln 0.3%.....	102
CHANTIX.....	5	ciprofloxacin hcl tab 250 mg.....	8
CHANTIX.....	5	ciprofloxacin hcl tab 500 mg.....	8
CHANTIX CONTINUING MONTH PACK.....	5	ciprofloxacin hcl tab 750 mg.....	9
CHANTIX STARTING MONTH PACK.....	5	citalopram hydrobromide oral soln 10 mg/5ml.....	19
CHEMET.....	76	citalopram hydrobromide tab 10 mg.....	19
chlorhexidine gluconate soln 0.12%.....	71	citalopram hydrobromide tab 20 mg.....	19
CHLOROQUINE PHOSPHATE.....	37	citalopram hydrobromide tab 40 mg.....	19
chloroquine phosphate tab 500 mg.....	36	cladribine iv soln 10 mg/10ml (1 mg/ ml).....	28
CHLOROTHIAZIDE.....	58	CLARITHROMYCIN.....	9
chlorothiazide tab 500 mg.....	58	CLARITHROMYCIN.....	9
CHLORPROMAZINE HCL.....	23	clarithromycin tab 250 mg.....	9
CHLORPROMAZINE HCL.....	23	clarithromycin tab 500 mg.....	9
chlorpromazine hcl tab 100 mg.....	23	clarithromycin tab er 24hr 500 mg.....	9
chlorpromazine hcl tab 10 mg.....	23	CLEOCIN.....	9
chlorpromazine hcl tab 200 mg.....	23	CLINDAGEL.....	9
chlorpromazine hcl tab 25 mg.....	23	clindamycin hcl cap 150 mg.....	9
chlorpromazine hcl tab 50 mg.....	23	clindamycin hcl cap 300 mg.....	9
chlorthalidone tab 25 mg.....	58	clindamycin hcl cap 75 mg.....	9
chlorthalidone tab 50 mg.....	58	clindamycin palmitate hcl for soln 75 mg/5ml.....	9
chlorzoxazone tab 500 mg.....	110	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	72
cholestyramine light powder 4 gm/ dose.....	58	clindamycin phosphate foam 1%.....	9
cholestyramine light powder packets 4 gm.....	58	clindamycin phosphate gel 1%.....	9
cholestyramine powder 4 gm/dose.....	58	clindamycin phosphate in d5w iv soln 300 mg/50ml.....	9
cholestyramine powder packets 4 gm.....	58	clindamycin phosphate in d5w iv soln 600 mg/50ml.....	9
choline fenofibrate cap dr 135 mg.....	58	clindamycin phosphate in d5w iv soln 900 mg/50ml.....	9
choline fenofibrate cap dr 45 mg.....	58	clindamycin phosphate inj 300 mg/2ml.....	9
CHORIONIC GONADOTROPIN.....	86	clindamycin phosphate inj 600 mg/4ml.....	9
ciclopirox gel 0.77%.....	24		
ciclopirox olamine cream 0.77%.....	24		
ciclopirox olamine susp 0.77%.....	24		

<i>clindamycin phosphate inj 900 mg/6ml</i>	9	<i>clonazepam orally disintegrating tab 2</i>	
<i>clindamycin phosphate inj 9 gm/60ml</i>	9	<i>mg</i>	49
<i>clindamycin phosphate iv soln 300</i>		<i>clonazepam tab 0.5 mg</i>	49
<i>mg/2ml</i>	9	<i>clonazepam tab 1 mg</i>	49
<i>clindamycin phosphate iv soln 600</i>		<i>clonazepam tab 2 mg</i>	49
<i>mg/4ml</i>	9	<i>clonidine hcl tab 0.1 mg</i>	58
<i>clindamycin phosphate iv soln 900</i>		<i>clonidine hcl tab 0.2 mg</i>	58
<i>mg/6ml</i>	9	<i>clonidine hcl tab 0.3 mg</i>	58
<i>clindamycin phosphate lotion 1%</i>	9	<i>clonidine td patch weekly 0.1 mg/24hr</i>	58
<i>clindamycin phosphate soln 1%</i>	9	<i>clonidine td patch weekly 0.2 mg/24hr</i>	58
<i>clindamycin phosphate swab 1%</i>	9	<i>clonidine td patch weekly 0.3 mg/24hr</i>	58
<i>clindamycin phosphate vaginal cream</i>		<i>clopidogrel bisulfate tab 75 mg</i>	54
<i>2%</i>	9	<i>clorazepate dipotassium tab 15 mg</i>	49
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2</i>		<i>clorazepate dipotassium tab 3.75 mg</i>	49
<i>(1)-5%</i>	72	<i>clorazepate dipotassium tab 7.5 mg</i>	49
<i>CLINIMIX 4.25%/DEXTROSE 10%</i>	76	<i>clotrimazole cream 1%</i>	24
<i>CLINIMIX 4.25%/DEXTROSE 5%</i>	76	<i>clotrimazole soln 1%</i>	24
<i>CLINIMIX 5%/DEXTROSE 15%</i>	76	<i>clotrimazole troche 10 mg</i>	24
<i>CLINIMIX 5%/DEXTROSE 20%</i>	76	<i>clotrimazole w/ betamethasone cream</i>	
<i>CLINIMIX E 2.75%/DEXTROSE 5%</i>	76	<i>1-0.05%</i>	73
<i>CLINIMIX E 4.25%/DEXTROSE 10%</i>	76	<i>clotrimazole w/ betamethasone lotion</i>	
<i>CLINIMIX E 4.25%/DEXTROSE 25%</i>	76	<i>1-0.05%</i>	73
<i>CLINIMIX E 5%/DEXTROSE 15%</i>	76	<i>CLOZAPINE ODT</i>	39
<i>CLINIMIX E 5%/DEXTROSE 20%</i>	76	<i>CLOZAPINE ODT</i>	39
<i>CLINIMIX N9G15E</i>	76	<i>clozapine orally disintegrating tab 100</i>	
<i>CLINOLIPID</i>	76	<i>mg</i>	40
<i>clobazam suspension 2.5 mg/ml</i>	14	<i>clozapine orally disintegrating tab 12.5</i>	
<i>clobazam tab 10 mg</i>	14	<i>mg</i>	40
<i>clobazam tab 20 mg</i>	14	<i>clozapine orally disintegrating tab 25</i>	
<i>clobetasol propionate cream 0.05%</i>	72	<i>mg</i>	40
<i>clobetasol propionate emollient base cream</i>		<i>clozapine tab 100 mg</i>	40
<i>0.05%</i>	72	<i>clozapine tab 200 mg</i>	40
<i>clobetasol propionate emulsion foam</i>		<i>clozapine tab 25 mg</i>	40
<i>0.05%</i>	72	<i>clozapine tab 50 mg</i>	40
<i>clobetasol propionate foam 0.05%</i>	73	<i>COARTEM</i>	37
<i>clobetasol propionate gel 0.05%</i>	73	<i>CODEINE SULFATE</i>	1
<i>clobetasol propionate lotion 0.05%</i>	73	<i>codeine sulfate tab 30 mg</i>	1
<i>clobetasol propionate oint 0.05%</i>	73	<i>codeine sulfate tab 60 mg</i>	1
<i>clobetasol propionate shampoo 0.05%</i>	73	<i>colchicine tab 0.6 mg</i>	25
<i>clobetasol propionate soln 0.05%</i>	73	<i>colchicine w/ probenecid tab 0.5-500</i>	
<i>clobetasol propionate spray 0.05%</i>	73	<i>mg</i>	25
<i>clomipramine hcl cap 25 mg</i>	19	<i>COLCRYS</i>	25
<i>clomipramine hcl cap 50 mg</i>	19	<i>colesevelam hcl packet for susp 3.75</i>	
<i>clomipramine hcl cap 75 mg</i>	19	<i>gm</i>	58
<i>clonazepam orally disintegrating tab 0.125</i>		<i>colesevelam hcl tab 625 mg</i>	58
<i>mg</i>	49	<i>colestipol hcl granule packets 5 gm</i>	58
<i>clonazepam orally disintegrating tab 0.25</i>		<i>colestipol hcl granules 5 gm</i>	58
<i>mg</i>	49	<i>colestipol hcl tab 1 gm</i>	58
<i>clonazepam orally disintegrating tab 0.5</i>		<i>colistimethate sod for inj 150 mg</i>	9
<i>mg</i>	49	<i>COLY-MYCIN S</i>	104
<i>clonazepam orally disintegrating tab 1</i>		<i>COMBIGAN</i>	102
<i>mg</i>	49	<i>COMBIVENT RESPIMAT</i>	106

COMETRIQ.....	28	<i>cyclosporine cap 25 mg.....</i>	93
COMETRIQ.....	28	<i>cyclosporine iv soln 50 mg/ml.....</i>	94
COMETRIQ.....	28	<i>cyclosporine modified cap 100 mg.....</i>	94
COMPLERA.....	44	<i>cyclosporine modified cap 25 mg.....</i>	94
CONDYLOX.....	73	<i>cyclosporine modified cap 50 mg.....</i>	94
