

Blue Cross MedicareRx Basic (PDP)SM

2020 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File ID: 00020121, Version 21

This formulary was updated on 11/17/2020. For more recent information or other questions, please contact Blue Cross MedicareRxSM Customer Service at 1-888-285-2249 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.getblueil.com/pdp/druglist.

Blue Cross MedicareRx (PDP)

2020 Formulary (List of Covered Drugs)

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

When this drug list (formulary) refers to “we”, “us”, or “our”, it means HCSC Insurance Services Company (HISC). When it refers to “plan” or “our plan,” it means Blue Cross MedicareRx.

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

What is the Blue Cross MedicareRx Formulary?

A formulary is a list of covered drugs selected by Blue Cross MedicareRx 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. Blue Cross MedicareRx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Cross MedicareRx 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” or Blue Cross MedicareRx 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 Blue Cross MedicareRx’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Blue Cross MedicareRx 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 11/17/2020. To get updated information about the drugs covered by Blue Cross MedicareRx, please contact us. Our contact information appears on the front and back cover pages. Formulary publications are updated and posted online on a monthly basis with applicable changes, including negative changes. The web address is located on the front and back cover of this formulary.

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

What are generic drugs?

Blue Cross MedicareRx 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:** Blue Cross MedicareRx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Blue Cross MedicareRx before you fill your prescriptions. If you don't get approval, Blue Cross MedicareRx may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Cross MedicareRx limits the amount of the drug that Blue Cross MedicareRx will cover. For example, Blue Cross MedicareRx provides 60 tablets per 30-day prescription for Losartan 25 mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Cross MedicareRx requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Cross MedicareRx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Cross MedicareRx will then cover Drug B.

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

You can ask Blue Cross MedicareRx 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 Blue Cross MedicareRx's formulary?" on page iv for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that Blue Cross MedicareRx does not cover your drug, you have two options:

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

How do I request an exception to the Blue Cross MedicareRx's Formulary?

You can ask Blue Cross MedicareRx 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, Blue Cross MedicareRx limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Blue Cross MedicareRx 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 of a 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 Blue Cross MedicareRx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Blue Cross MedicareRx, 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 <https://www.medicare.gov>.

Blue Cross MedicareRx's Formulary

The formulary below provides coverage information about the drugs covered by Blue Cross MedicareRx. If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

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

Most drugs included in this formulary are available via mail-order benefit. Contact us for details. Our contact information appears on the front and back cover pages.

KEY

Tier 1 = Preferred Generic Drugs

Tier 2 = Generic Drugs

Tier 3 = Preferred Brand Drugs

Tier 4 = Non-Preferred Drugs

Tier 5 = Specialty Drugs

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

PA = Prior Authorization

QL = Quantity Limits

ST = Step Therapy

* = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-888-285-2249, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays. TTY users should call 711.

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

† = High cost drug, consider Split Fill (2-week supply) for copay management if intolerant or change in therapy.

Copayment and Coinsurance Amounts:

Tier 1 = Preferred Generic Drugs: \$1 copay/\$6 copay

Tier 2 = Generic Drugs: \$4 copay/\$9 copay

Tier 3 = Preferred Brand Drugs: 16% of the total cost/21% of the total cost

Tier 4 = Non-Preferred Drugs: 30% of the total cost/35% of the total cost

Tier 5 = Specialty Drugs: 25% of the total cost/25% of the total cost

Below is the key for abbreviations used within the drug list.

KEY			
act	actuation	mcg	microgram
ad	adsorbed	meq	milliequivalent
aepb	aerosol powder blister	misc	miscellaneous
aer, aero	aerosol	mg	milligram
app	applicator	ml	milliliter
ba, breath act, breath activ	breath activated	mu	million units
cal	calcium	nebu	nebules
cap, caps	capsules	orally disintegr tab	orally disintegrating tablets
cart	cartridge	oin, oint	ointment
cd	continuous delivery	op, ophth	ophthalmic
chew tab	chewable tablets	osm	osmotic
conc	concentrate	pah	pulmonary arterial hypertension
conj	conjugate, conjugated	pak	pack
crys	crystals	pf	preservative-free
deter	deterrent	pfu	plaque forming units
disint, disintegr	disintegrating	pmdd	premenstrual dysphoric disorder
dr	delayed-release	pow, powd	powder
ec	enteric coated	pref, prefill	prefilled
el, elu	enzyme-linked immunosorbent assay	pttw	patch twice weekly

KEY Continued

er, extend-release, extended, extended rel, xr	extended-release	ptwk	patch weekly
ext	extract	recomb	recombinant
gm	gram	refrig	refrigerate
gu	genitourinary	sl	sublingual
hr	hour	sol, soln	solution
im	intramuscular	sqcm	square centimeter
inh, inhal	inhalation	supp, suppos	suppositories
inj	injection	sus, susp	suspension
ir	index of reactivity	syr	syringe
iv	intravenous	tab, tabs	tablets
l	liter	td	transdermal
la	long acting	tl	translingual
lf, lfu	flocculation units	unt	unit
liq, liqd	liquid	va	vaginal
		vac	vaccine

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg</i>	4	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	4	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	4	QL (180 tablets/30 days)
<i>ibuprofen tab 400 mg</i>	2	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	2	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	2	QL (120 tablets/30 days)
<i>meloxicam tab 7.5 mg</i>	2	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg</i>	3	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg</i>	3	QL (360 tablets/30 days)
<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>	4	QL (240 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen 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>	2	QL (180 tablets/30 days)
<i>naproxen tab 375 mg</i>	2	QL (120 tablets/30 days)
<i>naproxen tab 500 mg</i>	2	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg</i>	4	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg</i>	4	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg</i>	4	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg</i>	4	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	4	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	4	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	4	QL (180 tablets/30 days)
<i>sulindac tab 150 mg</i>	2	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tab 200 mg</i>	2	QL (60 tablets/30 days)
<i>tramadol hcl tab 50 mg</i>	3	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	2	
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA, QL (60 grams/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl sl tab 8 mg</i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg</i>	2	QL (30 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	3	
CHANTIX - varenicline tartrate tab 0.5 mg	4	
CHANTIX - varenicline tartrate tab 1 mg	4	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	4	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	4	
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg</i>	3	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	2	
<i>naloxone hcl inj 0.4 mg/ml</i>	2	
<i>naloxone hcl inj 4 mg/10ml</i>	2	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	2	
<i>naltrexone hcl tab 50 mg</i>	3	
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	4	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	4	
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
AMOXICILLIN - amoxicillin (trihydrate) chew tab 125 mg	3	
AMOXICILLIN - amoxicillin (trihydrate) chew tab 250 mg	3	
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	2	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	3	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	3	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	4	
AMPICILLIN - ampicillin cap 500 mg	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	4	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	4	
<i>ampicillin sodium for inj 250 mg</i>	4	
<i>ampicillin sodium for inj 500 mg</i>	4	
<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	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	4	
<i>azithromycin for susp 100 mg/5ml</i>	3	
<i>azithromycin for susp 200 mg/5ml</i>	3	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg</i>	1	
<i>azithromycin 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
<i>azithromycin tab 600 mg</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 600000 unit/ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 1200000 unit/2ml	4	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	4	
<i>cefaclor cap 250 mg</i>	3	
<i>cefaclor cap 500 mg</i>	3	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefazolin sodium for inj 500 mg</i>	4	
<i>cefazolin sodium for inj 1 gm</i>	4	
<i>cefazolin sodium for inj 10 gm</i>	4	
<i>cefdinir cap 300 mg</i>	3	
<i>cefdinir for susp 125 mg/5ml</i>	3	
<i>cefdinir for susp 250 mg/5ml</i>	3	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for inj 2 gm</i>	4	
<i>cefixime cap 400 mg</i>	4	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	4	
<i>cefotaxime sodium for inj 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 1 gm</i>	4	
<i>cefoxitin sodium for iv soln 2 gm</i>	4	
<i>cefpodoxime proxetil tab 100 mg</i>	3	
<i>cefpodoxime proxetil tab 200 mg</i>	3	
<i>cefprozil tab 250 mg</i>	3	
<i>cefprozil tab 500 mg</i>	3	
<i>ceftazidime for inj 1 gm</i>	4	
<i>ceftazidime for inj 2 gm</i>	4	
<i>ceftazidime for inj 6 gm</i>	4	
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	
<i>ceftriazone sodium for inj 250 mg</i>	3	
<i>ceftriazone sodium for inj 500 mg</i>	3	
<i>ceftriazone sodium for inj 1 gm</i>	4	
<i>ceftriazone sodium for inj 2 gm</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone sodium for inj 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm</i>	4	
CEFTRIAZONE/DEXTROSE - ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	4	
CEFTRIAZONE/DEXTROSE - ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	4	
<i>cefuroxime axetil tab 250 mg</i>	3	
<i>cefuroxime axetil tab 500 mg</i>	3	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for inj 7.5 gm</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	3	
<i>cephalexin for susp 250 mg/5ml</i>	3	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	3	
<i>ciprofloxacin hcl tab 250 mg</i>	1	
<i>ciprofloxacin hcl tab 500 mg</i>	1	
<i>ciprofloxacin hcl tab 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	4	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	4	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml	3	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3	
<i>clarithromycin tab 250 mg</i>	3	
<i>clarithromycin tab 500 mg</i>	3	
<i>clindamycin hcl cap 75 mg</i>	2	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	2	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	4	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml</i>	4	
<i>clindamycin phosphate inj 600 mg/4ml</i>	4	
<i>clindamycin phosphate inj 900 mg/6ml</i>	4	
<i>clindamycin phosphate inj 9 gm/60ml</i>	4	
<i>clindamycin phosphate iv soln 300 mg/2ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate iv soln 600 mg/4ml</i>	4	
<i>clindamycin phosphate iv soln 900 mg/6ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	3	
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg</i>	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg</i>	4	
<i>demeclocycline hcl tab 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg</i>	3	
<i>dicloxacillin sodium cap 500 mg</i>	3	
DIFICID - fidaxomicin tab 200 mg	5	
<i>doxycycline hyclate cap 50 mg</i>	3	
<i>doxycycline hyclate cap 100 mg</i>	3	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg</i>	3	
<i>doxycycline hyclate tab 100 mg</i>	3	
<i>doxycycline monohydrate cap 50 mg</i>	3	
<i>doxycycline monohydrate cap 75 mg</i>	3	
<i>doxycycline monohydrate cap 100 mg</i>	3	
<i>doxycycline monohydrate cap 150 mg</i>	3	
<i>doxycycline monohydrate tab 50 mg</i>	3	
<i>doxycycline monohydrate tab 75 mg</i>	3	
<i>doxycycline monohydrate tab 100 mg</i>	3	
<i>doxycycline monohydrate tab 150 mg</i>	3	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin tab delayed release 250 mg</i>	4	
<i>erythromycin tab delayed release 333 mg</i>	4	
<i>erythromycin tab delayed release 500 mg</i>	4	
<i>erythromycin tab 250 mg</i>	4	
<i>erythromycin tab 500 mg</i>	4	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	4	
<i>gentamicin sulfate inj 10 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMPAVIDO - miltefosine cap 50 mg	5	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	4	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	4	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	
<i>levofloxacin oral soln 25 mg/ml</i>	3	
<i>levofloxacin tab 250 mg</i>	1	
<i>levofloxacin tab 500 mg</i>	1	
<i>levofloxacin tab 750 mg</i>	1	
LINEZOLID - linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	4	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	PA
<i>meropenem iv for soln 500 mg</i>	4	
<i>meropenem iv for soln 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	4	
METRONIDAZOLE - metronidazole iv soln 5 mg/ml	4	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i>	4	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg</i>	2	
<i>metronidazole tab 500 mg</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg</i>	4	
<i>minocycline hcl cap 75 mg</i>	4	
<i>minocycline hcl cap 100 mg</i>	4	
<i>minocycline hcl tab 50 mg</i>	4	
<i>minocycline hcl tab 75 mg</i>	4	
<i>minocycline hcl tab 100 mg</i>	4	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	3	
MOXIFLOXACIN HYDROCHLORIDE - moxifloxacin hcl iv solution 400 mg/250ml	3	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg</i>	3	
<i>nitrofurantoin macrocrystalline cap 50 mg#</i>	3	
<i>nitrofurantoin macrocrystalline cap 100 mg#</i>	3	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	4	
<i>ofloxacin tab 400 mg</i>	3	
<i>paromomycin sulfate cap 250 mg</i>	4	
<i>penicillin g potassium for inj 5000000 unit</i>	4	
<i>penicillin g potassium for inj 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	4	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	4	
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>	2	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
<i>sulfacetamide sodium lotion 10%</i>	3	
SULFADIAZINE - sulfadiazine tab 500 mg	4	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
SUPRAX - cefixime chew tab 100 mg	4	
SUPRAX - cefixime chew tab 200 mg	4	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TAZICEF - ceftazidime for iv soln 1 gm	4	
TAZICEF - ceftazidime for iv soln 2 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>tetracycline hcl cap 250 mg</i>	4	
<i>tetracycline hcl cap 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg</i>	2	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 500 mg</i>	4	
<i>vancomycin hcl for iv soln 750 mg</i>	4	
<i>vancomycin hcl for iv soln 1 gm</i>	4	
<i>vancomycin hcl for iv soln 5 gm</i>	4	
<i>vancomycin hcl for iv soln 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 250 mg	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.5 gm	4	
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	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg</i>	3	
<i>carbamazepine cap er 12hr 200 mg</i>	3	
<i>carbamazepine cap er 12hr 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg</i>	3	
<i>carbamazepine susp 100 mg/5ml</i>	3	
<i>carbamazepine tab er 12hr 100 mg</i>	3	
<i>carbamazepine tab er 12hr 200 mg</i>	3	
<i>carbamazepine tab er 12hr 400 mg</i>	3	
<i>carbamazepine tab 200 mg</i>	3	
CELONTIN - methsuximide cap 300 mg	4	
<i>clobazam suspension 2.5 mg/ml</i>	4	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg</i>	3	PA, QL (60 tablets/30 days)
<i>clobazam tab 20 mg</i>	3	PA, QL (60 tablets/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 10 mg	4	QL (5 twin pack(s)/30 days)
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	4	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	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>	3	
<i>ethosuximide soln 250 mg/5ml</i>	3	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	4	
<i>felbamate tab 600 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphenytoin sodium inj 100 mg/2ml</i>	4	
<i>fosphenytoin sodium inj 500 mg/10ml</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	5	
FYCOMPA - perampanel tab 6 mg	5	
FYCOMPA - perampanel tab 8 mg	5	
FYCOMPA - perampanel tab 10 mg	5	
FYCOMPA - perampanel tab 12 mg	5	
<i>gabapentin cap 100 mg</i>	2	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg</i>	2	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg</i>	2	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml</i>	3	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	2	QL (135 tablets/30 days)
<i>lamotrigine tab chewable dispersible 5 mg</i>	2	
<i>lamotrigine tab chewable dispersible 25 mg</i>	2	
<i>lamotrigine tab 25 mg</i>	2	
<i>lamotrigine tab 100 mg</i>	2	
<i>lamotrigine tab 150 mg</i>	2	
<i>lamotrigine tab 200 mg</i>	2	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml</i>	3	
<i>levetiracetam tab 250 mg</i>	2	
<i>levetiracetam tab 500 mg</i>	2	
<i>levetiracetam tab 750 mg</i>	2	
<i>levetiracetam tab 1000 mg</i>	2	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	4	
<i>oxcarbazepine tab 150 mg</i>	3	
<i>oxcarbazepine tab 300 mg</i>	3	
<i>oxcarbazepine tab 600 mg</i>	3	
PEGANONE - ethotoin tab 250 mg	4	
<i>phenobarbital elixir 20 mg/5ml#</i>	4	PA
<i>phenobarbital sodium inj 65 mg/ml#</i>	4	PA
<i>phenobarbital sodium inj 130 mg/ml#</i>	4	PA
<i>phenobarbital tab 15 mg#</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 16.2 mg#</i>	4	PA
<i>phenobarbital tab 30 mg#</i>	4	PA
<i>phenobarbital tab 32.4 mg#</i>	4	PA
<i>phenobarbital tab 60 mg#</i>	4	PA
<i>phenobarbital tab 64.8 mg#</i>	4	PA
<i>phenobarbital tab 97.2 mg#</i>	4	PA
<i>phenobarbital tab 100 mg#</i>	4	PA
<i>phenytoin chew tab 50 mg</i>	3	
<i>phenytoin sodium extended cap 100 mg</i>	3	
<i>phenytoin sodium extended cap 200 mg</i>	3	
<i>phenytoin sodium extended cap 300 mg</i>	3	
<i>phenytoin susp 125 mg/5ml</i>	3	
<i>pregabalin cap 25 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 75 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 100 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 150 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 200 mg</i>	3	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin cap 300 mg</i>	3	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
<i>primidone tab 50 mg</i>	2	
<i>primidone tab 250 mg</i>	2	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 500 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 750 mg	4	
SPRITAM - levetiracetam tab disintegrating soluble 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg	5	PA, QL (60 films/30 days)
SYMPAZAN - clobazam oral film 20 mg	5	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg</i>	4	
<i>tiagabine hcl tab 4 mg</i>	4	
<i>tiagabine hcl tab 12 mg</i>	4	
<i>tiagabine hcl tab 16 mg</i>	4	
<i>topiramate sprinkle cap 15 mg</i>	2	
<i>topiramate sprinkle cap 25 mg</i>	2	
<i>topiramate tab 25 mg</i>	2	
<i>topiramate tab 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>topiramate tab 100 mg</i>	2	
<i>topiramate tab 200 mg</i>	2	
<i>valproate sodium inj 100 mg/ml</i>	3	
<i>valproate sodium oral soln 250 mg/5ml</i>	3	
<i>valproic acid cap 250 mg</i>	2	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 10 mg/0.1 ml	4	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	5	QL (180 tablets/30 days)
VIMPAT - lacosamide iv inj 200 mg/20ml (10 mg/ml)	3	
VIMPAT - lacosamide oral solution 10 mg/ml	3	
VIMPAT - lacosamide tab 50 mg	3	
VIMPAT - lacosamide tab 100 mg	3	
VIMPAT - lacosamide tab 150 mg	3	
VIMPAT - lacosamide tab 200 mg	3	
XCOPRI - cenobamate tab pack 50 mg & 200 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg	5	
XCOPRI - cenobamate tab titration pack 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg	5	
XCOPRI - cenobamate tab 100 mg	5	
XCOPRI - cenobamate tab 150 mg	5	
XCOPRI - cenobamate tab 200 mg	5	
<i>zonisamide cap 25 mg</i>	2	
<i>zonisamide cap 50 mg</i>	2	
<i>zonisamide cap 100 mg</i>	2	
Antidementia Agents		
<i>donepezil hydrochloride tab 5 mg</i>	2	
<i>donepezil hydrochloride tab 10 mg</i>	2	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	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>galantamine hydrobromide cap er 24hr 8 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	3	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	3	
<i>galantamine hydrobromide tab 4 mg</i>	3	
<i>galantamine hydrobromide tab 8 mg</i>	3	
<i>galantamine hydrobromide tab 12 mg</i>	3	
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA
<i>memantine hcl tab 5 mg</i>	2	PA
<i>memantine hcl tab 10 mg</i>	2	PA
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	2	PA
<i>rivastigmine tartrate cap 1.5 mg</i>	2	
<i>rivastigmine tartrate cap 3 mg</i>	2	
<i>rivastigmine tartrate cap 4.5 mg</i>	2	
<i>rivastigmine tartrate cap 6 mg</i>	2	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	3	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	3	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	3	
Antidepressants		
<i>amitriptyline hcl tab 10 mg#</i>	4	
<i>amitriptyline hcl tab 25 mg#</i>	4	
<i>amitriptyline hcl tab 50 mg#</i>	4	
<i>amitriptyline hcl tab 75 mg#</i>	4	
<i>amitriptyline hcl tab 100 mg#</i>	4	
<i>amitriptyline hcl tab 150 mg#</i>	4	
AMOXAPINE - amoxapine tab 25 mg#	4	
AMOXAPINE - amoxapine tab 50 mg#	4	
AMOXAPINE - amoxapine tab 100 mg#	4	
AMOXAPINE - amoxapine tab 150 mg#	4	
<i>bupropion hcl tab er 12hr 100 mg</i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 12hr 200 mg</i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg</i>	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>	3	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)

You can find information 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>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>	4	
<i>desipramine hcl tab 25 mg#</i>	4	
<i>desipramine hcl tab 50 mg#</i>	4	
<i>desipramine hcl tab 75 mg#</i>	4	
<i>desipramine hcl tab 100 mg#</i>	4	
<i>desipramine hcl tab 150 mg#</i>	4	
<i>desvenlafaxine succinate tab er 24hr 25 mg</i>	4	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg</i>	4	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg</i>	4	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 150 mg#	4	
<i>doxepin hcl cap 10 mg#</i>	4	
<i>doxepin hcl cap 25 mg#</i>	4	
<i>doxepin hcl cap 50 mg#</i>	4	
<i>doxepin hcl cap 75 mg#</i>	4	
<i>doxepin hcl cap 100 mg#</i>	4	
<i>doxepin hcl conc 10 mg/ml#</i>	3	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	4	QL (90 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 40 mg	4	QL (60 capsules/30 days)
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 60 mg	4	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg</i>	3	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	3	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg</i>	3	QL (60 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr	5	
EMSAM - selegiline td patch 24hr 9 mg/24hr	5	
EMSAM - selegiline td patch 24hr 12 mg/24hr	5	
<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)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
<i>fluoxetine hcl cap 10 mg</i>	2	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg</i>	2	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg</i>	2	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml</i>	2	QL (600 mls/30 days)
<i>fluvoxamine maleate tab 25 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#</i>	4	
<i>imipramine hcl tab 25 mg#</i>	4	
<i>imipramine hcl tab 50 mg#</i>	4	
MAPROTILINE HCL - maprotiline hcl tab 25 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 50 mg	3	QL (90 tablets/30 days)
MAPROTILINE HCL - maprotiline hcl tab 75 mg	3	QL (90 tablets/30 days)
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine orally disintegrating tab 45 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	2	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg</i>	2	QL (30 tablets/30 days)
NEFAZODONE HCL - nefazodone hcl tab 100 mg	4	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	4	
<i>nefazodone hcl tab 250 mg</i>	3	
<i>nefazodone hcl tab 50 mg</i>	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	4	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	4	
<i>nortriptyline hcl cap 10 mg#</i>	3	
<i>nortriptyline hcl cap 25 mg#</i>	3	
<i>nortriptyline hcl cap 50 mg#</i>	3	
<i>nortriptyline hcl cap 75 mg#</i>	3	
<i>paroxetine hcl tab 10 mg#</i>	4	PA, QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#</i>	4	PA, QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#</i>	4	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 40 mg#</i>	4	PA, QL (45 tablets/30 days)
PAXIL - paroxetine hcl oral susp 10 mg/5ml#	4	PA, QL (900 mls/30 days)
<i>phenelzine sulfate tab 15 mg</i>	3	
<i>protriptyline hcl tab 5 mg#</i>	4	
<i>protriptyline hcl tab 10 mg#</i>	4	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	3	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>	2	
<i>trazodone hcl tab 100 mg</i>	2	
<i>trazodone hcl tab 150 mg</i>	2	
<i>trazodone hcl tab 300 mg</i>	2	
<i>trimipramine maleate cap 25 mg#</i>	4	
<i>trimipramine maleate cap 50 mg#</i>	4	
<i>trimipramine maleate cap 100 mg#</i>	4	
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 10 mg	4	QL (30 tablets/30 days)
TRINTELLIX - vortioxetine hbr tab 20 mg	4	QL (30 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>	2	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg</i>	2	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg</i>	2	QL (30 capsules/30 days)
<i>venlafaxine hcl tab 25 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 37.5 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 50 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 75 mg</i>	2	QL (90 tablets/30 days)
<i>venlafaxine hcl tab 100 mg</i>	2	QL (90 tablets/30 days)
VIIBRYD - vilazodone hcl tab 10 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 20 mg	4	QL (30 tablets/30 days)
VIIBRYD - vilazodone hcl tab 40 mg	4	QL (30 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 40 mg</i>	4	BD
<i>aprepitant capsule 80 mg</i>	4	BD
<i>aprepitant capsule 125 mg</i>	4	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	4	PA
<i>chlorpromazine hcl inj 25 mg/ml</i>	4	PA
<i>chlorpromazine hcl tab 10 mg</i>	4	PA
<i>chlorpromazine hcl tab 25 mg</i>	4	PA
<i>chlorpromazine hcl tab 50 mg</i>	4	PA
<i>chlorpromazine hcl tab 100 mg</i>	4	PA
<i>chlorpromazine hcl tab 200 mg</i>	4	PA
<i>dronabinol cap 2.5 mg</i>	4	BD
<i>dronabinol cap 5 mg</i>	4	BD
<i>dronabinol cap 10 mg</i>	4	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	4	
<i>granisetron hcl inj 1 mg/ml</i>	4	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	4	
<i>meclizine hcl tab 12.5 mg#</i>	4	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	4	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	4	
<i>ondansetron hcl tab 4 mg</i>	3	BD
<i>ondansetron hcl tab 8 mg</i>	3	BD
<i>ondansetron hcl tab 24 mg</i>	3	BD
<i>ondansetron orally disintegrating tab 4 mg</i>	3	BD
<i>ondansetron orally disintegrating tab 8 mg</i>	3	BD
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml</i>	5	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
<i>perphenazine tab 2 mg</i>	3	PA
<i>perphenazine tab 4 mg</i>	3	PA
<i>perphenazine tab 8 mg</i>	3	PA
<i>perphenazine tab 16 mg</i>	3	PA
PROCHLORPERAZINE EDISYLATE - prochlorperazine edisylate inj 50 mg/10ml	4	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg</i>	2	
<i>prochlorperazine maleate tab 10 mg</i>	2	
<i>prochlorperazine suppos 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>promethazine hcl syrup 6.25 mg/5ml#</i>	4	PA
<i>promethazine hcl tab 25 mg#</i>	4	PA
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	4	BD
<i>casposfungin acetate for iv soln 50 mg</i>	5	
<i>casposfungin acetate for iv soln 70 mg</i>	5	
<i>ciclopirox olamine cream 0.77%</i>	3	
<i>ciclopirox solution 8%</i>	3	
<i>clotrimazole troche 10 mg</i>	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<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>	4	
<i>griseofulvin ultramicrosize tab 125 mg</i>	3	
<i>griseofulvin ultramicrosize tab 250 mg</i>	3	
<i>itraconazole cap 100 mg</i>	4	
<i>ketoconazole cream 2%</i>	3	
<i>ketoconazole shampoo 2%</i>	3	
<i>ketoconazole tab 200 mg</i>	3	
<i>micafungin sodium for iv soln 50 mg</i>	5	
<i>micafungin sodium for iv soln 100 mg</i>	5	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
<i>nystatin cream 100000 unit/gm</i>	2	
<i>nystatin oint 100000 unit/gm</i>	2	
<i>nystatin susp 100000 unit/ml</i>	2	
<i>nystatin tab 500000 unit</i>	3	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg</i>	1	
TERCONAZOLE - terconazole vaginal cream 0.8%	3	
<i>terconazole vaginal cream 0.4%</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg</i>	5	PA
<i>voriconazole tab 200 mg</i>	5	PA
Antigout Agents		
<i>allopurinol tab 100 mg</i>	2	
<i>allopurinol tab 300 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	3	
MITIGARE - colchicine cap 0.6 mg	3	
<i>probenecid tab 500 mg</i>	3	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	3	QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	4	
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	4	QL (8 mls/28 days)
<i>naratriptan hcl tab 1 mg</i>	3	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg</i>	3	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg</i>	3	QL (18 tablets/30 days)

