



2023 4-TIER GROUP FORMULARY

(List of covered drugs)

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2023

Please read: This document contains information about the drugs we cover in this plan.

Formulary ID: 23207 Version 6

This formulary was updated on 8/23/2022. For more recent information or other questions, please contact Group MedicareBlue Rx customer service.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible, if applicable. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on even if you haven't paid your deductible, if applicable.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY users call **711**)



Visit YourMedicareSolutions.com/GroupPlans

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 Blue Cross and Blue Shield. When it refers to “plan” or “our plan,” it means Group MedicareBlue Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of August 23, 2022. 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, 2024, and from time to time during the year.

WHAT IS THE GROUP MEDICAREBLUE RX FORMULARY?

A formulary is a list of covered drugs selected by Group MedicareBlue Rx 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. Group MedicareBlue Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Group MedicareBlue Rx 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 Group MedicareBlue Rx 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 find information in the following section titled “How do I request an exception to the Group MedicareBlue Rx 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 both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before

the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the below entitled “How do I request an exception to the Group MedicareBlue Rx formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 23, 2022. To get updated information about the drugs covered by Group MedicareBlue Rx, please contact us. Our contact information appears on the front and back cover pages. In the event of any mid-year non-maintenance formulary changes, the formulary will be updated monthly and posted on our website. To view the most recent formulary, visit YourMedicareSolutions.com/GroupPlans.

HOW DO I USE THE FORMULARY?

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

Medical condition

The formulary begins on page 6. 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.” If you know what your drug is used for, look for the category name in the list that begins on page 6. 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 at the back of this booklet. 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?

Group MedicareBlue Rx 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:** Group MedicareBlue Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Group MedicareBlue Rx before you fill your prescriptions. If you don't get approval, Group MedicareBlue Rx may not cover the drug.
- **Quantity limits:** For certain drugs, Group MedicareBlue Rx limits the amount of the drug that Group MedicareBlue Rx will cover. For example, the plan provides 30 capsules per prescription for

glimepiride. This may be in addition to a standard one-month or three-month supply.

- **Step therapy:** In some cases, Group MedicareBlue Rx 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, Group MedicareBlue Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Group MedicareBlue Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Group MedicareBlue Rx 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 Group MedicareBlue Rx formulary?” on page 3 for information about how to request an exception for information about how to request an exception.

WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

If you learn that Group MedicareBlue Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Group MedicareBlue Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Group MedicareBlue Rx.

- You can ask Group MedicareBlue Rx to make an exception and cover your drug. See below for information about how to request an exception.

NOTE: Most Medicare drug plans cannot cover certain drugs, including sexual dysfunction products like Viagra, Cialis and Levitra. However, these may be covered on the Supplemental Drug List which is a separate list sent with this formulary. For more information, you can contact Group MedicareBlue Rx.

HOW DO I REQUEST AN EXCEPTION TO THE GROUP MEDICAREBLUE RX FORMULARY?

You can ask Group MedicareBlue Rx 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, unless the drug is 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, Group MedicareBlue Rx 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, Group MedicareBlue Rx will only approve your request for an exception if the alternative drug 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 for an initial coverage decision for a formulary, tier, or utilization restriction exception.

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

WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you have a level of care change, such as being discharged from a hospital to your home or from a long-term care facility to your home or a similar change in care setting, you may have to fill new prescriptions for the drugs you were taking in the hospital or long-term care facility. We have processes in place to make sure you can continue taking your prescriptions and not have a gap in your drug therapy.

If you **are not** a resident of a long-term care facility and have a level of care change, such as being discharged from a hospital to your home, a transition fill of each of your drugs will be provided automatically at your pharmacy. If you **are** a resident of a long-term care facility and have a level of care change, such as being discharged from the long-term care facility to your home, your pharmacy will submit a request to allow you to get up to a 30-day supply of each of your drugs. Your pharmacist should be able to tell when he or she electronically files your claim that the prescription is the result of a level of care change. If the pharmacist cannot tell that from your claim, he or she can call the Pharmacy Help Desk and obtain the necessary permission to fill your prescription. That phone number is on the back of your member ID card.

FOR MORE INFORMATION

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

If you have questions about Group MedicareBlue Rx, 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 medicare.gov.

GROUP MEDICAREBLUE RX FORMULARY

The formulary that begins on the next page provides coverage information about the drugs covered by Group MedicareBlue Rx. If you have trouble finding your drug in the list, turn to the Index at the back of this booklet. The supplemental list of drugs for your plan is a separate list sent with this formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower case italics (e.g., *glipizide*). The next column tells you into which cost-sharing tier the drug is categorized. The information in the Requirement/Limits column tells you if Group MedicareBlue Rx has any special requirements for coverage of your drug.

Group MedicareBlue Rx covers four tiers of drugs:

Tier 1: Generic drugs

Tier 1 is the lowest tier and generally contains the lowest cost generics.

Tier 2: Preferred brand drugs

Tier 2 contains preferred brand drugs and some non-preferred generic drugs.

Tier 3: Non-preferred brand drugs

Tier 3 contains non-preferred brand drugs and some non-preferred generic drugs.

Tier 4: Specialty drugs

Tier 4 is the highest tier on our formulary. It contains very high cost brand and generic drugs, which may require special handling and/or close monitoring.

Please refer to your plan's *Summary of Benefits or Evidence of Coverage* (including Chapter 4: What you pay for your Part D prescription drugs (Schedule of Coverage and Limitations)) for information on prescription drug copayments and coinsurance amounts. The amount you pay will depend on your plan option.

The key below can assist you as you look for the information for your drug.

KEY

- 1** = Tier 1: Generic drugs
- 2** = Tier 2: Preferred brand drugs
- 3** = Tier 3: Non-preferred drugs
- 4** = Tier 4: Specialty drugs
- BD** = Drugs that may be covered under Medicare Part B or Part D depending on the circumstance. These drugs require prior authorization to determine coverage under Part B or Part D. Information may need to be provided that describes the use or the place where the drug is received to determine coverage.
- PA** = Prior authorization
- QL** = Quantity limits
- ST** = Step therapy
- #** = 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.
- *** = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your *Pharmacy Directory* or call customer service at **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY users call **711**).

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 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>	2	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	2	QL (180 tablets/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	2	QL (180 capsules/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg</i>	1	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg</i>	1	QL (30 capsules/30 days)
CODEINE SULFATE - codeine sulfate tab 15 mg, 60 mg	3	QL (180 tablets/30 days)
<i>codeine sulfate tab 30 mg</i>	2	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1%</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg</i>	1	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg</i>	1	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	2	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	2	QL (90 tablets/30 days)
<i>etodolac cap 200 mg</i>	1	QL (150 capsules/30 days)
<i>etodolac cap 300 mg</i>	1	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg</i>	1	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg</i>	1	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg</i>	1	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	3	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	3	PA, QL (15 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr, 50 mcg/hr</i>	2	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg</i>	1	QL (90 tablets/30 days)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	3	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	3	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	3	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	3	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	3	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	3	PA, QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	3	QL (2700 mls/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	2	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	3	QL (240 tablets/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i>	3	QL (180 tablets/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	2	QL (240 tablets/30 days)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	3	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QL (150 tablets/30 days)
HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg	3	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, 4 mg, 8 mg</i>	2	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml</i>	1	
<i>ibuprofen tab 400 mg</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg</i>	1	QL (120 tablets/30 days)
<i>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)
<i>morphine sulfate oral soln 20 mg/5ml</i>	2	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	2	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	2	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	2	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab er 100 mg, 200 mg</i>	3	PA, QL (90 tablets/30 days)
<i>morphine sulfate tab 15 mg</i>	3	QL (360 tablets/30 days)
<i>morphine sulfate tab 30 mg</i>	3	QL (180 tablets/30 days)
<i>nabumetone tab 500 mg</i>	1	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg</i>	1	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	1	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	1	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>	1	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	1	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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxaprozin tab 600 mg</i>	1	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg</i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 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>	2	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	1	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	1	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg</i>	1	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	3	QL (180 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg, 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>	2	QL (240 tablets/30 days)
Anesthetics		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl soln 4%</i>	1	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%</i>	1	
<i>lidocaine oint 5%</i>	1	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	2	PA, QL (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	PA, QL (60 grams/30 days)
ZTLIDO - lidocaine patch 1.8% (36 mg)	3	PA, QL (90 patches/30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium tab delayed release 333 mg</i>	2	
APO-VARENICLINE - varenicline tartrate tab 0.5 mg, 1 mg	2	
<i>buprenorphine hcl sl tab 2 mg, 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, 8-2 mg, 12-3 mg</i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i>	1	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg</i>	1	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	2	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	3	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl tab 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml	3	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	3	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	3	
VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	2	
VARENICLINE TARTRATE - varenicline tartrate tab 0.5 mg, 1 mg	2	
VIVITROL - naltrexone for im extended release susp 380 mg	4	
Antibacterials		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	3	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	2	
<i>amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM ER - amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	3	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	3	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	3	
<i>ampicillin cap 500 mg</i>	1	
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	3	
<i>ampicillin sodium for iv soln 1 gm</i>	3	
<i>ampicillin sodium for iv soln 2 gm, 10 gm</i>	3	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin iv for soln 500 mg</i>	3	
<i>azithromycin tab 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam for inj 1 gm</i>	3	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 1200000 unit/2ml	3	
BICILLIN L-A - penicillin g benzathine intramuscular susp 2400000 unit/4ml	3	
<i>cefaclor cap 250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefaclor cap 500 mg</i>	1	
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	2	
<i>cefazolin sodium (bulk) for inj 100 gm</i>	3	
<i>cefazolin sodium (bulk) for inj 300 gm</i>	3	
<i>cefazolin sodium for inj 2 gm</i>	3	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	3	
<i>cefazolin sodium for iv soln 1 gm</i>	3	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	3	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	3	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefepime hcl for inj 1 gm, 2 gm</i>	3	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	3	
<i>cefepime hcl for iv soln 2 gm</i>	3	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	3	
<i>cefepime hcl iv soln 1 gm/50ml</i>	3	
<i>cefepime hcl iv soln 2 gm/100ml</i>	3	
<i>cefixime cap 400 mg</i>	2	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	3	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	3	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	3	
<i>cefpodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml</i>	3	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	1	
<i>cefprozil for susp 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg, 500 mg</i>	1	
<i>ceftazidime for inj 1 gm, 6 gm</i>	3	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	3	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	3	
<i>ceftazidime for iv soln 2 gm</i>	3	
<i>ceftriaxone sodium (bulk) for inj 100 gm</i>	3	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	3	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	3	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	3	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	3	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime axetil tab 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium for inj 750 mg</i>	3	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	3	
<i>cephalexin cap 250 mg, 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	2	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml</i>	1	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	3	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	3	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	3	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml, 250 mg/5ml	3	
<i>clarithromycin tab er 24hr 500 mg</i>	2	
<i>clarithromycin tab 250 mg, 500 mg</i>	2	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml</i>	3	
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	3	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	3	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	3	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	3	
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	3	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	2	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	3	
DALVANCE - dalbavancin hcl for iv soln 500 mg	4	
<i>daptomycin for iv soln 500 mg</i>	4	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	3	
<i>dicloxacillin sodium cap 250 mg, 500 mg</i>	1	
DIFICID - fidaxomicin for susp 40 mg/ml	4	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	4	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg, 100 mg</i>	1	
<i>doxycycline hyclate for inj 100 mg</i>	3	
<i>doxycycline hyclate tab 20 mg, 100 mg</i>	1	
<i>doxycycline monohydrate cap 50 mg, 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate cap 75 mg</i>	2	
<i>doxycycline monohydrate cap 150 mg</i>	3	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg</i>	1	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>ertapenem sodium for inj 1 gm</i>	3	
ERY - erythromycin pads 2%	3	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	3	
ERYTHROCIN STEARATE - erythromycin stearate tab 250 mg	3	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml</i>	3	
<i>erythromycin lactobionate for inj 500 mg</i>	3	
<i>erythromycin soln 2%</i>	1	
<i>erythromycin tab delayed release 250 mg, 500 mg</i>	2	
<i>erythromycin tab delayed release 333 mg</i>	3	
<i>erythromycin tab 250 mg, 500 mg</i>	3	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	3	
<i>gentamicin in saline inj 1.2 mg/ml</i>	3	
<i>gentamicin sulfate inj 40 mg/ml</i>	3	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	3	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	3	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	3	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	3	
IMPAVIDO - miltefosine cap 50 mg	4	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	3	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 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, 500 mg, 750 mg</i>	1	
<i>linezolid for susp 100 mg/5ml</i>	4	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	3	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	3	
<i>linezolid tab 600 mg</i>	2	PA
<i>meropenem & sodium chloride 0.9% for iv soln 1 gm/50ml</i>	3	
<i>meropenem & sodium chloride 0.9% for iv soln 500 mg/50ml</i>	3	
<i>meropenem iv for soln 500 mg, 1 gm</i>	3	
<i>methenamine hippurate tab 1 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole cap 375 mg</i>	2	
<i>metronidazole iv soln 500 mg/100ml</i>	3	
<i>metronidazole tab 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i>	1	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	2	
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	3	
<i>moxifloxacin hcl tab 400 mg</i>	1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	3	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	3	
<i>nafcillin sodium for iv soln 1 gm</i>	3	
<i>nafcillin sodium for iv soln 2 gm</i>	3	
<i>nafcillin sodium for iv soln 10 gm</i>	3	
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	3	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	3	
<i>neomycin sulfate tab 500 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg#</i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg#</i>	2	
<i>ofloxacin tab 400 mg</i>	2	
<i>paromomycin sulfate cap 250 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose, 60000 unit/ml in dextrose	3	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 40000 unit/ml in dextrose	2	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	3	
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg, 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), 4.5 gm (4-0.5 gm)</i>	3	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	4	
SIVEXTRO - tedizolid phosphate tab 200 mg	4	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	3	
<i>sulfadiazine tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX - cefixime chew tab 100 mg, 200 mg	3	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	3	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	4	
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	3	
<i>tigecycline for iv soln 50 mg</i>	4	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	3	
<i>tobramycin sulfate for inj 1.2 gm</i>	3	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	3	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	3	
<i>trimethoprim tab 100 mg</i>	1	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	3	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	3	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	3	
<i>vancomycin hcl cap 125 mg</i>	3	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	3	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 1.5 gm</i>	3	
<i>vancomycin hcl for iv soln 100 gm</i>	3	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 5 gm, 10 gm</i>	3	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	3	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	3	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%	3	
VANDAIZOLE - metronidazole vaginal gel 0.75%	2	
ZOSYN - piperacillin sod-tazobactam sod in dex iv soln 2-0.25gm/50ml, 4-0.5gm/100ml	3	
ZOSYN - piperacillin sod-tazobactam sod in dex iv sol 3-0.375gm/50ml	3	
Anticonvulsants		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	4	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	3	
BRIVIACT - brivaracetam oral soln 10 mg/ml	4	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	3	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
CELONTIN - methsuximide cap 300 mg	3	
<i>clobazam suspension 2.5 mg/ml</i>	3	PA, QL (480 mls/30 days)
<i>clobazam tab 10 mg, 20 mg</i>	3	PA, QL (60 tablets/30 days)
DIACOMIT - stiripentol cap 250 mg, 500 mg*	4	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	4	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	3	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg	3	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg</i>	1	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	4	PA
EPRONTIA - topiramate oral soln 25 mg/ml	3	
<i>ethosuximide cap 250 mg</i>	2	
<i>ethosuximide soln 250 mg/5ml</i>	3	
<i>felbamate susp 600 mg/5ml</i>	4	
<i>felbamate tab 400 mg, 600 mg</i>	3	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	4	PA, QL (360 mls/30 days)
FYCOMPA - perampanel susp 0.5 mg/ml	3	
FYCOMPA - perampanel tab 2 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	3	
<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>	1	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg</i>	1	QL (135 tablets/30 days)
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	3	
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	3	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	2	
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	3	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	3	
<i>levetiracetam oral soln 100 mg/ml</i>	2	
<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	1	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	1	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	3	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	3	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital elixir 20 mg/5ml#</i>	3	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#</i>	1	
<i>phenytoin chew tab 50 mg</i>	2	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin susp 125 mg/5ml</i>	2	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg</i>	1	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg</i>	1	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	2	QL (900 mls/30 days)
<i>primidone tab 50 mg, 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	4	
<i>rufinamide tab 200 mg</i>	3	
<i>rufinamide tab 400 mg</i>	4	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	3	
SYMPAZAN - clobazam oral film 5 mg	3	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	4	PA, QL (60 films/30 days)
<i>tiagabine hcl tab 2 mg, 4 mg, 12 mg, 16 mg</i>	3	
<i>topiramate sprinkle cap 15 mg, 25 mg</i>	1	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	3	
<i>valproate sodium oral soln 250 mg/5ml</i>	1	
<i>valproic acid cap 250 mg</i>	1	
VALTOCO - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose), 2 x 10 mg/0.1ml (20 mg dose)	3	QL (5 twin pack(s)/30 days)
VALTOCO - diazepam nasal spray 5 mg/0.1 ml, 10 mg/0.1 ml	3	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg*</i>	4	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg*</i>	4	QL (180 tablets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	4	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	4	

