

# 2024

## Formulary | List of Covered Drugs

## Formulario | Lista de medicamentos cubiertos

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

This formulary was updated on 10/01/2023. For more recent information or other questions, please contact Alignment Health Plan Member Services at 1-866-634-2247 or, for TTY users, 711, 8:00 a.m. to 8:00 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30, or visit [alignmenthealthplan.com](http://alignmenthealthplan.com).

**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\*. 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\*.

\*Plans with a deductible: **AZ**: Alignment Health smartHMO (HMO) PBP 005; **CA**: Alignment Health CalPlus + Veterans (HMO) PBP 036, Alignment Health smartHMO (HMO) PBP 038, Alignment Health smartHMO (HMO) PBP 040; **FL**: Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 004, Alignment Health smartHMO (HMO-POS) PBP 005; **NC**: Alignment Health smartHMO (HMO) PBP 006; **NV**: Alignment Health smartHMO (HMO) PBP 008; **TX**: Alignment Health smartHMO (HMO-POS) PBP 003.

**PARA LEER ATENTAMENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Este formulario se actualizó el 10/01/2023. Para obtener información más reciente o si tiene otras preguntas, póngase en contacto el Departamento de Servicios para los Miembros de Alignment Health Plan, al 1-866-634-2247 (los usuarios de TTY deben llamar al 711), de 8:00 a. m. a 8:00 p. m., los siete días de la semana (excepto el Día de Acción de Gracias y Navidad), desde el 1 de octubre hasta el 31 de marzo; y de lunes a viernes (excepto días feriados) desde el 1 de abril hasta el 30 de septiembre, o visite [alignmenthealthplan.com](http://alignmenthealthplan.com).

**Mensaje importante sobre lo que usted paga por las vacunas:** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo alguno para usted, incluso si no ha pagado su deducible\*. Para obtener más información, llame al Departamento de Servicios para los Miembros.

**Mensaje importante sobre lo que paga por la insulina:** no pagará más de \$35 por un suministro para un mes de cada producto de insulina cubierto por nuestro plan, sin importar en qué nivel de costo compartido esté, incluso si no ha pagado su deducible\*.

\*Planes con un deducible: **AZ**: Alignment Health smartHMO (HMO) PBP 005; **CA**: Alignment Health CalPlus + Veterans (HMO) PBP 036, Alignment Health smartHMO (HMO) PBP 038, Alignment Health smartHMO (HMO) PBP 040; **FL**: Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 004, Alignment Health smartHMO (HMO-POS) PBP 005; **NC**: Alignment Health smartHMO (HMO) PBP 006; **NV**: Alignment Health smartHMO (HMO) PBP 008; **TX**: Alignment Health smartHMO (HMO-POS) PBP 003.

This Formulary is for Alignment Health Plan **California:** Alignment Health My Choice (HMO) 001, 028, Alignment, Health My Choice CalPlus (HMO) 007, Alignment Health Platinum + Instacart (HMO) 008, Alignment Health Platinum + Instacart (HMO-POS) 016, Alignment Health Heart & Diabetes (HMO C-SNP) 010, Alignment Health AllCare Preferred (HMO) 011, Alignment Health smartHMO (HMO) 013, 038, 040, Alignment Health Sutter Advantage (HMO) 019, 020, 021, 023, Alignment Health AVA + Instacart (HMO-POS) 026, Alignment Health Harmony (HMO) 031, Alignment Health Select (HMO) 037, Alignment Health ESRD Balance(HMO C-SNP) 033, Alignment Health the ONE + Rite Aid (HMO) / Alignment Health el ÚNICO + Rite Aid (HMO) 034, Alignment Health the ONE + Walgreens (HMO) /Alignment Health el ÚNICO + Walgreens (HMO) 035, Alignment Health CalPlus + Veterans (HMO) 036, Alignment Health My Choice (PPO) 001, 003, Alignment Health Balance (PPO) 006, Alignment Health AVA (PPO) 007, Alignment Health PPO powered by Hoag 008, Alignment Health Retiree Options (PPO) Morgan Hill Unified School District EGWP 801, Alignment Health Plan Retiree Options (PPO) Whittier City School District EGWP 002 **Arizona:** Alignment Health AVA (PPO) 001, Alignment Health the ONE + Walgreens (HMO) /Alignment Health el ÚNICO + Walgreens (HMO) 001, 002, Alignment Health Plan Heart & Diabetes (HMO C-SNP) 003, Alignment Health smartHMO (HMO) 005 **Florida:** Alignment Health Platinum + Walgreens (HMO-POS) 001, Alignment Health Platinum (HMO-POS) 002, Alignment Health Heart & Diabetes (HMO C-SNP) 003, Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 004, Alignment Health smartHMO (HMO-POS) 005 **Nevada:** Alignment Health Platinum (HMO) 001, Alignment Health Heart & Diabetes (HMO C-SNP) 004, Alignment Health AVA (PPO) 002, Alignment Health Platinum + Instacart (HMO) 007, Alignment Health smartHMO (HMO) 008 **North Carolina:** Alignment Health Platinum (HMO-POS) 003, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 005, Alignment Health smartHMO (HMO) 006, Alignment Health AVA (PPO) 001 **Texas:** Alignment Health AVA (PPO) 001, Alignment Health the ONE + Walgreens (HMO-POS) / Alignment Health el ÚNICO + Walgreens (HMO-POS) 001, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 002, Alignment Health smartHMO (HMO-POS) 003.

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## SECTION 1: INTRODUCTION

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

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

This document includes a list of the drugs (formulary) for our plan which is current as of October 1, 2023. 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 ALIGNMENT HEALTH PLAN FORMULARY?**

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

### **CAN THE FORMULARY (DRUG LIST) CHANGE?**

Most changes in drug coverage happen on January 1, but Alignment Health Plan may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the 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 section below titled “How do I request an exception to the Alignment Health Plan’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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- **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 the 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Alignment Health Plan’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 October 1, 2023. To get updated information about the drugs covered by Alignment Health Plan please contact us. Our contact information appears on the front and back cover pages.

### HOW DO I USE THE FORMULARY?

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

#### Medical Condition

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

#### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 75. 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

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find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### WHAT ARE GENERIC DRUGS?

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

### ARE THERE ANY RESTRICTIONS ON MY COVERAGE?

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

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

condition, Alignment Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Alignment Health Plan will then cover Drug B.

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

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

### WHAT IF MY DRUG IS NOT ON THE FORMULARY?

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

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

- You can ask Member Services for a list of similar drugs that are covered by Alignment Health Plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Alignment Health Plan.

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- You can ask Alignment Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

### **HOW DO I REQUEST AN EXCEPTION TO THE ALIGNMENT HEALTH PLAN'S FORMULARY?**

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

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

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

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

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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 the medication at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy. After your first 30-day supply of the medication at a retail network pharmacy or a 31-day supply at a long-term care network pharmacy, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

### **FOR MORE INFORMATION**

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

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

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

### **ALIGNMENT HEALTH PLAN FORMULARY**

The formulary that begins on page 1 provides coverage information about the drugs covered by Alignment Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 75.

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

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



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### ALIGNMENT STARS 6 TIER WITH SPECIALTY

<b>1</b> = Preferred Generic Drugs
<b>2</b> = Generic Drugs
<b>3</b> = Preferred Brand Drugs
<b>4</b> = Non-Preferred Drugs
<b>5</b> = Specialty Drugs
<b>6</b> = Select Care Drugs
<b>BD</b> = 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.
<b>PA</b> = Prior Authorization
<b>QL</b> = Quantity Limits
<b>ST</b> = Step Therapy
<b>#</b> = 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.
<b>*</b> = Limited Distribution Drug. This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 1-844-227-7616, 24 hours a day/7 days a week TTY users should call 711.
<b>^</b> = We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
<b>Alignment Health Plan Retiree Options</b> has additional gap coverage for Tier 1 through Tier 6 medications.

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### **Additional gap coverage is excluded from:**

- **Alignment Health CalPlus + Veterans (HMO)** in Alameda, Fresno, Los Angeles, Madera, Marin, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura, and Yolo Counties, California
- **Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP)** in Clay, Duval, Manatee, and Sarasota Counties, Florida

### **Additional gap coverage for Tier 1 medications is excluded from:**

- **Alignment Health AllCare Preferred (HMO)** in Stanislaus County, California
- **Alignment Health AVA + Instacart (HMO-POS)** in Los Angeles, Orange, San Diego, Santa Clara, and Stanislaus Counties, California
- **Alignment Health AVA (PPO)** in Fresno, Los Angeles, Madera, Orange, San Diego, and Ventura Counties, California
- **Alignment Health Balance (PPO)** in San Joaquin, Santa Clara, and Stanislaus Counties, California
- **Alignment Health ESRD Balance (HMO C-SNP)** in Los Angeles and Orange Counties, California
- **Alignment Health Harmony (HMO)** in Alameda, San Francisco, and Santa Clara Counties, California
- **Alignment Health My Choice (HMO)** in San Luis Obispo and Ventura Counties, California
- **Alignment Health My Choice (PPO)** in Placer, Sacramento, San Joaquin, San Mateo, Santa Cruz, Sonoma, Stanislaus, and Yolo Counties, California
- **Alignment Health My Choice CalPlus (HMO)** in Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Yolo Counties, California
- **Alignment Health PPO powered by Hoag (PPO)** in Orange County, California
- **Alignment Health Select (HMO)** in Alameda and San Diego Counties, California
- **Alignment Health Sutter Advantage (HMO)** in Placer, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma, and Yolo Counties, California
- **Alignment Health the ONE + Rite AID (HMO) / Alignment Health el ÚNICO + Rite Aid (HMO)** in Los Angeles, Orange, Riverside, San Bernardino, San Diego, and Santa Clara Counties, California

**Additional gap coverage for Tier 2 medications is excluded from all plans except for Alignment Health Platinum + Instacart (HMO) in Los Angeles and Orange Counties, California**

# SECTION 1: INTRODUCTION

## 2024 DOSAGE FORM ABBREVIATIONS KEY

<b>act</b>	actuation
<b>ad</b>	adsorbed
<b>adjuv</b>	adjuvant
<b>aepb</b>	aerosol powder blister
<b>aer, aers, aero</b>	aerosol
<b>afib/afl</b>	atrial fibrillation/atrial flutter
<b>app</b>	applicator
<b>ba, breath act, breath activ</b>	breath activated
<b>bau</b>	bioequivalent allergy unit
<b>cap, caps</b>	capsules
<b>cart</b>	cartridge
<b>cd</b>	continuous delivery
<b>chew tab</b>	chewable tablets
<b>cpcr</b>	controlled release capsule
<b>conc</b>	concentrate
<b>conj</b>	conjugate, conjugated
<b>crm</b>	cream
<b>crys</b>	crystals
<b>deter</b>	deterrent
<b>disint, disintegr</b>	disintegrating
<b>dr</b>	delayed-release
<b>ec</b>	enteric coated
<b>el, elu</b>	enzyme-linked immunosorbent assay
<b>emul</b>	emulsion
<b>er, extended, extended rel, xr</b>	extended release
<b>ext</b>	extract
<b>glob, ig</b>	immunoglobulin
<b>gm</b>	gram
<b>gu</b>	genitourinary
<b>hr</b>	hour
<b>im</b>	intramuscular
<b>inh, inhal</b>	inhalation
<b>inj</b>	injection
<b>ir</b>	index of reactivity
<b>iv</b>	intravenous
<b>l</b>	liter
<b>la</b>	long acting
<b>lipo</b>	lipophilic
<b>If, Ifu</b>	flocculation units

<b>liq, liqd</b>	liquid
<b>maint</b>	maintenance
<b>mcg</b>	microgram
<b>meq</b>	milliequivalent
<b>misc</b>	miscellaneous
<b>mg</b>	milligram
<b>ml</b>	milliliter
<b>mu</b>	million units
<b>nebu</b>	nebules
<b>oc</b>	oral contraceptive
<b>oin, oint</b>	ointment
<b>omv</b>	outer membrane vesicles
<b>op, ophth</b>	ophthalmic
<b>osm</b>	osmotic
<b>pah</b>	pulmonary arterial hypertension
<b>pak, pk</b>	pack
<b>pf</b>	preservative-free
<b>pfu</b>	plaque forming units
<b>pow, powd</b>	powder
<b>pmdd</b>	premenstrual dysphoric disorder
<b>pref</b>	prefilled
<b>pttw</b>	patch twice weekly
<b>ptwk</b>	patch weekly
<b>recomb</b>	recombinant
<b>refrig</b>	refrigerate
<b>sl</b>	sublingual
<b>sol, soln</b>	solution
<b>sqcm</b>	square centimeter
<b>supp, suppos</b>	suppositories
<b>sus, susp</b>	suspension
<b>syr</b>	syringe
<b>tab, tabs</b>	tablets
<b>tbcrr</b>	controlled release tablet
<b>tbdp</b>	dispersible tablet
<b>tbec</b>	enteric coated tablet
<b>tbpk</b>	tablet pack
<b>td</b>	transdermal
<b>ther</b>	therapy
<b>titr</b>	titration
<b>tl</b>	translingual
<b>unt, ut</b>	unit
<b>va</b>	vaginal
<b>vac, vacc</b>	vaccine

## SECTION 1: INTRODUCTION

### BONUS DRUG LIST

(Supplemental Non-Part D Eligible Drug List)

Alignment Health Plan offers a Supplemental Non-Part D Eligible Drug List, also known as a Bonus Drug List, to provide additional coverage to your Part D benefit. The Bonus Drug List includes certain prescription drugs that are not normally covered in a Medicare Prescription Drug Plan. The amount you will pay will be determined by the drug tier. If you receive “Extra Help” from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs. The amount you pay when you fill a prescription for these drugs does not count toward your deductible or “total drug costs” (your payments plus any Part D plan’s payments that help you qualify for catastrophic coverage). In addition, tiering exceptions do not apply to these drugs. Please refer to your Evidence of Coverage for more information.

Certain exclusions apply. Drugs available over-the-counter are not covered. Limitations and restrictions may apply. The Bonus Drug List is subject to change at any time.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Cough and Cold</b>		
<i>benzonatate cap 100 mg</i>	4	
<i>benzonatate cap 150 mg</i>	4	
<i>benzonatate cap 200 mg</i>	4	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	4	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	4	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	4	
<b>Hair Loss</b>		
<i>finasteride tab 1 mg</i>	4	
<b>Prescription Vitamins</b>		
<i>cyanocobalamin inj 1000 mcg/ml</i>	4	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	3	
<i>folic acid tab 1 mg</i>	3	
<b>Sexual Dysfunction</b>		
<i>sildenafil citrate tab 25 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
<i>sildenafil citrate tab 50 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
<i>sildenafil citrate tab 100 mg (generic for Viagra)</i>	3	QL (6 tablets/30 days)
<b>Weight Loss</b>		
<i>phentermine hcl cap 15 mg</i>	4	
<i>phentermine hcl cap 30 mg</i>	4	
<i>phentermine hcl cap 37.5 mg</i>	4	
<i>phentermine hcl tab 37.5 mg</i>	4	

## SECTION 1: INTRODUCTION

### MEDICARE PART B PRESCRIPTION DRUGS

In addition to the drugs covered under your Part D prescription drug benefit, Alignment Health Plan provides coverage of some prescription drugs and pharmacy-related items under your Part B medical benefit that may be filled at a network pharmacy. Coverage includes but is not limited to:

Category	Coinsurance/Copayment*
<b>Diabetic Monitoring Supplies**</b>	
Freestyle brand blood glucose monitor and test strips QL (100 test strips/30 days, maximum of 1 fill/30 days)	\$0
Lancet devices and lancets	\$0
<b>Oral Anti-Cancer Drugs</b>	
MYLERAN - busulfan tabs	0% - 20% coinsurance***
capecitabine tabs	0% - 20% coinsurance***
etoposide caps	0% - 20% coinsurance***
melphalan tabs	0% - 20% coinsurance***
temozolomide caps	0% - 20% coinsurance***
HYCAMTIN - topotecan hcl caps	0% - 20% coinsurance***
<b>Respiratory Tract/Pulmonary Agents</b>	
BROVANA - arformoterol tartate nebu	0% - 20% coinsurance***
PERFOROMIST - formoterol fumarate nebu	0% - 20% coinsurance***
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3 ml	0% - 20% coinsurance***
levalbuterol hcl nebu	0% - 20% coinsurance***
sodium chloride soln nebu 0.9%	0% - 20% coinsurance***
<b>Vaccines</b>	
COVID-19 vaccine	\$0
influenza (flu) vaccine	\$0
pneumonia vaccine	\$0

\*Please refer to your Evidence of Coverage for additional details on any applicable criteria that may be required for prescription/supply coverage and your copayment/coinsurance. The amount you pay for these drugs/supplies does not count towards your Part D deductible or “total drug costs” (your payments plus any Part D plan’s payments that help you qualify for catastrophic coverage). If you receive “Extra Help” from Medicare to pay for your prescriptions, you will not get extra help to pay for these drugs.

\*\*Continuous glucose monitoring (CGM) devices are subject to Durable Medical Equipment (DME) coverage criteria and coinsurance.

\*\*\*All plans have a 0%-20% coinsurance for Medicare Part B drugs except for Alignment Health Plan Retiree Options, which has a \$0 copay for Medicare Part B drugs.

## SECCIÓN 1: INTRODUCCIÓN

**Nota para miembros actuales:** este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

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

Este documento incluye una lista de medicamentos (formulario) para nuestro plan que entrará en vigencia a partir del 1 de octubre de 2023. Para obtener un formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y la contraportada.

Como norma general, debe usar las farmacias de la red para recibir el beneficio de los medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/ el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

### ¿QUÉ ES EL FORMULARIO DE ALIGNMENT HEALTH PLAN?

Un formulario es una lista de medicamentos cubiertos, seleccionados por Alignment Health Plan de forma colaborativa con un equipo de proveedores de atención médica, que representa las terapias con receta que se consideran parte necesaria de un programa de tratamiento médico de calidad. Alignment Health Plan por lo general cubrirá los medicamentos presentes en nuestro formulario siempre que el medicamento sea médicamente necesario, el medicamento con receta se obtenga en una farmacia de la red de Alignment Health Plan, y se cumplan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, revise su Evidencia de cobertura.

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

La mayoría de los cambios en la cobertura de los medicamentos se producen el 1 de enero, pero Alignment Health Plan puede agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a un nivel diferente de costo compartido o agregar nuevas restricciones. Debemos cumplir las normas de Medicare para realizar estos cambios.

#### **Cambios que pueden afectarle este año:**

En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Medicamentos genéricos nuevos.** Es posible que eliminemos de inmediato un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos por un medicamento genérico nuevo que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el medicamento genérico nuevo, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le avisemos con anticipación antes de hacer ese cambio, pero posteriormente le brindaremos información sobre los cambios específicos que hayamos hecho.
  - o Si realizamos ese cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le demos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar una excepción al formulario de Alignment Health Plan?”.

## SECCIÓN 1: INTRODUCCIÓN

- **Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, lo eliminaremos inmediatamente de nuestro formulario y se lo informaremos a los miembros que toman ese medicamento.
- **Otros cambios.** Podemos hacer otros cambios que afecten a los miembros que actualmente estén tomando un medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca que actualmente esté en el formulario, o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente, o ambas. O podemos realizar cambios en función de nuevas pautas clínicas. Si sacamos medicamentos de nuestro formulario, agregamos el requisito de autorización previa, cambiamos los límites de cantidades o las restricciones de tratamientos escalonados para un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos informarles a los miembros afectados sobre dicho cambio al menos 30 días antes de que el cambio entre en vigencia o al momento en el que el miembro solicite resurtir el medicamento, en cuyo caso el miembro recibirá un suministro para 30 días del medicamento en una farmacia minorista de la red o un suministro para 31 días en una farmacia de la red de atención a largo plazo.
  - o Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le demos también incluirá información sobre cómo solicitar una excepción y, además, podrá encontrar la información en la sección a continuación titulada “¿Cómo puedo solicitar una excepción al formulario de Alignment Health Plan?”.

**Cambios que no le afectarán si actualmente toma el medicamento.** Generalmente, si está tomando un medicamento de nuestro formulario 2024 que a principios de año estaba cubierto, no interrumpiremos o reduciremos la cobertura del medicamento durante el año de cobertura 2024 de otra forma que no sea la antes descrita. Esto significa que estos medicamentos seguirán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá un aviso directo este año sobre cambios que no le afectan. Sin embargo, el 1 de enero del próximo año, dichos cambios le afectarían, y es importante consultar la Lista de medicamentos del nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto entra en vigencia a partir del 1 de octubre de 2023. Para obtener información actualizada sobre los medicamentos cubiertos por Alignment Health Plan, comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la contraportada.

### ¿CÓMO USO EL FORMULARIO?

Hay dos formas de encontrar su medicamento dentro del formulario:

#### Afección médica

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías de acuerdo con el tipo de afecciones médicas que estos medicamentos tratan. Por ejemplo, los medicamentos que se usan para tratar una afección cardíaca se enumeran dentro de la categoría Agentes cardiovasculares. Si sabe para qué se usa su medicamento, busque por el nombre de la categoría en la lista que empieza en la página 1. Luego, busque su medicamento dentro del nombre de la categoría.

# SECCIÓN 1: INTRODUCCIÓN

## Listado alfabético

Si no está seguro de cuál es la categoría en la que tiene que buscar, debería buscar el medicamento en el Índice que empieza en la página 75. El Índice le provee una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los medicamentos genéricos se incluyen en el Índice. Busque en el Índice y encuentre su medicamento. Junto con el medicamento, verá el número de la página donde puede encontrar la información de cobertura. Vaya a la página mencionada en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

## ¿QUÉ SON LOS MEDICAMENTOS GENÉRICOS?

Alignment Health Plan cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA, dado que se considera que tiene los mismos ingredientes activos que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿HAY RESTRICCIONES EN MI COBERTURA?

Algunos medicamentos cubiertos pueden exigir requisitos adicionales o tener límites de cobertura. Estos requisitos y límites pueden incluir los siguientes:

- **Autorización previa:** Alignment Health Plan requiere que usted o su médico obtengan una autorización previa para ciertos medicamentos. Esto significa que necesitará obtener la aprobación de Alignment Health Plan antes de obtener sus medicamentos con receta. Si no obtiene la aprobación, Alignment Health Plan puede no cubrir el medicamento.
- **Límites de cantidad:** para ciertos medicamentos, Alignment Health Plan limita el monto del medicamento que Alignment Health Plan cubrirá. Por ejemplo, Alignment Health Plan provee 60 comprimidos para 30 días por receta de losartán de 25 mg. Esto puede ser

complementario a un suministro estándar para un mes o tres meses.

- **Tratamiento escalonado:** en algunos casos, Alignment Health Plan requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, Alignment Health Plan puede no cubrir el medicamento B a menos que usted pruebe el medicamento A primero. Si el medicamento A no le da ningún resultado, Alignment Health Plan cubrirá el medicamento B.

Para saber si su medicamento tiene requisitos adicionales o límites, consulte el formulario que empieza en la página 1.

También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos si consulta nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y la contraportada.

Puede pedirle a Alignment Health Plan que haga una excepción a estas restricciones o límites, o una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar una excepción al formulario de Alignment Health Plan?” en la página VII para obtener información sobre cómo solicitar una excepción.

## ¿QUÉ SUCEDE SI MI MEDICAMENTO NO ESTÁ EN EL FORMULARIO?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), debería comunicarse primero con el Departamento de Servicios para los Miembros y preguntar si su medicamento está cubierto.



## SECCIÓN 1: INTRODUCCIÓN

Si descubre que Alignment Health Plan no cubre su medicamento, tiene dos opciones:

- Puede pedirle al Departamento de Servicios para los Miembros una lista de medicamentos similares que estén cubiertos por Alignment Health Plan. Cuando reciba la lista, muéstrasela a su médico y pídale que le recete un medicamento similar que esté cubierto por Alignment Health Plan.
- Puede pedirle a Alignment Health Plan que haga una excepción y cubra el medicamento. Lea a continuación para obtener información sobre cómo solicitar una excepción.

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

Puede pedirle a Alignment Health Plan que haga una excepción en nuestros requisitos de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro formulario. Si obtiene la aprobación, este medicamento estará cubierto en un nivel de costo compartido predeterminado y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si obtiene la aprobación, se disminuiría el monto que debe pagar por su medicamento.
- Puede pedirnos que renunciemos a las restricciones de cobertura o a los límites de su medicamento. Por ejemplo, para ciertos medicamentos, Alignment Health Plan limita el monto del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos a dicho límite y que cubramos un monto mayor.