You can find information 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>rizatriptan benzoate tab 10 mg</i>	3	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	4	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	4	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	
<i>sumatriptan succinate tab 25 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 50 mg</i>	2	QL (18 tablets/30 days)
<i>sumatriptan succinate tab 100 mg</i>	2	QL (18 tablets/30 days)
Antimyasthenic Agents		
GUANIDINE HCL - guanidine hcl tab 125 mg	3	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab 60 mg</i>	3	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	3	
<i>ethambutol hcl tab 400 mg</i>	3	
ISONIAZID - isoniazid inj 100 mg/ml	4	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER - aminosalicylic acid er granules packet 4 gm	4	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	4	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg</i>	3	
<i>rifampin cap 300 mg</i>	3	
<i>rifampin for inj 600 mg</i>	5	
SIRTURO - bedaquiline fumarate tab 20 mg*	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg†</i>	5	PA, QL (120 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
ADRIAMYCIN - doxorubicin hcl for inj 10 mg	4	BD
ADRIAMYCIN - doxorubicin hcl for inj 50 mg	4	BD
AFINITOR - everolimus tab 2.5 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 5 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 7.5 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR - everolimus tab 10 mg†	5	PA, QL (30 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 2 mg†	5	PA, QL (60 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 3 mg†	5	PA, QL (90 tablets/30 days)
AFINITOR DISPERZ - everolimus tab for oral susp 5 mg†	5	PA, QL (60 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIMTA - pemetrexed disodium for iv soln 100 mg	5	PA
ALIMTA - pemetrexed disodium for iv soln 500 mg	5	PA
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 180 mg*	5	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	2	
ARRANON - nelarabine iv soln 5 mg/ml	5	PA
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml*	5	PA
ARZERRA - ofatumumab conc for iv infusion 1000 mg/50ml*	5	PA
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion)*	5	PA
AVASTIN - bevacizumab iv soln 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 100 mg	5	PA, QL (30 tablets/30 days)
AYVAKIT - avapritinib tab 200 mg	5	PA, QL (30 tablets/30 days)
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

You can find information 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>bicalutamide tab 50 mg</i>	3	
BLENREP - belantamab mafodotin-blmf for iv soln 100 mg	5	PA
<i>bleomycin sulfate for inj 15 unit</i>	4	BD
<i>bleomycin sulfate for inj 30 unit</i>	4	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BOSULIF - bosutinib tab 100 mg†	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg†	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg†	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	5	
CABOMETYX - cabozantinib s-malate tab 20 mg†*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 40 mg†*	5	PA, QL (30 tablets/30 days)
CABOMETYX - cabozantinib s-malate tab 60 mg†*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	5	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml</i>	3	
<i>carboplatin iv soln 150 mg/15ml</i>	3	
<i>carboplatin iv soln 450 mg/45ml</i>	3	
<i>carboplatin iv soln 600 mg/60ml</i>	3	
<i>carmustine for inj 100 mg</i>	4	
CISPLATIN - cisplatin inj 200 mg/200ml (1 mg/ml)	3	
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	3	
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	3	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg	5	PA, QL (56 capsules/28 days)
COPIKTRA - duvelisib cap 25 mg	5	PA, QL (56 capsules/28 days)
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	5	
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	BD
<i>cyclophosphamide for inj 500 mg</i>	5	
<i>cyclophosphamide for inj 1 gm</i>	5	
<i>cyclophosphamide for inj 2 gm</i>	5	
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion)*	5	PA
CYRAMZA - ramucirumab iv soln 500 mg/50ml (for infusion)*	5	PA
CYTARABINE - cytarabine inj 20 mg/ml	3	BD
<i>cytarabine inj pf 20 mg/ml</i>	3	BD
<i>cytarabine inj pf 100 mg/ml</i>	3	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	3	
<i>dactinomycin for inj 0.5 mg</i>	5	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	3	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	3	
DAURISMO - glasdegib maleate tab 25 mg†	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg†	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg</i>	5	
<i>dexrazoxane hcl for inj 500 mg</i>	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 10 mg</i>	4	BD
<i>doxorubicin hcl for inj 50 mg</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	3	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)</i>	4	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)</i>	4	
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml)	5	PA
ERBITUX - cetuximab iv soln 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg†</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 150 mg†</i>	5	PA, QL (30 tablets/30 days)
ERWINAZE - asparaginase erwinia chrysanthemi for inj 10000 unit	5	
ETHYOL - amifostine for inj 500 mg	5	
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	4	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	4	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	4	
<i>everolimus tab 2.5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg†</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 7.5 mg†</i>	5	PA, QL (30 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	4	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	PA
<i>fludarabine phosphate for inj 50 mg</i>	3	
<i>fludarabine phosphate inj 25 mg/ml</i>	3	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	3	BD
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	3	BD
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	3	BD
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	3	BD
<i>flutamide cap 125 mg</i>	3	
FOLOTYN - pralatrexate iv inj 20 mg/ml	5	PA
FOLOTYN - pralatrexate iv inj 40 mg/2ml	5	PA
<i>fulvestrant inj 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gemcitabine hcl for inj 200 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>gemcitabine hcl for inj 1 gm</i>	4	
<i>gemcitabine hcl for inj 2 gm</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	4	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	4	
GILOTRIF - afatinib dimaleate tab 20 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 30 mg*	5	PA, QL (30 tablets/30 days)
GILOTRIF - afatinib dimaleate tab 40 mg*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg	4	
GLEOSTINE - lomustine cap 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 420 mg	5	PA
<i>hydroxyurea cap 500 mg</i>	4	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 100 mg*	5	PA, QL (21 tablets/28 days)
IBRANCE - palbociclib tab 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 15 mg†*	5	PA, QL (60 tablets/30 days)
ICLUSIG - ponatinib hcl tab 45 mg†*	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	5	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg*	5	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 100 mg*	5	PA, QL (30 tablets/30 days)
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm</i>	4	
<i>imatinib mesylate tab 100 mg†</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg†*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg†*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 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 (180 tablets/30 days)
INLYTA - axitinib tab 5 mg†*	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg†*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	4	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	4	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	PA
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg†*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg†*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg†*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg†*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg†*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg	5	PA
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)

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	PA
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	2	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
<i>leucovorin calcium for inj 50 mg</i>	4	
<i>leucovorin calcium for inj 100 mg</i>	4	
<i>leucovorin calcium for inj 200 mg</i>	4	
<i>leucovorin calcium for inj 350 mg</i>	4	
<i>leucovorin calcium for inj 500 mg</i>	4	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg</i>	4	
<i>leucovorin calcium tab 15 mg</i>	4	
<i>leucovorin calcium tab 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg†	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg†*	5	PA, QL (120 tablets/30 days)
LYNPARZA - olaparib tab 150 mg†*	5	PA, QL (120 tablets/30 days)
MARQIBO - vincristine sulfate liposome iv susp 5 mg/31ml (0.16 mg/ml)	5	
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptapurine tab 50 mg</i>	3	
<i>mesna inj 100 mg/ml</i>	4	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	4	
<i>mitomycin for iv soln 20 mg</i>	5	
<i>mitomycin for iv soln 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	3	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	3	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	3	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion)	5	PA
MVASI - bevacizumab-awwb iv soln 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
NERLYNX - neratinib maleate tab 40 mg†*	5	PA, QL (180 tablets/30 days)
NEXAVAR - sorafenib tosylate tab 200 mg†*	5	PA, QL (120 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 3 mg	5	PA, QL (3 capsules/28 days)
NINLARO - ixazomib citrate cap 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg	5	PA
OGIVRI - trastuzumab-dkst for iv soln 420 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 420 mg	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	4	
<i>oxaliplatin for iv inj 50 mg</i>	5	
<i>oxaliplatin for iv inj 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml</i>	4	
<i>oxaliplatin iv soln 100 mg/20ml</i>	4	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	4	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-ejfv for iv soln 20 mg	5	PA
PADCEV - enfortumab vedotin-ejfv for iv soln 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	3	
PEMAZYRE - pemigatinib tab 4.5 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 9 mg	5	PA, QL (14 tablets/21 days)
PEMAZYRE - pemigatinib tab 13.5 mg	5	PA, QL (14 tablets/21 days)
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg	5	PA
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 20 mg*	5	PA, QL (21 capsules/28 days)
REVLIMID - lenalidomide cap 25 mg*	5	PA, QL (21 capsules/28 days)
RITUXAN - rituximab iv soln 100 mg/10ml*	5	PA
RITUXAN - rituximab iv soln 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1600-26800 mg-unit/13.4ml*	5	PA
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	5	PA
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg†*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg†*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg†*	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml)	5	PA
RUXIENCE - rituximab-pvvr iv soln 500 mg/50ml (10 mg/ml)	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml	5	PA
SARCLISA - isatuximab-irfc iv soln 500 mg/25ml	5	PA
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
SPRYCEL - dasatinib tab 20 mg†	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg†	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg†	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg†	5	PA, QL (90 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SUTENT - sunitinib malate cap 25 mg†	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg†	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg†	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg	5	PA, QL (120 tablets/30 days)
TABRECTA - capmatinib hcl tab 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate cap 75 mg*	5	PA, QL (120 capsules/30 days)
TAGRISSE - osimertinib mesylate tab 40 mg†*	5	PA, QL (30 tablets/30 days)
TAGRISSE - osimertinib mesylate tab 80 mg†*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg†*	5	PA, QL (90 capsules/30 days)
TALZENNA - talazoparib tosylate cap 1 mg†*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg</i>	2	
<i>tamoxifen citrate tab 20 mg</i>	2	
TARGRETIN - bexarotene gel 1%	5	
TASIGNA - nilotinib hcl cap 50 mg†	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 150 mg	5	PA, QL (120 capsules/30 days)
TASIGNA - nilotinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml*	5	PA
TECENTRIQ - atezolizumab iv soln 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
THALOMID - thalidomide cap 50 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg	5	PA, QL (60 capsules/30 days)
THALOMID - thalidomide cap 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg</i>	5	
<i>thiotepa for inj 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>toremifene citrate tab 60 mg</i>	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 420 mg	5	PA
TREANDA - bendamustine hcl for iv soln 25 mg	5	
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	

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Drug Name	Drug Tier	Requirements/Limits
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml)	5	PA
TRUXIMA - rituximab-abbs iv soln 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 200 mg	5	PA, QL (120 capsules/30 days)
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VECTIBIX - panitumumab iv soln 100 mg/5ml	5	PA
VECTIBIX - panitumumab iv soln 400 mg/20ml	5	PA
VELCADE - bortezomib for inj 3.5 mg	5	PA
VENCLEXTA - venetoclax tab 10 mg*	3	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 100 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 150 mg*	5	PA, QL (60 tablets/30 days)
VERZENIO - abemaciclib tab 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfate inj 1 mg/ml	3	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	3	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	4	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg†	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg†	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg†*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 30 mg†*	5	PA, QL (30 tablets/30 days)
VIZIMPRO - dacomitinib tab 45 mg†*	5	PA, QL (30 tablets/30 days)
VOTRIENT - pazopanib hcl tab 200 mg†*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
XALKORI - crizotinib cap 200 mg†*	5	PA, QL (60 capsules/30 days)
XALKORI - crizotinib cap 250 mg†*	5	PA, QL (60 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	PA, QL (90 tablets/30 days)
XPOVIO 100 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (100 mg once weekly)	5	PA, QL (1 box/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 40 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (40 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 40 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (40 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (60 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (60 mg twice weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG ONCE WEEKLY - selinexor tab therapy pack 20 mg (80 mg once weekly)	5	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg (80 mg twice weekly)	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg†*	5	PA, QL (120 capsules/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml)*	5	PA
YERVOY - ipilimumab soln for iv infusion 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
YONSA - abiraterone acetate tab 125 mg†*	5	PA, QL (120 tablets/30 days)
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion)	5	PA
ZALTRAP - ziv-aflibercept iv soln 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg†*	5	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion)	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg†	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg†*	5	PA, QL (90 tablets/30 days)
ZYTIGA - abiraterone acetate tab 500 mg†*	5	PA, QL (60 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	5	
ALINIA - nitazoxanide for susp 100 mg/5ml	5	
ALINIA - nitazoxanide tab 500 mg	5	
<i>atovaquone susp 750 mg/5ml</i>	5	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	3	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
<i>chloroquine phosphate tab 250 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate tab 500 mg</i>	3	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
<i>hydroxychloroquine sulfate tab 200 mg</i>	2	
<i>ivermectin tab 3 mg</i>	3	
<i>malathion lotion 0.5%</i>	4	
MEFLOQUINE HCL - mefloquine hcl tab 250 mg	2	
NEBUPENT - pentamidine isethionate for nebulization soln 300 mg	4	BD
PENTAM 300 - pentamidine isethionate for soln 300 mg	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>pentamidine isethionate for soln 300 mg</i>	4	
<i>permethrin cream 5%</i>	3	
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	3	
<i>amantadine hcl syrup 50 mg/5ml</i>	3	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg#</i>	3	PA
<i>benztropine mesylate tab 1 mg#</i>	3	PA
<i>benztropine mesylate tab 2 mg#</i>	3	PA
<i>bromocriptine mesylate tab 2.5 mg</i>	4	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	2	
<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	
<i>entacapone tab 200 mg</i>	4	
INBRIJA - levodopa inhal powder cap 42 mg	5	PA, QL (300 capsules/30 days)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	2	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	2	
<i>pramipexole dihydrochloride tab 1 mg</i>	2	

You can find information 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>pramipexole dihydrochloride tab 1.5 mg</i>	2	
<i>rasagiline mesylate tab 0.5 mg</i>	3	
<i>rasagiline mesylate tab 1 mg</i>	3	
<i>ropinirole hydrochloride tab 0.25 mg</i>	2	
<i>ropinirole hydrochloride tab 0.5 mg</i>	2	
<i>ropinirole hydrochloride tab 1 mg</i>	2	
<i>ropinirole hydrochloride tab 2 mg</i>	2	
<i>ropinirole hydrochloride tab 3 mg</i>	2	
<i>ropinirole hydrochloride tab 4 mg</i>	2	
<i>ropinirole hydrochloride tab 5 mg</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
Antipsychotics		
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
<i>aripiprazole oral solution 1 mg/ml</i>	4	QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg</i>	3	QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg</i>	3	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg</i>	3	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
CAPLYTA - lumateperone tosylate cap 42 mg	5	QL (30 capsules/30 days)
<i>clozapine orally disintegrating tab 12.5 mg</i>	4	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine tab 25 mg</i>	3	QL (90 tablets/30 days)
<i>clozapine tab 50 mg</i>	3	QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	3	QL (270 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 200 mg</i>	3	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	4	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	4	PA
<i>fluphenazine hcl tab 1 mg</i>	3	PA
<i>fluphenazine hcl tab 2.5 mg</i>	3	PA
<i>fluphenazine hcl tab 5 mg</i>	3	PA
<i>fluphenazine hcl tab 10 mg</i>	3	PA
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	4	PA
GEODON - ziprasidone mesylate for inj 20 mg	4	QL (60 vials/30 days)
<i>haloperidol decanoate im soln 50 mg/ml</i>	4	PA
<i>haloperidol decanoate im soln 100 mg/ml</i>	4	PA
<i>haloperidol lactate inj 5 mg/ml</i>	4	PA
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PA
<i>haloperidol tab 0.5 mg</i>	2	PA
<i>haloperidol tab 1 mg</i>	2	PA
<i>haloperidol tab 2 mg</i>	2	PA
<i>haloperidol tab 5 mg</i>	2	PA
<i>haloperidol tab 10 mg</i>	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)
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)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	5	QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg</i>	3	PA
<i>loxapine succinate cap 10 mg</i>	3	PA
<i>loxapine succinate cap 25 mg</i>	3	PA
<i>loxapine succinate cap 50 mg</i>	3	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	4	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	4	PA
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	4	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 10 mg</i>	3	QL (45 tablets/30 days)
<i>olanzapine tab 15 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	QL (1 syringe/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	QL (1 syringe/30 days)
PIMOZIDE - pimozone tab 1 mg	3	
PIMOZIDE - pimozone tab 2 mg	3	
<i>quetiapine fumarate tab 25 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 50 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 100 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 200 mg</i>	2	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab 400 mg</i>	2	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg	5	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 37.5 mg	5	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	4	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	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>	3	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 3 mg</i>	2	QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	2	QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr	5	QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 5.7 mg/24hr	5	QL (30 patches/30 days)
SECUADO - asenapine td patch 24 hr 7.6 mg/24hr	5	QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg</i>	3	PA
<i>thioridazine hcl tab 25 mg</i>	3	PA
<i>thioridazine hcl tab 50 mg</i>	3	PA
<i>thioridazine hcl tab 100 mg</i>	3	PA
<i>thiothixene cap 1 mg</i>	3	PA
<i>thiothixene cap 2 mg</i>	3	PA
<i>thiothixene cap 5 mg</i>	3	PA
<i>thiothixene cap 10 mg</i>	3	PA
<i>trifluoperazine hcl tab 1 mg</i>	3	PA
<i>trifluoperazine hcl tab 2 mg</i>	3	PA
<i>trifluoperazine hcl tab 5 mg</i>	3	PA
<i>trifluoperazine hcl tab 10 mg</i>	3	PA
VERSACLOZ - clozapine susp 50 mg/ml	5	QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	4	QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	4	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg</i>	3	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg</i>	3	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	3	QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 10 mg</i>	2	
<i>baclofen tab 20 mg</i>	2	
<i>tizanidine hcl tab 2 mg</i>	2	
<i>tizanidine hcl tab 4 mg</i>	2	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	4	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	4	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)

You can find information 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>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg</i>	2	
<i>acyclovir oint 5%</i>	4	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	4	BD
<i>acyclovir susp 200 mg/5ml</i>	4	
<i>acyclovir tab 400 mg</i>	2	
<i>acyclovir tab 800 mg</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)
<i>atazanavir sulfate cap 150 mg</i>	5	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	5	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg</i>	5	QL (30 capsules/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	3	QL (180 capsules/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DENAVIR - penciclovir cream 1%	5	
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	5	QL (30 tablets/30 days)
<i>didanosine delayed release capsule 200 mg</i>	4	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 250 mg</i>	4	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 400 mg</i>	4	QL (30 capsules/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
<i>efavirenz cap 50 mg</i>	3	QL (90 capsules/30 days)
<i>efavirenz cap 200 mg</i>	5	QL (120 capsules/30 days)
<i>efavirenz tab 600 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	5	QL (30 tablets/30 days)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	4	
<i>entecavir tab 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	4	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg</i>	3	
<i>famciclovir tab 250 mg</i>	3	
<i>famciclovir tab 500 mg</i>	3	
<i>fosamprenavir calcium tab 700 mg</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	5	PA
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
INTELENCE - etravirine tab 100 mg	5	QL (60 tablets/30 days)
INTELENCE - etravirine tab 200 mg	5	QL (60 tablets/30 days)
INTRON A - interferon alfa-2b inj 6000000 unit/ml	5	
INTRON A - interferon alfa-2b inj 10000000 unit/ml	5	
INTRON A - interferon alfa-2b for inj 10000000 unit	5	
INTRON A - interferon alfa-2b for inj 18000000 unit	5	
INTRON A - interferon alfa-2b for inj 50000000 unit	5	
INVIRASE - saquinavir mesylate tab 500 mg	5	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 100-25 mg	4	QL (300 tablets/30 days)
KALETRA - lopinavir-ritonavir tab 200-50 mg	5	QL (120 tablets/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)