COPAXONE.....	68	<i>cyclosporine modified oral soln 100 mg/ ml.....</i>	94
COPAXONE.....	68	<i>cyproheptadine hcl syrup 2 mg/5ml.....</i>	106
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CORLANOR.....	58	CYSTADANE.....	82
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CORTISPORIN-TC.....	104	<i>cytarabine inj pf 100 mg/ml.....</i>	29
COSENTYX.....	93	<i>cytarabine inj pf 20 mg/ml.....</i>	29
COSENTYX.....	93	D	
COSENTYX SENSOREADY PEN.....	93	<i>dalfampridine tab er 12hr 10 mg.....</i>	68
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CREON.....	81	<i>danazol cap 200 mg.....</i>	87
CREON.....	81	<i>danazol cap 50 mg.....</i>	86
CREON.....	82	<i>dantrolene sodium cap 100 mg.....</i>	44
CREON.....	82	<i>dantrolene sodium cap 25 mg.....</i>	44
CRESEMBA.....	24	<i>dantrolene sodium cap 50 mg.....</i>	44
CRESEMBA.....	24	<i>dapsone gel 5%.....</i>	73
CRIXIVAN.....	44	<i>dapsone gel 7.5%.....</i>	73
CRIXIVAN.....	44	<i>dapsone tab 100 mg.....</i>	26
<i>cromolyn sodium ophth soln 4%.....</i>	102	<i>dapsone tab 25 mg.....</i>	26
<i>cromolyn sodium oral conc 100 mg/5ml.....</i>	79	DAPTACEL.....	94
<i>cromolyn sodium soln nebu 20 mg/2ml.....</i>	106	<i>daptomycin for iv soln 500 mg.....</i>	9
<i>crotamiton lotion 10%.....</i>	37	DARAPRIM.....	37
CRYSVITA.....	82	<i>darifenacin hydrobromide tab er 24hr 15 mg.....</i>	84
CRYSVITA.....	82	<i>darifenacin hydrobromide tab er 24hr 7.5 mg.....</i>	84
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CUVITRU.....	93	DAURISMO.....	29
CUVITRU.....	93	<i>deferasirox tab 360 mg.....</i>	76
<i>cyclobenzaprine hcl tab 5 mg.....</i>	110	<i>deferasirox tab 90 mg.....</i>	76
<i>cyclophosphamide cap 25 mg.....</i>	29	<i>deferasirox tab for oral susp 125 mg.....</i>	76
<i>cyclophosphamide cap 50 mg.....</i>	29	<i>deferasirox tab for oral susp 250 mg.....</i>	76
<i>cyclophosphamide for inj 1 gm.....</i>	29	<i>deferasirox tab for oral susp 500 mg.....</i>	76
<i>cyclophosphamide for inj 2 gm.....</i>	29	DELSTRIGO.....	44
<i>cyclophosphamide for inj 500 mg.....</i>	29	<i>demeclocycline hcl tab 150 mg.....</i>	9
CYCLOSET.....	50	<i>demeclocycline hcl tab 300 mg.....</i>	9
<i>cyclosporine cap 100 mg.....</i>	93		

DEMSER.....	59	DEXAMETHASONE SODIUM	
DENAVIR.....	44	PHOSPHATE.....	102
DEPEN TITRATABS.....	84	<i>dexamethasone sodium phosphate inj 120</i>	
DEPO-ESTRADIOL.....	87	<i>mg/30ml.....</i>	85
DEPO-MEDROL.....	84	<i>dexamethasone sodium phosphate inj 4 mg/</i>	
DEPO-PROVERA.....	87	<i>ml.....</i>	85
DEPO-SUBQ PROVERA 104.....	87	<i>dexamethasone tab 0.5 mg.....</i>	85
DESCOVY.....	45	<i>dexamethasone tab 0.75 mg.....</i>	85
<i>desipramine hcl tab 100 mg.....</i>	19	<i>dexamethasone tab 1.5 mg.....</i>	85
<i>desipramine hcl tab 10 mg.....</i>	19	<i>dexamethasone tab 4 mg.....</i>	85
<i>desipramine hcl tab 150 mg.....</i>	19	<i>dexamethasone tab 6 mg.....</i>	85
<i>desipramine hcl tab 25 mg.....</i>	19	DEXILANT.....	79
<i>desipramine hcl tab 50 mg.....</i>	19	DEXILANT.....	79
<i>desipramine hcl tab 75 mg.....</i>	19	<i>dexmethylphenidate hcl cap er 24 hr 10</i>	
<i>desloratadine tab 5 mg.....</i>	106	<i>mg.....</i>	69
<i>desmopressin acetate nasal spray soln</i>		<i>dexmethylphenidate hcl cap er 24 hr 15</i>	
0.01%.....	86	<i>mg.....</i>	69
<i>desmopressin acetate nasal spray soln 0.01%</i>		<i>dexmethylphenidate hcl cap er 24 hr 20</i>	
<i>(refrigerated).....</i>	86	<i>mg.....</i>	69
<i>desmopressin acetate tab 0.1 mg.....</i>	86	<i>dexmethylphenidate hcl cap er 24 hr 25</i>	
<i>desmopressin acetate tab 0.2 mg.....</i>	86	<i>mg.....</i>	69
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01</i>		<i>dexmethylphenidate hcl cap er 24 hr 30</i>	
<i>mg(21/5).....</i>	87	<i>mg.....</i>	69
<i>desogest-ethin est tab</i>		<i>dexmethylphenidate hcl cap er 24 hr 35</i>	
0.1-0.025/0.125-0.025/0.15-0.025mg-		<i>mg.....</i>	69
<i>mg.....</i>	87	<i>dexmethylphenidate hcl cap er 24 hr 40</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30</i>		<i>mg.....</i>	69
<i>mcg.....</i>	87	<i>dexmethylphenidate hcl cap er 24 hr 5</i>	
DESONATE.....	73	<i>mg.....</i>	68
<i>desonide cream 0.05%.....</i>	73	<i>dexmethylphenidate hcl tab 10 mg.....</i>	69
<i>desonide lotion 0.05%.....</i>	73	<i>dexmethylphenidate hcl tab 2.5 mg.....</i>	69
<i>desonide oint 0.05%.....</i>	73	<i>dexmethylphenidate hcl tab 5 mg.....</i>	69
<i>desoximetasone cream 0.05%.....</i>	73	<i>dexrazoxane hcl for inj 250 mg.....</i>	29
<i>desoximetasone cream 0.25%.....</i>	73	<i>dexrazoxane hcl for inj 500 mg.....</i>	29
<i>desoximetasone gel 0.05%.....</i>	73	<i>dextroamphetamine sulfate cap er 24hr 10</i>	
<i>desoximetasone oint 0.25%.....</i>	73	<i>mg.....</i>	69
<i>desvenlafaxine succinate tab er 24hr 100</i>		<i>dextroamphetamine sulfate cap er 24hr 15</i>	
<i>mg.....</i>	19	<i>mg.....</i>	69
<i>desvenlafaxine succinate tab er 24hr 25</i>		<i>dextroamphetamine sulfate cap er 24hr 5</i>	
<i>mg.....</i>	19	<i>mg.....</i>	69
<i>desvenlafaxine succinate tab er 24hr 50</i>		<i>dextroamphetamine sulfate tab 10 mg.....</i>	69
<i>mg.....</i>	19	<i>dextroamphetamine sulfate tab 5 mg.....</i>	69
DEXAMETHASONE.....	84	DEXTROSE 10%/NACL 0.45%.....	76
DEXAMETHASONE.....	84	DEXTROSE 2.5%/NACL 0.45%.....	76
DEXAMETHASONE.....	84	DEXTROSE 5%/NACL 0.225%.....	76
<i>dexamethasone elixir 0.5 mg/5ml.....</i>	84	<i>dextrose 5% w/ sodium chloride 0.2%.....</i>	76
DEXAMETHASONE INTENSOL.....	84	<i>dextrose 5% w/ sodium chloride</i>	
DEXAMETHASONE SODIUM		0.33%.....	77
PHOSPHATE.....	85	<i>dextrose 5% w/ sodium chloride</i>	
DEXAMETHASONE SODIUM		0.45%.....	77
PHOSPHATE.....	85	<i>dextrose 5% w/ sodium chloride 0.9%.....</i>	77
		<i>dextrose inj 10%.....</i>	76

<i>dextrose inj 5%</i>	76	<i>diltiazem hcl cap er 12hr 120 mg</i>	59
DIASTAT ACUDIAL.....	14	<i>diltiazem hcl cap er 12hr 60 mg</i>	59
DIASTAT ACUDIAL.....	14	<i>diltiazem hcl cap er 12hr 90 mg</i>	59
DIASTAT PEDIATRIC.....	14	<i>diltiazem hcl cap er 24hr 120 mg</i>	59