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	3	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	4	
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	4	
zonisamide cap 25 mg, 50 mg, 100 mg	1	
Antidementia Agents		
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg	1	
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg	1	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg	1	
galantamine hydrobromide tab 4 mg, 8 mg, 12 mg	2	
memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg	3	PA (<=29 yr)
memantine hcl oral solution 2 mg/ml	3	PA (<=29 yr)
memantine hcl tab 5 mg, 10 mg	1	PA (<=29 yr)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	2	PA (<=29 yr)
rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr	3	
Antidepressants		
amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	1	
AMOXAPINE - amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg#	2	
bupropion hcl tab er 12hr 100 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 12hr 150 mg, 200 mg	1	QL (60 tablets/30 days)
bupropion hcl tab er 24hr 150 mg	1	QL (90 tablets/30 days)
bupropion hcl tab er 24hr 300 mg	1	QL (30 tablets/30 days)
bupropion hcl tab 75 mg	1	QL (60 tablets/30 days)
bupropion hcl tab 100 mg	1	QL (120 tablets/30 days)
citalopram hydrobromide oral soln 10 mg/5ml	2	QL (600 mls/30 days)
citalopram hydrobromide tab 10 mg, 20 mg	1	QL (45 tablets/30 days)
citalopram hydrobromide tab 40 mg	1	QL (30 tablets/30 days)
clomipramine hcl cap 25 mg, 50 mg, 75 mg#	3	
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg	1	QL (30 tablets/30 days)
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#	2	
doxepin hcl conc 10 mg/ml#	3	
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 20 mg, 40 mg, 60 mg	3	QL (60 capsules/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
DRIZALMA SPRINKLE - duloxetine hcl cap delayed release sprinkle 30 mg	3	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg</i>	1	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg</i>	1	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	4	PA, QL (30 patches/30 days)
<i>escitalopram oxalate soln 5 mg/5ml</i>	3	QL (600 mls/30 days)
<i>escitalopram oxalate tab 5 mg, 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, 40 mg, 80 mg, 120 mg	3	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	3	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>	1	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg</i>	1	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg, 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, 25 mg, 50 mg#</i>	1	
MARPLAN - isocarboxazid tab 10 mg	3	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg</i>	1	QL (45 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 250 mg	3	
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 100 mg, 150 mg, 200 mg	2	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml#	3	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg, 75 mg#</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	3	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	2	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	2	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg, 40 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>phenelzine sulfate tab 15 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>protriptyline hcl tab 5 mg, 10 mg#</i>	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	3	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg</i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg</i>	1	QL (60 tablets/30 days)
<i>tranylcypromine sulfate tab 10 mg</i>	3	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg, 300 mg</i>	1	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	2	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	3	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	3	QL (60 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 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	QL (90 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	3	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	3	QL (30 tablets/30 days)
Antiemetics		
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	3	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	3	BD
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	3	PA (>=65 yr)
CHLORPROMAZINE HYDROCHLORIDE - chlorpromazine hcl conc 30 mg/ml, 100 mg/ml	3	PA (>=65 yr)
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	3	BD
<i>granisetron hcl tab 1 mg</i>	2	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#</i>	1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	
<i>ondansetron hcl tab 24 mg</i>	1	
<i>ondansetron hcl tab 4 mg, 8 mg</i>	1	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg</i>	1	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	1	PA (>=65 yr)
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	3	
<i>prochlorperazine maleate tab 5 mg, 10 mg</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	2	PA (>=65 yr)
<i>promethazine hcl syrup 6.25 mg/5ml#</i>	2	PA (>=65 yr)
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#</i>	1	PA (>=65 yr)
<i>scopolamine td patch 72hr 1 mg/3days#</i>	3	PA (>=65 yr)
Antifungals		
AMBISOME - amphotericin b liposome iv for susp 50 mg	4	BD

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

Drug Name	Drug Tier	Requirements/Limits
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	3	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	4	BD
<i>caspofungin acetate for iv soln 50 mg, 70 mg</i>	3	
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77%</i>	1	
<i>ciclopirox olamine susp 0.77%</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	QL (6.6 mls/30 days)
<i>clotrimazole cream 1%</i>	1	
<i>clotrimazole troche 10 mg</i>	1	
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	4	PA
<i>econazole nitrate cream 1%</i>	1	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	3	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>flucytosine cap 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin microsize tab 500 mg</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	2	
<i>itraconazole cap 100 mg</i>	3	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>micafungin sodium for iv soln 50 mg</i>	3	
<i>micafungin sodium for iv soln 100 mg</i>	4	
NOXAFIL - posaconazole susp 40 mg/ml	4	PA
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
<i>posaconazole tab delayed release 100 mg</i>	4	PA
<i>terbinafine hcl tab 250 mg</i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	
<i>voriconazole for inj 200 mg</i>	3	PA
<i>voriconazole for susp 40 mg/ml</i>	3	PA
<i>voriconazole tab 50 mg, 200 mg</i>	3	PA

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Drug Name	Drug Tier	Requirements/Limits
Antigout Agents		
<i>allopurinol tab 100 mg, 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	2	
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
<i>probenecid tab 500 mg</i>	1	
Antimigraine Agents		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	2	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	4	PA, QL (8 mls/28 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	2	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	2	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	2	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	2	
<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	1	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	2	PA, QL (16 tablets/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i>	2	QL (18 tablets/30 days)
<i>rizatriptan benzoate tab 5 mg, 10 mg</i>	1	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	2	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	2	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i>	1	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	2	PA, QL (16 tablets/30 days)
Antimyasthenic Agents		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	3	
<i>pyridostigmine bromide tab er 180 mg</i>	3	
<i>pyridostigmine bromide tab 60 mg</i>	1	
Antimycobacterials		
<i>dapsone tab 25 mg, 100 mg</i>	1	
<i>ethambutol hcl tab 100 mg, 400 mg</i>	2	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER - aminosalicic acid er granules packet 4 gm	3	
PRIFTIN - rifapentine tab 150 mg	3	
<i>pyrazinamide tab 500 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>rifabutin cap 150 mg</i>	3	
<i>rifampin cap 150 mg, 300 mg</i>	1	
<i>rifampin for inj 600 mg</i>	3	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	4	
TRECTOR - ethionamide tab 250 mg	3	
Antineoplastics		
<i>abiraterone acetate tab 250 mg</i>	4	PA, QL (120 tablets/30 days)
ALECENSA - alectinib hcl cap 150 mg*	4	PA, QL (240 capsules/30 days)
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	4	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	4	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	4	PA, QL (30 tablets/30 days)
<i>anastrozole tab 1 mg</i>	1	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	3	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	4	
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	4	PA, QL (30 tablets/30 days)
BALVERSA - erdafitinib tab 3 mg	4	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	4	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	4	PA, QL (30 tablets/30 days)
<i>bexarotene cap 75 mg</i>	4	PA
<i>bexarotene gel 1%</i>	4	PA
<i>bicalutamide tab 50 mg</i>	1	
BOSULIF - bosutinib tab 100 mg	4	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	4	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	4	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	4	PA, QL (120 capsules/30 days)
CABOMETYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*	4	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	4	PA, QL (60 capsules/30 days)
CAPRELSA - vandetanib tab 100 mg*	4	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	4	PA, QL (30 tablets/30 days)
<i>carmustine for inj 100 mg</i>	3	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	4	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	4	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	4	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	4	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	4	
COTELLIC - cobimetinib fumarate tab 20 mg*	4	PA, QL (63 tablets/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	2	BD
<i>cyclophosphamide cap 25 mg, 50 mg</i>	2	BD
DAURISMO - glasdegib maleate tab 25 mg	4	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	4	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	4	
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	4	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	4	
EMCYT - estramustine phosphate sodium cap 140 mg	3	
ERIVEDGE - vismodegib cap 150 mg*	4	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	4	PA, QL (120 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	4	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg</i>	4	PA, QL (30 tablets/30 days)
EULEXIN - flutamide cap 125 mg	4	
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	4	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg</i>	4	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	4	PA, QL (60 tablets/30 days)
<i>exemestane tab 25 mg</i>	2	
EXKIVITY - mobocertinib succinate cap 40 mg*	4	PA, QL (120 capsules/30 days)
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i>	3	BD
<i>flutamide cap 125 mg</i>	3	
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	4	PA
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	4	PA, QL (21 capsules/28 days)
<i>fulvestrant inj 250 mg/5ml</i>	4	PA
GAVRETO - pralsetinib cap 100 mg	4	PA, QL (120 capsules/30 days)
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	4	PA, QL (30 tablets/30 days)
<i>hydroxyurea cap 500 mg</i>	1	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	4	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	4	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*	4	PA, QL (30 tablets/30 days)
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	4	PA, QL (30 tablets/30 days)
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)</i>	3	
<i>imatinib mesylate tab 100 mg</i>	4	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	4	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	4	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	4	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib tab 420 mg, 560 mg*	4	PA, QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
INLYTA - axitinib tab 1 mg*	4	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	4	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	4	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	4	PA, QL (120 capsules/30 days)
IRESSA - gefitinib tab 250 mg*	4	PA, QL (30 tablets/30 days)
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*	4	PA, QL (60 tablets/30 days)
KISQALI - ribociclib succinate tab pack 200 mg daily dose	4	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	4	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	4	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	4	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	4	PA, QL (240 capsules/30 days)
KOSELUGO - selumetinib sulfate cap 25 mg	4	PA, QL (120 capsules/30 days)
<i>lapatinib ditosylate tab 250 mg</i>	4	PA, QL (180 tablets/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	4	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 25 mg</i>	4	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	4	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	4	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	4	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	4	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	4	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	4	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	4	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	4	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg</i>	1	
<i>leucovorin calcium tab 5 mg</i>	1	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	2	
LEUKERAN - chlorambucil tab 2 mg	4	

