



ALIGNMENT
HEALTH PLAN

2020 DRUG FORMULARY

FORMULARIO DE MEDICAMENTOS

List of Covered Drugs Lista de Medicamentos Cubiertos

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

This formulary is current as of **October 1, 2019**.

Este formulario está actualizado a partir del **1° de Octubre de 2019**.

For more recent information or other questions, please contact Alignment Health Plan **Member Services** at 1-866-634-2247 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit alignmenthealthplan.com.

Para obtener información más reciente o si tiene preguntas, por favor llame al **Departamento de Membresía** de Alignment Health Plan, al 1-877-399-2247 o, para los usuarios de TTY: 711, de 8:00 a.m. a 8:00 p.m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1° de Octubre hasta el 31 de Marzo, y de lunes a viernes (excepto los feriados) desde el 1° de Abril hasta el 30 de Septiembre, o visite alignmenthealthplan.com.

SECTION 1: INTRODUCTION

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

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Alignment Health Plan. When it refers to “plan” or “our plan,” it means Alignment Health Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of October 1, 2019. 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.

Alignment Health Plan is an HMO, PPO and an HMO SNP plan with a Medicare contract. Enrollment in Alignment Health Plan depends on contract renewal. The Formulary may change at any time. You will receive notice when necessary. Please contact our Member Services number at 1-866-634-2247, TTY: 711, 8:00 a.m. to 8:00 p.m., 7 days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

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

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 (TTY 711)。

SECTION 1: INTRODUCTION

WHAT IS THE ALIGNMENT HEALTH PLAN FORMULARY?

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

CAN THE FORMULARY (DRUG LIST) CHANGE?

Most changes in drug coverage happen on January 1, but Alignment Health Plan 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 Alignment Health Plan’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy.
 - 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 Alignment Health Plan’s Formulary?”

SECTION 1: INTRODUCTION

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 October 1, 2019. To get updated information about the drugs covered by Alignment Health Plan, please contact us. Our contact information appears on the front and back cover pages.

HOW DO I USE THE FORMULARY?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 100. 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?

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

ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

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

SECTION 1: INTRODUCTION

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

You can ask Alignment Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Alignment Health Plan’s formulary?” on page V for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

If you learn that Alignment Health Plan does not cover your drug, you have two options:

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

HOW DO I REQUEST AN EXCEPTION TO THE ALIGNMENT HEALTH PLAN’S FORMULARY?

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

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

Generally, Alignment Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, 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.**

SECTION 1: INTRODUCTION

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 of the drug at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of the medication at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy. After your first 30-day supply at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy, 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 Alignment Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

SECTION 1: INTRODUCTION

ALIGNMENT HEALTH PLAN'S FORMULARY

The formulary that begins on page 1 provides coverage information about the drugs covered by Alignment Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 100.

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

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

All drugs included in this formulary are available via mail-order benefit. Contact your plan for details.

Below is additional information to help you understand the formulary:

2020 DOSAGE FORM ABBREVIATIONS KEY

act	actuation
ad	adsorbed
aepb	aerosol powder blister
aer, aero	aerosol
app	applicator
ba, breath act, breath activ	breath activated
cap, caps	capsules
cal	calcium
cart	cartridge
cd	continuous delivery
chew tab	chewable tablets
conc	concentrate
conj	conjugate, conjugated
crys	crystals
deter	deterrent
disint, disintegr	disintegrating
dr	delayed-release
ec	enteric coated
el, elu	enzyme-linked immunosorbent assay
er, extend-release, extended, extended rel, xr	extended-release
ext	extract
gm	gram
gu	genitourinary
hr	hour
im	intramuscular
inh, inhal	inhalation
inj	injection
ir	index of reactivity
iv	intravenous
l	liter
la	long acting
lf, lfu	flocculation units
liq, liqd	liquid

mcg	microgram
meq	milliequivalent
misc	miscellaneous
mg	milligram
ml	milliliter
mu	million units
nebu	nebules
orally disintegr tab	orally disintegrating tablets
oin, oint	ointment
op, ophth	ophthalmic
osm	osmotic
pah	pulmonary arterial hypertension
pak	pack
pf	preservative-free
pfu	plaque forming units
pow, powd	powder
pmdd	premenstrual dysphoric disorder
pref, prefill	prefilled
pttw	patch twice weekly
ptwk	patch weekly
recomb	recombinant
refrig	refrigerate
sl	sublingual
sol, soln	solution
sqcm	square centimeter
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
td	transdermal
tl	translingual
unt	unit
va	vaginal
vac	vaccine

SECTION 1: INTRODUCTION

ALIGNMENT 6 TIER AND SYMBOL LEGEND

1 = Preferred Generic Drugs
2 = Generic Drugs
3 = Preferred Brand Drugs
4 = Non-Preferred Brand Drugs
5 = Specialty Drugs
6 = Select Care 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 Member Services at 1-866-634-2247, 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit alignmenthealthplan.com . 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.
^ = We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage. Certain exclusions apply. Additional gap coverage is excluded from CalPlus (HMO). Additional gap coverage for Tier 1 medications is excluded from AllCare Preferred Plan (HMO), My Choice Plan 006 (HMO) in San Joaquin and Stanislaus Counties, My Choice Plan 007 (HMO) in Santa Clara County, My Choice (PPO), Sutter Advantage (HMO), and Platinum (HMO) Plan 025 in San Joaquin County. Additional gap coverage for Tier 2 medications is excluded from all plans except for Platinum Plan 008 (HMO) in Los Angeles and Orange Counties.

SECTION 1: INTRODUCTION

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan AllCare Preferred Plan (HMO)**, **Alignment Health Plan My Choice Plan 006 (HMO)**, in San Joaquin and Stanislaus Counties, and **Alignment Health Plan Platinum 025 (HMO)** in San Joaquin County:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$5.00	\$15.00
Tier 2	Generic	\$10.00	\$30.00
Tier 3	Preferred Brand	\$40.00	\$120.00
Tier 4	Non-Preferred Brand	\$93.00	\$279.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan CalPlus (HMO)**:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$14.00	\$42.00
Tier 3	Preferred Brand	25% coinsurance	25% coinsurance
Tier 4	Non-Preferred Brand	25% coinsurance	25% coinsurance
Tier 5	Specialty	25% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan Heart & Diabetes (HMO SNP)**:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$5.00	\$15.00
Tier 3	Preferred Brand	\$30.00	\$90.00
Tier 4	Non-Preferred Brand	\$75.00	\$225.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

SECTION 1: INTRODUCTION

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan My Choice 001 (HMO)**, in Los Angeles, Orange, Riverside and San Bernardino Counties, and **Alignment Health Plan Platinum 015 (HMO)** in Riverside and San Bernardino Counties:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$5.00	\$15.00
Tier 3	Preferred Brand	\$30.00	\$90.00
Tier 4	Non-Preferred Brand	\$100.00	\$300.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$3.00	\$0.00

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan My Choice Plan 007 (HMO)**, in Santa Clara County, **Alignment Health Plan My Choice (PPO)**, and **Alignment Health Plan Sutter Advantage (HMO)**:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$5.00	\$15.00
Tier 3	Preferred Brand	\$40.00	\$120.00
Tier 4	Non-Preferred Brand	\$100.00	\$300.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan Platinum 008 (HMO)**, in Los Angeles and Orange Counties, **Alignment Health Plan Platinum 016 (HMO)**, in San Diego County, and **Alignment Health Plan Platinum 018 (HMO)** in Marin County:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$3.00	\$9.00
Tier 3	Preferred Brand	\$30.00	\$90.00
Tier 4	Non-Preferred Brand	\$75.00	\$225.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

SECTION 1: INTRODUCTION

Retail Preferred Copayments/Coinsurance for members of **Alignment Health Plan smartHMO (HMO)**:

Tier	Description	Copayment/Coinsurance	
		30 day supply	90-100 day supply
Tier 1	Preferred Generic	\$0.00	\$0.00
Tier 2	Generic	\$10.00	\$30.00
Tier 3	Preferred Brand	\$30.00	\$90.00
Tier 4	Non-Preferred Brand	\$100.00	\$300.00
Tier 5	Specialty	33% coinsurance	Not Offered
Tier 6	Select Care	\$5.00	\$0.00

SECTION 1: INTRODUCTION

BONUS DRUG LIST

(Supplemental Non-Part D Eligible Drug List)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive Extra Help from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs.

The amount you pay when you fill a prescription for these drugs does not count toward your deductible or “total drug costs” (your payments plus any Part D plan’s payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

Drug Name	Drug Tier	Requirements/Limits
Cough and Cold		
<i>benzonatate cap 100 mg</i>	4	
<i>benzonatate cap 150 mg</i>	4	
<i>benzonatate cap 200 mg</i>	4	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	4	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	4	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	4	
Prescription Vitamins		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	
<i>ergocalciferol cap 50000 unit^</i>	2	
<i>folic acid tab 1 mg^</i>	2	
Sexual Dysfunction		
<i>sildenafil citrate tab 25 mg (generic for Viagra)^</i>	2	QL (6 tablets/30 days)
<i>sildenafil citrate tab 50 mg (generic for Viagra)^</i>	2	QL (6 tablets/30 days)
<i>sildenafil citrate tab 100 mg (generic for Viagra)^</i>	2	QL (6 tablets/30 days)
Weight Loss		
<i>phentermine hcl cap 15 mg</i>	4	
<i>phentermine hcl cap 30 mg</i>	4	
<i>phentermine hcl cap 37.5 mg</i>	4	
<i>phentermine hcl tab 37.5 mg</i>	4	

SECCIÓN 1 - INTRODUCCIÓN

POR FAVOR LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

Nota para quienes ya son miembros: Este formulario es diferente del formulario del año pasado. Revise este documento para asegurarse de que todavía incluye los medicamentos que usted toma.

Cuando esta lista de medicamentos (formulario) se refiere a “nosotros”, “nos” o “nuestro”, significa Alignment Health Plan. Cuando dice “plan” o “nuestro plan”, significa Alignment Health Plan.

Este documento incluye una lista de medicamentos (formulario) para nuestro plan, que se actualizó en 1° de Octubre de 2019. Para obtener un formulario actualizado, por favor comuníquese con nosotros. Nuestra información de contacto y la fecha de la última actualización aparecen en la portada y la contraportada del formulario.

Generalmente, usted debe usar las farmacias de la red para obtener el beneficio de los medicamentos recetados. Los beneficios, el formulario, la red de farmacias, y/o los copagos/ el coseguro pueden cambiar el 1° de enero de 2020 y periódicamente durante el año.

Alignment Health Plan es un plan HMO, PPO y un plan HMO de necesidades especiales (SNP, por sus siglas en inglés) con un contrato de Medicare. La inscripción en Alignment Health Plan depende de la renovación del contrato. El formulario puede cambiar en cualquier momento. Usted recibirá una notificación cuando sea necesario. Por favor llame al Departamento de Membresía al 1-877-399-2247, TTY: 711, de 8 a. m. a 8 p. m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1° de Octubre hasta el 31 de Marzo, y de lunes a viernes (excepto los feriados) desde el 1° de Abril hasta el 30 de Septiembre.

Alignment Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, origen nacional, edad, discapacidad o sexo. El Plan de Salud de Alineación no excluye a las personas o las trata de manera diferente debido a raza, color, origen nacional, edad, discapacidad o sexo.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-866-634-2247 (TTY 711): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 TTY 711)。

SECCIÓN 1 - INTRODUCCIÓN

¿QUÉ ES EL FORMULARIO DE ALIGNMENT HEALTH PLAN?

Un formulario es una lista de medicamentos cubiertos seleccionados por Alignment Health Plan junto con un equipo de proveedores de atención médica, que componen las terapias recetadas que se consideran parte necesaria de un programa de tratamiento de calidad. Alignment Health Plan generalmente cubre los medicamentos que se encuentran en nuestro formulario, siempre que tal medicamento sea médicamente necesario, que la receta médica se presente en una farmacia de la red de Alignment Health Plan, y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, consulte su Evidencia de Cobertura.

¿PUEDE CAMBIAR EL FORMULARIO (LA LISTA DE MEDICAMENTOS)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1º de enero, pero Alignment Health Plan puede agregar o eliminar medicamentos en la lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones. Debemos seguir las reglas de Medicare para hacer estos cambios.

CAMBIOS QUE PUEDEN AFECTARLE ESTE AÑO:

En los siguientes casos, usted será afectado por cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos inmediatamente eliminar un medicamento de marca en nuestra lista de medicamentos si la estamos reemplazando con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o menos y con las mismas o

menos restricciones. También, al agregar un nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra lista de medicamentos, pero inmediatamente moverlo a un nivel de costos compartidos diferente o añadir nuevas restricciones. Si usted actualmente está tomando ese medicamento de marca, puede ser que no le digamos por adelantado antes de que hagamos ese cambio, pero le proporcionaremos más información sobre el cambio(s) específico que hemos hecho.

- Si hacemos tal cambio, usted o su prescriptor nos puede pedir que hagamos una excepción para continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre los pasos que puede tomar para solicitar una excepción, y también puede encontrar información en la sección siguiente titulada “¿CÓMO SOLICITAR UNA EXCEPCIÓN AL FORMULARIO DE ALIGNMENT HEALTH PLAN?”

- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera un medicamento en nuestro formulario sea inseguro o el fabricante del medicamento elimina el medicamento del mercado, vamos a retirar inmediatamente el medicamento de nuestro formulario y dar aviso a los miembros que toman el medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afectan a miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no es nuevo en el mercado para sustituir un medicamento de marca actualmente en el formulario o agregar nuevas restricciones para el medicamento de marca o moverlo a otro

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nivel de costo compartido, o podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, añadimos autorización previa, límites de cantidad, y/o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio sea efectivo, o cuando el miembro solicite rellenar un medicamento, en el cual el miembro recibirá un suministro de 30 días del medicamento en una farmacia minorista de la red o un suministro de 31 días en una farmacia de la red de cuidado a largo plazo.

- Si hacemos tal cambio, usted o su prescriptor nos puede pedir que hagamos una excepción para continuar cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre los pasos que puede tomar para solicitar una excepción, y también puede encontrar información en la sección siguiente titulada “¿CÓMO SOLICITAR UNA EXCEPCIÓN AL FORMULARIO DE ALIGNMENT HEALTH PLAN?”

CAMBIOS QUE NO LE AFECTARÁN SI ACTUALMENTE ESTÁ TOMANDO UN MEDICAMENTO.

Generalmente, si usted está tomando un medicamento en nuestro formulario del año 2020 que estaba cubierto al inicio del año, no vamos a discontinuar ni reducir la cobertura del medicamento durante la cobertura del año 2020, excepto como se describió anteriormente. Esto significa que estos medicamentos permanecerán disponibles al mismo costo compartido y sin nuevas restricciones para los miembros que

los estén tomando durante el resto del año de cobertura.

Este formulario está vigente a partir del 1º de Octubre de 2019. Para obtener información actualizada sobre los medicamentos cubiertos por Alignment Health Plan, comuníquese con nosotros. Nuestra información de contacto aparece en la portada y contraportada.

¿CÓMO SE UTILIZA EL FORMULARIO?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Condición Médica

El formulario comienza en la página 1. Los medicamentos de este formulario están agrupados en categorías según el tipo de enfermedad o condición médica para la que se utilizan. Por ejemplo, los medicamentos que se usan para tratar una condición cardíaca aparecen bajo la categoría “Agentes Cardiovasculares”. Si sabe para qué usa su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego busque su medicamento bajo el nombre de la categoría.

Listado Alfabético

Si no está seguro en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 100. El Índice proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos aparecen en el índice. Para localizar su medicamento busque en el Índice. Junto al medicamento, usted verá el número de página en el que puede buscar información sobre la cobertura. Vaya a la página que se indica

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en el Índice y busque el nombre del medicamento en la primera columna de la lista.

¿QUÉ SON MEDICAMENTOS GENÉRICOS?

Alignment Health Plan cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos de los Estados Unidos (FDA por sus siglas en inglés) por tener el mismo ingrediente activo que el medicamento de marca. Generalmente, los medicamentos genéricos cuestan menos que los de marca.

¿EXISTEN ALGUNAS RESTRICCIONES EN MI COBERTURA?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización Previa:** Alignment Health Plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará la aprobación de Alignment Health Plan antes de surtir sus recetas médicas. Si no obtiene la aprobación, Alignment Health Plan probablemente niegue la cobertura del medicamento.
- **Límites de Cantidad:** Para ciertos medicamentos, Alignment Health Plan limita la cantidad del medicamento que cubre Alignment Health Plan. Por ejemplo, Alignment Health Plan proporciona 60 tabletas/30 días por receta para Losartan 25mg. Esto puede ser aparte de un suministro estándar de un mes o tres meses.

- **Terapia Escalonada:** En algunos casos, Alignment Health Plan requiere que primero pruebe con ciertos medicamentos para tratar su condición médica antes de cubrir otro medicamento para dicha condición. Por ejemplo, si un Medicamento A y un Medicamento B tratan la misma condición médica, Alignment Health Plan probablemente niegue la cobertura del medicamento B a menos que pruebe antes el Medicamento A. Si el Medicamento A no le da resultado, Alignment Health Plan cubrirá entonces el Medicamento B.

Para averiguar si su medicamento tiene algún requisito o límite adicional, busque en el formulario que comienza en la página 1. Además, puede obtener más información acerca de las restricciones aplicadas a medicamentos cubiertos específicos, visitando nuestro sitio web. Hemos puesto en línea unos documentos que explican nuestras restricciones de autorización y de terapia escalonada. También puede solicitar que le enviemos una copia. Nuestra información de contacto y la fecha de la última actualización aparecen en la portada y la contraportada del formulario.

Podrá solicitar a Alignment Health Plan que realice una excepción a estas restricciones o límites, o puede pedir una lista de medicamentos similares que pueden tratar su condición médica. Consulte la sección, “¿Cómo solicitar una excepción al formulario de Alignment Health Plan?” en la página XVII para obtener información acerca de cómo solicitar una excepción.

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¿QUÉ OCURRE SI MI MEDICAMENTO NO SE ENCUENTRA EN EL FORMULARIO?

Si su medicamento no está incluido en el formulario (lista de medicamentos cubiertos), primero debe comunicarse con el Departamento de Membresía y preguntar si su medicamento está cubierto.

Una vez que confirma que Alignment Health Plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle al Departamento de Membresía una lista de medicamentos similares que estén cubiertos por Alignment Health Plan. Cuando reciba la lista, muéstresela a su médico y pídale que le recete algún medicamento similar que esté cubierto por Alignment Health Plan.
- Puede solicitar a Alignment Health Plan que realice una excepción y cubra su medicamento. Lea a continuación para obtener información sobre cómo solicitar una excepción.

¿CÓMO SOLICITAR UNA EXCEPCIÓN AL FORMULARIO DE ALIGNMENT HEALTH PLAN?

Puede solicitar a Alignment Health Plan que realice una excepción a nuestras reglas de cobertura. Existen diversas clases de excepciones que puede solicitar.

- Puede solicitar que cubramos su medicamento aunque no esté en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado y usted no podrá solicitarnos el medicamento a un nivel de costo compartido menor.

- Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido menor si el medicamento no está en el nivel de medicamentos especializados. Si se aprueba, esto reducirá la cantidad que paga por su medicamento.
- Puede solicitarnos que anulemos las restricciones y límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, Alignment Health Plan limita la cantidad del medicamento que cubrirá. Si su medicamento tiene un límite de cantidad, puede solicitar que anulemos el límite y cubramos una cantidad mayor.

En general, Alignment Health Plan sólo aprobará su solicitud de excepción si los medicamentos alternativos que están incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones adicionales de uso no fueran tan efectivos para tratar su condición y/o le provocaran efectos adversos para la salud.

Debe comunicarse con nosotros para que tomemos una decisión inicial de cobertura para una excepción al formulario, al nivel de cobertura o a una restricción de utilización.

Cuando solicite un formulario, nivel de medicamento o una excepción de restricción de utilización, debe enviar una declaración de la persona que emite la receta o de su médico para justificar su petición. Generalmente, debemos tomar nuestra decisión dentro de un plazo de 72 horas tras haber recibido la declaración de respaldo de la persona que emite la receta. Puede solicitar una excepción expeditiva (rápida) si usted o su médico consideran que su salud podría verse gravemente afectada si espera una decisión durante 72 horas. Si se otorga su excepción rápida, debemos

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comunicarle una decisión antes de 24 horas tras recibir la declaración de respaldo de la persona que emite la receta o del médico.

¿QUÉ DEBO HACER ANTES DE HABLAR CON MI MÉDICO ACERCA DE CAMBIAR MIS MEDICAMENTOS O SOLICITAR UNA EXCEPCIÓN?

Como miembro nuevo o ya existente de nuestro plan puede que esté tomando medicamentos que no formen parte de nuestro formulario. O bien, puede que esté tomando un medicamento que forma parte de nuestro formulario pero que la capacidad para obtenerlo sea limitada. Por ejemplo, quizá necesite nuestra autorización previa antes de poder surtir su receta. Debe hablar con su médico para decidir si debe cambiarlo por un medicamento adecuado que esté cubierto o solicitar una excepción al formulario para que cubramos el medicamento que usted toma. Mientras habla con su médico para determinar el curso correcto para su caso, probablemente cubramos su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no aparezca en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su prescripción está escrita por menos días, le permitiremos que rellene su medicamento para un suministro máximo de 30 días. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, aunque ha sido miembro del plan menos de 90 días.

Si usted es un residente de un centro de cuidado a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero usted

ha pasado los primeros 90 días de membresía en nuestro plan, vamos a cubrir un suministro de emergencia de 31 días de ese medicamento mientras usted que usted obtenga una excepción de formulario.

Es posible que existan cambios que lo lleven de un ambiente de tratamiento a otro. Puede que durante este periodo de cambio en la atención le receten medicamentos que no están cubiertos por su plan. Si ello ocurre, usted y su médico deben utilizar los procesos de su plan para solicitar excepciones y apelaciones. Sin embargo, cuando se le admite en un centro de atención a largo plazo o es dado de alta de uno, es posible que no tenga acceso a los medicamentos que le estaban dando. Usted puede conseguir una reposición del medicamento durante el proceso de admisión o cuando le dan de alta para evitar una interrupción en la cobertura.

PARA OBTENER MÁS INFORMACIÓN

Para obtener información más detallada sobre la cobertura de medicamentos recetados de Alignment Health Plan, consulte la Evidencia de Cobertura y demás materiales del plan.

Si tiene preguntas acerca de Alignment Health Plan, llámenos. Nuestra información de contacto y la fecha de la última actualización aparecen en la portada y la contraportada del formulario.

Si tiene preguntas generales acerca de la cobertura de medicamentos recetados de Medicare, por favor llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas del día, los siete días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O, visite <http://www.medicare.gov>.

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EL FORMULARIO DE ALIGNMENT HEALTH PLAN

El formulario que comienza en la página 1 proporciona información de cobertura acerca de los medicamentos que cubre Alignment Health Plan. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 100.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca se escriben con mayúsculas (por ejemplo, HUMULIN) y los medicamentos genéricos, con minúscula y en cursiva (por ejemplo, *atorvastatin*).

La información en la columna Requisitos/Límites le indica si Alignment Health Plan tiene algún requisito especial para cubrir su medicamento.

A continuación se presenta información adicional para ayudarle a comprender el formulario.

CLAVE DE ABREVIATURAS DE DOSIS DEL FORMULARIO 2020

act	activación
ad	adsorbido
aepb	ampolla en polvo de aerosol
aer, aero	aerosol
app	aplicador
ba, breath act, breath activ	activado por la respiración
bau	unidades bioequivalentes de alergia
cap, caps	capsulas
cal	calcio
cart	cartuchos
cd	entrega continua
chew tab	tabletas masticables
conc	concentrado
conj	conjugado
crys	cristales
deter	disuasivo
disint, disintegr	desintegrante
dr	liberación retardada
ec	recubrimiento entérico
el, elu	ensayo por inmunosorbente ligado a enzimas
er, ext, extend-release, extended, extended rel	liberación prolongada
ext	extraer
gm	gramo
gu	genitourinario
hr	hora
ig	inmunoglobulina
im	intramuscular
inh, inhal	inhalación
inj	inyección
ir	índice de reactividad
iv	intravenoso
l	litro
la	actuación larga
lf, lfu	unidades de floculación
liq, liqd	líquido

mcg	microgramo
meq	miliequivalente
misc	diverso
mg	miligramo
ml	mililitro
mu	millón de unidades
nebu	nebulas
orally disintegr tab	tabletas que se desintegran en la boca
oin, oint	ungüento
op, ophth	oftálmico
osm	osmótico
pah	hipertensión arterial pulmonar
pak	paquete
pf	sin conservantes
pfu	unidades formadoras de placa
pow, powd	polvo
pmdd	premenstrual dysphoric disorder
pref, prefill	prellenado
pttw	parche dos veces por semana
ptwk	parche semanal
recomb	recombinante
refrig	refrigerar
sl	sublingual
sol, soln	solución
sqcm	centímetro cuadrado
supp, suppos	supositorios
sus, susp	suspensión
syr	jeringa
tab, tabs	tabletas
td	transdormico
tl	translingual
unt	unidad
va	vaginal
vac	vacuna

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ALIGNMENT NIVEL 6 Y SIMBOLOGÍA

1 = Medicamentos genéricos preferidos
2 = Medicamentos genéricos
3 = Medicamentos de marca preferidos
4 = Medicamentos de marca no preferidos
5 = Medicamentos especializados
6 = Medicamentos de atención selecta
BD = Medicamentos que pueden estar cubiertos bajo la Parte B o Parte D de Medicare dependiendo de la circunstancia. Estos medicamentos requieren una autorización previa para determinar la cobertura bajo la Parte B o Parte D. Se puede necesitar proporcionar información que describa el uso o el lugar donde el medicamento es recibido para determinar la cobertura.
PA = Autorización Previa
QL = Límites de Cantidad
ST = Terapia Escalonada
* = Medicamento de Distribución Limitada. Esta prescripción puede estar disponible sólo en ciertas farmacias. Para obtener más información, consulte su Directorio de Farmacias o llame al Departamento de Membresía al 1-877-399-2247, de 8:00 a.m. a 8:00 p.m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1° de Octubre hasta el 14 de Febrero, y de lunes a viernes (excepto los feriados) desde el 15 de Febrero hasta el 30 de Septiembre, o visite alignmenthealthplan.com . Los usuarios de TTY deben llamar al 711.
= Medicamento de Alto Riesgo (HRM, por sus siglas en inglés). Medicamento que puede ser inseguro para pacientes mayores de 65 años de edad. Nuestro formulario incluye la cobertura de algunos de estos medicamentos, pero se pueden encontrar alternativas en los niveles de costo compartido menor. Por favor, consulte con su médico para averiguar si hay alternativas a estos medicamentos que podrían ser apropiadas para que usted las use.
^ = Proporcionamos cobertura adicional de este medicamento recetado durante el periodo sin cobertura. Por favor revise nuestra Evidencia de Cobertura para obtener más información acerca de esta cobertura. Se aplican ciertas exclusiones. La cobertura adicional durante el período sin cobertura de los medicamentos está excluida de CalPlus (HMO). La cobertura adicional durante el período sin cobertura de los medicamentos en el nivel 1 está excluida de AllCare Preferred Plan (HMO), My Choice Plan 006 (HMO) en los condados de San Joaquín y Stanislaus, My Choice Plan 007 (HMO) en el Condado de Santa Clara, My Choice (PPO), Sutter Advantage (HMO Advantage) (HMO), y el Platinum 025 (HMO) en el Condado de San Joaquín. La cobertura adicional durante el período sin cobertura de los medicamentos de Nivel 2 está excluida de todos los planes con la excepción Platinum 008 (HMO) en los condados de Los Angeles y Orange.