DIAZEPAM.....	49	<i>diltiazem hcl cap er 24hr 180 mg</i>	59
<i>diazepam conc 5 mg/ml</i>	49	<i>diltiazem hcl cap er 24hr 240 mg</i>	59
<i>diazepam inj 5 mg/ml</i>	49	<i>diltiazem hcl coated beads cap er 24hr 120</i>	
DIAZEPAM RECTAL GEL.....	14	<i>mg</i>	59
DIAZEPAM RECTAL GEL.....	15	<i>diltiazem hcl coated beads cap er 24hr 180</i>	
DIAZEPAM RECTAL GEL.....	15	<i>mg</i>	59
<i>diazepam tab 10 mg</i>	49	<i>diltiazem hcl coated beads cap er 24hr 240</i>	
<i>diazepam tab 2 mg</i>	49	<i>mg</i>	59
<i>diazepam tab 5 mg</i>	49	<i>diltiazem hcl coated beads cap er 24hr 300</i>	
<i>diazoxide susp 50 mg/ml</i>	50	<i>mg</i>	59
<i>diclofenac potassium tab 50 mg</i>	1	<i>diltiazem hcl coated beads cap er 24hr 360</i>	
<i>diclofenac sodium (actinic keratoses) gel</i>		<i>mg</i>	59
<i>3%</i>	73	<i>diltiazem hcl coated beads tab er 24hr 180</i>	
<i>diclofenac sodium gel 1%</i>	1	<i>mg</i>	59
<i>diclofenac sodium ophth soln 0.1%</i>	102	<i>diltiazem hcl coated beads tab er 24hr 240</i>	
<i>diclofenac sodium tab delayed release 25</i>		<i>mg</i>	59
<i>mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 300</i>	
<i>diclofenac sodium tab delayed release 50</i>		<i>mg</i>	59
<i>mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 360</i>	
<i>diclofenac sodium tab delayed release 75</i>		<i>mg</i>	59
<i>mg</i>	1	<i>diltiazem hcl coated beads tab er 24hr 420</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	<i>mg</i>	59
<i>diclofenac w/ misoprostol tab delayed release 50-0.2</i>		<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>mg</i>	1	<i>120 mg</i>	59
<i>diclofenac w/ misoprostol tab delayed release 75-0.2</i>		<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>mg</i>	1	<i>180 mg</i>	59
<i>dicloxacillin sodium cap 250 mg</i>	9	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>dicloxacillin sodium cap 500 mg</i>	9	<i>240 mg</i>	59
<i>dicyclomine hcl cap 10 mg</i>	79	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	79	<i>300 mg</i>	59
<i>dicyclomine hcl tab 20 mg</i>	79	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>didanosine delayed release capsule 200</i>		<i>360 mg</i>	59
<i>mg</i>	45	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>didanosine delayed release capsule 250</i>		<i>420 mg</i>	59
<i>mg</i>	45	<i>diltiazem hcl tab 120 mg</i>	59
<i>didanosine delayed release capsule 400</i>		<i>diltiazem hcl tab 30 mg</i>	59
<i>mg</i>	45	<i>diltiazem hcl tab 60 mg</i>	59
DIFLORASONE DIACETATE.....	73	<i>diltiazem hcl tab 90 mg</i>	59
<i>diflorasone diacetate oint 0.05%</i>	73	DIPENTUM.....	100
<i>diflunisal tab 500 mg</i>	1	<i>diphenhydramine hcl inj 50 mg/ml</i>	106
<i>digoxin oral soln 0.05 mg/ml</i>	59	DIPHENOXYLATE/ATROPINE.....	79
<i>digoxin tab 125 mcg (0.125 mg)</i>	59	<i>diphenoxylate w/ atropine tab 2.5-0.025</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i>	59	<i>mg</i>	79
<i>dihydroergotamine mesylate inj 1 mg/</i>		DIPHThERIA/TETANUS TOXOIDS	
<i>ml</i>	26	ADSORBED.....	94
<i>dihydroergotamine mesylate nasal spray 4 mg/</i>		<i>dipyridamole tab 25 mg</i>	54
<i>ml</i>	26	<i>dipyridamole tab 50 mg</i>	54
DILANTIN.....	15	<i>dipyridamole tab 75 mg</i>	54

<i>disopyramide phosphate cap 100 mg</i>	59	<i>doxycycline hyclate cap 100 mg</i>	9
<i>disopyramide phosphate cap 150 mg</i>	59	<i>doxycycline hyclate cap 50 mg</i>	9
<i>disulfiram tab 250 mg</i>	5	<i>doxycycline hyclate for inj 100 mg</i>	10
<i>disulfiram tab 500 mg</i>	5	<i>doxycycline hyclate tab 100 mg</i>	10
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	15	<i>doxycycline hyclate tab 20 mg</i>	10
<i>divalproex sodium tab delayed release 125 mg</i>	15	<i>doxycycline monohydrate cap 100 mg</i>	10
<i>divalproex sodium tab delayed release 250 mg</i>	15	<i>doxycycline monohydrate cap 50 mg</i>	10
<i>divalproex sodium tab delayed release 500 mg</i>	15	<i>doxycycline monohydrate for susp 25 mg/5ml</i>	10
<i>divalproex sodium tab er 24 hr 250 mg</i>	15	<i>doxycycline monohydrate tab 100 mg</i>	10
<i>divalproex sodium tab er 24 hr 500 mg</i>	15	<i>doxycycline monohydrate tab 150 mg</i>	10
DIVIGEL.....	87	<i>doxycycline monohydrate tab 50 mg</i>	10
DIVIGEL.....	87	<i>doxycycline monohydrate tab 75 mg</i>	10
DIVIGEL.....	87	DRIZALMA SPRINKLE.....	19
DIVIGEL.....	87	DRIZALMA SPRINKLE.....	20
DIVIGEL.....	87	DRIZALMA SPRINKLE.....	20
DIVIGEL.....	87	DRIZALMA SPRINKLE.....	20
<i>dofetilide cap 125 mcg (0.125 mg)</i>	59	<i>dronabinol cap 10 mg</i>	23
<i>dofetilide cap 250 mcg (0.25 mg)</i>	59	<i>dronabinol cap 2.5 mg</i>	23
<i>dofetilide cap 500 mcg (0.5 mg)</i>	59	<i>dronabinol cap 5 mg</i>	23
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	18	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	87
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	18	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	87
<i>donepezil hydrochloride tab 10 mg</i>	18	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	87
<i>donepezil hydrochloride tab 23 mg</i>	18	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	87
<i>donepezil hydrochloride tab 5 mg</i>	18	DROXIA.....	29
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<i>doxazosin mesylate tab 2 mg</i>	59	<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	20
<i>doxazosin mesylate tab 4 mg</i>	60	<i>duloxetine hcl enteric coated pellets cap 40 mg</i>	20
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<i>doxepin hcl cap 75 mg</i>	19	E	
<i>doxepin hcl conc 10 mg/ml</i>	19	EC-NAPROXEN.....	1
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<i>doxercalciferol cap 0.5 mcg</i>	100	<i>econazole nitrate cream 1%</i>	24
<i>doxercalciferol cap 1 mcg</i>	101		
<i>doxercalciferol cap 2.5 mcg</i>	101		
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<i>fenofibrate micronized cap 134 mg</i>	60	<i>flecainide acetate tab 150 mg</i>	60
<i>fenofibrate micronized cap 200 mg</i>	60	<i>flecainide acetate tab 50 mg</i>	60
<i>fenofibrate micronized cap 43 mg</i>	60	FLOVENT DISKUS.....	106