Por lo general, Alignment Health Plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento en el nivel de costo compartido inferior o las restricciones de uso adicionales no serán tan efectivas en el tratamiento de su afección o le provocarán efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial sobre una excepción al formulario, el nivel o la restricción de uso. **Al solicitar una excepción al formulario, el nivel o la restricción de uso, debe presentar una declaración de la persona autorizada a dar recetas o de su médico que respalde su solicitud.** Generalmente, debemos tomar una decisión dentro de las 72 horas posteriores a recibir la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que su salud podría estar en peligro si espera 72 horas para una decisión. Si se concede su solicitud acelerada, debemos informarle nuestra decisión antes de las 24 horas posteriores a haber recibido una declaración de respaldo de su médico u otra persona autorizada a dar recetas.

### **¿QUÉ DEBO HACER ANTES DE QUE PUEDA HABLAR CON MI MÉDICO SOBRE CAMBIAR MIS MEDICAMENTOS O SOLICITAR UNA EXCEPCIÓN?**

Como miembro nuevo o anterior de nuestro plan, tal vez esté tomando medicamentos que no están en nuestro formulario. O puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debería hablar con su médico para decidir si debería cambiar a un medicamento apropiado que cubramos o solicitar una excepción al formulario para que cubramos el medicamento que toma. Mientras habla con su médico para determinar las medidas correctas para usted,

## SECCIÓN 1: INTRODUCCIÓN

podemos cubrir su medicamento en ciertos casos durante los primeros 90 días a partir de su inicio como miembro de nuestro plan.

Para cada medicamento que no esté en nuestro formulario o si su capacidad para obtener los medicamentos es limitada, cubriremos un suministro temporal para 30 días. Si su medicamento con receta está indicado para menos días, le permitiremos resurtir el suministro hasta un máximo de 30 días en una farmacia minorista de la red o hasta 31 días en una farmacia de la red de atención a largo plazo. Después de su primer suministro para 30 días del medicamento en una farmacia minorista de la red o un suministro para 31 días en una farmacia de la red de atención a largo plazo, no pagaremos estos medicamentos incluso si ha sido miembro del plan por menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia para 31 días de ese medicamento mientras obtiene una excepción al formulario.

Puede haber cambios que lo lleven de un entorno de tratamiento a otro. Durante este cambio en el nivel de atención, es posible que se le receten medicamentos que no estén cubiertos por su plan. Si esto sucede, usted y su médico deben utilizar el proceso de excepción y apelaciones de su plan. Sin embargo, cuando es ingresado o le dan el alta de un entorno de atención a largo plazo, es posible que no tenga acceso a los medicamentos que previamente le dieron. Puede obtener un resurtido luego de ser ingresado o dado de alta para prevenir una interrupción en el tratamiento.

### **PARA OBTENER MÁS INFORMACIÓN**

Para obtener más información sobre su cobertura para medicamentos con receta de Alignment Health Plan, revise la Evidencia de cobertura y otros documentos del plan.

Si tiene preguntas sobre Alignment Health Plan, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de la portada y la contraportada.

Si tiene preguntas generales sobre la cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O, visite <http://www.medicare.gov>.

### **FORMULARIO DE ALIGNMENT HEALTH PLAN**

El formulario que comienza en la página 1 proporciona información sobre la cobertura de los medicamentos cubiertos por Alignment Health Plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 75.

La primera columna del cuadro enumera los nombres de los medicamentos. Los medicamentos de marca están en letra mayúscula (p. ej., HUMULIN) y los medicamentos genéricos están en letra minúscula cursiva (p. ej., atorvastatina).

La información en la columna Requisitos/Límites indica si Alignment Health Plan tiene requisitos especiales para la cobertura de su medicamento.

# SECCIÓN 1: INTRODUCCIÓN

## NIVEL 6 ESTRELLAS CON MEDICAMENTOS ESPECIALIZADOS DE ALIGNMENT

<b>1</b> = Medicamentos genéricos preferidos
<b>2</b> = Medicamentos genéricos
<b>3</b> = Medicamentos de marca preferidos
<b>4</b> = Medicamentos no preferidos
<b>5</b> = Medicamentos especializados
<b>6</b> = Medicamentos de atención selecta
<b>BD</b> = Medicamentos que pueden estar cubiertos por la Parte B o la Parte D de Medicare según las circunstancias. Estos medicamentos necesitan autorización previa para determinar la cobertura en virtud de la Parte B o la Parte D. Es posible que haya que presentar información que describa el uso o el lugar en el que se recibe el medicamento para determinar la cobertura.
<b>PA</b> = Autorización previa
<b>QL</b> = Límites de cantidad
<b>ST</b> = Tratamiento escalonado
<b>#</b> = Medicamentos de alto riesgo (HRM). Medicamentos que pueden no ser seguros en pacientes mayores de 65 años. Nuestro formulario incluye cobertura para algunos de estos medicamentos, pero se pueden encontrar alternativas en niveles de copago inferiores. Analice con su médico si hay alternativas a estos medicamentos que sean apropiadas para que usted las use.
<b>*</b> = Medicamento con distribución limitada. Este medicamento con receta puede estar disponible solo en determinadas farmacias. Para obtener más información, consulte el Directorio de farmacias o llame al Departamento de Servicios para los Miembros al 1-844-227-7616, durante las 24 horas, los 7 días de la semana, los usuarios de TTY deben llamar al 711.
<b>^</b> = Brindamos cobertura adicional de este medicamento con receta durante el período sin cobertura. Consulte nuestra Evidencia de cobertura para obtener más información sobre esta cobertura.
<b>Alignment Health Plan Retiree Options</b> tiene un período sin cobertura adicional para los medicamentos del Nivel 1 al Nivel 6.

## SECCIÓN 1: INTRODUCCIÓN

### **La cobertura adicional durante el período sin cobertura se excluye de:**

- **Alignment Health CalPlus + Veterans (HMO)** en los condados de Alameda, Fresno, Los Angeles, Madera, Marin, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Stanislaus, Ventura y Yolo, California
- **Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP)** en los condados de Clay, Duval, Manatee y Sarasota, Florida

### **La cobertura adicional durante el período sin cobertura para los medicamentos del Nivel 1 se excluye de:**

- **Alignment Health AllCare Preferred (HMO)** en el condado de Stanislaus, California
- **Alignment Health AVA + Instahealth (HMO-POS)** en los condados de Los Angeles, Orange, San Diego, Santa Clara y Stanislaus, California
- **Alignment Health AVA (PPO)** en los condados de Fresno, Los Angeles, Madera, Orange, San Diego y Ventura, California
- **Alignment Health Balance (PPO)** en los condados de San Joaquin, Santa Clara y Stanislaus, California
- **Alignment Health ESRD Balance (HMO C-SNP)** en los condados de Los Angeles y Orange, California
- **Alignment Health Harmony (HMO)** en los condados de Alameda, San Francisco y Santa Clara, California
- **Alignment Health My Choice (HMO)** en los condados de San Luis Obispo y Ventura, California
- **Alignment Health My Choice (PPO)** en los condados de Placer, Sacramento, San Joaquin, San Mateo, Santa Cruz, Sonoma, Stanislaus y Yolo, California
- **Alignment Health My Choice CalPlus (HMO)** en los condados de Alameda, Los Angeles, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus y Yolo, California
- **Alignment Health PPO proporcionado por Hoag (PPO)** en el condado de Orange, California
- **Alignment Health Select (HMO)** en los condados de Alameda y San Diego, California
- **Alignment Health Sutter Advantage (HMO)** en los condados de Placer, Sacramento, San Francisco, San Mateo, Santa Clara, Santa Cruz, Sonoma y Yolo, California
- **Alignment Health the ONE + Rite Aid (HMO)/Alignment Health el ÚNICO + Rite Aid (HMO)** en los condados de Los Angeles, Orange, Riverside, San Bernardino, San Diego y Santa Clara, California

**La cobertura adicional durante el período sin cobertura para los medicamentos del Nivel 2 se excluye de todos los planes, excepto para Alignment Health Platinum + Instacart (HMO) en los condados de Los Angeles y Orange, California**

# SECCIÓN 1: INTRODUCCIÓN

## REFERENCIA DE ABREVIATURAS DE FORMAS DE DOSIFICACIÓN 2024

<b>act</b>	efecto
<b>ad</b>	absorbido
<b>adjuv</b>	adyuvante
<b>aepb</b>	ampolla de aerosol de polvo
<b>aer, aers, aero</b>	aerosol
<b>afib/afI</b>	fibrilación auricular/aleteo auricular
<b>app</b>	aplicador
<b>ba, breath act, breath activ</b>	activado con respiración
<b>bau</b>	unidad bioequivalente de alergia
<b>cap, caps</b>	cápsulas
<b>cart</b>	cartucho
<b>cd</b>	suministro continuo
<b>chew tab</b>	comprimidos masticables
<b>cpcr</b>	cápsula de liberación controlada
<b>conc</b>	concentrado
<b>conj</b>	conjugado
<b>crm</b>	crema
<b>crys</b>	crisales
<b>deter</b>	disuasivos
<b>disint, disintegr</b>	desintegrable
<b>dr</b>	liberación retardada
<b>ec</b>	cubierta entérica
<b>el, elu</b>	ensayo de inmunoabsorción ligado a enzima
<b>emul</b>	emulsión
<b>er, extended, extended rel, xr</b>	liberación prolongada
<b>ext</b>	extracción
<b>glob, ig</b>	inmunoglobulina
<b>gm</b>	gramo
<b>gu</b>	genitourinario
<b>hr</b>	hora
<b>im</b>	intramuscular
<b>inh, inhal</b>	inhalación
<b>inj</b>	inyección
<b>ir</b>	índice de reactividad
<b>iv</b>	intravenoso
<b>l</b>	litro
<b>la</b>	efecto prolongado
<b>lipo</b>	lipofílico
<b>lf, lfu</b>	unidades de floculación
<b>liq, liqd</b>	líquido

<b>maint</b>	mantenimiento
<b>mcg</b>	microgramo
<b>meq</b>	miliequivalente
<b>misc</b>	varios
<b>mg</b>	miligramo
<b>ml</b>	mililitro
<b>mu</b>	unidades de millón
<b>nebu</b>	núbulas
<b>oc</b>	anticonceptivos orales
<b>oin, oint</b>	ungüento
<b>omv</b>	vesículas de membrana externa
<b>op, ophth</b>	oftálmico
<b>osm</b>	osmótico
<b>pah</b>	hipertensión pulmonar arterial
<b>pak, pk</b>	paquete
<b>pf</b>	libre de conservantes
<b>pfu</b>	unidades de formación de placas
<b>pow, powd</b>	polvo
<b>pmdd</b>	trastorno disfórico premenstrual
<b>pref</b>	prellenados
<b>pttw</b>	parche dos veces por semana
<b>ptwk</b>	parche una vez por semana
<b>recomb</b>	recombinante
<b>refrig</b>	refrigerar
<b>sl</b>	sublingual
<b>sol, soln</b>	solución
<b>sqcm</b>	centímetro cuadrado
<b>supp, suppos</b>	supositorios
<b>sus, susp</b>	suspensión
<b>syr</b>	jeringa
<b>tab, tabs</b>	comprimidos
<b>tbc</b>	comprimido de liberación controlada
<b>tbdp</b>	comprimido dispersable
<b>tbec</b>	comprimido con cubierta entérica
<b>tbpk</b>	paquete de comprimidos
<b>td</b>	transdérmico
<b>ther</b>	terapia
<b>titr</b>	valoración
<b>tl</b>	translingual
<b>unt, ut</b>	unidad
<b>va</b>	vaginal
<b>vac, vacc</b>	vacuna

## SECCIÓN 1: INTRODUCCIÓN

### LISTA DE MEDICAMENTOS ADICIONALES

(Lista complementaria de medicamentos elegibles que no son de la Parte D)

Alignment Health Plan ofrece una Lista complementaria de medicamentos elegibles que no son de la Parte D, también conocida como Lista de medicamentos adicionales, para brindar cobertura adicional a su beneficio de la Parte D. La Lista de medicamentos adicionales incluye ciertos medicamentos con receta que normalmente no están cubiertos en un plan de medicamentos con receta de Medicare. El monto que pagará se determinará según el nivel del medicamento. Si recibe “Ayuda adicional” de Medicare para pagar sus medicamentos con receta, no obtendrá ayuda adicional para pagar estos medicamentos. El monto que paga cuando obtiene una receta para estos medicamentos no se tiene en cuenta para su deducible o “costos por medicamentos totales” (sus pagos más los pagos de la Parte D del plan que le ayudan a calificar para cobertura en situaciones catastróficas). Además, las excepciones de nivel no se aplican a estos medicamentos. Consulte su Evidencia de cobertura para obtener más información.

Se aplican ciertas exclusiones. Los medicamentos sin receta no están cubiertos. Se pueden aplicar limitaciones y restricciones. La Lista de medicamentos adicionales está sujeta a cambio en cualquier momento.

Nombre del medicamento	Nivel del medicamento	Requisitos/límites
<b>Tos y resfrío</b>		
<i>cápsulas de benzonatato 100 mg</i>	4	
<i>cápsulas de benzonatato 150 mg</i>	4	
<i>cápsulas de benzonatato 200 mg</i>	4	
<i>jarabe de prometazina c/ codeína 6.25-10 mg/5 ml</i>	4	
<i>jarabe de prometazina-dm 6.25-15 mg/5 ml</i>	4	
<i>jarabe de pseudoefed-bromfen-dm 30-2-10 mg/5 ml</i>	4	
<b>Pérdida del cabello</b>		
<i>comprimidos de finasterida 1 mg</i>	4	
<b>Vitaminas con receta</b>		
<i>cianocobalamina inyectable 1000 mcg/ml</i>	4	
<i>cápsulas de ergocalciferol 1.25 mg (50000 unidades)</i>	3	
<i>comprimidos de ácido fólico 1 mg</i>	3	
<b>Disfunción sexual</b>		
<i>comprimidos de citrato de sildenafil 25 mg (genérico de Viagra)</i>	3	QL (6 comprimidos/30 días)
<i>comprimidos de citrato de sildenafil 50 mg (genérico de Viagra)</i>	3	QL (6 comprimidos/30 días)
<i>comprimidos de citrato de sildenafil 100 mg (genérico de Viagra)</i>	3	QL (6 comprimidos/30 días)
<b>Pérdida de peso</b>		
<i>cápsulas de fentermina hcl 15 mg</i>	4	
<i>cápsulas de fentermina hcl 30 mg</i>	4	
<i>cápsulas de fentermina hcl 37.5 mg</i>	4	
<i>cápsulas de fentermina hcl 37.5 mg</i>	4	

# SECCIÓN 1: INTRODUCCIÓN

## MEDICAMENTOS CON RECETA DE LA PARTE B DE MEDICARE

Además de los medicamentos cubiertos por el beneficio para medicamentos con receta de la Parte D, Alignment Health Plan proporciona cobertura, según el beneficio médico de la Parte B, para algunos medicamentos con receta y artículos de farmacia que pueden obtenerse en una farmacia de la red. La cobertura incluye, entre otros, los siguientes productos:

<b>Categoría</b>	<b>Coseguro/copago*</b>
<b>Suministros para el control de la diabetes**</b>	
Tiras reactivas y glucómetro de la marca Freestyle QL (100 tiras reactivas cada 30 días; pueden obtenerse 1 vez cada 30 días)	\$0
Dispositivos de punción y lancetas	\$0
<b>Medicamentos orales para el tratamiento del cáncer</b>	
MYLERAN: comprimidos de busulfán	Coseguro del 0% al 20%***
comprimidos de capecitabina	Coseguro del 0% al 20%***
cápsulas de etopósido	Coseguro del 0% al 20%***
comprimidos de melfalán	Coseguro del 0% al 20%***
cápsulas de temozolomida	Coseguro del 0% al 20%***
HYCAMTIN: cápsulas de clorhidrato topotecán	Coseguro del 0% al 20%***
<b>Agentes pulmonares/de las vías respiratorias</b>	
BROVANA: tartrato de arformoterol para nebulización	Coseguro del 0% al 20%***
PERFOROMIST: formoterol fumarato para nebulización	Coseguro del 0% al 20%***
solución para nebulización de ipratropio-albuterol de 0.5-2.5(3) mg/3 ml	Coseguro del 0% al 20%***
clorhidrato de levalbuterol para nebulización	Coseguro del 0% al 20%***
solución para nebulización de cloruro de sodio al 0.9%	Coseguro del 0% al 20%***
<b>Vacunas</b>	
vacuna contra la COVID-19	\$0
vacuna contra la influenza (gripe)	\$0
vacuna contra la neumonía	\$0

\*Consulte su Evidencia de cobertura para obtener más información sobre los criterios aplicables que pueden requerirse para la cobertura de medicamentos con receta/suministros y su copago/coseguro. El monto que paga por estos medicamentos/suministros no se tiene en cuenta para su deducible o los “costos totales por medicamentos” de la Parte D (sus pagos más los pagos de la Parte D del plan que lo ayudan a calificar para la cobertura en situaciones catastróficas). Si recibe “Ayuda adicional” de Medicare para pagar sus medicamentos con receta, no obtendrá ayuda adicional para pagar estos medicamentos.

\*\*Los dispositivos para el control continuo de glucosa (CGM) están sujetos al coseguro y los criterios de cobertura de equipo médico duradero (DME).

\*\*\*Todos los planes tienen un coseguro del 0% al 20% para los medicamentos de la Parte B de Medicare, excepto por Alignment Health Plan Retiree Options, que tiene un copago de \$0 para los medicamentos de la Parte B de Medicare.

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml<sup>^</sup></i>	2	QL (2700 mls/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg, 300-30 mg<sup>^</sup></i>	2	QL (360 tablets/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg<sup>^</sup></i>	2	QL (180 tablets/30 days)
<i>buprenorphine td patch weekly 5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr, 15 mcg/hr, 20 mcg/hr</i>	4	QL (4 patches/28 days)
<i>butalbital-acetaminophen tab 50-325 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg, 50-325-40-30 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg, 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg#</i>	3	QL (180 tablets/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg#</i>	3	QL (180 capsules/30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg#</i>	3	QL (180 capsules/30 days)
BUTORPHANOL TARTRATE - butorphanol tartrate inj 1 mg/ml	4	
<i>butorphanol tartrate inj 2 mg/ml</i>	4	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	3	QL (48 mls/30 days)
<i>celecoxib cap 50 mg, 100 mg, 200 mg<sup>^</sup></i>	2	QL (60 capsules/30 days)
<i>celecoxib cap 400 mg<sup>^</sup></i>	2	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>	3	QL (180 tablets/30 days)
<i>diclofenac potassium tab 50 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	3	
<i>diclofenac sodium tab delayed release 25 mg<sup>^</sup></i>	2	QL (240 tablets/30 days)
<i>diclofenac sodium tab delayed release 50 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>diclofenac sodium tab delayed release 75 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>diclofenac sodium tab er 24hr 100 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	3	QL (120 tablets/30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	3	QL (90 tablets/30 days)
<i>etodolac cap 200 mg<sup>^</sup></i>	2	QL (150 capsules/30 days)
<i>etodolac cap 300 mg<sup>^</sup></i>	2	QL (90 capsules/30 days)
<i>etodolac tab er 24hr 400 mg, 500 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>etodolac tab er 24hr 600 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>etodolac tab 400 mg, 500 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	4	PA, QL (120 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg</i>	5	PA, QL (120 lozenges/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 100 mcg/hr</i>	4	PA, QL (15 patches/30 days)
<i>flurbiprofen tab 100 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	4	PA, QL (60 capsules/30 days)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	4	PA, QL (60 capsules/30 days)
<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>	2	QL (150 tablets/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg^</i>	2	QL (150 tablets/30 days)
<b>HYDROCODONE/IBUPROFEN - hydrocodone-ibuprofen tab 5-200 mg^</b>	2	QL (150 tablets/30 days)
<i>hydromorphone hcl inj 2 mg/ml</i>	4	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>	4	BD
<i>hydromorphone hcl preservative free inj 10 mg/ml</i>	4	BD
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i>	3	QL (180 tablets/30 days)
<i>ibuprofen susp 100 mg/5ml^</i>	2	
<i>ibuprofen tab 400 mg^</i>	1	QL (240 tablets/30 days)
<i>ibuprofen tab 600 mg^</i>	1	QL (150 tablets/30 days)
<i>ibuprofen tab 800 mg^</i>	1	QL (120 tablets/30 days)
<i>indomethacin cap er 75 mg#</i>	3	QL (60 capsules/30 days)
<i>indomethacin cap 25 mg#^</i>	2	QL (240 capsules/30 days)
<i>indomethacin cap 50 mg#^</i>	2	QL (120 capsules/30 days)
<i>ketorolac tromethamine tab 10 mg#^</i>	2	
<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 inj pf 0.5 mg/ml, 1 mg/ml</i>	4	BD
<i>morphine sulfate oral soln 20 mg/5ml</i>	3	QL (1350 mls/30 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	3	QL (2700 mls/30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	3	QL (270 mls/30 days)
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i>	3	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)