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Drug Name	Drug Tier	Requirements/Limits
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	4	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	4	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	4	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	4	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	4	PA, QL (240 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	4	PA
LYNPARZA - olaparib tab 100 mg, 150 mg*	4	PA, QL (120 tablets/30 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	4	PA
MATULANE - procarbazine hcl cap 50 mg*	4	PA
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	4	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	4	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	4	PA, QL (180 tablets/30 days)
<i>mercaptopurine tab 50 mg</i>	1	
MESNEX - mesna tab 400 mg	4	
<i>nelarabine iv soln 5 mg/ml</i>	4	PA
NERLYNX - neratinib maleate tab 40 mg*	4	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	4	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	4	PA, QL (3 capsules/28 days)
NUBEQA - darolutamide tab 300 mg	4	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	4	PA, QL (30 capsules/30 days)
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	4	PA
ONUREG - azacitidine tab 200 mg, 300 mg	4	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	4	PA
PANRETIN - alitretinoin gel 0.1%	4	PA
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	4	PA, QL (14 tablets/21 days)
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	4	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	4	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	4	PA, QL (60 tablets/30 days)
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	4	PA, QL (21 capsules/28 days)
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	4	
QINLOCK - ripretinib tab 50 mg	4	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	4	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	4	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	4	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	4	PA, QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	4	PA, QL (21 capsules/28 days)
ROZLYTREK - entrectinib cap 100 mg	4	PA, QL (150 capsules/30 days)
ROZLYTREK - entrectinib cap 200 mg	4	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*	4	PA, QL (120 tablets/30 days)
RYDAPT - midostaurin cap 25 mg	4	PA, QL (240 capsules/30 days)
SCSEMBLIX - asciminib hcl tab 20 mg	4	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	4	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	4	
<i>sorafenib tosylate tab 200 mg</i>	4	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	4	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	4	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	4	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	4	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i>	4	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	4	PA
TABLOID - thioguanine tab 40 mg	3	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	4	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	4	PA, QL (120 capsules/30 days)
TAGRISSE - osimertinib mesylate tab 40 mg, 80 mg*	4	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.25 mg, 0.5 mg, 0.75 mg, 1 mg*	4	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg</i>	1	
TASIGNA - nilotinib hcl cap 50 mg, 150 mg, 200 mg	4	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	4	PA, QL (240 tablets/30 days)
TEPMETKO - tepotinib hcl tab 225 mg*	4	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	4	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	4	PA, QL (60 capsules/30 days)
TIBSOVO - ivosidenib tab 250 mg*	4	PA, QL (60 tablets/30 days)
<i>toremifene citrate tab 60 mg</i>	4	
<i>tretinoin cap 10 mg</i>	4	PA
TRUSELTIQ - infigratinib phos cap pack 100 & 25 mg (125 mg daily dose)*	4	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 2 x 25 mg (50 mg daily dose)*	4	PA, QL (42 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 3 x 25 mg (75 mg daily dose)*	4	PA, QL (63 capsules/28 days)
TRUSELTIQ - infigratinib phos cap ther pack 100 mg (100 mg daily dose)*	4	PA, QL (21 capsules/28 days)
TUKYSA - tucatinib tab 50 mg	4	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	4	PA, QL (120 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
TURALIO - pexidartinib hcl cap 200 mg	4	PA, QL (120 capsules/30 days)
VALCHLOR - mechlorethamine hcl gel 0.016%*	4	
VENCLEXTA - venetoclax tab 10 mg*	2	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	4	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	4	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	4	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	4	PA, QL (60 tablets/30 days)
VITRAKVI - larotrectinib sulfate cap 25 mg*	4	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	4	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	4	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*	4	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg	4	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	4	PA, QL (120 tablets/30 days)
WELIREG - belzutifan tab 40 mg*	4	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	4	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	4	PA, QL (90 tablets/30 days)
XPOVIO - selinexor tab therapy pack 40 mg (40 mg once weekly), 40 mg (40 mg twice weekly), 40 mg (80 mg once weekly), 50 mg (100 mg once weekly), 60 mg (60 mg once weekly)*	4	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	4	PA, QL (1 box/28 days)
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	4	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	4	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	4	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	4	PA, QL (60 tablets/30 days)
ZEJULA - niraparib tosylate cap 100 mg*	4	PA, QL (90 capsules/30 days)
ZELBORAF - vemurafenib tab 240 mg*	4	PA, QL (240 tablets/30 days)
ZOLINZA - vorinostat cap 100 mg	4	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	4	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	4	PA, QL (90 tablets/30 days)
Antiparasitics		
<i>albendazole tab 200 mg</i>	3	
<i>atovaquone susp 750 mg/5ml</i>	3	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	2	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	3	
<i>chloroquine phosphate tab 250 mg</i>	3	
<i>chloroquine phosphate tab 500 mg</i>	1	
COARTEM - artemether-lumefantrine tab 20-120 mg	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>ivermectin tab 3 mg</i>	2	PA
<i>mefloquine hcl tab 250 mg</i>	2	
<i>nitazoxanide tab 500 mg</i>	4	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	3	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	2	BD
<i>praziquantel tab 600 mg</i>	3	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>pyrimethamine tab 25 mg</i>	4	PA
<i>quinine sulfate cap 324 mg</i>	2	PA
Antiparkinson Agents		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	4	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg#</i>	1	PA (>=65 yr)
<i>bromocriptine mesylate cap 5 mg</i>	3	
<i>bromocriptine mesylate tab 2.5 mg</i>	2	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	3	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	3	
<i>carbidopa & levodopa tab er 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa tab 25 mg</i>	3	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	3	
<i>entacapone tab 200 mg</i>	2	
INBRIJA - levodopa inhal powder cap 42 mg	4	PA, QL (300 capsules/30 days)
NEUPRO - rotigotine td patch 24hr 1 mg/24hr, 2 mg/24hr, 3 mg/24hr, 4 mg/24hr, 6 mg/24hr, 8 mg/24hr	3	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	3	
<i>ropinirole hydrochloride tab er 24hr 2 mg, 4 mg, 6 mg, 8 mg, 12 mg</i>	3	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
RYTARY - carbidopa & levodopa cap er 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	2	
<i>tolcapone tab 100 mg</i>	4	
Antipsychotics		
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	4	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	4	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	3	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml, 662 mg/2.4ml, 882 mg/3.2ml	3	QL (1 syringe/28 days)
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	3	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	3	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	4	PA (>=65 yr), QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3	PA (>=65 yr), QL (90 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 150 mg	3	PA (>=65 yr), QL (180 tablets/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 200 mg	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	3	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg</i>	1	PA (>=65 yr), QL (90 tablets/30 days)
<i>clozapine tab 100 mg</i>	1	PA (>=65 yr), QL (270 tablets/30 days)
<i>clozapine tab 200 mg</i>	2	PA (>=65 yr), QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg	3	PA (>=65 yr), QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
FANAPT - iloperidone tab 6 mg, 8 mg, 10 mg, 12 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	3	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	3	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	3	PA (>=65 yr)
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml	3	PA (>=65 yr)
<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	3	PA (>=65 yr)
FLUPHENAZINE HYDROCHLORIDE - fluphenazine hcl elixir 2.5 mg/5ml	3	PA (>=65 yr)
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i>	3	PA (>=65 yr)
<i>haloperidol lactate inj 5 mg/ml</i>	3	PA (>=65 yr)
<i>haloperidol lactate oral conc 2 mg/ml</i>	2	PA (>=65 yr)
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i>	1	PA (>=65 yr)
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	4	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml	3	QL (1 kit/28 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	4	QL (1 kit/28 days)
INVEGA TRINZA - paliperidone palmitate er susp pref syr 273 mg/0.88ml, 410 mg/1.32ml, 546 mg/1.75ml, 819 mg/2.63ml	4	QL (1 kit/84 days)
LATUDA - lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg	4	QL (30 tablets/30 days)
LATUDA - lurasidone hcl tab 80 mg	4	QL (60 tablets/30 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg</i>	2	PA (>=65 yr)
<i>loxapine succinate cap 50 mg</i>	1	PA (>=65 yr)
LYBALVI - olanzapine-samidorphane l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	4	PA (>=65 yr), QL (30 tablets/30 days)
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	4	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	4	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	3	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i>	1	PA (>=65 yr), QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	3	PA (>=65 yr), QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 6 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	4	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg	3	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	3	PA (>=65 yr), QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg</i>	1	PA (>=65 yr), QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	3	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg, 25 mg, 37.5 mg	3	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 50 mg	4	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	3	PA (>=65 yr), QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	2	PA (>=65 yr), QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	PA (>=65 yr), QL (60 tablets/30 days)
<i>risperidone tab 4 mg</i>	1	PA (>=65 yr), QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	4	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	2	PA (>=65 yr)
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	1	PA (>=65 yr)
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	2	PA (>=65 yr)
VERSACLOZ - clozapine susp 50 mg/ml	3	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	3	QL (30 capsules/30 days)
<i>ziprasidone hcl cap 20 mg, 40 mg</i>	1	QL (90 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl cap 60 mg, 80 mg</i>	1	QL (60 capsules/30 days)
<i>ziprasidone mesylate for inj 20 mg</i>	2	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg	3	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 300 mg	4	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	4	PA (>=65 yr), QL (1 vial/28 days)
Antispasticity Agents		
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	1	
<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	1	
<i>tizanidine hcl tab 2 mg, 4 mg</i>	1	
Antivirals		
<i>abacavir sulfate soln 20 mg/ml</i>	3	QL (960 mls/30 days)
<i>abacavir sulfate tab 300 mg</i>	2	QL (60 tablets/30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	3	QL (30 tablets/30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	4	QL (60 tablets/30 days)
<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir oint 5%</i>	2	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, 800 mg</i>	1	
<i>adefovir dipivoxil tab 10 mg</i>	3	
APTIVUS - tipranavir cap 250 mg	4	QL (120 capsules/30 days)
<i>atazanavir sulfate cap 150 mg, 300 mg</i>	3	QL (30 capsules/30 days)
<i>atazanavir sulfate cap 200 mg</i>	3	QL (60 capsules/30 days)
BARACLUDGE - entecavir oral soln 0.05 mg/ml	4	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	4	QL (30 tablets/30 days)
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	4	QL (30 tablets/30 days)
COMPLERA - emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg	4	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	4	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	4	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	4	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	4	QL (30 tablets/30 days)
<i>efavirenz cap 50 mg</i>	1	QL (90 capsules/30 days)
<i>efavirenz cap 200 mg</i>	3	QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz tab 600 mg</i>	3	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	4	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	3	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	3	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	3	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	4	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	4	PA
EPIVIR HBV - lamivudine oral soln 5 mg/ml (hbv)	2	
<i>etravirine tab 100 mg</i>	3	QL (60 tablets/30 days)
<i>etravirine tab 200 mg</i>	4	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	4	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir calcium tab 700 mg</i>	3	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	4	QL (60 vials/30 days)
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	4	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	4	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	4	PA
INTELENCE - etravirine tab 25 mg	3	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg	2	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	3	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	4	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	4	QL (60 tablets/30 days)
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	4	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	3	QL (40 capsules/30 days)
<i>lamivudine oral soln 10 mg/ml</i>	2	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	2	
<i>lamivudine tab 150 mg</i>	2	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	2	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	2	QL (60 tablets/30 days)
LEDIPASVIR/SOFOSBUVIR - ledipasvir-sofosbuvir tab 90-400 mg	4	PA
LEXIVA - fosamprenavir calcium susp 50 mg/ml	3	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	3	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	3	QL (300 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>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	4	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	4	QL (120 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	3	QL (1200 mls/30 days)
<i>nevirapine tab er 24hr 100 mg</i>	3	QL (90 tablets/30 days)
<i>nevirapine tab er 24hr 400 mg</i>	2	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg</i>	1	QL (60 tablets/30 days)
NORVIR - ritonavir oral soln 80 mg/ml	3	QL (480 mls/30 days)
NORVIR - ritonavir powder packet 100 mg	3	QL (360 packets/30 days)
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg	4	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	1	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	1	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	2	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (20 tablets/30 days)
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	3	QL (30 tablets/30 days)
PIFELTRO - doravirine tab 100 mg	4	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	4	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	4	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	4	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	3	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	4	QL (180 tablets/30 days)
PREZISTA - darunavir tab 600 mg	4	QL (60 tablets/30 days)
PREZISTA - darunavir tab 800 mg	4	QL (30 tablets/30 days)
RELENZA DISKHALER - zanamivir aero powder breath activated 5 mg/blister	3	QL (6 boxes/365 days)
REYATAZ - atazanavir sulfate oral powder packet 50 mg	4	QL (240 packets/30 days)
<i>ribavirin cap 200 mg</i>	2	
<i>ribavirin tab 200 mg</i>	2	
RIMANTADINE HYDROCHLORIDE - rimantadine hydrochloride tab 100 mg	3	
<i>ritonavir tab 100 mg</i>	2	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	4	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	4	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	3	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	4	QL (60 tablets/30 days)
SOFOSBUVIR/VELPATASVIR - sofosbuvir-velpatasvir tab 400-100 mg	4	PA
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
SOVALDI - sofosbuvir tab 200 mg, 400 mg	4	PA
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	4	QL (30 tablets/30 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	4	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	3	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	4	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	4	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	4	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	4	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	4	QL (60 tablets/30 days)
TYBOST - cobicistat tab 150 mg	2	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm</i>	1	
<i>valganciclovir hcl for soln 50 mg/ml</i>	4	
<i>valganciclovir hcl tab 450 mg</i>	2	
VIRACEPT - nelfinavir mesylate tab 250 mg	4	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	3	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	4	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	4	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	4	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	3	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	3	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	4	PA
<i>zidovudine cap 100 mg</i>	1	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	3	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg</i>	1	QL (60 tablets/30 days)
Anxiolytics		
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg</i>	1	QL (150 tablets/30 days)
<i>buspirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (90 tablets/30 days)
<i>clonazepam orally disintegrating tab 2 mg</i>	3	QL (300 tablets/30 days)
<i>clonazepam tab 0.5 mg, 1 mg</i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg</i>	1	QL (300 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	2	PA, QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg</i>	2	PA, QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg</i>	2	PA, QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml</i>	2	PA, QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	1	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg</i>	1	PA, QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#</i>	3	PA (>=65 yr)
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#</i>	1	PA (>=65 yr)
<i>lorazepam conc 2 mg/ml</i>	1	PA, QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg</i>	1	PA, QL (120 tablets/30 days)
<i>lorazepam tab 2 mg</i>	1	PA, QL (150 tablets/30 days)
<i>oxazepam cap 10 mg, 15 mg, 30 mg</i>	3	PA, QL (120 capsules/30 days)
Bipolar Agents		
<i>lithium carbonate cap 150 mg, 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
Blood Glucose Regulators		
<i>acarbose tab 25 mg</i>	1	QL (360 tablets/30 days)
<i>acarbose tab 50 mg</i>	1	QL (180 tablets/30 days)
<i>acarbose tab 100 mg</i>	1	QL (90 tablets/30 days)
ALCOHOL SWABS	2	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	3	QL (4 devices/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	2	QL (4 pens/28 days), ST
BYETTA - exenatide soln pen-injector 5 mcg/0.02ml	3	QL (2 pens/30 days), ST
BYETTA - exenatide soln pen-injector 10 mcg/0.04ml	3	QL (1 pen/30 days), ST
CYCLOSET - bromocriptine mesylate tab 0.8 mg	3	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	3	
FARXIGA - dapagliflozin propanediol tab 5 mg	2	QL (60 tablets/30 days)
FARXIGA - dapagliflozin propanediol tab 10 mg	2	QL (30 tablets/30 days)
GAUZE PADS 2" X 2"	2	
<i>glimepiride tab 1 mg#</i>	1	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#</i>	1	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#</i>	1	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg</i>	1	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tab 5 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	2	QL (4 kits/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	2	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	2	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	2	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#</i>	1	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#</i>	1	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#</i>	1	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#</i>	1	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#</i>	1	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#</i>	1	QL (120 tablets/30 days)
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg, 25-5 mg	3	QL (30 tablets/30 days)
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	3	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml, 1 mg/0.2ml	3	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	2	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	2	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	2	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	2	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	2	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	2	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	2	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	2	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml	2	QL (60 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
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	2	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml	2	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	2	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	2	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)	2	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	2	QL (20 pens/30 days)
INSULIN INJECTION DEVICE	2	
INSULIN SYRINGE/NEEDLE	2	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg	2	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	2	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	2	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	2	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	2	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	2	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	2	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	2	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	2	QL (6 vials/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	2	QL (20 pens/30 days)
LYUMJEV - insulin lispro-aabc inj 100 unit/ml	2	QL (6 vials/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-injector 200 unit/ml	2	QL (20 pens/30 days)
LYUMJEV KWIKPEN - insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial)	2	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg</i>	1	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg</i>	1	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg</i>	1	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg</i>	1	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg</i>	1	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg</i>	1	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg</i>	1	QL (90 tablets/30 days)
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) - insulin infusion disposable pump kit	2	

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump supplies	2	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	2	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump supplies	2	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	2	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump supplies	2	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	2	QL (1 pen/28 days), ST
<i>pioglitazone hcl tab 15 mg</i>	1	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg</i>	1	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg#</i>	2	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg</i>	1	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg</i>	1	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg</i>	1	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg</i>	1	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	2	QL (30 tablets/30 days), ST
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	4	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	4	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	2	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	2	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	2	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	2	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	2	QL (60 mls/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	2	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	2	QL (20 pens/30 days)
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	2	QL (4 pens/28 days), ST
V-GO 20 - insulin infusion disposable pump kit	2	
V-GO 30 - insulin infusion disposable pump kit	2	
V-GO 40 - insulin infusion disposable pump kit	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
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	2	QL (3 pens/30 days), ST
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg, 5-500 mg, 5-1000 mg	2	QL (60 tablets/30 days)
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg, 10-1000 mg	2	QL (30 tablets/30 days)
Blood Products and Modifiers		
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	2	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml, 60 mcg/ml	3	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml, 200 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml	3	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml, 100 mcg/0.5ml, 150 mcg/0.3ml, 200 mcg/0.4ml, 300 mcg/0.6ml, 500 mcg/ml	4	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	3	
BRILINTA - ticagrelor tab 60 mg, 90 mg	2	
CABLIVI - caplacizumab-yhdp for inj kit 11 mg	4	
<i>cilostazol tab 50 mg, 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg</i>	1	
<i>dipyridamole tab 25 mg, 50 mg, 75 mg#</i>	1	
ELIQUIS - apixaban tab 2.5 mg	2	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	2	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	2	QL (74 tablets/30 days)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml</i>	3	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	3	QL (10 vials/90 days)
<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, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	4	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	4	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	2	
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	2	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	2	
LEUKINE - sargramostim lyophilized for inj 250 mcg	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
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	4	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	4	PA
PRADAXA - dabigatran etexilate mesylate cap 75 mg, 150 mg	3	QL (60 capsules/30 days)
PRADAXA - dabigatran etexilate mesylate cap 110 mg	3	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg</i>	1	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	3	PA
PROCRT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	4	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	4	PA
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	4	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	3	PA
<i>tranexamic acid tab 650 mg</i>	2	
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	4	PA
<i>warfarin sodium tab 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg, 10 mg</i>	1	
XARELTO - rivaroxaban for susp 1 mg/ml	2	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	2	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	2	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	2	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	4	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	3	
Cardiovascular Agents		
<i>acebutolol hcl cap 200 mg, 400 mg</i>	1	
<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg, 250 mg</i>	1	
<i>aliskiren fumarate tab 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>amiloride hcl tab 5 mg</i>	1	
<i>amiodarone hcl tab 100 mg</i>	3	
<i>amiodarone hcl tab 200 mg, 400 mg</i>	1	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg, 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg</i>	1	QL (30 tablets/30 days)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg, 5-160-25 mg, 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg</i>	1	QL (30 tablets/30 days)
<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	1	
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>betaxolol hcl tab 10 mg, 20 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	1	
<i>bumetanide inj 0.25 mg/ml</i>	3	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg</i>	1	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg</i>	1	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg</i>	1	
<i>chlorthalidone tab 25 mg, 50 mg</i>	1	
<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>	1	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg</i>	1	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>colestipol hcl granule packets 5 gm</i>	2	
<i>colestipol hcl granules 5 gm</i>	2	
<i>colestipol hcl tab 1 gm</i>	1	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	2	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	2	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral soln 0.05 mg/ml#</i>	3	QL (150 mls/30 days)
<i>digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg)#</i>	1	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg</i>	1	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	3	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	4	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg</i>	1	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	1	
<i>ENTRESTO - sacubitril-valsartan tab 24-26 mg</i>	2	QL (180 tablets/30 days)
<i>ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg</i>	2	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg, 50 mg</i>	1	
<i>ezetimibe tab 10 mg</i>	1	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	1	
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	1	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg</i>	1	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg</i>	1	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	1	
<i>fluvastatin sodium cap 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	1	
<i>furosemide inj 10 mg/ml</i>	3	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg, 40 mg, 80 mg</i>	1	
<i>gemfibrozil tab 600 mg</i>	1	QL (60 tablets/30 days)
<i>guanfacine hcl tab 1 mg, 2 mg#</i>	2	
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	1	
<i>icosapent ethyl cap 1 gm</i>	2	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	1	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg, 20 mg</i>	1	
<i>isradipine cap 2.5 mg, 5 mg</i>	1	
KERENDIA - finerenone tab 10 mg, 20 mg	2	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	1	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg</i>	1	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg</i>	1	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	1	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	3	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg</i>	1	
<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg</i>	1	
<i>metyrosine cap 250 mg</i>	4	
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	2	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	
<i>minoxidil tab 2.5 mg, 10 mg</i>	1	
<i>moexipril hcl tab 7.5 mg, 15 mg</i>	1	
MULTAQ - dronedarone hcl tab 400 mg	3	
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	2	
<i>niacin tab er 500 mg</i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg, 1000 mg</i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg, 30 mg</i>	2	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine cap 30 mg</i>	3	
NISOLDIPINE ER - nisoldipine tab er 24hr 20 mg, 30 mg, 40 mg	3	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	2	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	2	
NITRO-BID - nitroglycerin oint 2%	3	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	2	
<i>olmesartan medoxomil tab 5 mg</i>	1	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (30 tablets/30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg, 40-5-12.5 mg, 40-5-25 mg, 40-10-12.5 mg, 40-10-25 mg</i>	1	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	
<i>pentoxifylline tab er 400 mg</i>	1	
<i>perindopril erbumine tab 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	
<i>pindolol tab 5 mg, 10 mg</i>	1	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	3	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i>	1	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	1	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	3	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	2	PA, QL (2 syringes/28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	2	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	2	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i>	1	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg</i>	1	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i>	1	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg</i>	1	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg</i>	1	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg</i>	1	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>spironolactone tab 25 mg, 50 mg, 100 mg</i>	1	
TEKTURNA HCT - aliskiren-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg, 300-25 mg	2	QL (30 tablets/30 days)
<i>telmisartan tab 20 mg, 40 mg, 80 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg, 40-10 mg, 80-5 mg, 80-10 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i>	1	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QL (60 tablets/30 days)
<i>terazosin hcl cap 1 mg</i>	1	QL (90 capsules/30 days)
<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i>	1	QL (60 capsules/30 days)
<i>timolol maleate tab 5 mg, 10 mg, 20 mg</i>	1	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg</i>	1	
<i>trandolapril tab 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg</i>	1	QL (60 tablets/30 days)
<i>valsartan tab 320 mg</i>	1	QL (30 tablets/30 days)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg, 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	2	QL (240 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg</i>	3	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	3	
<i>verapamil hcl cap er 24hr 300 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg</i>	1	
Central Nervous System Agents		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	2	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	2	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	2	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	2	QL (30 capsules/30 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	4	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	4	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	4	PA, QL (15 vials/syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	2	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	4	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	4	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	2	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg</i>	2	PA, 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, 15 mg</i>	2	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	2	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	2	QL (180 tablets/30 days)
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	4	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	4	PA, QL (60 capsules/30 days)
GILENYA - fingolimod hcl cap 0.5 mg	4	PA, QL (30 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	PA, QL (12 syringes/28 days)
<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4 mg#</i>	2	QL (30 tablets/30 days)
MAYZENT - siponimod fumarate tab 0.25 mg	3	PA, QL (120 tablets/30 days)
MAYZENT - siponimod fumarate tab 1 mg, 2 mg	4	PA, QL (30 tablets/30 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (7) starter pack	3	PA, QL (1 pack/28 days)
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	3	PA, QL (1 pack/28 days)
<i>methylphenidate hcl soln 5 mg/5ml</i>	3	PA, QL (450 mls/30 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	3	PA, QL (900 mls/30 days)
<i>methylphenidate hcl tab er 10 mg</i>	3	PA, QL (90 tablets/30 days)
<i>methylphenidate hcl tab er 20 mg</i>	2	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i>	2	PA, QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	2	PA, QL (60 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	4	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	4	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	4	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	4	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	4	PA, QL (2 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	4	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	4	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	PA, QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	4	PA, QL (1 box/28 days)
<i>riluzole tab 50 mg</i>	2	
<i>tetrabenazine tab 12.5 mg</i>	4	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	4	PA, QL (120 tablets/30 days)
VUMERITY - diroximel fumarate capsule delayed release 231 mg	4	PA, QL (120 capsules/30 days)
VYVANSE - lisdexamfetamine dimesylate cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2	QL (30 capsules/30 days)
Dental and Oral Agents		
<i>cevimeline hcl cap 30 mg</i>	3	
<i>chlorhexidine gluconate soln 0.12%</i>	1	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
Dermatological Agents		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	3	
<i>alclometasone dipropionate cream 0.05%</i>	1	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%</i>	1	QL (120 grams/30 days)
AUGMENTED BETAMETHASONE DIPROPIONATE - betamethasone dipropionate augmented gel 0.05%	2	QL (200 grams/28 days)
<i>azelaic acid gel 15%</i>	2	
AZELEX - azelaic acid cream 20%	3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	2	
<i>betamethasone dipropionate augmented cream 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	2	QL (210 mls/30 days)