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Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan AllCare Preferred Plan (HMO)**, **Alignment Health Plan My Choice 006 (HMO)**, en los condados de San Joaquin y Stanislaus, y **Alignment Health Plan Platinum 025 (HMO)** en el condado de San Joaquin:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$5.00	\$15.00
Nivel 2	Medicamentos genéricos	\$10.00	\$30.00
Nivel 3	Medicamentos de marca preferidos	\$40.00	\$120.00
Nivel 4	Medicamentos de marca no preferidos	\$93.00	\$279.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan CalPlus 009 (HMO)** en los condados de Los Angeles, Orange, Riverside, San Bernardino, San Joaquin, Santa Clara, Stanislaus, San Diego y Marin:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$14.00	\$42.00
Nivel 3	Medicamentos de marca preferidos	25% Coseguro	25% Coseguro
Nivel 4	Medicamentos de marca no preferidos	25% Coseguro	25% Coseguro
Nivel 5	Medicamentos especializados	25% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan Heart & Diabetes 010 (HMO SNP)** en los condados de Los Angeles y Orange:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$5.00	\$15.00
Nivel 3	Medicamentos de marca preferidos	\$30.00	\$90.00
Nivel 4	Medicamentos de marca no preferidos	\$75.00	\$225.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

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Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan My Choice 001 (HMO)** en los condados de Los Angeles, Orange, Riverside y San Bernardino, y **Alignment Health Plan Platinum 015 (HMO)** en los condados de Riverside y San Bernardino:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$5.00	\$15.00
Nivel 3	Medicamentos de marca preferidos	\$30.00	\$90.00
Nivel 4	Medicamentos de marca no preferidos	\$100.00	\$300.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$3.00	\$0.00

Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan My Choice Plan 007 (HMO)**, **Alignment Health Plan My Choice (PPO)**, y **Alignment Health Plan Sutter Advantage (HMO)** en el condado de Santa Clara:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$5.00	\$15.00
Nivel 3	Medicamentos de marca preferidos	\$40.00	\$120.00
Nivel 4	Medicamentos de marca no preferidos	\$100.00	\$300.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

Copago/Coseguro de farmacia preferida para miembros de, **Alignment Health Plan Platinum 008 (HMO)** en los condados de Los Angeles y Orange, **Alignment Health Plan Platinum 016 (HMO)** en el condado de San Diego, y **Alignment Health Plan Platinum 018 (HMO)** en el condado de Marin:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$3.00	\$9.00
Nivel 3	Medicamentos de marca preferidos	\$30.00	\$90.00
Nivel 4	Medicamentos de marca no preferidos	\$75.00	\$225.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

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Copago/Coseguro de farmacia preferida para miembros de **Alignment Health Plan smartHMO 013 (HMO)** en el condado de Los Angeles:

Nivel	Descripción	Copago/Coseguro	
		Suministro de 30 Días	Suministro de 90-100 Días
Nivel 1	Medicamentos genéricos preferidos	\$0.00	\$0.00
Nivel 2	Medicamentos genéricos	\$10.00	\$30.00
Nivel 3	Medicamentos de marca preferidos	\$30.00	\$90.00
Nivel 4	Medicamentos de marca no preferidos	\$100.00	\$300.00
Nivel 5	Medicamentos especializados	33% Coseguro	No se Ofrece
Nivel 6	Medicamentos de atención selecta	\$5.00	\$0.00

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LISTA DE MEDICAMENTOS ADICIONALES

(Lista suplementaria de medicamentos no eligibles para la parte D de Medicare)

Alignment Health Plan ofrece una lista suplementaria de medicamentos no eligibles para la parte D de Medicare, también conocida como Lista de Medicamentos Adicionales, para proporcionar cobertura adicional a su beneficio de la Parte D. La lista de medicamentos adicionales incluye ciertos medicamentos recetados que normalmente no están cubiertos en un plan de medicamentos de Medicare. La cantidad que pagará será determinada por el nivel de los medicamentos. Si recibe ayuda adicional de Medicare para pagar sus medicamentos, no recibirá ayuda adicional para pagar estos medicamentos.

La cantidad que usted paga cuando usted llena una receta para estos medicamentos no cuenta para su deducible o “costo total de medicamentos” (sus pagos más los pagos del plan de la Parte D que lo ayudan a calificar para la cobertura catastrófica). Además, las excepciones de nivel no se aplican a estos medicamentos. Los medicamentos disponibles sin receta no están cubiertos. Limitaciones y restricciones pueden aplicar. La Lista de Medicamentos Adicionales está sujeta a cambios en cualquier momento.

Nombre del medicamento	Nivel del medicamento	Requisitos/Límites
Tos y resfriado		
<i>benzonatate cap 100 mg</i>	4	
<i>benzonatate cap 150 mg</i>	4	
<i>benzonatate cap 200 mg</i>	4	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	4	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	4	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	4	
Vitaminas Recetadas		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	
<i>ergocalciferol cap 50000 unit^</i>	2	
<i>folic acid tab 1 mg^</i>	2	
Disfunción Sexual		
<i>sildenafil citrate tab 25 mg (generic for Viagra)^</i>	2	QL (6 tabletas/30 días)
<i>sildenafil citrate tab 50 mg (generic for Viagra)^</i>	2	QL (6 tabletas/30 días)
<i>sildenafil citrate tab 100 mg (generic for Viagra)^</i>	2	QL (6 tabletas/30 días)
Pérdida de peso		
<i>phentermine hcl cap 15 mg</i>	4	
<i>phentermine hcl cap 30 mg</i>	4	
<i>phentermine hcl cap 37.5 mg</i>	4	
<i>phentermine hcl tab 37.5 mg</i>	4	

DISCRIMINATION IS AGAINST THE LAW

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

Alignment Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at 1-866-634-2247 (TTY 711).

If you believe that Alignment Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance and Regulatory Affairs
1100 W. Town and Country Rd, Suite 1600
Orange, CA 92868
Phone: 1-844-297-5948, TTY: 711
Fax: 562-207-4621
Email: Compliance@ahcusa.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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

DISCRIMINACIÓN ES CONTRARIA A LA LEY

Alignment Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Alignment Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Alignment Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados
 - Información escrita en otros idiomas

Si necesita recibir estos servicios, comuníquese con Servicios para los Miembros al 1-877-399-2247 (TTY 711).

Si considera que Alignment Health Plan no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

Compliance and Regulatory Affairs
1100 W. Town and Country Rd, Suite 1600
Orange, CA 92868
Teléfono: 1-844-297-5948, TTY: 711
Fax: 562-207-4621
Correo electrónico: Compliance@ahcusa.com

Puede presentar el reclamo en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para hacerlo, Servicios para los Miembros está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

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)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

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Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-399-2247 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-634-2247 (رقم هاتف الصم والبكم: 711).

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-866-634-2247 (TTY (հեռաձայն)՝ 711):

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-634-2247 (TTY: 711)。

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-634-2247 (TTY: 711) पर कॉल करें।

Hmoob (Hmong): LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-634-2247 (TTY: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-634-2247 (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-634-2247 (TTY: 711) 번으로 전화해 주십시오.

ខ្មែរ (Cambodian): ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-866-634-2247 (TTY: 711)។

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-866-634-2247 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-634-2247 (TTY: 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-634-2247 (телетайп: 711).

Tagalog (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-634-2247 (TTY: 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-866-634-2247 (TTY: 711).

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-634-2247 (TTY: 711).

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
ABSTRAL - fentanyl citrate sl tab 100 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 200 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 300 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 400 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 600 mcg	5	PA, QL (120 tablets/30 days)
ABSTRAL - fentanyl citrate sl tab 800 mcg	5	PA, QL (120 tablets/30 days)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml^</i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg^</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg^</i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg^</i>	2	QL (180 tablets/30 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-cafeine cap 50-300-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-cafeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-cafeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-cafeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	3	
<i>butorphanol tartrate inj 2 mg/ml</i>	3	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	QL (87.5 mls/30 days)
<i>celecoxib cap 50 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 100 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 200 mg^</i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	3	QL (30 capsules/30 days)
<i>codeine sulfate tab 60 mg</i>	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg^</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	3	
<i>diclofenac sodium tab delayed release 25 mg^</i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg^</i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg^</i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg^</i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	QL (90 tablets/30 days)
EC-NAPROXEN - naproxen tab ec 375 mg^	2	QL (120 tablets/30 days)
EC-NAPROXEN - naproxen tab ec 500 mg^	2	QL (90 tablets/30 days)
<i>etodolac cap 200 mg^</i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg^</i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg^</i>	2	QL (60 tablets/30 days)

You can find information 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>etodolac tab er 24hr 500 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg[^]</i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg[^]</i>	2	QL (60 tablets/30 days)
<i>etodolac tab 500 mg[^]</i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	5	PA, QL (120 lozenges/30 days)
<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>flurbiprofen tab 50 mg[^]</i>	2	QL (180 tablets/30 days)
<i>flurbiprofen tab 100 mg[^]</i>	2	QL (90 tablets/30 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (3600 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg[^]</i>	2	QL (360 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg[^]</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-ibuprofen tab 5-200 mg[^]</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg[^]</i>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg[^]</i>	2	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	3	BD
<i>hydromorphone hcl liqd 1 mg/ml</i>	3	QL (1440 mls/30 days)
<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	3	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	3	BD
<i>hydromorphone hcl tab 2 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 4 mg</i>	3	QL (180 tablets/30 days)
<i>hydromorphone hcl tab 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml[^]</i>	2	
<i>ibuprofen tab 400 mg[^]</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg[^]</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg[^]</i>	1	QL (120 tablets/30 days)

You can find information 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>indomethacin cap er 75 mg#</i>	3	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#^</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#^</i>	2	QL (120 capsules/30 days)
LAZANDA - fentanyl citrate nasal spray 100 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 300 mcg/act	5	PA, QL (30 bottles/30 days)
LAZANDA - fentanyl citrate nasal spray 400 mcg/act	5	PA, QL (30 bottles/30 days)
<i>meloxicam tab 7.5 mg^</i>	1	QL (60 tablets/30 days)
<i>meloxicam tab 15 mg^</i>	1	QL (30 tablets/30 days)
<i>methadone hcl tab 5 mg^</i>	2	QL (180 tablets/30 days)
<i>methadone hcl tab 10 mg^</i>	2	QL (360 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 15 mg	3	QL (240 tablets/30 days)
MORPHINE SULFATE - morphine sulfate tab 30 mg	3	QL (180 tablets/30 days)
<i>morphine sulfate inj pf 0.5 mg/ml</i>	3	BD
<i>morphine sulfate inj pf 1 mg/ml</i>	3	BD
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg</i>	3	QL (90 tablets/30 days)
<i>morphine sulfate tab er 30 mg</i>	3	QL (90 tablets/30 days)
<i>morphine sulfate tab er 60 mg</i>	3	QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg</i>	3	QL (90 tablets/30 days)
<i>morphine sulfate tab er 200 mg</i>	3	QL (90 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>	3	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg^</i>	2	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg^</i>	2	QL (90 tablets/30 days)
<i>naproxen tab 250 mg^</i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg^</i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg^</i>	1	QL (90 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 150 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 200 mg	3	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 250 mg	3	PA, QL (60 tablets/30 days)
<i>oxaprozin tab 600 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>oxycodone hcl tab 5 mg^</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg^</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 15 mg^</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 20 mg^</i>	2	QL (180 tablets/30 days)
<i>oxycodone hcl tab 30 mg^</i>	2	QL (180 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	3	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg^</i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg^</i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	3	QL (360 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg^</i>	2	QL (60 tablets/30 days)
<i>sulindac tab 200 mg^</i>	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	3	PA, QL (180 tablets/30 days)
TOLMETIN SODIUM - tolmetin sodium cap 400 mg	3	QL (120 capsules/30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	3	QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	3	QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg^</i>	2	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg^</i>	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	3	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 18 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 27 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg	4	PA, QL (60 capsules/30 days)
ZOHYDRO ER - hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg	4	PA, QL (60 capsules/30 days)
Anesthetics		
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine hcl urethral/mucosal gel 2%</i>	4	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%^</i>	2	
<i>lidocaine oint 5%</i>	4	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	4	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA, QL (60 grams/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	3	
<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>	2	
CHANTIX - varenicline tartrate tab 0.5 mg	3	
CHANTIX - varenicline tartrate tab 1 mg	3	
CHANTIX CONTINUING MONTH PACK - varenicline tartrate tab 1 mg	3	
CHANTIX STARTING MONTH PACK - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	3	
<i>disulfiram tab 250 mg</i>	3	
<i>disulfiram tab 500 mg^</i>	2	
NALOXONE HCL - naloxone hcl soln cartridge 0.4 mg/ml	3	
NALOXONE HCL - naloxone hcl soln prefilled syringe 2 mg/2ml	3	
<i>naloxone hcl inj 0.4 mg/ml^</i>	2	
<i>naloxone hcl inj 4 mg/10ml^</i>	2	
<i>naltrexone hcl tab 50 mg^</i>	2	
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	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml	5	
SUBLOCADE - buprenorphine extended release soln pref syr 300 mg/1.5ml	5	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	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>	1	
<i>amoxicillin (trihydrate) tab 875 mg^</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml^</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 500-125 mg^</i>	2	
<i>amoxicillin & k clavulanate tab 875-125 mg^</i>	2	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 200-28.5 mg	3	
AMOXICILLIN/CLAVULANATE POTASSIUM - amoxicillin & k clavulanate chew tab 400-57 mg	3	
AMPICILLIN - ampicillin cap 500 mg^	2	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
AMPICILLIN SODIUM - ampicillin sodium for iv soln 1 gm	3	
<i>ampicillin sodium for inj 250 mg^</i>	2	
<i>ampicillin sodium for inj 500 mg^</i>	2	
<i>ampicillin sodium for inj 1 gm</i>	3	
<i>ampicillin sodium for inj 2 gm</i>	3	
<i>ampicillin sodium for iv soln 2 gm</i>	3	
<i>ampicillin sodium for iv soln 10 gm</i>	3	
AMPICILLIN-SULBACTAM - ampicillin & sulbactam sodium for iv soln 3 (2-1) gm	3	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml^</i>	2	
<i>azithromycin for susp 200 mg/5ml^</i>	2	
<i>azithromycin iv for soln 500 mg</i>	3	
<i>azithromycin tab 250 mg^</i>	2	
<i>azithromycin tab 500 mg^</i>	2	
<i>azithromycin tab 600 mg^</i>	2	
<i>aztreonam for inj 1 gm</i>	3	
<i>aztreonam for inj 2 gm^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
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	
cefaclor cap 250 mg^	2	
cefaclor cap 500 mg^	2	
cefadroxil cap 500 mg^	2	
cefadroxil for susp 250 mg/5ml^	2	
cefadroxil for susp 500 mg/5ml^	2	
cefadroxil tab 1 gm^	2	
CEFAZOLIN SODIUM - cefazolin sodium for inj 20 gm	3	
cefazolin sodium for inj 500 mg	3	
cefazolin sodium for inj 1 gm	3	
cefazolin sodium for inj 10 gm	3	
cefdinir cap 300 mg^	2	
cefdinir for susp 125 mg/5ml^	2	
cefdinir for susp 250 mg/5ml^	2	
cefepime hcl for inj 1 gm	3	
cefepime hcl for inj 2 gm	3	
cefixime cap 400 mg	4	
CEFOTAXIME SODIUM - cefotaxime sodium for inj 500 mg	3	
cefotaxime sodium for inj 1 gm	3	
cefoxitin sodium for inj 10 gm	3	
cefoxitin sodium for iv soln 1 gm	3	
cefoxitin sodium for iv soln 2 gm	3	
cefpodoxime proxetil for susp 50 mg/5ml^	2	
cefpodoxime proxetil for susp 100 mg/5ml	3	
cefpodoxime proxetil tab 100 mg	3	
cefpodoxime proxetil tab 200 mg	3	
cefprozil for susp 125 mg/5ml^	2	
cefprozil for susp 250 mg/5ml	3	
cefprozil tab 250 mg^	2	
cefprozil tab 500 mg^	2	
ceftazidime for inj 1 gm	3	
ceftazidime for inj 2 gm	3	
ceftazidime for inj 6 gm	3	

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Drug Name	Drug Tier	Requirements/Limits
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 20 mg/ml	3	
CEFTRIAZONE IN ISO-OSMOTIC DEXTROSE - ceftriazone sodium in dextrose inj 40 mg/ml	3	
<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>	3	
<i>ceftriazone sodium for inj 2 gm</i>	3	
<i>ceftriazone sodium for inj 10 gm</i>	3	
<i>ceftriazone sodium for iv soln 1 gm</i>	3	
<i>ceftriazone sodium for iv soln 2 gm</i>	3	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 1 gm and dextrose 3.74% 50 ml	3	
CEFTRIAZONE/DEXTROSE - ceftriazone sodium for iv soln 2 gm and dextrose 2.22% 50 ml	3	
<i>cefuroxime axetil tab 250 mg^</i>	2	
<i>cefuroxime axetil tab 500 mg^</i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	3	
<i>cefuroxime sodium for inj 7.5 gm^</i>	2	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	3	
<i>cephalexin cap 250 mg^</i>	1	
<i>cephalexin cap 500 mg^</i>	1	
<i>cephalexin cap 750 mg</i>	3	
<i>cephalexin for susp 125 mg/5ml^</i>	2	
<i>cephalexin for susp 250 mg/5ml^</i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	3	
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)^</i>	2	
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>	2	
<i>ciprofloxacin 400 mg/200ml in d5w^</i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml^	2	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3	
<i>clarithromycin tab er 24hr 500 mg^</i>	2	
<i>clarithromycin tab 250 mg^</i>	2	
<i>clarithromycin tab 500 mg^</i>	2	
<i>clindamycin hcl cap 75 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>clindamycin hcl cap 150 mg^</i>	2	
<i>clindamycin hcl cap 300 mg^</i>	2	
<i>clindamycin phosphate gel 1%</i>	3	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml^</i>	2	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml^</i>	2	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml^</i>	2	
<i>clindamycin phosphate inj 300 mg/2ml^</i>	2	
<i>clindamycin phosphate inj 600 mg/4ml^</i>	2	
<i>clindamycin phosphate inj 900 mg/6ml^</i>	2	
<i>clindamycin phosphate inj 9 gm/60ml^</i>	2	
<i>clindamycin phosphate iv soln 300 mg/2ml^</i>	2	
<i>clindamycin phosphate iv soln 600 mg/4ml^</i>	2	
<i>clindamycin phosphate iv soln 900 mg/6ml^</i>	2	
<i>clindamycin phosphate lotion 1%</i>	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>	3	
<i>demeclocycline hcl tab 300 mg</i>	3	
<i>dicloxacillin sodium cap 250 mg^</i>	2	
<i>dicloxacillin sodium cap 500 mg^</i>	2	
DIFICID - fidaxomicin tab 200 mg	5	
<i>doxycycline hyclate cap 50 mg^</i>	2	
<i>doxycycline hyclate cap 100 mg^</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	3	
<i>doxycycline hyclate tab 20 mg^</i>	2	
<i>doxycycline hyclate tab 100 mg^</i>	2	
<i>doxycycline monohydrate cap 50 mg^</i>	2	
<i>doxycycline monohydrate cap 75 mg</i>	3	
<i>doxycycline monohydrate cap 100 mg^</i>	2	
<i>doxycycline monohydrate cap 150 mg</i>	3	
<i>doxycycline monohydrate tab 50 mg^</i>	2	
<i>doxycycline monohydrate tab 75 mg^</i>	2	
<i>doxycycline monohydrate tab 100 mg^</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>ertapenem sodium for inj 1 gm</i>	5	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	3	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	4	
<i>erythromycin pads 2%^</i>	2	
<i>erythromycin soln 2%^</i>	2	
<i>erythromycin tab 250 mg</i>	3	
<i>erythromycin tab 500 mg</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin sulfate inj 10 mg/ml</i>	3	
<i>gentamicin sulfate inj 40 mg/ml</i>	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1.6 mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	3	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	3	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	3	
<i>levofloxacin iv soln 25 mg/ml</i>	3	
<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%	5	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	5	
<i>linezolid tab 600 mg</i>	4	
<i>meropenem iv for soln 500 mg</i>	3	
<i>meropenem iv for soln 1 gm^</i>	2	
<i>methenamine hippurate tab 1 gm</i>	3	
METRONIDAZOLE - metronidazole in nacl 0.74% iv soln 500 mg/100ml	3	
METRONIDAZOLE - metronidazole iv soln 5 mg/ml	3	
<i>metronidazole cap 375 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>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	3	
<i>metronidazole tab 250 mg^</i>	2	
<i>metronidazole tab 500 mg^</i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg^</i>	2	
<i>minocycline hcl cap 75 mg^</i>	2	
<i>minocycline hcl cap 100 mg^</i>	2	
<i>minocycline hcl tab 50 mg</i>	3	
<i>minocycline hcl tab 75 mg</i>	3	
<i>minocycline hcl tab 100 mg</i>	3	
MOXIFLOXACIN HCL - moxifloxacin hcl iv solution 400 mg/250ml	3	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	3	
NAFCILLIN SODIUM - nafcillin sodium for inj 10 gm	5	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 1 gm	5	
NAFCILLIN SODIUM - nafcillin sodium for iv soln 2 gm	4	
<i>nafcillin sodium for inj 1 gm</i>	5	
<i>nafcillin sodium for inj 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>neomycin sulfate tab 500 mg^</i>	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	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>	3	
<i>nitrofurantoin susp 25 mg/5ml#</i>	3	
<i>ofloxacin tab 400 mg^</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit</i>	3	
<i>penicillin g potassium for inj 20000000 unit</i>	3	
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	3	
PENICILLIN G POTASSIUM IN DEXTROSE - penicillin g potassium inj 60000 unit/ml in dextrose	3	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	3	
PENICILLIN V POTASSIUM - penicillin v potassium for soln 125 mg/5ml^	2	

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN V POTASSIUM - penicillin v potassium for soln 250 mg/5ml [^]	2	
<i>penicillin v potassium tab 250 mg[^]</i>	1	
<i>penicillin v potassium tab 500 mg[^]</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	3	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)[^]</i>	2	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	3	
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	3	
<i>sulfacetamide sodium lotion 10%</i>	3	
SULFADIAZINE - sulfadiazine tab 500 mg	3	
<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 cap 400 mg	4	
SUPRAX - cefixime chew tab 100 mg	3	
SUPRAX - cefixime chew tab 200 mg	3	
SYNERCID - quinupristin-dalfopristin for inj 500 mg (150-350 mg)	5	
TAZICEF - ceftazidime for iv soln 1 gm	3	
TAZICEF - ceftazidime for iv soln 2 gm	3	
TEFLARO - ceftaroline fosamil for iv soln 400 mg	5	
TEFLARO - ceftaroline fosamil for iv soln 600 mg	5	
<i>tetracycline hcl cap 250 mg</i>	3	
<i>tetracycline hcl cap 500 mg</i>	3	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	3	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 2 gm/50ml (40 mg/ml)	3	
<i>tobramycin sulfate for inj 1.2 gm</i>	3	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	3	
<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	3	
<i>trimethoprim tab 100 mg[^]</i>	2	
VANCOMYCIN HCL - vancomycin hcl for iv soln 100 gm	3	
<i>vancomycin hcl cap 125 mg</i>	3	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	5	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 500 mg</i>	3	
<i>vancomycin hcl for iv soln 750 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl for iv soln 1 gm</i>	3	
<i>vancomycin hcl for iv soln 5 gm</i>	3	
<i>vancomycin hcl for iv soln 10 gm</i>	3	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 750 mg/150ml-5%	4	
VANCOMYCIN HCL IN DEXTROSE - vancomycin hcl-dextrose iv soln 1 gm/200ml-5%	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	
Anticonvulsants		
APTiom - eslicarbazepine acetate tab 200 mg	5	
APTiom - eslicarbazepine acetate tab 400 mg	5	
APTiom - eslicarbazepine acetate tab 600 mg	5	
APTiom - eslicarbazepine acetate tab 800 mg	5	
BANZEL - rufinamide susp 40 mg/ml	5	
BANZEL - rufinamide tab 200 mg	4	
BANZEL - rufinamide tab 400 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg	5	
BRIVIACT - brivaracetam tab 25 mg	5	
BRIVIACT - brivaracetam tab 50 mg	5	
BRIVIACT - brivaracetam tab 75 mg	5	
BRIVIACT - brivaracetam tab 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg</i>	3	
<i>carbamazepine cap er 12hr 200 mg</i>	3	
<i>carbamazepine cap er 12hr 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg^</i>	2	
<i>carbamazepine susp 100 mg/5ml^</i>	2	
<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>	2	
CELONTIN - methsuximide cap 300 mg	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension 2.5 mg/ml</i>	3	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 [^]	2	
<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>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg</i>	3	
<i>felbamate tab 600 mg</i>	3	
<i>fosphenytoin sodium inj 100 mg/2ml</i>	3	
<i>fosphenytoin sodium inj 500 mg/10ml</i>	3	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg	5	
FYCOMPA - perampanel tab 6 mg	5	
FYCOMPA - perampanel tab 8 mg	5	
FYCOMPA - perampanel tab 10 mg	5	
FYCOMPA - perampanel tab 12 mg	5	
<i>gabapentin cap 100 mg[^]</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg[^]</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg[^]</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml[^]</i>	2	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg[^]</i>	2	QL (180 tablets/30 days)