You can find information 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>nabumetone tab 500 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>nabumetone tab 750 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>naproxen sodium tab 275 mg</i>	3	QL (150 tablets/30 days)
<i>naproxen sodium tab 550 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen susp 125 mg/5ml</i>	4	QL (1800 mls/30 days)
<i>naproxen tab ec 375 mg</i>	3	QL (120 tablets/30 days)
<i>naproxen tab ec 500 mg</i>	3	QL (90 tablets/30 days)
<i>naproxen tab 250 mg<sup>^</sup></i>	1	QL (180 tablets/30 days)
<i>naproxen tab 375 mg<sup>^</sup></i>	1	QL (120 tablets/30 days)
<i>naproxen tab 500 mg<sup>^</sup></i>	1	QL (90 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 50 mg	4	PA, QL (60 tablets/30 days)
NUCYNTA ER - tapentadol hcl tab er 12hr 100 mg, 150 mg, 200 mg, 250 mg	5	PA, QL (60 tablets/30 days)
<i>oxaprozin tab 600 mg</i>	3	QL (90 tablets/30 days)
<i>oxycodone hcl tab 5 mg<sup>^</sup></i>	2	QL (360 tablets/30 days)
<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30 mg<sup>^</sup></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<sup>^</sup></i>	2	QL (360 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg<sup>^</sup></i>	2	QL (240 tablets/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	3	QL (180 tablets/30 days)
<i>piroxicam cap 10 mg</i>	3	QL (60 capsules/30 days)
<i>piroxicam cap 20 mg</i>	3	QL (30 capsules/30 days)
<i>sulindac tab 150 mg, 200 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
TENCON - butalbital-acetaminophen tab 50-325 mg#	3	PA (>=65 yr), QL (180 tablets/30 days)
<i>tramadol hcl tab er 24hr 100 mg, 200 mg</i>	3	QL (30 tablets/30 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	3	PA, QL (30 tablets/30 days)
<i>tramadol hcl tab 50 mg<sup>^</sup></i>	1	QL (240 tablets/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg<sup>^</sup></i>	2	QL (240 tablets/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg, 13.5 mg, 18 mg, 27 mg	3	QL (60 capsules/30 days)
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 36 mg	3	QL (240 capsules/30 days)
<b>Anesthetics</b>		
<i>lidocaine hcl laryngotracheal soln 4%</i>	3	
<i>lidocaine hcl soln 4%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	3	PA, QL (150 mls/30 days)
<i>lidocaine hcl viscous soln 2%<sup>^</sup></i>	2	
<i>lidocaine oint 5%</i>	3	PA, QL (100 grams/30 days)
<i>lidocaine patch 5%</i>	3	PA, QL (90 patches/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	4	PA, QL (60 grams/30 days)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium tab delayed release 333 mg</i>	4	
<i>buprenorphine hcl sl tab 2 mg, 8 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg<sup>^</sup></i>	2	QL (120 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg, 8-2 mg, 12-3 mg<sup>^</sup></i>	2	QL (60 films/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg<sup>^</sup></i>	2	
<i>disulfiram tab 250 mg, 500 mg</i>	3	
KLOXXADO - naloxone hcl nasal spray 8 mg/0.1ml	4	
<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml<sup>^</sup></i>	2	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	4	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	3	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml<sup>^</sup></i>	2	
<i>naltrexone hcl tab 50 mg<sup>^</sup></i>	2	
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)	4	
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)	4	
SUBLOCADE - buprenorphine extended release soln pref syr 100 mg/0.5ml, 300 mg/1.5ml	5	
VARENICLINE STARTING MONTH BOX - varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	3	
<i>varenicline tartrate tab 0.5 mg, 1 mg</i>	3	
VIVITROL - naltrexone for im extended release susp 380 mg	5	
<b>Antibacterials</b>		
<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml), 1 gm/4ml (250 mg/ml)</i>	4	
<i>amoxicillin (trihydrate) cap 250 mg, 500 mg<sup>^</sup></i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml<sup>^</sup></i>	1	
<i>amoxicillin (trihydrate) tab 500 mg, 875 mg<sup>^</sup></i>	1	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	3	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	3	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml<sup>^</sup></i>	2	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg<sup>^</sup></i>	2	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg, 875-125 mg<sup>^</sup></i>	1	
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	4	
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	4	
<i>ampicillin cap 500 mg<sup>^</sup></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>ampicillin sodium for inj 250 mg, 500 mg, 1 gm, 2 gm</i>	4	
<i>ampicillin sodium for iv soln 1 gm</i>	4	
<i>ampicillin sodium for iv soln 2 gm</i>	4	
<i>ampicillin sodium for iv soln 10 gm</i>	4	
AZITHROMYCIN - azithromycin powd pack for susp 1 gm	3	
<i>azithromycin for susp 100 mg/5ml, 200 mg/5ml^</i>	2	
<i>azithromycin iv for soln 500 mg</i>	4	
<i>azithromycin tab 250 mg, 500 mg^</i>	1	
<i>azithromycin tab 600 mg^</i>	2	
<i>aztreonam for inj 1 gm</i>	4	
<i>aztreonam for inj 2 gm</i>	5	
BICILLIN L-A - penicillin g benzathine im susp pref syr 600000 unit/ml, 2400000 unit/4ml, 1200000 unit/2ml	4	
<i>cefaclor cap 250 mg^</i>	2	
<i>cefaclor cap 500 mg^</i>	2	
<i>cefadroxil cap 500 mg^</i>	2	
<i>cefadroxil for susp 250 mg/5ml, 500 mg/5ml^</i>	2	
<i>cefadroxil tab 1 gm^</i>	2	
CEFAZOLIN - cefazolin sodium for iv soln 2 gm	4	
<i>cefazolin sodium for inj 2 gm</i>	4	
<i>cefazolin sodium for inj 500 mg, 1 gm, 10 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm</i>	4	
<i>cefazolin sodium for iv soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefazolin sodium-dextrose iv solution 1 gm/50ml-4%</i>	4	
<i>cefdinir cap 300 mg^</i>	2	
<i>cefdinir for susp 125 mg/5ml, 250 mg/5ml^</i>	2	
<i>cefepime hcl for inj 1 gm</i>	4	
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50 ml)</i>	4	
<i>cefepime hcl for iv soln 2 gm</i>	4	
<i>cefepime hcl iv soln 1 gm/50ml</i>	4	
<i>cefepime hcl iv soln 2 gm/100ml</i>	4	
<i>cefixime cap 400 mg</i>	4	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10 gm</i>	4	
<i>cefoxitin sodium iv for soln 1 gm and dextrose 4% (50 ml)</i>	4	
<i>cefoxitin sodium iv for soln 2 gm and dextrose 2.2% (50 ml)</i>	4	
<i>cefpodoxime proxetil for susp 50 mg/5ml^</i>	2	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	3	
<i>cefpodoxime proxetil tab 100 mg, 200 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil for susp 125 mg/5ml<sup>^</sup></i>	2	
<i>cefprozil for susp 250 mg/5ml</i>	3	
<i>cefprozil tab 250 mg, 500 mg<sup>^</sup></i>	2	
<i>ceftazidime for inj 1 gm, 6 gm</i>	4	
<i>ceftazidime for iv soln 1 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm and dextrose 5% (50ml)</i>	4	
<i>ceftazidime for iv soln 2 gm</i>	4	
<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2 gm, 10 gm</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm and dextrose 3.74% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 2 gm and dextrose 2.22% 50 ml</i>	4	
<i>ceftriaxone sodium for iv soln 1 gm, 2 gm</i>	4	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	4	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	4	
<i>cefuroxime axetil tab 250 mg, 500 mg<sup>^</sup></i>	2	
<i>cefuroxime sodium for inj 750 mg</i>	4	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	4	
<i>cephalexin cap 250 mg, 500 mg<sup>^</sup></i>	1	
<i>cephalexin cap 750 mg</i>	3	
<i>cephalexin for susp 125 mg/5ml, 250 mg/5ml<sup>^</sup></i>	2	
CHLORAMPHENICOL SODIUM SUCCINATE - chloramphenicol sodium succinate for iv inj 1 gm	4	
CIPROFLOXACIN HCL - ciprofloxacin hcl tab 100 mg	4	
<i>ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg<sup>^</sup></i>	1	
<i>ciprofloxacin 200 mg/100ml in d5w<sup>^</sup></i>	2	
<i>ciprofloxacin 400 mg/200ml in d5w<sup>^</sup></i>	2	
CLARITHROMYCIN - clarithromycin for susp 125 mg/5ml <sup>^</sup>	2	
CLARITHROMYCIN - clarithromycin for susp 250 mg/5ml	3	
<i>clarithromycin tab er 24hr 500 mg<sup>^</sup></i>	2	
<i>clarithromycin tab 250 mg, 500 mg<sup>^</sup></i>	2	
<i>clindamycin hcl cap 75 mg, 150 mg, 300 mg<sup>^</sup></i>	2	
<i>clindamycin phosphate gel 1%</i>	4	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml</i>	4	
<i>clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml</i>	4	
<i>clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml</i>	4	
<i>clindamycin phosphate lotion 1%</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate soln 1%</i>	3	
<i>clindamycin phosphate swab 1%</i>	3	
<i>clindamycin phosphate vaginal cream 2%</i>	3	
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	5	
DALVANCE - dalbavancin hcl for iv soln 500 mg	5	
<i>daptomycin for iv soln 500 mg</i>	5	
<i>demeclocycline hcl tab 150 mg, 300 mg</i>	4	
<i>dicloxacillin sodium cap 250 mg, 500 mg^</i>	2	
DIFICID - fidaxomicin for susp 40 mg/ml	5	QL (1 bottle/10 days)
DIFICID - fidaxomicin tab 200 mg	5	QL (20 tablets/10 days)
<i>doxycycline hyclate cap 50 mg, 100 mg^</i>	2	
<i>doxycycline hyclate for inj 100 mg</i>	4	
<i>doxycycline hyclate tab 20 mg, 100 mg^</i>	2	
<i>doxycycline monohydrate cap 50 mg, 100 mg^</i>	2	
<i>doxycycline monohydrate cap 75 mg, 150 mg</i>	3	
<i>doxycycline monohydrate tab 50 mg, 75 mg, 100 mg^</i>	2	
<i>doxycycline monohydrate tab 150 mg</i>	3	
<i>ertapenem sodium for inj 1 gm</i>	4	
ERY - erythromycin pads 2%	3	
ERYTHROCIN LACTOBIONATE - erythromycin lactobionate for inj 500 mg	4	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	4	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	5	
<i>erythromycin lactobionate for inj 500 mg</i>	4	
<i>erythromycin soln 2%^</i>	2	
<i>erythromycin tab 250 mg, 500 mg</i>	4	
<i>gentamicin in saline inj 1.2 mg/ml</i>	4	
<i>gentamicin sulfate inj 40 mg/ml</i>	4	
GENTAMICIN SULFATE PEDIATRIC - gentamicin sulfate inj 10 mg/ml	4	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE - gentamicin in saline inj 1 mg/ml, 1.6 mg/ml	4	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	4	
IMIPENEM/CILASTATIN - imipenem-cilastatin intravenous for soln 250 mg	4	
IMPAVIDO - miltefosine cap 50 mg	5	
ISOTONIC GENTAMICIN - gentamicin in saline inj 0.8 mg/ml	4	
<i>levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	4	
<i>levofloxacin iv soln 25 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral soln 25 mg/ml</i>	3	
<i>levofloxacin tab 250 mg, 500 mg, 750 mg<sup>^</sup></i>	1	
<i>linezolid for susp 100 mg/5ml</i>	5	PA
<i>linezolid in sodium chloride iv soln 600 mg/300ml-0.9%</i>	4	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	4	
<i>linezolid tab 600 mg</i>	4	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 1 gm/50ml</i>	4	
<i>meropenem &amp; sodium chloride 0.9% for iv soln 500 mg/50ml</i>	4	
<i>meropenem iv for soln 500 mg, 1 gm</i>	4	
<i>methenamine hippurate tab 1 gm</i>	3	
<i>metronidazole cap 375 mg</i>	3	
<i>metronidazole iv soln 500 mg/100ml</i>	4	
<i>metronidazole tab 250 mg, 500 mg<sup>^</sup></i>	2	
<i>metronidazole vaginal gel 0.75%</i>	3	
<i>minocycline hcl cap 50 mg, 75 mg, 100 mg<sup>^</sup></i>	2	
<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i>	3	
<i>moxifloxacin hcl iv solution 400 mg/250ml</i>	4	
<i>moxifloxacin hcl tab 400 mg</i>	3	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	4	
<i>nafcillin sodium for inj 1 gm, 2 gm</i>	4	
<i>nafcillin sodium for iv soln 10 gm</i>	5	
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i>	4	
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i>	4	
<i>neomycin sulfate tab 500 mg<sup>^</sup></i>	2	
NEOMYCIN/POLYMYXIN B SULFATES - neomycin-polymyxin b gu irrigation soln	3	
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg<sup>#^</sup></i>	2	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg<sup>#^</sup></i>	2	
<i>nitrofurantoin susp 25 mg/5ml<sup>#</sup></i>	5	
<i>ofloxacin tab 400 mg<sup>^</sup></i>	2	
<i>paromomycin sulfate cap 250 mg</i>	3	
<i>penicillin g potassium for inj 5000000 unit, 20000000 unit</i>	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE - penicillin g potassium inj 20000 unit/ml in dextrose, 40000 unit/ml in dextrose, 60000 unit/ml in dextrose	4	
PENICILLIN G SODIUM - penicillin g sodium for inj 5000000 unit	4	
<i>penicillin v potassium for soln 125 mg/5ml<sup>^</sup></i>	2	
<i>penicillin v potassium for soln 250 mg/5ml<sup>^</sup></i>	2	
<i>penicillin v potassium tab 250 mg, 500 mg<sup>^</sup></i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	4	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm), 4.5 gm (4-0.5 gm)</i>	4	
SIVEXTRO - tedizolid phosphate for iv soln 200 mg	5	
SIVEXTRO - tedizolid phosphate tab 200 mg	5	PA
STREPTOMYCIN SULFATE - streptomycin sulfate for inj 1 gm	4	
<i>sulfadiazine tab 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	4	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	3	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg, 800-160 mg^</i>	1	
SUPRAX - cefixime chew tab 100 mg, 200 mg	3	
TAZICEF - ceftazidime for iv soln 1 gm, 6 gm	4	
TEFLARO - ceftaroline fosamil for iv soln 400 mg, 600 mg	5	
<i>tetracycline hcl cap 250 mg, 500 mg</i>	4	
<i>tigecycline for iv soln 50 mg</i>	5	
TOBRAMYCIN SULFATE - tobramycin sulfate inj 10 mg/ml	4	
<i>tobramycin sulfate for inj 1.2 gm</i>	4	
<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i>	4	
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i>	4	
<i>trimethoprim tab 100 mg^</i>	2	
VANCOMYCIN - vancomycin hcl iv soln 2000 mg/400ml	4	
VANCOMYCIN - vancomycin hcl-sodium chloride iv soln 500 mg/100ml-0.9%, 750 mg/150ml-0.9%	4	
VANCOMYCIN HCL - vancomycin hcl-sodium chloride iv soln 1 gm/200ml-0.9%	4	
<i>vancomycin hcl cap 125 mg</i>	4	QL (120 capsules/30 days)
<i>vancomycin hcl cap 250 mg</i>	4	QL (240 capsules/30 days)
<i>vancomycin hcl for iv soln 100 gm</i>	4	
<i>vancomycin hcl for iv soln 500 mg, 750 mg, 1 gm, 1.5 gm, 5 gm, 10 gm</i>	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl for iv soln 1.25 gm	4	
VANCOMYCIN HYDROCHLORIDE - vancomycin hcl iv soln 500 mg/100ml, 750 mg/150ml, 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml	4	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE - vancomycin hcl-dextrose iv soln 500 mg/100ml-5%, 750 mg/150ml-5%, 1 gm/200ml-5%	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Anticonvulsants</b>		
APTIOM - eslicarbazepine acetate tab 200 mg, 400 mg, 600 mg, 800 mg	5	
BRIVIACT - brivaracetam iv soln 50 mg/5ml	4	
BRIVIACT - brivaracetam oral soln 10 mg/ml	5	
BRIVIACT - brivaracetam tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg	5	
<i>carbamazepine cap er 12hr 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine chew tab 100 mg^</i>	2	
<i>carbamazepine susp 100 mg/5ml^</i>	2	
<i>carbamazepine tab er 12hr 100 mg, 200 mg, 400 mg</i>	3	
<i>carbamazepine tab 200 mg^</i>	2	
<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*	5	
DIACOMIT - stiripentol packet 250 mg, 500 mg*	5	
DIAZEPAM RECTAL GEL - diazepam rectal gel delivery system 2.5 mg, 10 mg, 20 mg	4	QL (5 twin pack(s)/30 days)
DILANTIN - phenytoin sodium extended cap 30 mg^	2	
<i>divalproex sodium cap delayed release sprinkle 125 mg^</i>	2	
<i>divalproex sodium tab delayed release 125 mg, 250 mg, 500 mg^</i>	2	
<i>divalproex sodium tab er 24 hr 250 mg, 500 mg^</i>	2	
EPIDIOLEX - cannabidiol soln 100 mg/ml*	5	PA
EPRONTIA - topiramate oral soln 25 mg/ml	4	
<i>ethosuximide cap 250 mg</i>	3	
<i>ethosuximide soln 250 mg/5ml^</i>	2	
<i>felbamate susp 600 mg/5ml</i>	5	
<i>felbamate tab 400 mg, 600 mg</i>	3	
FINTEPLA - fenfluramine hcl oral soln 2.2 mg/ml	5	PA, QL (360 mls/30 days)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv), 500 mg/10ml (phenytoin equiv)</i>	4	
FYCOMPA - perampanel susp 0.5 mg/ml	5	
FYCOMPA - perampanel tab 2 mg	4	
FYCOMPA - perampanel tab 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	5	
<i>gabapentin cap 100 mg^</i>	1	QL (1080 capsules/30 days)
<i>gabapentin cap 300 mg^</i>	1	QL (360 capsules/30 days)
<i>gabapentin cap 400 mg^</i>	1	QL (270 capsules/30 days)
<i>gabapentin oral soln 250 mg/5ml^</i>	2	QL (2160 mls/30 days)
<i>gabapentin tab 600 mg^</i>	2	QL (180 tablets/30 days)
<i>gabapentin tab 800 mg^</i>	2	QL (135 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	4	
<i>lacosamide oral solution 10 mg/ml</i>	4	
<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i>	4	
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg^</i>	1	
<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg^</i>	1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml</i>	4	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	4	
<i>levetiracetam oral soln 100 mg/ml^</i>	2	
<i>levetiracetam tab er 24hr 500 mg, 750 mg^</i>	2	
<i>levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg^</i>	2	
<i>methsuximide cap 300 mg</i>	4	
NAYZILAM - midazolam nasal spray soln 5 mg/0.1 ml	4	QL (10 bottles/30 days)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	3	
<i>oxcarbazepine tab 150 mg, 300 mg, 600 mg^</i>	2	
<i>phenobarbital elixir 20 mg/5ml#^</i>	2	
<i>phenobarbital sodium inj 65 mg/ml, 130 mg/ml#</i>	4	
<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg#^</i>	2	
<i>phenytoin chew tab 50 mg^</i>	2	
<i>phenytoin sodium extended cap 100 mg, 200 mg, 300 mg^</i>	2	
<i>phenytoin susp 125 mg/5ml^</i>	2	
<i>pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg^</i>	2	QL (90 capsules/30 days)
<i>pregabalin cap 225 mg, 300 mg^</i>	2	QL (60 capsules/30 days)
<i>pregabalin soln 20 mg/ml</i>	3	QL (900 mls/30 days)
PRIMIDONE - primidone tab 125 mg	4	
<i>primidone tab 50 mg, 250 mg^</i>	2	
<i>rufinamide susp 40 mg/ml</i>	5	
<i>rufinamide tab 200 mg</i>	4	
<i>rufinamide tab 400 mg</i>	5	
SPRITAM - levetiracetam tab disintegrating soluble 250 mg, 500 mg, 750 mg, 1000 mg	4	
SYMPAZAN - clobazam oral film 5 mg	5	PA, QL (240 films/30 days)
SYMPAZAN - clobazam oral film 10 mg, 20 mg	5	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</i>	3	
<i>topiramate sprinkle cap 25 mg^</i>	2	
<i>topiramate tab 25 mg, 50 mg, 100 mg, 200 mg^</i>	1	
<i>valproate sodium inj 100 mg/ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium oral soln 250 mg/5ml<sup>^</sup></i>	2	
<i>valproic acid cap 250 mg<sup>^</sup></i>	2	
VALTOCO 10 MG DOSE - diazepam nasal spray 10 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
VALTOCO 15 MG DOSE - diazepam nasal spray ther pack 2 x 7.5 mg/0.1ml (15 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 20 MG DOSE - diazepam nasal spray ther pack 2 x 10 mg/0.1ml (20 mg dose)	5	QL (5 twin pack(s)/30 days)
VALTOCO 5 MG DOSE - diazepam nasal spray 5 mg/0.1 ml	5	QL (5 twin pack(s)/30 days)
<i>vigabatrin powd pack 500 mg<sup>*</sup></i>	5	QL (180 packets/30 days)
<i>vigabatrin tab 500 mg<sup>*</sup></i>	5	QL (180 tablets/30 days)
XCOPRI - cenobamate tab pack 100 mg & 150 mg tabs (250 mg daily dose)	5	
XCOPRI - cenobamate tab pack 150 mg & 200 mg tabs (350 mg daily dose)	5	
XCOPRI - cenobamate tab titration pack 14 x 12.5 mg & 14 x 25 mg	4	
XCOPRI - cenobamate tab titration pack 14 x 50 mg & 14 x 100 mg, 14 x 150 mg & 14 x 200 mg	5	
XCOPRI - cenobamate tab 50 mg, 100 mg, 150 mg, 200 mg	5	
ZONISADE - zonisamide oral susp 100 mg/5ml (20 mg/ml)	4	
<i>zonisamide cap 25 mg, 50 mg, 100 mg<sup>^</sup></i>	2	
ZTALMY - ganaxolone susp 50 mg/ml <sup>*</sup>	5	
<b>Antidementia Agents</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg, 10 mg<sup>^</sup></i>	2	
<i>donepezil hydrochloride tab 5 mg, 10 mg<sup>^</sup></i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	3	
GALANTAMINE HYDROBROMIDE - galantamine hydrobromide oral soln 4 mg/ml	3	
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i>	3	
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg<sup>^</sup></i>	2	
<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i>	4	PA (<=29 yr)
<i>memantine hcl oral solution 2 mg/ml</i>	4	PA (<=29 yr)
<i>memantine hcl tab 5 mg, 10 mg<sup>^</sup></i>	2	PA (<=29 yr)
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	3	PA (<=29 yr)
<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	
<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i>	4	
<b>Antidepressants</b>		
<i>amitriptyline hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg<sup>#</sup></i>	2	
AMOXAPINE - amoxapine tab 25 mg, 50 mg, 100 mg, 150 mg <sup>#</sup>	3	
AUVELITY - dextromethorphan hbr-bupropion hcl tab er 45-105 mg	5	QL (60 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 12hr 100 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 12hr 150 mg, 200 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab er 24hr 150 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>bupropion hcl tab er 24hr 300 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>bupropion hcl tab 75 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>bupropion hcl tab 100 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	3	QL (600 mls/30 days)
<i>citalopram hydrobromide tab 10 mg, 20 mg<sup>^</sup></i>	1	QL (45 tablets/30 days)
<i>citalopram hydrobromide tab 40 mg<sup>^</sup></i>	1	QL (30 tablets/30 days)
<i>clomipramine hcl cap 25 mg, 50 mg, 75 mg#</i>	3	
<i>desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#</i>	3	
<i>desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg#<sup>^</sup></i>	2	
<i>doxepin hcl conc 10 mg/ml#<sup>^</sup></i>	2	
<i>duloxetine hcl enteric coated pellets cap 20 mg, 60 mg<sup>^</sup></i>	2	QL (60 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 30 mg<sup>^</sup></i>	2	QL (90 capsules/30 days)
<i>duloxetine hcl enteric coated pellets cap 40 mg</i>	4	QL (90 capsules/30 days)
EMSAM - selegiline td patch 24hr 6 mg/24hr, 9 mg/24hr, 12 mg/24hr	5	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<sup>^</sup></i>	1	QL (45 tablets/30 days)
<i>escitalopram oxalate tab 20 mg<sup>^</sup></i>	1	QL (30 tablets/30 days)
FETZIMA - levomilnacipran hcl cap er 24hr 20 mg, 40 mg, 80 mg, 120 mg	4	QL (30 capsules/30 days)
FETZIMA TITRATION PACK - levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	4	QL (28 capsules/28 days)
FLUOXETINE DR - fluoxetine hcl cap delayed release 90 mg	3	QL (4 capsules/28 days)
<i>fluoxetine hcl cap 10 mg<sup>^</sup></i>	1	QL (90 capsules/30 days)
<i>fluoxetine hcl cap 20 mg<sup>^</sup></i>	1	QL (120 capsules/30 days)
<i>fluoxetine hcl cap 40 mg<sup>^</sup></i>	1	QL (60 capsules/30 days)
<i>fluoxetine hcl solution 20 mg/5ml<sup>^</sup></i>	2	QL (600 mls/30 days)
<i>fluoxetine hcl tab 10 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>fluoxetine hcl tab 20 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>fluvoxamine maleate tab 25 mg, 50 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>fluvoxamine maleate tab 100 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>imipramine hcl tab 10 mg, 25 mg, 50 mg#<sup>^</sup></i>	2	
MARPLAN - isocarboxazid tab 10 mg	4	
<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 7.5 mg, 45 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>mirtazapine tab 15 mg<sup>^</sup></i>	1	QL (45 tablets/30 days)
<i>mirtazapine tab 30 mg<sup>^</sup></i>	1	QL (30 tablets/30 days)
NEFAZODONE HYDROCHLORIDE - nefazodone hcl tab 50 mg, 100 mg, 150 mg, 200 mg, 250 mg	3	
NORTRIPTYLINE HCL - nortriptyline hcl soln 10 mg/5ml# <sup>^</sup>	2	
<i>nortriptyline hcl cap 10 mg, 25 mg, 50 mg#<sup>^</sup></i>	1	
<i>nortriptyline hcl cap 75 mg#<sup>^</sup></i>	2	
<i>paroxetine hcl oral susp 10 mg/5ml#</i>	4	QL (900 mls/30 days)
<i>paroxetine hcl tab er 24hr 12.5 mg#</i>	4	QL (30 tablets/30 days)
<i>paroxetine hcl tab er 24hr 25 mg, 37.5 mg#</i>	4	QL (60 tablets/30 days)
<i>paroxetine hcl tab 10 mg, 40 mg#<sup>^</sup></i>	1	QL (45 tablets/30 days)
<i>paroxetine hcl tab 20 mg#<sup>^</sup></i>	1	QL (30 tablets/30 days)
<i>paroxetine hcl tab 30 mg#<sup>^</sup></i>	1	QL (60 tablets/30 days)
<i>phenelzine sulfate tab 15 mg<sup>^</sup></i>	2	
<i>protriptyline hcl tab 5 mg, 10 mg#</i>	3	
<i>sertraline hcl oral concentrate for solution 20 mg/ml<sup>^</sup></i>	2	QL (300 mls/30 days)
<i>sertraline hcl tab 25 mg, 50 mg<sup>^</sup></i>	1	QL (45 tablets/30 days)
<i>sertraline hcl tab 100 mg<sup>^</sup></i>	1	QL (60 tablets/30 days)
SPRAVATO 56MG DOSE - esketamine hcl nasal soln 28 mg/device x 2 (56 mg dose pack)	5	PA, QL (16 bottles/28 days)
SPRAVATO 84MG DOSE - esketamine hcl nasal soln 28 mg/device x 3 (84 mg dose pack)	5	PA, QL (24 bottles/28 days)
<i>tranylcypromine sulfate tab 10 mg</i>	3	
<i>trazodone hcl tab 50 mg, 100 mg, 150 mg<sup>^</sup></i>	1	
<i>trazodone hcl tab 300 mg</i>	3	
<i>trimipramine maleate cap 25 mg, 50 mg, 100 mg#</i>	3	
TRINTELLIX - vortioxetine hbr tab 5 mg, 10 mg, 20 mg	4	QL (30 tablets/30 days)
VENLAFAXINE BESYLATE ER - venlafaxine besylate tab er 24hr 112.5 mg	4	QL (60 tablets/30 days)
<i>venlafaxine hcl cap er 24hr 37.5 mg, 75 mg, 150 mg<sup>^</sup></i>	1	
<i>venlafaxine hcl tab er 24hr 37.5 mg, 75 mg, 150 mg, 225 mg</i>	4	
<i>venlafaxine hcl tab 25 mg, 37.5 mg, 50 mg, 75 mg, 100 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
VIIBRYD STARTER PACK - vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	4	QL (1 kit/30 days)
<i>vilazodone hcl tab 10 mg, 20 mg, 40 mg</i>	4	QL (30 tablets/30 days)
<b>Antiemetics</b>		
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	4	BD
<i>aprepitant capsule 40 mg, 80 mg, 125 mg</i>	4	BD
<i>chlorpromazine hcl conc 100 mg/ml</i>	4	PA (>=65 yr)