You can find information 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>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	4	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	QL (480 mls/30 days)
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 100 mg</i>	4	QL (90 tablets/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	4	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	4	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	3	
<i>oseltamivir phosphate cap 45 mg</i>	3	
<i>oseltamivir phosphate cap 75 mg</i>	3	
<i>oseltamivir phosphate for susp 6 mg/ml</i>	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PEGASYS PROCLICK - peginterferon alfa-2a inj 180 mcg/0.5ml	5	PA
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir ethanolate susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir ethanolate tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir ethanolate tab 150 mg	4	QL (180 tablets/30 days)
PREZISTA - darunavir ethanolate tab 600 mg	5	QL (60 tablets/30 days)
PREZISTA - darunavir ethanolate tab 800 mg	5	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	3	
<i>ribavirin tab 200 mg</i>	3	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 300 mg	5	QL (120 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
<i>stavudine cap 15 mg</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 20 mg</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 30 mg</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 40 mg</i>	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg	5	QL (60 tablets/30 days)
TIVICAY - dolutegravir sodium tab 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)	5	QL (14 vials/28 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	5	QL (30 tablets/30 days)
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	5	QL (30 tablets/30 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg</i>	2	
<i>valacyclovir hcl tab 1 gm</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	5	
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
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	
zidovudine cap 100 mg	3	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	3	QL (1920 mls/30 days)
zidovudine tab 300 mg	3	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg	4	QL (120 tablets/30 days)
alprazolam tab 0.5 mg	4	QL (120 tablets/30 days)
alprazolam tab 1 mg	4	QL (120 tablets/30 days)
alprazolam tab 2 mg	4	QL (150 tablets/30 days)
bupirone hcl tab 5 mg	2	
bupirone hcl tab 7.5 mg	2	
bupirone hcl tab 10 mg	2	
bupirone hcl tab 15 mg	2	
bupirone hcl tab 30 mg	2	
clonazepam orally disintegrating tab 0.125 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.25 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 0.5 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 1 mg	3	QL (90 tablets/30 days)
clonazepam orally disintegrating tab 2 mg	3	QL (300 tablets/30 days)
clonazepam tab 0.5 mg	2	QL (120 tablets/30 days)
clonazepam tab 1 mg	2	QL (120 tablets/30 days)
clonazepam tab 2 mg	2	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg	3	PA, QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg	3	PA, QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg	3	PA, QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	3	PA, QL (1200 mls/30 days)
diazepam tab 2 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 5 mg	2	PA, QL (120 tablets/30 days)
diazepam tab 10 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 0.5 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 1 mg	2	PA, QL (120 tablets/30 days)
lorazepam tab 2 mg	2	PA, QL (150 tablets/30 days)
Bipolar Agents		
LITHIUM - lithium oral solution 8 meq/5ml	3	
lithium carbonate cap 150 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate cap 300 mg</i>	2	
<i>lithium carbonate cap 600 mg</i>	2	
<i>lithium carbonate tab er 300 mg</i>	2	
<i>lithium carbonate tab er 450 mg</i>	2	
<i>lithium carbonate tab 300 mg</i>	2	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS	3	
ALOGLIPTIN - alogliptin benzoate tab 6.25 mg	3	QL (120 tablets/30 days)
ALOGLIPTIN - alogliptin benzoate tab 12.5 mg	3	QL (60 tablets/30 days)
ALOGLIPTIN - alogliptin benzoate tab 25 mg	3	QL (30 tablets/30 days)
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
ALOGLIPTIN/METFORMIN HCL - alogliptin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-15 mg	3	QL (60 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-30 mg	3	QL (30 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 12.5-45 mg	3	QL (30 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-15 mg	3	QL (30 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-30 mg	3	QL (30 tablets/30 days)
ALOGLIPTIN/PIOGLITAZONE - alogliptin-pioglitazone tab 25-45 mg	3	QL (30 tablets/30 days)
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	3	
ASSURE ID INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	3	
ASSURE ID SAFETY PEN NEEDLES 31G X 5MM (1/5" OR 3/16")	3	
AUTOPEN - injection device for insulin	3	
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
BD SAFETYGLIDE INSULIN SYRINGE 0.3ML/31G X 15/64"	3	
BD SAFETYGLIDE INSULIN SYRINGE 0.5ML/31G X 15/64"	3	
BD SAFETYGLIDE INSULIN SYRINGE 1ML/31G X 15/64"	3	
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)

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	3	
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30G X 1/2"	3	
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2"	3	
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2"	3	
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29G X 1/2"	3	
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30G X 1/2"	3	
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>	2	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	2	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	2	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	2	QL (60 tablets/30 days)
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	3	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD

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

Drug Name	Drug Tier	Requirements/Limits
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 PEN NEEDLE 29G X 12.7MM (1/2")	3	
INSULIN PEN NEEDLE 29G X 5MM (1/5" OR 3/16")	3	
INSULIN PEN NEEDLE 29G X 8MM (1/3" OR 5/16")	3	
INSULIN PEN NEEDLE 30G X 5MM (1/5" OR 3/16")	3	
INSULIN PEN NEEDLE 30G X 8MM (1/3" OR 5/16")	3	
INSULIN PEN NEEDLE 31G X 4MM (1/6" OR 5/32")	3	
INSULIN PEN NEEDLE 32G X 5MM (1/5" OR 3/16")	3	
INSULIN PEN NEEDLE 33G X 4MM (1/6" OR 5/32")	3	
INSULIN PEN NEEDLE 33G X 5MM (1/5" OR 3/16")	3	
INSULIN PEN NEEDLE 33G X 6MM (1/4" OR 15/64")	3	
INSULIN PEN NEEDLE 33G X 8MM (1/3" OR 5/16")	3	
INSULIN PEN NEEDLE 34G X 3.5MM (9/64")	3	
INSULIN SYRINGE (DISP) U-100/0.3ML	3	
INSULIN SYRINGE (DISP) U-100/0.5ML	3	
INSULIN SYRINGE (DISP) U-100/1ML	3	
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 15/64"	3	
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 30 X 15/64"	3	
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 32 X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 15/64"	3	
INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100/0.3ML/28G X 1/2"	3	
INSULIN SYRINGE/NEEDLE U-100/0.3ML/29G	3	
INSULIN SYRINGE/NEEDLE U-100/0.3ML/29G X 1"	3	
INSULIN SYRINGE/NEEDLE U-100/0.3ML/30G	3	
INSULIN SYRINGE/NEEDLE U-100/0.3ML/31G X 1/4" (6MM)	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/27G X 1/2"	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/28G X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/29G	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/29G X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/30G	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/30G X 3/16" (5MM)	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/30G X 3/8"	3	
INSULIN SYRINGE/NEEDLE U-100/0.5ML/31G X 1/4" (6MM)	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
INSULIN SYRINGE/NEEDLE U-100/1ML/25G X 1"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/25G X 5/8"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/26G X 1/2"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/27G X 1/2"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/27G X 5/8"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/28G X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/29G X 5/16"	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/30G	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/30G X 3/16" (5MM)	3	
INSULIN SYRINGE/NEEDLE U-100/1ML/31G X 1/4" (6MM)	3	
INSULIN SYRINGE/NEEDLE U-100/2ML/27.5G X 5/8"	3	
INSULIN SYRINGE/NEEDLE U-500/0.5ML/31G X 6MM (15/64")	3	
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	3	QL (60 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-500 mg	3	QL (30 tablets/30 days)
KOMBIGLYZE XR - saxagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2"	3	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2"	3	
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2"	3	
<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>	2	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg</i>	2	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PREVENT SAFETY PEN NEEDLES 31G X 1/4"	3	
PREVENT SAFETY PEN NEEDLES 31G X 5/16"	3	
PROGLYCEM - diazoxide susp 50 mg/ml	3	
RYBELSUS - semaglutide tab 3 mg	3	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 7 mg	3	QL (30 tablets/30 days)
RYBELSUS - semaglutide tab 14 mg	3	QL (30 tablets/30 days)
SAFETY INSULIN SYRINGES 1ML/30G X 1/2"	3	
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
TECHLITE INSULIN SYRINGE U-100/0.3ML/29G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X 5/16"	3	
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 15/64"	3	
TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X 5/16"	3	
TECHLITE INSULIN SYRINGE U-100/0.5ML/29G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X 5/16"	3	
TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 15/64"	3	
TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X 5/16"	3	
TECHLITE INSULIN SYRINGE U-100/1ML/29G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 1/2"	3	
TECHLITE INSULIN SYRINGE U-100/1ML/30G X 5/16"	3	
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 15/64"	3	
TECHLITE INSULIN SYRINGE U-100/1ML/31G X 5/16"	3	
TECHLITE PEN NEEDLES 29G X 10MM	3	
TECHLITE PEN NEEDLES 29G X 12MM	3	
TECHLITE PEN NEEDLES 31G X 5MM	3	
TECHLITE PEN NEEDLES/31G X 6MM	3	
TECHLITE PEN NEEDLES/31G X 8MM	3	
TECHLITE PEN NEEDLES/32G X 4MM	3	
TECHLITE PEN NEEDLES/32G X 6MM	3	
TECHLITE PEN NEEDLES/32G X 8MM	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	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
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	3	
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	3	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	3	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	3	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	3	
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	3	
TRUEPLUS PEN NEEDLES 29G X 12MM	3	
TRUEPLUS PEN NEEDLES 31G X 5MM	3	
TRUEPLUS PEN NEEDLES 31G X 6MM	3	
TRUEPLUS PEN NEEDLES 31G X 8MM	3	
TRUEPLUS PEN NEEDLES 32G X 4MM	3	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX5MM	3	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX6MM	3	
TRUEPLUS 5-BEVEL PEN NEEDLES 31GX8MM	3	
TRUEPLUS 5-BEVEL PEN NEEDLES 32GX4MM	3	
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2"	3	
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2"	3	
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2"	3	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days)
Blood Products/Modifiers/Volume Expanders		
<i>anagrelide hcl cap 0.5 mg</i>	3	
<i>anagrelide hcl cap 1 mg</i>	3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
<i>azacitidine for inj 100 mg</i>	5	
BRILINTA - ticagrelor tab 60 mg	3	
BRILINTA - ticagrelor tab 90 mg	3	
<i>cilostazol tab 50 mg</i>	2	
<i>cilostazol tab 100 mg</i>	2	
<i>clopidogrel bisulfate tab 75 mg</i>	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	4	QL (30 syringes/90 days)

You can find information 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>enoxaparin sodium inj 150 mg/ml</i>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	5	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
HEPARIN SODIUM - heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml	3	
HEPARIN SODIUM - heparin sodium (porcine) pf inj 5000 unit/ml	3	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	3	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	3	
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
ONUREG - azacitidine tab 200 mg	5	PA, QL (14 tablets/28 days)
ONUREG - azacitidine tab 300 mg	5	PA, QL (14 tablets/28 days)
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
<i>prasugrel hcl tab 5 mg</i>	3	
<i>prasugrel hcl tab 10 mg</i>	3	
PROMACTA - eltrombopag olamine powder pack for susp 25 mg*	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 25 mg*	5	PA
PROMACTA - eltrombopag olamine tab 50 mg*	5	PA
PROMACTA - eltrombopag olamine tab 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	4	PA
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	4	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	

You can find information 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>tranexamic acid tab 650 mg</i>	3	
<i>warfarin sodium tab 1 mg</i>	2	
<i>warfarin sodium tab 2 mg</i>	2	
<i>warfarin sodium tab 2.5 mg</i>	2	
<i>warfarin sodium tab 3 mg</i>	2	
<i>warfarin sodium tab 4 mg</i>	2	
<i>warfarin sodium tab 5 mg</i>	2	
<i>warfarin sodium tab 6 mg</i>	2	
<i>warfarin sodium tab 7.5 mg</i>	2	
<i>warfarin sodium tab 10 mg</i>	2	
Cardiovascular Agents		
<i>acetazolamide cap er 12hr 500 mg</i>	3	
<i>acetazolamide tab 125 mg</i>	3	
<i>acetazolamide tab 250 mg</i>	3	
<i>aliskiren fumarate tab 150 mg</i>	3	QL (30 tablets/30 days)
<i>aliskiren fumarate tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>amiloride hcl tab 5 mg</i>	2	
<i>amiodarone hcl tab 200 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>	2	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	2	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	2	
<i>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>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg</i>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg</i>	2	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	2	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	2	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	2	
<i>bisoprolol fumarate tab 5 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg</i>	2	
<i>bumetanide tab 1 mg</i>	2	
<i>bumetanide tab 2 mg</i>	2	
<i>captopril tab 12.5 mg</i>	2	
<i>captopril tab 25 mg</i>	2	
<i>captopril tab 50 mg</i>	2	
<i>captopril tab 100 mg</i>	2	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>chlorthalidone tab 25 mg</i>	2	
<i>chlorthalidone tab 50 mg</i>	2	
<i>cholestyramine light powder packets 4 gm</i>	3	
<i>cholestyramine light powder 4 gm/dose</i>	3	
<i>cholestyramine powder packets 4 gm</i>	3	
<i>cholestyramine powder 4 gm/dose</i>	3	
<i>clonidine hcl tab 0.1 mg</i>	2	
<i>clonidine hcl tab 0.2 mg</i>	2	
<i>clonidine hcl tab 0.3 mg</i>	2	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	4	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	4	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg	3	PA, QL (60 tablets/30 days)

You can find information 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	3	PA, QL (60 tablets/30 days)
DEMSEER - metyrosine cap 250 mg	5	
<i>digoxin oral soln 0.05 mg/ml#</i>	4	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#</i>	4	PA, QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg</i>	3	
<i>diltiazem hcl cap er 12hr 90 mg</i>	3	
<i>diltiazem hcl cap er 12hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	3	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	3	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	3	
<i>diltiazem hcl tab 30 mg</i>	3	
<i>diltiazem hcl tab 60 mg</i>	3	
<i>diltiazem hcl tab 90 mg</i>	3	
<i>diltiazem hcl tab 120 mg</i>	3	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 4 mg</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg</i>	2	QL (60 tablets/30 days)

You can find information 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>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	2	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	2	
<i>enalapril maleate tab 2.5 mg</i>	2	
<i>enalapril maleate tab 5 mg</i>	2	
<i>enalapril maleate tab 10 mg</i>	2	
<i>enalapril maleate tab 20 mg</i>	2	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	QL (60 tablets/30 days)
<i>ezetimibe tab 10 mg</i>	2	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg</i>	3	
<i>felodipine tab er 24hr 5 mg</i>	3	
<i>felodipine tab er 24hr 10 mg</i>	3	
<i>fenofibrate micronized cap 67 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg</i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 54 mg</i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg</i>	2	QL (30 tablets/30 days)
<i>fenofibrate tab 160 mg</i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg</i>	2	
<i>flecainide acetate tab 100 mg</i>	2	
<i>flecainide acetate tab 150 mg</i>	2	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	2	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 10 mg/ml</i>	2	
<i>furosemide tab 20 mg</i>	2	
<i>furosemide tab 40 mg</i>	2	
<i>furosemide tab 80 mg</i>	2	
<i>gemfibrozil tab 600 mg</i>	2	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg</i>	2	
<i>hydralazine hcl tab 25 mg</i>	2	
<i>hydralazine hcl tab 50 mg</i>	2	
<i>hydralazine hcl tab 100 mg</i>	2	
<i>hydrochlorothiazide cap 12.5 mg</i>	2	
<i>hydrochlorothiazide tab 12.5 mg</i>	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>hydrochlorothiazide tab 25 mg</i>	2	
<i>hydrochlorothiazide tab 50 mg</i>	2	
<i>irbesartan tab 75 mg</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg</i>	2	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	2	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg</i>	2	
<i>isosorbide dinitrate tab 10 mg</i>	2	
<i>isosorbide dinitrate tab 20 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	2	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	2	
<i>labetalol hcl tab 100 mg</i>	2	
<i>labetalol hcl tab 200 mg</i>	2	
<i>labetalol hcl tab 300 mg</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	4	
<i>methazolamide tab 50 mg</i>	4	
<i>metoprolol succinate tab er 24hr 25 mg</i>	2	
<i>metoprolol succinate tab er 24hr 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 100 mg</i>	2	
<i>metoprolol succinate tab er 24hr 200 mg</i>	2	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	5	
<i>mexiletine hcl cap 150 mg</i>	4	
<i>mexiletine hcl cap 200 mg</i>	4	
<i>mexiletine hcl cap 250 mg</i>	4	
<i>midodrine hcl tab 2.5 mg</i>	3	
<i>midodrine hcl tab 5 mg</i>	3	
<i>midodrine hcl tab 10 mg</i>	3	
<i>minoxidil tab 2.5 mg</i>	2	
<i>minoxidil tab 10 mg</i>	2	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>niacin tab er 500 mg</i>	3	QL (30 tablets/30 days)
<i>niacin tab er 750 mg</i>	3	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg</i>	3	QL (60 tablets/30 days)
<i>nifedipine tab er 24hr 30 mg</i>	3	
<i>nifedipine tab er 24hr 60 mg</i>	3	
<i>nifedipine tab er 24hr 90 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	3	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	3	
<i>nimodipine cap 30 mg</i>	5	
NITRO-BID - nitroglycerin oint 2%	4	
<i>nitroglycerin sl tab 0.3 mg</i>	2	
<i>nitroglycerin sl tab 0.4 mg</i>	2	
<i>nitroglycerin sl tab 0.6 mg</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	2	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	2	
NORTHERA - droxidopa cap 100 mg*	5	PA
NORTHERA - droxidopa cap 200 mg*	5	PA
NORTHERA - droxidopa cap 300 mg*	5	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	4	
<i>pentoxifylline tab er 400 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg</i>	3	
<i>pindolol tab 10 mg</i>	3	
<i>pravastatin sodium tab 10 mg</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg</i>	2	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	2	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg</i>	2	
<i>prazosin hcl cap 2 mg</i>	2	
<i>prazosin hcl cap 5 mg</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	4	
<i>propafenone hcl cap er 12hr 425 mg</i>	4	
<i>propafenone hcl tab 150 mg</i>	3	
<i>propafenone hcl tab 225 mg</i>	3	
<i>propafenone hcl tab 300 mg</i>	3	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol hcl tab 10 mg</i>	2	
<i>propranolol hcl tab 20 mg</i>	2	
<i>propranolol hcl tab 40 mg</i>	2	
<i>propranolol hcl tab 80 mg</i>	2	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	2	
<i>quinapril hcl tab 20 mg</i>	2	
<i>quinapril hcl tab 40 mg</i>	2	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg	3	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg	3	
<i>ramipril cap 1.25 mg</i>	2	
<i>ramipril cap 2.5 mg</i>	2	
<i>ramipril cap 5 mg</i>	2	
<i>ramipril cap 10 mg</i>	2	
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (1 system/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg</i>	2	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	2	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg</i>	2	
<i>sotalol hcl tab 80 mg</i>	2	
<i>sotalol hcl tab 120 mg</i>	2	
<i>sotalol hcl tab 160 mg</i>	2	
<i>sotalol hcl tab 240 mg</i>	2	
<i>spironolactone tab 25 mg</i>	2	
<i>spironolactone tab 50 mg</i>	2	
<i>spironolactone tab 100 mg</i>	2	
<i>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-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>	2	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg</i>	2	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg</i>	2	QL (60 capsules/30 days)
<i>toremide tab 5 mg</i>	2	
<i>toremide tab 10 mg</i>	2	
<i>toremide tab 20 mg</i>	2	
<i>toremide tab 100 mg</i>	2	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	2	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	2	
<i>verapamil hcl cap er 24hr 120 mg</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 180 mg</i>	3	
<i>verapamil hcl cap er 24hr 200 mg</i>	3	
<i>verapamil hcl cap er 24hr 240 mg</i>	3	
<i>verapamil hcl cap er 24hr 300 mg</i>	3	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg	3	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg	3	
<i>verapamil hcl tab er 120 mg</i>	2	
<i>verapamil hcl tab er 180 mg</i>	2	
<i>verapamil hcl tab er 240 mg</i>	2	
<i>verapamil hcl tab 40 mg</i>	2	
<i>verapamil hcl tab 80 mg</i>	2	
<i>verapamil hcl tab 120 mg</i>	2	
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	4	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 10 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg</i>	4	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg</i>	4	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg</i>	4	QL (30 capsules/30 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	4	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	4	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	4	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	4	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	4	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	5	PA, QL (60 capsules/30 days)

You can find information 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>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
MAYZENT - siponimod fumarate tab 0.25 mg	5	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 2 mg	5	PA, QL (30 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	4	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg</i>	3	QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
<i>riluzole tab 50 mg</i>	4	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
VUMERITY - diroximel fumarate capsule dr starter bottle 231 mg	5	PA, QL (106 capsules/30 days)
Dental and Oral Agents		
<i>chlorhexidine gluconate soln 0.12%</i>	2	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg</i>	4	
<i>pilocarpine hcl tab 7.5 mg</i>	4	
Dermatological Agents		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	4	
<i>acitretin cap 25 mg</i>	4	
<i>azelaic acid gel 15%</i>	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	3	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	3	QL (135 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	
<i>calcipotriene soln 0.005% (50 mcg/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>clotrimazole w/ betamethasone cream 1-0.05%</i>	2	
ELIDEL - pimecrolimus cream 1%	4	PA
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	
FLUOROURACIL - fluorouracil soln 2%	4	
FLUOROURACIL - fluorouracil soln 5%	4	
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	3	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	4	
<i>gentamicin sulfate oint 0.1%</i>	4	
<i>halobetasol propionate cream 0.05%</i>	3	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone cream 1%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone cream 2.5%</i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	2	QL (453.6 grams/30 days)
<i>hydrocortisone oint 2.5%</i>	2	QL (454 grams/30 days)
<i>imiquimod cream 5%</i>	3	PA
<i>isotretinoin cap 10 mg</i>	4	
<i>isotretinoin cap 20 mg</i>	4	
<i>isotretinoin cap 30 mg</i>	4	
<i>isotretinoin cap 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%</i>	3	
<i>lactic acid (ammonium lactate) lotion 12%</i>	3	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	3	
<i>metronidazole lotion 0.75%</i>	3	
<i>mometasone furoate cream 0.1%</i>	3	QL (135 grams/28 days)
<i>mometasone furoate oint 0.1%</i>	3	QL (135 grams/28 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	3	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	3	
<i>mupirocin oint 2%</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>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	3	
PREDNICARBATE - prednicarbate cream 0.1%	3	QL (120 grams/30 days)
REGRANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	2	
<i>silver sulfadiazine cream 1%</i>	3	
<i>tacrolimus oint 0.03%</i>	4	PA
<i>tacrolimus oint 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
TAZORAC - tazarotene gel 0.05%	4	PA
TAZORAC - tazarotene gel 0.1%	4	PA
<i>tretinoin cream 0.025%</i>	3	PA
<i>tretinoin cream 0.05%</i>	3	PA
<i>tretinoin cream 0.1%</i>	3	PA
<i>tretinoin gel 0.01%</i>	4	PA
<i>tretinoin gel 0.025%</i>	4	PA
<i>triamcinolone acetonide cream 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.5%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	3	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II - amino acid infusion 10%	4	BD
AMINOSYN-PF 7% - amino acid infusion 7%	4	BD
<i>calcium acetate cap 667 mg</i>	3	
<i>calcium acetate tab 667 mg</i>	3	
CARBAGLU - carglumic acid tab 200 mg*	5	PA
CHEMET - succimer cap 100 mg	5	
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 5% - 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