You can find information 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>betamethasone dipropionate augmented oint 0.05%</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	1	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	1	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	1	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	1	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	2	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	3	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	2	QL (120 mls/30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	2	
<i>clobetasol propionate cream 0.05%</i>	1	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	1	QL (210 grams/28 days)
<i>clobetasol propionate foam 0.05%</i>	2	QL (200 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	1	QL (210 grams/28 days)
<i>clobetasol propionate oint 0.05%</i>	1	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	2	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	1	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	2	
<i>desonide cream 0.05%</i>	1	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	3	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	2	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%, 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>diclofenac sodium (actinic keratoses) gel 3%</i>	3	PA
FINACEA - azelaic acid foam 15%	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil)</i>	3	QL (118.28 mls/30 days)
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide emulsified base cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	1	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	1	QL (120 mls/30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUOROURACIL - fluorouracil cream 0.5%	4	
FLUOROURACIL - fluorouracil soln 2%, 5%	2	
<i>fluorouracil cream 5%</i>	2	
<i>fluticasone propionate cream 0.05%</i>	1	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%</i>	1	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	2	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	1	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	2	QL (120 mls/30 days)
<i>hydrocortisone cream 1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%</i>	1	QL (118 mls/30 days)
<i>hydrocortisone oint 1%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	2	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	2	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	1	PA
<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	
<i>ivermectin cream 1%</i>	2	PA
<i>lactic acid (ammonium lactate) cream 12%</i>	1	
<i>lactic acid (ammonium lactate) lotion 12%</i>	1	
LINDANE - lindane shampoo 1%	2	
<i>malathion lotion 0.5%</i>	3	
METHOXSALEN - methoxsalen rapid cap 10 mg	4	
<i>metronidazole cream 0.75%</i>	2	
<i>metronidazole gel 0.75%, 1%</i>	2	
<i>metronidazole lotion 0.75%</i>	2	
<i>mometasone furoate cream 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%</i>	1	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	1	QL (120 mls/30 days)
<i>mupirocin calcium cream 2%</i>	2	QL (30 grams/30 days)
<i>mupirocin oint 2%</i>	1	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	3	
<i>permethrin cream 5%</i>	1	
<i>pimecrolimus cream 1%</i>	3	PA
<i>podofilox soln 0.5%</i>	1	
PREDNICARBATE - prednicarbate oint 0.1%	3	QL (120 grams/30 days)
REGRANEX - becaplermin gel 0.01%	4	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	2	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%</i>	1	
<i>silver sulfadiazine cream 1%</i>	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	2	
<i>tacrolimus oint 0.03%, 0.1%</i>	3	PA
<i>tazarotene cream 0.1%</i>	2	PA
TAZORAC - tazarotene cream 0.05%	3	PA
TAZORAC - tazarotene gel 0.05%, 0.1%	3	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	2	PA
<i>tretinoin gel 0.01%, 0.025%</i>	2	PA
<i>triamcinolone acetonide cream 0.025%, 0.1%, 0.5%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%</i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%</i>	1	QL (120 grams/30 days)
Electrolytes/Minerals/Metals/Vitamins		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	4	PA, QL (360 tablets/30 days)
<i>calcium acetate cap 667 mg (169 mg ca)</i>	1	
<i>calcium acetate tab 667 mg</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	4	PA
CHEMET - succimer cap 100 mg	3	
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg</i>	4	PA
<i>deferasirox tab for oral susp 125 mg, 250 mg, 500 mg</i>	4	PA
<i>deferasirox tab 90 mg, 180 mg, 360 mg</i>	4	PA
<i>dextrose inj 5%, 10%</i>	3	
<i>dextrose 2.5% w/ sodium chloride 0.45%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%</i>	3	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg	4	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg	4	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	3	BD
<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>	3	

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	
<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj</i>	3	
<i>lanthanum carbonate chew tab 500 mg</i>	3	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg</i>	3	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg</i>	3	QL (120 tablets/30 days)
<i>magnesium sulfate inj 50%</i>	3	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	3	BD
PHOSLYRA - calcium acetate oral soln 667 mg/5ml	2	
<i>potassium chloride cap er 8 meq, 10 meq</i>	1	
<i>potassium chloride inj 2 meq/ml</i>	3	
<i>potassium chloride microencapsulated crys er tab 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride oral soln 10% (20 meq/15ml), 20% (40 meq/15ml)</i>	3	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)</i>	1	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS - potassium chloride 20 meq/l (0.15%) in d5w lactated ringers	3	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg), 15 meq (1620 mg)</i>	2	
<i>sevelamer carbonate packet 0.8 gm</i>	3	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	3	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	3	
<i>sodium chloride irrigation soln 0.9%</i>	1	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	3	
<i>sodium chloride preservative free inj 0.9%</i>	3	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml	1	
<i>tolvaptan tab 15 mg, 30 mg</i>	4	PA
TRAVASOL - amino acid infusion 10%	3	BD
<i>trientine hcl cap 250 mg</i>	4	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	3	BD
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg	4	QL (180 tablets/30 days)
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm	2	
Gastrointestinal Agents		
<i>alose tron hcl tab 0.5 mg</i>	3	PA, QL (60 tablets/30 days)
<i>alose tron hcl tab 1 mg</i>	4	PA, QL (60 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
CHENODAL - chenodiol tab 250 mg*	4	PA
<i>cimetidine hcl soln 300 mg/5ml</i>	3	
<i>cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>dicyclomine hcl cap 10 mg#</i>	1	PA (>=65 yr)
<i>dicyclomine hcl oral soln 10 mg/5ml#</i>	3	PA (>=65 yr)
<i>dicyclomine hcl tab 20 mg#</i>	1	PA (>=65 yr)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#</i>	2	PA (>=65 yr)
<i>esomeprazole magnesium cap delayed release 20 mg, 40 mg</i>	1	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	2	QL (30 packets/30 days)
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine tab 20 mg, 40 mg</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	4	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
<i>glycopyrrolate tab 1 mg, 2 mg</i>	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	1	
<i>lactulose solution 10 gm/15ml</i>	1	
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	1	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	2	QL (30 capsules/30 days)
<i>loperamide hcl cap 2 mg</i>	1	
LUBIPROSTONE - lubiprostone cap 8 mcg	3	QL (120 capsules/30 days)
LUBIPROSTONE - lubiprostone cap 24 mcg	3	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg, 5 mg#</i>	2	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i>	1	
<i>metoclopramide hcl tab 5 mg, 10 mg</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg</i>	1	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	2	PA
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	4	PA
NIZATIDINE - nizatidine cap 150 mg	3	
<i>nizatidine cap 300 mg</i>	1	
OICALIVA - obeticholic acid tab 5 mg, 10 mg*	4	PA, QL (30 tablets/30 days)
<i>omeprazole cap delayed release 10 mg</i>	1	QL (30 capsules/30 days)
<i>omeprazole cap delayed release 20 mg, 40 mg</i>	1	QL (60 capsules/30 days)
<i>pantoprazole sodium ec tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>pantoprazole sodium ec tab 40 mg</i>	1	QL (60 tablets/30 days)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	1	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PYLERA - bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	4	
<i>rabeprazole sodium ec tab 20 mg</i>	1	QL (30 tablets/30 days)
<i>sucralfate susp 1 gm/10ml</i>	3	
<i>sucralfate tab 1 gm</i>	1	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
SUTAB - sod sulfate-mg sulfate-pot chloride tab 1479-225-188 mg	3	
<i>ursodiol cap 300 mg</i>	2	
<i>ursodiol tab 250 mg, 500 mg</i>	2	
VIBERZI - eluxadoline tab 75 mg, 100 mg	4	PA, QL (60 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	4	PA, QL (90 tablets/30 days)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine powder for oral solution</i>	4	
CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit, 6000-19000-30000 unit, 12000-38000-60000 unit, 24000-76000-120000 unit, 36000-114000-180000 unit	2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	3	
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	3	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	3	
<i>levocarnitine tab 330 mg</i>	1	
<i>miglustat cap 100 mg*</i>	4	PA, QL (90 capsules/30 days)
<i>nitisinone cap 2 mg, 5 mg, 10 mg</i>	4	
ORFADIN - nitisinone cap 20 mg*	4	
ORFADIN - nitisinone susp 4 mg/ml*	4	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	4	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	4	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	4	PA
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	4	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	4	PA
VYNDAMAX - tafamidis cap 61 mg	4	PA, QL (30 capsules/30 days)
VYNDALIN - tafamidis meglumine (cardiac) cap 20 mg	4	PA, QL (120 capsules/30 days)
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit, 5000-17000-24000 unit, 10000-32000-42000 unit, 15000-47000-63000 unit, 20000-63000-84000 unit, 25000-79000-105000 unit, 40000-126000-168000 unit	2	

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Drug Name	Drug Tier	Requirements/Limits
Genitourinary Agents		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	QL (30 tablets/30 days)
<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	QL (30 capsules/30 days)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	2	QL (30 capsules/30 days)
<i>finasteride tab 5 mg</i>	1	QL (30 tablets/30 days)
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	2	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	2	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>	1	QL (30 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	QL (90 tablets/30 days)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	QL (60 tablets/30 days)
<i>oxybutynin chloride tab 5 mg</i>	1	QL (120 tablets/30 days)
<i>penicillamine tab 250 mg</i>	4	
<i>silodosin cap 4 mg, 8 mg</i>	2	QL (30 capsules/30 days)
<i>solifenacin succinate tab 5 mg, 10 mg</i>	1	QL (30 tablets/30 days)
<i>tamsulosin hcl cap 0.4 mg</i>	1	QL (60 capsules/30 days)
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i>	1	QL (30 capsules/30 days)
<i>tolterodine tartrate tab 1 mg, 2 mg</i>	1	QL (60 tablets/30 days)
<i>tropium chloride tab 20 mg</i>	1	QL (60 tablets/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>dexamethasone elixir 0.5 mg/5ml</i>	2	
<i>dexamethasone soln 0.5 mg/5ml</i>	2	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
HEMADY - dexamethasone tab 20 mg	3	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE - prednisolone sodium phosphate oral soln 25 mg/5ml	2	
<i>prednisolone syrup 15 mg/5ml</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48)</i>	1	
<i>prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg</i>	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	3	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg</i>	1	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	4	
OMNITROPE - somatropin for inj 5.8 mg	4	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	4	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
ANDRODERM - testosterone td patch 24hr 2 mg/24hr, 4 mg/24hr	2	PA, QL (30 patches/30 days)
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	2	PA
DEPO-ESTRADIOL - estradiol cypionate im in oil 5 mg/ml	3	
<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	
<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>	2	
<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#	3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg#</i>	3	
<i>estradiol & norethindrone acetate tab 1-0.5 mg#</i>	2	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg#</i>	1	
<i>estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	1	
<i>estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr#</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>estradiol valerate im in oil 20 mg/ml, 40 mg/ml</i>	2	
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)	3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg</i>	2	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</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
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	2	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	2	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg	2	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	2	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	2	
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	3	
medroxyprogesterone acetate im susp 150 mg/ml	3	
medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg	1	
megestrol acetate susp 40 mg/ml#	3	
megestrol acetate tab 20 mg, 40 mg#	1	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg#	3	
methyltestosterone cap 10 mg	4	PA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg	2	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg#	2	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	2	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg#	2	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	2	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg	2	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	2	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	2	
norethindrone acetate tab 5 mg	1	
norethindrone tab 0.35 mg	2	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg	2	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	2	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg, 0.18-35/0.215-35/0.25-35 mg-mcg	2	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	2	
oxandrolone tab 2.5 mg	2	PA
oxandrolone tab 10 mg	3	PA
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	2	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	2	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	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
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	2	
<i>progesterone cap 100 mg, 200 mg</i>	1	
<i>raloxifene hcl tab 60 mg</i>	1	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i>	2	PA
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	2	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	2	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	2	PA, QL (60 units/30 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	2	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	3	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	3	PA, QL (2 pump bottles/30 days)
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	1	
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	1	
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	1	
SYNTHROID - levothyroxine sodium tab 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Adrenal)		
KORLYM - mifepristone tab 300 mg*	4	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	4	
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline tab 0.5 mg</i>	1	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	3	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	3	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	3	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	3	PA
FIRMAGON - degarelix acetate for inj 80 mg	3	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	4	
<i>leuprolide acetate inj kit 5 mg/ml</i>	3	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	4	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	4	PA
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	4	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	4	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	4	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	4	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml), 100 mcg/ml (0.1 mg/ml), 200 mcg/ml (0.2 mg/ml), 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	3	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	3	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	3	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	3	PA
ORGOVYX - relugolix tab 120 mg*	4	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	4	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	4	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	4	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg	3	PA
TRELSTAR MIXJECT - triptorelin pamoate for im susp 22.5 mg	4	PA

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Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole tab 5 mg, 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	
Immunological Agents		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	2	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	4	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	2	
ARCALYST - riloncept for inj 220 mg*	4	PA
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	4	BD
<i>azathioprine tab 50 mg</i>	1	BD
<i>azathioprine tab 75 mg, 100 mg</i>	3	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	2	
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	4	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	4	PA
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	4	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	4	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	2	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	2	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	2	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	4	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	4	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	4	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	4	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	4	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	4	PA
<i>cyclosporine cap 25 mg</i>	2	BD
<i>cyclosporine cap 100 mg</i>	3	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	2	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	3	BD

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Drug Name	Drug Tier	Requirements/Limits
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	2	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	2	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	2	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	4	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	4	PA
ENBREL - etanercept for subcutaneous inj 25 mg	4	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	4	PA
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	4	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	4	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	4	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp 10 mcg/0.5ml, 20 mcg/ml	2	BD
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	4	BD
GAMMAGARD LIQUID - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 30 gm/300ml	4	BD, PA
GAMMAGARD S/D - immune globulin (human) iv for soln 5 gm, 10 gm	4	BD, PA
GAMMAPLEX - immune globulin (human) iv soln 5 gm/100ml, 10 gm/200ml, 20 gm/400ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml	4	BD, PA
GAMUNEX-C - immune globulin (human) iv or subcutaneous soln 1 gm/10ml, 2.5 gm/25ml, 5 gm/50ml, 10 gm/100ml, 20 gm/200ml, 40 gm/400ml	4	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	2	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	2	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	4	PA, QL (24 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	4	PA, QL (16 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	2	
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	2	

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	4	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	4	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	4	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	4	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	4	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	4	PA
<i>icatibant acetate inj 30 mg/3ml</i>	4	PA, QL (6 syringes/30 days)
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc inj	2	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	2	
INTRON A - interferon alfa-2b for inj 10000000 unit	2	
INTRON A - interferon alfa-2b for inj 18000000 unit	3	
INTRON A - interferon alfa-2b for inj 50000000 unit	4	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	2	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	2	
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2	
<i>leflunomide tab 10 mg, 20 mg</i>	2	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	2	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	2	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	2	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	2	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	1	
<i>methotrexate sodium tab 2.5 mg</i>	1	
<i>mycophenolate mofetil cap 250 mg</i>	1	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	4	BD
<i>mycophenolate mofetil tab 500 mg</i>	1	BD
<i>mycophenolate sodium tab dr 180 mg, 360 mg</i>	3	BD
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	2	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	2	