You can find information 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>gabapentin tab 800 mg[^]</i>	2	QL (135 tablets/30 days)
<i>lamotrigine tab chewable dispersible 5 mg[^]</i>	1	
<i>lamotrigine tab chewable dispersible 25 mg[^]</i>	1	
<i>lamotrigine tab 25 mg[^]</i>	1	
<i>lamotrigine tab 100 mg[^]</i>	1	
<i>lamotrigine tab 150 mg[^]</i>	1	
<i>lamotrigine tab 200 mg[^]</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	3	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	3	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	3	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	3	
<i>levetiracetam oral soln 100 mg/ml[^]</i>	2	
<i>levetiracetam tab 250 mg[^]</i>	2	
<i>levetiracetam tab 500 mg[^]</i>	2	
<i>levetiracetam tab 750 mg[^]</i>	2	
<i>levetiracetam tab 1000 mg[^]</i>	2	
LYRICA - pregabalin cap 25 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 50 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 75 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 100 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 150 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 200 mg	3	QL (90 capsules/30 days)
LYRICA - pregabalin cap 225 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin cap 300 mg	3	QL (60 capsules/30 days)
LYRICA - pregabalin soln 20 mg/ml	3	QL (900 mls/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	3	
<i>oxcarbazepine tab 150 mg[^]</i>	2	
<i>oxcarbazepine tab 300 mg[^]</i>	2	
<i>oxcarbazepine tab 600 mg[^]</i>	2	
PEGANONE - ethotoin tab 250 mg	4	
<i>phenobarbital elixir 20 mg/5ml#[^]</i>	2	
PHENOBARBITAL SODIUM - phenobarbital sodium inj 65 mg/ml#	4	PA
PHENOBARBITAL SODIUM - phenobarbital sodium inj 130 mg/ml#	4	PA
<i>phenobarbital tab 15 mg#[^]</i>	2	
<i>phenobarbital tab 16.2 mg#[^]</i>	2	
<i>phenobarbital tab 30 mg#[^]</i>	2	
<i>phenobarbital tab 32.4 mg#[^]</i>	2	
<i>phenobarbital tab 60 mg#[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital tab 64.8 mg#^</i>	2	
<i>phenobarbital tab 97.2 mg#^</i>	2	
<i>phenobarbital tab 100 mg#^</i>	2	
<i>phenytoin chew tab 50 mg^</i>	2	
<i>phenytoin sodium extended cap 100 mg^</i>	2	
<i>phenytoin sodium extended cap 200 mg^</i>	2	
<i>phenytoin sodium extended cap 300 mg^</i>	2	
<i>phenytoin susp 125 mg/5ml^</i>	2	
<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>	3	
<i>tiagabine hcl tab 4 mg</i>	3	
<i>tiagabine hcl tab 12 mg</i>	3	
<i>tiagabine hcl tab 16 mg</i>	3	
<i>topiramate sprinkle cap 15 mg</i>	3	
<i>topiramate sprinkle cap 25 mg^</i>	2	
<i>topiramate tab 25 mg^</i>	1	
<i>topiramate tab 50 mg^</i>	1	
<i>topiramate tab 100 mg^</i>	1	
<i>topiramate tab 200 mg^</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	3	
<i>valproate sodium oral soln 250 mg/5ml^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid cap 250 mg^</i>	2	
<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	
<i>zonisamide cap 25 mg^</i>	2	
<i>zonisamide cap 50 mg^</i>	2	
<i>zonisamide cap 100 mg^</i>	2	
Antidementia Agents		
<i>donepezil hydrochloride orally disintegrating tab 5 mg^</i>	2	
<i>donepezil hydrochloride orally disintegrating tab 10 mg^</i>	2	
<i>donepezil hydrochloride tab 5 mg^</i>	1	
<i>donepezil hydrochloride tab 10 mg^</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
ERGOLOID MESYLATES - ergoloid mesylates tab 1 mg#	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
<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>	2	
<i>galantamine hydrobromide tab 8 mg^</i>	2	
<i>galantamine hydrobromide tab 12 mg^</i>	2	
<i>memantine hcl oral solution 2 mg/ml</i>	3	PA
<i>memantine hcl tab 5 mg^</i>	2	PA
<i>memantine hcl tab 10 mg^</i>	2	PA
<i>memantine hcl tab 5 mg (28) & 10 mg (21) titration pak</i>	3	PA
<i>rivastigmine tartrate cap 1.5 mg</i>	3	
<i>rivastigmine tartrate cap 3 mg</i>	3	
<i>rivastigmine tartrate cap 4.5 mg</i>	3	
<i>rivastigmine tartrate cap 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	4	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
<i>amitriptyline hcl tab 10 mg#^</i>	2	
<i>amitriptyline hcl tab 25 mg#^</i>	2	
<i>amitriptyline hcl tab 50 mg#^</i>	2	
<i>amitriptyline hcl tab 75 mg#^</i>	2	
<i>amitriptyline hcl tab 100 mg#^</i>	2	
<i>amitriptyline hcl tab 150 mg#^</i>	2	
AMOXAPINE - amoxapine tab 25 mg#	3	PA
AMOXAPINE - amoxapine tab 50 mg#	3	PA
AMOXAPINE - amoxapine tab 100 mg#	3	PA
AMOXAPINE - amoxapine tab 150 mg#	3	PA
<i>bupropion hcl tab er 12hr 100 mg^</i>	2	QL (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)
<i>citalopram hydrobromide tab 40 mg^</i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg#</i>	3	PA
<i>clomipramine hcl cap 50 mg#</i>	3	PA
<i>clomipramine hcl cap 75 mg#</i>	3	PA
<i>desipramine hcl tab 10 mg#</i>	3	
<i>desipramine hcl tab 25 mg#</i>	3	
<i>desipramine hcl tab 50 mg#</i>	3	
<i>desipramine hcl tab 75 mg#</i>	3	
<i>desipramine hcl tab 100 mg#</i>	3	
<i>desipramine hcl tab 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg^</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 50 mg^</i>	2	QL (30 tablets/30 days)
<i>desvenlafaxine succinate tab er 24hr 100 mg^</i>	2	QL (30 tablets/30 days)
DOXEPIN HCL - doxepin hcl cap 150 mg#^	2	
<i>doxepin hcl cap 10 mg#^</i>	2	
<i>doxepin hcl cap 25 mg#^</i>	2	
<i>doxepin hcl cap 50 mg#^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg#^</i>	2	
<i>doxepin hcl cap 100 mg#^</i>	2	
<i>doxepin hcl conc 10 mg/ml#^</i>	2	
<i>duloxetine hcl enteric coated pellets cap 20 mg^</i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg^</i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 60 mg^</i>	2	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>	3	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg^</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 10 mg^</i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg^</i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 40 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 80 mg	4	QL (30 capsules/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg^</i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg^</i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg^</i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml^</i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg^</i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg^</i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg^</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 50 mg^</i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg^</i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg#^</i>	2	
<i>imipramine hcl tab 25 mg#^</i>	2	
<i>imipramine hcl tab 50 mg#^</i>	2	
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)

You can find information 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>mirtazapine tab 7.5 mg^</i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg^</i>	1	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg^</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 45 mg^</i>	2	QL (30 tablets/30 days)
NEFAZODONE HCL - nefazodone hcl tab 100 mg	3	
NEFAZODONE HCL - nefazodone hcl tab 150 mg	3	
<i>nefazodone hcl tab 250 mg</i>	3	
<i>nefazodone hcl tab 50 mg</i>	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 200 mg	3	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#^	2	PA
<i>nortriptyline hcl cap 10 mg#^</i>	2	
<i>nortriptyline hcl cap 25 mg#^</i>	2	
<i>nortriptyline hcl cap 50 mg#^</i>	2	
<i>nortriptyline hcl cap 75 mg#^</i>	2	
<i>paroxetine hcl tab 10 mg#^</i>	1	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#^</i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#^</i>	1	QL (60 tablets/30 days)
<i>paroxetine hcl tab 40 mg#^</i>	1	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>	2	
<i>protriptyline hcl tab 5 mg#</i>	3	PA
<i>protriptyline hcl tab 10 mg#</i>	3	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml^</i>	2	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>	3	
<i>trazodone hcl tab 50 mg^</i>	1	
<i>trazodone hcl tab 100 mg^</i>	1	
<i>trazodone hcl tab 150 mg^</i>	1	
<i>trazodone hcl tab 300 mg</i>	3	
<i>trimipramine maleate cap 25 mg#</i>	3	PA
<i>trimipramine maleate cap 50 mg#</i>	3	PA
<i>trimipramine maleate cap 100 mg#</i>	3	PA
TRINTELLIX - vortioxetine hbr tab 5 mg	4	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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>	1	QL (60 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 75 mg[^]</i>	1	QL (90 capsules/30 days)
<i>venlafaxine hcl cap er 24hr 150 mg[^]</i>	1	QL (30 capsules/30 days)
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>	4	QL (60 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 75 mg</i>	4	QL (90 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 150 mg</i>	4	QL (30 tablets/30 days)
<i>venlafaxine hcl tab er 24hr 225 mg</i>	4	QL (30 tablets/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>	3	BD
<i>aprepitant capsule 40 mg</i>	3	BD
<i>aprepitant capsule 80 mg</i>	3	BD
<i>aprepitant capsule 125 mg[^]</i>	2	BD
CHLORPROMAZINE HCL - chlorpromazine hcl inj 25 mg/ml	4	PA
CHLORPROMAZINE HCL - chlorpromazine hcl inj 50 mg/2ml	3	PA
<i>chlorpromazine hcl tab 10 mg</i>	3	PA
<i>chlorpromazine hcl tab 25 mg</i>	3	PA
<i>chlorpromazine hcl tab 50 mg</i>	3	PA
<i>chlorpromazine hcl tab 100 mg</i>	4	PA
<i>chlorpromazine hcl tab 200 mg</i>	5	PA
<i>dronabinol cap 2.5 mg</i>	3	BD
<i>dronabinol cap 5 mg</i>	3	BD
<i>dronabinol cap 10 mg</i>	3	BD
EMEND - fosaprepitant dimeglumine for iv infusion 150 mg	4	
<i>granisetron hcl inj 1 mg/ml[^]</i>	2	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)[^]</i>	2	
<i>granisetron hcl tab 1 mg[^]</i>	2	BD
<i>meclizine hcl 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>meclizine hcl tab 25 mg#^</i>	2	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	3	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	3	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	BD
<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>	2	BD
<i>ondansetron orally disintegrating tab 8 mg^</i>	2	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	
<i>perphenazine tab 4 mg</i>	3	
<i>perphenazine tab 8 mg</i>	3	
<i>perphenazine tab 16 mg</i>	3	
PROCHLORPERAZINE EDISYLATE - prochlorperazine edisylate inj 50 mg/10ml	3	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	3	
<i>prochlorperazine maleate tab 5 mg^</i>	2	
<i>prochlorperazine maleate tab 10 mg^</i>	2	
<i>prochlorperazine suppos 25 mg</i>	3	
<i>promethazine hcl suppos 12.5 mg#</i>	3	
<i>promethazine hcl suppos 25 mg#</i>	3	
<i>promethazine hcl syrup 6.25 mg/5ml#^</i>	2	
<i>promethazine hcl tab 12.5 mg#^</i>	2	
<i>promethazine hcl tab 25 mg#^</i>	2	
<i>promethazine hcl tab 50 mg#^</i>	2	
<i>scopolamine td patch 72hr 1 mg/3days#</i>	3	
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	3	BD
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	5	
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77%^</i>	2	
<i>ciclopirox olamine susp 0.77%^</i>	2	
<i>ciclopirox shampoo 1%</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>ciclopirox solution 8%^</i>	2	
<i>clotrimazole cream 1%^</i>	2	
<i>clotrimazole troche 10 mg^</i>	2	
CRESEMBA - isavuconazonium sulfate cap 186 mg	5	PA
CRESEMBA - isavuconazonium sulfate for iv soln 372 mg	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml</i>	3	
<i>fluconazole for susp 40 mg/ml</i>	3	
<i>fluconazole in dextrose inj 200 mg/100ml</i>	3	
<i>fluconazole in dextrose inj 400 mg/200ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	3	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	3	
<i>fluconazole tab 50 mg^</i>	2	
<i>fluconazole tab 100 mg^</i>	2	
<i>fluconazole tab 150 mg^</i>	2	
<i>fluconazole tab 200 mg^</i>	2	
<i>flucytosine cap 250 mg</i>	5	
<i>flucytosine cap 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<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>	2	
<i>ketoconazole tab 200 mg^</i>	2	
MYCAMINE - micafungin sodium for iv soln 50 mg	5	
MYCAMINE - micafungin sodium for iv soln 100 mg	5	
NOXAFIL - posaconazole iv soln 300 mg/16.7ml (18 mg/ml)	4	PA
NOXAFIL - posaconazole susp 40 mg/ml	5	PA
NOXAFIL - posaconazole tab delayed release 100 mg	5	PA
<i>nystatin cream 100000 unit/gm^</i>	2	
<i>nystatin oint 100000 unit/gm^</i>	2	
<i>nystatin susp 100000 unit/ml^</i>	2	
<i>nystatin tab 500000 unit^</i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>terbinafine hcl tab 250 mg^</i>	1	
TERCONAZOLE - terconazole vaginal cream 0.8%	3	
<i>terconazole vaginal cream 0.4%</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>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	3	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 sodium for inj 500 mg^</i>	2	
<i>allopurinol tab 100 mg^</i>	1	
<i>allopurinol tab 300 mg^</i>	1	
<i>colchicine w/ probenecid tab 0.5-500 mg^</i>	2	
COLCRYS - colchicine tab 0.6 mg	3	
<i>febuxostat tab 40 mg</i>	3	QL (30 tablets/30 days), ST
<i>febuxostat tab 80 mg</i>	3	QL (30 tablets/30 days), ST
<i>probenecid tab 500 mg^</i>	2	
Antimigraine Agents		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
MIGRANAL - dihydroergotamine mesylate nasal spray 4 mg/ml	5	QL (8 mls/28 days)
<i>naratriptan hcl tab 1 mg^</i>	2	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>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg^</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg^</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 10 mg^</i>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	3	QL (12 units (2 packages)/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	3	QL (12 units (2 packages)/30 days)
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	3	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	3	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	5	
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	3	
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	3	
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	3	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>pyridostigmine bromide syrup 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg^</i>	2	
Antimycobacterials		
CAPASTAT SULFATE - capreomycin sulfate for inj 1 gm	4	
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg</i>	3	
<i>dapsone tab 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg^</i>	2	
<i>ethambutol hcl tab 400 mg^</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml	3	
<i>isoniazid tab 100 mg^</i>	1	
<i>isoniazid tab 300 mg^</i>	1	
PASER - aminosalicylic acid er granules packet 4 gm	3	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	3	
<i>rifabutin cap 150 mg</i>	5	
<i>rifampin cap 150 mg^</i>	2	
<i>rifampin cap 300 mg^</i>	2	
<i>rifampin for inj 600 mg</i>	5	
SIRTURO - bedaquiline fumarate tab 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
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)

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Drug Name	Drug Tier	Requirements/Limits
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>	1	
ARRANON - nelarabine iv soln 5 mg/ml	5	PA
<i>arsenic trioxide inj 10 mg/10ml (1 mg/ml)</i>	4	
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
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA
<i>bicalutamide tab 50 mg^</i>	2	
<i>bleomycin sulfate for inj 15 unit^</i>	2	BD
<i>bleomycin sulfate for inj 30 unit</i>	3	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg	5	PA, QL (30 tablets/30 days)
BOSULIF - bosutinib tab 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg	5	PA, QL (180 capsules/30 days)
<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>	2	
<i>carboplatin iv soln 150 mg/15ml^</i>	2	
<i>carboplatin iv soln 450 mg/45ml^</i>	2	
<i>carboplatin iv soln 600 mg/60ml^</i>	2	
<i>carmustine for inj 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	3	BD
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>	2	
<i>dactinomycin for inj 0.5 mg</i>	5	
DARZALEX - daratumumab iv soln 100 mg/5ml*	5	PA
DARZALEX - daratumumab iv soln 400 mg/20ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	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	
DOCETAXEL - docetaxel for inj conc 200 mg/10ml (20 mg/ml)	5	
<i>docetaxel for inj conc 20 mg/ml</i>	5	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	5	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	5	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 10 mg</i>	4	BD
<i>doxorubicin hcl for inj 50 mg</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml^</i>	2	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
ELITEK - rasburicase for iv soln 1.5 mg	5	
ELITEK - rasburicase for iv soln 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg	5	PA
EMPLICITI - elotuzumab for iv soln 400 mg	5	PA
<i>epirubicin hcl iv soln 50 mg/25ml (2 mg/ml)^</i>	2	
<i>epirubicin hcl iv soln 200 mg/100ml (2 mg/ml)^</i>	2	
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>	3	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	3	
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	3	
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	3	
FARYDAK - panobinostat lactate cap 10 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 15 mg*	5	PA, QL (6 capsules/21 days)
FARYDAK - panobinostat lactate cap 20 mg*	5	PA, QL (6 capsules/21 days)
FASLODEX - fulvestrant inj 250 mg/5ml	5	PA
<i>fludarabine phosphate for inj 50 mg</i>	3	
<i>fludarabine phosphate inj 25 mg/ml^</i>	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gemcitabine hcl for inj 200 mg</i>	3	
<i>gemcitabine hcl for inj 1 gm</i>	3	
<i>gemcitabine hcl for inj 2 gm</i>	3	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml)^</i>	2	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml)^</i>	2	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml)^</i>	2	
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
<i>hydroxyurea cap 500 mg^</i>	2	
IBRANCE - palbociclib cap 75 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 100 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib cap 125 mg*	5	PA, QL (21 capsules/28 days)
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)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm^</i>	2	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml)^</i>	2	
<i>ifosfamide iv inj 3 gm/60ml (50 mg/ml)^</i>	2	
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 140 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 280 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMBRUVICA - ibrutinib tab 560 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml)	5	PA
IMFINZI - durvalumab soln for iv infusion 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
IRESSA - gefitinib tab 250 mg*	5	PA, QL (30 tablets/30 days)
IRINOTECAN - irinotecan hcl inj 500 mg/25ml (20 mg/ml)	3	
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	3	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	3	
ISTODAX (OVERFILL) - romidepsin for iv inj 10 mg	5	PA
IXEMPRA KIT - ixabepilone for iv infusion 15 mg	5	
IXEMPRA KIT - ixabepilone for iv infusion 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 10 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 15 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 20 mg*	5	PA, QL (60 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 25 mg*	5	PA, QL (60 tablets/30 days)
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 160 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab 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)
KYPROLIS - carfilzomib for inj 10 mg	5	PA
KYPROLIS - carfilzomib for inj 30 mg	5	PA
KYPROLIS - carfilzomib for inj 60 mg	5	PA
LARTRUVO - olaratumab soln for iv infusion 190 mg/19ml (10 mg/ml)	5	PA
LARTRUVO - olaratumab soln for iv infusion 500 mg/50ml (10 mg/ml)	5	PA
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 4 (3) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 (2) mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap therapy pack 10 (2) & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 4 (2) mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg^</i>	2	
LEUCOVORIN CALCIUM - leucovorin calcium inj 100 mg/10ml (10 mg/ml)	4	
LEUCOVORIN CALCIUM - leucovorin calcium tab 10 mg	3	
LEUCOVORIN CALCIUM - leucovorin calcium tab 15 mg	3	
<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 25 mg</i>	3	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
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>	2	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg</i>	5	
<i>mitomycin for iv soln 20 mg</i>	5	
<i>mitomycin for iv soln 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)^</i>	2	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)^</i>	2	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)^</i>	2	
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	
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
OPDIVO - nivolumab iv soln 40 mg/4ml	5	PA
OPDIVO - nivolumab iv soln 100 mg/10ml	5	PA
OPDIVO - nivolumab iv soln 240 mg/24ml	5	PA
<i>oxaliplatin for iv inj 50 mg</i>	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	

You can find information 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>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	3	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	3	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	3	
PANRETIN - alitretinoin gel 0.1%	5	
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 2 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 3 mg*	5	PA, QL (21 capsules/28 days)
POMALYST - pomalidomide cap 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PROLEUKIN - aldesleukin for iv soln 22000000 unit	5	
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
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 for iv inj 10 mg	5	PA
RUBRACA - rucaparib camsylate tab 200 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 250 mg*	5	PA, QL (120 tablets/30 days)
RUBRACA - rucaparib camsylate tab 300 mg*	5	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
SPRYCEL - dasatinib tab 20 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
SPRYCEL - dasatinib tab 50 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 70 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 80 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
SPRYCEL - dasatinib tab 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
SUTENT - sunitinib malate cap 12.5 mg	5	PA, QL (90 capsules/30 days)
SUTENT - sunitinib malate cap 25 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 37.5 mg	5	PA, QL (30 capsules/30 days)
SUTENT - sunitinib malate cap 50 mg	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
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)
TAGRISSO - osimertinib mesylate tab 40 mg*	5	PA, QL (30 tablets/30 days)
TAGRISSO - 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)
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	
TIBSOVO - ivosidenib tab 250 mg	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	4	
<i>toremifene citrate tab 60 mg</i>	5	
TREANDA - bendamustine hcl for iv soln 25 mg	5	

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Drug Name	Drug Tier	Requirements/Limits
TREANDA - bendamustine hcl for iv soln 100 mg	5	
<i>tretinoin cap 10 mg</i>	5	PA
TRISENOX - arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)	5	
TYKERB - lapatinib ditosylate tab 250 mg*	5	PA, QL (180 tablets/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	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*	4	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	4	BD
<i>vincristine sulfate iv soln 1 mg/ml^</i>	2	BD
<i>vinorelbine tartrate inj 10 mg/ml</i>	3	
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml)</i>	3	
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)
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

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

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP - ziv-aflibercept iv soln 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)
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg*	5	PA, QL (60 tablets/30 days)
ZYDELIG - idelalisib tab 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib cap 150 mg*	5	PA, QL (90 capsules/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>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg	4	
BENZNIDAZOLE - benznidazole tab 100 mg	4	
CHLOROQUINE PHOSPHATE - chloroquine phosphate tab 250 mg	3	
<i>chloroquine phosphate tab 500 mg^</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
DARAPRIM - pyrimethamine tab 25 mg	5	
<i>hydroxychloroquine sulfate tab 200 mg^</i>	2	
<i>ivermectin tab 3 mg^</i>	2	
LINDANE - lindane shampoo 1%	3	
<i>malathion lotion 0.5%</i>	3	
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 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	
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg^</i>	2	
<i>amantadine hcl syrup 50 mg/5ml^</i>	2	
<i>amantadine hcl tab 100 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg</i> [^]	2	
<i>benztropine mesylate tab 1 mg</i> [^]	2	
<i>benztropine mesylate tab 2 mg</i> [^]	2	
<i>bromocriptine mesylate cap 5 mg</i>	3	
<i>bromocriptine mesylate tab 2.5 mg</i>	3	
<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>carbidopa tab 25 mg</i>	5	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 25-100-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	4	
CARBIDOPA/LEVODOPA/ENTACAPONE - carbidopa-levodopa-entacapone tabs 50-200-200 mg	4	
<i>entacapone tab 200 mg</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg</i> [^]	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i> [^]	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i> [^]	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i> [^]	1	
<i>pramipexole dihydrochloride tab 1 mg</i> [^]	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i> [^]	1	
<i>rasagiline mesylate tab 0.5 mg</i>	3	
<i>rasagiline mesylate tab 1 mg</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg</i> [^]	2	
<i>ropinirole hydrochloride tab 0.5 mg</i> [^]	2	
<i>ropinirole hydrochloride tab 1 mg</i> [^]	2	
<i>ropinirole hydrochloride tab 2 mg</i> [^]	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab 3 mg^</i>	2	
<i>ropinirole hydrochloride tab 4 mg^</i>	2	
<i>ropinirole hydrochloride tab 5 mg^</i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl tab 2 mg#^</i>	2	
<i>trihexyphenidyl hcl tab 5 mg#^</i>	2	
Antipsychotics		
ADASUVE - loxapine aerosol powder breath activated 10 mg	4	PA
<i>aripiprazole oral solution 1 mg/ml^</i>	2	PA, QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole orally disintegrating tab 15 mg</i>	5	PA, QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg^</i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 5 mg^</i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg^</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 15 mg^</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 20 mg^</i>	2	QL (30 tablets/30 days)
<i>aripiprazole tab 30 mg^</i>	2	QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	5	PA, QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	PA, QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	PA, QL (1 syringe/42 days)
<i>clozapine orally disintegrating tab 12.5 mg</i>	3	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	3	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	5	QL (270 tablets/30 days)
<i>clozapine tab 25 mg^</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 50 mg^</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 100 mg^</i>	2	QL (270 tablets/30 days)
<i>clozapine tab 200 mg^</i>	2	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 2 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 4 mg	4	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg	5	PA, QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT - iloperidone tab 8 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 10 mg	5	PA, QL (60 tablets/30 days)
FANAPT - iloperidone tab 12 mg	5	PA, QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA, QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	3	
FLUPHENAZINE HCL - fluphenazine hcl elixir 2.5 mg/5ml	3	PA
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	3	PA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA
<i>fluphenazine hcl tab 1 mg</i>	3	PA
<i>fluphenazine hcl tab 2.5 mg^</i>	2	PA
<i>fluphenazine hcl tab 5 mg</i>	3	PA
<i>fluphenazine hcl tab 10 mg</i>	3	PA
GEODON - ziprasidone mesylate for inj 20 mg	4	PA, QL (60 vials/30 days)
<i>haloperidol decanoate im soln 50 mg/ml^</i>	2	
<i>haloperidol decanoate im soln 100 mg/ml^</i>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	3	
<i>haloperidol lactate oral conc 2 mg/ml^</i>	2	
<i>haloperidol tab 0.5 mg^</i>	2	
<i>haloperidol tab 1 mg^</i>	2	
<i>haloperidol tab 2 mg^</i>	2	
<i>haloperidol tab 5 mg^</i>	2	
<i>haloperidol tab 10 mg^</i>	2	
<i>haloperidol tab 20 mg^</i>	2	
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	4	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 117 mg/0.75ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 156 mg/ml	5	PA, QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 234 mg/1.5ml	5	PA, QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.875ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 410 mg/1.315ml	5	PA, QL (1 kit/90 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 546 mg/1.75ml	5	PA, QL (1 kit/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
INVEGA TRINZA - paliperidone palmitate er susp pref syr 819 mg/2.625ml	5	PA, QL (1 kit/90 days)
LATUDA - lurasidone hcl tab 20 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 40 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 60 mg	5	PA, QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	5	PA, QL (60 tablets/30 days)
LATUDA - lurasidone hcl tab 120 mg	5	PA, QL (30 tablets/30 days)
<i>loxapine succinate cap 5 mg^</i>	2	
<i>loxapine succinate cap 10 mg^</i>	2	
<i>loxapine succinate cap 25 mg^</i>	2	
<i>loxapine succinate cap 50 mg^</i>	2	
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg	3	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 10 mg	3	PA
MOLINDONE HYDROCHLORIDE - molindone hcl tab 25 mg	3	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>	3	PA, QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 10 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 15 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine orally disintegrating tab 20 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg^</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 5 mg^</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 7.5 mg^</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 10 mg^</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 15 mg^</i>	2	QL (30 tablets/30 days)
<i>olanzapine tab 20 mg^</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg</i>	4	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 3 mg</i>	4	PA, QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA, QL (60 tablets/30 days)
<i>paliperidone tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg	5	PA, QL (1 syringe/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 120 mg	5	PA, QL (1 syringe/30 days)
PIMOZIDE - pimozone tab 1 mg^	2	
PIMOZIDE - pimozone tab 2 mg^	2	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	3	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	3	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>quetiapine fumarate tab er 24hr 200 mg</i>	3	QL (30 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	3	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	3	QL (60 tablets/30 days)
<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	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 0.5 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 1 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 2 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 3 mg	5	PA, QL (30 tablets/30 days)
REXULTI - brexpiprazole tab 4 mg	5	PA, QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for inj 12.5 mg	4	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 25 mg	5	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 37.5 mg	5	PA, QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for inj 50 mg	5	PA, QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 1 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 2 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 3 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	3	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>	1	QL (60 tablets/30 days)
<i>risperidone tab 0.5 mg^</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 1 mg^</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 2 mg^</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 3 mg^</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 4 mg^</i>	1	QL (120 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 2.5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 5 mg	4	PA, QL (60 tablets/30 days)
SAPHRIS - asenapine maleate sl tab 10 mg	4	PA, QL (60 tablets/30 days)
<i>thioridazine hcl tab 10 mg^</i>	2	
<i>thioridazine hcl tab 25 mg^</i>	2	
<i>thioridazine hcl tab 50 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 100 mg[^]</i>	2	
<i>thiothixene cap 1 mg</i>	3	
<i>thiothixene cap 2 mg</i>	3	
<i>thiothixene cap 5 mg</i>	3	
<i>thiothixene cap 10 mg</i>	3	
<i>trifluoperazine hcl tab 1 mg</i>	3	
<i>trifluoperazine hcl tab 2 mg</i>	3	
<i>trifluoperazine hcl tab 5 mg</i>	3	
<i>trifluoperazine hcl tab 10 mg</i>	3	
VERSACLOZ - clozapine susp 50 mg/ml	5	PA, QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg	4	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 3 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 4.5 mg	5	PA, QL (30 capsules/30 days)
VRAYLAR - cariprazine hcl cap 6 mg	4	PA, QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg[^]</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 40 mg[^]</i>	2	QL (90 capsules/30 days)
<i>ziprasidone hcl cap 60 mg[^]</i>	2	QL (60 capsules/30 days)
<i>ziprasidone hcl cap 80 mg[^]</i>	2	QL (60 capsules/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	5	PA, QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA, QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 10 mg[^]</i>	2	
<i>baclofen tab 20 mg[^]</i>	2	
<i>dantrolene sodium cap 25 mg</i>	3	
<i>dantrolene sodium cap 50 mg</i>	3	
<i>dantrolene sodium cap 100 mg</i>	3	
<i>tizanidine hcl cap 2 mg</i>	3	
<i>tizanidine hcl cap 4 mg</i>	3	
<i>tizanidine hcl cap 6 mg</i>	3	
<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>	3	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	3	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	4	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	5	QL (60 tablets/30 days)