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<i>fenofibrate tab 54 mg</i>	60	<i>fluconazole for susp 40 mg/ml</i>	24
<i>fantanyl citrate lozenge on a handle 1200</i> <i>mcg</i>	1	<i>fluconazole in dextrose inj 200</i> <i>mg/100ml</i>	24
<i>fantanyl citrate lozenge on a handle 1600</i> <i>mcg</i>	2	<i>fluconazole in dextrose inj 400</i> <i>mg/200ml</i>	24
<i>fantanyl citrate lozenge on a handle 200</i> <i>mcg</i>	1	<i>fluconazole in nacl 0.9% inj 200</i> <i>mg/100ml</i>	24
<i>fantanyl citrate lozenge on a handle 400</i> <i>mcg</i>	1	<i>fluconazole in nacl 0.9% inj 400</i> <i>mg/200ml</i>	24
<i>fantanyl citrate lozenge on a handle 600</i> <i>mcg</i>	1	<i>fluconazole tab 100 mg</i>	24
<i>fantanyl citrate lozenge on a handle 800</i> <i>mcg</i>	1	<i>fluconazole tab 150 mg</i>	24
<i>fantanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluconazole tab 200 mg</i>	24
<i>fantanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluconazole tab 50 mg</i>	24
<i>fantanyl td patch 72hr 25 mcg/hr</i>	2	<i>flucytosine cap 250 mg</i>	24
<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	2	<i>flucytosine cap 500 mg</i>	24
<i>fantanyl td patch 72hr 50 mcg/hr</i>	2	<i>fludrocortisone acetate tab 0.1 mg</i>	85
<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	2	FLUNISOLIDE.....	107
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<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	73	<i>fluticasone propionate nasal susp 50 mcg/act</i>	107
<i>fluocinolone acetonide oint 0.025%</i>	73	<i>fluticasone propionate oint 0.005%</i>	74
<i>fluocinolone acetonide soln 0.01%</i>	73	<i>fluvastatin sodium cap 20 mg</i>	60
<i>fluocinonide cream 0.05%</i>	73	<i>fluvastatin sodium cap 40 mg</i>	60
<i>fluocinonide cream 0.1%</i>	73	<i>fluvoxamine maleate cap er 24hr 100 mg</i>	20
<i>fluocinonide emulsified base cream 0.05%</i>	73	<i>fluvoxamine maleate cap er 24hr 150 mg</i>	20
<i>fluocinonide gel 0.05%</i>	74	<i>fluvoxamine maleate tab 100 mg</i>	20
<i>fluocinonide oint 0.05%</i>	74	<i>fluvoxamine maleate tab 25 mg</i>	20
<i>fluocinonide soln 0.05%</i>	74	<i>fluvoxamine maleate tab 50 mg</i>	20
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<i>fluorouracil cream 5%</i>	74	FOLOTYN.....	30
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	30	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	54
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	30	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	54
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	30	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	54
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	30	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	54
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<i>fluoxetine hcl cap 20 mg</i>	20	<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	23
<i>fluoxetine hcl cap 40 mg</i>	20	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	60
<i>fluoxetine hcl solution 20 mg/5ml</i>	20	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	61
<i>fluoxetine hcl tab 10 mg</i>	20	<i>fosinopril sodium tab 10 mg</i>	61
<i>fluoxetine hcl tab 20 mg</i>	20	<i>fosinopril sodium tab 20 mg</i>	61
<i>fluoxetine hcl tab 60 mg</i>	20	<i>fosinopril sodium tab 40 mg</i>	61
<i>fluphenazine decanoate inj 25 mg/ml</i>	40	<i>fosphenytoin sodium inj 100 mg/2ml</i>	15
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<i>fluphenazine hcl tab 1 mg</i>	40	FREAMINE HBC 6.9%.....	77
<i>fluphenazine hcl tab 2.5 mg</i>	40	FREAMINE III.....	77
<i>fluphenazine hcl tab 5 mg</i>	40	<i>fulvestrant inj 250 mg/5ml</i>	30
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<i>flurbiprofen tab 100 mg</i>	2	<i>furosemide oral soln 10 mg/ml</i>	61
<i>flurbiprofen tab 50 mg</i>	2	<i>furosemide tab 20 mg</i>	61
<i>flutamide cap 125 mg</i>	30	<i>furosemide tab 40 mg</i>	61
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FYCOMPA.....	15	<i>gemfibrozil tab 600 mg</i>	61
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<i>gabapentin cap 100 mg</i>	15	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	10
<i>gabapentin cap 300 mg</i>	15	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	10
<i>gabapentin cap 400 mg</i>	15	<i>gentamicin sulfate cream 0.1%</i>	74
<i>gabapentin oral soln 250 mg/5ml</i>	15	<i>gentamicin sulfate inj 40 mg/ml</i>	10
<i>gabapentin tab 600 mg</i>	15	<i>gentamicin sulfate oint 0.1%</i>	74
<i>gabapentin tab 800 mg</i>	15	<i>gentamicin sulfate ophth soln 0.3%</i>	102
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<i>galantamine hydrobromide cap er 24hr 16 mg</i>	18	GILENYA.....	69
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	18	GILOTRIF.....	30
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	18	GILOTRIF.....	30
<i>galantamine hydrobromide tab 12 mg</i>	18	GILOTRIF.....	30
<i>galantamine hydrobromide tab 4 mg</i>	18	GLASSIA.....	82
<i>galantamine hydrobromide tab 8 mg</i>	18	<i>glatiramer acetate soln prefilled syringe 20 mg/ ml</i>	69
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GAMMAGARD LIQUID.....	95	GLEOSTINE.....	30
GAMMAGARD LIQUID.....	95	GLEOSTINE.....	30
GAMMAGARD LIQUID.....	95	<i>glimepiride tab 1 mg</i>	50
GAMMAGARD LIQUID.....	95	<i>glimepiride tab 2 mg</i>	50
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GAMMAGARD S/D.....	95	<i>glipizide-metformin hcl tab 2.5-250 mg</i>	50
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GAMMAPLEX.....	95	<i>glipizide tab er 24hr 10 mg</i>	50
GAMMAPLEX.....	95	<i>glipizide tab er 24hr 2.5 mg</i>	50
GAMMAPLEX.....	95	<i>glipizide tab er 24hr 5 mg</i>	50
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GAMMAPLEX.....	95	GLUCAGON EMERGENCY KIT.....	50
GAMUNEX-C.....	95	<i>glycopyrrolate tab 1 mg</i>	80
GAMUNEX-C.....	95	<i>glycopyrrolate tab 2 mg</i>	80
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GAMUNEX-C.....	95	GLYXAMBI.....	50
GAMUNEX-C.....	95	GOLYTELY.....	80
GAMUNEX-C.....	95	<i>granisetron hcl tab 1 mg</i>	23