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	4	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	4	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	2	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	2	BD
PROGRAF - tacrolimus inj 5 mg/ml	3	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	3	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	2	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	2	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	2	
RABAVERT - rabies vaccine, pcec for inj	2	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	2	BD
RIDAURA - auranofin cap 3 mg	4	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	4	PA
ROTARIX - rotavirus vaccine, live for oral susp	2	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	2	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	3	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	2	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg, 20 mg	4	BD
<i>sirolimus oral soln 1 mg/ml</i>	3	BD
<i>sirolimus tab 0.5 mg, 1 mg, 2 mg</i>	3	BD
SKYRIZI - risankizumab-rzaa iv soln 600 mg/10ml (60 mg/ml)	4	PA
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	4	PA
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	4	PA
SKYRIZI - risankizumab-rzaa subcutaneous soln cartridge 360 mg/2.4ml	4	PA
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	4	PA
STAMARIL - yellow fever vaccine for inj suspension	2	
STELARA - ustekinumab inj 45 mg/0.5ml	4	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	4	PA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	4	PA
<i>tacrolimus cap 0.5 mg, 1 mg</i>	1	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>tacrolimus cap 5 mg</i>	2	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	2	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	2	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	2	
TREMFYA - guselkumab soln pen-injector 100 mg/ml	4	PA
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	4	PA
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	2	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	2	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	2	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	2	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	2	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	2	
XATMEP - methotrexate oral soln 2.5 mg/ml	3	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	4	PA
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	4	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	4	PA
XOLAIR - omalizumab for inj 150 mg*	4	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*	4	PA
YF-VAX - yellow fever vaccine subcutaneous inj	2	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium cap 750 mg</i>	2	
<i>budesonide delayed release particles cap 3 mg</i>	3	PA, QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	4	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	4	
<i>hydrocortisone enema 100 mg/60ml</i>	2	
<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	3	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	3	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	3	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	3	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	3	
<i>mesalamine suppos 1000 mg</i>	3	
<i>mesalamine tab delayed release 800 mg</i>	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tab delayed release 1.2 gm</i>	3	QL (120 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	3	QL (480 capsules/30 days)
PENTASA - mesalamine cap er 500 mg	3	QL (240 capsules/30 days)
<i>sulfasalazine tab delayed release 500 mg</i>	1	
<i>sulfasalazine tab 500 mg</i>	1	
Metabolic Bone Disease Agents		
<i>alendronate sodium tab 10 mg</i>	1	QL (120 tablets/30 days)
<i>alendronate sodium tab 35 mg, 70 mg</i>	1	QL (4 tablets/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	3	
<i>cinacalcet hcl tab 30 mg</i>	3	PA
<i>cinacalcet hcl tab 60 mg, 90 mg</i>	4	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	4	PA
<i>ibandronate sodium tab 150 mg</i>	1	QL (1 tablet/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg*	4	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	1	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	3	PA
<i>risedronate sodium tab delayed release 35 mg</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	2	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg</i>	1	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg</i>	1	QL (1 tablet/28 days)
TERIPARATIDE - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	4	PA
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	4	PA
XGEVA - denosumab inj 120 mg/1.7ml	4	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	3	
Ophthalmic Agents		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%, 0.15%	2	
<i>atropine sulfate ophth soln 1%</i>	2	
<i>azelastine hcl ophth soln 0.05%</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	2	
<i>bacitracin-polymyxin b ophth oint</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	2	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	3	
<i>bimatoprost ophth soln 0.03%</i>	2	QL (15 mls/75 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>brimonidine tartrate ophth soln 0.15%</i>	2	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	2	
<i>brinzolamide ophth susp 1%</i>	3	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	2	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3%</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
CYSTADROPS - cysteamine hcl ophth soln 0.37%*	4	PA
CYSTARAN - cysteamine hcl ophth soln 0.44%*	4	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	2	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	2	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
EYSUVIS - loteprednol etabonate ophth susp 0.25%	3	PA
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
GENTAK - gentamicin sulfate ophth oint 0.3%	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
ILEVRO - nepafenac ophth susp 0.3%	3	
INVELTYS - loteprednol etabonate ophth susp 1%	3	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%</i>	1	
LACRISERT - artificial tear ophth insert	3	
<i>latanoprost ophth soln 0.005%</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%</i>	1	
LUMIGAN - bimatoprost ophth soln 0.01%	2	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)</i>	1	
NATACYN - natamycin ophth susp 5%	3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	2	
<i>ofloxacin ophth soln 0.3%</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>olopatadine hcl ophth soln 0.1%, 0.2%</i>	1	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	
<i>prednisolone acetate ophth susp 1%</i>	2	
<i>prednisolone sodium phosphate ophth soln 1%</i>	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	2	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	2	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	2	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	2	PA
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	2	PA
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	2	
SULFACETAMIDE SODIUM - sulfacetamide sodium ophth oint 10%	2	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%, 0.5%, 0.5% (once-daily)</i>	1	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	3	
<i>tobramycin ophth soln 0.3%</i>	1	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>travoprost ophth soln 0.004%</i>	2	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	2	
Otic Agents		
<i>acetic acid otic soln 2%</i>	1	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	2	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
Respiratory Tract/Pulmonary Agents		
<i>acetylcysteine inhal soln 10%, 20%</i>	1	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	4	PA, QL (90 tablets/30 days)
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	2	QL (1 inhaler/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	2	QL (1 canister/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i>	2	QL (36 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.5% (5 mg/ml), 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BD
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	2	
<i>ambrisentan tab 5 mg, 10 mg*</i>	4	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	2	QL (1 package/30 days)
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	2	QL (1 canister/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	2	QL (1 canister/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	2	QL (1 canister/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/inh, 220 mcg/inh	2	QL (1 canister/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/inh	2	QL (1 canister/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/ act	3	QL (2 canisters/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i>	1	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg, 125 mg*</i>	3	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh, 200-25 mcg/inh	2	QL (1 package/30 days)
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act	2	QL (1 canister/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	BD
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	3	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	3	QL (2 canisters/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	3	BD
<i>cyproheptadine hcl syrup 2 mg/5ml#</i>	2	PA (>=65 yr)
<i>cyproheptadine hcl tab 4 mg#</i>	2	PA (>=65 yr)
DALIRESP - roflumilast tab 250 mcg, 500 mcg	3	PA, QL (30 tablets/30 days)
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	2	QL (1 canister/30 days)
EPINEPHRINE - epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	2	
EPINEPHRINE (authorized generic for Adrenaclick 0.3 mg/0.3 mL) - epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	2	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</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>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	2	
ESBRIET - pirfenidone cap 267 mg*	4	PA, QL (270 capsules/30 days)
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	4	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	4	PA
FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister, 100 mcg/blister	2	QL (1 inhaler/30 days)
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister	2	QL (4 inhalers/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	2	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	2	QL (1 canister/30 days)
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	2	QL (2 canisters/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	2	QL (3 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	1	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone-salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	2	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh	2	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	1	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QL (3 bottles/30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	BD
KALYDECO - ivacaftor packet 25 mg, 50 mg, 75 mg*	4	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	4	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	1	QL (2 bottles/30 days)
<i>montelukast sodium chew tab 4 mg, 5 mg</i>	1	
<i>montelukast sodium oral granules packet 4 mg</i>	1	
<i>montelukast sodium tab 10 mg</i>	1	
OFEV - nintedanib esylate cap 100 mg, 150 mg*	4	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	4	PA, QL (30 tablets/30 days)
ORKAMBI - lumacaftor-ivacaftor granules packet 100-125 mg, 150-188 mg*	4	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	4	PA, QL (120 tablets/30 days)
<i>pirfenidone tab 267 mg</i>	4	PA, QL (270 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pirfenidone tab 801 mg</i>	4	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	4	BD
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose	2	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	2	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	2	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	2	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	2	QL (1 canister/30 days)
SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	2	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	4	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	4	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	3	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	3	
THEO-24 - theophylline cap er 24hr 100 mg, 200 mg, 300 mg, 400 mg	3	
<i>theophylline tab er 12hr 300 mg, 450 mg</i>	3	
<i>theophylline tab er 24hr 400 mg, 600 mg</i>	1	
<i>tobramycin nebu soln 300 mg/5ml</i>	4	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	4	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh, 200-62.5-25 mcg/inh	2	QL (60 blisters/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	4	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	4	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	4	PA, QL (1 pack (200 tablets)/28 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg*	4	PA, QL (60 tablets/30 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	4	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	2	QL (36 grams/30 days)
XHANCE - fluticasone propionate nasal exhaler susp 93 mcg/act	3	QL (2 bottles/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	3	QL (2 canisters/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	1	
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl tab 5 mg, 10 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>methocarbamol tab 500 mg, 750 mg#</i>	1	
Sleep Disorder Agents		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	2	PA, QL (30 tablets/30 days)
BELSOMRA - suvorexant tab 5 mg, 10 mg, 15 mg, 20 mg	2	PA, QL (30 tablets/30 days)
DAYVIGO - lemborexant tab 5 mg, 10 mg	2	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	2	QL (30 tablets/30 days)
HETLIOZ - tasimelteon capsule 20 mg*	4	PA, QL (30 capsules/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	2	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	2	QL (30 tablets/30 days)
<i>temazepam cap 7.5 mg</i>	3	QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg</i>	1	QL (30 capsules/30 days)
WAKIX - pitolisant hcl tab 4.45 mg, 17.8 mg	4	PA, QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	4	PA, QL (540 mls/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	4	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#</i>	1	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#</i>	1	QL (60 capsules/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#</i>	1	QL (30 tablets/30 days)

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<i>albuterol sulfate tab 2 mg, 4 mg</i>	68		
<i>alclometasone dipropionate cream 0.05%</i>	48		

<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	9	<i>aripiprazole oral solution 1 mg/ml</i>	29
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg</i>	9	<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg</i>	29
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	9	<i>aripiprazole tab 2 mg, 5 mg</i>	29
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	9	ARISTADA.....	29
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	9	ARISTADA INITIO.....	29
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	9	<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	71
<i>amoxicillin & k clavulanate tab 250-125 mg, 500-125 mg, 875-125 mg</i>	9	ARNUITY ELLIPTA.....	68
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	47	<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	22
<i>amphetamine-dextroamphetamine tab 20 mg</i>	47	<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	22
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg</i>	47	<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	29
AMPHOTERICIN B.....	20	ASMANEX HFA.....	68
<i>amphotericin b liposome iv for susp 50 mg</i>	20	ASMANEX TWISTHALER 120 METERED DOSES.....	68
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	9	ASMANEX TWISTHALER 14 METERED DOSES.....	68
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	9	ASMANEX TWISTHALER 30 METERED DOSES.....	68
<i>ampicillin cap 500 mg</i>	9	ASMANEX TWISTHALER 60 METERED DOSES.....	68
<i>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	9	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	40
<i>ampicillin sodium for iv soln 1 gm</i>	9	<i>atazanavir sulfate cap 150 mg, 300 mg</i>	32
<i>ampicillin sodium for iv soln 2 gm, 10 gm</i>	9	<i>atazanavir sulfate cap 200 mg</i>	32
<i>anagrelide hcl cap 0.5 mg, 1 mg</i>	40	<i>atenolol & chlorthalidone tab 50-25 mg, 100-25 mg</i>	42
<i>anastrozole tab 1 mg</i>	22	<i>atenolol tab 25 mg, 50 mg, 100 mg</i>	42
ANDRODERM.....	56	ATGAM.....	60
ANORO ELLIPTA.....	68	<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	47
APOKYN.....	28	<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	47
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	28	<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg</i>	42
APO-VARENICLINE.....	8	<i>atorvastatin calcium tab 80 mg</i>	42
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	19	<i>atovaquone-proguanil hcl tab 62.5-25 mg, 250-100 mg</i>	27
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	19	<i>atovaquone susp 750 mg/5ml</i>	27
APTIOM.....	14	<i>atropine sulfate ophth soln 1%</i>	65
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ARCALYST.....	60	AURYXIA.....	51
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	29	AVONEX.....	47
		AVONEX PEN.....	47
		AYVAKIT.....	22
		<i>azathioprine tab 50 mg</i>	60

<i>azathioprine tab 75 mg, 100 mg</i>	60	<i>betamethasone dipropionate oint</i>	
<i>azelaic acid gel 15%</i>	48	0.05%.....	49
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray),</i>		<i>betamethasone valerate cream 0.1%</i>	49
0.15% (205.5 mcg/spray).....	68	<i>betamethasone valerate lotion 0.1%</i>	49
<i>azelastine hcl ophth soln 0.05%</i>	65	<i>betamethasone valerate oint 0.1%</i>	49
AZELEX.....	48	BETASERON.....	47
AZITHROMYCIN.....	9	<i>betaxolol hcl ophth soln 0.5%</i>	65
<i>azithromycin for susp 100 mg/5ml, 200</i>		<i>betaxolol hcl tab 10 mg, 20 mg</i>	42
mg/5ml.....	9	<i>bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50</i>	
<i>azithromycin iv for soln 500 mg</i>	9	mg.....	55
<i>azithromycin tab 250 mg, 500 mg, 600</i>		BETOPTIC-S.....	65
mg.....	9	<i>bexarotene cap 75 mg</i>	22
<i>aztreonam for inj 1 gm</i>	9	<i>bexarotene gel 1%</i>	22
B		BEXSERO.....	60
BACITRACIN.....	65	<i>bicalutamide tab 50 mg</i>	22
<i>bacitracin-polymyxin b ophth oint</i>	65	BICILLIN L-A.....	9
<i>bacitracin-polymyxin-neomycin-hc ophth oint</i>		BIKTARVY.....	32
1%.....	65	<i>bimatoprost ophth soln 0.03%</i>	65
<i>baclofen tab 5 mg, 10 mg, 20 mg</i>	32	<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg,</i>	
<i>balsalazide disodium cap 750 mg</i>	64	5-6.25 mg, 10-6.25 mg.....	42
BALVERSA.....	22	<i>bisoprolol fumarate tab 5 mg, 10 mg</i>	42
BAQSIMI ONE PACK.....	36	BOOSTRIX.....	60
BAQSIMI TWO PACK.....	36	<i>bosentan tab 62.5 mg, 125 mg</i>	68
BARACLUDE.....	32	BOSULIF.....	22
BCG VACCINE.....	60	BRAFTOVI.....	22
BELSOMRA.....	71	BREO ELLIPTA.....	68
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20-12.5 mg, 20-25 mg.....	42	BRILINTA.....	40
<i>benazepril & hydrochlorothiazide tab 5-6.25</i>		<i>brimonidine tartrate ophth soln 0.15%</i>	66
mg.....	42	<i>brimonidine tartrate ophth soln 0.2%</i>	66
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40</i>		<i>brimonidine tartrate-timolol maleate ophth soln</i>	
mg.....	42	0.2-0.5%.....	66
BENLYSTA.....	60	<i>brinzolamide ophth susp 1%</i>	66
BENZNIDAZOLE.....	27	BRIVIACT.....	14
<i>benzoyl peroxide-erythromycin gel</i>		<i>bromfenac sodium ophth soln 0.09% (once-</i>	
5-3%.....	48	daily).....	66
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2</i>		<i>bromocriptine mesylate cap 5 mg</i>	28
mg.....	28	<i>bromocriptine mesylate tab 2.5 mg</i>	28
BESIVANCE.....	65	BRUKINSA.....	22
BESREMI.....	60	<i>budesonide delayed release particles cap 3</i>	
<i>betaine powder for oral solution</i>	54	mg.....	64
<i>betamethasone dipropionate augmented cream</i>		<i>budesonide inhalation susp 0.25 mg/2ml, 0.5</i>	
0.05%.....	48	mg/2ml, 1 mg/2ml.....	68
<i>betamethasone dipropionate augmented lotion</i>		<i>budesonide tab er 24hr 9 mg</i>	64
0.05%.....	48	<i>bumetanide inj 0.25 mg/ml</i>	42
<i>betamethasone dipropionate augmented oint</i>		<i>bumetanide tab 0.5 mg, 1 mg, 2 mg</i>	42
0.05%.....	49	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5</i>	
<i>betamethasone dipropionate cream</i>		mg.....	8
0.05%.....	49	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2</i>	
<i>betamethasone dipropionate lotion</i>		mg, 12-3 mg.....	8
0.05%.....	49	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>	
		mg.....	8