You can find information 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>acyclovir cap 200 mg^</i>	2	
<i>acyclovir oint 5%</i>	4	PA
<i>acyclovir sodium iv soln 50 mg/ml</i>	3	BD
<i>acyclovir susp 200 mg/5ml</i>	3	
<i>acyclovir tab 400 mg^</i>	2	
<i>acyclovir tab 800 mg^</i>	2	
<i>adefovir dipivoxil tab 10 mg</i>	5	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
APTIVUS - tipranavir oral soln 100 mg/ml	5	QL (380 mls/30 days)
<i>atazanavir sulfate cap 150 mg</i>	5	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	5	QL (60 capsules/30 days)
<i>atazanavir sulfate cap 300 mg</i>	5	QL (30 capsules/30 days)
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	5	QL (30 tablets/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	5	QL (30 tablets/30 days)
<i>cidofovir iv inj 75 mg/ml</i>	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
CRIXIVAN - indinavir sulfate cap 200 mg	3	QL (270 capsules/30 days)
CRIXIVAN - indinavir sulfate cap 400 mg	3	QL (180 capsules/30 days)
DAKLINZA - daclatasvir dihydrochloride tab 30 mg	5	PA
DAKLINZA - daclatasvir dihydrochloride tab 60 mg	5	PA
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>	2	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 250 mg^</i>	2	QL (30 capsules/30 days)
<i>didanosine delayed release capsule 400 mg</i>	3	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>	2	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)
EMTRIVA - emtricitabine caps 200 mg	4	QL (30 capsules/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg</i>	4	

You can find information 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>entecavir tab 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	5	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	3	
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg^</i>	2	
<i>famciclovir tab 250 mg^</i>	2	
<i>famciclovir tab 500 mg^</i>	2	
<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>	3	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	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)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	5	QL (480 mls/30 days)
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	5	PA
<i>nevirapine susp 50 mg/5ml</i>	4	QL (1200 mls/30 days)

You can find information 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>nevirapine tab er 24hr 100 mg</i>	3	QL (90 tablets/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	3	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)
REBETOL - ribavirin soln 40 mg/ml	4	
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	4	
RESCRIPTOR - delavirdine mesylate tab 200 mg	4	QL (180 tablets/30 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
RIBASPHERE - ribavirin tab 400 mg	5	
RIBASPHERE - ribavirin tab 600 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 400 mg	5	
RIBASPHERE RIBAPAK - ribavirin tab 600 mg	5	
<i>ribavirin cap 200 mg^</i>	2	
<i>ribavirin tab 200 mg^</i>	2	
<i>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc tab 150 mg	5	QL (60 tablets/30 days)

You can find information 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 300 mg	5	QL (120 tablets/30 days)
SOVALDI - sofosbuvir tab 400 mg	5	PA
<i>stavudine cap 15 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 20 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 30 mg^</i>	2	QL (60 capsules/30 days)
<i>stavudine cap 40 mg^</i>	2	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SYLATRON - peginterferon alfa-2b for inj kit 200 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 300 mcg	5	PA
SYLATRON - peginterferon alfa-2b for inj kit 600 mcg	5	PA
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	5	QL (30 tablets/30 days)
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	5	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 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 (60 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)
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	
VIDEX - didanosine for soln 2 gm	4	QL (1200 mls/30 days)
VIDEX - didanosine for soln 4 gm	4	QL (1200 mls/30 days)
VIDEX EC - didanosine delayed release capsule 125 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 200 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 250 mg	4	QL (30 capsules/30 days)
VIDEX EC - didanosine delayed release capsule 400 mg	4	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIEKIRA PAK - ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	5	PA
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 200 mg	5	QL (30 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate tab 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 20 (2) mg (40 mg dose)	4	
XOFLUZA - baloxavir marboxil tab therapy pack 40 (2) mg (80 mg dose)	4	
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA
zidovudine cap 100 mg [^]	2	QL (180 capsules/30 days)
zidovudine syrup 10 mg/ml	3	QL (1920 mls/30 days)
zidovudine tab 300 mg [^]	2	QL (60 tablets/30 days)
Anxiolytics		
alprazolam tab 0.25 mg [^]	1	QL (120 tablets/30 days)
alprazolam tab 0.5 mg [^]	1	QL (120 tablets/30 days)
alprazolam tab 1 mg [^]	1	QL (120 tablets/30 days)
alprazolam tab 2 mg [^]	1	QL (150 tablets/30 days)
buspirone hcl tab 5 mg [^]	1	
buspirone hcl tab 7.5 mg [^]	2	
buspirone hcl tab 10 mg [^]	1	
buspirone hcl tab 15 mg [^]	1	
buspirone 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 [^]	1	QL (120 tablets/30 days)
clonazepam tab 1 mg [^]	1	QL (120 tablets/30 days)
clonazepam tab 2 mg [^]	1	QL (300 tablets/30 days)
clorazepate dipotassium tab 3.75 mg [^]	2	QL (120 tablets/30 days)
clorazepate dipotassium tab 7.5 mg [^]	2	QL (360 tablets/30 days)
clorazepate dipotassium tab 15 mg [^]	2	QL (180 tablets/30 days)
DIAZEPAM - diazepam oral soln 1 mg/ml	3	PA, QL (1200 mls/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam conc 5 mg/ml^</i>	2	PA, QL (240 mls/30 days)
<i>diazepam tab 2 mg^</i>	1	QL (120 tablets/30 days)
<i>diazepam tab 5 mg^</i>	1	QL (120 tablets/30 days)
<i>diazepam tab 10 mg^</i>	1	QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#^</i>	2	
<i>hydroxyzine hcl tab 10 mg#^</i>	2	
<i>hydroxyzine hcl tab 25 mg#^</i>	2	
<i>hydroxyzine hcl tab 50 mg#^</i>	2	
<i>hydroxyzine pamoate cap 25 mg#^</i>	2	
<i>hydroxyzine pamoate cap 50 mg#^</i>	2	
<i>lorazepam tab 0.5 mg^</i>	1	QL (120 tablets/30 days)
<i>lorazepam tab 1 mg^</i>	1	QL (120 tablets/30 days)
<i>lorazepam tab 2 mg^</i>	1	QL (150 tablets/30 days)
Bipolar Agents		
LITHIUM - lithium oral solution 8 meq/5ml	3	
<i>lithium carbonate cap 150 mg^</i>	1	
<i>lithium carbonate cap 300 mg^</i>	1	
<i>lithium carbonate cap 600 mg^</i>	1	
<i>lithium carbonate tab er 300 mg^</i>	2	
<i>lithium carbonate tab er 450 mg^</i>	2	
<i>lithium carbonate tab 300 mg^</i>	1	
Blood Glucose Regulators		
<i>acarbose tab 25 mg^</i>	2	QL (360 tablets/30 days)
<i>acarbose tab 50 mg^</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg^</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS^	2	
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	QL (4 pens/28 days), ST
BYDUREON PEN - exenatide extended release for susp pen-injector 2 mg	3	QL (4 pens/28 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
GAUZE PADS 2" X 2"^	2	
<i>glimepiride tab 1 mg^</i>	6	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg^</i>	6	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg^</i>	6	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg^</i>	6	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab 10 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 5-500 mg^</i>	6	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	4	
<i>glyburide tab 1.25 mg#^</i>	6	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#^</i>	6	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg#^</i>	6	QL (120 tablets/30 days)
<i>glyburide-metformin tab 5-500 mg#^</i>	6	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg	4	QL (30 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg	4	QL (30 tablets/30 days)
HUMALOG - insulin lispro inj 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
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^	1	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^	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)^	1	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)

You can find information 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 INJECTION DEVICE^	2	
INSULIN SYRINGE/NEEDLE^	2	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg	3	QL (60 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-850 mg	4	QL (60 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	4	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	4	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)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg[^]</i>	6	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg[^]</i>	6	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg[^]</i>	6	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg[^]</i>	6	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg[^]</i>	6	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg[^]</i>	6	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg[^]</i>	6	QL (90 tablets/30 days)
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), ST
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	3	QL (2 pens/28 days), ST
<i>pioglitazone hcl tab 15 mg[^]</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl tab 45 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-4 mg[^]</i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg[^]</i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg[^]</i>	6	QL (90 tablets/30 days)
PROGLYCEM - diazoxide susp 50 mg/ml	4	
<i>repaglinide tab 0.5 mg[^]</i>	6	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg[^]</i>	6	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg[^]</i>	6	QL (240 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg	3	QL (60 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	4	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml	3	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml	3	QL (4 pens/28 days), ST
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml	3	QL (4 pens/28 days), ST
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	QL (1 package/30 days), ST
Blood Products/Modifiers/Volume Expanders		
<i>anagrelide hcl cap 0.5 mg[^]</i>	2	
<i>anagrelide hcl cap 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
<i>azacitidine for inj 100 mg</i>	5	

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

Drug Name	Drug Tier	Requirements/Limits
BEVYXXA - betrixaban maleate cap 40 mg	4	QL (43 capsules/42 days)
BEVYXXA - betrixaban maleate cap 80 mg	4	QL (43 capsules/42 days)
BRILINTA - ticagrelor tab 60 mg	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>	1	
COUMADIN - warfarin sodium tab 1 mg	4	
COUMADIN - warfarin sodium tab 2 mg	4	
COUMADIN - warfarin sodium tab 2.5 mg	4	
COUMADIN - warfarin sodium tab 3 mg	4	
COUMADIN - warfarin sodium tab 4 mg	4	
COUMADIN - warfarin sodium tab 5 mg	4	
COUMADIN - warfarin sodium tab 6 mg	4	
COUMADIN - warfarin sodium tab 7.5 mg	4	
COUMADIN - warfarin sodium tab 10 mg	4	
<i>dipyridamole tab 25 mg#</i>	3	
<i>dipyridamole tab 50 mg#^</i>	2	
<i>dipyridamole 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 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 150 mg/ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 3000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 4000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	5	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	3	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)

You can find information 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>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
<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	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
MOZOBIL - plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	5	
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	5	PA
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	5	PA
PRADAXA - dabigatran etexilate mesylate cap 75 mg	4	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (71 capsules/90 days)
PRADAXA - dabigatran etexilate mesylate cap 150 mg	4	QL (60 capsules/30 days)
<i>prasugrel hcl tab 5 mg</i>	3	
<i>prasugrel hcl tab 10 mg</i>	3	
PROCRI - epoetin alfa inj 2000 unit/ml	4	PA
PROCRI - epoetin alfa inj 3000 unit/ml	4	PA
PROCRI - epoetin alfa inj 4000 unit/ml	4	PA
PROCRI - epoetin alfa inj 10000 unit/ml	4	PA
PROCRI - epoetin alfa inj 20000 unit/ml	5	PA
PROCRI - epoetin alfa inj 40000 unit/ml	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
RETACRI - epoetin alfa-epbx inj 2000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 3000 unit/ml	4	PA
RETACRI - epoetin alfa-epbx inj 4000 unit/ml	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
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>	3	
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	PA
<i>warfarin sodium tab 1 mg^</i>	1	
<i>warfarin sodium tab 2 mg^</i>	1	
<i>warfarin sodium tab 2.5 mg^</i>	1	
<i>warfarin sodium tab 3 mg^</i>	1	
<i>warfarin sodium tab 4 mg^</i>	1	
<i>warfarin sodium tab 5 mg^</i>	1	
<i>warfarin sodium tab 6 mg^</i>	1	
<i>warfarin sodium tab 7.5 mg^</i>	1	
<i>warfarin sodium tab 10 mg^</i>	1	
XARELTO - rivaroxaban tab 2.5 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg	3	QL (30 tablets/30 days)
XARELTO - rivaroxaban tab 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg^</i>	2	
<i>acebutolol hcl cap 400 mg^</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	3	
<i>acetazolamide tab 125 mg^</i>	2	
<i>acetazolamide tab 250 mg^</i>	2	
<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 & hydrochlorothiazide tab 5-50 mg^</i>	2	
<i>amiloride hcl tab 5 mg^</i>	2	
<i>amiodarone hcl tab 200 mg^</i>	1	
<i>amiodarone hcl tab 400 mg</i>	3	
<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-atorvastatin calcium tab 2.5-10 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg^</i>	6	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg^</i>	6	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg^</i>	6	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg^</i>	6	
<i>amlodipine besylate-valsartan tab 5-160 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-320 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-160 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 10-320 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg^</i>	6	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg^</i>	6	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg^</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg^</i>	1	
<i>atenolol tab 25 mg^</i>	1	
<i>atenolol tab 50 mg^</i>	1	
<i>atenolol tab 100 mg^</i>	1	
<i>atorvastatin calcium tab 10 mg^</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 20 mg^</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 40 mg^</i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg^</i>	6	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg^</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg^</i>	6	
<i>benazepril & hydrochlorothiazide tab 20-25 mg^</i>	6	
<i>benazepril hcl tab 5 mg^</i>	6	
<i>benazepril hcl tab 10 mg^</i>	6	

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Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl tab 20 mg^</i>	6	
<i>benazepril hcl tab 40 mg^</i>	6	
<i>betaxolol hcl tab 10 mg^</i>	2	
<i>betaxolol hcl tab 20 mg^</i>	2	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg^</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg^</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg^</i>	1	
<i>bisoprolol fumarate tab 5 mg^</i>	2	
<i>bisoprolol fumarate tab 10 mg^</i>	2	
<i>bumetanide inj 0.25 mg/ml^</i>	2	
<i>bumetanide tab 0.5 mg^</i>	2	
<i>bumetanide tab 1 mg^</i>	2	
<i>bumetanide tab 2 mg^</i>	2	
<i>candesartan cilexetil tab 4 mg^</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 8 mg^</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 16 mg^</i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg^</i>	6	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg^</i>	6	
<i>captopril tab 25 mg^</i>	6	
<i>captopril tab 50 mg^</i>	6	
<i>captopril tab 100 mg^</i>	6	
<i>carvedilol tab 3.125 mg^</i>	1	
<i>carvedilol tab 6.25 mg^</i>	1	
<i>carvedilol tab 12.5 mg^</i>	1	
<i>carvedilol tab 25 mg^</i>	1	
CHLOROTHIAZIDE - chlorothiazide tab 250 mg^	2	
<i>chlorothiazide tab 500 mg^</i>	2	
<i>chlorthalidone tab 25 mg^</i>	2	
<i>chlorthalidone tab 50 mg^</i>	2	
<i>cholestyramine light powder packets 4 gm^</i>	2	
<i>cholestyramine light powder 4 gm/dose^</i>	2	
<i>cholestyramine powder packets 4 gm^</i>	2	
<i>cholestyramine powder 4 gm/dose^</i>	2	
<i>choline fenofibrate cap dr 45 mg^</i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg^</i>	2	QL (30 capsules/30 days)

You can find information 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>clonidine hcl tab 0.1 mg^</i>	1	
<i>clonidine hcl tab 0.2 mg^</i>	1	
<i>clonidine hcl tab 0.3 mg^</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	3	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	3	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	3	
<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 tab 5 mg	3	PA, QL (60 tablets/30 days)
CORLANOR - ivabradine hcl tab 7.5 mg	3	PA, QL (60 tablets/30 days)
DEMSER - metyrosine cap 250 mg	5	
DIGOXIN - digoxin oral soln 0.05 mg/ml#	3	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg)#^</i>	2	QL (30 tablets/30 days)
<i>digoxin tab 250 mcg (0.25 mg)#^</i>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 24hr 120 mg^</i>	2	
<i>diltiazem hcl cap er 12hr 60 mg^</i>	2	
<i>diltiazem hcl cap er 12hr 90 mg^</i>	2	
<i>diltiazem hcl cap er 12hr 120 mg^</i>	2	
<i>diltiazem hcl cap er 24hr 180 mg^</i>	2	
<i>diltiazem hcl cap er 24hr 240 mg^</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg^</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 180 mg^</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 240 mg^</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 300 mg^</i>	2	
<i>diltiazem hcl coated beads cap er 24hr 360 mg^</i>	2	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	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>	2	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg^</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg^</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg^</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg^</i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg^</i>	2	
<i>diltiazem hcl tab 30 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl tab 60 mg^</i>	2	
<i>diltiazem hcl tab 90 mg^</i>	2	
<i>diltiazem hcl tab 120 mg^</i>	2	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	
<i>doxazosin mesylate tab 1 mg^</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 2 mg^</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 4 mg^</i>	2	QL (60 tablets/30 days)
<i>doxazosin mesylate tab 8 mg^</i>	2	QL (60 tablets/30 days)
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg^</i>	6	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg^</i>	6	
<i>enalapril maleate tab 2.5 mg^</i>	6	
<i>enalapril maleate tab 5 mg^</i>	6	
<i>enalapril maleate tab 10 mg^</i>	6	
<i>enalapril maleate tab 20 mg^</i>	6	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg	3	PA, QL (60 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 97-103 mg	3	PA, QL (60 tablets/30 days)
<i>epplerenone tab 25 mg</i>	3	
<i>epplerenone tab 50 mg</i>	3	
<i>ezetimibe tab 10 mg^</i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg^</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-20 mg^</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-40 mg^</i>	6	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-80 mg^</i>	6	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg^</i>	2	
<i>felodipine tab er 24hr 5 mg^</i>	2	
<i>felodipine tab er 24hr 10 mg^</i>	2	
<i>fenofibrate micronized cap 67 mg^</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 134 mg^</i>	2	QL (30 capsules/30 days)
<i>fenofibrate micronized cap 200 mg^</i>	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	

You can find information 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>flecainide acetate tab 150 mg^</i>	2	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg^</i>	6	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg^</i>	6	
<i>fosinopril sodium tab 10 mg^</i>	6	
<i>fosinopril sodium tab 20 mg^</i>	6	
<i>fosinopril sodium tab 40 mg^</i>	6	
<i>furosemide inj 10 mg/ml^</i>	2	
<i>furosemide oral soln 10 mg/ml^</i>	2	
<i>furosemide tab 20 mg^</i>	1	
<i>furosemide tab 40 mg^</i>	1	
<i>furosemide tab 80 mg^</i>	1	
<i>gemfibrozil tab 600 mg^</i>	1	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg^</i>	1	
<i>hydralazine hcl tab 25 mg^</i>	1	
<i>hydralazine hcl tab 50 mg^</i>	1	
<i>hydralazine hcl tab 100 mg^</i>	1	
<i>hydrochlorothiazide cap 12.5 mg^</i>	1	
<i>hydrochlorothiazide tab 12.5 mg^</i>	1	
<i>hydrochlorothiazide tab 25 mg^</i>	1	
<i>hydrochlorothiazide tab 50 mg^</i>	1	
<i>indapamide tab 1.25 mg^</i>	2	
<i>indapamide tab 2.5 mg^</i>	2	
<i>irbesartan tab 75 mg^</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 150 mg^</i>	6	QL (30 tablets/30 days)
<i>irbesartan tab 300 mg^</i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>ISOSORBIDE DINITRATE - isosorbide dinitrate tab 30 mg^</i>	2	
<i>isosorbide dinitrate tab 5 mg^</i>	2	
<i>isosorbide dinitrate tab 10 mg^</i>	2	
<i>isosorbide dinitrate tab 20 mg^</i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg^</i>	1	
<i>isosorbide mononitrate tab er 24hr 60 mg^</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg^</i>	1	
<i>isosorbide mononitrate tab 10 mg^</i>	2	
<i>isosorbide mononitrate tab 20 mg^</i>	2	
<i>isradipine cap 2.5 mg^</i>	2	
<i>isradipine cap 5 mg^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
KYNAMRO - mipomersen sodium soln prefilled syringe 200 mg/ml*	5	PA
<i>labetalol hcl tab 100 mg^</i>	2	
<i>labetalol hcl tab 200 mg^</i>	2	
<i>labetalol hcl tab 300 mg^</i>	2	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg^</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg^</i>	6	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg^</i>	6	
<i>lisinopril tab 2.5 mg^</i>	6	
<i>lisinopril tab 5 mg^</i>	6	
<i>lisinopril tab 10 mg^</i>	6	
<i>lisinopril tab 20 mg^</i>	6	
<i>lisinopril tab 30 mg^</i>	6	
<i>lisinopril tab 40 mg^</i>	6	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg^</i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg^</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 50 mg^</i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg^</i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg^</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 20 mg^</i>	6	QL (60 tablets/30 days)
<i>lovastatin tab 40 mg^</i>	6	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	3	
<i>methazolamide tab 50 mg</i>	4	
<i>metolazone tab 2.5 mg^</i>	2	
<i>metolazone tab 5 mg^</i>	2	
<i>metolazone tab 10 mg^</i>	2	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg^</i>	2	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg^</i>	2	
<i>metoprolol succinate tab er 24hr 25 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg^</i>	1	
<i>metoprolol succinate tab er 24hr 200 mg^</i>	1	
<i>metoprolol tartrate tab 25 mg^</i>	1	
<i>metoprolol tartrate tab 50 mg^</i>	1	
<i>metoprolol tartrate tab 100 mg^</i>	1	
MEXILETINE HCL - mexiletine hcl cap 150 mg	3	
MEXILETINE HCL - mexiletine hcl cap 200 mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
MEXILETINE HCL - mexiletine hcl cap 250 mg	3	
<i>midodrine hcl tab 2.5 mg^</i>	2	
<i>midodrine hcl tab 5 mg^</i>	2	
<i>midodrine hcl tab 10 mg^</i>	2	
<i>minoxidil tab 2.5 mg^</i>	2	
<i>minoxidil tab 10 mg^</i>	2	
<i>moexipril hcl tab 7.5 mg^</i>	6	
<i>moexipril hcl tab 15 mg^</i>	6	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>nadolol tab 20 mg^</i>	2	
<i>nadolol tab 40 mg^</i>	2	
<i>nadolol tab 80 mg^</i>	2	
<i>niacin tab er 500 mg^</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg^</i>	2	QL (60 tablets/30 days)
<i>niacin tab er 1000 mg^</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg^</i>	2	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine cap 10 mg#^</i>	2	
<i>nifedipine cap 20 mg#^</i>	2	
<i>nifedipine tab er 24hr 30 mg^</i>	2	
<i>nifedipine tab er 24hr 60 mg^</i>	2	
<i>nifedipine tab er 24hr 90 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 60 mg^</i>	2	
<i>nifedipine tab er 24hr osmotic release 90 mg^</i>	2	
<i>nimodipine cap 30 mg</i>	5	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg</i>	3	
<i>nisoldipine tab er 24hr 17 mg</i>	3	
<i>nisoldipine tab er 24hr 34 mg</i>	3	
NITRO-BID - nitroglycerin oint 2%^	2	
<i>nitroglycerin sl tab 0.3 mg^</i>	2	
<i>nitroglycerin sl tab 0.4 mg^</i>	2	
<i>nitroglycerin sl tab 0.6 mg^</i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr^</i>	2	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	3	
<i>NORTHERA - droxidopa cap 100 mg*</i>	5	PA
<i>NORTHERA - droxidopa cap 200 mg*</i>	5	PA
<i>NORTHERA - droxidopa cap 300 mg*</i>	5	PA
<i>olmesartan medoxomil tab 5 mg^</i>	6	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg^</i>	6	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	3	
<i>pentoxifylline tab er 400 mg^</i>	2	
<i>perindopril erbumine tab 2 mg^</i>	6	
<i>perindopril erbumine tab 4 mg^</i>	6	
<i>perindopril erbumine tab 8 mg^</i>	6	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg^</i>	2	
<i>pindolol tab 10 mg^</i>	2	
<i>pravastatin sodium tab 10 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 20 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 40 mg^</i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg^</i>	2	
<i>prazosin hcl cap 2 mg^</i>	2	
<i>prazosin hcl cap 5 mg^</i>	2	
<i>propafenone hcl cap er 12hr 225 mg</i>	4	
<i>propafenone hcl cap er 12hr 325 mg</i>	3	
<i>propafenone hcl cap er 12hr 425 mg</i>	3	
<i>propafenone hcl tab 150 mg^</i>	2	
<i>propafenone hcl tab 225 mg^</i>	2	
<i>propafenone hcl tab 300 mg^</i>	2	
<i>propranolol hcl cap er 24hr 60 mg^</i>	2	
<i>propranolol hcl cap er 24hr 80 mg^</i>	2	
<i>propranolol hcl cap er 24hr 120 mg^</i>	2	
<i>propranolol hcl cap er 24hr 160 mg^</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	3	
<i>propranolol hcl tab 10 mg^</i>	2	
<i>propranolol hcl tab 20 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 40 mg^</i>	2	
<i>propranolol hcl tab 60 mg^</i>	2	
<i>propranolol hcl tab 80 mg^</i>	2	
<i>quinapril hcl tab 5 mg^</i>	6	
<i>quinapril hcl tab 10 mg^</i>	6	
<i>quinapril hcl tab 20 mg^</i>	6	
<i>quinapril hcl tab 40 mg^</i>	6	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg^</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg^</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-25 mg^</i>	6	
<i>quinidine gluconate tab er 324 mg</i>	5	
QUINIDINE SULFATE - quinidine sulfate tab 200 mg^	2	
QUINIDINE SULFATE - quinidine sulfate tab 300 mg^	2	
<i>ramipril cap 1.25 mg^</i>	6	
<i>ramipril cap 2.5 mg^</i>	6	
<i>ramipril cap 5 mg^</i>	6	
<i>ramipril cap 10 mg^</i>	6	
<i>ranolazine tab er 12hr 500 mg</i>	3	QL (60 tablets/30 days)
<i>ranolazine tab er 12hr 1000 mg</i>	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (1 system/30 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg^</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 10 mg^</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 20 mg^</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg^</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 10 mg^</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg^</i>	6	QL (60 tablets/30 days)
<i>simvastatin tab 40 mg^</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg^</i>	2	
<i>sotalol hcl (afib/af) tab 120 mg^</i>	2	
<i>sotalol hcl (afib/af) tab 160 mg^</i>	2	
<i>sotalol hcl tab 80 mg^</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol hcl tab 120 mg^</i>	2	
<i>sotalol hcl tab 160 mg^</i>	2	
<i>sotalol hcl tab 240 mg^</i>	2	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg^</i>	2	
<i>spironolactone tab 25 mg^</i>	1	
<i>spironolactone tab 50 mg^</i>	1	
<i>spironolactone tab 100 mg^</i>	1	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-25 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-12.5 mg	3	QL (30 tablets/30 days)
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 300-25 mg	3	QL (30 tablets/30 days)
<i>telmisartan tab 20 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg^</i>	6	QL (60 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg^</i>	6	QL (30 tablets/30 days)
<i>terazosin hcl cap 1 mg^</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg^</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 5 mg^</i>	1	QL (60 capsules/30 days)
<i>terazosin hcl cap 10 mg^</i>	1	QL (60 capsules/30 days)
TIMOLOL MALEATE - timolol maleate tab 10 mg	3	
TIMOLOL MALEATE - timolol maleate tab 20 mg	3	
<i>timolol maleate tab 5 mg^</i>	2	
<i>toremide tab 5 mg^</i>	1	
<i>toremide tab 10 mg^</i>	1	
<i>toremide tab 20 mg^</i>	1	
<i>toremide tab 100 mg^</i>	1	
<i>trandolapril tab 1 mg^</i>	6	
<i>trandolapril tab 2 mg^</i>	6	
<i>trandolapril tab 4 mg^</i>	6	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg^</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg^</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg^</i>	1	
<i>valsartan tab 40 mg^</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 80 mg^</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 160 mg^</i>	6	QL (60 tablets/30 days)
<i>valsartan tab 320 mg^</i>	6	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 160-25 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg^</i>	6	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 320-25 mg^</i>	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	
VASCEPA - icosapent ethyl cap 1 gm	3	
<i>verapamil hcl cap er 24hr 120 mg^</i>	2	
<i>verapamil hcl cap er 24hr 180 mg^</i>	2	
<i>verapamil hcl cap er 24hr 200 mg^</i>	2	
<i>verapamil hcl cap er 24hr 240 mg^</i>	2	
<i>verapamil hcl cap er 24hr 300 mg^</i>	2	
VERAPAMIL HCL ER - verapamil hcl cap er 24hr 100 mg^	2	
VERAPAMIL HCL SR - verapamil hcl cap er 24hr 360 mg^	2	
<i>verapamil hcl tab er 120 mg^</i>	1	
<i>verapamil hcl tab er 180 mg^</i>	1	
<i>verapamil hcl tab er 240 mg^</i>	1	
<i>verapamil hcl tab 40 mg^</i>	1	
<i>verapamil hcl tab 80 mg^</i>	1	
<i>verapamil hcl tab 120 mg^</i>	1	
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>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg^</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg^</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 10 mg^</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg^</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 15 mg^</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg^</i>	2	QL (90 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 30 mg^</i>	2	QL (60 tablets/30 days)
<i>atomoxetine hcl cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 18 mg</i>	3	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 25 mg</i>	3	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 40 mg</i>	3	QL (60 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl cap 60 mg</i>	3	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 80 mg</i>	3	QL (30 capsules/30 days)
<i>atomoxetine hcl cap 100 mg</i>	3	QL (30 capsules/30 days)
AUBAGIO - teriflunomide tab 7 mg*	5	PA, QL (30 tablets/30 days)
AUBAGIO - teriflunomide tab 14 mg*	5	PA, QL (30 tablets/30 days)
AVONEX - interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/ vial)	5	PA, QL (1 kit/28 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/ syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	5	PA
<i>dexmethylphenidate hcl tab 2.5 mg^</i>	2	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 5 mg^</i>	2	QL (60 tablets/30 days)
<i>dexmethylphenidate hcl tab 10 mg^</i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg^</i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/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)
<i>methylphenidate hcl tab er 20 mg</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg^</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 10 mg^</i>	2	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 20 mg^</i>	2	QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
<i>riluzole tab 50 mg</i>	3	
TECFIDERA - dimethyl fumarate capsule delayed release 120 mg	5	PA, QL (60 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA - dimethyl fumarate capsule delayed release 240 mg	5	PA, QL (60 capsules/30 days)
TECFIDERA STARTER PACK - dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	5	PA, QL (60 capsules/30 days)
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
Dental and Oral Agents		
<i>chlorhexidine gluconate soln 0.12%^</i>	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg</i>	3	
<i>pilocarpine hcl tab 7.5 mg</i>	3	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
Dermatological Agents		
<i>acitretin cap 10 mg</i>	4	
<i>acitretin cap 17.5 mg</i>	5	
<i>acitretin cap 25 mg</i>	3	
<i>alclometasone dipropionate cream 0.05%^</i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%^</i>	2	QL (120 grams/30 days)
AUGMENTED BETAMETHASONE DIPROPIONATE - betamethasone dipropionate augmented gel 0.05%	3	QL (200 grams/28 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	3	
<i>betamethasone dipropionate augmented cream 0.05%^</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%^</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	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>	3	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 oint 0.005%</i>	4	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	4	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	3	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)