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl conc 30 mg/ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl inj 25 mg/ml, 50 mg/2ml</i>	4	PA (>=65 yr)
<i>chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg</i>	4	PA (>=65 yr)
<i>dronabinol cap 2.5 mg, 5 mg, 10 mg</i>	4	BD
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i>	4	
<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i>	4	
<i>granisetron hcl tab 1 mg^</i>	2	BD
<i>meclizine hcl tab 12.5 mg, 25 mg#^</i>	2	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	5	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	5	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	4	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	3	
<i>ondansetron hcl tab 24 mg</i>	3	
<i>ondansetron hcl tab 4 mg, 8 mg^</i>	2	
<i>ondansetron orally disintegrating tab 4 mg, 8 mg^</i>	2	
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln pref syr 0.25 mg/5ml	5	
PALONOSETRON HYDROCHLORIDE - palonosetron hcl iv soln 0.25 mg/2ml	5	
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16 mg</i>	3	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	4	
<i>prochlorperazine maleate tab 5 mg, 10 mg^</i>	2	
<i>prochlorperazine suppos 25 mg</i>	3	
<i>promethazine hcl suppos 12.5 mg, 25 mg#</i>	4	
<i>promethazine hcl syrup 6.25 mg/5ml#^</i>	2	
<i>promethazine hcl tab 12.5 mg, 25 mg, 50 mg#^</i>	2	
<i>scopolamine td patch 72hr 1 mg/3days#</i>	3	
<b>Antifungals</b>		
AMBISOME - amphotericin b liposome iv for susp 50 mg	5	BD
AMPHOTERICIN B - amphotericin b for iv soln 50 mg	3	BD
<i>amphotericin b liposome iv for susp 50 mg</i>	5	BD
<i>caspofungin acetate for iv soln 50 mg</i>	5	
<i>caspofungin acetate for iv soln 70 mg</i>	4	
<i>ciclopirox gel 0.77%</i>	3	
<i>ciclopirox olamine cream 0.77%<sup>^</sup></i>	2	
<i>ciclopirox olamine susp 0.77%<sup>^</sup></i>	2	
<i>ciclopirox shampoo 1%</i>	3	
<i>ciclopirox solution 8%<sup>^</sup></i>	2	QL (6.6 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>clotrimazole cream 1%<sup>^</sup></i>	2	
<i>clotrimazole soln 1%<sup>^</sup></i>	2	
<i>clotrimazole troche 10 mg<sup>^</sup></i>	2	
CRESEMBA - isavuconazonium sulf for iv sol 372 mg (isavuconazole 200mg)	5	PA
CRESEMBA - isavuconazonium sulfate cap 186 mg (isavuconazole 100 mg)	5	PA
<i>econazole nitrate cream 1%</i>	4	
<i>fluconazole for susp 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml</i>	4	
<i>fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg<sup>^</sup></i>	2	
<i>flucytosine cap 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize susp 125 mg/5ml</i>	3	
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i>	3	
<i>itraconazole cap 100 mg</i>	4	QL (120 capsules/30 days)
<i>ketoconazole cream 2%</i>	3	
<i>ketoconazole shampoo 2%<sup>^</sup></i>	2	
<i>ketoconazole tab 200 mg<sup>^</sup></i>	2	
<i>micafungin sodium for iv soln 50 mg, 100 mg</i>	5	
NOXAFIL - posaconazole for delayed release susp packet 300 mg	5	PA
<i>nystatin cream 100000 unit/gm<sup>^</sup></i>	2	
<i>nystatin oint 100000 unit/gm<sup>^</sup></i>	2	
<i>nystatin susp 100000 unit/ml<sup>^</sup></i>	2	
<i>nystatin tab 500000 unit<sup>^</sup></i>	2	
<i>nystatin topical powder 100000 unit/gm</i>	3	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	4	PA
<i>posaconazole susp 40 mg/ml</i>	5	PA
<i>posaconazole tab delayed release 100 mg</i>	5	PA
<i>terbinafine hcl tab 250 mg<sup>^</sup></i>	1	QL (30 tablets/30 days)
<i>terconazole vaginal cream 0.4%, 0.8%<sup>^</sup></i>	2	
<i>terconazole vaginal suppos 80 mg</i>	3	
<i>voriconazole for inj 200 mg</i>	4	PA
<i>voriconazole for susp 40 mg/ml</i>	5	PA
<i>voriconazole tab 50 mg, 200 mg</i>	4	PA
<b>Antigout Agents</b>		
<i>allopurinol sodium for inj 500 mg</i>	4	
<i>allopurinol tab 100 mg, 300 mg<sup>^</sup></i>	1	
<i>colchicine tab 0.6 mg</i>	3	
<i>colchicine w/ probenecid tab 0.5-500 mg<sup>^</sup></i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg, 80 mg</i>	3	QL (30 tablets/30 days)
<i>probenecid tab 500 mg^</i>	2	
<b>Antimigraine Agents</b>		
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	3	PA, QL (2 pens/30 days)
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (1 pen/30 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	5	PA, QL (8 mls/28 days)
<i>eletriptan hydrobromide tab 20 mg, 40 mg</i>	3	QL (12 tablets/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	3	PA, QL (2 pens/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	3	PA, QL (3 syringes/30 days)
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	3	PA, QL (2 syringes/30 days)
<i>ergotamine w/ caffeine tab 1-100 mg</i>	3	
MIGERGOT - ergotamine w/ caffeine suppos 2-100 mg	5	
<i>naratriptan hcl tab 1 mg^</i>	2	QL (18 tablets/30 days)
<i>naratriptan hcl tab 2.5 mg</i>	3	QL (18 tablets/30 days)
NURTEC - rimegepant sulfate tab disint 75 mg	3	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>	2	QL (18 tablets/30 days)
<i>sumatriptan nasal spray 5 mg/act, 20 mg/act</i>	4	QL (12 units (2 packages)/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	4	QL (10 doses/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	4	QL (12 doses/30 days)
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg^</i>	2	QL (18 tablets/30 days)
UBRELVY - ubrogepant tab 50 mg, 100 mg	3	PA, QL (16 tablets/30 days)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	5	
<i>pyridostigmine bromide tab er 180 mg</i>	4	
<i>pyridostigmine bromide tab 60 mg^</i>	2	
<b>Antimycobacterials</b>		
<i>cycloserine cap 250 mg</i>	5	
<i>dapsone tab 25 mg, 100 mg</i>	3	
<i>ethambutol hcl tab 100 mg, 400 mg^</i>	2	
ISONIAZID - isoniazid inj 100 mg/ml	4	
<i>isoniazid tab 100 mg^</i>	1	

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



Drug Name	Drug Tier	Requirements/Limits
<i>isoniazid tab 300 mg<sup>^</sup></i>	1	
PRIFTIN - rifapentine tab 150 mg	4	
<i>pyrazinamide tab 500 mg</i>	3	
<i>rifabutin cap 150 mg</i>	4	
<i>rifampin cap 150 mg, 300 mg<sup>^</sup></i>	2	
<i>rifampin for inj 600 mg</i>	4	
SIRTURO - bedaquiline fumarate tab 20 mg, 100 mg*	5	
TRECTOR - ethionamide tab 250 mg	4	
<b>Antineoplastics</b>		
<i>abiraterone acetate tab 250 mg</i>	5	PA, QL (120 tablets/30 days)
ABRAXANE - paclitaxel protein-bound particles for iv susp 100 mg	5	PA
ADCETRIS - brentuximab vedotin for iv soln 50 mg	5	PA
ALECENSA - alectinib hcl cap 150 mg*	5	PA, QL (240 capsules/30 days)
ALIQOPA - copanlisib hcl for iv soln 60 mg	5	PA
ALUNBRIG - brigatinib tab initiation therapy pack 90 mg & 180 mg*	5	PA, QL (30 tablets/30 days)
ALUNBRIG - brigatinib tab 30 mg*	5	PA, QL (120 tablets/30 days)
ALUNBRIG - brigatinib tab 90 mg, 180 mg*	5	PA, QL (30 tablets/30 days)
ALYMSYS - bevacizumab-maly iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
<i>anastrozole tab 1 mg<sup>^</sup></i>	1	
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	4	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	5	
ARZERRA - ofatumumab conc for iv infusion 100 mg/5ml, 1000 mg/50ml*	5	PA
ASPARLAS - calaspargase pegol-mknl iv soln 3750 unit/5ml (750 unit/ml)*	5	
AVASTIN - bevacizumab iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)*	5	PA
AYVAKIT - avapritinib tab 25 mg, 50 mg, 100 mg, 200 mg, 300 mg	5	PA, QL (30 tablets/30 days)
<i>azacitidine for inj 100 mg</i>	5	
BALVERSA - erdafitinib tab 3 mg	5	PA, QL (90 tablets/30 days)
BALVERSA - erdafitinib tab 4 mg	5	PA, QL (60 tablets/30 days)
BALVERSA - erdafitinib tab 5 mg	5	PA, QL (30 tablets/30 days)
BAVENCIO - avelumab soln for iv infusion 200 mg/10ml (20 mg/ml)*	5	PA
BELEODAQ - belinostat for iv inj 500 mg	5	PA
<i>bendamustine hcl for iv soln 25 mg, 100 mg</i>	5	
BENDEKA - bendamustine hcl iv soln 100 mg/4ml (25 mg/ml)	5	
BESPONSA - inotuzumab ozogamicin for iv soln 0.9 mg	5	PA
<i>bexarotene cap 75 mg</i>	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene gel 1%</i>	5	PA
<i>bicalutamide tab 50 mg^</i>	2	
<i>bleomycin sulfate for inj 15 unit, 30 unit</i>	4	BD
BLINCYTO - blinatumomab for iv infusion 35 mcg*	5	BD, PA
BORTEZOMIB - bortezomib for inj 1 mg, 2.5 mg	4	PA
<i>bortezomib for inj 3.5 mg</i>	5	PA
BOSULIF - bosutinib tab 100 mg	5	PA, QL (180 tablets/30 days)
BOSULIF - bosutinib tab 400 mg, 500 mg	5	PA, QL (30 tablets/30 days)
BRAFTOVI - encorafenib cap 75 mg*	5	PA, QL (180 capsules/30 days)
BRUKINSA - zanubrutinib cap 80 mg	5	PA, QL (120 capsules/30 days)
<i>busulfan inj 6 mg/ml</i>	5	
CABOMETRYX - cabozantinib s-malate tab 20 mg, 40 mg, 60 mg*	5	PA, QL (30 tablets/30 days)
CALQUENCE - acalabrutinib cap 100 mg*	5	PA, QL (60 capsules/30 days)
CALQUENCE - acalabrutinib maleate tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 100 mg*	5	PA, QL (60 tablets/30 days)
CAPRELSA - vandetanib tab 300 mg*	5	PA, QL (30 tablets/30 days)
<i>carboplatin iv soln 50 mg/5ml, 150 mg/15ml, 450 mg/45ml, 600 mg/60ml</i>	4	
<i>carmustine for inj 100 mg</i>	4	
<i>cisplatin inj 200 mg/200ml (1 mg/ml)</i>	4	
<i>cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml)</i>	4	
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	5	BD
<i>clofarabine iv soln 1 mg/ml</i>	5	
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit*	5	PA, QL (56 capsules/28 days)
COMETRIQ - cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit*	5	PA, QL (112 capsules/28 days)
COMETRIQ - cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit*	5	PA, QL (84 capsules/28 days)
COPIKTRA - duvelisib cap 15 mg, 25 mg*	5	PA, QL (56 capsules/28 days)
COSELA - trilaciclib dihydrochloride for iv soln 300 mg	5	
COTELLIC - cobimetinib fumarate tab 20 mg*	5	PA, QL (63 tablets/28 days)
CYCLOPHOSPHAMIDE - cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml), 1 gm/5ml (200 mg/ml), 500 mg/ml	5	
CYCLOPHOSPHAMIDE - cyclophosphamide tab 25 mg, 50 mg	3	BD
<i>cyclophosphamide cap 25 mg</i>	3	BD
<i>cyclophosphamide cap 50 mg</i>	4	BD
CYCLOPHOSPHAMIDE MONOHYDRATE - cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	5	