<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>		<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300</i>	
<i>mg</i>	8	<i>mg</i>	15
<i>buprenorphine hcl sl tab 2 mg, 8 mg</i>	8	<i>carbamazepine chew tab 100 mg</i>	15
<i>bupropion hcl (smoking deterrent) tab er 12hr 150</i>		<i>carbamazepine susp 100 mg/5ml</i>	15
<i>mg</i>	8	<i>carbamazepine tab 200 mg</i>	15
<i>bupropion hcl tab 100 mg</i>	17	<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400</i>	
<i>bupropion hcl tab 75 mg</i>	17	<i>mg</i>	15
<i>bupropion hcl tab er 12hr 100 mg</i>	17	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>bupropion hcl tab er 12hr 150 mg, 200</i>		<i>10-100 mg</i>	28
<i>mg</i>	17	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>bupropion hcl tab er 24hr 150 mg</i>	17	<i>25-100 mg</i>	28
<i>bupropion hcl tab er 24hr 300 mg</i>	17	<i>carbidopa & levodopa orally disintegrating tab</i>	
<i>bupirone hcl tab 5 mg, 7.5 mg, 10 mg, 15 mg, 30</i>		<i>25-250 mg</i>	28
<i>mg</i>	35	<i>carbidopa & levodopa tab 10-100 mg, 25-100 mg,</i>	
<i>butalbital-acetaminophen-caffeine cap 50-300-40</i>		<i>25-250 mg</i>	28
<i>mg, 50-325-40 mg</i>	6	<i>carbidopa & levodopa tab er 25-100 mg, 50-200</i>	
<i>butalbital-acetaminophen-caffeine tab 50-325-40</i>		<i>mg</i>	28
<i>mg</i>	6	<i>carbidopa-levodopa-entacapone tabs 12.5-50-200</i>	
<i>butalbital-acetaminophen tab 50-325</i>		<i>mg, 18.75-75-200 mg, 25-100-200 mg,</i>	
<i>mg</i>	6	<i>31.25-125-200 mg, 37.5-150-200 mg, 50-200-200</i>	
<i>butalbital-aspirin-caffeine cap 50-325-40</i>		<i>mg</i>	28
<i>mg</i>	6	<i>carbidopa tab 25 mg</i>	28
<i>butorphanol tartrate nasal soln 10 mg/</i>		<i>carglumic acid soluble tab 200 mg</i>	51
<i>ml</i>	6	<i>carmustine for inj 100 mg</i>	22
BYDUREON BCISE.....	36	<i>carteolol hcl ophth soln 1%</i>	66
BYETTA.....	36	<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25</i>	
C		<i>mg</i>	42
<i>cabergoline tab 0.5 mg</i>	59	<i>caspofungin acetate for iv soln 50 mg, 70</i>	
CABLIVI.....	40	<i>mg</i>	20
CABOMETYX.....	22	<i>cefaclor cap 250 mg</i>	9
<i>calcipotriene cream 0.005%</i>	49	<i>cefaclor cap 500 mg</i>	10
<i>calcipotriene oint 0.005%</i>	49	<i>cefadroxil cap 500 mg</i>	10
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	49	<i>cefadroxil for susp 250 mg/5ml, 500</i>	
<i>calcitonin (salmon) nasal soln 200 unit/</i>		<i>mg/5ml</i>	10
<i>act</i>	65	<i>cefadroxil tab 1 gm</i>	10
<i>calcitriol cap 0.25 mcg, 0.5 mcg</i>	65	<i>cefazolin sodium (bulk) for inj 100 gm</i>	10
<i>calcitriol oral soln 1 mcg/ml</i>	65	<i>cefazolin sodium (bulk) for inj 300 gm</i>	10
<i>calcium acetate cap 667 mg (169 mg</i>		<i>cefazolin sodium-dextrose iv solution 1</i>	
<i>ca)</i>	51	<i>gm/50ml-4%</i>	10
<i>calcium acetate tab 667 mg</i>	51	<i>cefazolin sodium for inj 2 gm</i>	10
CALQUENCE.....	22	<i>cefazolin sodium for inj 500 mg, 1 gm, 10</i>	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5</i>		<i>gm</i>	10
<i>mg, 32-12.5 mg, 32-25 mg</i>	42	<i>cefazolin sodium for iv soln 1 gm</i>	10
<i>candesartan cilexetil tab 32 mg</i>	42	<i>cefazolin sodium for iv soln 1 gm and dextrose 4%</i>	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16</i>		<i>(50 ml)</i>	10
<i>mg</i>	42	<i>cefdinir cap 300 mg</i>	10
CAPLYTA.....	29	<i>cefdinir for susp 125 mg/5ml, 250</i>	
CAPRELSA.....	22	<i>mg/5ml</i>	10
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100</i>		<i>cefepime hcl for inj 1 gm, 2 gm</i>	10
<i>mg</i>	42	<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50</i>	
		<i>ml)</i>	10
		<i>cefepime hcl for iv soln 2 gm</i>	10

cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml).....	10	chloroquine phosphate tab 250 mg.....	27
cefepime hcl iv soln 1 gm/50ml.....	10	chloroquine phosphate tab 500 mg.....	27
cefepime hcl iv soln 2 gm/100ml.....	10	chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	19
cefixime cap 400 mg.....	10	CHLORPROMAZINE HYDROCHLORIDE.....	19
cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm.....	10	chlorthalidone tab 25 mg, 50 mg.....	42
cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml).....	10	cholestyramine light powder 4 gm/dose.....	42
cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml).....	10	cholestyramine light powder packets 4 gm.....	42
cefepodoxime proxetil for susp 50 mg/5ml, 100 mg/5ml.....	10	cholestyramine powder 4 gm/dose.....	42
cefepodoxime proxetil tab 100 mg, 200 mg.....	10	cholestyramine powder packets 4 gm.....	42
cefprozil for susp 125 mg/5ml, 250 mg/5ml.....	10	choline fenofibrate cap dr 135 mg.....	42
cefprozil tab 250 mg, 500 mg.....	10	choline fenofibrate cap dr 45 mg.....	42
ceftazidime for inj 1 gm, 6 gm.....	10	ciclopirox gel 0.77%.....	20
ceftazidime for iv soln 1 gm and dextrose 5% (50ml).....	10	ciclopirox olamine cream 0.77%.....	20
ceftazidime for iv soln 2 gm.....	10	ciclopirox olamine susp 0.77%.....	20
ceftazidime for iv soln 2 gm and dextrose 5% (50ml).....	10	ciclopirox shampoo 1%.....	20
ceftriaxone sodium (bulk) for inj 100 gm.....	10	ciclopirox solution 8%.....	20
ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm.....	10	cilostazol tab 50 mg, 100 mg.....	40
ceftriaxone sodium for iv soln 1 gm, 2 gm.....	10	CIMDUO.....	32
ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml.....	10	cimetidine hcl soln 300 mg/5ml.....	53
ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml.....	10	cimetidine tab 200 mg, 300 mg, 400 mg, 800 mg.....	53
ceftriaxone sodium in dextrose inj 20 mg/ml.....	10	cinacalcet hcl tab 30 mg.....	65
ceftriaxone sodium in dextrose inj 40 mg/ml.....	10	cinacalcet hcl tab 60 mg, 90 mg.....	65
cefuroxime axetil tab 250 mg, 500 mg.....	11	CINRYZE.....	60
cefuroxime sodium for inj 750 mg.....	11	ciprofloxacin 200 mg/100ml in d5w.....	11
cefuroxime sodium for iv soln 1.5 gm.....	11	ciprofloxacin 400 mg/200ml in d5w.....	11
celecoxib cap 400 mg.....	6	CIPROFLOXACIN HCL.....	11
celecoxib cap 50 mg, 100 mg, 200 mg.....	6	ciprofloxacin hcl ophth soln 0.3%.....	66
CELONTIN.....	15	ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	11
cephalexin cap 250 mg, 500 mg.....	11	citalopram hydrobromide oral soln 10 mg/5ml.....	17
cephalexin cap 750 mg.....	11	citalopram hydrobromide tab 10 mg, 20 mg.....	17
cephalexin for susp 125 mg/5ml, 250 mg/5ml.....	11	citalopram hydrobromide tab 40 mg.....	17
cevimeline hcl cap 30 mg.....	48	CLARITHROMYCIN.....	11
CHEMET.....	51	clarithromycin tab 250 mg, 500 mg.....	11
CHENODAL.....	53	clarithromycin tab er 24hr 500 mg.....	11
chlorhexidine gluconate soln 0.12%.....	48	CLEMASTINE FUMARATE.....	68
		clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	11
		clindamycin palmitate hcl for soln 75 mg/5ml.....	11
		clindamycin phosphate-benzoyl peroxide gel 1-5%.....	49
		clindamycin phosphate gel 1%.....	11
		clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml.....	11

<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	11	COARTEM.....	27
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	11	CODEINE SULFATE.....	6
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	11	<i>codeine sulfate tab 30 mg</i>	6
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	11	<i>colchicine tab 0.6 mg</i>	21
<i>clindamycin phosphate lotion 1%</i>	11	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	21
<i>clindamycin phosphate soln 1%</i>	11	<i>colestipol hcl granule packets 5 gm</i>	42
<i>clindamycin phosphate swab 1%</i>	11	<i>colestipol hcl granules 5 gm</i>	42
<i>clindamycin phosphate vaginal cream 2%</i>	11	<i>colestipol hcl tab 1 gm</i>	42
<i>clobazam suspension 2.5 mg/ml</i>	15	<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	11
<i>clobazam tab 10 mg, 20 mg</i>	15	COMBIVENT RESPIMAT.....	68
<i>clobetasol propionate cream 0.05%</i>	49	COMETRIQ.....	22
<i>clobetasol propionate emollient base cream 0.05%</i>	49	COMPLERA.....	32
<i>clobetasol propionate foam 0.05%</i>	49	COPAXONE.....	47
<i>clobetasol propionate gel 0.05%</i>	49	COPIKTRA.....	22
<i>clobetasol propionate oint 0.05%</i>	49	CORLANOR.....	42
<i>clobetasol propionate shampoo 0.05%</i>	49	COSELA.....	22
<i>clobetasol propionate soln 0.05%</i>	49	COSENTYX.....	60
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg</i>	17	COSENTYX SENSOREADY PEN.....	60
<i>clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	35	COTELLIC.....	22
<i>clonazepam orally disintegrating tab 2 mg</i>	35	CREON.....	54
<i>clonazepam tab 0.5 mg, 1 mg</i>	35	CRESEMBA.....	20
<i>clonazepam tab 2 mg</i>	35	<i>cromolyn sodium ophth soln 4%</i>	66
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg</i>	42	<i>cromolyn sodium oral conc 100 mg/5ml</i>	54
<i>clonidine hcl tab er 12hr 0.1 mg</i>	47	<i>cromolyn sodium soln nebu 20 mg/2ml</i>	68
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	42	<i>cyclobenzaprine hcl tab 5 mg, 10 mg</i>	70
<i>clopidogrel bisulfate tab 75 mg</i>	40	CYCLOPHOSPHAMIDE.....	23
<i>clorazepate dipotassium tab 15 mg</i>	36	<i>cyclophosphamide cap 25 mg, 50 mg</i>	23
<i>clorazepate dipotassium tab 3.75 mg</i>	36	CYCLOSET.....	36
<i>clorazepate dipotassium tab 7.5 mg</i>	36	<i>cyclosporine cap 100 mg</i>	60
<i>clotrimazole cream 1%</i>	20	<i>cyclosporine cap 25 mg</i>	60
<i>clotrimazole troche 10 mg</i>	20	<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	60
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	49	<i>cyclosporine modified oral soln 100 mg/ml</i>	60
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	49	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	68
CLOZAPINE ODT.....	29	<i>cyproheptadine hcl tab 4 mg</i>	68
<i>clozapine orally disintegrating tab 25 mg, 100 mg</i>	29	CYSTADROPS.....	66
<i>clozapine tab 100 mg</i>	29	CYSTAGON.....	54
<i>clozapine tab 200 mg</i>	29	CYSTARAN.....	66
<i>clozapine tab 25 mg, 50 mg</i>	29	D	
		<i>dalfampridine tab er 12hr 10 mg</i>	47
		DALIRESP.....	68
		DALVANCE.....	11
		<i>danazol cap 50 mg, 100 mg, 200 mg</i>	56
		<i>dantrolene sodium cap 25 mg, 50 mg, 100 mg</i>	32
		<i>dapsone tab 25 mg, 100 mg</i>	21
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daptomycin for iv soln 500 mg.....	11	dexamethasone tab therapy pack 1.5 mg (51).....	55
DAURISMO.....	23	dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	47
DAYVIGO.....	71	dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	47
decitabine for inj 50 mg.....	23	dextroamphetamine sulfate cap er 24hr 5 mg.....	47
deferasirox granules packet 90 mg, 180 mg, 360 mg.....	51	dextroamphetamine sulfate tab 10 mg.....	47
deferasirox tab 90 mg, 180 mg, 360 mg.....	51	dextroamphetamine sulfate tab 5 mg.....	47
deferasirox tab for oral susp 125 mg, 250 mg, 500 mg.....	51	dextrose 2.5% w/ sodium chloride 0.45%.....	51
DELSTRIGO.....	32	dextrose 5% w/ sodium chloride 0.2%, 0.33%, 0.45%, 0.9%.....	51
demeclocycline hcl tab 150 mg, 300 mg.....	11	dextrose inj 5%, 10%.....	51
DENGVAZIA.....	61	DIACOMIT.....	15
DEPO-ESTRADIOL.....	56	diazepam conc 5 mg/ml.....	36
DESCOVY.....	32	diazepam oral soln 1 mg/ml.....	36
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	17	DIAZEPAM RECTAL GEL.....	15
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	56	diazepam tab 2 mg, 5 mg, 10 mg.....	36
desmopressin acetate tab 0.1 mg, 0.2 mg.....	56	diazoxide susp 50 mg/ml.....	36
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	56	diclofenac potassium tab 50 mg.....	6
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg- mg.....	56	diclofenac sodium (actinic keratoses) gel 3%.....	49
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	56	diclofenac sodium gel 1%.....	6
desonide cream 0.05%.....	49	diclofenac sodium ophth soln 0.1%.....	66
desonide lotion 0.05%.....	49	diclofenac sodium tab delayed release 25 mg.....	6
desonide oint 0.05%.....	49	diclofenac sodium tab delayed release 50 mg.....	6
desoximetasone cream 0.05%, 0.25%.....	49	diclofenac sodium tab delayed release 75 mg.....	6
desoximetasone gel 0.05%.....	49	diclofenac sodium tab er 24hr 100 mg.....	6
desoximetasone oint 0.25%.....	49	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	6
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	17	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	6
dexamethasone elixir 0.5 mg/5ml.....	55	dicloxacillin sodium cap 250 mg, 500 mg.....	11
dexamethasone sodium phosphate ophth soln 0.1%.....	66	dicyclomine hcl cap 10 mg.....	53
dexamethasone soln 0.5 mg/5ml.....	55	dicyclomine hcl oral soln 10 mg/5ml.....	53
dexamethasone tab 0.5 mg.....	55	dicyclomine hcl tab 20 mg.....	53
dexamethasone tab 0.75 mg.....	55	DIFICID.....	11
dexamethasone tab 1.5 mg, 4 mg, 6 mg.....	55	difluprednate ophth emulsion 0.05%.....	66
dexamethasone tab 1 mg.....	55	digoxin oral soln 0.05 mg/ml.....	43
dexamethasone tab 2 mg.....	55	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	43
dexamethasone tab therapy pack 1.5 mg (21).....	55	dihydroergotamine mesylate nasal spray 4 mg/ ml.....	21
dexamethasone tab therapy pack 1.5 mg (35).....	55	DILANTIN.....	15
		diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	43

diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	43	doxycycline hyclate tab 20 mg, 100 mg.....	11
diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	43	doxycycline monohydrate cap 150 mg.....	12
diltiazem hcl coated beads tab er 24hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	43	doxycycline monohydrate cap 50 mg, 100 mg.....	11
diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	43	doxycycline monohydrate cap 75 mg.....	12
diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg.....	43	doxycycline monohydrate tab 150 mg.....	12
dimethyl fumarate capsule delayed release 120 mg, 240 mg.....	47	doxycycline monohydrate tab 50 mg, 75 mg, 100 mg.....	12
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	47	DRIZALMA SPRINKLE.....	17
DIPENTUM.....	64	dronabinol cap 2.5 mg, 5 mg, 10 mg.....	19
diphenoxylate w/ atropine tab 2.5-0.025 mg.....	53	drosiprenone-ethinyl estradiol tab 3-0.02 mg.....	56
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	61	drosiprenone-ethinyl estradiol tab 3-0.03 mg.....	56
dipyridamole tab 25 mg, 50 mg, 75 mg.....	40	drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....	56
disulfiram tab 250 mg.....	8	drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....	56
disulfiram tab 500 mg.....	8	droxidopa cap 100 mg, 200 mg, 300 mg.....	43
divalproex sodium cap delayed release sprinkle 125 mg.....	15	DUAVEE.....	56
divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg.....	15	DULERA.....	68
divalproex sodium tab er 24 hr 250 mg, 500 mg.....	15	duloxetine hcl enteric coated pellets cap 20 mg, 60 mg.....	18
docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml).....	23	duloxetine hcl enteric coated pellets cap 30 mg.....	18
docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml.....	23	DUPIXENT.....	61
dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg).....	43	dutasteride cap 0.5 mg.....	55
donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg.....	17	dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	55
donepezil hydrochloride tab 5 mg, 10 mg, 23 mg.....	17	E	
dorzolamide hcl ophth soln 2%.....	66	econazole nitrate cream 1%.....	20
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	66	EDURANT.....	32
DOVATO.....	32	efavirenz cap 200 mg.....	32
doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg.....	43	efavirenz cap 50 mg.....	32
doxepin hcl (sleep) tab 3 mg, 6 mg.....	71	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	33
doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	17	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg.....	33
doxepin hcl conc 10 mg/ml.....	17	efavirenz tab 600 mg.....	33
doxycycline hyclate cap 50 mg, 100 mg.....	11	ELIGARD.....	59
doxycycline hyclate for inj 100 mg.....	11	ELIQUIS.....	40
		ELIQUIS STARTER PACK.....	40
		EMCYT.....	23
		EMGALITY.....	21
		EMSAM.....	18
		emtricitabine caps 200 mg.....	33
		emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg.....	33