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 20% - amino acid electrolyte w/cal infusion 5% in d20w	4	BD
CLINIMIX E 8/10 - amino acid electrolyte w/cal infusion 8% in d10w	4	BD
CLINIMIX E 8/14 - amino acid electrolyte w/cal infusion 8% in d14w	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
CLINIMIX 6/5 - amino acid infusion 6% in d5w	4	BD
CLINIMIX 8/10 - amino acid infusion 8% in d10w	4	BD
CLINIMIX 8/14 - amino acid infusion 8% in d14w	4	BD
<i>deferasirox granules packet 90 mg</i>	5	PA
<i>deferasirox granules packet 180 mg</i>	5	PA
<i>deferasirox granules packet 360 mg</i>	5	PA
<i>deferasirox tab for oral susp 125 mg</i>	5	PA
<i>deferasirox tab for oral susp 250 mg</i>	5	PA
<i>deferasirox tab for oral susp 500 mg</i>	5	PA
<i>deferasirox tab 90 mg</i>	5	PA
<i>deferasirox tab 180 mg</i>	5	PA
<i>deferasirox tab 360 mg</i>	5	PA
<i>dextrose inj 5%</i>	4	
<i>dextrose inj 10%</i>	4	
DEXTROSE 2.5%/NAACL 0.45% - dextrose 2.5% w/ sodium chloride 0.45%	4	
<i>dextrose 5% in lactated ringers</i>	4	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.33%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.45%</i>	4	
<i>dextrose 5% w/ sodium chloride 0.9%</i>	4	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
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
JADENU - deferasirox tab 90 mg*	5	PA
JADENU - deferasirox tab 180 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
JADENU - deferasirox tab 360 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 180 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 360 mg*	5	PA
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	4	
<i>lactated ringer's solution</i>	4	
<i>lanthanum carbonate chew tab 500 mg</i>	5	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	5	QL (120 tablets/30 days)
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	3	
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm	4	
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm	4	
<i>magnesium sulfate inj 50%</i>	3	
NEPHRAMINE - amino acid infusion 5.4%	4	BD
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
NUTRILIPID - fat emulsion plant based iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq</i>	2	
<i>potassium chloride cap er 10 meq</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	2	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride tab er 8 meq (600 mg)</i>	3	
<i>potassium chloride tab er 10 meq</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	4	
<i>potassium citrate tab er 5 meq (540 mg)</i>	3	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	3	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	3	
PREMASOL - amino acid infusion 10%	4	BD
PROCALAMINE - amino acid electrolyte infusion 3%	4	BD
PROSOL - amino acid infusion 20%	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<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 irrigation soln 0.9%</i>	3	
<i>sodium chloride iv soln 0.45%</i>	4	
<i>sodium chloride iv soln 0.9%</i>	4	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	3	
<i>sodium polystyrene sulfonate powder</i>	3	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	3	
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>	3	
Gastrointestinal Agents		
<i>alose tron hcl tab 0.5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg</i>	5	PA, QL (60 tablets/30 days)
AMITIZA - lubiprostone cap 8 mcg	3	PA
AMITIZA - lubiprostone cap 24 mcg	3	PA
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cromolyn sodium oral conc 100 mg/5ml</i>	3	
<i>dicyclomine hcl tab 20 mg#</i>	3	PA
<i>esomeprazole magnesium cap delayed release 20 mg</i>	4	QL (30 capsules/30 days)
<i>esomeprazole magnesium cap delayed release 40 mg</i>	4	QL (30 capsules/30 days)
<i>famotidine for susp 40 mg/5ml</i>	4	
<i>famotidine inj 20 mg/2ml</i>	4	
<i>famotidine inj 40 mg/4ml</i>	4	
<i>famotidine inj 200 mg/20ml</i>	4	
<i>famotidine tab 20 mg</i>	2	
<i>famotidine tab 40 mg</i>	2	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>glycopyrrolate tab 1 mg</i>	2	
<i>glycopyrrolate tab 2 mg</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	2	
<i>lactulose solution 10 gm/15ml</i>	2	
<i>lansoprazole cap delayed release 15 mg</i>	4	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg</i>	4	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	PA
LINZESS - linaclotide cap 145 mcg	3	PA

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Drug Name	Drug Tier	Requirements/Limits
LINZESS - linaclotide cap 290 mcg	3	PA
<i>loperamide hcl cap 2 mg</i>	2	
<i>metoclopramide hcl inj 5 mg/ml</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	3	
<i>metoclopramide hcl tab 5 mg</i>	2	
<i>metoclopramide hcl tab 10 mg</i>	2	
<i>misoprostol tab 100 mcg</i>	3	
<i>misoprostol tab 200 mcg</i>	3	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
<i>nizatidine cap 150 mg</i>	3	
<i>nizatidine cap 300 mg</i>	3	
<i>omeprazole cap delayed release 10 mg</i>	2	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg</i>	2	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg</i>	2	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg</i>	2	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	2	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	4	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	3	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	2	
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
<i>sucralfate tab 1 gm</i>	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	4	
<i>ursodiol cap 300 mg</i>	4	
<i>ursodiol tab 250 mg</i>	3	
<i>ursodiol tab 500 mg</i>	3	
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	
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	

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Drug Name	Drug Tier	Requirements/Limits
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	3	
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	3	
CRYSVITA - burosumab-twza inj 10 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 20 mg/ml	5	PA
CRYSVITA - burosumab-twza inj 30 mg/ml	5	PA
CYSTADANE - betaine powder for oral solution	5	
CYSTAGON - cysteamine bitartrate cap 50 mg*	4	PA
CYSTAGON - cysteamine bitartrate cap 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg*	5	
FABRAZYME - agalsidase beta for iv soln 35 mg*	5	
KUVAN - sapropterin dihydrochloride powder packet 100 mg*	5	PA
KUVAN - sapropterin dihydrochloride powder packet 500 mg*	5	PA
KUVAN - sapropterin dihydrochloride soluble tab 100 mg*	5	PA
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg</i>	5	
<i>nitisinone cap 5 mg</i>	5	
<i>nitisinone cap 10 mg</i>	5	
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	5	PA
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
<i>sapropterin dihydrochloride powder packet 100 mg</i>	5	PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	5	PA
<i>sapropterin dihydrochloride soluble tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 28 mg/0.7ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 40 mg/ml*	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	3	
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	3	
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	2	QL (30 tablets/30 days)
AVODART - dutasteride cap 0.5 mg	4	QL (30 capsules/30 days)
<i>bethanechol chloride tab 5 mg</i>	3	
<i>bethanechol chloride tab 10 mg</i>	3	
<i>bethanechol chloride tab 25 mg</i>	3	
<i>bethanechol chloride tab 50 mg</i>	3	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
<i>dutasteride cap 0.5 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	2	QL (30 tablets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	5	
MYRBETRIQ - mirabegron tab er 24 hr 25 mg	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>	2	QL (600 mls/30 days)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	3	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	3	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	3	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	2	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	5	
<i>tamsulosin hcl cap 0.4 mg</i>	2	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	3	QL (30 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 4 mg</i>	3	QL (30 capsules/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg	3	QL (30 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
CORTISONE ACETATE - cortisone acetate tab 25 mg	3	
DEXAMETHASONE - dexamethasone tab 1 mg	2	
DEXAMETHASONE - dexamethasone tab 2 mg	2	
<i>dexamethasone elixir 0.5 mg/5ml</i>	3	
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	4	
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	4	
<i>dexamethasone tab 0.5 mg</i>	2	
<i>dexamethasone tab 0.75 mg</i>	2	
<i>dexamethasone tab 1.5 mg</i>	2	
<i>dexamethasone tab 4 mg</i>	2	
<i>dexamethasone tab 6 mg</i>	2	
<i>fludrocortisone acetate tab 0.1 mg</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hydrocortisone tab 5 mg</i>	4	
<i>hydrocortisone tab 10 mg</i>	4	
<i>hydrocortisone tab 20 mg</i>	4	
<i>methylprednisolone sod succ for inj 40 mg</i>	3	
<i>methylprednisolone sod succ for inj 125 mg</i>	3	
<i>methylprednisolone sod succ for inj 500 mg</i>	3	
<i>methylprednisolone sod succ for inj 1000 mg</i>	3	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	3	
<i>methylprednisolone tab 4 mg</i>	3	
<i>methylprednisolone tab 8 mg</i>	3	
<i>methylprednisolone tab 16 mg</i>	3	
<i>methylprednisolone tab 32 mg</i>	3	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	3	
<i>prednisolone syrup 15 mg/5ml</i>	3	
PREDNISONONE - prednisone oral soln 5 mg/5ml	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 5 mg (21)</i>	2	
<i>prednisone tab therapy pack 5 mg (48)</i>	2	
<i>prednisone tab therapy pack 10 mg (21)</i>	2	
<i>prednisone tab therapy pack 10 mg (48)</i>	2	
<i>prednisone tab 1 mg</i>	2	
<i>prednisone tab 2.5 mg</i>	2	
<i>prednisone tab 5 mg</i>	2	
<i>prednisone tab 10 mg</i>	2	
<i>prednisone tab 20 mg</i>	2	
<i>prednisone tab 50 mg</i>	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg</i>	3	
<i>desmopressin acetate tab 0.2 mg</i>	3	
INCRELEX - mecaseprin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml	5	PA
OMNITROPE - somatropin solution cartridge 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
STIMATE - desmopressin acetate nasal soln 1.5 mg/ml	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANADROL-50 - oxymetholone tab 50 mg	5	PA
ANDRODERM - testosterone td patch 24hr 2 mg/24hr	3	PA, QL (30 patches/30 days)
ANDRODERM - testosterone td patch 24hr 4 mg/24hr	3	PA, QL (30 patches/30 days)
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day#	4	
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.25 mg/day#	4	
<i>danazol cap 50 mg</i>	4	PA
<i>danazol cap 100 mg</i>	4	PA
<i>danazol cap 200 mg</i>	4	PA
DEPO-PROVERA - medroxyprogesterone acetate im susp 400 mg/ml	4	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	3	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	3	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	

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

Drug Name	Drug Tier	Requirements/Limits
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)#	4	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	3	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	3	
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg#	4	
ELLA - ulipristal acetate tab 30 mg	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	4	
<i>estradiol tab 0.5 mg#</i>	4	
<i>estradiol tab 1 mg#</i>	4	
<i>estradiol tab 2 mg#</i>	4	
<i>estradiol td patch twice weekly 0.025 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.0375 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.05 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.075 mg/24hr#</i>	4	
<i>estradiol td patch twice weekly 0.1 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	4	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	4	
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	4	
<i>estradiol vaginal cream 0.1 mg/gm</i>	4	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	3	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	3	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	3	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	3	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	3	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	4	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>medroxyprogesterone acetate tab 5 mg</i>	2	
<i>medroxyprogesterone acetate tab 10 mg</i>	2	
<i>megestrol acetate susp 40 mg/ml#</i>	4	PA
<i>megestrol acetate tab 20 mg#</i>	4	PA
<i>megestrol acetate tab 40 mg#</i>	4	PA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	3	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	4	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	3	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	3	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	3	
<i>norethindrone acetate tab 5 mg</i>	3	
<i>norethindrone tab 0.35 mg</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	3	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	3	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	3	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	3	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	3	
<i>oxandrolone tab 2.5 mg</i>	4	PA
<i>oxandrolone tab 10 mg</i>	5	PA
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
<i>progesterone micronized cap 100 mg</i>	3	
<i>progesterone micronized cap 200 mg</i>	3	
<i>raloxifene hcl tab 60 mg</i>	3	
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	4	PA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	4	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	3	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA, QL (2 pump bottles/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	4	
SYNTHROID - levothyroxine sodium tab 50 mcg	4	
SYNTHROID - levothyroxine sodium tab 75 mcg	4	
SYNTHROID - levothyroxine sodium tab 88 mcg	4	
SYNTHROID - levothyroxine sodium tab 100 mcg	4	
SYNTHROID - levothyroxine sodium tab 112 mcg	4	
SYNTHROID - levothyroxine sodium tab 125 mcg	4	
SYNTHROID - levothyroxine sodium tab 137 mcg	4	
SYNTHROID - levothyroxine sodium tab 150 mcg	4	
SYNTHROID - levothyroxine sodium tab 175 mcg	4	
SYNTHROID - levothyroxine sodium tab 200 mcg	4	
SYNTHROID - levothyroxine sodium tab 300 mcg	4	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg</i>	2	
<i>methimazole tab 10 mg</i>	2	
<i>propylthiouracil tab 50 mg</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	4	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	4	
ARCALYST - riloncept for inj 220 mg*	5	PA
AZATHIOPRINE - azathioprine sodium for inj 100 mg	4	BD
<i>azathioprine tab 50 mg</i>	2	BD
BCG VACCINE - bcg vaccine inj	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	4	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	4	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous 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>	3	BD
<i>cyclosporine modified cap 50 mg</i>	3	BD
<i>cyclosporine modified cap 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	4	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	4	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	4	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	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
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	4	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	4	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	4	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	4	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	4	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
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

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate inj 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	4	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	4	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	4	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	4	
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
<i>leflunomide tab 10 mg</i>	3	
<i>leflunomide tab 20 mg</i>	3	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	4	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	4	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	4	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)	3	
<i>methotrexate sodium for inj 1 gm</i>	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	3	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	3	
<i>methotrexate sodium tab 2.5 mg</i>	2	
<i>mycophenolate mofetil cap 250 mg</i>	3	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	3	BD
<i>mycophenolate mofetil tab 500 mg</i>	3	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	4	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	4	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	4	
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
PROGRAF - tacrolimus packet for susp 0.2 mg	4	BD
PROGRAF - tacrolimus packet for susp 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	4	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	4	
RABAVERT - rabies vaccine, pcec for inj	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	4	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	4	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	4	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	4	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	4	QL (2 vaccines/lifetime)
<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
STAMARIL - yellow fever vaccine for inj suspension	4	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg</i>	4	BD
<i>tacrolimus cap 1 mg</i>	4	BD
<i>tacrolimus cap 5 mg</i>	4	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	4	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	4	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	4	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	4	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	4	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	4	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	4	
ZORTRESS - everolimus tab 0.25 mg	5	BD
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	QL (90 capsules/30 days)
CANASA - mesalamine suppos 1000 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	4	
<i>hydrocortisone perianal cream 1%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone perianal cream 2.5%</i>	2	
<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 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	3	
<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>	3	
CALCITRIOL - calcitriol inj 1 mcg/ml	4	
<i>calcitriol cap 0.25 mcg</i>	2	
<i>calcitriol cap 0.5 mcg</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	4	
<i>cinacalcet hcl tab 30 mg</i>	5	PA
<i>cinacalcet hcl tab 60 mg</i>	5	PA
<i>cinacalcet hcl tab 90 mg</i>	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium tab 150 mg</i>	2	QL (1 tablet/28 days)
MIACALCIN - calcitonin (salmon) inj 200 unit/ml	5	
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 50 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 75 mcg*	5	PA, QL (2 cartridges/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 100 mcg*	5	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg</i>	4	
<i>paricalcitol cap 2 mcg</i>	4	
<i>paricalcitol cap 4 mcg</i>	4	
<i>paricalcitol iv soln 2 mcg/ml</i>	4	
<i>paricalcitol iv soln 5 mcg/ml</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
Ophthalmic Agents		
<i>azelastine hcl ophth soln 0.05%</i>	3	
BACITRACIN - bacitracin ophth oint 500 unit/gm	4	
<i>bacitracin-polymyxin b ophth oint</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
<i>betaxolol hcl ophth soln 0.5%</i>	2	
<i>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	2	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	3	
<i>carteolol hcl ophth soln 1%</i>	2	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	2	
<i>cromolyn sodium ophth soln 4%</i>	2	
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
DEXAMETHASONE SODIUM PHOSPHATE - dexamethasone sodium phosphate ophth soln 0.1%	3	
<i>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	
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	
<i>fluorometholone ophth susp 0.1%</i>	3	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	4	
GENTAK - gentamicin sulfate ophth oint 0.3%	2	
<i>gentamicin sulfate ophth soln 0.3%</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
<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>	2	
<i>levobunolol hcl ophth soln 0.5%</i>	2	
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	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%	4	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	3	
<i>ofloxacin ophth soln 0.3%</i>	2	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
<i>pilocarpine hcl ophth soln 1%</i>	4	
<i>pilocarpine hcl ophth soln 2%</i>	4	
<i>pilocarpine hcl ophth soln 4%</i>	4	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	2	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	4	
PROLENSA - bromfenac sodium ophth soln 0.07%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	PA, QL (2 bottles/30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	2	
<i>timolol maleate ophth soln 0.5%</i>	2	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.25%	3	
TIMOLOL MALEATE OPHTHALMIC GEL FORMING - timolol maleate ophth gel forming soln 0.5%	3	
<i>tobramycin ophth soln 0.3%</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
<i>travoprost ophth soln 0.004%</i>	3	
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
<i>acetic acid otic soln 2%</i>	2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	4	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	4	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	3	BD
<i>acetylcysteine inhal soln 20%</i>	3	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	3	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	3	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	3	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml</i>	3	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml</i>	3	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	2	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 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>	3	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	3	QL (2 bottles/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	4	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	4	BD
<i>caffeine citrate oral soln 60 mg/3ml</i>	2	
CAYSTON - aztreonam lysine for inhal soln 75 mg*	5	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	4	PA
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD
DALIRESP - roflumilast tab 250 mcg	4	PA, QL (30 tablets/30 days)
DALIRESP - roflumilast tab 500 mcg	4	PA, QL (30 tablets/30 days)
<i>diphenhydramine hcl inj 50 mg/ml</i>	3	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)(generic for EpiPen 2-Pak)</i>	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3	QL (1 inhaler/30 days)

You can find information 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 DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	2	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	2	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 25 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 50 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor packet 75 mg	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	2	
<i>mometasone furoate nasal susp 50 mcg/act</i>	4	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg</i>	2	
<i>montelukast sodium chew tab 5 mg</i>	2	
<i>montelukast sodium oral granules packet 4 mg</i>	4	
<i>montelukast sodium tab 10 mg</i>	2	
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD

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

Drug Name	Drug Tier	Requirements/Limits
REMODULIN - treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 200 mg/20ml (10 mg/ml)*	5	BD
<i>ribavirin for inhal soln 6 gm</i>	5	
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	4	
<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	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)*</i>	5	BD
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)*</i>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
TUDORZA PRESSAIR - aclidinium bromide aerosol powd breath activated 400 mcg/act	3	QL (1 canister/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
<i>zafirlukast tab 10 mg</i>	3	
<i>zafirlukast tab 20 mg</i>	3	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg#</i>	4	PA
<i>cyclobenzaprine hcl tab 10 mg#</i>	4	PA
<i>methocarbamol tab 500 mg#</i>	4	PA
<i>methocarbamol tab 750 mg#</i>	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
Sleep Disorder Agents		
<i>armodafinil tab 50 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 150 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>armodafinil tab 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg</i>	3	QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 6 mg</i>	3	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg</i>	4	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	4	PA, QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 3 mg	3	QL (30 tablets/30 days)
SILENOR - doxepin hcl tab 6 mg	3	QL (30 tablets/30 days)
<i>temazepam cap 15 mg</i>	3	QL (30 capsules/30 days)
<i>temazepam cap 30 mg</i>	3	QL (30 capsules/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	4	
<i>zaleplon cap 10 mg#</i>	4	
<i>zolpidem tartrate tab 5 mg#</i>	4	PA
<i>zolpidem tartrate tab 10 mg#</i>	4	PA

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<i>carbamazepine cap er 12hr 300 mg</i>	11	<i>cefprozil tab 500 mg</i>	5
<i>carbamazepine chew tab 100 mg</i>	11	<i>ceftazidime for inj 1 gm</i>	5
<i>carbamazepine susp 100 mg/5ml</i>	11	<i>ceftazidime for inj 2 gm</i>	5
<i>carbamazepine tab 200 mg</i>	11	<i>ceftazidime for inj 6 gm</i>	5
<i>carbamazepine tab er 12hr 100 mg</i>	11	CEFTRIAXONE/DEXTROSE.....	6
<i>carbamazepine tab er 12hr 200 mg</i>	11	CEFTRIAXONE/DEXTROSE.....	6
<i>carbamazepine tab er 12hr 400 mg</i>	11	CEFTRIAXONE IN ISO-OSMOTIC	
<i>carbidopa & levodopa orally disintegrating tab</i>		DEXTROSE.....	5
<i>10-100 mg</i>	36	CEFTRIAXONE IN ISO-OSMOTIC	
<i>carbidopa & levodopa orally disintegrating tab</i>		DEXTROSE.....	5
<i>25-100 mg</i>	36	<i>ceftriaxone sodium for inj 10 gm</i>	6
<i>carbidopa & levodopa orally disintegrating tab</i>		<i>ceftriaxone sodium for inj 1 gm</i>	5
<i>25-250 mg</i>	36	<i>ceftriaxone sodium for inj 250 mg</i>	5
<i>carbidopa & levodopa tab 10-100 mg</i>	36	<i>ceftriaxone sodium for inj 2 gm</i>	5
<i>carbidopa & levodopa tab 25-100 mg</i>	36	<i>ceftriaxone sodium for inj 500 mg</i>	5
<i>carbidopa & levodopa tab 25-250 mg</i>	36	<i>ceftriaxone sodium for iv soln 1 gm</i>	6
<i>carbidopa & levodopa tab er 25-100</i>		<i>ceftriaxone sodium for iv soln 2 gm</i>	6
<i>mg</i>	36	<i>cefuroxime axetil tab 250 mg</i>	6
<i>carbidopa & levodopa tab er 50-200</i>		<i>cefuroxime axetil tab 500 mg</i>	6
<i>mg</i>	36	<i>cefuroxime sodium for inj 7.5 gm</i>	6
<i>carboplatin iv soln 150 mg/15ml</i>	24	<i>cefuroxime sodium for inj 750 mg</i>	6
<i>carboplatin iv soln 450 mg/45ml</i>	24	<i>cefuroxime sodium for iv soln 1.5 gm</i>	6
<i>carboplatin iv soln 50 mg/5ml</i>	24	<i>celecoxib cap 100 mg</i>	1
<i>carboplatin iv soln 600 mg/60ml</i>	24	<i>celecoxib cap 200 mg</i>	1
<i>carmustine for inj 100 mg</i>	24	<i>celecoxib cap 400 mg</i>	1
<i>carteolol hcl ophth soln 1%</i>	84	<i>celecoxib cap 50 mg</i>	1
<i>carvedilol tab 12.5 mg</i>	55	CELONTIN.....	11
<i>carvedilol tab 25 mg</i>	55	<i>cephalexin cap 250 mg</i>	6
<i>carvedilol tab 3.125 mg</i>	55	<i>cephalexin cap 500 mg</i>	6
<i>carvedilol tab 6.25 mg</i>	55	<i>cephalexin cap 750 mg</i>	6
<i>casprofungin acetate for iv soln 50 mg</i>	20	<i>cephalexin for susp 125 mg/5ml</i>	6
<i>casprofungin acetate for iv soln 70 mg</i>	20	<i>cephalexin for susp 250 mg/5ml</i>	6
CAYSTON.....	87	CEREZYME.....	69
<i>cefaclor cap 250 mg</i>	5	CHANTIX.....	3
<i>cefaclor cap 500 mg</i>	5	CHANTIX.....	3
<i>cefadroxil cap 500 mg</i>	5	CHANTIX CONTINUING MONTH	
<i>cefazolin sodium for inj 10 gm</i>	5	PACK.....	3
<i>cefazolin sodium for inj 1 gm</i>	5	CHANTIX STARTING MONTH PACK.....	3
<i>cefazolin sodium for inj 500 mg</i>	5	CHEMET.....	65
<i>cefdinir cap 300 mg</i>	5	CHENODAL.....	68
<i>cefdinir for susp 125 mg/5ml</i>	5	CHLORAMPHENICOL SODIUM	
<i>cefdinir for susp 250 mg/5ml</i>	5	SUCCINATE.....	6
<i>cefepime hcl for inj 1 gm</i>	5	<i>chlorhexidine gluconate soln 0.12%</i>	63
<i>cefepime hcl for inj 2 gm</i>	5	<i>chloroquine phosphate tab 250 mg</i>	35
<i>cefixime cap 400 mg</i>	5	<i>chloroquine phosphate tab 500 mg</i>	36
CEFOTAXIME SODIUM.....	5	CHLORPROMAZINE HCL.....	19
<i>cefotaxime sodium for inj 1 gm</i>	5	<i>chlorpromazine hcl inj 25 mg/ml</i>	19
<i>cefoxitin sodium for iv soln 1 gm</i>	5	<i>chlorpromazine hcl tab 100 mg</i>	19
<i>cefoxitin sodium for iv soln 2 gm</i>	5	<i>chlorpromazine hcl tab 10 mg</i>	19
<i>cefpodoxime proxetil tab 100 mg</i>	5	<i>chlorpromazine hcl tab 200 mg</i>	19