<i>ganciclovir sodium for inj 500 mg</i>	45	<i>griseofulvin microsize susp 125 mg/5ml</i>	24
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GARDASIL 9.....	95	<i>griseofulvin ultramicrosize tab 125 mg</i>	24
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<i>griseofulvin ultramicrosize tab 250 mg</i>	24	HIZENTRA.....	96
<i>guanfacine hcl tab 1 mg</i>	61	HIZENTRA.....	96
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<i>guanfacine hcl tab er 24hr 1 mg</i>	69	HIZENTRA.....	96
<i>guanfacine hcl tab er 24hr 2 mg</i>	69	HIZENTRA.....	96
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<i>guanfacine hcl tab er 24hr 4 mg</i>	69	HIZENTRA.....	96
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<i>halobetasol propionate oint 0.05%</i>	74	HUMIRA.....	96
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<i>haloperidol decanoate im soln 50 mg/ ml</i>	40	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	96
<i>haloperidol lactate inj 5 mg/ml</i>	40	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	96
<i>haloperidol lactate oral conc 2 mg/ml</i>	40	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	96
<i>haloperidol tab 0.5 mg</i>	40	HUMIRA PEN.....	96
<i>haloperidol tab 10 mg</i>	40	HUMIRA PEN.....	96
<i>haloperidol tab 1 mg</i>	40	HUMIRA PEN-CD/UC/HS STARTER.....	96
<i>haloperidol tab 20 mg</i>	40	HUMIRA PEN-CD/UC/HS STARTER.....	96
<i>haloperidol tab 2 mg</i>	40	HUMIRA PEN-PS/UV STARTER.....	96
<i>haloperidol tab 5 mg</i>	40	HUMIRA PEN-PS/UV STARTER.....	96
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<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	2	<i>imipenem-cilastatin intravenous for soln 500 mg</i>	10
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	2	<i>imipramine hcl tab 10 mg</i>	20
<i>hydromorphone hcl tab 2 mg</i>	2	<i>imipramine hcl tab 25 mg</i>	20
<i>hydromorphone hcl tab 4 mg</i>	2	<i>imipramine hcl tab 50 mg</i>	20
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<i>ketoconazole shampoo 2%</i>	25	<i>lamivudine tab 150 mg</i>	46
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<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>mg</i>	62
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 10 mg</i>	62
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 2.5 mg</i>	62
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 20 mg</i>	62
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 30 mg</i>	62
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 40 mg</i>	62
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lisinopril tab 5 mg</i>	62
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	90	LITHIUM.....	49
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<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lithium carbonate cap 300 mg</i>	49
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	90	<i>lithium carbonate cap 600 mg</i>	49
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<i>lidocaine hcl local preservative free inj 1%</i>	4	LONSURF.....	32
<i>lidocaine hcl soln 4%</i>	4	LONSURF.....	32
<i>lidocaine hcl urethral/mucosal gel 2%</i>	4	<i>loperamide hcl cap 2 mg</i>	80
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	4	<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	46
<i>lidocaine hcl viscous soln 2%</i>	4	<i>lorazepam tab 0.5 mg</i>	49
<i>lidocaine oint 5%</i>	5	<i>lorazepam tab 1 mg</i>	49
<i>lidocaine patch 5%</i>	5	<i>lorazepam tab 2 mg</i>	49
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<i>linezolid tab 600 mg</i>	11	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	62
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		<i>lovastatin tab 10 mg</i>	62
		<i>lovastatin tab 20 mg</i>	62
		<i>lovastatin tab 40 mg</i>	62
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MAPROTILINE HCL.....	21	<i>meropenem iv for soln 500 mg</i>	11
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MAVENCLAD.....	69	<i>mesalamine suppos 1000 mg</i>	100
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MAVENCLAD.....	69	<i>gm</i>	100
MAVENCLAD.....	69	MESNEX.....	32
MAVENCLAD.....	69	METAPROTERENOL SULFATE.....	107
MAVENCLAD.....	69	<i>metformin hcl tab 1000 mg</i>	52
MAVENCLAD.....	69	<i>metformin hcl tab 500 mg</i>	52
MAVENCLAD.....	69	<i>metformin hcl tab 850 mg</i>	52
MAVENCLAD.....	69	<i>metformin hcl tab er 24hr 500 mg</i>	52
MAVYRET.....	46	<i>metformin hcl tab er 24hr 750 mg</i>	52
MAXIDEX.....	103	<i>metformin hcl tab er 24hr modified release 1000</i>	
MAYZENT.....	69	<i>mg</i>	52
MAYZENT.....	69	<i>metformin hcl tab er 24hr modified release 500</i>	
<i>meclizine hcl tab 12.5 mg</i>	23	<i>mg</i>	52
<i>meclizine hcl tab 25 mg</i>	23	<i>metformin hcl tab er 24hr osmotic 1000</i>	
MECLOFENAMATE SODIUM.....	3	<i>mg</i>	52
MECLOFENAMATE SODIUM.....	3	<i>metformin hcl tab er 24hr osmotic 500</i>	
<i>medroxyprogesterone acetate im susp 150 mg/</i>		<i>mg</i>	52
<i>ml</i>	88	<i>methadone hcl conc 10 mg/ml</i>	3
<i>medroxyprogesterone acetate im susp prefilled syr</i>		<i>methadone hcl soln 10 mg/5ml</i>	3
<i>150 mg/ml</i>	88	<i>methadone hcl soln 5 mg/5ml</i>	3
<i>medroxyprogesterone acetate tab 10</i>		<i>methadone hcl tab 10 mg</i>	3
<i>mg</i>	88	<i>methadone hcl tab 5 mg</i>	3
<i>medroxyprogesterone acetate tab 2.5</i>		<i>methazolamide tab 25 mg</i>	62
<i>mg</i>	88	<i>methazolamide tab 50 mg</i>	62
<i>medroxyprogesterone acetate tab 5</i>		<i>methenamine hippurate tab 1 gm</i>	11
<i>mg</i>	88	<i>methimazole tab 10 mg</i>	92
<i>mefenamic acid cap 250 mg</i>	3	<i>methimazole tab 5 mg</i>	92
MEFLOQUINE HCL.....	37	METHITEST.....	88
<i>megestrol acetate susp 40 mg/ml</i>	88		
<i>megestrol acetate susp 625 mg/5ml</i>	88		
<i>megestrol acetate tab 20 mg</i>	88		
<i>megestrol acetate tab 40 mg</i>	88		

<i>methocarbamol tab 500 mg</i>	110	<i>methylphenidate hcl tab er osmotic release (osm)</i> 27	27
<i>methocarbamol tab 750 mg</i>	110	<i>mg</i>	70
METHOTREXATE SODIUM.....	97	<i>methylphenidate hcl tab er osmotic release (osm)</i> 36	36