EMTRIVA.....	33	escitalopram oxalate tab 5 mg, 10 mg.....	18
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg, 10-25 mg.....	43	esomeprazole magnesium cap delayed release 20 mg, 40 mg.....	53
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg.....	43	esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg.....	53
ENBREL.....	61	estradiol & norethindrone acetate tab 0.5-0.1 mg.....	56
ENBREL MINI.....	61	estradiol & norethindrone acetate tab 1-0.5 mg.....	56
ENBREL SURECLICK.....	61	estradiol tab 0.5 mg, 1 mg, 2 mg.....	56
ENGERIX-B.....	61	estradiol td patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	56
enoxaparin sodium inj 300 mg/3ml.....	40	estradiol td patch weekly 0.025 mg/24hr, 0.0375 mg/24hr (37.5 mcg/24hr), 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr.....	56
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml, 120 mg/0.8ml, 150 mg/ml.....	40	estradiol vaginal cream 0.1 mg/gm.....	56
entacapone tab 200 mg.....	28	estradiol vaginal tab 10 mcg.....	56
entecavir tab 0.5 mg, 1 mg.....	33	estradiol valerate im in oil 20 mg/ml, 40 mg/ml.....	56
ENTRESTO.....	43	ESTRING.....	56
EPCLUSA.....	33	ethambutol hcl tab 100 mg, 400 mg.....	21
EPIDIOLEX.....	15	ethosuximide cap 250 mg.....	15
epinastine hcl ophth soln 0.05%.....	66	ethosuximide soln 250 mg/5ml.....	15
EPINEPHRINE.....	68	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg.....	56
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	68	etodolac cap 200 mg.....	6
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak).....	69	etodolac cap 300 mg.....	6
EPIVIR HBV.....	33	etodolac tab 400 mg, 500 mg.....	6
eplerenone tab 25 mg, 50 mg.....	43	etodolac tab er 24hr 400 mg, 500 mg.....	6
EPRONTIA.....	15	etodolac tab er 24hr 600 mg.....	6
ergotamine w/ caffeine tab 1-100 mg.....	21	etravirine tab 100 mg.....	33
ERIVEDGE.....	23	etravirine tab 200 mg.....	33
ERLEADA.....	23	EULEXIN.....	23
erlotinib hcl tab 100 mg, 150 mg.....	23	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg.....	61
erlotinib hcl tab 25 mg.....	23	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	23
ertapenem sodium for inj 1 gm.....	12	everolimus tab 5 mg.....	23
ERY.....	12	everolimus tab for oral susp 2 mg, 5 mg.....	23
ERYTHROCIN LACTOBIONATE.....	12	everolimus tab for oral susp 3 mg.....	23
ERYTHROCIN STEARATE.....	12	EVOTAZ.....	33
erythromycin ethylsuccinate for susp 200 mg/5ml, 400 mg/5ml.....	12	exemestane tab 25 mg.....	23
erythromycin lactobionate for inj 500 mg.....	12	EXKIVITY.....	23
erythromycin ophth oint 5 mg/gm.....	66	EYSUVIS.....	66
erythromycin soln 2%.....	12	ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	43
erythromycin tab 250 mg, 500 mg.....	12	ezetimibe tab 10 mg.....	43
erythromycin tab delayed release 250 mg, 500 mg.....	12		
erythromycin tab delayed release 333 mg.....	12		
erythromycin w/ delayed release particles cap 250 mg.....	12		
ESBRIET.....	69		
escitalopram oxalate soln 5 mg/5ml.....	18		
escitalopram oxalate tab 20 mg.....	18		

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<i>famciclovir tab 125 mg, 250 mg, 500 mg</i>	33	<i>fluocinolone acetone oint 0.025%</i>	49
<i>famotidine for susp 40 mg/5ml</i>	53	<i>fluocinolone acetone soln 0.01%</i>	49
<i>famotidine tab 20 mg, 40 mg</i>	53	<i>fluocinonide cream 0.05%</i>	49
FANAPT.....	29	<i>fluocinonide emulsified base cream 0.05%</i>	49
FANAPT TITRATION PACK.....	30	<i>fluocinonide gel 0.05%</i>	49
FARXIGA.....	36	<i>fluocinonide oint 0.05%</i>	49
FASENRA.....	69	<i>fluocinonide soln 0.05%</i>	49
FASENRA PEN.....	69	<i>fluorometholone ophth susp 0.1%</i>	66
<i>felbamate susp 600 mg/5ml</i>	15	FLUOROURACIL.....	50
<i>felbamate tab 400 mg, 600 mg</i>	15	<i>fluorouracil cream 5%</i>	50
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg</i>	43	<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml), 1 gm/20ml (50 mg/ml), 2.5 gm/50ml (50 mg/ml), 5 gm/100ml (50 mg/ml)</i>	23
<i>fenofibrate micronized cap 67 mg, 134 mg, 200 mg</i>	43	FLUOXETINE DR.....	18
<i>fenofibrate tab 145 mg, 160 mg</i>	43	<i>fluoxetine hcl cap 10 mg</i>	18
<i>fenofibrate tab 48 mg, 54 mg</i>	43	<i>fluoxetine hcl cap 20 mg</i>	18
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	6	<i>fluoxetine hcl cap 40 mg</i>	18
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	6	<i>fluoxetine hcl solution 20 mg/5ml</i>	18
<i>fentanyl td patch 72hr 12 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	6	<i>fluoxetine hcl tab 10 mg</i>	18
<i>fentanyl td patch 72hr 25 mcg/hr, 50 mcg/hr</i>	6	<i>fluoxetine hcl tab 20 mg</i>	18
FETZIMA.....	18	<i>fluphenazine decanoate inj 25 mg/ml</i>	30
FETZIMA TITRATION PACK.....	18	FLUPHENAZINE HCL.....	30
FINACEA.....	49	<i>fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg</i>	30
<i>finasteride tab 5 mg</i>	55	FLUPHENAZINE HYDROCHLORIDE.....	30
FINTEPLA.....	15	<i>flurbiprofen sodium ophth soln 0.03%</i>	66
FIRMAGON.....	59	<i>flurbiprofen tab 100 mg</i>	6
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg</i>	43	<i>flutamide cap 125 mg</i>	23
FLOVENT DISKUS.....	69	FLUTICASONE PROPIONATE/ SALMETEROL.....	69
FLOVENT HFA.....	69	<i>fluticasone propionate cream 0.05%</i>	50
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	20	<i>fluticasone propionate nasal susp 50 mcg/act</i>	69
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	20	<i>fluticasone propionate oint 0.005%</i>	50
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg</i>	20	<i>fluvastatin sodium cap 20 mg, 40 mg</i>	43
<i>flucytosine cap 250 mg, 500 mg</i>	20	<i>fluvoxamine maleate tab 100 mg</i>	18
<i>fludrocortisone acetate tab 0.1 mg</i>	55	<i>fluvoxamine maleate tab 25 mg, 50 mg</i>	18
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	69	FOLOTYN.....	23
<i>fluocinolone acetone (otic) oil 0.01%</i>	67	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	40
<i>fluocinolone acetone cream 0.01%</i>	49	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	40
<i>fluocinolone acetone cream 0.025%</i>	49	FORTEO.....	65
<i>fluocinolone acetone oil 0.01% (body oil), 0.01% (scalp oil)</i>	49	<i>fosamprenavir calcium tab 700 mg</i>	33
		<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i>	43
		<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i>	43
		FOSRENOL.....	51
		FOTIVDA.....	23

FULPHILA.....	40	<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500</i>	
<i>fulvestrant inj 250 mg/5ml.....</i>	23	<i>mg.....</i>	37
<i>furosemide inj 10 mg/ml.....</i>	43	<i>glipizide tab 10 mg.....</i>	37
<i>furosemide oral soln 10 mg/ml.....</i>	43	<i>glipizide tab 5 mg.....</i>	37
<i>furosemide oral soln 8 mg/ml.....</i>	43	<i>glipizide tab er 24hr 10 mg.....</i>	36
<i>furosemide tab 20 mg, 40 mg, 80 mg.....</i>	43	<i>glipizide tab er 24hr 2.5 mg.....</i>	36
FUZEON.....	33	<i>glipizide tab er 24hr 5 mg.....</i>	36
FYCOMPA.....	15	GLUCAGEN HYPOKIT.....	37
G		<i>glucagon (rdna) for inj kit 1 mg.....</i>	37
<i>gabapentin cap 100 mg.....</i>	15	GLUCAGON EMERGENCY KIT.....	37
<i>gabapentin cap 300 mg.....</i>	15	GLUCAGON EMERGENCY KIT FOR LOW BLOOD	
<i>gabapentin cap 400 mg.....</i>	15	SUGAR.....	37
<i>gabapentin oral soln 250 mg/5ml.....</i>	15	<i>glyburide-metformin tab 1.25-250 mg.....</i>	37
<i>gabapentin tab 600 mg.....</i>	15	<i>glyburide-metformin tab 2.5-500 mg, 5-500</i>	
<i>gabapentin tab 800 mg.....</i>	15	<i>mg.....</i>	37
GALANTAMINE HYDROBROMIDE.....	17	<i>glyburide micronized tab 1.5 mg.....</i>	37
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg,</i>		<i>glyburide micronized tab 3 mg.....</i>	37
<i>24 mg.....</i>	17	<i>glyburide micronized tab 6 mg.....</i>	37
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12</i>		<i>glyburide tab 1.25 mg.....</i>	37
<i>mg.....</i>	17	<i>glyburide tab 2.5 mg.....</i>	37
GAMMAGARD LIQUID.....	61	<i>glyburide tab 5 mg.....</i>	37
GAMMAGARD S/D.....	61	<i>glycopyrrolate tab 1 mg, 2 mg.....</i>	53
GAMMAPLEX.....	61	GLYXAMBI.....	37
GAMUNEX-C.....	61	<i>granisetron hcl tab 1 mg.....</i>	19
GARDASIL 9.....	61	GRANIX.....	40
GATTEX.....	53	<i>griseofulvin microsize susp 125</i>	
GAUZE PADS 2" X 2".....	36	<i>mg/5ml.....</i>	20
GAVILYTE-C.....	53	<i>griseofulvin microsize tab 500 mg.....</i>	20
GAVRETO.....	23	<i>griseofulvin ultramicrosize tab 125 mg, 250</i>	
<i>gemfibrozil tab 600 mg.....</i>	43	<i>mg.....</i>	20
GENTAK.....	66	<i>guanfacine hcl tab 1 mg, 2 mg.....</i>	43
<i>gentamicin in saline inj 1.2 mg/ml.....</i>	12	<i>guanfacine hcl tab er 24hr 1 mg, 2 mg, 3 mg, 4</i>	
GENTAMICIN SULFATE/0.9% SODIUM		<i>mg.....</i>	47
CHLORIDE.....	12	GVOKE HYPOPEN 1-PACK.....	37
<i>gentamicin sulfate cream 0.1%.....</i>	50	GVOKE HYPOPEN 2-PACK.....	37
<i>gentamicin sulfate inj 40 mg/ml.....</i>	12	GVOKE KIT.....	37
<i>gentamicin sulfate oint 0.1%.....</i>	50	GVOKE PFS.....	37
<i>gentamicin sulfate ophth soln 0.3%.....</i>	66	H	
GENTAMICIN SULFATE PEDIATRIC.....	12	HAEGARDA.....	61
GENVOYA.....	33	<i>halobetasol propionate cream 0.05%.....</i>	50
GILENYA.....	47	<i>halobetasol propionate oint 0.05%.....</i>	50
GILOTRIF.....	23	<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/</i>	
<i>glatiramer acetate soln prefilled syringe 20 mg/</i>		<i>ml.....</i>	30
<i>ml.....</i>	47	<i>haloperidol lactate inj 5 mg/ml.....</i>	30
<i>glatiramer acetate soln prefilled syringe 40 mg/</i>		<i>haloperidol lactate oral conc 2 mg/ml.....</i>	30
<i>ml.....</i>	47	<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20</i>	
<i>glimepiride tab 1 mg.....</i>	36	<i>mg.....</i>	30
<i>glimepiride tab 2 mg.....</i>	36	HARVONI.....	33
<i>glimepiride tab 4 mg.....</i>	36	HAVRIX.....	61
<i>glipizide-metformin hcl tab 2.5-250 mg.....</i>	37	HEMADY.....	55

<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	40	<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	6
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	40	<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	6
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	40	<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	6
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	40	<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	6
HETLIOZ.....	71	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	7
HIBERIX.....	61	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	7
HUMALOG.....	37	<i>hydrocortisone butyrate cream 0.1%</i>	50
HUMALOG JUNIOR KWIKPEN.....	37	<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	50
HUMALOG KWIKPEN.....	37	<i>hydrocortisone butyrate oint 0.1%</i>	50
HUMALOG MIX 50/50.....	37	<i>hydrocortisone butyrate soln 0.1%</i>	50
HUMALOG MIX 50/50 KWIKPEN.....	37	<i>hydrocortisone cream 1%</i>	50
HUMALOG MIX 75/25.....	37	<i>hydrocortisone cream 2.5%</i>	50
HUMALOG MIX 75/25 KWIKPEN.....	37	<i>hydrocortisone enema 100 mg/60ml</i>	64
HUMIRA.....	62	<i>hydrocortisone lotion 2.5%</i>	50
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	62	<i>hydrocortisone oint 1%</i>	50
HUMIRA PEN.....	62	<i>hydrocortisone oint 2.5%</i>	50
HUMIRA PEN-CD/UC/HS STARTER.....	62	<i>hydrocortisone perianal cream 1%</i>	64
HUMIRA PEN-PEDIATRIC UC STARTER PACK.....	62	<i>hydrocortisone perianal cream 2.5%</i>	64
HUMIRA PEN-PS/UV STARTER.....	62	<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i>	55
HUMULIN 70/30.....	38	<i>hydrocortisone valerate cream 0.2%</i>	50
HUMULIN 70/30 KWIKPEN.....	38	<i>hydrocortisone valerate oint 0.2%</i>	50
HUMULIN N.....	37	<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	67
HUMULIN N KWIKPEN.....	38	<i>hydromorphone hcl inj 2 mg/ml</i>	7
HUMULIN R.....	38	<i>hydromorphone hcl liqd 1 mg/ml</i>	7
HUMULIN R U-500 (CONCENTRATE).....	38	<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	7
HUMULIN R U-500 KWIKPEN.....	38	<i>hydromorphone hcl preservative free inj 2 mg/ml</i>	7
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i>	43	<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	7
<i>hydrochlorothiazide cap 12.5 mg</i>	43	<i>hydroxychloroquine sulfate tab 200 mg</i>	28
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i>	44	<i>hydroxyurea cap 500 mg</i>	23
HYDROCODONE/IBUPROFEN.....	7	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	36
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	7	<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i>	36
<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i>	7		
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	7	I	
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	7	<i>ibandronate sodium tab 150 mg</i>	65
<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i>	7	IBRANCE.....	23
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	6	<i>ibuprofen susp 100 mg/5ml</i>	7
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	6	<i>ibuprofen tab 400 mg</i>	7
		<i>ibuprofen tab 600 mg</i>	7
		<i>ibuprofen tab 800 mg</i>	7
		<i>icatibant acetate inj 30 mg/3ml</i>	62
		ICLUSIG.....	23

<i>icosapent ethyl cap 1 gm</i>	44	<i>isosorbide mononitrate tab 10 mg, 20</i>	
IDHIFA.....	23	<i>mg</i>	44
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml</i>		<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg,</i>	
<i>(50 mg/ml)</i>	23	<i>120 mg</i>	44
ILEVRO.....	66	ISOTONIC GENTAMICIN.....	12
<i>imatinib mesylate tab 100 mg</i>	23	<i>isotretinoin cap 10 mg, 20 mg, 25 mg, 30 mg, 35 mg,</i>	
<i>imatinib mesylate tab 400 mg</i>	23	<i>40 mg</i>	50
IMBRUVICA.....	23	<i>isradipine cap 2.5 mg, 5 mg</i>	44
IMIPENEM/CILASTATIN.....	12	<i>itraconazole cap 100 mg</i>	20
<i>imipenem-cilastatin intravenous for soln 500</i>		<i>ivermectin cream 1%</i>	50
<i>mg</i>	12	<i>ivermectin tab 3 mg</i>	28
<i>imipramine hcl tab 10 mg, 25 mg, 50</i>		IXIARO.....	62
<i>mg</i>	18	J	
<i>imiquimod cream 5%</i>	50	JAKAFI.....	24
IMOVAX RABIES (H.D.C.V.).....	62	JANUMET.....	38
IMPAVIDO.....	12	JANUMET XR.....	38
INBRIJA.....	28	JANUVIA.....	38
INCRELEX.....	56	JARDIANCE.....	38
INCRUSE ELLIPTA.....	69	JULUCA.....	33
<i>indapamide tab 1.25 mg, 2.5 mg</i>	44	K	
INFANRIX.....	62	KALYDECO.....	69
INLYTA.....	24	<i>kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45%</i>	
INQOVI.....	24	<i>inj</i>	51
INREBIC.....	24	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2%</i>	
INSULIN INJECTION DEVICE.....	38	<i>inj</i>	51
INSULIN SYRINGE/NEEDLE.....	38	<i>kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45%</i>	
INTELENCE.....	33	<i>inj</i>	52
INTRALIPID.....	51	<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	51
INTRON A.....	62	<i>kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45%</i>	
INVEGA HAFYERA.....	30	<i>inj</i>	52
INVEGA SUSTENNA.....	30	<i>kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45%</i>	
INVEGA TRINZA.....	30	<i>inj</i>	52
INVELTYS.....	66	KERENDIA.....	44
IPOL INACTIVATED IPV.....	62	<i>ketoconazole cream 2%</i>	20
<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>		<i>ketoconazole shampoo 2%</i>	20
<i>mg/3ml</i>	69	<i>ketoconazole tab 200 mg</i>	20
<i>ipratropium bromide inhal soln 0.02%</i>	69	<i>ketorolac tromethamine ophth soln 0.4%,</i>	
<i>ipratropium bromide nasal soln 0.03% (21 mcg/</i>		<i>0.5%</i>	66
<i>spray)</i>	69	KINRIX.....	62
<i>ipratropium bromide nasal soln 0.06% (42 mcg/</i>		KISQALI.....	24
<i>spray)</i>	69	KISQALI FEMARA 200 DOSE.....	24
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg,</i>		KISQALI FEMARA 400 DOSE.....	24
<i>300-12.5 mg</i>	44	KISQALI FEMARA 600 DOSE.....	24
<i>irbesartan tab 75 mg, 150 mg, 300 mg</i>	44	KLOXXADO.....	8
IRESSA.....	24	KORLYM.....	59
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<i>isoniazid tab 100 mg</i>	21	<i>labetalol hcl tab 100 mg, 200 mg, 300</i>	
<i>isoniazid tab 300 mg</i>	21	<i>mg</i>	44
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30</i>			
<i>mg</i>	44		