<i>chlorpromazine hcl tab 25 mg</i>	19	<i>clindamycin phosphate iv soln 300 mg/2ml</i>	6
<i>chlorpromazine hcl tab 50 mg</i>	19	<i>clindamycin phosphate iv soln 600 mg/4ml</i>	7
<i>chlorthalidone tab 25 mg</i>	55	<i>clindamycin phosphate iv soln 900 mg/6ml</i>	7
<i>chlorthalidone tab 50 mg</i>	55	<i>clindamycin phosphate lotion 1%</i>	7
<i>cholestyramine light powder 4 gm/ dose</i>	55	<i>clindamycin phosphate soln 1%</i>	7
<i>cholestyramine light powder packets 4 gm</i>	55	<i>clindamycin phosphate swab 1%</i>	7
<i>cholestyramine powder 4 gm/dose</i>	55	<i>clindamycin phosphate vaginal cream 2%</i>	7
<i>cholestyramine powder packets 4 gm</i>	55	CLINIMIX 4.25%/DEXTROSE 10%.....	66
CHORIONIC GONADOTROPIN.....	73	CLINIMIX 4.25%/DEXTROSE 5%.....	66
<i>ciclopirox olamine cream 0.77%</i>	20	CLINIMIX 5%/DEXTROSE 15%.....	66
<i>ciclopirox solution 8%</i>	20	CLINIMIX 5%/DEXTROSE 20%.....	66
<i>cilostazol tab 100 mg</i>	52	CLINIMIX 6/5.....	66
<i>cilostazol tab 50 mg</i>	52	CLINIMIX 8/10.....	66
CIMDUO.....	42	CLINIMIX 8/14.....	66
<i>cinacalcet hcl tab 30 mg</i>	83	CLINIMIX E 2.75%/DEXTROSE 5%.....	65
<i>cinacalcet hcl tab 60 mg</i>	83	CLINIMIX E 4.25%/DEXTROSE 10%.....	65
<i>cinacalcet hcl tab 90 mg</i>	83	CLINIMIX E 4.25%/DEXTROSE 5%.....	65
CINRYZE.....	78	CLINIMIX E 5%/DEXTROSE 15%.....	65
<i>ciprofloxacin 200 mg/100ml in d5w</i>	6	CLINIMIX E 5%/DEXTROSE 20%.....	66
<i>ciprofloxacin 400 mg/200ml in d5w</i>	6	CLINIMIX E 8/10.....	66
CIPROFLOXACIN HCL.....	6	CLINIMIX E 8/14.....	66
<i>ciprofloxacin hcl ophth soln 0.3%</i>	84	<i>clobazam suspension 2.5 mg/ml</i>	11
<i>ciprofloxacin hcl tab 250 mg</i>	6	<i>clobazam tab 10 mg</i>	11
<i>ciprofloxacin hcl tab 500 mg</i>	6	<i>clobazam tab 20 mg</i>	11
<i>ciprofloxacin hcl tab 750 mg</i>	6	<i>clofarabine iv soln 1 mg/ml</i>	24
CISPLATIN.....	24	<i>clomipramine hcl cap 25 mg</i>	16
<i>cisplatin inj 100 mg/100ml (1 mg/ml)</i>	24	<i>clomipramine hcl cap 50 mg</i>	16
<i>cisplatin inj 50 mg/50ml (1 mg/ml)</i>	24	<i>clomipramine hcl cap 75 mg</i>	16
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	15	<i>clonazepam orally disintegrating tab 0.125 mg</i>	46
<i>citalopram hydrobromide tab 10 mg</i>	15	<i>clonazepam orally disintegrating tab 0.25 mg</i>	46
<i>citalopram hydrobromide tab 20 mg</i>	15	<i>clonazepam orally disintegrating tab 0.5 mg</i>	46
<i>citalopram hydrobromide tab 40 mg</i>	16	<i>clonazepam orally disintegrating tab 1 mg</i>	46
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	24	<i>clonazepam orally disintegrating tab 2 mg</i>	46
CLARITHROMYCIN.....	6	<i>clonazepam tab 0.5 mg</i>	46
CLARITHROMYCIN.....	6	<i>clonazepam tab 1 mg</i>	46
<i>clarithromycin tab 250 mg</i>	6	<i>clonazepam tab 2 mg</i>	46
<i>clarithromycin tab 500 mg</i>	6	<i>clonidine hcl tab 0.1 mg</i>	55
CLEMASTINE FUMARATE.....	87	<i>clonidine hcl tab 0.2 mg</i>	55
<i>clindamycin hcl cap 150 mg</i>	6	<i>clonidine hcl tab 0.3 mg</i>	55
<i>clindamycin hcl cap 300 mg</i>	6	<i>clonidine hcl tab er 12hr 0.1 mg</i>	62
<i>clindamycin hcl cap 75 mg</i>	6	<i>clonidine td patch weekly 0.1 mg/24hr</i>	55
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	6	<i>clonidine td patch weekly 0.2 mg/24hr</i>	55
<i>clindamycin phosphate gel 1%</i>	6	<i>clonidine td patch weekly 0.3 mg/24hr</i>	55
<i>clindamycin phosphate inj 300 mg/2ml</i>	6		
<i>clindamycin phosphate inj 600 mg/4ml</i>	6		
<i>clindamycin phosphate inj 900 mg/6ml</i>	6		
<i>clindamycin phosphate inj 9 gm/60ml</i>	6		

<i>clopidogrel bisulfate tab 75 mg</i>	52	<i>cromolyn sodium oral conc 100</i>	
<i>clorazepate dipotassium tab 15 mg</i>	46	<i>mg/5ml</i>	68
<i>clorazepate dipotassium tab 3.75 mg</i>	46	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	87
<i>clorazepate dipotassium tab 7.5 mg</i>	46	CRYSVITA.....	70
<i>clotrimazole troche 10 mg</i>	20	CRYSVITA.....	70
<i>clotrimazole w/ betamethasone cream</i>		CRYSVITA.....	70
<i>1-0.05%</i>	64	CUVITRU.....	78
<i>clozapine orally disintegrating tab 100</i>		CUVITRU.....	78
<i>mg</i>	37	CUVITRU.....	78
<i>clozapine orally disintegrating tab 12.5</i>		CUVITRU.....	78
<i>mg</i>	37	CUVITRU.....	78
<i>clozapine orally disintegrating tab 25</i>		<i>cyclobenzaprine hcl tab 10 mg</i>	89
<i>mg</i>	37	<i>cyclobenzaprine hcl tab 5 mg</i>	89
<i>clozapine tab 100 mg</i>	37	CYCLOPHOSPHAMIDE.....	24
<i>clozapine tab 200 mg</i>	38	CYCLOPHOSPHAMIDE.....	24
<i>clozapine tab 25 mg</i>	37	<i>cyclophosphamide cap 25 mg</i>	25
<i>clozapine tab 50 mg</i>	37	<i>cyclophosphamide cap 50 mg</i>	25
COARTEM.....	36	<i>cyclophosphamide for inj 1 gm</i>	25
<i>colchicine w/ probenecid tab 0.5-500</i>		<i>cyclophosphamide for inj 2 gm</i>	25
<i>mg</i>	21	<i>cyclophosphamide for inj 500 mg</i>	25
<i>colestipol hcl granule packets 5 gm</i>	55	CYCLOSET.....	48
<i>colestipol hcl granules 5 gm</i>	55	<i>cyclosporine cap 100 mg</i>	78
<i>colestipol hcl tab 1 gm</i>	55	<i>cyclosporine cap 25 mg</i>	78
<i>colistimethate sod for inj 150 mg</i>	7	<i>cyclosporine iv soln 50 mg/ml</i>	79
COMBIPATCH.....	73	<i>cyclosporine modified cap 100 mg</i>	79
COMBIPATCH.....	73	<i>cyclosporine modified cap 25 mg</i>	79
COMBIVENT RESPIMAT.....	87	<i>cyclosporine modified cap 50 mg</i>	79
COMETRIQ.....	24	<i>cyclosporine modified oral soln 100 mg/</i>	
COMETRIQ.....	24	<i>ml</i>	79
COMETRIQ.....	24	CYRAMZA.....	25
COMPLERA.....	42	CYRAMZA.....	25
COPIKTRA.....	24	CYSTADANE.....	70
COPIKTRA.....	24	CYSTAGON.....	70
CORLANOR.....	55	CYSTAGON.....	70
CORLANOR.....	55	CYSTARAN.....	84
CORLANOR.....	56	CYTARABINE.....	25
CORTISONE ACETATE.....	72	<i>cytarabine inj pf 100 mg/ml</i>	25
COSENTYX.....	78	<i>cytarabine inj pf 20 mg/ml</i>	25
COSENTYX.....	78	D	
COSENTYX SENSOREADY PEN.....	78	DACARBAZINE.....	25
COSENTYX SENSOREADY PEN.....	78	<i>dacarbazine for inj 200 mg</i>	25
COTELLIC.....	24	<i>dactinomycin for inj 0.5 mg</i>	25
CREON.....	69	<i>dalfampridine tab er 12hr 10 mg</i>	62
CREON.....	69	DALIRESP.....	87
CREON.....	70	DALIRESP.....	87
CREON.....	70	DALVANCE.....	7
CREON.....	70	<i>danazol cap 100 mg</i>	73
CRESEMBA.....	20	<i>danazol cap 200 mg</i>	73
CRESEMBA.....	20	<i>danazol cap 50 mg</i>	73
CRIXIVAN.....	42	<i>dapsone tab 100 mg</i>	22
CRIXIVAN.....	42	<i>dapsone tab 25 mg</i>	22
<i>cromolyn sodium ophth soln 4%</i>	84		

DAPTACEL.....	79	dexamethasone elixir 0.5 mg/5ml.....	72
daptomycin for iv soln 500 mg.....	7	DEXAMETHASONE SODIUM PHOSPHATE.....	84
DARAPRIM.....	36	dexamethasone sodium phosphate inj 120 mg/30ml.....	72
DARZALEX.....	25	dexamethasone sodium phosphate inj 20 mg/5ml.....	72
DARZALEX.....	25	dexamethasone sodium phosphate inj 4 mg/ ml.....	72
DARZALEX FASPRO.....	25	dexamethasone tab 0.5 mg.....	72
daunorubicin hcl iv soln 20 mg/4ml.....	25	dexamethasone tab 0.75 mg.....	72
DAUNORUBICIN HYDROCHLORIDE.....	25	dexamethasone tab 1.5 mg.....	72
DAURISMO.....	25	dexamethasone tab 4 mg.....	72
DAURISMO.....	25	dexamethasone tab 6 mg.....	72
decitabine for inj 50 mg.....	25	dexmethylphenidate hcl tab 10 mg.....	62
deferasirox granules packet 180 mg.....	66	dexmethylphenidate hcl tab 2.5 mg.....	62
deferasirox granules packet 360 mg.....	66	dexmethylphenidate hcl tab 5 mg.....	62
deferasirox granules packet 90 mg.....	66	dexrazoxane hcl for inj 250 mg.....	25
deferasirox tab 180 mg.....	66	dexrazoxane hcl for inj 500 mg.....	25
deferasirox tab 360 mg.....	66	dextroamphetamine sulfate tab 10 mg.....	62
deferasirox tab 90 mg.....	66	dextroamphetamine sulfate tab 5 mg.....	62
deferasirox tab for oral susp 125 mg.....	66	DEXTROSE 2.5%/NACL 0.45%.....	66
deferasirox tab for oral susp 250 mg.....	66	dextrose 5% in lactated ringers.....	66
deferasirox tab for oral susp 500 mg.....	66	dextrose 5% w/ sodium chloride 0.2%.....	66
DELSTRIGO.....	42	dextrose 5% w/ sodium chloride 0.33%.....	66
demeclocycline hcl tab 150 mg.....	7	dextrose 5% w/ sodium chloride 0.45%.....	66
demeclocycline hcl tab 300 mg.....	7	dextrose 5% w/ sodium chloride 0.9%.....	66
DEM SER.....	56	dextrose inj 10%.....	66
DENAVIR.....	42	dextrose inj 5%.....	66
DEPEN TITRATABS.....	71	DIASTAT ACUDIAL.....	11
DEPO-PROVERA.....	73	DIASTAT ACUDIAL.....	11
DESCOVY.....	42	DIASTAT PEDIATRIC.....	11
desipramine hcl tab 100 mg.....	16	DIAZEPAM.....	46
desipramine hcl tab 10 mg.....	16	DIAZEPAM RECTAL GEL.....	11
desipramine hcl tab 150 mg.....	16	DIAZEPAM RECTAL GEL.....	11
desipramine hcl tab 25 mg.....	16	DIAZEPAM RECTAL GEL.....	11
desipramine hcl tab 50 mg.....	16	diazepam tab 10 mg.....	46
desipramine hcl tab 75 mg.....	16	diazepam tab 2 mg.....	46
desmopressin acetate inj 4 mcg/ml.....	73	diazepam tab 5 mg.....	46
desmopressin acetate tab 0.1 mg.....	73	diazoxide susp 50 mg/ml.....	48
desmopressin acetate tab 0.2 mg.....	73	diclofenac potassium tab 50 mg.....	1
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	73	diclofenac sodium gel 1%.....	1
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	73	diclofenac sodium ophth soln 0.1%.....	84
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	73	diclofenac sodium tab delayed release 25 mg.....	1
desvenlafaxine succinate tab er 24hr 100 mg.....	16	diclofenac sodium tab delayed release 50 mg.....	1
desvenlafaxine succinate tab er 24hr 25 mg.....	16	diclofenac sodium tab delayed release 75 mg.....	1
desvenlafaxine succinate tab er 24hr 50 mg.....	16	diclofenac sodium tab er 24hr 100 mg.....	1
DEXAMETHASONE.....	72		
DEXAMETHASONE.....	72		

<i>dicloxacillin sodium cap 250 mg</i>	7	<i>diltiazem hcl extended release beads cap er 24hr</i>	
<i>dicloxacillin sodium cap 500 mg</i>	7	420 mg.....	56
<i>dicyclomine hcl tab 20 mg</i>	68	<i>diltiazem hcl tab 120 mg</i>	56
<i>didanosine delayed release capsule 200</i>		<i>diltiazem hcl tab 30 mg</i>	56
<i>mg</i>	42	<i>diltiazem hcl tab 60 mg</i>	56
<i>didanosine delayed release capsule 250</i>		<i>diltiazem hcl tab 90 mg</i>	56
<i>mg</i>	42	<i>dimethyl fumarate capsule delayed release 120</i>	
<i>didanosine delayed release capsule 400</i>		<i>mg</i>	62
<i>mg</i>	42	<i>dimethyl fumarate capsule delayed release 240</i>	
DIFICID.....	7	<i>mg</i>	62
<i>digoxin oral soln 0.05 mg/ml</i>	56	<i>dimethyl fumarate capsule dr starter pack 120 mg &</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	56	240 mg.....	63
<i>digoxin tab 250 mcg (0.25 mg)</i>	56	<i>diphenhydramine hcl inj 50 mg/ml</i>	87
<i>dihydroergotamine mesylate nasal spray 4 mg/</i>		DIPHTHERIA/TETANUS TOXOIDS	
<i>ml</i>	21	ADSORBED.....	79
DILANTIN.....	11	<i>disulfiram tab 250 mg</i>	3
<i>diltiazem hcl cap er 12hr 120 mg</i>	56	<i>disulfiram tab 500 mg</i>	3
<i>diltiazem hcl cap er 12hr 60 mg</i>	56	<i>divalproex sodium cap delayed release sprinkle 125</i>	
<i>diltiazem hcl cap er 12hr 90 mg</i>	56	<i>mg</i>	11
<i>diltiazem hcl cap er 24hr 120 mg</i>	56	<i>divalproex sodium tab delayed release 125</i>	
<i>diltiazem hcl cap er 24hr 180 mg</i>	56	<i>mg</i>	11
<i>diltiazem hcl cap er 24hr 240 mg</i>	56	<i>divalproex sodium tab delayed release 250</i>	
<i>diltiazem hcl coated beads cap er 24hr 120</i>		<i>mg</i>	11
<i>mg</i>	56	<i>divalproex sodium tab delayed release 500</i>	
<i>diltiazem hcl coated beads cap er 24hr 180</i>		<i>mg</i>	11
<i>mg</i>	56	<i>divalproex sodium tab er 24 hr 250 mg</i>	11
<i>diltiazem hcl coated beads cap er 24hr 240</i>		<i>divalproex sodium tab er 24 hr 500 mg</i>	11
<i>mg</i>	56	DIVIGEL.....	73
<i>diltiazem hcl coated beads cap er 24hr 300</i>		DIVIGEL.....	74
<i>mg</i>	56	DIVIGEL.....	74
<i>diltiazem hcl coated beads cap er 24hr 360</i>		DIVIGEL.....	74
<i>mg</i>	56	DIVIGEL.....	74
<i>diltiazem hcl coated beads cap er 24hr 420</i>		<i>docetaxel for inj conc 160 mg/8ml (20 mg/</i>	
<i>mg</i>	56	<i>ml)</i>	25
<i>diltiazem hcl coated beads tab er 24hr 180</i>		<i>docetaxel for inj conc 20 mg/ml</i>	25
<i>mg</i>	56	<i>docetaxel for inj conc 80 mg/4ml (20 mg/</i>	
<i>diltiazem hcl coated beads tab er 24hr 240</i>		<i>ml)</i>	25
<i>mg</i>	56	<i>docetaxel soln for iv infusion 160</i>	
<i>diltiazem hcl coated beads tab er 24hr 300</i>		<i>mg/16ml</i>	25
<i>mg</i>	56	<i>docetaxel soln for iv infusion 20</i>	
<i>diltiazem hcl coated beads tab er 24hr 360</i>		<i>mg/2ml</i>	25
<i>mg</i>	56	<i>docetaxel soln for iv infusion 80</i>	
<i>diltiazem hcl coated beads tab er 24hr 420</i>		<i>mg/8ml</i>	25
<i>mg</i>	56	<i>dofetilide cap 125 mcg (0.125 mg)</i>	56
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>dofetilide cap 250 mcg (0.25 mg)</i>	56
120 mg.....	56	<i>dofetilide cap 500 mcg (0.5 mg)</i>	56
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>donepezil hydrochloride tab 10 mg</i>	14
180 mg.....	56	<i>donepezil hydrochloride tab 5 mg</i>	14
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>dorzolamide hcl ophth soln 2%</i>	84
240 mg.....	56	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8</i>	
<i>diltiazem hcl extended release beads cap er 24hr</i>		<i>mg/ml</i>	84
300 mg.....	56	DOVATO.....	42
<i>diltiazem hcl extended release beads cap er 24hr</i>			
360 mg.....	56		

<i>doxazosin mesylate tab 1 mg</i>	56	<i>duloxetine hcl enteric coated pellets cap 30</i>	
<i>doxazosin mesylate tab 2 mg</i>	56	<i>mg</i>	16
<i>doxazosin mesylate tab 4 mg</i>	56	<i>duloxetine hcl enteric coated pellets cap 60</i>	
<i>doxazosin mesylate tab 8 mg</i>	56	<i>mg</i>	16
DOXEPIN HCL.....	16	DUREZOL.....	84
<i>doxepin hcl (sleep) tab 3 mg</i>	90	<i>dutasteride cap 0.5 mg</i>	71
<i>doxepin hcl (sleep) tab 6 mg</i>	90	E	
<i>doxepin hcl cap 100 mg</i>	16	EASY TOUCH FLIPLOCK SAFETY INSULIN	
<i>doxepin hcl cap 10 mg</i>	16	SYRINGE 1ML/30G X 1/2".....	48
<i>doxepin hcl cap 25 mg</i>	16	EASY TOUCH INSULIN SYRINGE/SAFETY/	
<i>doxepin hcl cap 50 mg</i>	16	U-100/0.5ML/29G X 1/2".....	48
<i>doxepin hcl cap 75 mg</i>	16	EASY TOUCH INSULIN SYRINGE/SAFETY/	
<i>doxepin hcl conc 10 mg/ml</i>	16	U-100/1ML/30G X 1/2".....	48
<i>doxorubicin hcl for inj 10 mg</i>	25	EASY TOUCH SHEATHLOCK SAFETY INSULIN	
<i>doxorubicin hcl for inj 50 mg</i>	25	SYRINGE 1ML/29G X 1/2".....	48
<i>doxorubicin hcl inj 2 mg/ml</i>	25	EASY TOUCH SHEATHLOCK SAFETY SYRINGE	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/</i>		1ML/30G X 1/2".....	48
<i>ml</i>	25	EDURANT.....	42
<i>doxycycline hyclate cap 100 mg</i>	7	<i>efavirenz cap 200 mg</i>	42
<i>doxycycline hyclate cap 50 mg</i>	7	<i>efavirenz cap 50 mg</i>	42
<i>doxycycline hyclate for inj 100 mg</i>	7	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i>	
<i>doxycycline hyclate tab 100 mg</i>	7	<i>mg</i>	42
<i>doxycycline hyclate tab 20 mg</i>	7	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300</i>	
<i>doxycycline monohydrate cap 100 mg</i>	7	<i>mg</i>	42
<i>doxycycline monohydrate cap 150 mg</i>	7	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300</i>	
<i>doxycycline monohydrate cap 50 mg</i>	7	<i>mg</i>	42
<i>doxycycline monohydrate cap 75 mg</i>	7	<i>efavirenz tab 600 mg</i>	42
<i>doxycycline monohydrate tab 100 mg</i>	7	ELAPRASE.....	70
<i>doxycycline monohydrate tab 150 mg</i>	7	ELELYSO.....	70
<i>doxycycline monohydrate tab 50 mg</i>	7	ELIDEL.....	64
<i>doxycycline monohydrate tab 75 mg</i>	7	ELIGARD.....	77
DRIZALMA SPRINKLE.....	16	ELIGARD.....	77
DRIZALMA SPRINKLE.....	16	ELIGARD.....	77
DRIZALMA SPRINKLE.....	16	ELIGARD.....	77
DRIZALMA SPRINKLE.....	16	ELIQUIS.....	52
<i>dronabinol cap 10 mg</i>	19	ELIQUIS.....	52
<i>dronabinol cap 2.5 mg</i>	19	ELIQUIS STARTER PACK.....	52
<i>dronabinol cap 5 mg</i>	19	ELITEK.....	25
<i>drospirenone-ethinyl estradiol tab 3-0.02</i>		ELITEK.....	25
<i>mg</i>	74	ELLA.....	74
<i>drospirenone-ethinyl estradiol tab 3-0.03</i>		EMCYT.....	25
<i>mg</i>	74	EMEND.....	19
<i>drospirenone-ethinyl estrad-levomefolate tab</i>		EMGALITY.....	21
<i>3-0.02-0.451 mg</i>	74	EMGALITY.....	21
<i>drospirenone-ethinyl estrad-levomefolate tab</i>		EMGALITY.....	21
<i>3-0.03-0.451 mg</i>	74	EMPLICITI.....	25
DUAVEE.....	74	EMPLICITI.....	26
DULERA.....	87	EMSAM.....	16
DULERA.....	87	EMSAM.....	16
DULERA.....	87	EMSAM.....	16
<i>duloxetine hcl enteric coated pellets cap 20</i>		<i>emtricitabine caps 200 mg</i>	42
<i>mg</i>	16		