<i>methotrexate sodium for inj 1 gm</i>	97	<i>mg</i>	70
<i>methotrexate sodium inj 50 mg/2ml (25 mg/</i>		<i>methylphenidate hcl tab er osmotic release (osm)</i> 54	54
<i>ml)</i>	97	<i>mg</i>	70
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/</i>		<i>methylphenidate hcl tab er osmotic release (osm)</i> 72	72
<i>ml)</i>	97	<i>mg</i>	70
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/</i>		METHYLPHENIDATE HYDROCHLORIDE	
<i>ml)</i>	97	ER.....	70
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/</i>		<i>methylprednisolone acetate inj susp 40 mg/</i>	
<i>ml)</i>	97	<i>ml</i>	85
<i>methotrexate sodium tab 2.5 mg</i>	97	<i>methylprednisolone acetate inj susp 80 mg/</i>	
<i>methoxsalen rapid cap 10 mg</i>	74	<i>ml</i>	85
<i>methscopolamine bromide tab 2.5 mg</i>	80	<i>methylprednisolone sod succ for inj 1000</i>	
<i>methscopolamine bromide tab 5 mg</i>	80	<i>mg</i>	85
METHYLDOPA/		<i>methylprednisolone sod succ for inj 125</i>	
HYDROCHLOROTHIDE.....	62	<i>mg</i>	85
METHYLDOPA/		<i>methylprednisolone sod succ for inj 40</i>	
HYDROCHLOROTHIDE.....	62	<i>mg</i>	85
<i>methyldopa tab 250 mg</i>	62	<i>methylprednisolone sod succ for inj 500</i>	
<i>methyldopa tab 500 mg</i>	62	<i>mg</i>	85
<i>methylergonovine maleate tab 0.2 mg</i>	84	<i>methylprednisolone tab 16 mg</i>	85
<i>methylphenidate hcl cap er 10 mg (cd)</i>	69	<i>methylprednisolone tab 32 mg</i>	85
<i>methylphenidate hcl cap er 20 mg (cd)</i>	70	<i>methylprednisolone tab 4 mg</i>	85
<i>methylphenidate hcl cap er 24hr 10 mg</i>		<i>methylprednisolone tab 8 mg</i>	85
<i>(la)</i>	70	<i>methylprednisolone tab therapy pack 4 mg</i>	
<i>methylphenidate hcl cap er 24hr 20 mg</i>		<i>(21)</i>	85
<i>(la)</i>	70	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>methylphenidate hcl cap er 24hr 30 mg</i>		<i>mg/10ml)</i>	80
<i>(la)</i>	70	<i>metoclopramide hcl tab 10 mg</i>	80
<i>methylphenidate hcl cap er 24hr 40 mg</i>		<i>metoclopramide hcl tab 5 mg</i>	80
<i>(la)</i>	70	<i>metolazone tab 10 mg</i>	63
<i>methylphenidate hcl cap er 24hr 60 mg</i>		<i>metolazone tab 2.5 mg</i>	62
<i>(la)</i>	70	<i>metolazone tab 5 mg</i>	62
<i>methylphenidate hcl cap er 30 mg (cd)</i>	70	METOPROLOL/	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	70	HYDROCHLOROTHIAZIDE.....	63
<i>methylphenidate hcl cap er 50 mg (cd)</i>	70	<i>metoprolol & hydrochlorothiazide tab 100-25</i>	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	70	<i>mg</i>	63
<i>methylphenidate hcl chew tab 10 mg</i>	70	<i>metoprolol & hydrochlorothiazide tab 50-25</i>	
<i>methylphenidate hcl chew tab 2.5 mg</i>	70	<i>mg</i>	63
<i>methylphenidate hcl chew tab 5 mg</i>	70	<i>metoprolol succinate tab er 24hr 100</i>	
<i>methylphenidate hcl soln 10 mg/5ml</i>	70	<i>mg</i>	63
<i>methylphenidate hcl soln 5 mg/5ml</i>	70	<i>metoprolol succinate tab er 24hr 200</i>	
<i>methylphenidate hcl tab 10 mg</i>	70	<i>mg</i>	63
<i>methylphenidate hcl tab 20 mg</i>	70	<i>metoprolol succinate tab er 24hr 25</i>	
<i>methylphenidate hcl tab 5 mg</i>	70	<i>mg</i>	63
<i>methylphenidate hcl tab er 10 mg</i>	70	<i>metoprolol succinate tab er 24hr 50</i>	
<i>methylphenidate hcl tab er 20 mg</i>	70	<i>mg</i>	63
<i>methylphenidate hcl tab er 24hr 27 mg</i>	70	METOPROLOL TARTRATE.....	63
<i>methylphenidate hcl tab er 24hr 36 mg</i>	70	<i>metoprolol tartrate tab 100 mg</i>	63
<i>methylphenidate hcl tab er 24hr 54 mg</i>	70	<i>metoprolol tartrate tab 25 mg</i>	63

<i>metoprolol tartrate tab 37.5 mg</i>	63	MOLINDONE HYDROCHLORIDE.....	41
<i>metoprolol tartrate tab 50 mg</i>	63	MOLINDONE HYDROCHLORIDE.....	41
<i>metoprolol tartrate tab 75 mg</i>	63	MOLINDONE HYDROCHLORIDE.....	41
METRONIDAZOLE.....	11	<i>mometasone furoate cream 0.1%</i>	75
<i>metronidazole cream 0.75%</i>	74	<i>mometasone furoate oint 0.1%</i>	75
<i>metronidazole gel 0.75%</i>	74	<i>montelukast sodium chew tab 4 mg</i>	107
<i>metronidazole gel 1%</i>	74	<i>montelukast sodium chew tab 5 mg</i>	107
<i>metronidazole in nacl 0.74% iv soln 500</i> <i>mg/100ml</i>	11	<i>montelukast sodium oral granules packet 4</i> <i>mg</i>	107
<i>metronidazole in nacl 0.79% iv soln 500</i> <i>mg/100ml</i>	11	<i>montelukast sodium tab 10 mg</i>	107
<i>metronidazole lotion 0.75%</i>	75	MONUROL.....	11
<i>metronidazole tab 250 mg</i>	11	<i>morphine sulfate inj pf 0.5 mg/ml</i>	3
<i>metronidazole tab 500 mg</i>	11	<i>morphine sulfate inj pf 1 mg/ml</i>	3
<i>metronidazole vaginal gel 0.75%</i>	11	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/</i> <i>ml)</i>	3
MEXILETINE HCL.....	63	<i>morphine sulfate oral soln 10 mg/5ml</i>	3
MEXILETINE HCL.....	63	<i>morphine sulfate oral soln 20 mg/5ml</i>	3
MEXILETINE HCL.....	63	<i>morphine sulfate tab 15 mg</i>	3
<i>micafungin sodium for iv soln 100 mg</i>	25	<i>morphine sulfate tab 30 mg</i>	3
<i>micafungin sodium for iv soln 50 mg</i>	25	<i>morphine sulfate tab er 100 mg</i>	3
MICONAZOLE 3.....	25	<i>morphine sulfate tab er 15 mg</i>	3
<i>midodrine hcl tab 10 mg</i>	63	<i>morphine sulfate tab er 200 mg</i>	3
<i>midodrine hcl tab 2.5 mg</i>	63	<i>morphine sulfate tab er 30 mg</i>	3
<i>midodrine hcl tab 5 mg</i>	63	<i>morphine sulfate tab er 60 mg</i>	3
MIGERGOT.....	26	MOVIPREP.....	80
<i>miglitol tab 100 mg</i>	52	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride</i> <i>0.8% inj</i>	11
<i>miglitol tab 25 mg</i>	52	<i>moxifloxacin hcl ophth soln 0.5% (2 times daily)</i> <i>(generic for Moxeza)</i>	103
<i>miglitol tab 50 mg</i>	52	<i>moxifloxacin hcl ophth soln 0.5% (generic for</i> <i>Vigamox)</i>	103
<i>miglustat cap 100 mg</i>	82	<i>moxifloxacin hcl tab 400 mg</i>	11
MILLIPRED.....	85	MOXIFLOXACIN HYDROCHLORIDE.....	11
<i>minocycline hcl cap 100 mg</i>	11	MOZOBIL.....	55
<i>minocycline hcl cap 50 mg</i>	11	MULPLETA.....	55
<i>minocycline hcl cap 75 mg</i>	11	MULTAQ.....	63
<i>minoxidil tab 10 mg</i>	63	<i>mupirocin oint 2%</i>	75
<i>minoxidil tab 2.5 mg</i>	63	MYCAMINE.....	25
<i>mirtazapine orally disintegrating tab 15</i> <i>mg</i>	21	MYCAMINE.....	25