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

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA - ramucirumab iv soln 100 mg/10ml (for infusion), 500 mg/50ml (for infusion)*	5	PA
<i>cytarabine inj pf 20 mg/ml, 100 mg/ml</i>	4	BD
<i>cytarabine inj 20 mg/ml</i>	4	BD
DACARBAZINE - dacarbazine for inj 100 mg	4	
<i>dacarbazine for inj 200 mg</i>	4	
<i>dactinomycin for inj 0.5 mg</i>	5	
DANYELZA - naxitamab-gqgk iv soln 40 mg/10ml (4 mg/ml)	5	PA
DARZALEX - daratumumab iv soln 100 mg/5ml, 400 mg/20ml*	5	PA
DARZALEX FASPRO - daratumumab-hyaluronidase-fihj inj 1800-30000 mg-unit/15ml*	5	PA
<i>daunorubicin hcl iv soln 20 mg/4ml</i>	4	
DAUNORUBICIN HYDROCHLORIDE - daunorubicin hcl iv soln 50 mg/10ml	3	
DAURISMO - glasdegib maleate tab 25 mg	5	PA, QL (60 tablets/30 days)
DAURISMO - glasdegib maleate tab 100 mg	5	PA, QL (30 tablets/30 days)
<i>decitabine for inj 50 mg</i>	5	
<i>dexrazoxane hcl for inj 250 mg, 500 mg</i>	5	
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/ml), 160 mg/8ml (20 mg/ml)</i>	5	
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml, 160 mg/16ml</i>	5	
<i>doxorubicin hcl for inj 50 mg</i>	4	BD
<i>doxorubicin hcl inj 2 mg/ml</i>	4	BD
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	5	BD, PA
DOXORUBICIN HYDROCHLORIDE - doxorubicin hcl for inj 10 mg	4	BD
ELITEK - rasburicase for iv soln 1.5 mg, 7.5 mg	5	
EMCYT - estramustine phosphate sodium cap 140 mg	5	
EMPLICITI - elotuzumab for iv soln 300 mg, 400 mg	5	PA
ENHERTU - fam-trastuzumab deruxtecan-nxki for iv soln 100 mg	5	PA
ERBITUX - cetuximab iv soln 100 mg/50ml (2 mg/ml), 200 mg/100ml (2 mg/ml)	5	PA
ERIVEDGE - vismodegib cap 150 mg*	5	PA, QL (30 capsules/30 days)
ERLEADA - apalutamide tab 60 mg*	5	PA, QL (120 tablets/30 days)
ERLEADA - apalutamide tab 240 mg*	5	PA, QL (30 tablets/30 days)
<i>erlotinib hcl tab 25 mg</i>	5	PA, QL (60 tablets/30 days)
<i>erlotinib hcl tab 100 mg, 150 mg</i>	5	PA, QL (30 tablets/30 days)
ETOPOPHOS - etoposide phosphate iv for inj 100 mg	4	
<i>etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml (20 mg/ml), 1 gm/50ml (20 mg/ml)</i>	4	
EULEXIN - flutamide cap 125 mg	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus tab for oral susp 2 mg, 5 mg</i>	5	PA, QL (60 tablets/30 days)
<i>everolimus tab for oral susp 3 mg</i>	5	PA, QL (90 tablets/30 days)
<i>everolimus tab 2.5 mg, 7.5 mg, 10 mg</i>	5	PA, QL (30 tablets/30 days)
<i>everolimus tab 5 mg</i>	5	PA, QL (60 tablets/30 days)
EVOMELA - melphalan hcl for inj 50 mg (propylene glycol (pg) free)	5	
<i>exemestane tab 25 mg</i>	3	
EXKIVITY - mobocertinib succinate cap 40 mg*	5	PA, QL (120 capsules/30 days)
<i>fludarabine phosphate for inj 50 mg</i>	4	
<i>fludarabine phosphate inj 25 mg/ml</i>	4	
<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>	4	BD
FOLOTYN - pralatrexate iv inj 20 mg/ml, 40 mg/2ml	5	PA
FOTIVDA - tivozanib hcl cap 0.89 mg, 1.34 mg*	5	PA, QL (21 capsules/28 days)
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	5	PA
GAVRETO - pralsetinib cap 100 mg	5	PA, QL (120 capsules/30 days)
GAZYVA - obinutuzumab soln for iv infusion 1000 mg/40ml (25 mg/ml)	5	PA
<i>gefitinib tab 250 mg</i>	5	PA, QL (30 tablets/30 days)
<i>gemcitabine hcl for inj 200 mg, 1 gm, 2 gm</i>	4	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml), 1 gm/26.3ml (38 mg/ml), 2 gm/52.6ml (38 mg/ml)</i>	4	
GILOTRIF - afatinib dimaleate tab 20 mg, 30 mg, 40 mg*	5	PA, QL (30 tablets/30 days)
GLEOSTINE - lomustine cap 10 mg, 40 mg	4	
GLEOSTINE - lomustine cap 100 mg	5	
HALAVEN - eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	5	PA
HERCEPTIN - trastuzumab for iv soln 150 mg*	5	PA
HERCEPTIN HYLECTA - trastuzumab-hyaluronidase-oysk inj 600-10000 mg-unit/5ml*	5	PA
HERZUMA - trastuzumab-pkrb for iv soln 150 mg, 420 mg	5	PA
<i>hydroxyurea cap 500 mg^</i>	2	
IBRANCE - palbociclib cap 75 mg, 100 mg, 125 mg*	5	PA, QL (21 capsules/28 days)
IBRANCE - palbociclib tab 75 mg, 100 mg, 125 mg*	5	PA, QL (21 tablets/28 days)
ICLUSIG - ponatinib hcl tab 10 mg, 15 mg, 30 mg, 45 mg*	5	PA, QL (30 tablets/30 days)
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i>	5	
IDHIFA - enasidenib mesylate tab 50 mg, 100 mg*	5	PA, QL (30 tablets/30 days)
IFEX - ifosfamide for inj 3 gm	4	
IFOSFAMIDE - ifosfamide for inj 3 gm	4	
<i>ifosfamide for inj 1 gm</i>	4	
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 100 mg</i>	5	PA, QL (90 tablets/30 days)
<i>imatinib mesylate tab 400 mg</i>	5	PA, QL (60 tablets/30 days)
IMBRUVICA - ibrutinib cap 70 mg*	5	PA, QL (30 capsules/30 days)
IMBRUVICA - ibrutinib cap 140 mg*	5	PA, QL (120 capsules/30 days)
IMBRUVICA - ibrutinib oral susp 70 mg/ml*	5	PA, QL (3 bottles/30 days)
IMBRUVICA - ibrutinib tab 420 mg*	5	PA, QL (30 tablets/30 days)
IMFINZI - durvalumab soln for iv infusion 120 mg/2.4ml (50 mg/ml), 500 mg/10ml (50 mg/ml)	5	PA
IMLYGIC - talimogene laherparepvec intralesional inj 1000000 unit/ml	4	
IMLYGIC - talimogene laherparepvec intralesional inj 100000000 unit/ml	5	
INLYTA - axitinib tab 1 mg*	5	PA, QL (180 tablets/30 days)
INLYTA - axitinib tab 5 mg*	5	PA, QL (120 tablets/30 days)
INQOVI - decitabine-cedazuridine tab 35-100 mg	5	PA, QL (5 tablets/28 days)
INREBIC - fedratinib hcl cap 100 mg	5	PA, QL (120 capsules/30 days)
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml)</i>	4	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	4	
IXEMPRA KIT - ixabepilone for iv infusion 15 mg, 45 mg	5	
JAKAFI - ruxolitinib phosphate tab 5 mg, 10 mg, 15 mg, 20 mg, 25 mg*	5	PA, QL (60 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 50 mg	5	PA, QL (30 tablets/30 days)
JAYPIRCA - pirtobrutinib tab 100 mg	5	PA, QL (60 tablets/30 days)
JEMPERLI - dostarlimab-gxly iv soln 500 mg/10ml (50 mg/ml)	5	PA
JEVTANA - cabazitaxel inj 60 mg/1.5ml (for iv infusion)	5	PA
KADCYLA - ado-trastuzumab emtansine for iv soln 100 mg, 160 mg	5	PA
KANJINTI - trastuzumab-anns for iv soln 150 mg, 420 mg	5	PA
KEYTRUDA - pembrolizumab iv soln 100 mg/4ml (25 mg/ml)	5	PA
KISQALI - ribociclib succinate tab pack 200 mg daily dose	5	PA, QL (21 tablets/28 days)
KISQALI - ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	5	PA, QL (42 tablets/28 days)
KISQALI - ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	5	PA, QL (63 tablets/28 days)
KISQALI FEMARA 200 DOSE - ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (49 tablets/28 days)
KISQALI FEMARA 400 DOSE - ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (70 tablets/28 days)
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	5	PA, QL (91 tablets/28 days)
KOSELUGO - selumetinib sulfate cap 10 mg	5	PA, QL (240 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
KOSELUGO - selumetinib sulfate cap 25 mg	5	PA, QL (120 capsules/30 days)
KRAZATI - adagrasib tab 200 mg*	5	PA, QL (180 tablets/30 days)
KYPROLIS - carfilzomib for inj 10 mg, 30 mg, 60 mg	5	PA
<i>lapatinib ditosylate tab 250 mg</i>	5	PA, QL (180 tablets/30 days)
<i>lenalidomide caps 2.5 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 5 mg, 10 mg</i>	5	PA, QL (30 capsules/30 days)
<i>lenalidomide cap 15 mg, 20 mg, 25 mg</i>	5	PA, QL (21 capsules/28 days)
LENVIMA 10 MG DAILY DOSE - lenvatinib cap therapy pack 10 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 12MG DAILY DOSE - lenvatinib cap therapy pack 3 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 14 MG DAILY DOSE - lenvatinib cap therapy pack 10 & 4 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 18 MG DAILY DOSE - lenvatinib cap ther pack 10 mg & 2 x 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 20 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 10 mg*	5	PA, QL (60 capsules/30 days)
LENVIMA 24 MG DAILY DOSE - lenvatinib cap ther pack 2 x 10 mg & 4 mg*	5	PA, QL (90 capsules/30 days)
LENVIMA 4 MG DAILY DOSE - lenvatinib cap therapy pack 4 mg*	5	PA, QL (30 capsules/30 days)
LENVIMA 8 MG DAILY DOSE - lenvatinib cap therapy pack 2 x 4 mg*	5	PA, QL (60 capsules/30 days)
<i>letrozole tab 2.5 mg^</i>	2	
<i>leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg</i>	4	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	4	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	4	
<i>leucovorin calcium tab 5 mg</i>	3	
<i>leucovorin calcium tab 10 mg, 15 mg, 25 mg</i>	4	
LEUKERAN - chlorambucil tab 2 mg	5	
LIBTAYO - cemiplimab-rwlc iv soln 350 mg/7ml (50 mg/ml)*	5	PA
LONSURF - trifluridine-tipiracil tab 15-6.14 mg	5	PA, QL (100 tablets/28 days)
LONSURF - trifluridine-tipiracil tab 20-8.19 mg	5	PA, QL (80 tablets/28 days)
LORBRENA - lorlatinib tab 25 mg	5	PA, QL (90 tablets/30 days)
LORBRENA - lorlatinib tab 100 mg	5	PA, QL (30 tablets/30 days)
LUMAKRAS - sotorasib tab 120 mg*	5	PA, QL (240 tablets/30 days)
LUMAKRAS - sotorasib tab 320 mg*	5	PA, QL (90 tablets/30 days)
LUMOXITI - moxetumomab pasudotox-tdfk for iv soln 1 mg*	5	PA
LYNPARZA - olaparib tab 100 mg, 150 mg*	5	PA, QL (120 tablets/30 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (12 mg daily dose)*	5	PA, QL (84 tablets/28 days)
LYTGOBI - futibatinib tab therapy pack 4 mg (16 mg daily dose)*	5	PA, QL (112 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
LYTGOBI - futibatinib tab therapy pack 4 mg (20 mg daily dose)*	5	PA, QL (140 tablets/28 days)
MARGENZA - margetuximab-cmkb iv soln 250 mg/10ml (25 mg/ml)	5	PA
MATULANE - procarbazine hcl cap 50 mg*	5	PA
MEKINIST - trametinib dimethyl sulfoxide for soln 0.05 mg/ml	5	PA, QL (13 bottles/28 days)
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg*	5	PA, QL (90 tablets/30 days)
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg*	5	PA, QL (30 tablets/30 days)
MEKTOVI - binimetinib tab 15 mg*	5	PA, QL (180 tablets/30 days)
<i>melphalan hcl for inj 50 mg</i>	5	
<i>mercaptopurine tab 50 mg</i>	3	
<i>mesna inj 100 mg/ml</i>	4	
MESNEX - mesna tab 400 mg	5	
<i>mitomycin for iv soln 5 mg, 20 mg, 40 mg</i>	5	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml)</i>	4	
MONJUVI - tafasitamab-cxix for iv soln 200 mg	5	PA
MVASI - bevacizumab-awwb iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
MYLOTARG - gemtuzumab ozogamicin for iv soln 4.5 mg	5	PA
<i>nelarabine iv soln 5 mg/ml</i>	5	PA
NERLYNX - neratinib maleate tab 40 mg*	5	PA, QL (180 tablets/30 days)
<i>nilutamide tab 150 mg</i>	5	
NINLARO - ixazomib citrate cap 2.3 mg, 3 mg, 4 mg	5	PA, QL (3 capsules/28 days)
NIPENT - pentostatin for inj 10 mg	5	
NUBEQA - darolutamide tab 300 mg	5	PA, QL (120 tablets/30 days)
ODOMZO - sonidegib phosphate cap 200 mg*	5	PA, QL (30 capsules/30 days)
OGIVRI - trastuzumab-dkst for iv soln 150 mg, 420 mg	5	PA
ONCASPAR - pegaspargase inj 750 unit/ml	5	
ONIVYDE - irinotecan hcl liposome iv inj 43 mg/10ml (4.3 mg/ml)	5	PA
ONTRUZANT - trastuzumab-dttb for iv soln 150 mg, 420 mg	5	PA
ONUREG - azacitidine tab 200 mg, 300 mg	5	PA, QL (14 tablets/28 days)
OPDIVO - nivolumab iv soln 40 mg/4ml, 100 mg/10ml, 120 mg/12ml, 240 mg/24ml	5	PA
ORSERDU - elacestrant hydrochloride tab 86 mg	5	PA, QL (90 tablets/30 days)
ORSERDU - elacestrant hydrochloride tab 345 mg	5	PA, QL (30 tablets/30 days)
OXALIPLATIN - oxaliplatin iv soln 200 mg/40ml	5	
<i>oxaliplatin for iv inj 50 mg, 100 mg</i>	5	
<i>oxaliplatin iv soln 50 mg/10ml, 100 mg/20ml</i>	5	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100 mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/ml)</i>	4	
PADCEV - enfortumab vedotin-efyv for iv soln 20 mg, 30 mg	5	PA
PANRETIN - alitretinoin gel 0.1%	5	PA
PARAPLATIN - carboplatin iv soln 1000 mg/100ml	4	
PEMAZYRE - pemigatinib tab 4.5 mg, 9 mg, 13.5 mg	5	PA, QL (14 tablets/21 days)
PEMETREXED - pemetrexed disodium iv soln 100 mg/4ml, 500 mg/20ml, 1 gm/40ml	5	PA
PEMETREXED - pemetrexed ditromethamine for iv soln 100 mg, 500 mg	5	PA
<i>pemetrexed disodium for iv soln 100 mg, 500 mg, 750 mg, 1000 mg</i>	5	PA
PERJETA - pertuzumab soln for iv infusion 420 mg/14ml (30 mg/ml)*	5	PA
PHESGO - pertuzumab-trastuz-hyaluron-zzxf inj 60 mg-60 mg-2000 unt/ml, 80 mg-40 mg-2000 unt/ml	5	PA
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	5	PA, QL (30 tablets/30 days)
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	5	PA, QL (60 tablets/30 days)
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	5	PA, QL (60 tablets/30 days)
POLIVY - polatuzumab vedotin-piiq for iv solution 30 mg, 140 mg	5	PA
POMALYST - pomalidomide cap 1 mg, 2 mg, 3 mg, 4 mg*	5	PA, QL (21 capsules/28 days)
PORTRAZZA - necitumumab iv soln 800 mg/50ml (16 mg/ml)*	5	PA
POTELIGEO - mogamulizumab-kpkc iv soln 20 mg/5ml (4 mg/ml)	5	PA
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)*	5	
QINLOCK - ripretinib tab 50 mg	5	PA, QL (90 tablets/30 days)
RETEVMO - selpercatinib cap 40 mg	5	PA, QL (180 capsules/30 days)
RETEVMO - selpercatinib cap 80 mg	5	PA, QL (120 capsules/30 days)
REVLIMID - lenalidomide caps 2.5 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 5 mg, 10 mg*	5	PA, QL (30 capsules/30 days)
REVLIMID - lenalidomide cap 15 mg, 20 mg, 25 mg*	5	PA, QL (21 capsules/28 days)
REZLIDHIA - olutasidenib cap 150 mg*	5	PA, QL (60 capsules/30 days)
RIABNI - rituximab-arx iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RITUXAN - rituximab iv soln 100 mg/10ml, 500 mg/50ml*	5	PA
RITUXAN HYCELA - rituximab-hyaluronidase human inj 1400-23400 mg-unit/11.7ml, 1600-26800 mg-unit/13.4ml*	5	PA
ROMIDEPSIN - romidepsin iv soln 27.5 mg/5.5ml (5 mg/ml)	5	PA
<i>romidepsin for iv inj 10 mg</i>	5	PA
ROZLYTREK - entrectinib cap 100 mg	5	PA, QL (150 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
ROZLYTREK - entrectinib cap 200 mg	5	PA, QL (90 capsules/30 days)
RUBRACA - rucaparib camsylate tab 200 mg, 250 mg, 300 mg*	5	PA, QL (120 tablets/30 days)
RUXIENCE - rituximab-pvvr iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
RYBREVANT - amivantamab-vmjw iv soln 350 mg/7ml	5	PA
RYDAPT - midostaurin cap 25 mg	5	PA, QL (240 capsules/30 days)
RYLAZE - asparaginase erwinia chrys (recomb)-rywn im soln 10 mg/0.5ml	5	
SARCLISA - isatuximab-irfc iv soln 100 mg/5ml, 500 mg/25ml	5	PA
SCSEMBLIX - asciminib hcl tab 20 mg	5	PA, QL (60 tablets/30 days)
SCSEMBLIX - asciminib hcl tab 40 mg	5	PA, QL (300 tablets/30 days)
SOLTAMOX - tamoxifen citrate oral soln 10 mg/5ml	5	
<i>sorafenib tosylate tab 200 mg</i>	5	PA, QL (120 tablets/30 days)
SPRYCEL - dasatinib tab 20 mg	5	PA, QL (90 tablets/30 days)
SPRYCEL - dasatinib tab 50 mg, 70 mg, 80 mg, 100 mg, 140 mg	5	PA, QL (30 tablets/30 days)
STIVARGA - regorafenib tab 40 mg*	5	PA, QL (84 tablets/28 days)
<i>sunitinib malate cap 12.5 mg</i>	5	PA, QL (90 capsules/30 days)
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i>	5	PA, QL (30 capsules/30 days)
SYNRIBO - omacetaxine mepesuccinate for inj 3.5 mg	5	PA
TABLOID - thioguanine tab 40 mg	4	
TABRECTA - capmatinib hcl tab 150 mg, 200 mg	5	PA, QL (120 tablets/30 days)
TAFINLAR - dabrafenib mesylate cap 50 mg, 75 mg*	5	PA, QL (120 capsules/30 days)
TAFINLAR - dabrafenib mesylate tab for oral susp 10 mg	5	PA, QL (4 bottles/28 days)
TAGRISSO - osimertinib mesylate tab 40 mg, 80 mg*	5	PA, QL (30 tablets/30 days)
TALZENNA - talazoparib tosylate cap 0.1 mg, 0.25 mg, 0.35 mg, 0.5 mg, 0.75 mg, 1 mg*	5	PA, QL (30 capsules/30 days)
<i>tamoxifen citrate tab 10 mg, 20 mg^</i>	2	
TASIGNA - nilotinib hcl cap 50 mg, 150 mg, 200 mg	5	PA, QL (120 capsules/30 days)
TAZVERIK - tazemetostat hbr tab 200 mg	5	PA, QL (240 tablets/30 days)
TECENTRIQ - atezolizumab iv soln 840 mg/14ml, 1200 mg/20ml*	5	PA
TEMODAR - temozolomide for iv soln 100 mg	5	
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	5	
TEPMETKO - tepotinib hcl tab 225 mg*	5	PA, QL (60 tablets/30 days)
THALOMID - thalidomide cap 50 mg, 100 mg	5	PA, QL (30 capsules/30 days)
THALOMID - thalidomide cap 150 mg, 200 mg	5	PA, QL (60 capsules/30 days)
<i>thiotepa for inj 15 mg, 100 mg</i>	5	
TIBSOVO - ivosidenib tab 250 mg*	5	PA, QL (60 tablets/30 days)
<i>topotecan hcl for inj 4 mg</i>	4	
<i>topotecan hcl inj 4 mg/4ml (for infusion)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>toemifene citrate tab 60 mg</i>	5	
TRAZIMERA - trastuzumab-qyyp for iv soln 150 mg, 420 mg	5	PA
<i>tretinoin cap 10 mg</i>	5	PA
TRODELVY - sacituzumab govitecan-hziy for iv soln 180 mg	5	PA
TRUXIMA - rituximab-abbs iv soln 100 mg/10ml (10 mg/ml), 500 mg/50ml (10 mg/ml)	5	PA
TUKYSA - tucatinib tab 50 mg	5	PA, QL (300 tablets/30 days)
TUKYSA - tucatinib tab 150 mg	5	PA, QL (120 tablets/30 days)
TURALIO - pexidartinib hcl cap 125 mg	5	PA, QL (120 capsules/30 days)
UNITUXIN - dinutuximab iv soln 17.5 mg/5ml (3.5 mg/ml)	5	PA
VALCHLOR - mechlorethamine hcl gel 0.016%*	5	
VANFLYTA - quizartinib dihydrochloride tab 17.7 mg, 26.5 mg	5	PA, QL (60 tablets/30 days)
VECTIBIX - panitumumab iv soln 100 mg/5ml, 400 mg/20ml	5	PA
VEGZELMA - bevacizumab-adcd iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
VENCLEXTA - venetoclax tab 10 mg*	4	PA, QL (60 tablets/30 days)
VENCLEXTA - venetoclax tab 50 mg*	5	PA, QL (30 tablets/30 days)
VENCLEXTA - venetoclax tab 100 mg*	5	PA, QL (180 tablets/30 days)
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg*	5	PA, QL (1 pack (42 tablets)/28 days)
VERZENIO - abemaciclib tab 50 mg, 100 mg, 150 mg, 200 mg*	5	PA, QL (60 tablets/30 days)
VINBLASTINE SULFATE - vinblastine sulfite inj 1 mg/ml	4	BD
<i>vincristine sulfate iv soln 1 mg/ml</i>	4	BD
<i>vinorelbine tartrate inj 10 mg/ml, 50 mg/5ml (10 mg/ml)</i>	4	
VITRAKVI - larotrectinib sulfate cap 25 mg*	5	PA, QL (180 capsules/30 days)
VITRAKVI - larotrectinib sulfate cap 100 mg*	5	PA, QL (60 capsules/30 days)
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml*	5	PA, QL (300 mls/30 days)
VIZIMPRO - dacomitinib tab 15 mg, 30 mg, 45 mg*	5	PA, QL (30 tablets/30 days)
VONJO - pacritinib citrate cap 100 mg*	5	PA, QL (120 capsules/30 days)
VOTRIENT - pazopanib hcl tab 200 mg*	5	PA, QL (120 tablets/30 days)
VYXEOS - daunorubicin-cytarabine liposome for iv inj 44-100 mg	5	PA
WELIREG - belzutifan tab 40 mg*	5	PA, QL (90 tablets/30 days)
XALKORI - crizotinib cap 200 mg, 250 mg*	5	PA, QL (120 capsules/30 days)
XOSPATA - gilteritinib fumarate tablet 40 mg	5	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)*	5	PA, QL (1 box/28 days)
XPOVIO 60 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)