<i>emtricitabine-tenofovir disoproxil fumarate tab</i>		ERYTHROCIN LACTOBIONATE.....	7
200-300 mg.....	42	<i>erythromycin ethylsuccinate for susp 400</i>	
EMTRIVA.....	42	mg/5ml.....	7
EMTRIVA.....	43	<i>erythromycin ophth oint 5 mg/gm.....</i>	84
<i>enalapril maleate & hydrochlorothiazide tab 10-25</i>		<i>erythromycin tab 250 mg.....</i>	7
mg.....	57	<i>erythromycin tab 500 mg.....</i>	7
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5</i>		<i>erythromycin tab delayed release 250</i>	
mg.....	57	mg.....	7
<i>enalapril maleate tab 10 mg.....</i>	57	<i>erythromycin tab delayed release 333</i>	
<i>enalapril maleate tab 2.5 mg.....</i>	57	mg.....	7
<i>enalapril maleate tab 20 mg.....</i>	57	<i>erythromycin tab delayed release 500</i>	
<i>enalapril maleate tab 5 mg.....</i>	57	mg.....	7
ENGERIX-B.....	79	<i>erythromycin w/ delayed release particles cap 250</i>	
ENGERIX-B.....	79	mg.....	7
ENHERTU.....	26	ESBRIET.....	87
<i>enoxaparin sodium inj 100 mg/ml.....</i>	52	ESBRIET.....	87
<i>enoxaparin sodium inj 120 mg/0.8ml.....</i>	52	ESBRIET.....	87
<i>enoxaparin sodium inj 150 mg/ml.....</i>	53	<i>escitalopram oxalate soln 5 mg/5ml.....</i>	16
<i>enoxaparin sodium inj 300 mg/3ml.....</i>	53	<i>escitalopram oxalate tab 10 mg.....</i>	16
<i>enoxaparin sodium inj 30 mg/0.3ml.....</i>	52	<i>escitalopram oxalate tab 20 mg.....</i>	16
<i>enoxaparin sodium inj 40 mg/0.4ml.....</i>	52	<i>escitalopram oxalate tab 5 mg.....</i>	16
<i>enoxaparin sodium inj 60 mg/0.6ml.....</i>	52	<i>esomeprazole magnesium cap delayed release 20</i>	
<i>enoxaparin sodium inj 80 mg/0.8ml.....</i>	52	mg.....	68
<i>entecavir tab 200 mg.....</i>	36	<i>esomeprazole magnesium cap delayed release 40</i>	
<i>entecavir tab 0.5 mg.....</i>	43	mg.....	68
<i>entecavir tab 1 mg.....</i>	43	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
ENTRESTO.....	57	mg.....	74
ENTRESTO.....	57	<i>estradiol tab 0.5 mg.....</i>	74
ENTRESTO.....	57	<i>estradiol tab 1 mg.....</i>	74
EPCLUSA.....	43	<i>estradiol tab 2 mg.....</i>	74
EPCLUSA.....	43	<i>estradiol td patch twice weekly 0.025</i>	
EPIDIOLEX.....	11	mg/24hr.....	74
<i>epinastine hcl ophth soln 0.05%.....</i>	84	<i>estradiol td patch twice weekly 0.0375</i>	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml</i>		mg/24hr.....	74
(1:2000).....	87	<i>estradiol td patch twice weekly 0.05</i>	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml</i>		mg/24hr.....	74
(1:1000) (generic for EpiPen 2-Pak).....	87	<i>estradiol td patch twice weekly 0.075</i>	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/</i>		mg/24hr.....	74
ml).....	26	<i>estradiol td patch twice weekly 0.1</i>	
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/</i>		mg/24hr.....	74
ml).....	26	<i>estradiol td patch weekly 0.025</i>	
EPIVIR HBV.....	43	mg/24hr.....	74
ERBITUX.....	26	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5</i>	
ERBITUX.....	26	mcg/24hr).....	74
ERGOLOID MESYLATES.....	14	<i>estradiol td patch weekly 0.05 mg/24hr.....</i>	74
<i>ergotamine w/ caffeine tab 1-100 mg.....</i>	21	<i>estradiol td patch weekly 0.06 mg/24hr.....</i>	74
ERIVEDGE.....	26	<i>estradiol td patch weekly 0.075</i>	
ERLEADA.....	26	mg/24hr.....	74
<i>erlotinib hcl tab 100 mg.....</i>	26	<i>estradiol td patch weekly 0.1 mg/24hr.....</i>	74
<i>erlotinib hcl tab 150 mg.....</i>	26	<i>estradiol vaginal cream 0.1 mg/gm.....</i>	74
<i>erlotinib hcl tab 25 mg.....</i>	26	<i>estradiol vaginal tab 10 mcg.....</i>	74
ERWINAZE.....	26	<i>ethambutol hcl tab 100 mg.....</i>	22

<i>ethambutol hcl tab 400 mg</i>	22	<i>felbamate tab 600 mg</i>	11
<i>ethosuximide cap 250 mg</i>	11	<i>felodipine tab er 24hr 10 mg</i>	57
<i>ethosuximide soln 250 mg/5ml</i>	11	<i>felodipine tab er 24hr 2.5 mg</i>	57
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	74	<i>felodipine tab er 24hr 5 mg</i>	57
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	74	<i>fenofibrate micronized cap 134 mg</i>	57
ETHYOL.....	26	<i>fenofibrate micronized cap 200 mg</i>	57
<i>etodolac cap 200 mg</i>	1	<i>fenofibrate micronized cap 67 mg</i>	57
<i>etodolac cap 300 mg</i>	1	<i>fenofibrate tab 145 mg</i>	57
<i>etodolac tab 400 mg</i>	1	<i>fenofibrate tab 160 mg</i>	57
<i>etodolac tab 500 mg</i>	1	<i>fenofibrate tab 48 mg</i>	57
ETOPOPHOS.....	26	<i>fenofibrate tab 54 mg</i>	57
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	26	<i>fantanyl citrate lozenge on a handle 1200 mcg</i>	1
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	26	<i>fantanyl citrate lozenge on a handle 1600 mcg</i>	1
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	26	<i>fantanyl citrate lozenge on a handle 200 mcg</i>	1
<i>everolimus tab 0.25 mg</i>	79	<i>fantanyl citrate lozenge on a handle 400 mcg</i>	1
<i>everolimus tab 0.5 mg</i>	79	<i>fantanyl citrate lozenge on a handle 600 mcg</i>	1
<i>everolimus tab 0.75 mg</i>	79	<i>fantanyl citrate lozenge on a handle 800 mcg</i>	1
<i>everolimus tab 2.5 mg</i>	26	<i>fantanyl td patch 72hr 100 mcg/hr</i>	1
<i>everolimus tab 5 mg</i>	26	<i>fantanyl td patch 72hr 12 mcg/hr</i>	1
<i>everolimus tab 7.5 mg</i>	26	<i>fantanyl td patch 72hr 25 mcg/hr</i>	1
EVOMELA.....	26	<i>fantanyl td patch 72hr 50 mcg/hr</i>	1
EVOTAZ.....	43	<i>fantanyl td patch 72hr 75 mcg/hr</i>	1
<i>exemestane tab 25 mg</i>	26	FETZIMA.....	16
<i>ezetimibe tab 10 mg</i>	57	FETZIMA.....	17
F		FETZIMA.....	17
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FABRAZYME.....	70	FETZIMA TITRATION PACK.....	17
<i>famciclovir tab 125 mg</i>	43	<i>finasteride tab 5 mg</i>	71
<i>famciclovir tab 250 mg</i>	43	FINTEPLA.....	12
<i>famciclovir tab 500 mg</i>	43	FIRMAGON.....	77
<i>famotidine for susp 40 mg/5ml</i>	68	FIRMAGON.....	77
<i>famotidine inj 200 mg/20ml</i>	68	<i>flecainide acetate tab 100 mg</i>	57
<i>famotidine inj 20 mg/2ml</i>	68	<i>flecainide acetate tab 150 mg</i>	57
<i>famotidine inj 40 mg/4ml</i>	68	<i>flecainide acetate tab 50 mg</i>	57
<i>famotidine tab 20 mg</i>	68	FLOVENT DISKUS.....	87
<i>famotidine tab 40 mg</i>	68	FLOVENT DISKUS.....	87
FANAPT.....	38	FLOVENT DISKUS.....	88
FANAPT.....	38	FLOVENT HFA.....	88
FANAPT.....	38	FLOVENT HFA.....	88
FANAPT.....	38	FLOVENT HFA.....	88
FANAPT.....	38	<i>fluconazole for susp 10 mg/ml</i>	20
FANAPT.....	38	<i>fluconazole for susp 40 mg/ml</i>	20
FANAPT TITRATION PACK.....	38	<i>fluconazole in dextrose inj 200 mg/100ml</i>	20
FARYDAK.....	26	<i>fluconazole in dextrose inj 400 mg/200ml</i>	20
FARYDAK.....	26		
FASLODEX.....	26		
<i>felbamate susp 600 mg/5ml</i>	11		
<i>felbamate tab 400 mg</i>	11		

<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	20	FLUTICASONE PROPIONATE/ SALMETEROL.....	88
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	20	<i>fluticasone propionate cream 0.05%</i>	64
<i>fluconazole tab 100 mg</i>	20	<i>fluticasone propionate nasal susp 50 mcg/act</i>	88
<i>fluconazole tab 150 mg</i>	20	<i>fluticasone propionate oint 0.005%</i>	64
<i>fluconazole tab 200 mg</i>	20	<i>fluvoxamine maleate tab 100 mg</i>	17
<i>fluconazole tab 50 mg</i>	20	<i>fluvoxamine maleate tab 25 mg</i>	17
<i>flucytosine cap 250 mg</i>	20	<i>fluvoxamine maleate tab 50 mg</i>	17
<i>flucytosine cap 500 mg</i>	20	FOLOTYN.....	26
<i>fludarabine phosphate for inj 50 mg</i>	26	FOLOTYN.....	26
<i>fludarabine phosphate inj 25 mg/ml</i>	26	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	53
<i>fludrocortisone acetate tab 0.1 mg</i>	72	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	53
<i>fluocinolone acetonide (otic) oil 0.01%</i>	85	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	53
<i>fluocinonide cream 0.05%</i>	64	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	53
<i>fluocinonide emulsified base cream 0.05%</i>	64	FORTEO.....	83
<i>fluocinonide gel 0.05%</i>	64	<i>fosamprenavir calcium tab 700 mg</i>	43
<i>fluocinonide oint 0.05%</i>	64	<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	19
<i>fluocinonide soln 0.05%</i>	64	<i>fosinopril sodium tab 10 mg</i>	57
<i>fluorometholone ophth susp 0.1%</i>	84	<i>fosinopril sodium tab 20 mg</i>	57
FLUOROURACIL.....	64	<i>fosinopril sodium tab 40 mg</i>	57
FLUOROURACIL.....	64	<i>fosphenytoin sodium inj 100 mg/2ml</i>	12
<i>fluorouracil cream 5%</i>	64	<i>fosphenytoin sodium inj 500 mg/10ml</i>	12
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	26	FOSRENOL.....	66
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	26	FOSRENOL.....	66
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	26	FREAMINE HBC 6.9%.....	66
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	26	FREAMINE III.....	66
<i>fluoxetine hcl cap 10 mg</i>	17	<i>fulvestrant inj 250 mg/5ml</i>	26
<i>fluoxetine hcl cap 20 mg</i>	17	<i>furosemide inj 10 mg/ml</i>	57
<i>fluoxetine hcl cap 40 mg</i>	17	<i>furosemide oral soln 10 mg/ml</i>	57
<i>fluoxetine hcl solution 20 mg/5ml</i>	17	<i>furosemide tab 20 mg</i>	57
<i>fluphenazine decanoate inj 25 mg/ml</i>	38	<i>furosemide tab 40 mg</i>	57
FLUPHENAZINE HCL.....	38	<i>furosemide tab 80 mg</i>	57
FLUPHENAZINE HCL.....	38	FUZEON.....	43
<i>fluphenazine hcl tab 10 mg</i>	38	FYCOMPA.....	12
<i>fluphenazine hcl tab 1 mg</i>	38	FYCOMPA.....	12
<i>fluphenazine hcl tab 2.5 mg</i>	38	FYCOMPA.....	12
<i>fluphenazine hcl tab 5 mg</i>	38	FYCOMPA.....	12
FLUPHENAZINE HYDROCHLORIDE.....	38	FYCOMPA.....	12
FLURBIPROFEN SODIUM.....	84	FYCOMPA.....	12
<i>flutamide cap 125 mg</i>	26	G	
FLUTICASONE PROPIONATE/ SALMETEROL.....	88	<i>gabapentin cap 100 mg</i>	12
FLUTICASONE PROPIONATE/ SALMETEROL.....	88	<i>gabapentin cap 300 mg</i>	12
		<i>gabapentin cap 400 mg</i>	12
		<i>gabapentin oral soln 250 mg/5ml</i>	12

<i>gabapentin tab 600 mg</i>	12	<i>glipizide tab er 24hr 10 mg</i>	48
<i>gabapentin tab 800 mg</i>	12	<i>glipizide tab er 24hr 2.5 mg</i>	48
GALANTAMINE HYDROBROMIDE.....	14	<i>glipizide tab er 24hr 5 mg</i>	48
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	15	GLUCAGEN HYPOKIT.....	48
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	15	<i>glycopyrrolate tab 1 mg</i>	68
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	15	<i>glycopyrrolate tab 2 mg</i>	68
<i>galantamine hydrobromide tab 12 mg</i>	15	<i>granisetron hcl inj 1 mg/ml</i>	19
<i>galantamine hydrobromide tab 4 mg</i>	15	<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	19
<i>galantamine hydrobromide tab 8 mg</i>	15	<i>griseofulvin microsize susp 125 mg/5ml</i>	20
<i>ganciclovir sodium for inj 500 mg</i>	43	<i>griseofulvin ultramicrosize tab 125 mg</i>	20
GARDASIL 9.....	79	<i>griseofulvin ultramicrosize tab 250 mg</i>	20
GARDASIL 9.....	79	GUANIDINE HCL.....	22
GATTEX.....	68	H	
GAUZE PADS 2" X 2".....	48	HAEGARDA.....	79
GAVRETO.....	26	HAEGARDA.....	79
GAZYVA.....	26	HALAVEN.....	27
<i>gemcitabine hcl for inj 1 gm</i>	27	<i>halobetasol propionate cream 0.05%</i>	64
<i>gemcitabine hcl for inj 200 mg</i>	26	<i>halobetasol propionate oint 0.05%</i>	64
<i>gemcitabine hcl for inj 2 gm</i>	27	<i>haloperidol decanoate im soln 100 mg/ml</i>	38
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)</i>	27	<i>haloperidol decanoate im soln 50 mg/ml</i>	38
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)</i>	27	<i>haloperidol lactate inj 5 mg/ml</i>	38
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)</i>	27	<i>haloperidol lactate oral conc 2 mg/ml</i>	38
<i>gemfibrozil tab 600 mg</i>	57	<i>haloperidol tab 0.5 mg</i>	38
GENTAK.....	84	<i>haloperidol tab 10 mg</i>	38
<i>gentamicin sulfate cream 0.1%</i>	64	<i>haloperidol tab 1 mg</i>	38
<i>gentamicin sulfate inj 10 mg/ml</i>	7	<i>haloperidol tab 20 mg</i>	38
<i>gentamicin sulfate inj 40 mg/ml</i>	7	<i>haloperidol tab 2 mg</i>	38
<i>gentamicin sulfate oint 0.1%</i>	64	<i>haloperidol tab 5 mg</i>	38
<i>gentamicin sulfate ophth soln 0.3%</i>	84	HARVONI.....	43
GENVOYA.....	43	HARVONI.....	43
GEODON.....	38	HARVONI.....	43
GILOTRIF.....	27	HARVONI.....	43
GILOTRIF.....	27	HAVRIX.....	79
GILOTRIF.....	27	HAVRIX.....	79
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	63	HEMADY.....	72
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	63	HEPARIN SODIUM.....	53
GLEOSTINE.....	27	HEPARIN SODIUM.....	53
GLEOSTINE.....	27	HEPARIN SODIUM/D5W.....	53
GLEOSTINE.....	27	<i>heparin sodium (porcine) inj 10000 unit/ml</i>	53
<i>glimepiride tab 1 mg</i>	48	<i>heparin sodium (porcine) inj 1000 unit/ml</i>	53
<i>glimepiride tab 2 mg</i>	48	<i>heparin sodium (porcine) inj 20000 unit/ml</i>	53
<i>glimepiride tab 4 mg</i>	48	<i>heparin sodium (porcine) inj 5000 unit/ml</i>	53
<i>glipizide tab 10 mg</i>	48	<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	53
<i>glipizide tab 5 mg</i>	48		

HEPATAMINE.....	66	<i>hydrocodone-acetaminophen tab 5-325</i>	
HERCEPTIN.....	27	<i>mg.....</i>	1
HERCEPTIN HYLECTA.....	27	<i>hydrocodone-acetaminophen tab 7.5-325</i>	
HERZUMA.....	27	<i>mg.....</i>	1
HERZUMA.....	27	<i>hydrocortisone cream 1%.....</i>	64
HETLIOZ.....	90	<i>hydrocortisone cream 2.5%.....</i>	64
HIBERIX.....	79	<i>hydrocortisone enema 100 mg/60ml.....</i>	82
HUMALOG.....	48	<i>hydrocortisone lotion 2.5%.....</i>	64
HUMALOG.....	48	<i>hydrocortisone oint 1%.....</i>	64
HUMALOG JUNIOR KWIKPEN.....	48	<i>hydrocortisone oint 2.5%.....</i>	64
HUMALOG KWIKPEN.....	48	<i>hydrocortisone perianal cream 1%.....</i>	82
HUMALOG MIX 50/50.....	48	<i>hydrocortisone perianal cream 2.5%.....</i>	83
HUMALOG MIX 50/50 KWIKPEN.....	48	<i>hydrocortisone tab 10 mg.....</i>	72
HUMALOG MIX 75/25.....	48	<i>hydrocortisone tab 20 mg.....</i>	72
HUMALOG MIX 75/25 KWIKPEN.....	48	<i>hydrocortisone tab 5 mg.....</i>	72
HUMIRA.....	79	<i>hydrocortisone w/ acetic acid otic soln</i>	
HUMIRA.....	79	<i>1-2%.....</i>	85
HUMIRA.....	79	<i>hydromorphone hcl inj 2 mg/ml.....</i>	1
HUMIRA.....	79	<i>hydromorphone hcl preservative free inj 2 mg/</i>	
HUMIRA.....	79	<i>ml.....</i>	2
HUMIRA.....	79	<i>hydromorphone hcl tab 2 mg.....</i>	2
HUMIRA.....	79	<i>hydromorphone hcl tab 4 mg.....</i>	2
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydromorphone hcl tab 8 mg.....</i>	2
STARTER PACK.....	79	<i>hydroxychloroquine sulfate tab 200 mg.....</i>	36
HUMIRA PEDIATRIC CROHNS DISEASE		HYDROXYPROGESTERONE	
STARTER PACK.....	79	CAPROATE.....	74
HUMIRA PEDIATRIC CROHNS DISEASE		<i>hydroxyurea cap 500 mg.....</i>	27
STARTER PACK.....	79		
HUMIRA PEN.....	79	I	
HUMIRA PEN.....	79	<i>ibandronate sodium tab 150 mg.....</i>	83
HUMIRA PEN-CD/UC/HS STARTER.....	79	IBRANCE.....	27
HUMIRA PEN-CD/UC/HS STARTER.....	80	IBRANCE.....	27
HUMIRA PEN-PS/UV STARTER.....	80	IBRANCE.....	27
HUMIRA PEN-PS/UV STARTER.....	80	IBRANCE.....	27
HUMULIN 70/30.....	49	IBRANCE.....	27
HUMULIN 70/30 KWIKPEN.....	49	IBRANCE.....	27
HUMULIN N.....	48	<i>ibuprofen tab 400 mg.....</i>	2
HUMULIN N KWIKPEN.....	48	<i>ibuprofen tab 600 mg.....</i>	2
HUMULIN R.....	48	<i>ibuprofen tab 800 mg.....</i>	2
HUMULIN R U-500 (CONCENTRATE).....	48	<i>icatibant acetate inj 30 mg/3ml.....</i>	80
HUMULIN R U-500 KWIKPEN.....	49	ICLUSIG.....	27
<i>hydralazine hcl tab 100 mg.....</i>	57	ICLUSIG.....	27
<i>hydralazine hcl tab 10 mg.....</i>	57	<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/</i>	
<i>hydralazine hcl tab 25 mg.....</i>	57	<i>ml).....</i>	27
<i>hydralazine hcl tab 50 mg.....</i>	57	<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/</i>	
<i>hydrochlorothiazide cap 12.5 mg.....</i>	57	<i>ml).....</i>	27
<i>hydrochlorothiazide tab 12.5 mg.....</i>	57	<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml).....</i>	27
<i>hydrochlorothiazide tab 25 mg.....</i>	58	IDHIFA.....	27
<i>hydrochlorothiazide tab 50 mg.....</i>	58	IDHIFA.....	27
<i>hydrocodone-acetaminophen tab 10-325</i>		IFOSFAMIDE.....	27
<i>mg.....</i>	1	<i>ifosfamide for inj 1 gm.....</i>	27
		ILARIS.....	80

ILEVRO.....	84	INSULIN PEN NEEDLE 33G X 8MM (1/3" OR	
<i>imatinib mesylate tab 100 mg</i>	27	5/16").....	49
<i>imatinib mesylate tab 400 mg</i>	27	INSULIN PEN NEEDLE 34G X 3.5MM	
IMBRUVICA.....	27	(9/64").....	49
IMBRUVICA.....	27	INSULIN SYRINGE/NEEDLE U-100/0.3ML/28G X	
IMBRUVICA.....	27	1/2".....	49
IMBRUVICA.....	27	INSULIN SYRINGE/NEEDLE	
IMBRUVICA.....	28	U-100/0.3ML/29G.....	49
IMBRUVICA.....	28	INSULIN SYRINGE/NEEDLE U-100/0.3ML/29G X	
IMFINZI.....	28	1".....	49
IMFINZI.....	28	INSULIN SYRINGE/NEEDLE	
<i>imipenem-cilastatin intravenous for soln 250</i>		U-100/0.3ML/30G.....	49
<i>mg</i>	7	INSULIN SYRINGE/NEEDLE U-100/0.3ML/31G X	
<i>imipenem-cilastatin intravenous for soln 500</i>		1/4" (6MM).....	49
<i>mg</i>	8	INSULIN SYRINGE/NEEDLE U-100/0.5ML/27G X	
<i>imipramine hcl tab 10 mg</i>	17	1/2".....	49
<i>imipramine hcl tab 25 mg</i>	17	INSULIN SYRINGE/NEEDLE U-100/0.5ML/28G X	
<i>imipramine hcl tab 50 mg</i>	17	5/16".....	49
<i>imiquimod cream 5%</i>	64	INSULIN SYRINGE/NEEDLE	
IMLYGIC.....	28	U-100/0.5ML/29G.....	49
IMLYGIC.....	28	INSULIN SYRINGE/NEEDLE U-100/0.5ML/29G X	
IMOVAX RABIES (H.D.C.V.).....	80	5/16".....	49
IMPAVIDO.....	8	INSULIN SYRINGE/NEEDLE	
INBRIJA.....	36	U-100/0.5ML/30G.....	49
INCRELEX.....	73	INSULIN SYRINGE/NEEDLE U-100/0.5ML/30G X	
INCRUSE ELLIPTA.....	88	3/16" (5MM).....	49
INFANRIX.....	80	INSULIN SYRINGE/NEEDLE U-100/0.5ML/30G X	
INLYTA.....	28	3/8".....	49
INLYTA.....	28	INSULIN SYRINGE/NEEDLE U-100/0.5ML/31G X	
INQOVI.....	28	1/4" (6MM).....	49
INREBIC.....	28	INSULIN SYRINGE/NEEDLE U-100/1ML/25G X	
INSULIN PEN NEEDLE 29G X 12.7MM		1".....	50
(1/2").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/25G X	
INSULIN PEN NEEDLE 29G X 5MM (1/5" OR		5/8".....	50
3/16").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/26G X	
INSULIN PEN NEEDLE 29G X 8MM (1/3" OR		1/2".....	50
5/16").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/27G X	
INSULIN PEN NEEDLE 30G X 5MM (1/5" OR		1/2".....	50
3/16").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/27G X	
INSULIN PEN NEEDLE 30G X 8MM (1/3" OR		5/8".....	50
5/16").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/28G X	
INSULIN PEN NEEDLE 31G X 4MM (1/6" OR		5/16".....	50
5/32").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/29G X	
INSULIN PEN NEEDLE 32G X 5MM (1/5" OR		5/16".....	50
3/16").....	49	INSULIN SYRINGE/NEEDLE	
INSULIN PEN NEEDLE 33G X 4MM (1/6" OR		U-100/1ML/30G.....	50
5/32").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/30G X	
INSULIN PEN NEEDLE 33G X 5MM (1/5" OR		3/16" (5MM).....	50
3/16").....	49	INSULIN SYRINGE/NEEDLE U-100/1ML/31G X	
INSULIN PEN NEEDLE 33G X 6MM (1/4" OR		1/4" (6MM).....	50
15/64").....	49	INSULIN SYRINGE/NEEDLE U-100/2ML/27.5G X	
		5/8".....	50

INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 15/64".....	49	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ ml)</i>	28
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 30 X 15/64".....	49	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	28
INSULIN SYRINGE/NEEDLE U-100 0.5 ML 32 X 5/16".....	49	ISENTRESS.....	43
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 15/64".....	49	ISENTRESS.....	43
INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16".....	49	ISENTRESS.....	43
INSULIN SYRINGE/NEEDLE U-500/0.5ML/31G X 6MM (15/64").....	50	ISENTRESS HD.....	43
INSULIN SYRINGE (DISP) U-100/0.3ML.....	49	ISONIAZID.....	22
INSULIN SYRINGE (DISP) U-100/0.5ML.....	49	<i>isoniazid tab 100 mg</i>	22
INSULIN SYRINGE (DISP) U-100/1ML.....	49	<i>isoniazid tab 300 mg</i>	22
INTELENCE.....	43	<i>isosorbide dinitrate tab 10 mg</i>	58
INTELENCE.....	43	<i>isosorbide dinitrate tab 20 mg</i>	58
INTELENCE.....	43	<i>isosorbide dinitrate tab 5 mg</i>	58
INTRALIPID.....	66	<i>isosorbide mononitrate tab er 24hr 120 mg</i>	58
INTRON A.....	43	<i>isosorbide mononitrate tab er 24hr 30 mg</i>	58
INTRON A.....	43	<i>isosorbide mononitrate tab er 24hr 60 mg</i>	58
INTRON A.....	43	<i>isotretinoin cap 10 mg</i>	64
INTRON A.....	43	<i>isotretinoin cap 20 mg</i>	64
INTRON A.....	43	<i>isotretinoin cap 30 mg</i>	64
INTRON A.....	43	<i>isotretinoin cap 40 mg</i>	64
INTRON A.....	43	ISTODAX (OVERFILL).....	28
INVEGA SUSTENNA.....	38	<i>itraconazole cap 100 mg</i>	20
INVEGA SUSTENNA.....	38	<i>ivermectin tab 3 mg</i>	36
INVEGA SUSTENNA.....	38	IXEMPRA KIT.....	28
INVEGA SUSTENNA.....	38	IXEMPRA KIT.....	28
INVEGA SUSTENNA.....	38	IXIARO.....	80
INVEGA SUSTENNA.....	38	J	
INVEGA TRINZA.....	39	JADENU.....	66
INVEGA TRINZA.....	39	JADENU.....	66
INVEGA TRINZA.....	39	JADENU.....	67
INVEGA TRINZA.....	39	JADENU SPRINKLE.....	67
INVEGA TRINZA.....	39	JADENU SPRINKLE.....	67
INVIRASE.....	43	JADENU SPRINKLE.....	67
IPOL INACTIVATED IPV.....	80	JAKAFI.....	28
<i>ipratropium bromide inhal soln 0.02%</i>	88	JAKAFI.....	28
<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray)</i>	88	JAKAFI.....	28
<i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray)</i>	88	JAKAFI.....	28
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	58	JAKAFI.....	28
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	58	JARDIANCE.....	50
<i>irbesartan tab 150 mg</i>	58	JARDIANCE.....	50
<i>irbesartan tab 300 mg</i>	58	JEVTANA.....	28
<i>irbesartan tab 75 mg</i>	58	JULUCA.....	43
IRESSA.....	28	K	
IRINOTECAN.....	28	KADCYLA.....	28
		KADCYLA.....	28
		KALETRA.....	43
		KALETRA.....	43

KALYDECO.....	88	<i>lactic acid (ammonium lactate) cream</i>	
KALYDECO.....	88	12%.....	64
KALYDECO.....	88	<i>lactic acid (ammonium lactate) lotion</i>	
KALYDECO.....	88	12%.....	64
KANJINTI.....	28	<i>lactulose (encephalopathy) solution 10</i>	
KANJINTI.....	28	gm/15ml.....	68
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45%</i>		<i>lactulose solution 10 gm/15ml.....</i>	68
<i>inj.....</i>	67	<i>lamivudine oral soln 10 mg/ml.....</i>	43
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i>		<i>lamivudine tab 100 mg (hbv).....</i>	43
<i>inj.....</i>	67	<i>lamivudine tab 150 mg.....</i>	43
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i>		<i>lamivudine tab 300 mg.....</i>	44
<i>inj.....</i>	67	<i>lamivudine-zidovudine tab 150-300 mg.....</i>	44
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj.....</i>	67	<i>lamotrigine tab 100 mg.....</i>	12
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i>		<i>lamotrigine tab 150 mg.....</i>	12
<i>inj.....</i>	67	<i>lamotrigine tab 200 mg.....</i>	12
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i>		<i>lamotrigine tab 25 mg.....</i>	12
<i>inj.....</i>	67	<i>lamotrigine tab chewable dispersible 25</i>	
KEPIVANCE.....	63	mg.....	12
<i>ketoconazole cream 2%.....</i>	20	<i>lamotrigine tab chewable dispersible 5</i>	
<i>ketoconazole shampoo 2%.....</i>	20	mg.....	12
<i>ketoconazole tab 200 mg.....</i>	20	<i>lansoprazole cap delayed release 15</i>	
<i>ketorolac tromethamine ophth soln</i>		mg.....	68
0.4%.....	84	<i>lansoprazole cap delayed release 30</i>	
<i>ketorolac tromethamine ophth soln</i>		mg.....	68
0.5%.....	84	<i>lanthanum carbonate chew tab 1000</i>	
KEYTRUDA.....	28	mg.....	67
KINRIX.....	80	<i>lanthanum carbonate chew tab 500</i>	
KISQALI.....	28	mg.....	67
KISQALI.....	28	<i>lanthanum carbonate chew tab 750</i>	
KISQALI.....	28	mg.....	67
KISQALI FEMARA 200 DOSE.....	28	<i>lapatinib ditosylate tab 250 mg.....</i>	29
KISQALI FEMARA 400 DOSE.....	28	LARTRUVO.....	29
KISQALI FEMARA 600 DOSE.....	29	LARTRUVO.....	29
KOMBIGLYZE XR.....	50	<i>latanoprost ophth soln 0.005%.....</i>	84
KOMBIGLYZE XR.....	50	LATUDA.....	39
KOMBIGLYZE XR.....	50	LATUDA.....	39
KORLYM.....	76	LATUDA.....	39
KOSELUGO.....	29	LATUDA.....	39
KOSELUGO.....	29	LATUDA.....	39
KUVAN.....	70	LATUDA.....	39
KUVAN.....	70	LEDIPASVIR/SOFOSBUVIR.....	44
KUVAN.....	70	<i>leflunomide tab 10 mg.....</i>	80
KYPROLIS.....	29	<i>leflunomide tab 20 mg.....</i>	80
KYPROLIS.....	29	LENVIMA 10 MG DAILY DOSE.....	29
KYPROLIS.....	29	LENVIMA 12MG DAILY DOSE.....	29
KYPROLIS.....	29	LENVIMA 14 MG DAILY DOSE.....	29
		LENVIMA 18 MG DAILY DOSE.....	29
L		LENVIMA 20 MG DAILY DOSE.....	29
<i>labetalol hcl tab 100 mg.....</i>	58	LENVIMA 24 MG DAILY DOSE.....	29
<i>labetalol hcl tab 200 mg.....</i>	58	LENVIMA 4 MG DAILY DOSE.....	29
<i>labetalol hcl tab 300 mg.....</i>	58	LENVIMA 8 MG DAILY DOSE.....	29
LACRISERT.....	84	<i>letrozole tab 2.5 mg.....</i>	29
<i>lactated ringer's solution.....</i>	67	LEUCOVORIN CALCIUM.....	29

leucovorin calcium for inj 100 mg.....	29	levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium for inj 200 mg.....	29	levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium for inj 350 mg.....	29	levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium for inj 500 mg.....	29	levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium for inj 50 mg.....	29	levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium inj 500 mg/50ml (10 mg/ ml).....	29	levothyroxine sodium tab 300 mcg (levo-t, unithroid).....	76
leucovorin calcium tab 10 mg.....	29	levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium tab 15 mg.....	29	levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium tab 25 mg.....	29	levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76
leucovorin calcium tab 5 mg.....	29	LEXIVA.....	44
LEUKERAN.....	29	LIBTAYO.....	30
leuprolide acetate inj kit 5 mg/ml.....	77	lidocaine hcl soln 4%.....	3
levetiracetam inj 500 mg/5ml (100 mg/ ml).....	12	lidocaine hcl urethral/mucosal gel 2%.....	3
levetiracetam oral soln 100 mg/ml.....	12	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	3
levetiracetam tab 1000 mg.....	12	lidocaine hcl viscous soln 2%.....	3
levetiracetam tab 250 mg.....	12	lidocaine patch 5%.....	3
levetiracetam tab 500 mg.....	12	lidocaine-prilocaine cream 2.5-2.5%.....	3
levetiracetam tab 750 mg.....	12	LINEZOLID.....	8
levobunolol hcl ophth soln 0.5%.....	84	linezolid for susp 100 mg/5ml.....	8
levocarnitine oral soln 1 gm/10ml (10%).....	67	linezolid iv soln 600 mg/300ml (2 mg/ ml).....	8
levocarnitine tab 330 mg.....	67	linezolid tab 600 mg.....	8
levocetirizine dihydrochloride tab 5 mg.....	88	LINZESS.....	68
levofloxacin in d5w iv soln 250 mg/50ml.....	8	LINZESS.....	68
levofloxacin in d5w iv soln 500 mg/100ml.....	8	LINZESS.....	69
levofloxacin in d5w iv soln 750 mg/150ml.....	8	liothyronine sodium tab 25 mcg.....	76
levofloxacin iv soln 25 mg/ml.....	8	liothyronine sodium tab 50 mcg.....	76
levofloxacin oral soln 25 mg/ml.....	8	liothyronine sodium tab 5 mcg.....	76
levofloxacin tab 250 mg.....	8	lisinopril & hydrochlorothiazide tab 10-12.5 mg.....	58
levofloxacin tab 500 mg.....	8	lisinopril & hydrochlorothiazide tab 20-12.5 mg.....	58
levofloxacin tab 750 mg.....	8	lisinopril & hydrochlorothiazide tab 20-25 mg.....	58
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	74	lisinopril tab 10 mg.....	58
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	74	lisinopril tab 2.5 mg.....	58
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	74	lisinopril tab 20 mg.....	58
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	74	lisinopril tab 30 mg.....	58
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	74	lisinopril tab 40 mg.....	58
levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76	lisinopril tab 5 mg.....	58
levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76	LITHIUM.....	46
levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	76	lithium carbonate cap 150 mg.....	46

<i>lithium carbonate cap 300 mg</i>	47	MARQIBO.....	30
<i>lithium carbonate cap 600 mg</i>	47	MATULANE.....	30
<i>lithium carbonate tab 300 mg</i>	47	MAYZENT.....	63
<i>lithium carbonate tab er 300 mg</i>	47	MAYZENT.....	63
<i>lithium carbonate tab er 450 mg</i>	47	<i>meclizine hcl tab 12.5 mg</i>	19
LOKELMA.....	67	<i>medroxyprogesterone acetate im susp 150 mg/ ml</i>	74
LOKELMA.....	67	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	74
LONSURF.....	30	<i>medroxyprogesterone acetate tab 10 mg</i>	75
LONSURF.....	30	<i>medroxyprogesterone acetate tab 2.5 mg</i>	74
<i>loperamide hcl cap 2 mg</i>	69	<i>medroxyprogesterone acetate tab 5 mg</i>	75
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ ml)</i>	44	MEFLOQUINE HCL.....	36
<i>lorazepam tab 0.5 mg</i>	46	<i>megestrol acetate susp 40 mg/ml</i>	75
<i>lorazepam tab 1 mg</i>	46	<i>megestrol acetate tab 20 mg</i>	75
<i>lorazepam tab 2 mg</i>	46	<i>megestrol acetate tab 40 mg</i>	75
LORBRENA.....	30	MEKINIST.....	30
LORBRENA.....	30	MEKINIST.....	30
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	58	MEKTOVI.....	30
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	58	<i>meloxicam tab 15 mg</i>	2
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	58	<i>meloxicam tab 7.5 mg</i>	2
<i>losartan potassium tab 100 mg</i>	58	<i>melfalan hcl for inj 50 mg</i>	30
<i>losartan potassium tab 25 mg</i>	58	<i>memantine hcl oral solution 2 mg/ml</i>	15
<i>losartan potassium tab 50 mg</i>	58	<i>memantine hcl tab 10 mg</i>	15
<i>lovastatin tab 10 mg</i>	58	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	15
<i>lovastatin tab 20 mg</i>	58	<i>memantine hcl tab 5 mg</i>	15
<i>lovastatin tab 40 mg</i>	58	MENACTRA.....	80
<i>loxapine succinate cap 10 mg</i>	39	MENVEO.....	80
<i>loxapine succinate cap 25 mg</i>	39	<i>mercaptapurine tab 50 mg</i>	30
<i>loxapine succinate cap 50 mg</i>	39	<i>meropenem iv for soln 1 gm</i>	8
<i>loxapine succinate cap 5 mg</i>	39	<i>meropenem iv for soln 500 mg</i>	8
LUMIZYME.....	70	<i>mesalamine enema 4 gm</i>	83
LUMOXITI.....	30	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	83
LUPRON DEPOT (1-MONTH).....	77	<i>mesalamine suppos 1000 mg</i>	83
LUPRON DEPOT-PED (1-MONTH).....	77	<i>mesalamine tab delayed release 1.2 gm</i>	83
LUPRON DEPOT-PED (1-MONTH).....	77	<i>mesalamine tab delayed release 800 mg</i>	83
LUPRON DEPOT-PED (1-MONTH).....	77	<i>mesna inj 100 mg/ml</i>	30
LUPRON DEPOT-PED (3-MONTH).....	77	MESNEX.....	30
LUPRON DEPOT-PED (3-MONTH).....	77	<i>metformin hcl tab 1000 mg</i>	50
LYNPARZA.....	30	<i>metformin hcl tab 500 mg</i>	50
LYNPARZA.....	30	<i>metformin hcl tab 850 mg</i>	50
LYSODREN.....	76	<i>metformin hcl tab er 24hr 500 mg</i>	50
M		<i>metformin hcl tab er 24hr 750 mg</i>	50
<i>magnesium sulfate inj 50%</i>	67	<i>methadone hcl tab 10 mg</i>	2
<i>malathion lotion 0.5%</i>	36	<i>methadone hcl tab 5 mg</i>	2
MAPROTILINE HCL.....	17		
MAPROTILINE HCL.....	17		
MAPROTILINE HCL.....	17		
MARPLAN.....	17		

<i>methazolamide tab 25 mg</i>	58	<i>metoprolol tartrate tab 50 mg</i>	59
<i>methazolamide tab 50 mg</i>	58	METRONIDAZOLE.....	8
<i>methenamine hippurate tab 1 gm</i>	8	<i>metronidazole cream 0.75%</i>	64
<i>methimazole tab 10 mg</i>	78	<i>metronidazole gel 0.75%</i>	64
<i>methimazole tab 5 mg</i>	78	<i>metronidazole gel 1%</i>	64
<i>methocarbamol tab 500 mg</i>	89	<i>metronidazole in nacl 0.74% iv soln 500</i>	
<i>methocarbamol tab 750 mg</i>	89	<i>mg/100ml</i>	8
METHOTREXATE SODIUM.....	80	<i>metronidazole in nacl 0.79% iv soln 500</i>	
<i>methotrexate sodium for inj 1 gm</i>	80	<i>mg/100ml</i>	8
<i>methotrexate sodium inj 50 mg/2ml (25 mg/</i>		<i>metronidazole lotion 0.75%</i>	64
<i>ml)</i>	80	<i>metronidazole tab 250 mg</i>	8
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/</i>		<i>metronidazole tab 500 mg</i>	8
<i>ml)</i>	80	<i>metronidazole vaginal gel 0.75%</i>	8
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/</i>		<i>metyrosine cap 250 mg</i>	59
<i>ml)</i>	80	<i>mexiletine hcl cap 150 mg</i>	59
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/</i>		<i>mexiletine hcl cap 200 mg</i>	59
<i>ml)</i>	80	<i>mexiletine hcl cap 250 mg</i>	59
<i>methotrexate sodium tab 2.5 mg</i>	80	MIACALCIN.....	83
<i>methylergonovine maleate tab 0.2 mg</i>	71	<i>micafungin sodium for iv soln 100 mg</i>	20
<i>methylphenidate hcl tab 10 mg</i>	63	<i>micafungin sodium for iv soln 50 mg</i>	20
<i>methylphenidate hcl tab 20 mg</i>	63	<i>midodrine hcl tab 10 mg</i>	59
<i>methylphenidate hcl tab 5 mg</i>	63	<i>midodrine hcl tab 2.5 mg</i>	59
<i>methylphenidate hcl tab er 20 mg</i>	63	<i>midodrine hcl tab 5 mg</i>	59
<i>methylprednisolone sod succ for inj 1000</i>		MIGERGOT.....	21
<i>mg</i>	72	<i>miglustat cap 100 mg</i>	70
<i>methylprednisolone sod succ for inj 125</i>		MIGRANAL.....	21
<i>mg</i>	72	<i>minocycline hcl cap 100 mg</i>	8
<i>methylprednisolone sod succ for inj 40</i>		<i>minocycline hcl cap 50 mg</i>	8
<i>mg</i>	72	<i>minocycline hcl cap 75 mg</i>	8
<i>methylprednisolone sod succ for inj 500</i>		<i>minocycline hcl tab 100 mg</i>	8
<i>mg</i>	72	<i>minocycline hcl tab 50 mg</i>	8
<i>methylprednisolone tab 16 mg</i>	72	<i>minocycline hcl tab 75 mg</i>	8
<i>methylprednisolone tab 32 mg</i>	72	<i>minoxidil tab 10 mg</i>	59
<i>methylprednisolone tab 4 mg</i>	72	<i>minoxidil tab 2.5 mg</i>	59
<i>methylprednisolone tab 8 mg</i>	72	<i>mirtazapine orally disintegrating tab 15</i>	
<i>methylprednisolone tab therapy pack 4 mg</i>		<i>mg</i>	17
(21).....	72	<i>mirtazapine orally disintegrating tab 30</i>	
<i>metoclopramide hcl inj 5 mg/ml</i>	69	<i>mg</i>	17
<i>metoclopramide hcl soln 5 mg/5ml (10</i>		<i>mirtazapine orally disintegrating tab 45</i>	
<i>mg/10ml)</i>	69	<i>mg</i>	17
<i>metoclopramide hcl tab 10 mg</i>	69	<i>mirtazapine tab 15 mg</i>	17
<i>metoclopramide hcl tab 5 mg</i>	69	<i>mirtazapine tab 30 mg</i>	17
<i>metoprolol succinate tab er 24hr 100</i>		<i>mirtazapine tab 45 mg</i>	17
<i>mg</i>	59	<i>mirtazapine tab 7.5 mg</i>	17
<i>metoprolol succinate tab er 24hr 200</i>		<i>misoprostol tab 100 mcg</i>	69
<i>mg</i>	59	<i>misoprostol tab 200 mcg</i>	69
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<i>mg</i>	58	<i>mitomycin for iv soln 20 mg</i>	30
<i>metoprolol succinate tab er 24hr 50</i>		<i>mitomycin for iv soln 40 mg</i>	30
<i>mg</i>	58	<i>mitomycin for iv soln 5 mg</i>	30
<i>metoprolol tartrate tab 100 mg</i>	59	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/</i>	
<i>metoprolol tartrate tab 25 mg</i>	59	<i>ml)</i>	30

<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	30	MYCAMINE.....	20
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	30	<i>mycophenolate mofetil cap 250 mg</i>	80
M-M-R II.....	80	<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	80
<i>modafinil tab 100 mg</i>	90	<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	80
<i>modafinil tab 200 mg</i>	90	<i>mycophenolate mofetil tab 500 mg</i>	80
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MOLINDONE HYDROCHLORIDE.....	39	MYRBETRIQ.....	71
MOLINDONE HYDROCHLORIDE.....	39	MYRBETRIQ.....	71
<i>mometasone furoate cream 0.1%</i>	64	N	
<i>mometasone furoate nasal susp 50 mcg/act</i>	88	<i>nabumetone tab 500 mg</i>	2
<i>mometasone furoate oint 0.1%</i>	64	<i>nabumetone tab 750 mg</i>	2
<i>mometasone furoate solution 0.1% (lotion)</i>	64	NAFCILLIN SODIUM.....	8
MONJUVI.....	30	NAFCILLIN SODIUM.....	8
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	50	NAFCILLIN SODIUM.....	8
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	50	<i>nafcillin sodium for inj 1 gm</i>	8
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	50	<i>nafcillin sodium for inj 2 gm</i>	8
<i>montelukast sodium chew tab 4 mg</i>	88	<i>nafcillin sodium for iv soln 10 gm</i>	9
<i>montelukast sodium chew tab 5 mg</i>	88	NAGLAZYME.....	70
<i>montelukast sodium oral granules packet 4 mg</i>	88	NALOXONE HCL.....	3
<i>montelukast sodium tab 10 mg</i>	88	<i>naloxone hcl inj 0.4 mg/ml</i>	3
<i>morphine sulfate tab 15 mg</i>	2	<i>naloxone hcl inj 4 mg/10ml</i>	3
<i>morphine sulfate tab 30 mg</i>	2	<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	3
<i>morphine sulfate tab er 100 mg</i>	2	<i>naltrexone hcl tab 50 mg</i>	3
<i>morphine sulfate tab er 15 mg</i>	2	<i>naproxen sodium tab 275 mg</i>	2
<i>morphine sulfate tab er 200 mg</i>	2	<i>naproxen sodium tab 550 mg</i>	2
<i>morphine sulfate tab er 30 mg</i>	2	<i>naproxen susp 125 mg/5ml</i>	2
<i>morphine sulfate tab er 60 mg</i>	2	<i>naproxen tab 250 mg</i>	2
MOVIPREP.....	69	<i>naproxen tab 375 mg</i>	2
MOXEZA.....	84	<i>naproxen tab 500 mg</i>	2
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	8	<i>naproxen tab ec 375 mg</i>	2
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	84	<i>naproxen tab ec 500 mg</i>	2
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	84	<i>naratriptan hcl tab 1 mg</i>	21
<i>moxifloxacin hcl tab 400 mg</i>	8	<i>naratriptan hcl tab 2.5 mg</i>	21
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<i>mupirocin calcium cream 2%</i>	64	<i>nateglinide tab 120 mg</i>	50
<i>mupirocin oint 2%</i>	64	<i>nateglinide tab 60 mg</i>	50
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		NEFAZODONE HCL.....	17
		<i>nefazodone hcl tab 250 mg</i>	17
		<i>nefazodone hcl tab 50 mg</i>	17
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neomycin-polymyxin-hc otic soln 1%.....	85	NIVESTYM.....	53
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	85	NIVESTYM.....	53
neomycin sulfate tab 500 mg.....	9	nizatidine cap 150 mg.....	69
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NERLYNX.....	30	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	75
nevirapine susp 50 mg/5ml.....	44	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	75
nevirapine tab 200 mg.....	44	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	75
nevirapine tab er 24hr 100 mg.....	44	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	75
nevirapine tab er 24hr 400 mg.....	44	norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	75
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niacin tab er 500 mg.....	59	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	75
niacin tab er 750 mg.....	59	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	75
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nifedipine tab er 24hr 30 mg.....	59	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	75
nifedipine tab er 24hr 60 mg.....	59	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	75
nifedipine tab er 24hr 90 mg.....	59	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	75
nifedipine tab er 24hr osmotic release 30 mg.....	59	norethindrone tab 0.35 mg.....	75
nifedipine tab er 24hr osmotic release 60 mg.....	59	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	75
nifedipine tab er 24hr osmotic release 90 mg.....	59	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	75
nilutamide tab 150 mg.....	30	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	75
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nitisinone cap 5 mg.....	70	nortriptyline hcl cap 25 mg.....	17
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nitrofurantoin macrocrystalline cap 50 mg.....	9		
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NOXAFIL.....	20	<i>omeprazole cap delayed release 10</i>	
NOXAFIL.....	21	<i>mg</i>	69
NUBEQA.....	30	<i>omeprazole cap delayed release 20</i>	
NUDEXTA.....	63	<i>mg</i>	69
NULOJIX.....	80	<i>omeprazole cap delayed release 40</i>	
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<i>nystatin susp 100000 unit/ml</i>	21	<i>ondansetron hcl inj 40 mg/20ml (2 mg/</i>	
<i>nystatin tab 500000 unit</i>	21	<i>ml)</i>	19
<i>nystatin topical powder 100000 unit/</i>		<i>ondansetron hcl inj 4 mg/2ml (2 mg/</i>	
<i>gm</i>	21	<i>ml)</i>	19
O		<i>ondansetron hcl tab 24 mg</i>	19
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<i>octreotide acetate inj 1000 mcg/ml (1 mg/</i>		<i>ondansetron hcl tab 8 mg</i>	19
<i>ml)</i>	77	<i>ondansetron orally disintegrating tab 4</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/</i>		<i>mg</i>	19
<i>ml)</i>	77	<i>ondansetron orally disintegrating tab 8</i>	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/</i>		<i>mg</i>	19
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<i>octreotide acetate inj 500 mcg/ml (0.5 mg/</i>		ONGLYZA.....	50
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<i>octreotide acetate inj 50 mcg/ml (0.05 mg/</i>		ONTRUZANT.....	31
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<i>ofloxacin otic soln 0.3%</i>	85	ORENCIA.....	80
<i>ofloxacin tab 400 mg</i>	9	ORENCIA.....	80
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<i>olanzapine for im inj 10 mg</i>	39	ORENCIA CLICKJECT.....	80
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<i>mg</i>	39	ORFADIN.....	70
<i>olanzapine orally disintegrating tab 15</i>		ORFADIN.....	70
<i>mg</i>	39	ORFADIN.....	70
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<i>olanzapine orally disintegrating tab 5</i>		ORKAMBI.....	88
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<i>olanzapine tab 10 mg</i>	39	<i>oseltamivir phosphate cap 30 mg</i>	44
<i>olanzapine tab 15 mg</i>	39	<i>oseltamivir phosphate cap 45 mg</i>	44
<i>olanzapine tab 2.5 mg</i>	39	<i>oseltamivir phosphate cap 75 mg</i>	44