You can find information 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	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	3	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	3	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.01%</i>	3	QL (120 grams/30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	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%	3	
FLUOROURACIL - fluorouracil soln 5%	3	
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%[^]</i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%[^]</i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%[^]</i>	2	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%[^]</i>	2	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	3	QL (120 mls/30 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>	1	QL (453.6 grams/30 days)
<i>hydrocortisone oint 2.5%[^]</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	4	
<i>isotretinoin cap 10 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 20 mg</i>	3	
<i>isotretinoin cap 30 mg</i>	3	
<i>isotretinoin cap 40 mg</i>	3	
<i>lactic acid (ammonium lactate) cream 12%^</i>	2	
<i>lactic acid (ammonium lactate) lotion 12%^</i>	2	
<i>methoxsalen rapid cap 10 mg</i>	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	3	
<i>mometasone furoate cream 0.1%^</i>	2	QL (135 grams/28 days)
<i>mometasone furoate oint 0.1%^</i>	2	QL (135 grams/28 days)
<i>mometasone furoate solution 0.1% (lotion)^</i>	2	QL (120 mls/30 days)
<i>mupirocin oint 2%^</i>	2	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	4	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	4	
PICATO - ingenol mebutate gel 0.015%	3	QL (3 tubes/30 days)
PICATO - ingenol mebutate gel 0.05%	3	QL (2 tubes/30 days)
<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)
PREDNICARBATE - prednicarbate oint 0.1%^	2	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>	2	
SOOLANTRA - ivermectin cream 1%	3	
<i>tacrolimus oint 0.03%</i>	3	PA
<i>tacrolimus oint 0.1%</i>	3	PA
<i>tazarotene cream 0.1%</i>	3	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	
<i>tretinoin cream 0.05%</i>	3	
<i>tretinoin cream 0.1%</i>	3	
<i>tretinoin gel 0.01%</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>tretinoin gel 0.025%</i>	3	
<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 0.025%[^]</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide lotion 0.1%[^]</i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%[^]</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.1%[^]</i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%[^]</i>	2	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
<i>amino acid infusion 6%</i>	3	BD
<i>amino acid infusion 15%</i>	3	BD
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate cap 667 mg[^]</i>	2	
<i>calcium acetate tab 667 mg[^]</i>	2	
CARBAGLU - carglumic acid tab 200 mg*	5	PA
CHEMET - succimer cap 100 mg	5	
<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>dextrose inj 5%</i>	3	
<i>dextrose inj 10%</i>	3	
DEXTROSE 2.5%/NACL 0.45% - dextrose 2.5% w/ sodium chloride 0.45% [^]	2	
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.33%[^]</i>	1	
<i>dextrose 5% w/ sodium chloride 0.45%[^]</i>	2	
<i>dextrose 5% w/ sodium chloride 0.9%[^]</i>	1	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	5	QL (120 packets/30 days)
HEPATAMINE - amino acid infusion 8%	3	BD
INTRALIPID - fat emulsion plant based iv emulsion 20%	4	BD
JADENU - deferasirox tab 90 mg*	5	PA
JADENU - deferasirox tab 180 mg*	5	PA
JADENU - deferasirox tab 360 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 90 mg*	5	PA
JADENU SPRINKLE - deferasirox granules packet 180 mg*	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
JADENU SPRINKLE - deferasirox granules packet 360 mg*	5	PA
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	3	
<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj^</i>	2	
<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj^</i>	2	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>lactated ringer's solution^</i>	2	
<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>	2	
<i>levocarnitine tab 330 mg</i>	3	
<i>magnesium sulfate inj 50%^</i>	2	
NORMOSOL-M IN D5W - electrolyte-m in d5w soln	4	
NUTRILIPID - fat emulsion plant based iv emulsion 20%	4	BD
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	3	
<i>potassium chloride cap er 8 meq^</i>	2	
<i>potassium chloride cap er 10 meq^</i>	2	
POTASSIUM CHLORIDE ER - potassium chloride tab er 20 meq (1500 mg)	3	
<i>potassium chloride inj 2 meq/ml^</i>	2	
<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>	2	
<i>potassium chloride tab er 10 meq^</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj^</i>	2	
POTASSIUM CHLORIDE/DEXTROSE - potassium chloride 40 meq/l (0.3%) in dextrose 5% inj	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 40 meq/l (0.3%) in d5w lactated ringers	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE - kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.33% inj^	2	
<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	
SAMSCA - tolvaptan tab 15 mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA - tolvaptan tab 30 mg	5	PA
sevelamer carbonate packet 0.8 gm	5	QL (270 packets/30 days)
sevelamer carbonate packet 2.4 gm	5	QL (90 packets/30 days)
sevelamer carbonate tab 800 mg	3	QL (270 tablets/30 days)
sodium chloride irrigation soln 0.9%	3	
sodium chloride iv soln 0.45%	3	
sodium chloride iv soln 0.9%^	2	
sodium polystyrene sulfonate oral susp 15 gm/60ml^	2	
sodium polystyrene sulfonate powder^	2	
sodium polystyrene sulfonate rectal susp 30 gm/120ml^	2	
trientine hcl cap 250 mg	5	PA, QL (240 capsules/30 days)
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm	5	
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm	5	
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm	5	
water for irrigation, sterile irrigation soln	3	
Gastrointestinal Agents		
alosetron hcl tab 0.5 mg	5	PA, QL (60 tablets/30 days)
alosetron hcl tab 1 mg	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
CIMETIDINE HCL - cimetidine hcl soln 300 mg/5ml^	2	
cimetidine tab 200 mg^	1	
cimetidine tab 300 mg^	2	
cimetidine tab 400 mg^	2	
cimetidine tab 800 mg^	2	
cromolyn sodium oral conc 100 mg/5ml	3	
dicyclomine hcl cap 10 mg#^	2	
dicyclomine hcl tab 20 mg#^	2	
diphenoxylate w/ atropine tab 2.5-0.025 mg#^	2	
esomeprazole magnesium cap delayed release 20 mg^	2	QL (30 capsules/30 days)
esomeprazole magnesium cap delayed release 40 mg^	2	QL (30 capsules/30 days)
ESOMEPRAZOLE SODIUM - esomeprazole sodium for intravenous soln 20 mg	3	
esomeprazole sodium for intravenous soln 40 mg	3	
famotidine for susp 40 mg/5ml	3	
famotidine inj 20 mg/2ml	3	
famotidine inj 40 mg/4ml	3	
famotidine inj 200 mg/20ml	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine tab 20 mg^</i>	1	
<i>famotidine tab 40 mg^</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
<i>glycopyrrolate tab 1 mg^</i>	2	
<i>glycopyrrolate tab 2 mg^</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml^</i>	2	
<i>lactulose solution 10 gm/15ml^</i>	2	
<i>lansoprazole cap delayed release 15 mg^</i>	2	QL (30 capsules/30 days)
<i>lansoprazole cap delayed release 30 mg^</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg	3	PA
LINZESS - linaclotide cap 145 mcg	3	PA
LINZESS - linaclotide cap 290 mcg	3	PA
<i>loperamide hcl cap 2 mg^</i>	2	
<i>methscopolamine bromide tab 2.5 mg^</i>	2	
<i>methscopolamine bromide tab 5 mg</i>	3	
<i>metoclopramide hcl inj 5 mg/ml^</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)^</i>	1	
<i>metoclopramide hcl tab 5 mg^</i>	1	
<i>metoclopramide hcl tab 10 mg^</i>	1	
<i>misoprostol tab 100 mcg^</i>	2	
<i>misoprostol tab 200 mcg^</i>	2	
MOVIPREP - peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	4	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 10 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 20 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp packet 40 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
<i>nizatidine cap 150 mg^</i>	2	
<i>nizatidine cap 300 mg^</i>	2	
<i>omeprazole cap delayed release 10 mg^</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg^</i>	1	QL (60 capsules/30 days)
<i>omeprazole cap delayed release 40 mg^</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg^</i>	1	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole sodium ec tab 40 mg[^]</i>	1	QL (60 tablets/30 days)
<i>pantoprazole sodium for iv soln 40 mg</i>	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm[^]</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm[^]</i>	2	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm[^]</i>	2	
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	5	
<i>rabeprazole sodium ec tab 20 mg[^]</i>	2	QL (30 tablets/30 days)
<i>ranitidine hcl cap 150 mg[^]</i>	2	
<i>ranitidine hcl cap 300 mg[^]</i>	2	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)[^]</i>	2	
<i>ranitidine hcl tab 150 mg[^]</i>	1	
<i>ranitidine hcl tab 300 mg[^]</i>	1	
RELISTOR - 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>	2	
<i>ursodiol tab 500 mg[^]</i>	2	
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	
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

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Drug Name	Drug Tier	Requirements/Limits
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	
OCALIVA - obeticholic acid tab 5 mg*	5	PA, QL (30 tablets/30 days)
OCALIVA - obeticholic acid tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORFADIN - nitisinone cap 2 mg*	5	
ORFADIN - nitisinone cap 5 mg*	5	
ORFADIN - nitisinone cap 10 mg*	5	
ORFADIN - nitisinone cap 20 mg*	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
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
REVCovi - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	5	
<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	

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Drug Name	Drug Tier	Requirements/Limits
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>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg^</i>	2	
<i>bethanechol chloride tab 10 mg^</i>	2	
<i>bethanechol chloride tab 25 mg^</i>	2	
<i>bethanechol chloride tab 50 mg^</i>	2	
D-PENAMINE - penicillamine tab 125 mg	5	
DEPEN TITRATABS - penicillamine tab 250 mg	5	
<i>dutasteride cap 0.5 mg^</i>	2	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	4	QL (30 capsules/30 days)
<i>finasteride tab 5 mg^</i>	1	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>	2	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg^</i>	2	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg^</i>	2	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg^</i>	2	QL (120 tablets/30 days)
<i>silodosin cap 4 mg</i>	3	QL (30 capsules/30 days)
<i>silodosin cap 8 mg</i>	3	QL (30 capsules/30 days)
<i>tamsulosin hcl cap 0.4 mg^</i>	1	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)
<i>tolterodine tartrate tab 1 mg</i>	3	QL (60 tablets/30 days)
<i>tolterodine tartrate tab 2 mg</i>	3	QL (60 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 4 mg	3	QL (30 tablets/30 days)
TOVIAZ - fesoterodine fumarate tab er 24hr 8 mg	3	QL (30 tablets/30 days)
<i>trospium chloride cap er 24hr 60 mg^</i>	2	QL (30 capsules/30 days)
<i>trospium chloride tab 20 mg^</i>	2	QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
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>	2	
<i>dexamethasone sodium phosphate inj 4 mg/ml^</i>	2	
<i>dexamethasone sodium phosphate inj 20 mg/5ml^</i>	2	
<i>dexamethasone sodium phosphate inj 120 mg/30ml^</i>	2	
<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	
<i>hydrocortisone tab 5 mg^</i>	2	
<i>hydrocortisone tab 10 mg^</i>	2	
<i>hydrocortisone tab 20 mg^</i>	2	
<i>methylprednisolone sod succ for inj 40 mg^</i>	2	
<i>methylprednisolone sod succ for inj 125 mg^</i>	2	
<i>methylprednisolone sod succ for inj 1000 mg</i>	3	
<i>methylprednisolone tab therapy pack 4 mg (21)^</i>	2	
<i>methylprednisolone tab 4 mg^</i>	2	
<i>methylprednisolone tab 8 mg^</i>	2	
<i>methylprednisolone tab 16 mg^</i>	2	
<i>methylprednisolone tab 32 mg</i>	3	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	
<i>prednisolone sod phosphate oral soln 15 mg/5ml^</i>	2	
<i>prednisolone syrup 15 mg/5ml^</i>	2	
PREDNISONONE - prednisone oral soln 5 mg/5ml^	2	
PREDNISONONE - prednisone tab 50 mg^	1	
<i>prednisone tab therapy pack 5 mg (21)^</i>	1	
<i>prednisone tab therapy pack 5 mg (48)^</i>	1	
<i>prednisone tab therapy pack 10 mg (21)^</i>	1	
<i>prednisone tab therapy pack 10 mg (48)^</i>	1	
<i>prednisone tab 1 mg^</i>	1	
<i>prednisone tab 2.5 mg^</i>	1	
<i>prednisone tab 5 mg^</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 10 mg[^]</i>	1	
<i>prednisone tab 20 mg[^]</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	3	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	3	
<i>desmopressin acetate nasal spray soln 0.01%</i>	3	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	3	
<i>desmopressin acetate tab 0.1 mg[^]</i>	2	
<i>desmopressin acetate tab 0.2 mg[^]</i>	2	
EGRIFTA - tesamorelin acetate for inj 1 mg*	5	PA
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin inj 5 mg/1.5ml	5	PA
OMNITROPE - somatropin inj 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	3	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)
<i>danazol cap 50 mg</i>	3	PA
<i>danazol cap 100 mg</i>	3	PA
<i>danazol cap 200 mg</i>	3	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>	2	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg[^]</i>	2	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg[^]</i>	2	
DIVIGEL - estradiol td gel 0.25 mg/0.25gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 0.5 mg/0.5gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 0.75 mg/0.75gm (0.1%)#	4	PA
DIVIGEL - estradiol td gel 1 mg/gm (0.1%)#	4	PA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg[^]</i>	2	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	3	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg[^]</i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg[^]</i>	2	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg#	4	PA
ELLA - ulipristal acetate tab 30 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	3	
<i>estradiol tab 0.5 mg#^</i>	1	
<i>estradiol tab 1 mg#^</i>	1	
<i>estradiol tab 2 mg#^</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)#</i>	3	
<i>estradiol td patch weekly 0.05 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.06 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.075 mg/24hr#</i>	3	
<i>estradiol td patch weekly 0.1 mg/24hr#</i>	3	
<i>estradiol vaginal cream 0.1 mg/gm</i>	3	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg^</i>	2	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg^</i>	2	
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>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)^</i>	2	
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg^</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg^</i>	2	
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg^</i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg^</i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg^</i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml^</i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml^</i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg^</i>	1	
<i>medroxyprogesterone acetate tab 5 mg^</i>	1	
<i>medroxyprogesterone acetate tab 10 mg^</i>	1	
<i>megestrol acetate susp 40 mg/ml#^</i>	2	
<i>megestrol acetate tab 20 mg#^</i>	2	
<i>megestrol acetate tab 40 mg#^</i>	2	
MENEST - esterified estrogens tab 0.3 mg#	3	
MENEST - esterified estrogens tab 0.625 mg#	3	
MENEST - esterified estrogens tab 1.25 mg#	3	
METHYLTESTOSTERONE - methyltestosterone cap 10 mg	5	PA
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg^</i>	2	
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg^</i>	2	
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg[^]</i>	2	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg[^]</i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg[^]</i>	2	
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg[^]</i>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)[^]</i>	2	
<i>norethindrone acetate tab 5 mg[^]</i>	2	
<i>norethindrone tab 0.35 mg[^]</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg[^]</i>	2	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg[^]</i>	2	
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg[^]</i>	2	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg[^]</i>	2	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg[^]</i>	2	
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg[^]</i>	2	
<i>oxandrolone tab 2.5 mg</i>	3	PA
<i>oxandrolone tab 10 mg</i>	5	PA
PREMARIN - estrogens, conjugated for inj 25 mg	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMARIN - estrogens, conjugated tab 0.3 mg#	3	
PREMARIN - estrogens, conjugated tab 0.45 mg#	3	
PREMARIN - estrogens, conjugated tab 0.625 mg#	3	
PREMARIN - estrogens, conjugated tab 0.9 mg#	3	
PREMARIN - estrogens, conjugated tab 1.25 mg#	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg#	3	
PREMPRO - conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg#	3	
<i>progesterone micronized cap 100 mg[^]</i>	2	
<i>progesterone micronized cap 200 mg[^]</i>	2	
<i>raloxifene hcl tab 60 mg[^]</i>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml[^]</i>	2	
<i>testosterone cypionate im inj in oil 200 mg/ml[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	3	
<i>testosterone td gel 12.5 mg/act (1%)</i>	4	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	4	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	4	PA, QL (60 units/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	4	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	4	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	4	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	4	PA, QL (2 pump bottles/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 50 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 75 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 88 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 100 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 112 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 125 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 137 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 150 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 175 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 200 mcg (levo-t, levoxyl, unithroid)^</i>	1	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)^</i>	1	
<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	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
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg	5	
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 22.5 mg	5	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 30 mg	5	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	3	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	3	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	3	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	5	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.6 mg/ml*	5	PA
SIGNIFOR - pasireotide diaspertate inj 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg*	5	PA

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Drug Name	Drug Tier	Requirements/Limits
SIGNIFOR LAR - pasireotide pamoate for im er susp 20 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 30 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 40 mg*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 90 mg/0.3ml	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg*	5	PA
SOMAVERT - pegvisomant for inj 15 mg*	5	PA
SOMAVERT - pegvisomant for inj 20 mg*	5	PA
SOMAVERT - pegvisomant for inj 25 mg*	5	PA
SOMAVERT - pegvisomant for inj 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 11.25 mg	5	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	5	PA
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg^</i>	1	
<i>methimazole tab 10 mg^</i>	1	
<i>propylthiouracil tab 50 mg^</i>	2	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - rilonacept for inj 220 mg*	5	PA
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azathioprine tab 50 mg^</i>	2	BD
BCG VACCINE - bcg vaccine inj	3	
BENLYSTA - belimumab for iv soln 120 mg	5	PA
BENLYSTA - belimumab for iv soln 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	

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

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
<i>cyclosporine cap 25 mg</i>	3	BD
<i>cyclosporine cap 100 mg</i>	3	BD
<i>cyclosporine iv soln 50 mg/ml^</i>	2	BD
<i>cyclosporine modified cap 50 mg</i>	3	BD
<i>cyclosporine modified cap 25 mg</i>	3	BD
<i>cyclosporine modified cap 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	3	BD
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	5	PA
ENBREL - etanercept for subcutaneous inj 25 mg	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	5	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGRIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml	3	BD
ENGRIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
FIRAZYR - icatibant acetate inj 30 mg/3ml*	5	PA, QL (6 syringes/30 days)
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA

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

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 30 gm/300ml	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm	5	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 10 gm	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/200ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/400ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/50ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 10 gm/100ml	5	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 2.5 gm/25ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 5 gm/50ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 10 gm/100ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 20 gm/200ml	5	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 40 gm/400ml	5	BD, PA
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hvp) 9-valent recomb vac susp pref syr	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml	3	
HAVRIX - hepatitis a vaccine inj susp 1440 el unit/ml	3	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.4ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 40 mg/0.8ml	5	PA

You can find information 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 PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate inj 30 mg/3ml*</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
<i>leflunomide tab 10 mg^</i>	2	
<i>leflunomide tab 20 mg^</i>	2	
M-M-R II - measles, mumps & rubella virus vaccines for inj	3	
MENACTRA - meningococcal (a, c, y, and w-135) conjugate vaccine inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
METHOTREXATE SODIUM - methotrexate sodium inj 250 mg/10ml (25 mg/ml)^	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)^</i>	2	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)^</i>	2	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)^</i>	2	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)^</i>	2	
<i>methotrexate sodium tab 2.5 mg^</i>	2	
<i>mycophenolate mofetil cap 250 mg^</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg^</i>	2	BD
<i>mycophenolate mofetil tab 500 mg^</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg</i>	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
<i>mycophenolate sodium tab dr 360 mg</i>	3	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
PEDIARIX - diph-tetanus tox-acell pert-hepatitis b-polio ipv vac inj	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
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	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime)
SIMULECT - basiliximab for iv soln 10 mg	5	BD
SIMULECT - basiliximab for iv soln 20 mg	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
<i>sirolimus oral soln 1 mg/ml</i>	5	BD
<i>sirolimus tab 0.5 mg</i>	3	BD
<i>sirolimus tab 1 mg</i>	3	BD
<i>sirolimus tab 2 mg</i>	5	BD
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	5	PA
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	5	PA
SYLVANT - siltuximab for iv infusion 100 mg	5	
SYLVANT - siltuximab for iv infusion 400 mg	5	
SYNAGIS - palivizumab im soln 50 mg/0.5ml*	5	
SYNAGIS - palivizumab im soln 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg</i>	3	BD
<i>tacrolimus cap 1 mg</i>	3	BD
<i>tacrolimus cap 5 mg</i>	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate tab 5 mg	5	PA
XELJANZ - tofacitinib citrate tab 10 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
ZORTRESS - everolimus tab 0.25 mg	5	BD

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

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS - everolimus tab 0.5 mg	5	BD
ZORTRESS - everolimus tab 0.75 mg	5	BD
ZORTRESS - everolimus tab 1 mg	5	BD
ZOSTAVAX - zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	3	QL (1 vaccine/lifetime)
Inflammatory Bowel Disease Agents		
APRISO - mesalamine cap er 24hr 0.375 gm	4	QL (120 capsules/30 days)
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	QL (90 capsules/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone rectal cream 1%^</i>	2	
<i>hydrocortisone rectal cream 2.5%^</i>	2	
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	5	
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
PENTASA - mesalamine cap er 500 mg	4	QL (240 capsules/30 days)
<i>sulfasalazine tab delayed release 500 mg^</i>	2	
<i>sulfasalazine tab 500 mg^</i>	2	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 5 mg^</i>	1	QL (30 tablets/30 days)
<i>alendronate sodium tab 10 mg^</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg^</i>	1	QL (4 tablets/28 days)
<i>alendronate sodium tab 70 mg^</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act^</i>	2	
CALCITRIOL - calcitriol inj 1 mcg/ml	3	
<i>calcitriol cap 0.25 mcg^</i>	2	
<i>calcitriol cap 0.5 mcg^</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	3	
<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) inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium iv soln 3 mg/3ml</i>	3	
<i>ibandronate sodium tab 150 mg^</i>	2	QL (1 tablet/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
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>	3	
<i>paricalcitol cap 2 mcg</i>	3	
<i>paricalcitol cap 4 mcg</i>	3	
<i>paricalcitol iv soln 2 mcg/ml</i>	3	
<i>paricalcitol iv soln 5 mcg/ml</i>	3	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	3	QL (1 tablet/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<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		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
<i>azelastine hcl ophth soln 0.05%[^]</i>	2	
AZOPT - brinzolamide ophth susp 1%	4	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint[^]</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%[^]</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	4	
<i>betaxolol hcl ophth soln 0.5%[^]</i>	2	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%[^]</i>	1	
BROMFENAC - bromfenac sodium ophth soln 0.09% (once-daily)	4	
<i>carteolol hcl ophth soln 1%[^]</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl ophth soln 0.3%[^]</i>	1	
COMBIGAN - brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	3	
<i>cromolyn sodium ophth soln 4%[^]</i>	1	
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%	3	
<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>	2	
FLURBIPROFEN SODIUM - flurbiprofen sodium ophth soln 0.03%	3	
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>	2	
<i>ketorolac tromethamine ophth soln 0.5%[^]</i>	2	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%[^]</i>	1	
<i>levobunolol hcl ophth soln 0.5%[^]</i>	1	
LUMIGAN - bimatoprost ophth soln 0.01%	3	
MOXEZA - moxifloxacin hcl ophth soln 0.5% (2 times daily)	4	
<i>moxifloxacin hcl ophth soln 0.5%[^]</i>	2	
NATACYN - natamycin ophth susp 5%	4	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin[^]</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%[^]</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%[^]</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml [^]	2	
<i>ofloxacin ophth soln 0.3%[^]</i>	2	
<i>olopatadine hcl ophth soln 0.1%[^]</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	3	
PAZEO - olopatadine hcl ophth soln 0.7%	3	
PHOSPHOLINE IODIDE - echothiophate iodide ophth for soln 0.125%	4	
<i>pilocarpine hcl ophth soln 1%[^]</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 2%^</i>	2	
<i>pilocarpine hcl ophth soln 4%^</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%^</i>	1	
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%	3	
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)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	ST
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth soln 10%^</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%^</i>	2	
<i>timolol maleate ophth soln 0.25%^</i>	1	
<i>timolol maleate ophth soln 0.5%^</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
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	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%^</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
TRAVATAN Z - travoprost ophth soln 0.004%	3	
TRIFLURIDINE - trifluridine ophth soln 1%	3	
Otic Agents		
<i>acetic acid otic soln 2%^</i>	2	
CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%</i>	3	BD
<i>acetylcysteine inhal soln 20%^</i>	2	BD
ADEMPAS - riociguat tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 1.5 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2 mg*	5	PA, QL (90 tablets/30 days)
ADEMPAS - riociguat tab 2.5 mg*	5	PA, QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose	3	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act	3	QL (1 canister/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act	3	QL (1 canister/30 days)
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 4 mg	3	
ALBUTEROL SULFATE ER - albuterol sulfate tab er 12hr 8 mg	3	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)^</i>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)^</i>	2	BD
<i>albuterol sulfate soln nebu 0.63 mg/3ml^</i>	2	BD
<i>albuterol sulfate soln nebu 1.25 mg/3ml^</i>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml^</i>	1	
<i>albuterol sulfate tab 2 mg</i>	4	
<i>albuterol sulfate tab 4 mg</i>	4	
<i>ambrisentan tab 5 mg*</i>	5	PA, QL (30 tablets/30 days)
<i>ambrisentan tab 10 mg*</i>	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	3	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act	3	QL (30 blisters/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act	3	QL (1 canister/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	3	QL (1 canister/30 days)