<i>mirtazapine orally disintegrating tab 30</i> <i>mg</i>	21	<i>mycophenolate mofetil cap 250 mg</i>	97
<i>mirtazapine orally disintegrating tab 45</i> <i>mg</i>	21	<i>mycophenolate mofetil for oral susp 200 mg/</i> <i>ml</i>	97
<i>mirtazapine tab 15 mg</i>	21	<i>mycophenolate mofetil hcl for iv soln 500</i> <i>mg</i>	97
<i>mirtazapine tab 30 mg</i>	21	<i>mycophenolate mofetil tab 500 mg</i>	97
<i>mirtazapine tab 45 mg</i>	21	<i>mycophenolate sodium tab dr 180 mg</i>	97
<i>mirtazapine tab 7.5 mg</i>	21	<i>mycophenolate sodium tab dr 360 mg</i>	97
<i>misoprostol tab 100 mcg</i>	80	MYLOTARG.....	32
<i>misoprostol tab 200 mcg</i>	80	MYRBETRIQ.....	84
M-M-R II.....	97	MYRBETRIQ.....	84
<i>modafinil tab 100 mg</i>	110		
<i>modafinil tab 200 mg</i>	110		
<i>moexipril hcl tab 15 mg</i>	63		
<i>moexipril hcl tab 7.5 mg</i>	63		

N

<i>nabumetone tab 500 mg</i>	3	<i>neomycin-bacitrac zn-polymyx</i>	
<i>nabumetone tab 750 mg</i>	3	5(3.5)mg-400unt-10000unt op oin.....	103
<i>nadolol tab 20 mg</i>	63	<i>neomycin-polymy-gramicid op sol</i>	
<i>nadolol tab 40 mg</i>	63	1.75-10000-0.025mg-unt-mg/ml.....	103
<i>nadolol tab 80 mg</i>	63	<i>neomycin-polymyxin-dexamethasone ophth oint</i>	
NAFCILLIN SODIUM.....	11	0.1%.....	103
NAFCILLIN SODIUM.....	11	<i>neomycin-polymyxin-dexamethasone ophth susp</i>	
NAFCILLIN SODIUM.....	11	0.1%.....	103
<i>nafcillin sodium for inj 1 gm</i>	11	<i>neomycin-polymyxin-hc otic soln 1%</i>	104
<i>nafcillin sodium for inj 2 gm</i>	11	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000</i>	
<i>nafcillin sodium for iv soln 10 gm</i>	11	unit/ml-1%.....	104
<i>naftifine hcl cream 1%</i>	25	<i>neomycin sulfate tab 500 mg</i>	11
<i>naftifine hcl cream 2%</i>	25	NEPHRAMINE.....	77
<i>naftifine hcl gel 1%</i>	25	NERLYNX.....	32
NAFTIN.....	25	NEUPRO.....	38
NAGLAZYME.....	82	NEUPRO.....	38
<i>nalbuphine hcl inj 10 mg/ml</i>	3	NEUPRO.....	38
<i>nalbuphine hcl inj 20 mg/ml</i>	3	NEUPRO.....	38
<i>naloxone hcl soln prefilled syringe 2</i>		NEUPRO.....	38
<i>mg/2ml</i>	5	NEVANAC.....	103
<i>naltrexone hcl tab 50 mg</i>	5	<i>nevirapine susp 50 mg/5ml</i>	46
<i>naproxen sodium tab 275 mg</i>	3	<i>nevirapine tab 200 mg</i>	46
<i>naproxen sodium tab 550 mg</i>	3	<i>nevirapine tab er 24hr 100 mg</i>	46
<i>naproxen susp 125 mg/5ml</i>	3	<i>nevirapine tab er 24hr 400 mg</i>	46
<i>naproxen tab 250 mg</i>	3	NEXAVAR.....	33
<i>naproxen tab 375 mg</i>	3	NEXIUM.....	80
<i>naproxen tab 500 mg</i>	4	NEXIUM.....	80
<i>naproxen tab ec 375 mg</i>	3	NEXIUM.....	80
<i>naproxen tab ec 500 mg</i>	3	NEXIUM.....	80
<i>naratriptan hcl tab 1 mg</i>	26	<i>niacin tab er 1000 mg</i>	63
<i>naratriptan hcl tab 2.5 mg</i>	26	<i>niacin tab er 500 mg</i>	63
NARCAN.....	5	<i>niacin tab er 750 mg</i>	63
NATACYN.....	103	<i>nicardipine hcl cap 20 mg</i>	63
<i>nateglinide tab 120 mg</i>	52	<i>nicardipine hcl cap 30 mg</i>	63
<i>nateglinide tab 60 mg</i>	52	<i>nicardipine hcl iv soln 2.5 mg/ml</i>	63
NATPARA.....	101	NICOTROL INHALER.....	5
NATPARA.....	101	NICOTROL NS.....	5
NATPARA.....	101	<i>nifedipine cap 10 mg</i>	63
NATPARA.....	101	<i>nifedipine cap 20 mg</i>	63
NAYZILAM.....	16	<i>nifedipine tab er 24hr 30 mg</i>	63
NEBUPENT.....	37	<i>nifedipine tab er 24hr 60 mg</i>	64
NEFAZODONE HCL.....	21	<i>nifedipine tab er 24hr 90 mg</i>	64
NEFAZODONE HCL.....	21	<i>nifedipine tab er 24hr osmotic release 30</i>	
<i>nefazodone hcl tab 250 mg</i>	21	<i>mg</i>	64
<i>nefazodone hcl tab 50 mg</i>	21	<i>nifedipine tab er 24hr osmotic release 60</i>	
NEFAZODONE HYDROCHLORIDE.....	21	<i>mg</i>	64
NEOMYCIN/POLYMYXIN/ HYDROCORTISONE.....	103	<i>nifedipine tab er 24hr osmotic release 90</i>	
NEOMYCIN/POLYMYXIN B SULFATES.....	11	<i>mg</i>	64
		<i>nilutamide tab 150 mg</i>	33
		<i>nimodipine cap 30 mg</i>	64

NINLARO.....	33	<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20</i>	
NINLARO.....	33	<i>mcg (24).....</i>	89
NINLARO.....	33	<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20</i>	
NIPENT.....	33	<i>mcg (24).....</i>	89
<i>nitisinone cap 10 mg.....</i>	82	<i>norethindrone acetate tab 5 mg.....</i>	89
<i>nitisinone cap 2 mg.....</i>	82	<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35</i>	
<i>nitisinone cap 5 mg.....</i>	82	<i>mg-mcg.....</i>	88
NITRO-BID.....	64	<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35</i>	
<i>nitrofurantoin macrocrystalline cap 100</i>		<i>mg-mcg.....</i>	89
<i>mg.....</i>	11	<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35</i>	
<i>nitrofurantoin macrocrystalline cap 25</i>		<i>mg-mcg.....</i>	89
<i>mg.....</i>	11	<i>norethindrone tab 0.35 mg.....</i>	89
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>norgestimate & ethinyl estradiol tab 0.25 mg-35</i>	
<i>mg.....</i>	11	<i>mcg.....</i>	89
<i>nitrofurantoin monohydrate macrocrystalline cap 100</i>		<i>norgestimate-eth estrad tab</i>	
<i>mg.....</i>	11	<i>0.18-25/0.215-25/0.25-25 mg-mcg.....</i>	89
NITROGLYCERIN.....	64	<i>norgestimate-eth estrad tab</i>	
<i>nitroglycerin sl tab 0.3 mg.....</i>	64	<i>0.18-35/0.215-35/0.25-35 mg-mcg.....</i>	89
<i>nitroglycerin sl tab 0.4 mg.....</i>	64	<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i>	
<i>nitroglycerin sl tab 0.6 mg.....</i>	64	<i>mcg.....</i>	89
<i>nitroglycerin td patch 24hr 0.1 mg/hr.....</i>	64	NORMOSOL-M IN D5W.....	78
<i>nitroglycerin td patch 24hr 0.2 mg/hr.....</i>	64	NORMOSOL -R.....	78
<i>nitroglycerin td patch 24hr 0.4 mg/hr.....</i>	64	NORMOSOL-R.....	78
<i>nitroglycerin td patch 24hr 0.6 mg/hr.....</i>	64	NORTHERA.....	64
NITYR.....	82	NORTHERA.....	64
NITYR.....	82	NORTHERA.....	64
NITYR.....	82	NORTRIPTYLINE HCL.....	21
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NIVESTYM.....	55	<i>nortriptyline hcl cap 25 mg.....</i>	21
NIVESTYM.....	55	<i>nortriptyline hcl cap 50 mg.....</i>	21
NIVESTYM.....	55	<i>nortriptyline hcl cap 75 mg.....</i>	21
NIZATIDINE.....	80	NORVIR.....	46
<i>nizatidine cap 150 mg.....</i>	80	NORVIR.....	46