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

Drug Name	Drug Tier	Requirements/Limits
XPOVIO 80 MG TWICE WEEKLY - selinexor tab therapy pack 20 mg*	5	PA, QL (1 box/28 days)
XTANDI - enzalutamide cap 40 mg*	5	PA, QL (120 capsules/30 days)
XTANDI - enzalutamide tab 40 mg*	5	PA, QL (120 tablets/30 days)
XTANDI - enzalutamide tab 80 mg*	5	PA, QL (60 tablets/30 days)
YERVOY - ipilimumab soln for iv infusion 50 mg/10ml (5 mg/ml), 200 mg/40ml (5 mg/ml)*	5	PA
YONDELIS - trabectedin for inj 1 mg	5	PA
ZALTRAP - ziv-aflibercept iv soln 100 mg/4ml (for infusion), 200 mg/8ml (for infusion)	5	PA
ZANOSAR - streptozocin for inj 1 gm	4	
ZEJULA - niraparib tosylate cap 100 mg*	5	PA, QL (90 capsules/30 days)
ZEJULA - niraparib tosylate tab 100 mg, 200 mg, 300 mg*	5	PA, QL (30 tablets/30 days)
ZELBORAF - vemurafenib tab 240 mg*	5	PA, QL (240 tablets/30 days)
ZEPZELCA - lurbinectedin for iv soln 4 mg	5	PA
ZIRABEV - bevacizumab-bvzr iv soln 100 mg/4ml (for infusion), 400 mg/16ml (for infusion)	5	PA
ZOLINZA - vorinostat cap 100 mg	5	PA, QL (120 capsules/30 days)
ZYDELIG - idelalisib tab 100 mg, 150 mg*	5	PA, QL (60 tablets/30 days)
ZYKADIA - ceritinib tab 150 mg*	5	PA, QL (90 tablets/30 days)
ZYNLONTA - loncastuximab tesirine-lpyl for iv soln 10 mg	5	PA
<b>Antiparasitics</b>		
<i>albendazole tab 200 mg</i>	5	
<i>atovaquone susp 750 mg/5ml</i>	5	PA, QL (600 mls/30 days)
<i>atovaquone-proguanil hcl tab 62.5-25 mg^</i>	2	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	3	
BENZNIDAZOLE - benznidazole tab 12.5 mg, 100 mg	4	
<i>chloroquine phosphate tab 250 mg, 500 mg^</i>	2	
COARTEM - artemether-lumefantrine tab 20-120 mg	4	
<i>hydroxychloroquine sulfate tab 200 mg^</i>	2	
<i>ivermectin tab 3 mg</i>	3	QL (10 tablets/90 days)
<i>mefloquine hcl tab 250 mg^</i>	2	
<i>nitazoxanide tab 500 mg</i>	5	QL (20 tablets/30 days)
<i>pentamidine isethionate for inj soln 300 mg</i>	4	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	4	BD
<i>praziquantel tab 600 mg</i>	4	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	3	
<i>pyrimethamine tab 25 mg</i>	5	PA
<b>Antiparkinson Agents</b>		
<i>amantadine hcl cap 100 mg^</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amantadine hcl soln 50 mg/5ml<sup>^</sup></i>	2	
<i>amantadine hcl tab 100 mg<sup>^</sup></i>	2	
APOKYN - apomorphine hcl soln cartridge 30 mg/3ml*	5	PA, QL (60 mls/30 days)
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	5	PA, QL (60 mls/30 days)
<i>benztropine mesylate tab 0.5 mg, 1 mg, 2 mg<sup>#^</sup></i>	2	
<i>bromocriptine mesylate cap 5 mg</i>	3	
<i>bromocriptine mesylate tab 2.5 mg</i>	3	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg<sup>^</sup></i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg<sup>^</sup></i>	2	
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg<sup>^</sup></i>	2	
<i>carbidopa &amp; levodopa tab er 25-100 mg, 50-200 mg<sup>^</sup></i>	2	
<i>carbidopa &amp; levodopa tab 10-100 mg, 25-100 mg, 25-250 mg<sup>^</sup></i>	2	
<i>carbidopa tab 25 mg</i>	4	
<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>	4	
<i>entacapone tab 200 mg</i>	4	
<i>pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg<sup>^</sup></i>	1	
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i>	4	
<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg<sup>^</sup></i>	2	
<i>selegiline hcl cap 5 mg</i>	3	
<i>selegiline hcl tab 5 mg</i>	3	
<i>tolcapone tab 100 mg</i>	5	
<i>trihexyphenidyl hcl tab 2 mg, 5 mg<sup>#^</sup></i>	2	
<b>Antipsychotics</b>		
ABILIFY ASIMTUFII - aripiprazole im er susp prefilled syringe 720 mg/2.4ml, 960 mg/3.2ml	5	QL (1 syringe/56 days)
ABILIFY MAINTENA - aripiprazole im for er susp prefilled syringe 300 mg, 400 mg	5	QL (1 syringe/28 days)
ABILIFY MAINTENA - aripiprazole im for extended release susp 300 mg, 400 mg	5	QL (1 vial/28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	4	PA (>=65 yr), QL (750 mls/30 days)
<i>aripiprazole orally disintegrating tab 10 mg, 15 mg</i>	5	PA (>=65 yr), QL (60 tablets/30 days)
<i>aripiprazole tab 2 mg, 5 mg<sup>^</sup></i>	2	QL (45 tablets/30 days)
<i>aripiprazole tab 10 mg, 15 mg, 20 mg, 30 mg<sup>^</sup></i>	2	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	5	QL (1 syringe/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
ARISTADA - aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	5	QL (1 syringe/56 days)
ARISTADA INITIO - aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	5	QL (1 syringe/42 days)
<i>asenapine maleate sl tab 2.5 mg, 5 mg, 10 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
CAPLYTA - lumateperone tosylate cap 10.5 mg, 21 mg, 42 mg	5	QL (30 capsules/30 days)
CLOZAPINE ODT - clozapine orally disintegrating tab 12.5 mg	3	QL (90 tablets/30 days)
<i>clozapine orally disintegrating tab 25 mg</i>	3	QL (270 tablets/30 days)
<i>clozapine orally disintegrating tab 100 mg</i>	4	QL (270 tablets/30 days)
<i>clozapine tab 25 mg, 50 mg^</i>	2	QL (90 tablets/30 days)
<i>clozapine tab 100 mg^</i>	2	QL (270 tablets/30 days)
<i>clozapine tab 200 mg^</i>	2	QL (120 tablets/30 days)
FANAPT - iloperidone tab 1 mg, 2 mg, 4 mg	4	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT - iloperidone tab 6 mg, 8 mg, 10 mg, 12 mg	5	PA (>=65 yr), QL (60 tablets/30 days)
FANAPT TITRATION PACK - iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	4	PA (>=65 yr), QL (7 packs (56 tablets)/28 days)
<i>fluphenazine decanoate inj 25 mg/ml</i>	4	
FLUPHENAZINE HCL - fluphenazine hcl inj 2.5 mg/ml	4	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>	2	
<i>haloperidol lactate inj 5 mg/ml</i>	4	
<i>haloperidol lactate oral conc 2 mg/ml^</i>	2	
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg^</i>	2	
INVEGA HAFYERA - paliperidone palmitate er susp pref syr 1,092 mg/3.5ml, 1,560 mg/5ml	5	QL (1 kit/180 days)
INVEGA SUSTENNA - paliperidone palmitate er susp pref syr 39 mg/0.25ml, 78 mg/0.5ml, 117 mg/0.75ml, 156 mg/ml, 234 mg/1.5ml	5	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	5	QL (1 kit/84 days)
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg^</i>	2	
<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i>	5	QL (30 tablets/30 days)
<i>lurasidone hcl tab 80 mg</i>	5	QL (60 tablets/30 days)
LYBALVI - olanzapine-samidorphan l-malate tab 5-10 mg, 10-10 mg, 15-10 mg, 20-10 mg	5	PA (>=65 yr), QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MOLINDONE HYDROCHLORIDE - molindone hcl tab 5 mg, 10 mg, 25 mg	3	PA (>=65 yr)
NUPLAZID - pimavanserin tartrate cap 34 mg*	5	PA, QL (30 capsules/30 days)
NUPLAZID - pimavanserin tartrate tab 10 mg*	5	PA, QL (30 tablets/30 days)
<i>olanzapine for im inj 10 mg</i>	4	PA (>=65 yr), QL (90 vials/30 days)
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i>	3	QL (30 tablets/30 days)
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg^</i>	2	QL (45 tablets/30 days)
<i>olanzapine tab 15 mg, 20 mg^</i>	2	QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9 mg</i>	4	PA (>=65 yr), QL (30 tablets/30 days)
<i>paliperidone tab er 24hr 6 mg</i>	4	PA (>=65 yr), QL (60 tablets/30 days)
PERSERIS - risperidone subcutaneous for er susp prefilled syr 90 mg, 120 mg	5	QL (1 syringe/28 days)
PIMOZIDE - pimozide tab 1 mg, 2 mg^	2	
QUETIAPINE FUMARATE - quetiapine fumarate tab 150 mg	4	QL (150 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg^</i>	2	QL (60 tablets/30 days)
<i>quetiapine fumarate tab er 24hr 150 mg, 200 mg^</i>	2	QL (30 tablets/30 days)
<i>quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg^</i>	1	QL (120 tablets/30 days)
<i>quetiapine fumarate tab 300 mg, 400 mg^</i>	1	QL (60 tablets/30 days)
REXULTI - brexpiprazole tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	5	PA (>=65 yr), QL (30 tablets/30 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 12.5 mg	4	QL (2 vials/28 days)
RISPERDAL CONSTA - risperidone microspheres for im extended rel susp 25 mg, 37.5 mg, 50 mg	5	QL (2 vials/28 days)
RISPERIDONE ODT - risperidone orally disintegrating tab 0.25 mg	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	QL (60 tablets/30 days)
<i>risperidone orally disintegrating tab 4 mg</i>	3	QL (120 tablets/30 days)
<i>risperidone soln 1 mg/ml</i>	3	QL (480 mls/30 days)
<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg^</i>	1	QL (60 tablets/30 days)
<i>risperidone tab 4 mg^</i>	1	QL (120 tablets/30 days)
SECUADO - asenapine td patch 24 hr 3.8 mg/24hr, 5.7 mg/24hr, 7.6 mg/24hr	5	PA (>=65 yr), QL (30 patches/30 days)
<i>thioridazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg^</i>	2	
<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i>	3	
<i>trifluoperazine hcl tab 1 mg, 2 mg, 5 mg, 10 mg</i>	3	
UZEDY - risperidone subcutaneous er susp pref syr 50 mg/0.14ml, 75 mg/0.21ml, 100 mg/0.28ml, 125 mg/0.35ml	5	QL (1 syringe/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
UZEDY - risperidone subcutaneous er susp pref syr 150 mg/0.42ml, 200 mg/0.56ml, 250 mg/0.7ml	5	QL (1 syringe/56 days)
VERSACLOZ - clozapine susp 50 mg/ml	5	PA (>=65 yr), QL (540 mls/30 days)
VRAYLAR - cariprazine hcl cap 1.5 mg, 3 mg, 4.5 mg, 6 mg	5	QL (30 capsules/30 days)
ziprasidone hcl cap 20 mg, 40 mg^	2	QL (90 capsules/30 days)
ziprasidone hcl cap 60 mg, 80 mg^	2	QL (60 capsules/30 days)
ziprasidone mesylate for inj 20 mg	3	PA (>=65 yr), QL (60 vials/30 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 210 mg, 300 mg	5	PA (>=65 yr), QL (2 vials/28 days)
ZYPREXA RELPREVV - olanzapine pamoate for extended rel im susp 405 mg	5	PA (>=65 yr), QL (1 vial/28 days)
<b>Antispasticity Agents</b>		
baclofen tab 5 mg, 20 mg^	2	
baclofen tab 10 mg^	1	
dantrolene sodium cap 25 mg, 50 mg, 100 mg	3	
tizanidine hcl cap 2 mg, 4 mg, 6 mg	3	
tizanidine hcl tab 2 mg, 4 mg^	1	
<b>Antivirals</b>		
abacavir sulfate soln 20 mg/ml	3	QL (960 mls/30 days)
abacavir sulfate tab 300 mg	3	QL (60 tablets/30 days)
abacavir sulfate-lamivudine tab 600-300 mg	4	QL (30 tablets/30 days)
acyclovir cap 200 mg^	2	
acyclovir oint 5%	4	PA
acyclovir sodium iv soln 50 mg/ml	4	BD
acyclovir susp 200 mg/5ml	3	
acyclovir tab 400 mg, 800 mg^	2	
adefovir dipivoxil tab 10 mg	4	
APTIVUS - tipranavir cap 250 mg	5	QL (120 capsules/30 days)
atazanavir sulfate cap 150 mg, 300 mg	4	QL (30 capsules/30 days)
atazanavir sulfate cap 200 mg	4	QL (60 capsules/30 days)
BARACLUDE - entecavir oral soln 0.05 mg/ml	5	
BIKTARVY - bictegravir-emtricitabine-tenofovir af tab 30-120-15 mg, 50-200-25 mg	5	QL (30 tablets/30 days)
CABENUVA - cabotegravir 400 mg/2ml & rilpivirine 600 mg/2ml im susp er*	5	QL (4 mls/28 days)
CABENUVA - cabotegravir 600 mg/3ml & rilpivirine 900 mg/3ml im susp er*	5	QL (6 mls/28 days)
cidofovir iv inj 75 mg/ml	5	
CIMDUO - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	5	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
COMPLERA - emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	5	QL (30 tablets/30 days)
<i>darunavir tab 600 mg</i>	5	QL (60 tablets/30 days)
<i>darunavir tab 800 mg</i>	5	QL (30 tablets/30 days)
DELSTRIGO - doravirine-lamivudine-tenofovir df tab 100-300-300 mg	5	QL (30 tablets/30 days)
DESCOVY - emtricitabine-tenofovir alafenamide fumarate tab 120-15 mg, 200-25 mg	5	QL (30 tablets/30 days)
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg	5	QL (30 tablets/30 days)
EDURANT - rilpivirine hcl tab 25 mg	5	QL (30 tablets/30 days)
<i>efavirenz cap 200 mg</i>	4	QL (120 capsules/30 days)
<i>efavirenz cap 50 mg<sup>^</sup></i>	2	QL (90 capsules/30 days)
<i>efavirenz tab 600 mg</i>	4	QL (30 tablets/30 days)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	5	QL (30 tablets/30 days)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg, 600-300-300 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine caps 200 mg</i>	4	QL (30 capsules/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg, 133-200 mg, 167-250 mg</i>	5	QL (30 tablets/30 days)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	4	QL (30 tablets/30 days)
EMTRIVA - emtricitabine soln 10 mg/ml	4	QL (850 mls/30 days)
<i>entecavir tab 0.5 mg, 1 mg</i>	4	
EPCLUSA - sofosbuvir-velpatasvir pellet pack 150-37.5 mg, 200-50 mg	5	PA
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg, 400-100 mg	5	PA
<i>etravirine tab 100 mg, 200 mg</i>	5	QL (60 tablets/30 days)
EVOTAZ - atazanavir sulfate-cobicistat tab 300-150 mg	5	QL (30 tablets/30 days)
<i>famciclovir tab 125 mg, 250 mg, 500 mg<sup>^</sup></i>	2	
<i>fosamprenavir calcium tab 700 mg</i>	5	QL (120 tablets/30 days)
FUZEON - enfuvirtide for inj 90 mg	5	QL (60 vials/30 days)
<i>ganciclovir sodium for inj 500 mg</i>	4	BD
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	5	QL (30 tablets/30 days)
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg, 45-200 mg	5	PA
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg, 90-400 mg	5	PA
INTELENCE - etravirine tab 25 mg	4	QL (120 tablets/30 days)
ISENTRESS - raltegravir potassium chew tab 25 mg, 100 mg	3	QL (180 tablets/30 days)
ISENTRESS - raltegravir potassium packet for susp 100 mg	4	QL (60 packets/30 days)
ISENTRESS - raltegravir potassium tab 400 mg	5	QL (60 tablets/30 days)
ISENTRESS HD - raltegravir potassium tab 600 mg	5	QL (60 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg	5	QL (30 tablets/30 days)
LAGEVRIO - molnupiravir cap 200 mg	4	
<i>lamivudine oral soln 10 mg/ml</i>	3	QL (960 mls/30 days)
<i>lamivudine tab 100 mg (hbv)</i>	3	
<i>lamivudine tab 150 mg</i>	3	QL (60 tablets/30 days)
<i>lamivudine tab 300 mg</i>	3	QL (30 tablets/30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	3	QL (60 tablets/30 days)
LEXIVA - fosamprenavir calcium susp 50 mg/ml	4	QL (1800 mls/30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	4	QL (480 mls/30 days)
<i>lopinavir-ritonavir tab 100-25 mg</i>	4	QL (300 tablets/30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	4	QL (120 tablets/30 days)
<i>maraviroc tab 150 mg</i>	5	QL (60 tablets/30 days)
<i>maraviroc tab 300 mg</i>	5	QL (120 tablets/30 days)
<i>nevirapine susp 50 mg/5ml</i>	4	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>	3	QL (30 tablets/30 days)
<i>nevirapine tab 200 mg^</i>	2	QL (60 tablets/30 days)
NORVIR - ritonavir powder packet 100 mg	4	QL (360 packets/30 days)
ODEFSEY - emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	5	QL (30 tablets/30 days)
<i>oseltamivir phosphate cap 30 mg</i>	3	QL (168 capsules/365 days)
<i>oseltamivir phosphate cap 45 mg, 75 mg</i>	3	QL (84 capsules/365 days)
<i>oseltamivir phosphate for susp 6 mg/ml</i>	3	QL (1080 mls/365 days)
PAXLOVID - nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak	4	
PAXLOVID - nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak	4	
<i>penciclovir cream 1%</i>	4	
PIFELTRO - doravirine tab 100 mg	5	QL (30 tablets/30 days)
PREVYMIS - letermovir tab 240 mg, 480 mg	5	QL (30 tablets/30 days)
PREZCOBIX - darunavir-cobicistat tab 800-150 mg	5	QL (30 tablets/30 days)
PREZISTA - darunavir oral susp 100 mg/ml	5	QL (400 mls/30 days)
PREZISTA - darunavir tab 75 mg	4	QL (300 tablets/30 days)
PREZISTA - darunavir tab 150 mg	5	QL (180 tablets/30 days)
RELENZA DISKHALER - zanamivir aerosol powder breath activated 5 mg/act	4	QL (6 boxes/365 days)
RETROVIR IV INFUSION - zidovudine iv soln 10 mg/ml	4	
REYATAZ - atazanavir sulfate oral powder packet 50 mg	5	QL (240 packets/30 days)
<i>ribavirin cap 200 mg^</i>	2	
<i>ribavirin tab 200 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>ritonavir tab 100 mg</i>	3	QL (360 tablets/30 days)
RUKOBIA - fostemsavir tromethamine tab er 12hr 600 mg	5	QL (60 tablets/30 days)
SELZENTRY - maraviroc oral soln 20 mg/ml	5	QL (1840 mls/30 days)
SELZENTRY - maraviroc tab 25 mg	4	QL (240 tablets/30 days)
SELZENTRY - maraviroc tab 75 mg	5	QL (60 tablets/30 days)
SOVALDI - sofosbuvir pellet pack 150 mg, 200 mg	5	PA
SOVALDI - sofosbuvir tab 200 mg, 400 mg	5	PA
STAVUDINE - stavudine cap 15 mg, 20 mg, 30 mg, 40 mg	3	QL (60 capsules/30 days)
STRIBILD - elvitegrav-cobic-emtricitab-tenofovd f tab 150-150-200-300 mg	5	QL (30 tablets/30 days)
SUNLENCA - lenacapavir sodium tab therapy pack 4 x 300 mg	5	QL (4 tablets/28 days)
SUNLENCA - lenacapavir sodium tab therapy pack 5 x 300 mg	5	QL (5 tablets/28 days)
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	5	QL (30 tablets/30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	4	QL (30 tablets/30 days)
TIVICAY - dolutegravir sodium tab 10 mg	4	QL (240 tablets/30 days)
TIVICAY - dolutegravir sodium tab 25 mg, 50 mg	5	QL (60 tablets/30 days)
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg	5	QL (360 tablets/30 days)
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg	5	QL (30 tablets/30 days)
TRIUMEQ PD - abacavir-dolutegravir-lamivudine tab for oral sus 60-5-30 mg	5	QL (180 tablets/30 days)
TRIZIVIR - abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	5	QL (60 tablets/30 days)
TROGARZO - ibalizumab-uiyk iv soln 200 mg/1.33ml (150 mg/ml)*	5	QL (14 vials/28 days)
TYBOST - cobicistat tab 150 mg	3	QL (30 tablets/30 days)
<i>valacyclovir hcl tab 500 mg, 1 gm^</i>	2	
<i>valganciclovir hcl for soln 50 mg/ml</i>	5	
<i>valganciclovir hcl tab 450 mg</i>	3	
VEMLIDY - tenofovir alafenamide fumarate tab 25 mg	5	PA, QL (30 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 250 mg	5	QL (270 tablets/30 days)
VIRACEPT - nelfinavir mesylate tab 625 mg	5	QL (120 tablets/30 days)
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm	5	QL (240 grams/30 days)
VIREAD - tenofovir disoproxil fumarate tab 150 mg, 200 mg, 250 mg	5	QL (30 tablets/30 days)
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	5	PA
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 40 mg (40 mg dose)	4	QL (4 tablets/365 days)
XOFLUZA - baloxavir marboxil tab therapy pack 1 x 80 mg (80 mg dose)	4	QL (2 tablets/365 days)
ZEPATIER - elbasvir-grazoprevir tab 50-100 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine cap 100 mg<sup>^</sup></i>	2	QL (180 capsules/30 days)
<i>zidovudine syrup 10 mg/ml</i>	3	QL (1920 mls/30 days)
<i>zidovudine tab 300 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<b>Anxiolytics</b>		
<i>alprazolam orally disintegrating tab 0.25 mg, 0.5 mg, 1 mg</i>	3	QL (120 tablets/30 days)
<i>alprazolam orally disintegrating tab 2 mg</i>	3	QL (150 tablets/30 days)
<i>alprazolam tab er 24hr 0.5 mg, 1 mg</i>	3	QL (30 tablets/30 days)
<i>alprazolam tab er 24hr 2 mg</i>	3	QL (150 tablets/30 days)
<i>alprazolam tab er 24hr 3 mg</i>	3	QL (90 tablets/30 days)
<i>alprazolam tab 0.25 mg, 0.5 mg, 1 mg<sup>^</sup></i>	1	QL (120 tablets/30 days)
<i>alprazolam tab 2 mg<sup>^</sup></i>	1	QL (150 tablets/30 days)
<i>bupirone hcl tab 5 mg, 10 mg, 15 mg<sup>^</sup></i>	1	
<i>bupirone hcl tab 7.5 mg, 30 mg<sup>^</sup></i>	2	
<i>chlordiazepoxide hcl cap 5 mg, 10 mg<sup>^</sup></i>	1	QL (120 capsules/30 days)
<i>chlordiazepoxide hcl cap 25 mg<sup>^</sup></i>	1	QL (360 capsules/30 days)
<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<sup>^</sup></i>	1	QL (120 tablets/30 days)
<i>clonazepam tab 2 mg<sup>^</sup></i>	1	QL (300 tablets/30 days)
<i>clorazepate dipotassium tab 3.75 mg<sup>^</sup></i>	2	QL (120 tablets/30 days)
<i>clorazepate dipotassium tab 7.5 mg<sup>^</sup></i>	2	QL (360 tablets/30 days)
<i>clorazepate dipotassium tab 15 mg<sup>^</sup></i>	2	QL (180 tablets/30 days)
<i>diazepam conc 5 mg/ml<sup>^</sup></i>	2	PA, QL (240 mls/30 days)
<i>diazepam oral soln 1 mg/ml</i>	3	PA, QL (1200 mls/30 days)
<i>diazepam tab 2 mg, 5 mg, 10 mg<sup>^</sup></i>	1	QL (120 tablets/30 days)
<i>hydroxyzine hcl syrup 10 mg/5ml#<sup>^</sup></i>	2	
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg#<sup>^</sup></i>	2	
<i>hydroxyzine pamoate cap 25 mg, 50 mg#<sup>^</sup></i>	2	
<i>lorazepam conc 2 mg/ml<sup>^</sup></i>	2	QL (150 mls/30 days)
<i>lorazepam tab 0.5 mg, 1 mg<sup>^</sup></i>	1	QL (120 tablets/30 days)
<i>lorazepam tab 2 mg<sup>^</sup></i>	1	QL (150 tablets/30 days)
<b>Bipolar Agents</b>		
<i>lithium carbonate cap 150 mg, 300 mg<sup>^</sup></i>	1	
<i>lithium carbonate cap 600 mg<sup>^</sup></i>	1	
<i>lithium carbonate tab er 300 mg, 450 mg<sup>^</sup></i>	2	
<i>lithium carbonate tab 300 mg<sup>^</sup></i>	1	
<b>Blood Glucose Regulators</b>		
<i>acarbose tab 25 mg<sup>^</sup></i>	2	QL (360 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>acarbose tab 50 mg^</i>	2	QL (180 tablets/30 days)
<i>acarbose tab 100 mg^</i>	2	QL (90 tablets/30 days)
ALCOHOL SWABS^	2	
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose	4	QL (4 devices/30 days)
BASAGLAR KWIKPEN - insulin glargine soln pen-injector 100 unit/ml	4	QL (20 pens/30 days)
BASAGLAR TEMPO PEN - insulin glargine pen-inj with transmitter port 100 unit/ml	4	QL (20 pens/30 days)
BYDUREON BCISE - exenatide extended release susp auto-injector 2 mg/0.85ml	3	PA, QL (4 pens/28 days)
CYCLOSET - bromocriptine mesylate tab 0.8 mg	4	QL (180 tablets/30 days)
<i>diazoxide susp 50 mg/ml</i>	4	
GAUZE PADS 2" X 2"^^	2	
<i>glimepiride tab 1 mg#^</i>	6	QL (240 tablets/30 days)
<i>glimepiride tab 2 mg#^</i>	6	QL (120 tablets/30 days)
<i>glimepiride tab 4 mg#^</i>	6	QL (60 tablets/30 days)
<i>glipizide tab er 24hr 2.5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab er 24hr 5 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide tab er 24hr 10 mg^</i>	6	QL (60 tablets/30 days)
<i>glipizide tab 5 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide tab 10 mg^</i>	6	QL (120 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-250 mg^</i>	6	QL (240 tablets/30 days)
<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg^</i>	6	QL (120 tablets/30 days)
GLUCAGEN HYPOKIT - glucagon hcl (rdna) for inj 1 mg	3	QL (4 kits/30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	4	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg	4	QL (4 kits/30 days)
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR - glucagon hcl for inj 1 mg	4	QL (4 kits/30 days)
<i>glyburide micronized tab 1.5 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide micronized tab 3 mg#^</i>	6	QL (120 tablets/30 days)
<i>glyburide micronized tab 6 mg#^</i>	6	QL (60 tablets/30 days)
<i>glyburide tab 1.25 mg#^</i>	6	QL (480 tablets/30 days)
<i>glyburide tab 2.5 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide tab 5 mg#^</i>	6	QL (120 tablets/30 days)
<i>glyburide-metformin tab 1.25-250 mg#^</i>	6	QL (240 tablets/30 days)
<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg#^</i>	6	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	4	QL (4 syringes/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml, 1 mg/0.2ml	4	QL (4 syringes/30 days)
GVOKE KIT - glucagon subcutaneous soln 1 mg/0.2ml	4	QL (4 vials/30 days)
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml, 1 mg/0.2ml	4	QL (4 syringes/30 days)
HUMALOG - insulin lispro inj soln 100 unit/ml	3	QL (60 mls/30 days)
HUMALOG - insulin lispro soln cartridge 100 unit/ml	3	QL (20 cartridges/30 days)
HUMALOG JUNIOR KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	3	QL (20 pens/30 days)
HUMALOG KWIKPEN - insulin lispro soln pen-injector 100 unit/ml (1 unit dial), 200 unit/ml	3	QL (20 pens/30 days)
HUMALOG MIX 50/50 - insulin lispro protamine & lispro inj 100 unit/ml (50-50)	3	QL (6 vials/30 days)
HUMALOG MIX 50/50 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	3	QL (20 pens/30 days)
HUMALOG MIX 75/25 - insulin lispro prot & lispro inj 100 unit/ml (75-25)	3	QL (6 vials/30 days)
HUMALOG MIX 75/25 KWIKPEN - insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	3	QL (20 pens/30 days)
HUMALOG TEMPO PEN - insulin lispro soln pen-inj w/transmitter port 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN N - insulin nph (human) (isophane) inj 100 unit/ml <sup>^</sup>	1	QL (60 mls/30 days)
HUMULIN N KWIKPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml	3	QL (20 pens/30 days)
HUMULIN R - insulin regular (human) inj 100 unit/ml <sup>^</sup>	1	QL (60 mls/30 days)
HUMULIN R U-500 (CONCENTRATE) - insulin regular (human) inj 500 unit/ml	3	BD
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml	3	QL (20 pens/30 days)
HUMULIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30) <sup>^</sup>	1	QL (60 mls/30 days)
HUMULIN 70/30 KWIKPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)	3	QL (20 pens/30 days)
INSULIN INJECTION DEVICE <sup>^</sup>	2	
INSULIN SYRINGE/NEEDLE <sup>^</sup>	2	
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg, 150-500 mg, 150-1000 mg	3	QL (60 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg	3	QL (120 tablets/30 days)
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg, 150-500 mg, 150-1000 mg	3	QL (60 tablets/30 days)
INVOKANA - canagliflozin tab 100 mg	3	QL (90 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVOKANA - canagliflozin tab 300 mg	3	QL (30 tablets/30 days)
JANUMET - sitagliptin-metformin hcl tab 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg, 50-1000 mg	3	QL (60 tablets/30 days)
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg	3	QL (30 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 25 mg	3	QL (120 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 50 mg	3	QL (60 tablets/30 days)
JANUVIA - sitagliptin phosphate tab 100 mg	3	QL (30 tablets/30 days)
JARDIANCE - empagliflozin tab 10 mg	3	QL (60 tablets/30 days)
JARDIANCE - empagliflozin tab 25 mg	3	QL (30 tablets/30 days)
JENTADUETO - linagliptin-metformin hcl tab 2.5-500 mg, 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	3	QL (60 tablets/30 days)
JENTADUETO XR - linagliptin-metformin hcl tab er 24hr 5-1000 mg	3	QL (30 tablets/30 days)
LANTUS - insulin glargine inj 100 unit/ml	3	QL (6 vials/30 days)
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR - insulin detemir inj 100 unit/ml	3	QL (6 vials/30 days)
LEVEMIR FLEXPEN - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml	3	QL (20 pens/30 days)
<i>metformin hcl tab er 24hr 500 mg^</i>	6	QL (120 tablets/30 days)
<i>metformin hcl tab er 24hr 750 mg^</i>	6	QL (60 tablets/30 days)
<i>metformin hcl tab 500 mg^</i>	6	QL (150 tablets/30 days)
<i>metformin hcl tab 850 mg^</i>	6	QL (90 tablets/30 days)
<i>metformin hcl tab 1000 mg^</i>	6	QL (75 tablets/30 days)
<i>nateglinide tab 60 mg^</i>	6	QL (180 tablets/30 days)
<i>nateglinide tab 120 mg^</i>	6	QL (90 tablets/30 days)
OMNIPOD CLASSIC PODS (GEN 3) - insulin infusion disposable pump reservoir	4	
OMNIPOD DASH INTRO KIT (GEN 4) - insulin infusion disposable pump kit	4	
OMNIPOD DASH PDM KIT (GEN 4) - insulin infusion disposable pump kit	4	
OMNIPOD DASH PODS (GEN 4) - insulin infusion disposable pump reservoir	4	
OMNIPOD GO 10 UNITS/DAY - insulin infusion disposable pump kit 10 unit/24hr	4	
OMNIPOD GO 15 UNITS/DAY - insulin infusion disposable pump kit 15 unit/24hr	4	

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

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO 20 UNITS/DAY - insulin infusion disposable pump kit 20 unit/24hr	4	
OMNIPOD GO 25 UNITS/DAY - insulin infusion disposable pump kit 25 unit/24hr	4	
OMNIPOD GO 30 UNITS/DAY - insulin infusion disposable pump kit 30 unit/24hr	4	
OMNIPOD GO 35 UNITS/DAY - insulin infusion disposable pump kit 35 unit/24hr	4	
OMNIPOD GO 40 UNITS/DAY - insulin infusion disposable pump kit 40 unit/24hr	4	
OMNIPOD 5 G6 INTRO KIT (GEN 5) - insulin infusion disposable pump kit	4	
OMNIPOD 5 G6 PODS (GEN 5) - insulin infusion disposable pump reservoir	4	
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/3ml), 1 mg/dose (4 mg/3ml), 2 mg/dose (8 mg/3ml)	3	PA, QL (1 pen/28 days)
<i>pioglitazone hcl tab 15 mg<sup>^</sup></i>	6	QL (90 tablets/30 days)
<i>pioglitazone hcl tab 30 mg, 45 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4 mg<sup>#</sup><sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg, 15-850 mg<sup>^</sup></i>	6	QL (90 tablets/30 days)
<i>repaglinide tab 0.5 mg<sup>^</sup></i>	6	QL (960 tablets/30 days)
<i>repaglinide tab 1 mg<sup>^</sup></i>	6	QL (480 tablets/30 days)
<i>repaglinide tab 2 mg<sup>^</sup></i>	6	QL (240 tablets/30 days)
RYBELSUS - semaglutide tab 3 mg, 7 mg, 14 mg	3	PA, QL (30 tablets/30 days)
SYMLINPEN 120 - pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	5	
SYMLINPEN 60 - pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	5	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg	3	QL (120 tablets/30 days)
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg, 12.5-500 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg, 10-1000 mg, 12.5-1000 mg	3	QL (60 tablets/30 days)
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg	3	QL (30 tablets/30 days)
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	3	QL (60 mls/30 days)
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	3	QL (60 mls/30 days)
TRADJENTA - linagliptin tab 5 mg	3	QL (30 tablets/30 days)
TRESIBA - insulin degludec inj 100 unit/ml	3	QL (6 vials/30 days)
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml, 200 unit/ml	3	QL (20 pens/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml, 1.5 mg/0.5ml, 3 mg/0.5ml, 4.5 mg/0.5ml	3	PA, QL (4 pens/28 days)
V-GO 20 - insulin infusion disposable pump kit 20 unit/24hr	4	
V-GO 30 - insulin infusion disposable pump kit 30 unit/24hr	4	
V-GO 40 - insulin infusion disposable pump kit 40 unit/24hr	4	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	3	PA, QL (3 pens/30 days)
<b>Blood Products and Modifiers</b>		
<i>anagrelide hcl cap 0.5 mg<sup>^</sup></i>	2	
<i>anagrelide hcl cap 1 mg</i>	3	
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml, 40 mcg/ml	4	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml, 100 mcg/ml, 200 mcg/ml	5	PA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml, 25 mcg/0.42ml, 40 mcg/0.4ml	4	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	5	PA
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	4	
BRILINTA - ticagrelor tab 60 mg, 90 mg	3	
<i>cilostazol tab 50 mg, 100 mg<sup>^</sup></i>	2	
<i>clopidogrel bisulfate tab 75 mg<sup>^</sup></i>	1	
<i>dabigatran etexilate mesylate cap 75 mg, 150 mg</i>	4	QL (60 capsules/30 days)
<i>dipyridamole tab 25 mg, 50 mg, 75 mg<sup>#^</sup></i>	2	
ELIQUIS - apixaban tab 2.5 mg	3	QL (60 tablets/30 days)
ELIQUIS - apixaban tab 5 mg	3	QL (74 tablets/30 days)
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg	3	QL (74 tablets/30 days)
<i>enoxaparin sodium inj 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>	4	QL (30 syringes/90 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QL (10 vials/90 days)
EPOGEN - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
EPOGEN - epoetin alfa inj 20000 unit/ml	5	PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	4	QL (30 syringes/90 days)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i>	5	QL (30 syringes/90 days)
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	5	PA
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i>	3	