You can find information 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 7 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh	3	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)^</i>	2	QL (2 bottles/30 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)^</i>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg*</i>	5	PA, QL (60 tablets/30 days)
<i>bosentan tab 125 mg*</i>	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	3	QL (1 package/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	3	BD
<i>budesonide inhalation susp 0.5 mg/2ml</i>	3	BD
<i>budesonide inhalation susp 1 mg/2ml</i>	3	BD
<i>caffeine citrate oral soln 60 mg/3ml^</i>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	3	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 100-5 mcg/act	4	QL (1 canister/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	4	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	3	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
ESBRIET - pirfenidone cap 267 mg*	5	PA, QL (270 capsules/30 days)
ESBRIET - pirfenidone tab 267 mg*	5	PA, QL (270 tablets/30 days)
ESBRIET - pirfenidone tab 801 mg*	5	PA, QL (90 tablets/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister	3	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	3	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 canister/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 canisters/30 days)
<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	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 113-14 mcg/act	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 232-14 mcg/act	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umecclidinium 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>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	4	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg^</i>	1	
<i>montelukast sodium chew tab 5 mg^</i>	1	
<i>montelukast sodium oral granules packet 4 mg^</i>	2	
<i>montelukast sodium tab 10 mg^</i>	1	
OFEV - nintedanib esylate cap 100 mg*	5	PA, QL (60 capsules/30 days)
OFEV - nintedanib esylate cap 150 mg*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	3	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg*	5	PA, QL (120 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 200-125 mg*	5	PA, QL (120 tablets/30 days)
PROAIR HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
PROAIR RESPICLICK - albuterol sulfate aer pow ba 108 mcg/act	3	QL (2 canisters/30 days)
PULMOZYME - dornase alfa inhal soln 1 mg/ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 canister/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 canisters/30 days)
REMODULIN - treprostinil inj soln 20 mg/20ml (1 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 50 mg/20ml (2.5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 100 mg/20ml (5 mg/ml)*	5	BD
REMODULIN - treprostinil inj soln 200 mg/20ml (10 mg/ml)*	5	BD
<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)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	3	QL (1 inhaler/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	3	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg</i>	3	
<i>terbutaline sulfate tab 5 mg</i>	3	
<i>theophylline tab er 12hr 100 mg^</i>	2	
<i>theophylline tab er 12hr 200 mg^</i>	2	
<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
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	3	QL (60 blisters/30 days)
<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

You can find information 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>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
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 600 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 800 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1000 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1200 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1400 mcg*	5	PA, QL (60 tablets/30 days)
UPTRAVI - selexipag tab 1600 mcg*	5	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTAVIS - iloprost inhalation solution 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 canisters/30 days)
<i>zafirlukast tab 10 mg</i>	3	
<i>zafirlukast tab 20 mg</i>	3	
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<i>carisoprodol tab 350 mg#^</i>	2	
<i>cyclobenzaprine hcl tab 5 mg#^</i>	1	PA
<i>cyclobenzaprine hcl tab 10 mg#^</i>	1	PA
<i>methocarbamol tab 500 mg#^</i>	2	
<i>methocarbamol tab 750 mg#^</i>	2	
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>eszopiclone tab 1 mg#^</i>	2	
<i>eszopiclone tab 2 mg#^</i>	2	
<i>eszopiclone tab 3 mg#^</i>	2	
HETLIOZ - tasimelteon capsule 20 mg*	5	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg</i>	3	PA, QL (30 tablets/30 days)
<i>modafinil tab 200 mg</i>	3	PA, QL (30 tablets/30 days)
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>	1	QL (30 capsules/30 days)
<i>temazepam cap 30 mg^</i>	1	QL (30 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triazolam tab 0.25 mg</i>	3	
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#^</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#^</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab er 6.25 mg#</i>	3	QL (30 tablets/30 days)
<i>zolpidem tartrate tab er 12.5 mg#</i>	3	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg#^</i>	1	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 10 mg#^</i>	1	QL (30 tablets/30 days)

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<i>benztropine mesylate tab 0.5 mg.....</i>	37	<i>bosentan tab 62.5 mg.....</i>	95
<i>benztropine mesylate tab 1 mg.....</i>	37	BOSULIF.....	26
<i>benztropine mesylate tab 2 mg.....</i>	37	BOSULIF.....	26
BESIVANCE.....	91	BOSULIF.....	26
BESPONSA.....	26	BRAFTOVI.....	26
<i>betamethasone dipropionate augmented cream</i>		BREO ELLIPTA.....	95
<i>0.05%.....</i>	68	BREO ELLIPTA.....	95
<i>betamethasone dipropionate augmented lotion</i>		BRILINTA.....	53
<i>0.05%.....</i>	68	BRILINTA.....	53
<i>betamethasone dipropionate augmented oint</i>		<i>brimonidine tartrate ophth soln 0.15%.....</i>	91
<i>0.05%.....</i>	68	<i>brimonidine tartrate ophth soln 0.2%.....</i>	91
<i>betamethasone dipropionate cream</i>		BRIVIACT.....	13
<i>0.05%.....</i>	68	BRIVIACT.....	13
<i>betamethasone dipropionate lotion</i>		BRIVIACT.....	13
<i>0.05%.....</i>	68	BRIVIACT.....	13
<i>betamethasone dipropionate oint</i>		BRIVIACT.....	13
<i>0.05%.....</i>	68	BRIVIACT.....	13
<i>betamethasone valerate cream 0.1%.....</i>	68	BRIVIACT.....	13
<i>betamethasone valerate lotion 0.1%.....</i>	68	BROMFENAC.....	91
<i>betamethasone valerate oint 0.1%.....</i>	68	<i>bromocriptine mesylate cap 5 mg.....</i>	37

bromocriptine mesylate tab 2.5 mg.....	37
budesonide delayed release particles cap 3 mg.....	90
budesonide inhalation susp 0.25 mg/2ml.....	95
budesonide inhalation susp 0.5 mg/2ml.....	95
budesonide inhalation susp 1 mg/2ml.....	95
bumetanide inj 0.25 mg/ml.....	57
bumetanide tab 0.5 mg.....	57
bumetanide tab 1 mg.....	57
bumetanide tab 2 mg.....	57
buprenorphine hcl-naloxone hcl sl film 12-3 mg.....	5
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg.....	5
buprenorphine hcl-naloxone hcl sl film 4-1 mg.....	5
buprenorphine hcl-naloxone hcl sl film 8-2 mg.....	5
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg.....	5
buprenorphine hcl-naloxone hcl sl tab 8-2 mg.....	5
buprenorphine hcl sl tab 2 mg.....	5
buprenorphine hcl sl tab 8 mg.....	5
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....	5
bupropion hcl tab 100 mg.....	18
bupropion hcl tab 75 mg.....	18
bupropion hcl tab er 12hr 100 mg.....	18
bupropion hcl tab er 12hr 150 mg.....	18
bupropion hcl tab er 12hr 200 mg.....	18
bupropion hcl tab er 24hr 150 mg.....	18
bupropion hcl tab er 24hr 300 mg.....	18
buspirone hcl tab 10 mg.....	47
buspirone hcl tab 15 mg.....	47
buspirone hcl tab 30 mg.....	47
buspirone hcl tab 5 mg.....	47
buspirone hcl tab 7.5 mg.....	47
busulfan inj 6 mg/ml.....	26
butalbital-acetaminophen-caffeine cap 50-300-40 mg.....	1
butalbital-acetaminophen-caffeine cap 50-325-40 mg.....	1
butalbital-acetaminophen-caffeine tab 50-325-40 mg.....	1
butalbital-acetaminophen tab 50-325 mg.....	1
butalbital-aspirin-caffeine cap 50-325-40 mg.....	1
BUTORPHANOL TARTRATE.....	1

butorphanol tartrate inj 2 mg/ml.....	1
butorphanol tartrate nasal soln 10 mg/ ml.....	1
BYDUREON BCISE.....	48
BYDUREON PEN.....	48

C

cabergoline tab 0.5 mg.....	83
CABOMETYX.....	26
CABOMETYX.....	26
CABOMETYX.....	26
caffeine citrate oral soln 60 mg/3ml.....	95
calcipotriene cream 0.005%.....	68
calcipotriene oint 0.005%.....	68
calcipotriene soln 0.005% (50 mcg/ml).....	68
calcitonin (salmon) nasal soln 200 unit/ act.....	90
CALCITRIOL.....	90
calcitriol cap 0.25 mcg.....	90
calcitriol cap 0.5 mcg.....	90
calcitriol oral soln 1 mcg/ml.....	90
calcium acetate cap 667 mg.....	71
calcium acetate tab 667 mg.....	71
CALQUENCE.....	26
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg.....	57
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg.....	57
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg.....	57
candesartan cilexetil tab 16 mg.....	57
candesartan cilexetil tab 32 mg.....	57
candesartan cilexetil tab 4 mg.....	57
candesartan cilexetil tab 8 mg.....	57
CAPASTAT SULFATE.....	25
CAPRELSA.....	26
CAPRELSA.....	26
captopril tab 100 mg.....	57
captopril tab 12.5 mg.....	57
captopril tab 25 mg.....	57
captopril tab 50 mg.....	57
CARBAGLU.....	71
carbamazepine cap er 12hr 100 mg.....	13
carbamazepine cap er 12hr 200 mg.....	13
carbamazepine cap er 12hr 300 mg.....	13
carbamazepine chew tab 100 mg.....	13
carbamazepine susp 100 mg/5ml.....	13
carbamazepine tab 200 mg.....	13
carbamazepine tab er 12hr 100 mg.....	13
carbamazepine tab er 12hr 200 mg.....	13
carbamazepine tab er 12hr 400 mg.....	13

CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefepime hcl for inj 1 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefepime hcl for inj 2 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefixime cap 400 mg.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	CEFOTAXIME SODIUM.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefotaxime sodium for inj 1 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefoxitin sodium for inj 10 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefoxitin sodium for iv soln 1 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefoxitin sodium for iv soln 2 gm.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefpodoxime proxetil for susp 100 mg/5ml.....	7
CARBIDOPA/LEVODOPA/ ENTACAPONE.....	37	cefpodoxime proxetil for susp 50 mg/5ml.....	7
carbidopa & levodopa orally disintegrating tab 10-100 mg.....	37	cefpodoxime proxetil tab 100 mg.....	7
carbidopa & levodopa orally disintegrating tab 25-100 mg.....	37	cefpodoxime proxetil tab 200 mg.....	7
carbidopa & levodopa orally disintegrating tab 25-250 mg.....	37	cefprozil for susp 125 mg/5ml.....	7
carbidopa & levodopa tab 10-100 mg.....	37	cefprozil for susp 250 mg/5ml.....	7
carbidopa & levodopa tab 25-100 mg.....	37	cefprozil tab 250 mg.....	7
carbidopa & levodopa tab 25-250 mg.....	37	cefprozil tab 500 mg.....	7
carbidopa & levodopa tab er 25-100 mg.....	37	ceftazidime for inj 1 gm.....	7
carbidopa & levodopa tab er 50-200 mg.....	37	ceftazidime for inj 2 gm.....	7
carbidopa tab 25 mg.....	37	ceftazidime for inj 6 gm.....	7
carboplatin iv soln 150 mg/15ml.....	26	CEFTRIAXONE/DEXTROSE.....	8
carboplatin iv soln 450 mg/45ml.....	26	CEFTRIAXONE/DEXTROSE.....	8
carboplatin iv soln 50 mg/5ml.....	26	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE.....	8
carboplatin iv soln 600 mg/60ml.....	26	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE.....	8
carisoprodol tab 350 mg.....	98	ceftriaxone sodium for inj 10 gm.....	8
carmustine for inj 100 mg.....	26	ceftriaxone sodium for inj 1 gm.....	8
carteolol hcl ophth soln 1%.....	91	ceftriaxone sodium for inj 250 mg.....	8
carvedilol tab 12.5 mg.....	57	ceftriaxone sodium for inj 2 gm.....	8
carvedilol tab 25 mg.....	57	ceftriaxone sodium for inj 500 mg.....	8
carvedilol tab 3.125 mg.....	57	ceftriaxone sodium for iv soln 1 gm.....	8
carvedilol tab 6.25 mg.....	57	ceftriaxone sodium for iv soln 2 gm.....	8
caspofungin acetate for iv soln 50 mg.....	22	cefuroxime axetil tab 250 mg.....	8
caspofungin acetate for iv soln 70 mg.....	22	cefuroxime axetil tab 500 mg.....	8
cefaclor cap 250 mg.....	7	cefuroxime sodium for inj 7.5 gm.....	8
cefaclor cap 500 mg.....	7	cefuroxime sodium for inj 750 mg.....	8
cefadroxil cap 500 mg.....	7	cefuroxime sodium for iv soln 1.5 gm.....	8
cefadroxil for susp 250 mg/5ml.....	7	celecoxib cap 100 mg.....	1
cefadroxil for susp 500 mg/5ml.....	7	celecoxib cap 200 mg.....	1
cefadroxil tab 1 gm.....	7	celecoxib cap 400 mg.....	1
CEFAZOLIN SODIUM.....	7	celecoxib cap 50 mg.....	1
cefazolin sodium for inj 10 gm.....	7	CELONTIN.....	13
cefazolin sodium for inj 1 gm.....	7	cephalexin cap 250 mg.....	8
cefazolin sodium for inj 500 mg.....	7	cephalexin cap 500 mg.....	8
cefdinir cap 300 mg.....	7	cephalexin cap 750 mg.....	8
cefdinir for susp 125 mg/5ml.....	7	cephalexin for susp 125 mg/5ml.....	8
cefdinir for susp 250 mg/5ml.....	7	cephalexin for susp 250 mg/5ml.....	8
		CEREZYME.....	75
		CHANTIX.....	5
		CHANTIX.....	5

CHANTIX CONTINUING MONTH PACK.....	5	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	8
CHANTIX STARTING MONTH PACK.....	5	CIPROFLOXACIN HCL.....	8
CHEMET.....	71	ciprofloxacin hcl ophth soln 0.3%.....	92
CHENODAL.....	73	ciprofloxacin hcl tab 250 mg.....	8
CHLORAMPHENICOL SODIUM SUCCINATE.....	8	ciprofloxacin hcl tab 500 mg.....	8
chlorhexidine gluconate soln 0.12%.....	68	ciprofloxacin hcl tab 750 mg.....	8
CHLOROQUINE PHOSPHATE.....	36	CISPLATIN.....	27
chloroquine phosphate tab 500 mg.....	36	cisplatin inj 100 mg/100ml (1 mg/ml).....	27
CHLOROTHIAZIDE.....	57	cisplatin inj 50 mg/50ml (1 mg/ml).....	27
chlorothiazide tab 500 mg.....	57	citalopram hydrobromide oral soln 10 mg/5ml.....	18
CHLORPROMAZINE HCL.....	21	citalopram hydrobromide tab 10 mg.....	18
CHLORPROMAZINE HCL.....	21	citalopram hydrobromide tab 20 mg.....	18
chlorpromazine hcl tab 100 mg.....	21	citalopram hydrobromide tab 40 mg.....	18
chlorpromazine hcl tab 10 mg.....	21	cladribine iv soln 10 mg/10ml (1 mg/ml).....	27
chlorpromazine hcl tab 200 mg.....	21	CLARITHROMYCIN.....	8
chlorpromazine hcl tab 25 mg.....	21	CLARITHROMYCIN.....	8
chlorpromazine hcl tab 50 mg.....	21	clarithromycin tab 250 mg.....	8
chlorthalidone tab 25 mg.....	57	clarithromycin tab 500 mg.....	8
chlorthalidone tab 50 mg.....	57	clarithromycin tab er 24hr 500 mg.....	8
cholestyramine light powder 4 gm/dose.....	57	CLEMASTINE FUMARATE.....	95
cholestyramine light powder packets 4 gm.....	57	clindamycin hcl cap 150 mg.....	9
cholestyramine powder 4 gm/dose.....	57	clindamycin hcl cap 300 mg.....	9
cholestyramine powder packets 4 gm.....	57	clindamycin hcl cap 75 mg.....	8
choline fenofibrate cap dr 135 mg.....	57	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	68
choline fenofibrate cap dr 45 mg.....	57	clindamycin phosphate gel 1%.....	9
CHORIONIC GONADOTROPIN.....	79	clindamycin phosphate in d5w iv soln 300 mg/50ml.....	9
ciclopirox gel 0.77%.....	22	clindamycin phosphate in d5w iv soln 600 mg/50ml.....	9
ciclopirox olamine cream 0.77%.....	22	clindamycin phosphate in d5w iv soln 900 mg/50ml.....	9
ciclopirox olamine susp 0.77%.....	22	clindamycin phosphate inj 300 mg/2ml.....	9
ciclopirox shampoo 1%.....	22	clindamycin phosphate inj 600 mg/4ml.....	9
ciclopirox solution 8%.....	23	clindamycin phosphate inj 900 mg/6ml.....	9
cidofovir iv inj 75 mg/ml.....	43	clindamycin phosphate inj 9 gm/60ml.....	9
cilostazol tab 100 mg.....	53	clindamycin phosphate iv soln 300 mg/2ml.....	9
cilostazol tab 50 mg.....	53	clindamycin phosphate iv soln 600 mg/4ml.....	9
CIMDUO.....	43	clindamycin phosphate iv soln 900 mg/6ml.....	9
CIMETIDINE HCL.....	73	clindamycin phosphate lotion 1%.....	9
cimetidine tab 200 mg.....	73	clindamycin phosphate soln 1%.....	9
cimetidine tab 300 mg.....	73	clindamycin phosphate swab 1%.....	9
cimetidine tab 400 mg.....	73	clindamycin phosphate vaginal cream 2%.....	9
cimetidine tab 800 mg.....	73	clobazam suspension 2.5 mg/ml.....	14
cinacalcet hcl tab 30 mg.....	90	clobazam tab 10 mg.....	14
cinacalcet hcl tab 60 mg.....	90		
cinacalcet hcl tab 90 mg.....	90		
CINRYZE.....	85		
CIPRODEX.....	93		
ciprofloxacin 200 mg/100ml in d5w.....	8		
ciprofloxacin 400 mg/200ml in d5w.....	8		

clobazam tab 20 mg.....	14	codeine sulfate tab 30 mg.....	1
clobetasol propionate cream 0.05%.....	68	codeine sulfate tab 60 mg.....	1
clobetasol propionate emollient base cream 0.05%.....	68	colchicine w/ probenecid tab 0.5-500 mg.....	24
clobetasol propionate gel 0.05%.....	68	COLCRYS.....	24
clobetasol propionate oint 0.05%.....	68	colestipol hcl granule packets 5 gm.....	58
clobetasol propionate soln 0.05%.....	68	colestipol hcl granules 5 gm.....	58
clofarabine iv soln 1 mg/ml.....	27	colestipol hcl tab 1 gm.....	58
clomipramine hcl cap 25 mg.....	18	colistimethate sod for inj 150 mg.....	9
clomipramine hcl cap 50 mg.....	18	COMBIGAN.....	92
clomipramine hcl cap 75 mg.....	18	COMBIVENT RESPIMAT.....	95
clonazepam orally disintegrating tab 0.125 mg.....	47	COMETRIQ.....	27
clonazepam orally disintegrating tab 0.25 mg.....	47	COMETRIQ.....	27
clonazepam orally disintegrating tab 0.5 mg.....	47	COMETRIQ.....	27
clonazepam orally disintegrating tab 1 mg.....	47	COMPLERA.....	43
clonazepam orally disintegrating tab 2 mg.....	47	COPAXONE.....	67
clonazepam tab 0.5 mg.....	47	COPAXONE.....	67
clonazepam tab 1 mg.....	47	COPIKTRA.....	27
clonazepam tab 2 mg.....	47	COPIKTRA.....	27
clonidine hcl tab 0.1 mg.....	58	CORLANOR.....	58
clonidine hcl tab 0.2 mg.....	58	CORLANOR.....	58
clonidine hcl tab 0.3 mg.....	58	CORTISONE ACETATE.....	78
clonidine hcl tab er 12hr 0.1 mg.....	67	COSENTYX.....	85
clonidine td patch weekly 0.1 mg/24hr.....	58	COSENTYX SENSOREADY PEN.....	85
clonidine td patch weekly 0.2 mg/24hr.....	58	COTELLIC.....	27
clonidine td patch weekly 0.3 mg/24hr.....	58	COUMADIN.....	53
clopidogrel bisulfate tab 75 mg.....	53	COUMADIN.....	53
clorazepate dipotassium tab 15 mg.....	47	COUMADIN.....	53
clorazepate dipotassium tab 3.75 mg.....	47	COUMADIN.....	53
clorazepate dipotassium tab 7.5 mg.....	47	COUMADIN.....	53
clotrimazole cream 1%.....	23	COUMADIN.....	53
clotrimazole troche 10 mg.....	23	COUMADIN.....	53
clotrimazole w/ betamethasone cream 1-0.05%.....	69	COUMADIN.....	53
clotrimazole w/ betamethasone lotion 1-0.05%.....	69	COUMADIN.....	53
clozapine orally disintegrating tab 100 mg.....	38	COUMADIN.....	53
clozapine orally disintegrating tab 12.5 mg.....	38	CREON.....	75
clozapine orally disintegrating tab 25 mg.....	38	CREON.....	75
clozapine tab 100 mg.....	38	CREON.....	75
clozapine tab 200 mg.....	38	CREON.....	75
clozapine tab 25 mg.....	38	CREON.....	75
clozapine tab 50 mg.....	38	CREON.....	75
COARTEM.....	36	CREON.....	75
		CRESEMBIA.....	23
		CRESEMBIA.....	23
		CRIVAN.....	43
		CRIVAN.....	43
		cromolyn sodium ophth soln 4%.....	92
		cromolyn sodium oral conc 100 mg/5ml.....	73
		cromolyn sodium soln nebu 20 mg/2ml.....	95
		CRYSVITA.....	75
		CRYSVITA.....	75
		CRYSVITA.....	75
		cyclobenzaprine hcl tab 10 mg.....	98
		cyclobenzaprine hcl tab 5 mg.....	98

cyclophosphamide cap 25 mg.....	27
cyclophosphamide cap 50 mg.....	27
cycloserine cap 250 mg.....	25
CYCLOSET.....	48
cyclosporine cap 100 mg.....	85
cyclosporine cap 25 mg.....	85
cyclosporine iv soln 50 mg/ml.....	85
cyclosporine modified cap 100 mg.....	85
cyclosporine modified cap 25 mg.....	85
cyclosporine modified cap 50 mg.....	85
cyclosporine modified oral soln 100 mg/ ml.....	85
CYRAMZA.....	27
CYRAMZA.....	27
CYSTADANE.....	75
CYSTAGON.....	75
CYSTAGON.....	76
CYSTARAN.....	92
CYTARABINE.....	27
cytarabine inj pf 100 mg/ml.....	27
cytarabine inj pf 20 mg/ml.....	27