<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	15	<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	24
<i>lacosamide oral solution 10 mg/ml</i>	15	<i>leucovorin calcium tab 5 mg</i>	24
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	15	LEUKERAN.....	24
LACRISERT.....	66	LEUKINE.....	40
<i>lactic acid (ammonium lactate) cream 12%</i>	50	<i>leuprolide acetate inj kit 5 mg/ml</i>	59
<i>lactic acid (ammonium lactate) lotion 12%</i>	50	LEVEMIR.....	38
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	53	LEVEMIR FLEXTOUCH.....	38
<i>lactulose solution 10 gm/15ml</i>	53	<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	16
LAGEVRIO.....	33	<i>levetiracetam oral soln 100 mg/ml</i>	16
<i>lamivudine oral soln 10 mg/ml</i>	33	<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg</i>	16
<i>lamivudine tab 100 mg (hbv)</i>	33	<i>levetiracetam tab er 24hr 500 mg, 750 mg</i>	16
<i>lamivudine tab 150 mg</i>	33	<i>levobunolol hcl ophth soln 0.5%</i>	66
<i>lamivudine tab 300 mg</i>	33	<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	54
<i>lamivudine-zidovudine tab 150-300 mg</i>	33	<i>levocarnitine tab 330 mg</i>	54
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i>	15	<i>levocetirizine dihydrochloride tab 5 mg</i>	69
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i>	15	<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	12
<i>lamotrigine tab er 24hr 25 mg, 50 mg, 100 mg, 200 mg, 300 mg</i>	15	<i>levofloxacin iv soln 25 mg/ml</i>	12
<i>lansoprazole cap delayed release 15 mg, 30 mg</i>	53	<i>levofloxacin oral soln 25 mg/ml</i>	12
<i>lanthanum carbonate chew tab 1000 mg</i>	52	<i>levofloxacin tab 250 mg, 500 mg, 750 mg</i>	12
<i>lanthanum carbonate chew tab 500 mg</i>	52	<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	57
<i>lanthanum carbonate chew tab 750 mg</i>	52	<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg</i>	57
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LANTUS SOLOSTAR.....	38	<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	57
<i>lapatinib ditosylate tab 250 mg</i>	24	<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	56
<i>latanoprost ophth soln 0.005%</i>	66	<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	57
LATUDA.....	30	<i>levothyroxine sodium tab 100 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
LEDIPASVIR/SOFOSBUVIR.....	33	<i>levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
<i>leflunomide tab 10 mg, 20 mg</i>	62	<i>levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
<i>lenalidomide cap 15 mg, 25 mg</i>	24	<i>levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
<i>lenalidomide cap 5 mg, 10 mg</i>	24	<i>levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
LENVIMA 10 MG DAILY DOSE.....	24	<i>levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58
LENVIMA 12MG DAILY DOSE.....	24		
LENVIMA 14 MG DAILY DOSE.....	24		
LENVIMA 18 MG DAILY DOSE.....	24		
LENVIMA 20 MG DAILY DOSE.....	24		
LENVIMA 24 MG DAILY DOSE.....	24		
LENVIMA 4 MG DAILY DOSE.....	24		
LENVIMA 8 MG DAILY DOSE.....	24		
<i>letrozole tab 2.5 mg</i>	24		

<i>levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58	<i>losartan potassium tab 25 mg, 50 mg</i>	44
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58	<i>lovastatin tab 10 mg, 20 mg, 40 mg</i>	44
<i>levothyroxine sodium tab 300 mcg (levo-t, unithroid)</i>	58	<i>loxapine succinate cap 50 mg</i>	30
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58	<i>loxapine succinate cap 5 mg, 10 mg, 25 mg</i>	30
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58	LUBIPROSTONE.....	53
<i>levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid)</i>	58	LUMAKRAS.....	25
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<i>lidocaine hcl laryngotracheal soln 4%</i>	8	LUMOXITI.....	25
<i>lidocaine hcl soln 4%</i>	8	LUPRON DEPOT (1-MONTH).....	59
<i>lidocaine hcl viscous soln 2%</i>	8	LUPRON DEPOT (3-MONTH).....	59
<i>lidocaine oint 5%</i>	8	LUPRON DEPOT (4-MONTH).....	59
<i>lidocaine patch 5%</i>	8	LUPRON DEPOT (6-MONTH).....	59
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	8	LUPRON DEPOT-PED (1-MONTH).....	59
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<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	12	LYNPARZA.....	25
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	12	LYSODREN.....	59
<i>linezolid tab 600 mg</i>	12	LYUMJEV.....	38
LINZESS.....	53	LYUMJEV KWIKPEN.....	38
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i>	58	M	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	44	<i>magnesium sulfate inj 50%</i>	52
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i>	44	<i>malathion lotion 0.5%</i>	50
<i>lithium carbonate cap 150 mg, 300 mg</i>	36	<i>maraviroc tab 150 mg</i>	34
<i>lithium carbonate cap 600 mg</i>	36	<i>maraviroc tab 300 mg</i>	34
<i>lithium carbonate tab 300 mg</i>	36	MARGENZA.....	25
<i>lithium carbonate tab er 300 mg, 450 mg</i>	36	MARPLAN.....	18
LONSURF.....	25	MATULANE.....	25
<i>loperamide hcl cap 2 mg</i>	53	MAYZENT.....	47
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	33	MAYZENT STARTER PACK.....	47
<i>lopinavir-ritonavir tab 100-25 mg</i>	33	<i>meclizine hcl tab 12.5 mg, 25 mg</i>	19
<i>lopinavir-ritonavir tab 200-50 mg</i>	34	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	57
<i>lorazepam conc 2 mg/ml</i>	36	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	57
<i>lorazepam tab 0.5 mg, 1 mg</i>	36	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i>	57
<i>lorazepam tab 2 mg</i>	36	<i>mefloquine hcl tab 250 mg</i>	28
LORBRENA.....	25	<i>megestrol acetate susp 40 mg/ml</i>	57
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i>	44	<i>megestrol acetate tab 20 mg, 40 mg</i>	57
<i>losartan potassium tab 100 mg</i>	44	MEKINIST.....	25
		MEKTOVI.....	25
		<i>meloxicam tab 15 mg</i>	7
		<i>meloxicam tab 7.5 mg</i>	7
		<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	17
		<i>memantine hcl oral solution 2 mg/ml</i>	17
		<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	17
		<i>memantine hcl tab 5 mg, 10 mg</i>	17
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MENEST.....	57	<i>methylprednisolone tab therapy pack 4 mg</i>	
MENQUADFI.....	62	(21).....	55
MENVEO.....	62	<i>methyltestosterone cap 10 mg</i>	57
<i>mercaptopurine tab 50 mg</i>	25	<i>metoclopramide hcl soln 5 mg/5ml (10</i>	
<i>meropenem & sodium chloride 0.9% for iv soln 1</i>		<i>mg/10ml)</i>	53
<i>gm/50ml</i>	12	<i>metoclopramide hcl tab 5 mg, 10 mg</i>	53
<i>meropenem & sodium chloride 0.9% for iv soln 500</i>		<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i>	44
<i>mg/50ml</i>	12	<i>metoprolol & hydrochlorothiazide tab 50-25 mg,</i>	
<i>meropenem iv for soln 500 mg, 1 gm</i>	12	<i>100-25 mg, 100-50 mg</i>	44
<i>mesalamine cap dr 400 mg</i>	64	<i>metoprolol succinate tab er 24hr 25 mg, 50 mg, 100</i>	
<i>mesalamine cap er 24hr 0.375 gm</i>	64	<i>mg, 200 mg</i>	44
<i>mesalamine cap er 500 mg</i>	64	<i>metoprolol tartrate tab 25 mg, 37.5 mg, 50 mg, 75</i>	
<i>mesalamine enema 4 gm</i>	64	<i>mg, 100 mg</i>	44
<i>mesalamine rectal enema 4 gm & cleanser wipe</i>		<i>metronidazole cap 375 mg</i>	13
<i>kit</i>	64	<i>metronidazole cream 0.75%</i>	50
<i>mesalamine suppos 1000 mg</i>	64	<i>metronidazole gel 0.75%, 1%</i>	50
<i>mesalamine tab delayed release 1.2</i>		<i>metronidazole iv soln 500 mg/100ml</i>	13
<i>gm</i>	65	<i>metronidazole lotion 0.75%</i>	50
<i>mesalamine tab delayed release 800</i>		<i>metronidazole tab 250 mg, 500 mg</i>	13
<i>mg</i>	64	<i>metronidazole vaginal gel 0.75%</i>	13
MESNEX.....	25	<i>metyrosine cap 250 mg</i>	44
<i>metformin hcl tab 1000 mg</i>	38	<i>mexiletine hcl cap 150 mg, 200 mg, 250</i>	
<i>metformin hcl tab 500 mg</i>	38	<i>mg</i>	44
<i>metformin hcl tab 850 mg</i>	38	<i>micafungin sodium for iv soln 100 mg</i>	20
<i>metformin hcl tab er 24hr 500 mg</i>	38	<i>micafungin sodium for iv soln 50 mg</i>	20
<i>metformin hcl tab er 24hr 750 mg</i>	38	<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i>	44
<i>methadone hcl tab 10 mg</i>	7	<i>miglustat cap 100 mg</i>	54
<i>methadone hcl tab 5 mg</i>	7	<i>minocycline hcl cap 50 mg, 75 mg, 100</i>	
<i>methazolamide tab 25 mg</i>	44	<i>mg</i>	13
<i>methazolamide tab 50 mg</i>	44	<i>minocycline hcl tab 50 mg, 75 mg, 100</i>	
<i>methenamine hippurate tab 1 gm</i>	12	<i>mg</i>	13
<i>methimazole tab 5 mg, 10 mg</i>	60	<i>minoxidil tab 2.5 mg, 10 mg</i>	44
<i>methocarbamol tab 500 mg, 750 mg</i>	71	<i>mirtazapine orally disintegrating tab 15 mg, 30 mg,</i>	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/</i>		<i>45 mg</i>	18
<i>ml)</i>	62	<i>mirtazapine tab 15 mg</i>	18
<i>methotrexate sodium inj 50 mg/2ml (25 mg/</i>		<i>mirtazapine tab 7.5 mg, 30 mg, 45 mg</i>	18
<i>ml)</i>	62	<i>misoprostol tab 100 mcg, 200 mcg</i>	53
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml),</i>		M-M-R II.....	62
<i>250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/</i>		<i>modafinil tab 100 mg, 200 mg</i>	71
<i>ml)</i>	62	<i>moexipril hcl tab 7.5 mg, 15 mg</i>	44
<i>methotrexate sodium tab 2.5 mg</i>	62	MOLINDONE HYDROCHLORIDE.....	30
METHOXSALEN.....	50	<i>mometasone furoate cream 0.1%</i>	50
<i>methscopolamine bromide tab 2.5 mg, 5</i>		<i>mometasone furoate nasal susp 50 mcg/</i>	
<i>mg</i>	53	<i>act</i>	69
<i>methylphenidate hcl soln 10 mg/5ml</i>	47	<i>mometasone furoate oint 0.1%</i>	50
<i>methylphenidate hcl soln 5 mg/5ml</i>	47	<i>mometasone furoate solution 0.1%</i>	
<i>methylphenidate hcl tab 5 mg, 10 mg, 20</i>		<i>(lotion)</i>	50
<i>mg</i>	48	<i>montelukast sodium chew tab 4 mg, 5</i>	
<i>methylphenidate hcl tab er 10 mg</i>	47	<i>mg</i>	69
<i>methylphenidate hcl tab er 20 mg</i>	47	<i>montelukast sodium oral granules packet 4</i>	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32</i>		<i>mg</i>	69
<i>mg</i>	55	<i>montelukast sodium tab 10 mg</i>	69

<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	7	<i>naproxen tab 250 mg</i>	7
<i>morphine sulfate oral soln 10 mg/5ml</i>	7	<i>naproxen tab 375 mg</i>	7
<i>morphine sulfate oral soln 20 mg/5ml</i>	7	<i>naproxen tab 500 mg</i>	7
<i>morphine sulfate tab 15 mg</i>	7	<i>naproxen tab ec 375 mg</i>	7
<i>morphine sulfate tab 30 mg</i>	7	<i>naproxen tab ec 500 mg</i>	7
<i>morphine sulfate tab er 100 mg, 200 mg</i>	7	<i>naratriptan hcl tab 1 mg, 2.5 mg</i>	21
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg</i>	7	NARCAN.....	9
MOVANTI ^K	53	NATACYN.....	66
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	13	<i>nateglinide tab 120 mg</i>	38
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	13	<i>nateglinide tab 60 mg</i>	38
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic fo r Moxeza)</i>	66	NATPARA.....	65
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i>	66	NAYZILAM.....	16
<i>moxifloxacin hcl tab 400 mg</i>	13	<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i>	44
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<i>mupirocin calcium cream 2%</i>	50	<i>nelarabine iv soln 5 mg/ml</i>	25
<i>mupirocin oint 2%</i>	50	NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	66
MYALEPT.....	53	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	66
<i>mycophenolate mofetil cap 250 mg</i>	62	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	66
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	62	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	66
<i>mycophenolate mofetil tab 500 mg</i>	62	<i>neomycin-polymyxin-hc otic soln 1%</i>	67
<i>mycophenolate sodium tab dr 180 mg, 360 mg</i>	62	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	67
MYRBETRIQ.....	55	<i>neomycin sulfate tab 500 mg</i>	13
N		NERLYNX.....	25
<i>nabumetone tab 500 mg</i>	7	NEUPRO.....	28
<i>nabumetone tab 750 mg</i>	7	<i>nevirapine susp 50 mg/5ml</i>	34
<i>nadolol tab 20 mg, 40 mg, 80 mg</i>	44	<i>nevirapine tab 200 mg</i>	34
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	13	<i>nevirapine tab er 24hr 100 mg</i>	34
<i>nafcillin sodium for iv soln 10 gm</i>	13	<i>nevirapine tab er 24hr 400 mg</i>	34
<i>nafcillin sodium for iv soln 1 gm</i>	13	<i>niacin tab er 500 mg</i>	44
<i>nafcillin sodium for iv soln 2 gm</i>	13	<i>niacin tab er 750 mg, 1000 mg</i>	44
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	13	<i>nicardipine hcl cap 20 mg, 30 mg</i>	44
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	13	NICOTROL INHALER.....	9
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i>	8	NICOTROL NS.....	9
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	8	<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i>	44
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	8	<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i>	44
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	8	<i>nilutamide tab 150 mg</i>	25
<i>naltrexone hcl tab 50 mg</i>	8	<i>nimodipine cap 30 mg</i>	45
<i>naproxen sodium tab 275 mg</i>	7	NINLARO.....	25
<i>naproxen sodium tab 550 mg</i>	7	NISOLDIPINE ER.....	45
<i>naproxen susp 125 mg/5ml</i>	7	<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	45
		<i>nitazoxanide tab 500 mg</i>	28
		<i>nitisinone cap 2 mg, 5 mg, 10 mg</i>	54
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<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg</i>	13	<i>nystatin cream 100000 unit/gm</i>	20
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	13	<i>nystatin oint 100000 unit/gm</i>	20
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i>	45	<i>nystatin susp 100000 unit/ml</i>	20
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	45	<i>nystatin tab 500000 unit</i>	20
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	45	<i>nystatin topical powder 100000 unit/gm</i>	20
NIVESTYM.....	41	<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	50
NIZATIDINE.....	53	<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	50
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<i>oxcarbazepine susp 300 mg/5ml (60 mg/ ml)</i>	16
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg</i>	16
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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-838-3827 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-838-3827 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-838-3827 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-838-3827 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-838-3827 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-838-3827 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-838-3827 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-838-3827 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-838-3827 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-838-3827 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic:

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-877-838-3827 (TTY: 711)). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-838-3827 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-838-3827 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-838-3827 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-838-3827 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-838-3827 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-838-3827 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 8/23/2022. For more recent information or other questions, please contact Group MedicareBlue Rx customer service.



Enrolled members call **1-877-838-3827**, 8 a.m. to 8 p.m., daily, Central and Mountain times (TTY users call **711**)



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