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



Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i>	3	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	3	
HEPARIN SODIUM/D5W - heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%	3	
LEUKINE - sargramostim lyophilized for inj 250 mcg	5	PA
NIVESTYM - filgrastim-aafi inj 300 mcg/ml, 480 mcg/1.6ml (300 mcg/ml)	5	PA
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	5	PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	5	
PRADAXA - dabigatran etexilate mesylate cap 110 mg	4	QL (120 capsules/30 days)
<i>prasugrel hcl tab 5 mg, 10 mg^</i>	2	
PROCRT - epoetin alfa inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml	4	PA
PROCRT - epoetin alfa inj 20000 unit/ml, 40000 unit/ml	5	PA
PROMACTA - eltrombopag olamine powder pack for susp 25 mg, 12.5 mg*	5	PA
PROMACTA - eltrombopag olamine tab 12.5 mg, 25 mg, 50 mg, 75 mg*	5	PA
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml, 3000 unit/ml, 4000 unit/ml, 10000 unit/ml, 20000 unit/ml, 40000 unit/ml	4	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	4	
<i>tranexamic acid tab 650 mg</i>	3	
UDENYCA - pegfilgrastim-cbqv soln auto-injector 6 mg/0.6ml	5	PA
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	5	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	3	QL (4 bottles/30 days)
XARELTO - rivaroxaban tab 2.5 mg, 15 mg	3	QL (60 tablets/30 days)
XARELTO - rivaroxaban tab 10 mg, 20 mg	3	QL (30 tablets/30 days)
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg	3	QL (51 tablets/30 days)
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	5	PA
ZONTIVITY - vorapaxar sulfate tab 2.08 mg	4	
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl cap 200 mg, 400 mg^</i>	2	
<i>acetazolamide cap er 12hr 500 mg</i>	3	
<i>acetazolamide tab 125 mg, 250 mg^</i>	2	
<i>aliskiren fumarate tab 150 mg, 300 mg^</i>	6	QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg<sup>^</sup></i>	2	
<i>amiloride hcl tab 5 mg<sup>^</sup></i>	2	
<i>amiodarone hcl tab 100 mg, 400 mg</i>	4	
<i>amiodarone hcl tab 200 mg<sup>^</sup></i>	1	
<i>amlodipine besylate tab 2.5 mg, 5 mg, 10 mg<sup>^</sup></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<sup>^</sup></i>	6	
<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<sup>^</sup></i>	6	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg, 5-40 mg, 10-20 mg, 10-40 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>amlodipine besylate-valsartan tab 5-160 mg, 5-320 mg, 10-160 mg, 10-320 mg<sup>^</sup></i>	6	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<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>atenolol &amp; chlorthalidone tab 50-25 mg, 100-25 mg<sup>^</sup></i>	1	
<i>atenolol tab 25 mg, 50 mg, 100 mg<sup>^</sup></i>	1	
<i>atorvastatin calcium tab 10 mg, 20 mg, 40 mg<sup>^</sup></i>	6	QL (45 tablets/30 days)
<i>atorvastatin calcium tab 80 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg, 10-12.5 mg, 20-12.5 mg, 20-25 mg<sup>^</sup></i>	6	
<i>benazepril hcl tab 5 mg, 10 mg, 20 mg, 40 mg<sup>^</sup></i>	6	
<i>betaxolol hcl tab 10 mg, 20 mg<sup>^</sup></i>	2	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg, 5-6.25 mg, 10-6.25 mg<sup>^</sup></i>	1	
<i>bisoprolol fumarate tab 5 mg, 10 mg<sup>^</sup></i>	2	
<i>bumetanide inj 0.25 mg/ml</i>	4	
<i>bumetanide tab 0.5 mg, 1 mg, 2 mg<sup>^</sup></i>	2	
<i>candesartan cilexetil tab 4 mg, 8 mg, 16 mg<sup>^</sup></i>	6	QL (60 tablets/30 days)
<i>candesartan cilexetil tab 32 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg, 32-12.5 mg, 32-25 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>captopril tab 12.5 mg, 25 mg, 50 mg, 100 mg<sup>^</sup></i>	6	
<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40 mg, 80 mg</i>	4	
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25 mg<sup>^</sup></i>	1	
<i>chlorthalidone tab 25 mg, 50 mg<sup>^</sup></i>	2	
<i>cholestyramine light powder packets 4 gm<sup>^</sup></i>	2	
<i>cholestyramine light powder 4 gm/dose<sup>^</sup></i>	2	
<i>cholestyramine powder packets 4 gm<sup>^</sup></i>	2	
<i>cholestyramine powder 4 gm/dose<sup>^</sup></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>choline fenofibrate cap dr 45 mg<sup>^</sup></i>	2	QL (60 capsules/30 days)
<i>choline fenofibrate cap dr 135 mg<sup>^</sup></i>	2	QL (30 capsules/30 days)
<i>clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg<sup>^</sup></i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	3	
<i>colesevelam hcl packet for susp 3.75 gm</i>	4	QL (30 packets/30 days)
<i>colesevelam hcl tab 625 mg</i>	4	QL (180 tablets/30 days)
<i>colestipol hcl granule packets 5 gm<sup>^</sup></i>	2	
<i>colestipol hcl granules 5 gm<sup>^</sup></i>	2	
<i>colestipol hcl tab 1 gm<sup>^</sup></i>	2	
CORLANOR - ivabradine hcl oral soln 5 mg/5ml	3	PA, QL (600 mls/30 days)
CORLANOR - ivabradine hcl tab 5 mg, 7.5 mg	3	PA, QL (60 tablets/30 days)
<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)#<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg<sup>^</sup></i>	2	
<i>diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg<sup>^</sup></i>	2	
<i>diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg<sup>^</sup></i>	2	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg<sup>^</sup></i>	2	
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	3	
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120 mg<sup>^</sup></i>	2	
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25 mg), 500 mcg (0.5 mg)</i>	4	
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>droxidopa cap 100 mg, 200 mg, 300 mg</i>	5	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg, 10-25 mg<sup>^</sup></i>	6	
<i>enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20 mg<sup>^</sup></i>	6	
ENTRESTO - sacubitril-valsartan tab 24-26 mg	3	QL (180 tablets/30 days)
ENTRESTO - sacubitril-valsartan tab 49-51 mg, 97-103 mg	3	QL (60 tablets/30 days)
<i>eplerenone tab 25 mg, 50 mg</i>	3	
<i>ezetimibe tab 10 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg<sup>^</sup></i>	2	
<i>fenofibrate micronized cap 43 mg<sup>^</sup></i>	2	QL (60 capsules/30 days)
<i>fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg<sup>^</sup></i>	2	QL (30 capsules/30 days)
<i>fenofibrate tab 48 mg, 54 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>fenofibrate tab 145 mg, 160 mg<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>flecainide acetate tab 50 mg, 100 mg, 150 mg<sup>^</sup></i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 20 mg, 40 mg<sup>^</sup></i>	6	QL (60 capsules/30 days)
<i>fluvastatin sodium tab er 24 hr 80 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg<sup>^</sup></i>	6	
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg<sup>^</sup></i>	6	
<i>furosemide inj 10 mg/ml</i>	4	
<i>furosemide oral soln 10 mg/ml<sup>^</sup></i>	2	
<i>furosemide tab 20 mg, 40 mg, 80 mg<sup>^</sup></i>	1	
<i>gemfibrozil tab 600 mg<sup>^</sup></i>	1	QL (60 tablets/30 days)
<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg<sup>^</sup></i>	1	
<i>hydrochlorothiazide cap 12.5 mg<sup>^</sup></i>	1	
<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg<sup>^</sup></i>	1	
<i>icosapent ethyl cap 0.5 gm</i>	4	QL (240 capsules/30 days)
<i>icosapent ethyl cap 1 gm</i>	4	QL (120 capsules/30 days)
<i>indapamide tab 1.25 mg, 2.5 mg<sup>^</sup></i>	2	
<i>irbesartan tab 75 mg, 150 mg, 300 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg<sup>^</sup></i>	2	
<i>isosorbide mononitrate tab er 24hr 30 mg, 60 mg, 120 mg<sup>^</sup></i>	1	
<i>isosorbide mononitrate tab 10 mg<sup>^</sup></i>	2	
<i>isosorbide mononitrate tab 20 mg<sup>^</sup></i>	2	
<i>isradipine cap 2.5 mg, 5 mg<sup>^</sup></i>	2	
KERENDIA - finerenone tab 10 mg, 20 mg	3	PA, QL (30 tablets/30 days)
<i>labetalol hcl tab 100 mg, 200 mg, 300 mg<sup>^</sup></i>	2	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg<sup>^</sup></i>	6	
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg<sup>^</sup></i>	6	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>losartan potassium tab 25 mg, 50 mg<sup>^</sup></i>	6	QL (60 tablets/30 days)
<i>losartan potassium tab 100 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>lovastatin tab 10 mg, 20 mg, 40 mg<sup>^</sup></i>	6	QL (60 tablets/30 days)
<i>methazolamide tab 25 mg, 50 mg</i>	4	
<i>metolazone tab 2.5 mg, 5 mg, 10 mg<sup>^</sup></i>	2	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg<sup>^</sup></i>	2	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)<sup>^</sup></i>	1	
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg<sup>^</sup></i>	1	
<i>metyrosine cap 250 mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i>	3	
<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg<sup>^</sup></i>	2	
<i>minoxidil tab 2.5 mg, 10 mg<sup>^</sup></i>	2	
<i>moexipril hcl tab 7.5 mg, 15 mg<sup>^</sup></i>	6	
MULTAQ - dronedarone hcl tab 400 mg	4	
<i>nadolol tab 20 mg, 40 mg, 80 mg<sup>^</sup></i>	2	
<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg<sup>^</sup></i>	2	
<i>niacin tab er 500 mg (antihyperlipidemic)<sup>^</sup></i>	2	QL (30 tablets/30 days)
<i>niacin tab er 750 mg (antihyperlipidemic), 1000 mg (antihyperlipidemic)<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>nicardipine hcl cap 20 mg<sup>^</sup></i>	2	
<i>nicardipine hcl cap 30 mg</i>	3	
<i>nifedipine cap 10 mg, 20 mg<sup>#^</sup></i>	2	
<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg<sup>^</sup></i>	2	
<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg<sup>^</sup></i>	2	
<i>nimodipine cap 30 mg</i>	4	
NISOLDIPINE ER - nisoldipine tab er 24hr 25.5 mg	3	
<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i>	3	
NITRO-BID - nitroglycerin oint 2% <sup>^</sup>	2	
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg<sup>^</sup></i>	2	
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr<sup>^</sup></i>	2	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	3	
<i>olmesartan medoxomil tab 5 mg<sup>^</sup></i>	6	QL (60 tablets/30 days)
<i>olmesartan medoxomil tab 20 mg, 40 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg<sup>^</sup></i>	6	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<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>omega-3-acid ethyl esters cap 1 gm<sup>^</sup></i>	2	
<i>pentoxifylline tab er 400 mg<sup>^</sup></i>	2	
<i>perindopril erbumine tab 2 mg, 4 mg<sup>^</sup></i>	6	
<i>perindopril erbumine tab 8 mg<sup>^</sup></i>	6	
<i>phenoxybenzamine hcl cap 10 mg</i>	5	
<i>pindolol tab 5 mg, 10 mg<sup>^</sup></i>	2	
<i>pravastatin sodium tab 10 mg, 20 mg, 40 mg<sup>^</sup></i>	6	QL (45 tablets/30 days)
<i>pravastatin sodium tab 80 mg<sup>^</sup></i>	6	QL (30 tablets/30 days)
<i>prazosin hcl cap 1 mg, 2 mg, 5 mg<sup>^</sup></i>	2	
<i>propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>propafenone hcl tab 150 mg, 225 mg, 300 mg^</i>	2	
<i>propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg^</i>	2	
<i>propranolol hcl inj 1 mg/ml</i>	4	
<i>propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg^</i>	2	
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg^</i>	6	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg^</i>	6	
<i>quinidine gluconate tab er 324 mg</i>	4	
<i>quinidine sulfate tab 200 mg^</i>	2	
<i>quinidine sulfate tab 300 mg^</i>	2	
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg^</i>	6	
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i>	3	QL (60 tablets/30 days)
RECTIV - nitroglycerin oint 0.4%	4	
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml	3	PA, QL (2 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	3	PA, QL (2 systems/28 days)
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml	3	PA, QL (2 pens/28 days)
<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg^</i>	6	QL (45 tablets/30 days)
<i>rosuvastatin calcium tab 40 mg^</i>	6	QL (30 tablets/30 days)
<i>simvastatin tab 5 mg, 10 mg, 40 mg^</i>	6	QL (45 tablets/30 days)
<i>simvastatin tab 20 mg^</i>	6	QL (60 tablets/30 days)
<i>simvastatin tab 80 mg^</i>	6	QL (30 tablets/30 days)
<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160 mg^</i>	2	
<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240 mg^</i>	2	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg^</i>	2	
<i>spironolactone tab 25 mg, 50 mg, 100 mg^</i>	1	
<i>telmisartan tab 20 mg, 40 mg, 80 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-10 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 40-5 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-10 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-amlodipine tab 80-5 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg^</i>	6	QL (30 tablets/30 days)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg^</i>	6	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^</i>	2	
<i>timolol maleate tab 10 mg, 20 mg</i>	3	
<i>toremide tab 5 mg, 10 mg, 20 mg, 100 mg^</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 1 mg, 2 mg, 4 mg<sup>^</sup></i>	6	
<i>trandolapril-verapamil hcl tab er 2-180 mg<sup>^</sup></i>	6	
<i>trandolapril-verapamil hcl tab er 2-240 mg<sup>^</sup></i>	6	
<i>trandolapril-verapamil hcl tab er 4-240 mg<sup>^</sup></i>	6	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg<sup>^</sup></i>	1	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg, 75-50 mg<sup>^</sup></i>	1	
<i>valsartan tab 40 mg, 80 mg, 160 mg<sup>^</sup></i>	6	QL (60 tablets/30 days)
<i>valsartan tab 320 mg<sup>^</sup></i>	6	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<sup>^</sup></i>	6	QL (30 tablets/30 days)
VASCEPA - icosapent ethyl cap 0.5 gm	3	QL (240 capsules/30 days)
<i>verapamil hcl cap er 24hr 100 mg<sup>^</sup></i>	2	
<i>verapamil hcl cap er 24hr 120 mg, 180 mg, 240 mg<sup>^</sup></i>	2	
<i>verapamil hcl cap er 24hr 200 mg<sup>^</sup></i>	2	
<i>verapamil hcl cap er 24hr 300 mg<sup>^</sup></i>	2	
<i>verapamil hcl cap er 24hr 360 mg<sup>^</sup></i>	2	
<i>verapamil hcl tab er 120 mg, 180 mg, 240 mg<sup>^</sup></i>	1	
<i>verapamil hcl tab 40 mg, 80 mg, 120 mg<sup>^</sup></i>	1	
VERQUVO - vericiguat tab 2.5 mg, 5 mg, 10 mg	3	QL (30 tablets/30 days)
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg</i>	3	QL (30 capsules/30 days)
<i>amphetamine-dextroamphetamine tab 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, 30 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>amphetamine-dextroamphetamine tab 20 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
<i>atomoxetine hcl cap 10 mg, 18 mg, 25 mg, 40 mg</i>	3	QL (60 capsules/30 days)
<i>atomoxetine hcl cap 60 mg, 80 mg, 100 mg</i>	3	QL (30 capsules/30 days)
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	5	PA, QL (1 kit/28 days)
BETASERON - interferon beta-1b for inj kit 0.3 mg	5	PA, QL (15 vials/syringes/30 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	3	QL (120 tablets/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	5	PA, QL (30 syringes/30 days)
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	5	PA, QL (12 syringes/28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	3	PA
<i>dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg<sup>^</sup></i>	2	QL (60 tablets/30 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg<sup>^</sup></i>	2	QL (90 capsules/30 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg</i>	3	QL (120 capsules/30 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	3	QL (90 tablets/30 days)
<i>dextroamphetamine sulfate tab 10 mg</i>	3	QL (180 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate capsule delayed release 120 mg, 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	5	PA, QL (60 capsules/30 days)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	5	PA, QL (30 syringes/30 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	5	PA, QL (12 syringes/28 days)
<i>methylphenidate hcl tab er 20 mg</i>	3	QL (90 tablets/30 days)
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg<sup>^</sup></i>	2	QL (90 tablets/30 days)
NUDEXTA - dextromethorphan hbr-quinidine sulfate cap 20-10 mg	3	PA, QL (60 capsules/30 days)
<i>paroxetine mesylate cap 7.5 mg#</i>	4	QL (30 capsules/30 days)
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	5	PA, QL (2 syringes/28 days)
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml, 44 mcg/0.5ml	5	PA, QL (12 syringes/28 days)
REBIF REBIDOSE TITRATION PACK - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	5	PA, QL (1 box/28 days)
<i>riluzole tab 50 mg</i>	3	
<i>tetrabenazine tab 12.5 mg</i>	5	PA, QL (240 tablets/30 days)
<i>tetrabenazine tab 25 mg</i>	5	PA, QL (120 tablets/30 days)
TYSABRI - natalizumab for iv inj conc 300 mg/15ml*	5	PA
VUMERITY - dioximel fumarate capsule delayed release 231 mg	5	PA, QL (120 capsules/30 days)
<b>Dental and Oral Agents</b>		
<i>cevimeline hcl cap 30 mg</i>	4	
<i>chlorhexidine gluconate soln 0.12%<sup>^</sup></i>	1	
KEPIVANCE - palifermin for iv inj 6.25 mg	5	
<i>pilocarpine hcl tab 5 mg, 7.5 mg</i>	3	
<i>triamcinolone acetonide dental paste 0.1%</i>	3	
<b>Dermatological Agents</b>		
<i>acitretin cap 10 mg, 17.5 mg, 25 mg</i>	4	
<i>alclometasone dipropionate cream 0.05%<sup>^</sup></i>	2	QL (120 grams/30 days)
<i>alclometasone dipropionate oint 0.05%<sup>^</sup></i>	2	QL (120 grams/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
<i>azelaic acid gel 15%</i>	4	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	4	
BETAMETHASONE DIPROPIONATE AUGMENTED - <i>betamethasone dipropionate augmented gel 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented cream 0.05%^</i>	2	QL (200 grams/28 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	3	QL (210 mls/30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	3	QL (200 grams/28 days)
<i>betamethasone dipropionate cream 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone dipropionate lotion 0.05%^</i>	2	QL (120 mls/30 days)
<i>betamethasone dipropionate oint 0.05%</i>	3	QL (135 grams/30 days)
<i>betamethasone valerate cream 0.1%^</i>	2	QL (135 grams/30 days)
<i>betamethasone valerate lotion 0.1%</i>	3	QL (120 mls/30 days)
<i>betamethasone valerate oint 0.1%^</i>	2	QL (135 grams/30 days)
<i>calcipotriene cream 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene oint 0.005%</i>	4	QL (120 grams/30 days)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	3	QL (120 mls/30 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	4	
<i>clobetasol propionate cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate emollient base cream 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate gel 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate lotion 0.05%</i>	4	QL (177 mls/28 days)
<i>clobetasol propionate oint 0.05%</i>	4	QL (210 grams/28 days)
<i>clobetasol propionate shampoo 0.05%</i>	4	QL (236 mls/30 days)
<i>clobetasol propionate soln 0.05%</i>	4	QL (200 mls/28 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%^</i>	2	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	3	
<i>desonide cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desonide lotion 0.05%</i>	3	QL (118 mls/30 days)
<i>desonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>desoximetasone cream 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone cream 0.25%</i>	3	QL (120 grams/30 days)
<i>desoximetasone gel 0.05%</i>	4	QL (120 grams/30 days)
<i>desoximetasone oint 0.25%</i>	3	QL (120 grams/30 days)
<i>diflorasone diacetate oint 0.05%</i>	4	QL (120 grams/30 days)
<i>fluocinolone acetonide cream 0.01%, 0.025%</i>	3	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>	3	QL (120 grams/30 days)
<i>fluocinolone acetonide soln 0.01%</i>	3	QL (120 mls/30 days)
<i>fluocinonide cream 0.05%</i>	3	QL (120 grams/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide cream 0.1%</i>	4	QL (240 grams/28 days)
<i>fluocinonide emulsified base cream 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide gel 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide oint 0.05%</i>	3	QL (120 grams/30 days)
<i>fluocinonide soln 0.05%</i>	3	QL (120 mls/30 days)
FLUOROURACIL - fluorouracil cream 0.5%	5	
FLUOROURACIL - fluorouracil soln 2%, 5%	3	
<i>fluorouracil cream 5%</i>	4	
<i>fluticasone propionate cream 0.05%<sup>^</sup></i>	2	QL (120 grams/30 days)
<i>fluticasone propionate oint 0.005%<sup>^</sup></i>	2	QL (120 grams/30 days)
<i>gentamicin sulfate cream 0.1%<sup>^</sup></i>	2	
<i>gentamicin sulfate oint 0.1%</i>	3	
<i>halobetasol propionate cream 0.05%</i>	4	QL (200 grams/28 days)
<i>halobetasol propionate oint 0.05%</i>	3	QL (200 grams/28 days)
<i>hydrocortisone butyrate cream 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate oint 0.1%</i>	3	QL (135 grams/30 days)
<i>hydrocortisone butyrate soln 0.1%</i>	3	QL (120 mls/30 days)
<i>hydrocortisone cream 1%, 2.5%<sup>^</sup></i>	2	QL (454 grams/30 days)
<i>hydrocortisone lotion 2.5%<sup>^</sup></i>	2	QL (118 mls/30 days)
<i>hydrocortisone oint 1%<sup>^</sup></i>	1	QL (453.6 grams/30 days)
<i>hydrocortisone oint 2.5%<sup>^</sup></i>	1	QL (454 grams/30 days)
<i>hydrocortisone valerate cream 0.2%</i>	3	QL (120 grams/30 days)
<i>hydrocortisone valerate oint 0.2%</i>	3	QL (120 grams/30 days)
<i>imiquimod cream 5%</i>	4	
<i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>lactic acid (ammonium lactate) cream 12%<sup>^</sup></i>	2	
<i>lactic acid (ammonium lactate) lotion 12%<sup>^</sup></i>	2	
LINDANE - lindane shampoo 1%	3	
<i>malathion lotion 0.5%</i>	3	
METHOXSALEN - methoxsalen rapid cap 10 mg	5	
<i>metronidazole cream 0.75%</i>	3	
<i>metronidazole gel 0.75%</i>	3	
<i>metronidazole gel 1%</i>	4	
<i>metronidazole lotion 0.75%</i>	3	
<i>mometasone furoate cream 0.1%<sup>^</sup></i>	2	QL (135 grams/30 days)
<i>mometasone furoate oint 0.1%<sup>^</sup></i>	2	QL (135 grams/30 days)
<i>mometasone furoate solution 0.1% (lotion)<sup>^</sup></i>	2	QL (120 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>mupirocin oint 2%<sup>^</sup></i>	2	QL (30 grams/30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	4	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	4	
ORACEA - doxycycline (rosacea) cap delayed release 40 mg	4	
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg*	5	PA
OTEZLA - apremilast tab 30 mg*	5	PA
<i>permethrin cream 5%</i>	3	
<i>pimecrolimus cream 1%</i>	4	PA
<i>podofilox soln 0.5%</i>	3	
REGANEX - becaplermin gel 0.01%	5	PA, QL (15 grams/30 days)
SANTYL - collagenase oint 250 unit/gm	3	QL (180 grams/30 days)
<i>selenium sulfide lotion 2.5%<sup>^</sup></i>	2	
<i>silver sulfadiazine cream 1%<sup>^</sup></i>	2	
<i>sulfacetamide sodium lotion 10% (acne)</i>	3	
<i>tacrolimus oint 0.03%, 0.1%</i>	4	PA
<i>tazarotene cream 0.1%</i>	4	PA
<i>tazarotene gel 0.05%, 0.1%</i>	4	PA
TAZORAC - tazarotene cream 0.05%	4	PA
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	
<i>tretinoin gel 0.01%, 0.025%</i>	3	
<i>triamcinolone acetonide cream 0.025%, 0.5%<sup>^</sup></i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide cream 0.1%<sup>^</sup></i>	1	QL (454 grams/30 days)
<i>triamcinolone acetonide lotion 0.025%, 0.1%<sup>^</sup></i>	2	QL (120 mls/30 days)
<i>triamcinolone acetonide oint 0.025%, 0.1%<sup>^</sup></i>	2	QL (454 grams/30 days)
<i>triamcinolone acetonide oint 0.5%<sup>^</sup></i>	2	QL (120 grams/30 days)
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AURYXIA - ferric citrate tab 1 gm (210 mg ferric iron)	5	PA, QL (360 tablets/30 days)
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)<sup>^</sup></i>	2	
<i>calcium acetate (phosphate binder) tab 667 mg<sup>^</sup></i>	2	
<i>carglumic acid soluble tab 200 mg</i>	5	PA
CHEMET - succimer cap 100 mg	5	
<i>deferasirox granules packet 90 mg, 180 mg, 360 mg</i>	5	PA
<i>deferasirox tab for oral susp 125 mg</i>	4	PA
<i>deferasirox tab for oral susp 250 mg, 500 mg</i>	5	PA
<i>deferasirox tab 90 mg</i>	4	PA
<i>deferasirox tab 180 mg, 360 mg</i>	5	PA
<i>dextrose inj 5%, 10%</i>	4	
<i>dextrose 2.5% w/ sodium chloride 0.45%<sup>^</sup></i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5% in lactated ringers</i>	3	
<i>dextrose 5% w/ sodium chloride 0.33%^</i>	1	
<i>dextrose 5% w/ sodium chloride 0.2%</i>	3	
<i>dextrose 5% w/ sodium chloride 0.45%, 0.9%</i>	4	
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	5	
FOSRENOL - lanthanum carbonate oral powder pack 750 mg (elemental)	5	QL (180 packets/30 days)
FOSRENOL - lanthanum carbonate oral powder pack 1000 mg (elemental)	5	QL (120 packets/30 days)
INTRALIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i>	4	
<i>kcl 10 meq/l (0.075%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i>	4	
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i>	4	
<i>lactated ringer's solution^</i>	2	
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	5	QL (90 tablets/30 days)
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	5	QL (180 tablets/30 days)
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	5	QL (120 tablets/30 days)
<i>magnesium sulfate inj 50%</i>	4	
NUTRILIPID - fat emulsion plant based (soy) iv emulsion 20%	4	BD
<i>potassium chloride cap er 8 meq, 10 meq^</i>	2	
<i>potassium chloride inj 2 meq/ml</i>	4	
<i>potassium chloride microencapsulated crys er tab 10 meq, 20 meq^</i>	2	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	4	
<i>potassium chloride powder packet 20 meq</i>	4	
<i>potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg)^</i>	2	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	4	
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), 10 meq (1080 mg), 15 meq (1620 mg)</i>	3	
<i>sevelamer carbonate packet 0.8 gm</i>	4	QL (270 packets/30 days)
<i>sevelamer carbonate packet 2.4 gm</i>	4	QL (90 packets/30 days)
<i>sevelamer carbonate tab 800 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer hcl tab 800 mg</i>	4	
<i>sodium chloride irrigation soln 0.9%</i>	4	
<i>sodium chloride iv soln 0.45%, 0.9%</i>	4	
<i>sodium chloride preservative free inj 0.9%</i>	4	
<i>sodium polystyrene sulfonate powder^</i>	2	
SPS - sodium polystyrene sulfonate oral susp 15 gm/60ml^	2	
<i>tolvaptan tab 15 mg, 30 mg</i>	5	PA
TRAVASOL - amino acid infusion 10%	4	BD
<i>trientine hcl cap 250 mg</i>	5	PA, QL (240 capsules/30 days)
TROPHAMINE - amino acid infusion 10%	4	BD
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm, 16.8 gm, 25.2 gm	3	
<i>water for irrigation, sterile irrigation soln</i>	3	
<b>Gastrointestinal Agents</b>		
<i>alosectron hcl tab 0.5 mg, 1 mg</i>	5	PA, QL (60 tablets/30 days)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	4	
CHENODAL - chenodiol tab 250 mg*	5	PA
<i>cimetidine tab 200 mg^</i>	1	
<i>cimetidine tab 300 mg, 400 mg, 800 mg^</i>	2	
<i>dexlansoprazole cap delayed release 30 mg, 60 mg</i>	4	QL (30 capsules/30 days)
<i>dicyclomine hcl cap 10 mg#^</i>	2	
<i>dicyclomine hcl tab 20 mg#^</i>	2	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg#^</i>	2	
<i>esomeprazole magnesium cap delayed release 20 mg, 40 mg^</i>	2	QL (30 capsules/30 days)
<i>esomeprazole magnesium for delayed release susp packet 10 mg, 20 mg, 40 mg</i>	4	QL (30 packets/30 days)
<i>esomeprazole sodium for intravenous soln 40 mg</i>	3	
<i>famotidine for susp 40 mg/5ml</i>	3	
<i>famotidine inj 40 mg/4ml, 200 mg/20ml</i>	4	
<i>famotidine preservative free inj 20 mg/2ml</i>	4	
<i>famotidine tab 20 mg, 40 mg^</i>	1	
GATTEX - teduglutide (rdna) for inj kit 5 mg*	5	PA
GAVILYTE-C - peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm^	2	
<i>glycopyrrolate tab 1 mg, 2 mg^</i>	2	
<i>lactulose (encephalopathy) solution 10 gm/15ml^</i>	2	
<i>lactulose solution 10 gm/15ml^</i>	2	
<i>lansoprazole cap delayed release 15 mg, 30 mg^</i>	2	QL (30 capsules/30 days)
LINZESS - linaclotide cap 72 mcg, 145 mcg, 290 mcg	3	QL (30 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl cap 2 mg^</i>	2	
<i>lubiprostone cap 8 mcg</i>	4	QL (120 capsules/30 days)
<i>lubiprostone cap 24 mcg</i>	4	QL (60 capsules/30 days)
<i>methscopolamine bromide tab 2.5 mg#^</i>	2	
<i>methscopolamine bromide tab 5 mg#</i>	3	
<i>metoclopramide hcl inj 5 mg/ml</i>	4	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)^</i>	2	
<i>metoclopramide hcl tab 5 mg, 10 mg^</i>	1	
<i>misoprostol tab 100 mcg, 200 mcg^</i>	2	
MOVANTIK - naloxegol oxalate tab 12.5 mg, 25 mg	3	
MYALEPT - metreleptin for subcutaneous inj 11.3 mg*	5	PA
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg	4	QL (30 packets/30 days)
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg	4	QL (30 packets/30 days)
NIZATIDINE - nizatidine cap 150 mg^	2	
<i>nizatidine cap 300 mg^</i>	2	
OICALIVA - obeticholic acid tab 5 mg, 10 mg*	5	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>pantoprazole sodium for iv soln 40 mg</i>	4	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm^</i>	2	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	3	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm^</i>	2	
<i>rabeprazole sodium ec tab 20 mg^</i>	2	QL (30 tablets/30 days)
RELISTOR - methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml), 12 mg/0.6ml (20 mg/ml)	5	PA
RELISTOR - methylnaltrexone bromide tab 150 mg	5	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	3	
<i>sucrafate tab 1 gm^</i>	2	
SUPREP BOWEL PREP KIT - sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	3	
<i>ursodiol cap 300 mg</i>	3	
<i>ursodiol tab 250 mg, 500 mg</i>	3	
VIBERZI - eluxadolone tab 75 mg, 100 mg	5	PA, QL (60 tablets/30 days)
XERMELO - telotristat ethyl tab 250 mg (as telotristat etiprate)	5	PA, QL (90 tablets/30 days)
XIFAXAN - rifaximin tab 550 mg	5	PA, QL (90 tablets/30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ALDURAZYME - laronidase soln for iv infusion 2.9 mg/5ml (500 unit/5ml)*	5	
<i>betaine powder for oral solution</i>	5	
CEREZYME - imiglucerase for inj 400 unit*	5	PA
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	3	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	4	
CRYSVITA - burosumab-twza inj 10 mg/ml, 20 mg/ml, 30 mg/ml	5	PA
CYSTAGON - cysteamine bitartrate cap 50 mg, 150 mg*	4	PA
ELAPRASE - idursulfase soln for iv infusion 6 mg/3ml (2 mg/ml)	5	
ELELYSO - taliglucerase alfa for inj 200 unit*	5	PA
ENDARI - glutamine (sickle cell) powd pack 5 gm*	5	PA
FABRAZYME - agalsidase beta for iv soln 5 mg, 35 mg*	5	
<i>levocarnitine oral soln 1 gm/10ml (10%)^</i>	2	
<i>levocarnitine tab 330 mg</i>	3	
LUMIZYME - alglucosidase alfa for iv soln 50 mg*	5	
<i>miglustat cap 100 mg*</i>	5	PA, QL (90 capsules/30 days)
NAGLAZYME - galsulfase soln for iv infusion 1 mg/ml*	5	
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i>	5	
ORFADIN - nitisinone susp 4 mg/ml*	5	
PALYNZIQ - pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml, 10 mg/0.5ml, 20 mg/ml	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) for iv soln 1000 mg*	5	PA
PROLASTIN-C - alpha1-proteinase inhibitor (human) inj 1000 mg/20ml*	5	PA
REVCOVI - elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)*	5	
<i>sapropterin dihydrochloride powder packet 100 mg, 500 mg</i>	5	PA
<i>sapropterin dihydrochloride tab 100 mg</i>	5	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	5	PA
<i>sodium phenylbutyrate tab 500 mg</i>	5	PA
STRENSIQ - asfotase alfa subcutaneous inj 18 mg/0.45ml, 28 mg/0.7ml, 40 mg/ml, 80 mg/0.8ml*	5	PA
VPRIV - velaglucerase alfa for inj 400 unit	5	PA
VYNDAMAX - tafamidis cap 61 mg	5	PA, QL (30 capsules/30 days)
VYND AQEL - tafamidis meglumine (cardiac) cap 20 mg	5	PA, QL (120 capsules/30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	3	
ZOKINVY - lonafarnib cap 50 mg, 75 mg	5	PA, QL (120 capsules/30 days)
<b>Genitourinary Agents</b>		
alfuzosin hcl tab er 24hr 10 mg <sup>^</sup>	1	QL (30 tablets/30 days)
bethanechol chloride tab 5 mg, 10 mg, 25 mg, 50 mg <sup>^</sup>	2	
dutasteride cap 0.5 mg <sup>^</sup>	1	QL (30 capsules/30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	3	QL (30 capsules/30 days)
ELMIRON - pentosan polysulfate sodium caps 100 mg	5	PA
finasteride tab 5 mg <sup>^</sup>	1	QL (30 tablets/30 days)
GEMTESA - vibegron tab 75 mg	3	QL (30 tablets/30 days)
methylergonovine maleate tab 0.2 mg	5	
MYRBETRIQ - mirabegron granules for oral extended release susp 8 mg/ml	3	QL (3 bottles/28 days)
MYRBETRIQ - mirabegron tab er 24 hr 25 mg, 50 mg	3	QL (30 tablets/30 days)
oxybutynin chloride solution 5 mg/5ml <sup>^</sup>	2	
oxybutynin chloride syrup 5 mg/5ml <sup>^</sup>	2	QL (600 mls/30 days)
oxybutynin chloride tab er 24hr 5 mg <sup>^</sup>	2	QL (30 tablets/30 days)
oxybutynin chloride tab er 24hr 10 mg <sup>^</sup>	2	QL (90 tablets/30 days)
oxybutynin chloride tab er 24hr 15 mg <sup>^</sup>	2	QL (60 tablets/30 days)
oxybutynin chloride tab 5 mg <sup>^</sup>	2	QL (120 tablets/30 days)
penicillamine tab 250 mg	5	
silodosin cap 4 mg, 8 mg	3	QL (30 capsules/30 days)
solifenacin succinate tab 5 mg, 10 mg <sup>^</sup>	2	QL (30 tablets/30 days)
tamsulosin hcl cap 0.4 mg <sup>^</sup>	1	QL (60 capsules/30 days)
tolterodine tartrate cap er 24hr 2 mg, 4 mg <sup>^</sup>	2	QL (30 capsules/30 days)
tolterodine tartrate tab 1 mg, 2 mg <sup>^</sup>	2	QL (60 tablets/30 days)
tropium chloride cap er 24hr 60 mg <sup>^</sup>	2	QL (30 capsules/30 days)
tropium chloride tab 20 mg <sup>^</sup>	2	QL (60 tablets/30 days)
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
ACTHAR - corticotropin inj gel 80 unit/ml*	5	PA
dexamethasone elixir 0.5 mg/5ml <sup>^</sup>	2	
dexamethasone sodium phosphate inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml	4	
dexamethasone soln 0.5 mg/5ml	4	
dexamethasone tab therapy pack 1.5 mg (21) <sup>^</sup>	2	
dexamethasone tab therapy pack 1.5 mg (35) <sup>^</sup>	2	
dexamethasone tab therapy pack 1.5 mg (51) <sup>^</sup>	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>dexamethasone tab 0.5 mg^</i>	2	
<i>dexamethasone tab 0.75 mg^</i>	2	
<i>dexamethasone tab 1 mg^</i>	2	
<i>dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg^</i>	2	
<i>fludrocortisone acetate tab 0.1 mg^</i>	2	
HEMADY - dexamethasone tab 20 mg	4	
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg^</i>	2	
<i>methylprednisolone sod succ for inj 40 mg, 125 mg, 500 mg, 1000 mg</i>	4	
<i>methylprednisolone tab therapy pack 4 mg (21)^</i>	2	
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg^</i>	2	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	3	
<i>prednisolone sod phosphate oral soln 15 mg/5ml^</i>	2	
<i>prednisolone soln 15 mg/5ml^</i>	2	
<i>prednisone oral soln 5 mg/5ml^</i>	2	
<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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
CHORIONIC GONADOTROPIN - chorionic gonadotropin for im inj 10000 unit	4	PA
<i>desmopressin acetate inj 4 mcg/ml</i>	4	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%</i>	3	
<i>desmopressin acetate preservative free inj 4 mcg/ml</i>	4	
<i>desmopressin acetate tab 0.1 mg, 0.2 mg^</i>	2	
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)*	5	
OMNITROPE - somatropin for inj 5.8 mg	5	PA
OMNITROPE - somatropin solution cartridge 5 mg/1.5ml, 10 mg/1.5ml	5	PA
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL - chorionic gonadotropin for im inj 10000 unit	4	PA
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day, 0.05-0.25 mg/day#	4	
<i>danazol cap 50 mg, 100 mg, 200 mg</i>	4	PA
DEPO-SUBQ PROVERA 104 - medroxyprogesterone acetate susp pref syr 104 mg/0.65ml	4	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)^</i>	2	
<i>desogestrel &amp; 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>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg<sup>^</sup></i>	2	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg<sup>#^</sup></i>	2	
DUAVEE - conjugated estrogens-basedoxifene tab 0.45-20 mg <sup>#</sup>	4	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg, 1-0.5 mg<sup>#</sup></i>	3	
<i>estradiol tab 0.5 mg, 1 mg, 2 mg<sup>#^</sup></i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5 mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/gm (0.1%), 1.25 mg/1.25gm (0.1%)<sup>#</sup></i>	4	
<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<sup>#</sup></i>	3	
<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<sup>#</sup></i>	3	
<i>estradiol vaginal cream 0.1 mg/gm<sup>^</sup></i>	2	
<i>estradiol vaginal tab 10 mcg</i>	3	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg, 1 mg-50 mcg<sup>^</sup></i>	2	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	4	
HYDROXYPROGESTERONE CAPROATE - hydroxyprogesterone caproate im in oil 1.25 gm/5ml	5	
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)<sup>^</sup></i>	2	
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)<sup>^</sup></i>	2	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg<sup>^</sup></i>	2	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg, 0.15 mg-30 mcg<sup>^</sup></i>	2	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg<sup>^</sup></i>	2	
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg<sup>^</sup></i>	2	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml<sup>^</sup></i>	2	
<i>medroxyprogesterone acetate im susp 150 mg/ml<sup>^</sup></i>	2	
<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg<sup>^</sup></i>	1	
<i>megestrol acetate susp 40 mg/ml<sup>#^</sup></i>	2	
<i>megestrol acetate tab 20 mg, 40 mg<sup>#^</sup></i>	2	
MENEST - esterified estrogens tab 0.3 mg, 0.625 mg, 1.25 mg, 2.5 mg <sup>#</sup>	3	
<i>methyltestosterone cap 10 mg</i>	5	PA
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg<sup>^</sup></i>	2	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg<sup>#^</sup></i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg<sup>^</sup></i>	2	
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg<sup>#^</sup></i>	2	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg<sup>^</sup></i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> <sup>^</sup>	2	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> <sup>^</sup>	2	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> <sup>^</sup>	2	
<i>norethindrone acetate tab 5 mg</i> <sup>^</sup>	2	
<i>norethindrone tab 0.35 mg</i> <sup>^</sup>	2	
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i> <sup>^</sup>	2	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> <sup>^</sup>	2	
<i>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</i> <sup>^</sup>	2	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> <sup>^</sup>	2	
PREMARIN - estrogens, conjugated for inj 25 mg	4	
PREMARIN - estrogens, conjugated tab 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg#	3	
PREMARIN - estrogens, conjugated vaginal cream 0.625 mg/gm	3	
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)#	3	
PREMPRO - conjugated estrogen-medroxyprog acetate tab 0.3-1.5 mg, 0.45-1.5 mg, 0.625-2.5 mg, 0.625-5 mg#	3	
<i>progesterone cap 100 mg, 200 mg</i> <sup>^</sup>	2	
<i>raloxifene hcl tab 60 mg</i> <sup>^</sup>	2	
<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i> <sup>^</sup>	2	
TESTOSTERONE ENANTHATE - testosterone enanthate im inj in oil 200 mg/ml	3	
<i>testosterone td gel 12.5 mg/act (1%)</i>	3	PA, QL (4 pump bottles/30 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	3	PA, QL (90 packets/30 days)
<i>testosterone td gel 50 mg/5gm (1%)</i>	3	PA, QL (60 units/30 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	3	PA, QL (30 packets/30 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	3	PA, QL (60 packets/30 days)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	3	PA, QL (2 pump bottles/30 days)
<i>testosterone td soln 30 mg/act</i>	4	PA, QL (2 pump bottles/30 days)
VELIVET - desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg <sup>^</sup>	2	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
<i>levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> <sup>^</sup>	1	
<i>levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> <sup>^</sup>	1	
<i>levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid)</i> <sup>^</sup>	1	