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DACARBAZINE.....	27
dacarbazine for inj 200 mg.....	27
dactinomycin for inj 0.5 mg.....	27
DAKLINZA.....	43
DAKLINZA.....	43
dalfampridine tab er 12hr 10 mg.....	67
DALIRESP.....	95
DALIRESP.....	95
DALVANCE.....	9
danazol cap 100 mg.....	79
danazol cap 200 mg.....	79
danazol cap 50 mg.....	79
dantrolene sodium cap 100 mg.....	42
dantrolene sodium cap 25 mg.....	42
dantrolene sodium cap 50 mg.....	42
dapsone tab 100 mg.....	25
dapsone tab 25 mg.....	25
DAPTACEL.....	85
daptomycin for iv soln 500 mg.....	9
DARAPRIM.....	36
DARZALEX.....	27
DARZALEX.....	27
daunorubicin hcl iv soln 20 mg/4ml.....	27
DAUNORUBICIN HYDROCHLORIDE.....	27
DAURISMO.....	27
DAURISMO.....	27
decitabine for inj 50 mg.....	27
deferasirox tab for oral susp 125 mg.....	71
deferasirox tab for oral susp 250 mg.....	71

deferasirox tab for oral susp 500 mg.....	71
DELSTRIGO.....	43
demeclocycline hcl tab 150 mg.....	9
demeclocycline hcl tab 300 mg.....	9
DEMSER.....	58
DENAVIR.....	43
DEPEN TITRATABS.....	77
DEPO-PROVERA.....	79
DESCOVY.....	43
desipramine hcl tab 100 mg.....	18
desipramine hcl tab 10 mg.....	18
desipramine hcl tab 150 mg.....	18
desipramine hcl tab 25 mg.....	18
desipramine hcl tab 50 mg.....	18
desipramine hcl tab 75 mg.....	18
desmopressin acetate inj 4 mcg/ml.....	79
desmopressin acetate nasal spray soln 0.01%.....	79
desmopressin acetate nasal spray soln 0.01% (refrigerated).....	79
desmopressin acetate tab 0.1 mg.....	79
desmopressin acetate tab 0.2 mg.....	79
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	79
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	79
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	79
desonide cream 0.05%.....	69
desonide lotion 0.05%.....	69
desonide oint 0.05%.....	69
desoximetasone cream 0.05%.....	69
desoximetasone cream 0.25%.....	69
desoximetasone gel 0.05%.....	69
desoximetasone oint 0.25%.....	69
desvenlafaxine succinate tab er 24hr 100 mg.....	18
desvenlafaxine succinate tab er 24hr 25 mg.....	18
desvenlafaxine succinate tab er 24hr 50 mg.....	18
DEXAMETHASONE.....	78
DEXAMETHASONE.....	78
dexamethasone elixir 0.5 mg/5ml.....	78
DEXAMETHASONE SODIUM PHOSPHATE.....	92
dexamethasone sodium phosphate inj 120 mg/30ml.....	78
dexamethasone sodium phosphate inj 20 mg/5ml.....	78

dexamethasone sodium phosphate inj 4 mg/ ml.....	78	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	1
dexamethasone tab 0.5 mg.....	78	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	1
dexamethasone tab 0.75 mg.....	78	dicloxacillin sodium cap 250 mg.....	9
dexamethasone tab 1.5 mg.....	78	dicloxacillin sodium cap 500 mg.....	9
dexamethasone tab 4 mg.....	78	dicyclomine hcl cap 10 mg.....	73
dexamethasone tab 6 mg.....	78	dicyclomine hcl tab 20 mg.....	73
dexmethylphenidate hcl tab 10 mg.....	67	didanosine delayed release capsule 200 mg.....	43
dexmethylphenidate hcl tab 2.5 mg.....	67	didanosine delayed release capsule 250 mg.....	43
dexmethylphenidate hcl tab 5 mg.....	67	didanosine delayed release capsule 400 mg.....	43
dexrazoxane hcl for inj 250 mg.....	27	DIFICID.....	9
dexrazoxane hcl for inj 500 mg.....	27	diflorasone diacetate oint 0.05%.....	69
dextroamphetamine sulfate cap er 24hr 10 mg.....	67	DIGOXIN.....	58
dextroamphetamine sulfate cap er 24hr 15 mg.....	67	digoxin tab 125 mcg (0.125 mg).....	58
dextroamphetamine sulfate cap er 24hr 5 mg.....	67	digoxin tab 250 mcg (0.25 mg).....	58
dextroamphetamine sulfate tab 10 mg.....	67	DILANTIN.....	14
dextroamphetamine sulfate tab 5 mg.....	67	diltiazem hcl cap er 12hr 120 mg.....	58
DEXTROSE 2.5%/NACL 0.45%.....	71	diltiazem hcl cap er 12hr 60 mg.....	58
dextrose 5% in lactated ringers.....	71	diltiazem hcl cap er 12hr 90 mg.....	58
dextrose 5% w/ sodium chloride 0.2%.....	71	diltiazem hcl cap er 24hr 120 mg.....	58
dextrose 5% w/ sodium chloride 0.33%.....	71	diltiazem hcl cap er 24hr 180 mg.....	58
dextrose 5% w/ sodium chloride 0.45%.....	71	diltiazem hcl cap er 24hr 240 mg.....	58
dextrose 5% w/ sodium chloride 0.9%.....	71	diltiazem hcl coated beads cap er 24hr 120 mg.....	58
dextrose inj 10%.....	71	diltiazem hcl coated beads cap er 24hr 180 mg.....	58
dextrose inj 5%.....	71	diltiazem hcl coated beads cap er 24hr 240 mg.....	58
DIASTAT ACUDIAL.....	14	diltiazem hcl coated beads cap er 24hr 300 mg.....	58
DIASTAT ACUDIAL.....	14	diltiazem hcl coated beads cap er 24hr 360 mg.....	58
DIASTAT PEDIATRIC.....	14	diltiazem hcl coated beads tab er 24hr 180 mg.....	58
DIAZEPAM.....	47	diltiazem hcl coated beads tab er 24hr 240 mg.....	58
diazepam conc 5 mg/ml.....	48	diltiazem hcl coated beads tab er 24hr 300 mg.....	58
DIAZEPAM RECTAL GEL.....	14	diltiazem hcl coated beads tab er 24hr 360 mg.....	58
DIAZEPAM RECTAL GEL.....	14	diltiazem hcl coated beads tab er 24hr 420 mg.....	58
DIAZEPAM RECTAL GEL.....	14	diltiazem hcl extended release beads cap er 24hr 120 mg.....	58
diazepam tab 10 mg.....	48	diltiazem hcl extended release beads cap er 24hr 180 mg.....	58
diazepam tab 2 mg.....	48	diltiazem hcl extended release beads cap er 24hr 240 mg.....	58
diazepam tab 5 mg.....	48		
diclofenac potassium tab 50 mg.....	1		
diclofenac sodium gel 1%.....	1		
diclofenac sodium ophth soln 0.1%.....	92		
diclofenac sodium tab delayed release 25 mg.....	1		
diclofenac sodium tab delayed release 50 mg.....	1		
diclofenac sodium tab delayed release 75 mg.....	1		
diclofenac sodium tab er 24hr 100 mg.....	1		

<i>diltiazem hcl extended release beads cap er 24hr</i> 300 mg.....	58	<i>donepezil hydrochloride orally disintegrating tab 5</i> mg.....	17
<i>diltiazem hcl extended release beads cap er 24hr</i> 360 mg.....	58	<i>donepezil hydrochloride tab 10 mg</i>	17
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<i>dipyridamole tab 75 mg</i>	53	<i>doxepin hcl cap 10 mg</i>	18
<i>disulfiram tab 250 mg</i>	5	<i>doxepin hcl cap 25 mg</i>	18
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<i>docetaxel soln for iv infusion 20</i> mg/2ml.....	27	<i>doxycycline monohydrate tab 100 mg</i>	9
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		<i>drospirenone-ethinyl estrad-levomefolate tab</i> 3-0.02-0.451 mg.....	79
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<i>enoxaparin sodium inj 120 mg/0.8ml</i>	53
<i>enoxaparin sodium inj 150 mg/ml</i>	53
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<i>enoxaparin sodium inj 30 mg/0.3ml</i>	53
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	53
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<i>erlotinib hcl tab 25 mg</i>	28
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erythromycin ophth oint 5 mg/gm.....	92	etodolac tab 400 mg.....	2
erythromycin pads 2%.....	10	etodolac tab 500 mg.....	2
erythromycin soln 2%.....	10	etodolac tab er 24hr 400 mg.....	1
erythromycin tab 250 mg.....	10	etodolac tab er 24hr 500 mg.....	2
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estradiol td patch weekly 0.075 mg/24hr.....	80	famotidine inj 20 mg/2ml.....	73
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eszopiclone tab 3 mg.....	98	FANAPT.....	38
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ethambutol hcl tab 400 mg.....	25	FANAPT.....	39
ethosuximide cap 250 mg.....	14	FANAPT.....	39
ethosuximide soln 250 mg/5ml.....	14	FANAPT.....	39
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	80	FANAPT.....	39
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<i>fenofibrate micronized cap 67 mg</i>	59	<i>fluconazole tab 200 mg</i>	23
<i>fenofibrate tab 145 mg</i>	59	<i>fluconazole tab 50 mg</i>	23
<i>fenofibrate tab 160 mg</i>	59	<i>flucytosine cap 250 mg</i>	23
<i>fenofibrate tab 48 mg</i>	59	<i>flucytosine cap 500 mg</i>	23
<i>fenofibrate tab 54 mg</i>	59	<i>fludarabine phosphate for inj 50 mg</i>	28
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	2	<i>fludarabine phosphate inj 25 mg/ml</i>	28
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	2	<i>fludrocortisone acetate tab 0.1 mg</i>	78
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	2	<i>fluocinolone acetonide (otic) oil 0.01%</i>	93
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	2	<i>fluocinolone acetonide cream 0.01%</i>	69
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	2	<i>fluocinonide cream 0.05%</i>	69
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	2	<i>fluocinonide emulsified base cream 0.05%</i>	69
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	<i>fluocinonide gel 0.05%</i>	69
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	<i>fluocinonide oint 0.05%</i>	69
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	<i>fluocinonide soln 0.05%</i>	69
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	<i>fluorometholone ophth susp 0.1%</i>	92
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	<i>FLUOROURACIL</i>	69
<i>FETZIMA</i>	19	<i>FLUOROURACIL</i>	69
<i>FETZIMA</i>	19	<i>FLUOROURACIL</i>	69
<i>FETZIMA</i>	19	<i>fluorouracil cream 5%</i>	69
<i>FETZIMA</i>	19	<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	28
<i>FETZIMA TITRATION PACK</i>	19	<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	28
<i>finasteride tab 5 mg</i>	77	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	28
<i>FIRAZYR</i>	85	<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	28
<i>FIRMAGON</i>	83	<i>FLUOXETINE DR</i>	19
<i>FIRMAGON</i>	83	<i>fluoxetine hcl cap 10 mg</i>	19
<i>flecainide acetate tab 100 mg</i>	59	<i>fluoxetine hcl cap 20 mg</i>	19
<i>flecainide acetate tab 150 mg</i>	60	<i>fluoxetine hcl cap 40 mg</i>	19
<i>flecainide acetate tab 50 mg</i>	59	<i>fluoxetine hcl solution 20 mg/5ml</i>	19
<i>FLOVENT DISKUS</i>	95	<i>fluoxetine hcl tab 10 mg</i>	19
<i>FLOVENT DISKUS</i>	95	<i>fluoxetine hcl tab 20 mg</i>	19
<i>FLOVENT DISKUS</i>	95	<i>fluphenazine decanoate inj 25 mg/ml</i>	39
<i>FLOVENT HFA</i>	95	<i>FLUPHENAZINE HCL</i>	39
<i>FLOVENT HFA</i>	96	<i>FLUPHENAZINE HCL</i>	39
<i>FLOVENT HFA</i>	96	<i>FLUPHENAZINE HCL</i>	39
<i>fluconazole for susp 10 mg/ml</i>	23	<i>fluphenazine hcl tab 10 mg</i>	39
<i>fluconazole for susp 40 mg/ml</i>	23	<i>fluphenazine hcl tab 1 mg</i>	39
<i>fluconazole in dextrose inj 200 mg/100ml</i>	23	<i>fluphenazine hcl tab 2.5 mg</i>	39
<i>fluconazole in dextrose inj 400 mg/200ml</i>	23	<i>fluphenazine hcl tab 5 mg</i>	39
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	23	<i>FLURBIPROFEN SODIUM</i>	92
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	23	<i>flurbiprofen tab 100 mg</i>	2
<i>fluconazole tab 100 mg</i>	23	<i>flurbiprofen tab 50 mg</i>	2
		<i>flutamide cap 125 mg</i>	29
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		<i>FLUTICASONE PROPIONATE/ SALMETEROL</i>	96

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fluticasone propionate cream 0.05%.....	69	gabapentin oral soln 250 mg/5ml.....	14
fluticasone propionate nasal susp 50 mcg/ act.....	96	gabapentin tab 600 mg.....	14
fluticasone propionate oint 0.005%.....	69	gabapentin tab 800 mg.....	15
fluvoxamine maleate tab 100 mg.....	19	GALANTAMINE HYDROBROMIDE.....	17
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fluvoxamine maleate tab 50 mg.....	19	galantamine hydrobromide cap er 24hr 24 mg.....	17
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FOLOTYN.....	29	galantamine hydrobromide tab 12 mg.....	17
fomepizole inj 1 gm/ml (for iv infusion).....	71	galantamine hydrobromide tab 4 mg.....	17
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	54	galantamine hydrobromide tab 8 mg.....	17
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	53	GAMMAGARD LIQUID.....	85
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	53	GAMMAGARD LIQUID.....	85
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	53	GAMMAGARD LIQUID.....	85
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fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....	60	GAMMAGARD S/D.....	86
fosinopril sodium tab 10 mg.....	60	GAMMAGARD S/D.....	86
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furosemide inj 10 mg/ml.....	60	GAMUNEX-C.....	86
furosemide oral soln 10 mg/ml.....	60	GAMUNEX-C.....	86
furosemide tab 20 mg.....	60	GAMUNEX-C.....	86
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FYCOMPA.....	14	GAMUNEX-C.....	86
FYCOMPA.....	14	GAMUNEX-C.....	86
FYCOMPA.....	14	GAMUNEX-C.....	86
FYCOMPA.....	14	GAMUNEX-C.....	86
FYCOMPA.....	14	GAMUNEX-C.....	86
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		gemcitabine hcl inj 2 gm/52.6ml (38 mg/ ml).....	29
		gemfibrozil tab 600 mg.....	60
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		gentamicin in saline inj 1.2 mg/ml.....	10

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GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	10	griseofulvin ultramicrosize tab 125 mg.....	23
gentamicin sulfate cream 0.1%.....	69	griseofulvin ultramicrosize tab 250 mg.....	23
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gentamicin sulfate inj 40 mg/ml.....	10	H	
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gentamicin sulfate ophth soln 0.3%.....	92	HAEGARDA.....	86
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glyburide-metformin tab 5-500 mg.....	49	HETLIOZ.....	98
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glyburide tab 2.5 mg.....	49	HUMALOG.....	49
glyburide tab 5 mg.....	49	HUMALOG.....	49
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<i>hydralazine hcl tab 25 mg.....</i>	60	<i>hydroxyurea cap 500 mg.....</i>	29
<i>hydralazine hcl tab 50 mg.....</i>	60	<i>hydroxyzine hcl syrup 10 mg/5ml.....</i>	48
<i>hydrochlorothiazide cap 12.5 mg.....</i>	60	<i>hydroxyzine hcl tab 10 mg.....</i>	48
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<i>hydrocodone-ibuprofen tab 5-200 mg.....</i>	2	<i>ibuprofen tab 400 mg.....</i>	2
<i>hydrocodone-ibuprofen tab 7.5-200 mg.....</i>	2	<i>ibuprofen tab 600 mg.....</i>	2
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<i>imipramine hcl tab 25 mg</i>	19	<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	96
<i>imipramine hcl tab 50 mg</i>	19	<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	96
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<i>indapamide tab 1.25 mg</i>	60	<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	30
<i>indapamide tab 2.5 mg</i>	60	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	30
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<i>isosorbide mononitrate tab er 24hr 120 mg</i>	60
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<i>isotretinoin cap 20 mg</i>	70
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<i>isradipine cap 2.5 mg</i>	60
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<i>lactulose (encephalopathy) solution 10</i>		LEUCOVORIN CALCIUM.....	31
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<i>lactulose solution 10 gm/15ml</i>	74	<i>leucovorin calcium for inj 200 mg</i>	31
<i>lamivudine oral soln 10 mg/ml</i>	44	<i>leucovorin calcium for inj 350 mg</i>	31
<i>lamivudine tab 100 mg (hbv)</i>	44	<i>leucovorin calcium for inj 500 mg</i>	31
<i>lamivudine tab 150 mg</i>	44	<i>leucovorin calcium for inj 50 mg</i>	31
<i>lamivudine tab 300 mg</i>	44	<i>leucovorin calcium inj 500 mg/50ml (10 mg/</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>	44	ml).....	31
<i>lamotrigine tab 100 mg</i>	15	<i>leucovorin calcium tab 25 mg</i>	31
<i>lamotrigine tab 150 mg</i>	15	<i>leucovorin calcium tab 5 mg</i>	31
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<i>lansoprazole cap delayed release 15</i>		ml).....	15
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<i>lansoprazole cap delayed release 30</i>		mg/100ml.....	15
mg.....	74	<i>levetiracetam in sodium chloride iv soln 1500</i>	
<i>lanthanum carbonate chew tab 1000 mg</i>		mg/100ml.....	15
(elemental).....	72	<i>levetiracetam in sodium chloride iv soln 500</i>	
<i>lanthanum carbonate chew tab 500</i>		mg/100ml.....	15
mg.....	72	<i>levetiracetam oral soln 100 mg/ml</i>	15
<i>lanthanum carbonate chew tab 750</i>		<i>levetiracetam tab 1000 mg</i>	15
mg.....	72	<i>levetiracetam tab 250 mg</i>	15
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<i>latanoprost ophth soln 0.005%</i>	92	(10%).....	72
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LATUDA.....	40	<i>levofloxacin in d5w iv soln 250</i>	
LATUDA.....	40	mg/50ml.....	10
LATUDA.....	40	<i>levofloxacin in d5w iv soln 500</i>	
LAZANDA.....	3	mg/100ml.....	10
LAZANDA.....	3	<i>levofloxacin in d5w iv soln 750</i>	
LAZANDA.....	3	mg/150ml.....	10
<i>leflunomide tab 10 mg</i>	87	<i>levofloxacin iv soln 25 mg/ml</i>	10
<i>leflunomide tab 20 mg</i>	87	<i>levofloxacin oral soln 25 mg/ml</i>	10
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LENVIMA 12MG DAILY DOSE.....	31	<i>levofloxacin tab 500 mg</i>	10
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<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30</i>		<i>LINZESS</i>	74
<i>mcg</i>	80	<i>liothyronine sodium tab 25 mcg</i>	82
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20</i>		<i>liothyronine sodium tab 50 mcg</i>	82
<i>mcg</i>	80	<i>liothyronine sodium tab 5 mcg</i>	82
<i>levonorgestrel-eth estra tab</i>		<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>	
0.05-30/0.075-40/0.125-30mg-mcg.....	80	<i>mg</i>	61
<i>levonorgestrel-ethinyl estradiol (continuous) tab</i>		<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
90-20 mcg.....	80	<i>mg</i>	61
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab</i>		<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
0.01mg(7).....	80	<i>mg</i>	61
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab</i>		<i>lisinopril tab 10 mg</i>	61
0.01mg(7).....	80	<i>lisinopril tab 2.5 mg</i>	61
<i>levothyroxine sodium tab 100 mcg (levo-t, levoxyl,</i>		<i>lisinopril tab 20 mg</i>	61
<i>unithroid)</i>	82	<i>lisinopril tab 30 mg</i>	61
<i>levothyroxine sodium tab 112 mcg (levo-t, levoxyl,</i>		<i>lisinopril tab 40 mg</i>	61
<i>unithroid)</i>	82	<i>lisinopril tab 5 mg</i>	61
<i>levothyroxine sodium tab 125 mcg (levo-t, levoxyl,</i>		<i>LITHIUM</i>	48
<i>unithroid)</i>	82	<i>lithium carbonate cap 150 mg</i>	48
<i>levothyroxine sodium tab 137 mcg (levo-t, levoxyl,</i>		<i>lithium carbonate cap 300 mg</i>	48
<i>unithroid)</i>	82	<i>lithium carbonate cap 600 mg</i>	48
<i>levothyroxine sodium tab 150 mcg (levo-t, levoxyl,</i>		<i>lithium carbonate tab 300 mg</i>	48
<i>unithroid)</i>	82	<i>lithium carbonate tab er 300 mg</i>	48
<i>levothyroxine sodium tab 175 mcg (levo-t, levoxyl,</i>		<i>lithium carbonate tab er 450 mg</i>	48
<i>unithroid)</i>	82	<i>LONSURF</i>	31
<i>levothyroxine sodium tab 200 mcg (levo-t, levoxyl,</i>		<i>LONSURF</i>	31
<i>unithroid)</i>	82	<i>loperamide hcl cap 2 mg</i>	74
<i>levothyroxine sodium tab 25 mcg (levo-t, levoxyl,</i>		<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/</i>	
<i>unithroid)</i>	82	<i>ml)</i>	44
<i>levothyroxine sodium tab 300 mcg (levo-t,</i>		<i>lorazepam tab 0.5 mg</i>	48
<i>unithroid)</i>	82	<i>lorazepam tab 1 mg</i>	48
<i>levothyroxine sodium tab 50 mcg (levo-t, levoxyl,</i>		<i>lorazepam tab 2 mg</i>	48
<i>unithroid)</i>	82	<i>LORBRENA</i>	32
<i>levothyroxine sodium tab 75 mcg (levo-t, levoxyl,</i>		<i>LORBRENA</i>	32
<i>unithroid)</i>	82	<i>losartan potassium & hydrochlorothiazide tab</i>	
<i>levothyroxine sodium tab 88 mcg (levo-t, levoxyl,</i>		<i>100-12.5 mg</i>	61
<i>unithroid)</i>	82	<i>losartan potassium & hydrochlorothiazide tab 100-25</i>	
<i>LEXIVA</i>	44	<i>mg</i>	61
<i>LIBTAYO</i>	31	<i>losartan potassium & hydrochlorothiazide tab</i>	
<i>lidocaine hcl soln 4%</i>	4	<i>50-12.5 mg</i>	61
<i>lidocaine hcl urethral/mucosal gel 2%</i>	5	<i>losartan potassium tab 100 mg</i>	61
<i>lidocaine hcl viscous soln 2%</i>	5	<i>losartan potassium tab 25 mg</i>	61
<i>lidocaine oint 5%</i>	5	<i>losartan potassium tab 50 mg</i>	61
<i>lidocaine patch 5%</i>	5	<i>lovastatin tab 10 mg</i>	61
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	5	<i>lovastatin tab 20 mg</i>	61
<i>LINDANE</i>	36	<i>lovastatin tab 40 mg</i>	61
<i>LINEZOLID</i>	10	<i>loxapine succinate cap 10 mg</i>	40
<i>linezolid for susp 100 mg/5ml</i>	10	<i>loxapine succinate cap 25 mg</i>	40
<i>linezolid iv soln 600 mg/300ml (2 mg/</i>		<i>loxapine succinate cap 50 mg</i>	40
<i>ml)</i>	10	<i>loxapine succinate cap 5 mg</i>	40
<i>linezolid tab 600 mg</i>	10	<i>LUMIGAN</i>	92

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LYNPARZA.....	32	MENVEO.....	87
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LYRICA.....	15	<i>meropenem iv for soln 1 gm</i>	10
LYRICA.....	15	<i>meropenem iv for soln 500 mg</i>	10
LYRICA.....	15	<i>mesalamine cap dr 400 mg</i>	90
LYRICA.....	15	<i>mesalamine enema 4 gm</i>	90
LYRICA.....	15	<i>mesalamine rectal enema 4 gm & cleanser wipe</i>	
LYRICA.....	15	<i>kit</i>	90
LYRICA.....	15	<i>mesalamine suppos 1000 mg</i>	90
LYRICA.....	15	<i>mesalamine tab delayed release 1.2</i>	
LYSODREN.....	82	<i>gm</i>	90
M		<i>mesalamine tab delayed release 800</i>	
<i>magnesium sulfate inj 50%</i>	72	<i>mg</i>	90
<i>malathion lotion 0.5%</i>	36	<i>mesna inj 100 mg/ml</i>	32
MAPROTILINE HCL.....	19	MESNEX.....	32
MAPROTILINE HCL.....	19	<i>metformin hcl tab 1000 mg</i>	51
MAPROTILINE HCL.....	19	<i>metformin hcl tab 500 mg</i>	51
MARPLAN.....	19	<i>metformin hcl tab 850 mg</i>	51
MARQIBO.....	32	<i>metformin hcl tab er 24hr 500 mg</i>	51
MATULANE.....	32	<i>metformin hcl tab er 24hr 750 mg</i>	51
MAVYRET.....	44	<i>methadone hcl tab 10 mg</i>	3
<i>meclizine hcl tab 12.5 mg</i>	21	<i>methadone hcl tab 5 mg</i>	3
<i>meclizine hcl tab 25 mg</i>	22	<i>methazolamide tab 25 mg</i>	61
<i>medroxyprogesterone acetate im susp 150 mg/</i>		<i>methazolamide tab 50 mg</i>	61
<i>ml</i>	80	<i>methenamine hippurate tab 1 gm</i>	10
<i>medroxyprogesterone acetate im susp prefilled syr</i>		<i>methimazole tab 10 mg</i>	84
<i>150 mg/ml</i>	80	<i>methimazole tab 5 mg</i>	84
<i>medroxyprogesterone acetate tab 10</i>		<i>methocarbamol tab 500 mg</i>	98
<i>mg</i>	80	<i>methocarbamol tab 750 mg</i>	98
<i>medroxyprogesterone acetate tab 2.5</i>		METHOTREXATE SODIUM.....	87
<i>mg</i>	80	<i>methotrexate sodium inj 50 mg/2ml (25 mg/</i>	
<i>medroxyprogesterone acetate tab 5</i>		<i>ml)</i>	87
<i>mg</i>	80	<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/</i>	
MEFLOQUINE HCL.....	36	<i>ml)</i>	87
<i>megestrol acetate susp 40 mg/ml</i>	80	<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/</i>	
<i>megestrol acetate tab 20 mg</i>	80	<i>ml)</i>	87
<i>megestrol acetate tab 40 mg</i>	80	<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/</i>	
MEKINIST.....	32	<i>ml)</i>	87

methotrexate sodium tab 2.5 mg.....	87	metronidazole in nacl 0.79% iv soln 500 mg/100ml.....	11
methoxsalen rapid cap 10 mg.....	70	metronidazole lotion 0.75%.....	70
methscopolamine bromide tab 2.5 mg.....	74	metronidazole tab 250 mg.....	11
methscopolamine bromide tab 5 mg.....	74	metronidazole tab 500 mg.....	11
methylergonovine maleate tab 0.2 mg.....	77	metronidazole vaginal gel 0.75%.....	11
methylphenidate hcl tab 10 mg.....	67	MEXILETINE HCL.....	61
methylphenidate hcl tab 20 mg.....	67	MEXILETINE HCL.....	61
methylphenidate hcl tab 5 mg.....	67	MEXILETINE HCL.....	62
methylphenidate hcl tab er 20 mg.....	67	MIACALCIN.....	91
methylprednisolone sod succ for inj 1000 mg.....	78	midodrine hcl tab 10 mg.....	62
methylprednisolone sod succ for inj 125 mg.....	78	midodrine hcl tab 2.5 mg.....	62
methylprednisolone sod succ for inj 40 mg.....	78	midodrine hcl tab 5 mg.....	62
methylprednisolone tab 16 mg.....	78	MIGERGOT.....	24
methylprednisolone tab 32 mg.....	78	miglustat cap 100 mg.....	76
methylprednisolone tab 4 mg.....	78	MIGRANAL.....	24
methylprednisolone tab 8 mg.....	78	minocycline hcl cap 100 mg.....	11
methylprednisolone tab therapy pack 4 mg (21).....	78	minocycline hcl cap 50 mg.....	11
METHYLTESTOSTERONE.....	80	minocycline hcl cap 75 mg.....	11
metoclopramide hcl inj 5 mg/ml.....	74	minocycline hcl tab 100 mg.....	11
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml).....	74	minocycline hcl tab 50 mg.....	11
metoclopramide hcl tab 10 mg.....	74	minocycline hcl tab 75 mg.....	11
metoclopramide hcl tab 5 mg.....	74	minoxidil tab 10 mg.....	62
metolazone tab 10 mg.....	61	minoxidil tab 2.5 mg.....	62
metolazone tab 2.5 mg.....	61	mirtazapine orally disintegrating tab 15 mg.....	19
metolazone tab 5 mg.....	61	mirtazapine orally disintegrating tab 30 mg.....	19
metoprolol & hydrochlorothiazide tab 100-25 mg.....	61	mirtazapine orally disintegrating tab 45 mg.....	19
metoprolol & hydrochlorothiazide tab 50-25 mg.....	61	mirtazapine tab 15 mg.....	20
metoprolol succinate tab er 24hr 100 mg.....	61	mirtazapine tab 30 mg.....	20
metoprolol succinate tab er 24hr 200 mg.....	61	mirtazapine tab 45 mg.....	20
metoprolol succinate tab er 24hr 25 mg.....	61	mirtazapine tab 7.5 mg.....	20
metoprolol succinate tab er 24hr 50 mg.....	61	misoprostol tab 100 mcg.....	74
metoprolol tartrate tab 100 mg.....	61	misoprostol tab 200 mcg.....	74
metoprolol tartrate tab 25 mg.....	61	mitomycin for iv soln 20 mg.....	32
metoprolol tartrate tab 50 mg.....	61	mitomycin for iv soln 40 mg.....	32
METRONIDAZOLE.....	10	mitomycin for iv soln 5 mg.....	32
METRONIDAZOLE.....	10	mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ ml).....	32
metronidazole cap 375 mg.....	10	mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ ml).....	32
metronidazole cream 0.75%.....	70	mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ ml).....	32
metronidazole gel 0.75%.....	70	M-M-R II.....	87
metronidazole gel 1%.....	70	modafinil tab 100 mg.....	98
		modafinil tab 200 mg.....	98
		moexipril hcl tab 15 mg.....	62
		moexipril hcl tab 7.5 mg.....	62
		MOLINDONE HYDROCHLORIDE.....	40
		MOLINDONE HYDROCHLORIDE.....	40