<i>nizatidine cap 300 mg.....</i>	80	NOXAFIL.....	25
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4</i>		NOXAFIL.....	25
<i>mg-35 mcg.....</i>	88	NUBEQA.....	33
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8</i>		NUCALA.....	107
<i>mg-25 mcg.....</i>	88	NUCALA.....	107
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35</i>		NUCALA.....	107
<i>mcg.....</i>	88	NUEDEXTA.....	70
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35</i>		NULOJIX.....	97
<i>mcg.....</i>	88	NUPLAZID.....	41
<i>norethindrone & ethinyl estradiol tab 1 mg-35</i>		NUPLAZID.....	41
<i>mcg.....</i>	88	NUTRILIPID.....	78
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5</i>		NUVARING.....	89
<i>mg-30 mcg.....</i>	89	<i>nystatin cream 100000 unit/gm.....</i>	25
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20</i>		<i>nystatin oint 100000 unit/gm.....</i>	25
<i>mcg.....</i>	89	<i>nystatin susp 100000 unit/ml.....</i>	25
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30</i>		<i>nystatin tab 500000 unit.....</i>	25
<i>mcg.....</i>	89	<i>nystatin topical powder 100000 unit/</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20</i>		<i>gm.....</i>	25
<i>mcg.....</i>	89		

<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	75	<i>olanzapine tab 7.5 mg</i>	41
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	75	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	64
O		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	64
<i>OCALIVA</i>	82	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	64
<i>OCALIVA</i>	82	<i>olmesartan medoxomil tab 20 mg</i>	64
<i>OCTAGAM</i>	97	<i>olmesartan medoxomil tab 40 mg</i>	64
<i>OCTAGAM</i>	97	<i>olmesartan medoxomil tab 5 mg</i>	64
<i>OCTAGAM</i>	97	<i>olopatadine hcl nasal soln 0.6%</i>	108
<i>OCTAGAM</i>	97	<i>olopatadine hcl ophth soln 0.1%</i>	103
<i>OCTAGAM</i>	98	<i>olopatadine hcl ophth soln 0.2%</i>	103
<i>OCTAGAM</i>	98	<i>omega-3-acid ethyl esters cap 1 gm</i>	64
<i>OCTAGAM</i>	98	<i>omeprazole cap delayed release 10 mg</i>	80
<i>OCTAGAM</i>	98	<i>omeprazole cap delayed release 20 mg</i>	81
<i>OCTAGAM</i>	98	<i>omeprazole cap delayed release 40 mg</i>	81
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	92	<i>OMNITROPE</i>	86
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	92	<i>OMNITROPE</i>	86
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	92	<i>OMNITROPE</i>	86
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	92	<i>ONCASPAR</i>	33
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	91	<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	23
<i>ODEFSEY</i>	46	<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	23
<i>ODOMZO</i>	33	<i>ondansetron hcl oral soln 4 mg/5ml</i>	23
<i>OFEV</i>	107	<i>ondansetron hcl tab 24 mg</i>	23
<i>OFEV</i>	107	<i>ondansetron hcl tab 4 mg</i>	23
<i>ofloxacin ophth soln 0.3%</i>	103	<i>ondansetron hcl tab 8 mg</i>	23
<i>ofloxacin otic soln 0.3%</i>	104	<i>ondansetron orally disintegrating tab 4 mg</i>	23
<i>ofloxacin tab 400 mg</i>	11	<i>ondansetron orally disintegrating tab 8 mg</i>	23
<i>OGESTREL</i>	89	<i>ONGLYZA</i>	52
<i>OGIVRI</i>	33	<i>ONGLYZA</i>	52
<i>OGIVRI</i>	33	<i>ONIVYDE</i>	33
<i>olanzapine for im inj 10 mg</i>	41	<i>ONPATTRO</i>	70
<i>olanzapine orally disintegrating tab 10 mg</i>	41	<i>ONTRUZANT</i>	33
<i>olanzapine orally disintegrating tab 15 mg</i>	41	<i>ONTRUZANT</i>	33
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<i>olanzapine orally disintegrating tab 5 mg</i>	41	<i>OPDIVO</i>	33
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<i>oseltamivir phosphate cap 75 mg</i>	46	<i>paliperidone tab er 24hr 9 mg</i>	42
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<i>oxcarbazepine tab 300 mg</i>	16	<i>pantoprazole sodium for iv soln 40 mg</i>	81
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<i>oxycodone hcl tab 20 mg</i>	4	<i>gm</i>	81
<i>oxycodone hcl tab 30 mg</i>	4	<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240</i>	
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<i>potassium chloride cap er 10 meq.....</i>	78	<i>mg.....</i>	38
<i>potassium chloride cap er 8 meq.....</i>	78	<i>pramipexole dihydrochloride tab er 24hr 4.5</i>	
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<i>potassium chloride inj 20 meq/50ml.....</i>	78	<i>prasugrel hcl tab 5 mg.....</i>	55
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<i>pregabalin cap 150 mg</i>	17	PROCRIT.....	55
<i>pregabalin cap 200 mg</i>	17	PROCRIT.....	55
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<i>primidone tab 50 mg</i>	17	<i>propranolol hcl tab 10 mg</i>	65
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TASIGNA.....	35	<i>ml</i>	90
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TAVALISSE.....	55	<i>ml</i>	90
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TAZICEF.....	12	<i>testosterone td gel 12.5 mg/act (1%)</i>	90
TAZORAC.....	75	<i>testosterone td gel 25 mg/2.5gm (1%)</i>	90
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<i>timolol maleate ophth soln 0.5%</i>	103	<i>tramadol hcl tab 50 mg</i>	4
<i>timolol maleate tab 10 mg</i>	67	<i>tramadol hcl tab er 24hr 100 mg</i>	4
<i>timolol maleate tab 20 mg</i>	67	<i>tramadol hcl tab er 24hr 200 mg</i>	4
<i>timolol maleate tab 5 mg</i>	67	<i>tramadol hcl tab er 24hr 300 mg</i>	4
<i>tinidazole tab 250 mg</i>	13	<i>tramadol hcl tab er 24hr biphasic release 100</i> <i>mg</i>	4
<i>tinidazole tab 500 mg</i>	13	<i>tramadol hcl tab er 24hr biphasic release 200</i> <i>mg</i>	4
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<i>topiramate tab 100 mg</i>	17	<i>treprostinil inj soln 20 mg/20ml (1 mg/ ml)</i>	109
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<i>tretinoin gel 0.025%</i>	75	TRUVADA.....	48
<i>tretinoin gel 0.05%</i>	75	TRUVADA.....	48
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<i>vancomycin hcl cap 250 mg</i>	13	<i>verapamil hcl tab er 180 mg</i>	67
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