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<i>oxaliplatin for iv inj 50 mg</i>	31
<i>oxaliplatin iv soln 100 mg/20ml</i>	31
<i>oxaliplatin iv soln 50 mg/10ml</i>	31
<i>oxandrolone tab 10 mg</i>	75
<i>oxandrolone tab 2.5 mg</i>	75
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ ml)</i>	12
<i>oxcarbazepine tab 150 mg</i>	12
<i>oxcarbazepine tab 300 mg</i>	12
<i>oxcarbazepine tab 600 mg</i>	12
<i>oxybutynin chloride syrup 5 mg/5ml</i>	71
<i>oxybutynin chloride tab 5 mg</i>	72
<i>oxybutynin chloride tab er 24hr 10 mg</i>	71
<i>oxybutynin chloride tab er 24hr 15 mg</i>	72
<i>oxybutynin chloride tab er 24hr 5 mg</i>	71
<i>oxycodone hcl tab 10 mg</i>	2
<i>oxycodone hcl tab 15 mg</i>	2
<i>oxycodone hcl tab 20 mg</i>	2
<i>oxycodone hcl tab 30 mg</i>	2
<i>oxycodone hcl tab 5 mg</i>	2
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	2
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	2
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OZEMPIC.....	50

P

<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ ml)</i>	31
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ ml)</i>	31
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<i>paliperidone tab er 24hr 3 mg</i>	39
<i>paliperidone tab er 24hr 6 mg</i>	39
<i>paliperidone tab er 24hr 9 mg</i>	39
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	19
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<i>paricalcitol iv soln 5 mcg/ml</i>	83
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<i>paroxetine hcl tab 10 mg</i>	17
<i>paroxetine hcl tab 20 mg</i>	17
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<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	69
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	69
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PENICILLIN V POTASSIUM.....	9

<i>penicillin v potassium tab 250 mg</i>	9	<i>pioglitazone hcl tab 15 mg</i>	50
<i>penicillin v potassium tab 500 mg</i>	9	<i>pioglitazone hcl tab 30 mg</i>	50
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<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i>	36	<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> <i>(2-0.25 gm)</i>	9
<i>pentamidine isethionate for soln 300</i> <i>mg</i>	36	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5</i> <i>gm)</i>	9
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<i>perphenazine tab 16 mg</i>	19	<i>podofilox soln 0.5%</i>	65
<i>perphenazine tab 2 mg</i>	19	POLIVY.....	31
<i>perphenazine tab 4 mg</i>	19	POLIVY.....	31
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<i>phenobarbital sodium inj 130 mg/ml</i>	12	POMALYST.....	31
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<i>phenobarbital tab 15 mg</i>	12	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	67
<i>phenobarbital tab 16.2 mg</i>	13	<i>potassium chloride 20 meq/l (0.15%) in dextrose 5%</i> <i>inj</i>	67
<i>phenobarbital tab 30 mg</i>	13	<i>potassium chloride cap er 10 meq</i>	67
<i>phenobarbital tab 32.4 mg</i>	13	<i>potassium chloride cap er 8 meq</i>	67
<i>phenobarbital tab 60 mg</i>	13	<i>potassium chloride inj 2 meq/ml</i>	67
<i>phenobarbital tab 64.8 mg</i>	13	<i>potassium chloride microencapsulated crys er tab 10</i> <i>meq</i>	67
<i>phenobarbital tab 97.2 mg</i>	13	<i>potassium chloride microencapsulated crys er tab 20</i> <i>meq</i>	67
<i>phenoxybenzamine hcl cap 10 mg</i>	60	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i>	67
<i>phenytoin chew tab 50 mg</i>	13	<i>potassium chloride tab er 10 meq</i>	67
<i>phenytoin sodium extended cap 100</i> <i>mg</i>	13	<i>potassium chloride tab er 8 meq (600</i> <i>mg)</i>	67
<i>phenytoin sodium extended cap 200</i> <i>mg</i>	13	<i>potassium citrate tab er 10 meq (1080</i> <i>mg)</i>	67
<i>phenytoin sodium extended cap 300</i> <i>mg</i>	13	<i>potassium citrate tab er 15 meq (1620</i> <i>mg)</i>	67
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<i>pilocarpine hcl ophth soln 4%</i>	85		
<i>pilocarpine hcl tab 5 mg</i>	63		
<i>pilocarpine hcl tab 7.5 mg</i>	63		
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PIMOZIDE.....	40		
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<i>pramipexole dihydrochloride tab 0.25 mg</i>	36	PREVENT SAFETY PEN NEEDLES 31G X 5/16".....	51
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<i>pravastatin sodium tab 20 mg</i>	60	<i>primaquine phosphate tab 26.3 mg</i>	36
<i>pravastatin sodium tab 40 mg</i>	60	<i>primidone tab 250 mg</i>	13
<i>pravastatin sodium tab 80 mg</i>	60	<i>primidone tab 50 mg</i>	13
<i>praziquantel tab 600 mg</i>	36	PRIVIGEN.....	81
<i>prazosin hcl cap 1 mg</i>	60	PRIVIGEN.....	81
<i>prazosin hcl cap 2 mg</i>	60	PRIVIGEN.....	81
<i>prazosin hcl cap 5 mg</i>	60	PRIVIGEN.....	81
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<i>prednisone tab 1 mg</i>	73	<i>prochlorperazine maleate tab 10 mg</i>	19
<i>prednisone tab 2.5 mg</i>	73	<i>prochlorperazine maleate tab 5 mg</i>	19
<i>prednisone tab 20 mg</i>	73	<i>prochlorperazine suppos 25 mg</i>	19
<i>prednisone tab 50 mg</i>	73	<i>progesterone micronized cap 100 mg</i>	75
<i>prednisone tab 5 mg</i>	73	<i>progesterone micronized cap 200 mg</i>	75
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<i>pregabalin cap 25 mg</i>	13	PROLIA.....	83
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PREMASOL.....	67	<i>propafenone hcl cap er 12hr 225 mg</i>	60
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		<i>propafenone hcl cap er 12hr 425 mg</i>	60
		<i>propafenone hcl tab 150 mg</i>	60
		<i>propafenone hcl tab 225 mg</i>	60

<i>propafenone hcl tab 300 mg</i>	60	RELISTOR.....	69
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<i>propranolol hcl tab 10 mg</i>	60	REMODULIN.....	88
<i>propranolol hcl tab 20 mg</i>	60	REMODULIN.....	88
<i>propranolol hcl tab 40 mg</i>	60	REMODULIN.....	89
<i>propranolol hcl tab 80 mg</i>	60	REMODULIN.....	89
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<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml</i>	22	RETACRIT.....	53
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<i>pyrimethamine tab 25 mg</i>	36	RETEVMO.....	32
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<i>quetiapine fumarate tab 200 mg</i>	40	REVLIMID.....	32
<i>quetiapine fumarate tab 25 mg</i>	40	REVLIMID.....	32
<i>quetiapine fumarate tab 300 mg</i>	40	REVLIMID.....	32
<i>quetiapine fumarate tab 400 mg</i>	40	REVLIMID.....	32
<i>quetiapine fumarate tab 50 mg</i>	40	REVLIMID.....	32
<i>quinapril hcl tab 10 mg</i>	60	REXULTI.....	40
<i>quinapril hcl tab 20 mg</i>	60	REXULTI.....	40
<i>quinapril hcl tab 40 mg</i>	60	REXULTI.....	40
<i>quinapril hcl tab 5 mg</i>	60	REXULTI.....	40
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<i>raloxifene hcl tab 60 mg</i>	75	<i>ribavirin for inhal soln 6 gm</i>	89
<i>ramipril cap 1.25 mg</i>	60	<i>ribavirin tab 200 mg</i>	44
<i>ramipril cap 10 mg</i>	60	<i>rifabutin cap 150 mg</i>	22
<i>ramipril cap 2.5 mg</i>	60	<i>rifampin cap 150 mg</i>	22
<i>ramipril cap 5 mg</i>	60	<i>rifampin cap 300 mg</i>	22
<i>ranolazine tab er 12hr 1000 mg</i>	60	<i>rifampin for inj 600 mg</i>	22
<i>ranolazine tab er 12hr 500 mg</i>	60	<i>riluzole tab 50 mg</i>	63
<i>rasagiline mesylate tab 0.5 mg</i>	37	RISPERDAL CONSTA.....	40
<i>rasagiline mesylate tab 1 mg</i>	37	RISPERDAL CONSTA.....	40
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RECOMBIVAX HB.....	81	RISPERDAL CONSTA.....	40
RECOMBIVAX HB.....	81	RISPERDAL CONSTA.....	40
RECTIV.....	60	RISPERIDONE ODT.....	40
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<i>risperidone orally disintegrating tab 3 mg</i>	40	RUXIENCE.....	32
<i>risperidone orally disintegrating tab 4 mg</i>	40	RYBELSUS.....	51
<i>risperidone soln 1 mg/ml</i>	40	RYBELSUS.....	51
<i>risperidone tab 0.25 mg</i>	40	RYBELSUS.....	51
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<i>risperidone tab 2 mg</i>	40	SAFETY INSULIN SYRINGES 1ML/30G X 1/2".....	51
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<i>risperidone tab 4 mg</i>	40	SANTYL.....	65
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RITUXAN HYCELA.....	32	<i>sapropterin dihydrochloride powder packet 500 mg</i>	71
<i>rivastigmine tartrate cap 1.5 mg</i>	15	<i>sapropterin dihydrochloride soluble tab 100 mg</i>	71
<i>rivastigmine tartrate cap 3 mg</i>	15	SARCLISA.....	32
<i>rivastigmine tartrate cap 4.5 mg</i>	15	SARCLISA.....	32
<i>rivastigmine tartrate cap 6 mg</i>	15	SECUADO.....	41
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	15	SECUADO.....	41
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	15	SECUADO.....	41
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	15	<i>selegiline hcl cap 5 mg</i>	37
<i>rizatriptan benzoate oral disintegrating tab 10 mg</i>	21	<i>selegiline hcl tab 5 mg</i>	37
<i>rizatriptan benzoate oral disintegrating tab 5 mg</i>	21	<i>selenium sulfide lotion 2.5%</i>	65
<i>rizatriptan benzoate tab 10 mg</i>	22	SELZENTRY.....	44
<i>rizatriptan benzoate tab 5 mg</i>	21	SELZENTRY.....	44
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<i>ropinirole hydrochloride tab 0.5 mg</i>	37	SELZENTRY.....	45
<i>ropinirole hydrochloride tab 1 mg</i>	37	SEREVENT DISKUS.....	89
<i>ropinirole hydrochloride tab 2 mg</i>	37	<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	18
<i>ropinirole hydrochloride tab 3 mg</i>	37	<i>sertraline hcl tab 100 mg</i>	18
<i>ropinirole hydrochloride tab 4 mg</i>	37	<i>sertraline hcl tab 25 mg</i>	18
<i>ropinirole hydrochloride tab 5 mg</i>	37	<i>sertraline hcl tab 50 mg</i>	18
<i>rosuvastatin calcium tab 10 mg</i>	61	<i>sevelamer carbonate packet 0.8 gm</i>	68
<i>rosuvastatin calcium tab 20 mg</i>	61	<i>sevelamer carbonate packet 2.4 gm</i>	68
<i>rosuvastatin calcium tab 40 mg</i>	61	<i>sevelamer carbonate tab 800 mg</i>	68
<i>rosuvastatin calcium tab 5 mg</i>	61	SHINGRIX.....	81
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ROTATEQ.....	81	SIGNIFOR.....	77
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ROZLYTREK.....	32	<i>sildenafil citrate tab 20 mg</i>	89
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RUBRACA.....	32	SILENOR.....	90
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<i>simvastatin tab 20 mg</i>	61	SPRYCEL.....	32
<i>simvastatin tab 40 mg</i>	61	SPRYCEL.....	32
<i>simvastatin tab 5 mg</i>	61	SPRYCEL.....	32
<i>simvastatin tab 80 mg</i>	61	STAMARIL.....	81
<i>sirolimus oral soln 1 mg/ml</i>	81	<i>stavudine cap 15 mg</i>	45
<i>sirolimus tab 0.5 mg</i>	81	<i>stavudine cap 20 mg</i>	45
<i>sirolimus tab 1 mg</i>	81	<i>stavudine cap 30 mg</i>	45
<i>sirolimus tab 2 mg</i>	81	<i>stavudine cap 40 mg</i>	45
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SIRTURO.....	22	STELARA.....	81
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<i>sodium chloride iv soln 0.45%</i>	68	STIVARGA.....	32
<i>sodium chloride iv soln 0.9%</i>	68	STRENSIQ.....	71
<i>sodium phenylbutyrate oral powder 3 gm/ teaspoonful</i>	71	STRENSIQ.....	71
<i>sodium phenylbutyrate tab 500 mg</i>	71	STRENSIQ.....	71
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	68	STREPTOMYCIN SULFATE.....	9
<i>sodium polystyrene sulfonate powder</i>	68	STRIBILD.....	45
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	68	<i>sucalfate tab 1 gm</i>	69
SOFOSBUVIR/VELPATASVIR.....	45	<i>sulfacetamide sodium lotion 10%</i>	9
SOLTAMOX.....	32	<i>sulfacetamide sodium ophth soln 10%</i>	85
SOMATULINE DEPOT.....	77	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	85
SOMATULINE DEPOT.....	77	SULFADIAZINE.....	9
SOMATULINE DEPOT.....	77	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	9
SOMAVERT.....	77	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	9
SOMAVERT.....	77	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	9
SOMAVERT.....	77	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	9
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<i>sotalol hcl (afib/af) tab 120 mg</i>	61	<i>sulfasalazine tab delayed release 500 mg</i>	83
<i>sotalol hcl (afib/af) tab 160 mg</i>	61	<i>sulindac tab 150 mg</i>	2
<i>sotalol hcl (afib/af) tab 80 mg</i>	61	<i>sulindac tab 200 mg</i>	3
<i>sotalol hcl tab 120 mg</i>	61	<i>sumatriptan nasal spray 20 mg/act</i>	22
<i>sotalol hcl tab 160 mg</i>	61	<i>sumatriptan nasal spray 5 mg/act</i>	22
<i>sotalol hcl tab 240 mg</i>	61	SUMATRIPTAN SUCCINATE.....	22
<i>sotalol hcl tab 80 mg</i>	61	<i>sumatriptan succinate inj 6 mg/0.5ml</i>	22
<i>spironolactone tab 100 mg</i>	61	<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	22
<i>spironolactone tab 25 mg</i>	61	<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	22
<i>spironolactone tab 50 mg</i>	61	<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	22
SPRAVATO 56MG DOSE.....	18	<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	22
SPRAVATO 84MG DOSE.....	18	<i>sumatriptan succinate tab 100 mg</i>	22
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SPRITAM.....	13		
SPRITAM.....	13		
SPRITAM.....	13		
SPRYCEL.....	32		
SPRYCEL.....	32		
SPRYCEL.....	32		

<i>sumatriptan succinate tab 25 mg</i>	22	TALZENNA.....	33
<i>sumatriptan succinate tab 50 mg</i>	22	TALZENNA.....	33
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SUPRAX.....	9	<i>tamoxifen citrate tab 20 mg</i>	33
SUPREP BOWEL PREP KIT.....	69	<i>tamsulosin hcl cap 0.4 mg</i>	72
SUTENT.....	32	TARGRETIN.....	33
SUTENT.....	33	TASIGNA.....	33
SUTENT.....	33	TASIGNA.....	33
SUTENT.....	33	TASIGNA.....	33
SYLVANT.....	82	<i>tazarotene cream 0.1%</i>	65
SYLVANT.....	82	TAZICEF.....	9
SYMDEKO.....	89	TAZICEF.....	9
SYMDEKO.....	89	TAZORAC.....	65
SYMFI.....	45	TAZORAC.....	65
SYMFI LO.....	45	TAZORAC.....	65
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SYMPAZAN.....	13	TECENTRIQ.....	33
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SYMTUZA.....	45	TECFIDERA.....	63
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SYNAGIS.....	82	TECHLITE INSULIN SYRINGE U-100/0.3ML/29G X	
SYNAREL.....	78	1/2".....	51
SYNERCID.....	9	TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X	
SYNRIBO.....	33	1/2".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.3ML/30G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X	
SYNTHROID.....	76	15/64".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.3ML/31G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.5ML/29G X	
SYNTHROID.....	76	1/2".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X	
SYNTHROID.....	76	1/2".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.5ML/30G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X	
SYNTHROID.....	76	15/64".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/0.5ML/31G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/1ML/29G X	
SYNTHROID.....	76	1/2".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/1ML/30G X	
SYNTHROID.....	76	1/2".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/1ML/30G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/1ML/31G X	
SYNTHROID.....	76	15/64".....	51
SYNTHROID.....	76	TECHLITE INSULIN SYRINGE U-100/1ML/31G X	
SYNTHROID.....	76	5/16".....	51
SYNTHROID.....	76		
T			
TABLOID.....	33		
TABRECTA.....	33		
TABRECTA.....	33		
<i>tacrolimus cap 0.5 mg</i>	82		
<i>tacrolimus cap 1 mg</i>	82		
<i>tacrolimus cap 5 mg</i>	82		
<i>tacrolimus oint 0.03%</i>	65		
<i>tacrolimus oint 0.1%</i>	65		
<i>tadalafil tab 20 mg (pah)</i>	89		
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TAFINLAR.....	33		
TAGRISSE.....	33		
TAGRISSE.....	33		

TECHLITE PEN NEEDLES/31G X 6MM.....	51	testosterone td gel 20.25 mg/act (1.62%).....	75
TECHLITE PEN NEEDLES/31G X 8MM.....	51	testosterone td gel 25 mg/2.5gm (1%).....	75
TECHLITE PEN NEEDLES/32G X 4MM.....	51	testosterone td gel 40.5 mg/2.5gm (1.62%).....	75
TECHLITE PEN NEEDLES/32G X 6MM.....	51	testosterone td gel 50 mg/5gm (1%).....	75
TECHLITE PEN NEEDLES/32G X 8MM.....	51	tetrabenazine tab 12.5 mg.....	63
TECHLITE PEN NEEDLES 29G X 10MM.....	51	tetrabenazine tab 25 mg.....	63
TECHLITE PEN NEEDLES 29G X 12MM.....	51	tetracycline hcl cap 250 mg.....	10
TECHLITE PEN NEEDLES 31G X 5MM.....	51	tetracycline hcl cap 500 mg.....	10
TEFLARO.....	9	THALOMID.....	33
TEFLARO.....	9	THALOMID.....	33
telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	61	THALOMID.....	33
telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	61	theophylline tab er 12hr 300 mg.....	89
telmisartan-hydrochlorothiazide tab 80-25 mg.....	61	theophylline tab er 12hr 450 mg.....	89
telmisartan tab 20 mg.....	61	theophylline tab er 24hr 400 mg.....	89
telmisartan tab 40 mg.....	61	theophylline tab er 24hr 600 mg.....	89
telmisartan tab 80 mg.....	61	thioridazine hcl tab 100 mg.....	41
temazepam cap 15 mg.....	90	thioridazine hcl tab 10 mg.....	41
temazepam cap 30 mg.....	90	thioridazine hcl tab 25 mg.....	41
TEMIXYS.....	45	thioridazine hcl tab 50 mg.....	41
TEMODAR.....	33	thiotepa for inj 100 mg.....	33
temsirolimus soln for iv infusion 25 mg/ ml.....	33	thiotepa for inj 15 mg.....	33
TENIVAC.....	82	thiothixene cap 10 mg.....	41
tenofovir disoproxil fumarate tab 300 mg.....	45	thiothixene cap 1 mg.....	41
terazosin hcl cap 10 mg.....	61	thiothixene cap 2 mg.....	41
terazosin hcl cap 1 mg.....	61	thiothixene cap 5 mg.....	41
terazosin hcl cap 2 mg.....	61	THYMOGLOBULIN.....	82
terazosin hcl cap 5 mg.....	61	tiagabine hcl tab 12 mg.....	13
terbinafine hcl tab 250 mg.....	21	tiagabine hcl tab 16 mg.....	13
terbutaline sulfate tab 2.5 mg.....	89	tiagabine hcl tab 2 mg.....	13
terbutaline sulfate tab 5 mg.....	89	tiagabine hcl tab 4 mg.....	13
TERCONAZOLE.....	21	TIBSOVO.....	33
terconazole vaginal cream 0.4%.....	21	tigecycline for iv soln 50 mg.....	10
testosterone cypionate im inj in oil 100 mg/ ml.....	75	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	85
testosterone cypionate im inj in oil 200 mg/ ml.....	75	TIMOLOL MALEATE OPHTHALMIC GEL FORMING.....	85
testosterone td gel 12.5 mg/act (1%).....	75	timolol maleate ophth soln 0.25%.....	85
testosterone td gel 20.25 mg/1.25gm (1.62%).....	75	timolol maleate ophth soln 0.5%.....	85
		TIVICAY.....	45
		TIVICAY.....	45
		TIVICAY.....	45
		TIVICAY PD.....	45
		tizanidine hcl tab 2 mg.....	41
		tizanidine hcl tab 4 mg.....	41
		tobramycin-dexamethasone ophth susp 0.3-0.1%.....	85
		tobramycin nebu soln 300 mg/5ml.....	89
		tobramycin ophth soln 0.3%.....	85
		TOBRAMYCIN SULFATE.....	10

TOBRAMYCIN SULFATE.....	10	<i>tretinoin gel 0.01%</i>	65
<i>tobramycin sulfate for inj 1.2 gm</i>	10	<i>tretinoin gel 0.025%</i>	65
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ ml)</i>	10	<i>triamcinolone acetonide cream 0.025%</i>	65
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ ml)</i>	10	<i>triamcinolone acetonide cream 0.1%</i>	65
<i>tolterodine tartrate cap er 24hr 2 mg</i>	72	<i>triamcinolone acetonide cream 0.5%</i>	65
<i>tolterodine tartrate cap er 24hr 4 mg</i>	72	<i>triamcinolone acetonide lotion 0.1%</i>	65
<i>topiramate sprinkle cap 15 mg</i>	13	<i>triamcinolone acetonide oint 0.025%</i>	65
<i>topiramate sprinkle cap 25 mg</i>	13	<i>triamcinolone acetonide oint 0.1%</i>	65
<i>topiramate tab 100 mg</i>	14	<i>triamcinolone acetonide oint 0.5%</i>	65
<i>topiramate tab 200 mg</i>	14	<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	61
<i>topiramate tab 25 mg</i>	13	<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	61
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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

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

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This formulary was updated on 11/17/2020. For more recent information or other questions, please contact Blue Cross MedicareRx Customer Service at 1-888-285-2249 or, for TTY users, 711, 8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays, or visit www.getblueil.com/pdp/druglist.

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