MOLINDONE HYDROCHLORIDE.....	40	nabumetone tab 750 mg.....	3
mometasone furoate cream 0.1%.....	70	nadolol tab 20 mg.....	62
mometasone furoate nasal susp 50 mcg/ act.....	96	nadolol tab 40 mg.....	62
mometasone furoate oint 0.1%.....	70	nadolol tab 80 mg.....	62
mometasone furoate solution 0.1% (lotion).....	70	NAFCILLIN SODIUM.....	11
montelukast sodium chew tab 4 mg.....	96	NAFCILLIN SODIUM.....	11
montelukast sodium chew tab 5 mg.....	96	NAFCILLIN SODIUM.....	11
montelukast sodium oral granules packet 4 mg.....	96	nafcillin sodium for inj 1 gm.....	11
montelukast sodium tab 10 mg.....	96	nafcillin sodium for inj 2 gm.....	11
MORPHINE SULFATE.....	3	nafcillin sodium for iv soln 10 gm.....	11
MORPHINE SULFATE.....	3	NAGLAZYME.....	76
morphine sulfate inj pf 0.5 mg/ml.....	3	NALOXONE HCL.....	5
morphine sulfate inj pf 1 mg/ml.....	3	NALOXONE HCL.....	5
morphine sulfate oral soln 100 mg/5ml (20 mg/ ml).....	3	naloxone hcl inj 0.4 mg/ml.....	5
morphine sulfate oral soln 10 mg/5ml.....	3	naloxone hcl inj 4 mg/10ml.....	5
morphine sulfate oral soln 20 mg/5ml.....	3	naltrexone hcl tab 50 mg.....	5
morphine sulfate tab er 100 mg.....	3	naproxen sodium tab 275 mg.....	3
morphine sulfate tab er 15 mg.....	3	naproxen sodium tab 550 mg.....	3
morphine sulfate tab er 200 mg.....	3	naproxen susp 125 mg/5ml.....	3
morphine sulfate tab er 30 mg.....	3	naproxen tab 250 mg.....	3
morphine sulfate tab er 60 mg.....	3	naproxen tab 375 mg.....	3
MOVIPREP.....	74	naproxen tab 500 mg.....	3
MOXEZA.....	92	naproxen tab ec 375 mg.....	3
MOXIFLOXACIN HCL.....	11	naproxen tab ec 500 mg.....	3
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj.....	11	naratriptan hcl tab 1 mg.....	24
moxifloxacin hcl ophth soln 0.5%.....	92	naratriptan hcl tab 2.5 mg.....	24
moxifloxacin hcl tab 400 mg.....	11	NARCAN.....	5
MOZOBIL.....	54	NATACYN.....	92
MULTAQ.....	62	nateglinide tab 120 mg.....	51
mupirocin oint 2%.....	70	nateglinide tab 60 mg.....	51
MYALEPT.....	74	NATPARA.....	91
MYCAMINE.....	23	NATPARA.....	91
MYCAMINE.....	23	NATPARA.....	91
mycophenolate mofetil cap 250 mg.....	87	NATPARA.....	91
mycophenolate mofetil for oral susp 200 mg/ ml.....	87	NEBUPENT.....	36
mycophenolate mofetil hcl for iv soln 500 mg.....	87	NEFAZODONE HCL.....	20
mycophenolate mofetil tab 500 mg.....	87	NEFAZODONE HCL.....	20
mycophenolate sodium tab dr 180 mg.....	87	nefazodone hcl tab 250 mg.....	20
mycophenolate sodium tab dr 360 mg.....	88	nefazodone hcl tab 50 mg.....	20
MYLOTARG.....	32	NEFAZODONE HYDROCHLORIDE.....	20
MYRBETRIQ.....	77	NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	92
MYRBETRIQ.....	77	NEOMYCIN/POLYMYXIN B SULFATES.....	11
N		neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....	92
nabumetone tab 500 mg.....	3	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	92
		neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	92
		neomycin-polymyxin-hc otic soln 1%.....	93

neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....	93	nitroglycerin sl tab 0.6 mg.....	62
neomycin sulfate tab 500 mg.....	11	nitroglycerin td patch 24hr 0.1 mg/hr.....	62
NERLYNX.....	32	nitroglycerin td patch 24hr 0.2 mg/hr.....	62
nevirapine susp 50 mg/5ml.....	44	nitroglycerin td patch 24hr 0.4 mg/hr.....	62
nevirapine tab 200 mg.....	45	nitroglycerin td patch 24hr 0.6 mg/hr.....	62
nevirapine tab er 24hr 100 mg.....	45	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	63
nevirapine tab er 24hr 400 mg.....	45	NIVESTYM.....	54
NEXAVAR.....	32	NIVESTYM.....	54
NEXIUM.....	74	NIVESTYM.....	54
NEXIUM.....	74	NIVESTYM.....	54
NEXIUM.....	74	nizatidine cap 150 mg.....	74
NEXIUM.....	74	nizatidine cap 300 mg.....	74
NEXIUM.....	74	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....	81
niacin tab er 1000 mg.....	62	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg.....	81
niacin tab er 500 mg.....	62	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....	80
niacin tab er 750 mg.....	62	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....	80
nicardipine hcl cap 20 mg.....	62	norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....	80
nicardipine hcl cap 30 mg.....	62	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....	81
NICOTROL INHALER.....	5	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg.....	81
NICOTROL NS.....	5	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg.....	81
nifedipine cap 10 mg.....	62	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....	81
nifedipine cap 20 mg.....	62	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....	81
nifedipine tab er 24hr 30 mg.....	62	norethindrone acetate tab 5 mg.....	81
nifedipine tab er 24hr 60 mg.....	62	norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....	81
nifedipine tab er 24hr 90 mg.....	62	norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....	81
nifedipine tab er 24hr osmotic release 30 mg.....	62	norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	81
nifedipine tab er 24hr osmotic release 60 mg.....	62	norethindrone tab 0.35 mg.....	81
nifedipine tab er 24hr osmotic release 90 mg.....	62	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....	81
nilutamide tab 150 mg.....	32	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg.....	81
nimodipine cap 30 mg.....	62	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	81
NINLARO.....	32	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	81
NINLARO.....	32	NORMOSOL-M IN D5W.....	72
NINLARO.....	32	NORTHERA.....	63
NIPENT.....	32	NORTHERA.....	63
NISOLDIPINE ER.....	62		
nisoldipine tab er 24hr 17 mg.....	62		
nisoldipine tab er 24hr 34 mg.....	62		
nisoldipine tab er 24hr 8.5 mg.....	62		
NITRO-BID.....	62		
nitrofurantoin macrocrystalline cap 100 mg.....	11		
nitrofurantoin macrocrystalline cap 50 mg.....	11		
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....	11		
nitrofurantoin susp 25 mg/5ml.....	11		
nitroglycerin sl tab 0.3 mg.....	62		
nitroglycerin sl tab 0.4 mg.....	62		

NORTHERA.....	63	olanzapine for im inj 10 mg.....	40
NORTRIPTYLINE HCL.....	20	olanzapine orally disintegrating tab 10 mg.....	40
nortriptyline hcl cap 10 mg.....	20	olanzapine orally disintegrating tab 15 mg.....	40
nortriptyline hcl cap 25 mg.....	20	olanzapine orally disintegrating tab 20 mg.....	40
nortriptyline hcl cap 50 mg.....	20	olanzapine orally disintegrating tab 5 mg.....	40
nortriptyline hcl cap 75 mg.....	20	olanzapine tab 10 mg.....	40
NORVIR.....	45	olanzapine tab 15 mg.....	40
NORVIR.....	45	olanzapine tab 2.5 mg.....	40
NOXAFIL.....	23	olanzapine tab 20 mg.....	40
NOXAFIL.....	23	olanzapine tab 5 mg.....	40
NOXAFIL.....	23	olanzapine tab 7.5 mg.....	40
NUCYNTA ER.....	3	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....	63
NUCYNTA ER.....	3	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....	63
NUCYNTA ER.....	3	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....	63
NUCYNTA ER.....	3	olmesartan medoxomil tab 20 mg.....	63
NUCYNTA ER.....	3	olmesartan medoxomil tab 40 mg.....	63
NUDEXTA.....	67	olmesartan medoxomil tab 5 mg.....	63
NULOJIX.....	88	olopatadine hcl nasal soln 0.6%.....	96
NUPLAZID.....	40	olopatadine hcl ophth soln 0.1%.....	92
NUPLAZID.....	40	olopatadine hcl ophth soln 0.2%.....	92
NUTRILIPID.....	72	omega-3-acid ethyl esters cap 1 gm.....	63
nystatin cream 100000 unit/gm.....	23	omeprazole cap delayed release 10 mg.....	74
nystatin oint 100000 unit/gm.....	23	omeprazole cap delayed release 20 mg.....	74
nystatin susp 100000 unit/ml.....	23	omeprazole cap delayed release 40 mg.....	74
nystatin tab 500000 unit.....	23	OMNITROPE.....	79
nystatin topical powder 100000 unit/gm.....	23	OMNITROPE.....	79
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	70	OMNITROPE.....	79
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	70	ONCASPAR.....	32
O		ondansetron hcl inj 40 mg/20ml (2 mg/ml).....	22
OCALIVA.....	76	ondansetron hcl inj 4 mg/2ml (2 mg/ml).....	22
OCALIVA.....	76	ondansetron hcl oral soln 4 mg/5ml.....	22
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	83	ondansetron hcl tab 24 mg.....	22
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	83	ondansetron hcl tab 4 mg.....	22
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	83	ondansetron hcl tab 8 mg.....	22
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	83	ondansetron orally disintegrating tab 4 mg.....	22
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	83	ondansetron orally disintegrating tab 8 mg.....	22
ODEFSEY.....	45	ONGLYZA.....	51
ODOMZO.....	32	ONGLYZA.....	51
OFEV.....	96		
OFEV.....	96		
ofloxacin ophth soln 0.3%.....	92		
ofloxacin otic soln 0.3%.....	93		
ofloxacin tab 400 mg.....	11		

ONIVYDE.....	32	oxycodone w/ acetaminophen tab 10-325	
OPDIVO.....	32	mg.....	4
OPDIVO.....	32	oxycodone w/ acetaminophen tab 2.5-325	
OPDIVO.....	32	mg.....	4
OPSUMIT.....	96	oxycodone w/ acetaminophen tab 5-325	
ORACEA.....	70	mg.....	4
ORALAIR.....	96	oxycodone w/ acetaminophen tab 7.5-325	
ORENCIA.....	88	mg.....	4
ORENCIA.....	88	OZEMPIC.....	51
ORENCIA.....	88	OZEMPIC.....	51
ORENCIA.....	88		
ORENCIA CLICKJECT.....	88	P	
ORFADIN.....	76	paclitaxel iv conc 100 mg/16.7ml (6 mg/	
ORFADIN.....	76	ml).....	33
ORFADIN.....	76	paclitaxel iv conc 300 mg/50ml (6 mg/	
ORFADIN.....	76	ml).....	33
ORFADIN.....	76	paclitaxel iv conc 30 mg/5ml (6 mg/ml).....	33
ORKAMBI.....	96	paliperidone tab er 24hr 1.5 mg.....	40
ORKAMBI.....	96	paliperidone tab er 24hr 3 mg.....	40
ORKAMBI.....	96	paliperidone tab er 24hr 6 mg.....	40
ORKAMBI.....	96	paliperidone tab er 24hr 9 mg.....	40
oseltamivir phosphate cap 30 mg.....	45	palonosetron hcl iv soln 0.25 mg/5ml.....	22
oseltamivir phosphate cap 45 mg.....	45	palonosetron hcl iv soln pref syr 0.25	
oseltamivir phosphate cap 75 mg.....	45	mg/5ml.....	22
oseltamivir phosphate for susp 6 mg/		PALONOSETRON	
ml.....	45	HYDROCHLORIDE.....	22
OTEZLA.....	88	PALYNZIQ.....	76
OTEZLA.....	88	PALYNZIQ.....	76
oxaliplatin for iv inj 100 mg.....	32	PALYNZIQ.....	76
oxaliplatin for iv inj 50 mg.....	32	PANRETIN.....	33
oxaliplatin iv soln 100 mg/20ml.....	32	pantoprazole sodium ec tab 20 mg.....	74
oxaliplatin iv soln 50 mg/10ml.....	32	pantoprazole sodium ec tab 40 mg.....	75
oxandrolone tab 10 mg.....	81	pantoprazole sodium for iv soln 40 mg.....	75
oxandrolone tab 2.5 mg.....	81	paricalcitol cap 1 mcg.....	91
oxaprozin tab 600 mg.....	3	paricalcitol cap 2 mcg.....	91
oxcarbazepine susp 300 mg/5ml (60 mg/		paricalcitol cap 4 mcg.....	91
ml).....	15	paricalcitol iv soln 2 mcg/ml.....	91
oxcarbazepine tab 150 mg.....	15	paricalcitol iv soln 5 mcg/ml.....	91
oxcarbazepine tab 300 mg.....	15	paromomycin sulfate cap 250 mg.....	11
oxcarbazepine tab 600 mg.....	15	paroxetine hcl tab 10 mg.....	20
oxybutynin chloride syrup 5 mg/5ml.....	77	paroxetine hcl tab 20 mg.....	20
oxybutynin chloride tab 5 mg.....	77	paroxetine hcl tab 30 mg.....	20
oxybutynin chloride tab er 24hr 10 mg.....	77	paroxetine hcl tab 40 mg.....	20
oxybutynin chloride tab er 24hr 15 mg.....	77	PASER.....	25
oxybutynin chloride tab er 24hr 5 mg.....	77	PAXIL.....	20
oxycodone-aspirin tab 4.8355-325 mg.....	4	PAZEO.....	92
oxycodone hcl tab 10 mg.....	4	PEDIARIX.....	88
oxycodone hcl tab 15 mg.....	4	PEDVAX HIB.....	88
oxycodone hcl tab 20 mg.....	4	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236	
oxycodone hcl tab 30 mg.....	4	gm.....	75
oxycodone hcl tab 5 mg.....	4	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240	
		gm.....	75

<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>		<i>phenytoin chew tab 50 mg</i>	16
<i>gm</i>	75	<i>phenytoin sodium extended cap 100</i>	
PEGANONE.....	15	<i>mg</i>	16
PEGASYS.....	45	<i>phenytoin sodium extended cap 200</i>	
PEGASYS.....	45	<i>mg</i>	16
PEGASYS PROCLICK.....	45	<i>phenytoin sodium extended cap 300</i>	
<i>penicillin g potassium for inj 20000000</i>		<i>mg</i>	16
<i>unit</i>	11	<i>phenytoin susp 125 mg/5ml</i>	16
<i>penicillin g potassium for inj 5000000</i>		PHOSLYRA.....	72
<i>unit</i>	11	PHOSPHOLINE IODIDE.....	92
PENICILLIN G POTASSIUM IN		PICATO.....	70
DEXTROSE.....	11	PICATO.....	70
PENICILLIN G POTASSIUM IN		PIFELTRO.....	45
DEXTROSE.....	11	<i>pilocarpine hcl ophth soln 1%</i>	92
PENICILLIN G POTASSIUM IN		<i>pilocarpine hcl ophth soln 2%</i>	93
DEXTROSE.....	11	<i>pilocarpine hcl ophth soln 4%</i>	93
PENICILLIN G SODIUM.....	11	<i>pilocarpine hcl tab 5 mg</i>	68
PENICILLIN V POTASSIUM.....	11	<i>pilocarpine hcl tab 7.5 mg</i>	68
PENICILLIN V POTASSIUM.....	12	<i>pimecrolimus cream 1%</i>	70
<i>penicillin v potassium tab 250 mg</i>	12	PIMOZIDE.....	40
<i>penicillin v potassium tab 500 mg</i>	12	PIMOZIDE.....	40
PENTACEL.....	88	<i>pindolol tab 10 mg</i>	63
PENTAM 300.....	36	<i>pindolol tab 5 mg</i>	63
<i>pentamidine isethionate for soln 300</i>		<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>mg</i>	36	<i>mg</i>	51
PENTASA.....	90	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
PENTASA.....	90	<i>mg</i>	51
<i>pentoxifylline tab er 400 mg</i>	63	<i>pioglitazone hcl-metformin hcl tab 15-500</i>	
<i>perindopril erbumine tab 2 mg</i>	63	<i>mg</i>	51
<i>perindopril erbumine tab 4 mg</i>	63	<i>pioglitazone hcl-metformin hcl tab 15-850</i>	
<i>perindopril erbumine tab 8 mg</i>	63	<i>mg</i>	51
PERJETA.....	33	<i>pioglitazone hcl tab 15 mg</i>	51
<i>permethrin cream 5%</i>	36	<i>pioglitazone hcl tab 30 mg</i>	51
<i>perphenazine tab 16 mg</i>	22	<i>pioglitazone hcl tab 45 mg</i>	51
<i>perphenazine tab 2 mg</i>	22	<i>piperacillin sod-tazobactam na for inj 3.375 gm</i>	
<i>perphenazine tab 4 mg</i>	22	<i>(3-0.375 gm)</i>	12
<i>perphenazine tab 8 mg</i>	22	<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i>	
PERSERIS.....	40	<i>(2-0.25 gm)</i>	12
PERSERIS.....	40	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5</i>	
<i>phenelzine sulfate tab 15 mg</i>	20	<i>gm)</i>	12
<i>phenobarbital elixir 20 mg/5ml</i>	15	PIQRAY 200MG DAILY DOSE.....	33
PHENOBARBITAL SODIUM.....	15	PIQRAY 250MG DAILY DOSE.....	33
PHENOBARBITAL SODIUM.....	15	PIQRAY 300MG DAILY DOSE.....	33
<i>phenobarbital tab 100 mg</i>	16	<i>piroxicam cap 10 mg</i>	4
<i>phenobarbital tab 15 mg</i>	15	<i>piroxicam cap 20 mg</i>	4
<i>phenobarbital tab 16.2 mg</i>	15	PLEGRIDY.....	67
<i>phenobarbital tab 30 mg</i>	15	PLEGRIDY.....	67
<i>phenobarbital tab 32.4 mg</i>	15	PLEGRIDY STARTER PACK.....	67
<i>phenobarbital tab 60 mg</i>	15	PLEGRIDY STARTER PACK.....	67
<i>phenobarbital tab 64.8 mg</i>	16	<i>podofilox soln 0.5%</i>	70
<i>phenobarbital tab 97.2 mg</i>	16	POLIVY.....	33
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<i>primaquine phosphate tab 26.3 mg.....</i>	36	<i>propranolol hcl tab 20 mg.....</i>	63
<i>primidone tab 250 mg.....</i>	16	<i>propranolol hcl tab 40 mg.....</i>	64
<i>primidone tab 50 mg.....</i>	16	<i>propranolol hcl tab 60 mg.....</i>	64
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<i>prochlorperazine edisylate inj 10</i>		<i>protriptyline hcl tab 5 mg.....</i>	20
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<i>prochlorperazine maleate tab 5 mg.....</i>	22	PYLERA.....	75
<i>prochlorperazine suppos 25 mg.....</i>	22	<i>pyrazinamide tab 500 mg.....</i>	25
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PROCRIT.....	54	<i>mg/5ml.....</i>	25
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<i>promethazine hcl suppos 25 mg.....</i>	22	<i>quinapril hcl tab 20 mg.....</i>	64
<i>promethazine hcl syrup 6.25 mg/5ml.....</i>	22	<i>quinapril hcl tab 40 mg.....</i>	64
<i>promethazine hcl tab 12.5 mg.....</i>	22	<i>quinapril hcl tab 5 mg.....</i>	64
<i>promethazine hcl tab 25 mg.....</i>	22	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
<i>promethazine hcl tab 50 mg.....</i>	22	<i>mg.....</i>	64
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<i>risperidone tab 0.5 mg</i>	41	<i>scopolamine td patch 72hr 1 mg/3days</i>	22
<i>risperidone tab 1 mg</i>	41	<i>selegiline hcl cap 5 mg</i>	38
<i>risperidone tab 2 mg</i>	41	<i>selegiline hcl tab 5 mg</i>	38
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<i>rivastigmine tartrate cap 4.5 mg</i>	17	<i>sertraline hcl tab 25 mg</i>	20
<i>rivastigmine tartrate cap 6 mg</i>	17	<i>sertraline hcl tab 50 mg</i>	20
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	17	<i>sevelamer carbonate packet 0.8 gm</i>	73
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	17	<i>sevelamer carbonate packet 2.4 gm</i>	73
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<i>ropinirole hydrochloride tab 1 mg</i>	37	SIGNIFOR LAR.....	84
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<i>ropinirole hydrochloride tab 3 mg</i>	38	SIGNIFOR LAR.....	84
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<i>rosuvastatin calcium tab 40 mg</i>	64	<i>silodosin cap 8 mg</i>	77
<i>rosuvastatin calcium tab 5 mg</i>	64	<i>silver sulfadiazine cream 1%</i>	70
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S		<i>simvastatin tab 5 mg</i>	64
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sotalol hcl (afib/af) tab 80 mg.....	64	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	12
sotalol hcl tab 120 mg.....	65	sulfamethoxazole-trimethoprim tab 400-80 mg.....	12
sotalol hcl tab 160 mg.....	65	sulfamethoxazole-trimethoprim tab 800-160 mg.....	12
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spironolactone & hydrochlorothiazide tab 25-25 mg.....	65	SUMATRIPTAN SUCCINATE.....	24
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SUTENT.....	34	<i>tadalafil tab 20 mg (pah).....</i>	97
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SYNJARDY XR.....	51	TEKTURN HCT.....	65
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SYNTHROID.....	82	<i>mg.....</i>	65
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SYNTHROID.....	82	<i>telmisartan tab 80 mg.....</i>	65
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SYNTHROID.....	82	<i>temazepam cap 30 mg.....</i>	98
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<i>terazosin hcl cap 10 mg</i>	65	<i>tiagabine hcl tab 16 mg</i>	16
<i>terazosin hcl cap 1 mg</i>	65	<i>tiagabine hcl tab 2 mg</i>	16
<i>terazosin hcl cap 2 mg</i>	65	<i>tiagabine hcl tab 4 mg</i>	16
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<i>terconazole vaginal suppos 80 mg</i>	24	<i>timolol maleate ophth soln 0.25%</i>	93
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<i>testosterone cypionate im inj in oil 200 mg/ml</i>	81	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	93
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	82	<i>timolol maleate tab 5 mg</i>	65
<i>testosterone td gel 12.5 mg/act (1%)</i>	82	TIVICAY.....	46
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	82	TIVICAY.....	46
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	82	TIVICAY.....	46
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	82	<i>tizanidine hcl cap 2 mg</i>	42
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	82	<i>tizanidine hcl cap 4 mg</i>	42
<i>testosterone td gel 50 mg/5gm (1%)</i>	82	<i>tizanidine hcl cap 6 mg</i>	42
<i>testosterone td soln 30 mg/act</i>	82	<i>tizanidine hcl tab 2 mg</i>	42
<i>tetrabenazine tab 12.5 mg</i>	68	<i>tizanidine hcl tab 4 mg</i>	42
<i>tetrabenazine tab 25 mg</i>	68	TOBRADEX.....	93
<i>tetracycline hcl cap 250 mg</i>	12	<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	93
<i>tetracycline hcl cap 500 mg</i>	12	<i>tobramycin nebu soln 300 mg/5ml</i>	97
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THALOMID.....	34	TOBRAMYCIN SULFATE.....	12
THALOMID.....	34	<i>tobramycin sulfate for inj 1.2 gm</i>	12
<i>theophylline tab er 12hr 100 mg</i>	97	<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml)</i>	12
<i>theophylline tab er 12hr 200 mg</i>	97	<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml)</i>	12
<i>theophylline tab er 12hr 300 mg</i>	97	<i>tolcapone tab 100 mg</i>	38
<i>theophylline tab er 12hr 450 mg</i>	97	TOLMETIN SODIUM.....	4
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<i>theophylline tab er 24hr 600 mg</i>	97	<i>tolterodine tartrate cap er 24hr 4 mg</i>	77
<i>thioridazine hcl tab 100 mg</i>	42	<i>tolterodine tartrate tab 1 mg</i>	77
<i>thioridazine hcl tab 10 mg</i>	41	<i>tolterodine tartrate tab 2 mg</i>	77
<i>thioridazine hcl tab 25 mg</i>	41	<i>topiramate sprinkle cap 15 mg</i>	16
<i>thioridazine hcl tab 50 mg</i>	41	<i>topiramate sprinkle cap 25 mg</i>	16
<i>thiotepa for inj 15 mg</i>	34	<i>topiramate tab 100 mg</i>	16
<i>thiothixene cap 10 mg</i>	42	<i>topiramate tab 200 mg</i>	16
<i>thiothixene cap 1 mg</i>	42	<i>topiramate tab 25 mg</i>	16
<i>thiothixene cap 2 mg</i>	42	<i>topiramate tab 50 mg</i>	16
<i>thiothixene cap 5 mg</i>	42	<i>topotecan hcl for inj 4 mg</i>	34
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<i>torsemide tab 100 mg</i>	65	<i>triamcinolone acetone cream</i>	
<i>torsemide tab 10 mg</i>	65	<i>0.025%</i>	71
<i>torsemide tab 20 mg</i>	65	<i>triamcinolone acetone cream 0.1%</i>	71
<i>torsemide tab 5 mg</i>	65	<i>triamcinolone acetone cream 0.5%</i>	71
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<i>tramadol-acetaminophen tab 37.5-325</i>		<i>triamcinolone acetone oint 0.5%</i>	71
<i>mg</i>	4	<i>triamterene & hydrochlorothiazide cap 37.5-25</i>	
<i>tramadol hcl tab 50 mg</i>	4	<i>mg</i>	65
<i>tramadol hcl tab er 24hr 100 mg</i>	4	<i>triamterene & hydrochlorothiazide tab 37.5-25</i>	
<i>tramadol hcl tab er 24hr 200 mg</i>	4	<i>mg</i>	65
<i>tramadol hcl tab er 24hr 300 mg</i>	4	<i>triamterene & hydrochlorothiazide tab 75-50</i>	
<i>trandolapril tab 1 mg</i>	65	<i>mg</i>	65
<i>trandolapril tab 2 mg</i>	65	<i>triazolam tab 0.25 mg</i>	99
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<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/</i>		<i>trifluoperazine hcl tab 10 mg</i>	42
<i>ml)</i>	55	<i>trifluoperazine hcl tab 1 mg</i>	42
<i>tranexamic acid tab 650 mg</i>	55	<i>trifluoperazine hcl tab 2 mg</i>	42
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<i>trazodone hcl tab 150 mg</i>	20	<i>trihexyphenidyl hcl tab 5 mg</i>	38
<i>trazodone hcl tab 300 mg</i>	20	<i>trimethoprim tab 100 mg</i>	12
<i>trazodone hcl tab 50 mg</i>	20	<i>trimipramine maleate cap 100 mg</i>	20
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This formulary was updated on October 1, 2019. For more recent information or other questions, please contact Alignment Health Plan Member Services at 1-866-634-2247 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit alignmenthealthplan.com.

Este formulario de medicamentos se actualizó el 1° de Octubre de 2019. Para obtener información más reciente o si tiene preguntas, por favor llame al Departamento de Membresía de Alignment Health Plan, al 1-877-399-2247 o, para los usuarios de TTY: 711, de 8:00 a.m. a 8:00 p.m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad) desde el 1° de Octubre hasta el 31 de Marzo, y de lunes a viernes (excepto los feriados) desde el 1° de Abril hasta el 30 de Septiembre, o visite alignmenthealthplan.com.