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
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	3	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM - mifepristone tab 300 mg*	5	PA, QL (120 tablets/30 days)
LYSODREN - mitotane tab 500 mg	5	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline tab 0.5 mg</i>	3	
ELIGARD - leuprolide acetate (3 month) for subcutaneous inj kit 22.5mg	4	PA
ELIGARD - leuprolide acetate (4 month) for subcutaneous inj kit 30 mg	4	PA
ELIGARD - leuprolide acetate (6 month) for subcutaneous inj kit 45 mg	4	PA
ELIGARD - leuprolide acetate for subcutaneous inj kit 7.5 mg	4	PA
FIRMAGON - degarelix acetate for inj 80 mg	4	
FIRMAGON - degarelix acetate for inj 120 mg/vial (240 mg dose)	5	
LEUPROLIDE ACETATE - leuprolide acetate (3 month) for inj 22.5 mg	4	PA
<i>leuprolide acetate inj kit 5 mg/ml</i>	5	PA
LUPRON DEPOT (1-MONTH) - leuprolide acetate for inj kit 3.75 mg, 7.5 mg	5	PA
LUPRON DEPOT (3-MONTH) - leuprolide acetate (3 month) for inj kit 11.25 mg, 22.5 mg	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4-MONTH) - leuprolide acetate (4 month) for inj kit 30 mg	5	PA
LUPRON DEPOT (6-MONTH) - leuprolide acetate (6 month) for inj kit 45 mg	5	PA
LUPRON DEPOT-PED (1-MONTH) - leuprolide acetate for inj pediatric kit 7.5 mg, 11.25 mg, 15 mg	5	PA
LUPRON DEPOT-PED (3-MONTH) - leuprolide acetate (3 month) for inj pediatric kit 11.25 mg, 30 mg	5	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)</i>	4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i>	5	PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	5	PA
ORGOVYX - relugolix tab 120 mg*	5	PA, QL (90 tablets/30 days)
SIGNIFOR - pasireotide diaspertate inj 0.3 mg/ml, 0.6 mg/ml, 0.9 mg/ml*	5	PA
SIGNIFOR LAR - pasireotide pamoate for im er susp 10 mg, 20 mg, 30 mg, 40 mg, 60 mg*	5	PA
SOMATULINE DEPOT - lanreotide acetate extended release inj 60 mg/0.2ml, 90 mg/0.3ml, 120 mg/0.5ml	5	PA
SOMAVERT - pegvisomant for inj 10 mg, 15 mg, 20 mg, 25 mg, 30 mg*	5	PA
SYNAREL - nafarelin acetate nasal soln 2 mg/ml (200 mcg/act)	5	
TRELSTAR MIXJECT - triptorelin pamoate for im susp 3.75 mg, 11.25 mg, 22.5 mg	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole tab 5 mg, 10 mg^</i>	1	
<i>propylthiouracil tab 50 mg^</i>	2	
<b>Immunological Agents</b>		
ACTHIB - haemophilus b polysaccharide conjugate vaccine for inj	3	
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)*	5	PA
ADACEL - tet tox-diph-acell pertuss ad inj 5-2-15.5 lf-lf-mcg/0.5ml	3	
ARCALYST - riloncept for inj 220 mg*	5	PA
ATGAM - lymphocyte immune globulin anti-thymocyte g inj 50 mg/ml(eq)	5	BD
<i>azathioprine tab 50 mg^</i>	2	BD
BCG VACCINE - bcg vaccine for inj soln 50 mg	3	
BENLYSTA - belimumab for iv soln 120 mg, 400 mg	5	PA
BENLYSTA - belimumab subcutaneous solution auto-injector 200 mg/ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
BENLYSTA - belimumab subcutaneous solution prefilled syringe 200 mg/ml	5	PA
BESREMI - ropeginterferon alfa-2b-njft soln prefilled syr 500 mcg/ml	5	PA, QL (2 syringes/28 days)
BEXSERO - meningococcal vac b (recomb omv adjuv) inj prefilled syringe	3	
BOOSTRIX - tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	3	
BOOSTRIX - tet-diph-acell pertuss ad pref syr 5-2.5-18.5 lf-mcg/0.5ml	3	
CINRYZE - c1 esterase inhibitor (human) for iv inj 500 unit*	5	PA, QL (20 vials/30 days)
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)*	5	PA
COSENTYX - secukinumab subcutaneous soln auto-injector 300 mg/2ml*	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	5	PA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)*	5	PA
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml*	5	PA
<i>cyclosporine cap 25 mg, 100 mg</i>	3	BD
<i>cyclosporine iv soln 50 mg/ml</i>	4	BD
<i>cyclosporine modified cap 25 mg, 50 mg, 100 mg</i>	3	BD
<i>cyclosporine modified oral soln 100 mg/ml</i>	3	BD
CYLTEZO - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO - adalimumab-adbm prefilled syringe kit 10 mg/0.2ml, 20 mg/0.4ml, 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
CYLTEZO STARTER PACKAGE FOR PSORIASIS - adalimumab-adbm auto-injector kit 40 mg/0.8ml	5	PA
DAPTACEL - diph, acellular pert & tet tox inj 15 lf-23 mcg-5 lf/0.5ml	3	
DENGVAXIA - dengue virus vaccine live tetravalent for subcutaneous susp	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC - diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml	3	
DUPIXENT - dupilumab subcutaneous soln pen-injector 200 mg/1.14ml, 300 mg/2ml	5	PA
DUPIXENT - dupilumab subcutaneous soln prefilled syringe 100 mg/0.67ml, 200 mg/1.14ml, 300 mg/2ml	5	PA
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL - etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml, 50 mg/ml	5	PA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	5	PA
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	5	PA
ENGERIX-B - hepatitis b vaccine (recombinant) susp pref syr 10 mcg/0.5ml, 20 mcg/ml	3	BD
ENGERIX-B - hepatitis b vaccine (recombinant) susp 20 mcg/ml	3	BD
<i>everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	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	5	BD, PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML - immune globulin (human) iv for soln 5 gm, 10 gm	5	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	5	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	5	BD, PA
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac im susp	3	
GARDASIL 9 - human papillomavirus (hpv) 9-valent recomb vac susp pref syr	3	
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 2000 unit*	5	PA, QL (27 vials/30 days)
HAEGARDA - c1 esterase inhibitor (human) for subcutaneous inj 3000 unit*	5	PA, QL (18 vials/30 days)
HAVRIX - hepatitis a vaccine inj susp 720 el unit/0.5ml, 1440 el unit/ml	3	
HEPLISAV-B - hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	3	BD
HIBERIX - haemophilus b polysaccharide conjugate vac for inj 10 mcg	3	
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml, 20 mg/0.2ml, 40 mg/0.8ml, 40 mg/0.4ml	5	PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK - adalimumab prefilled syringe kit 80 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	5	PA
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml, 40 mg/0.4ml, 80 mg/0.8ml	5	PA
HUMIRA PEN-CD/UC/HS STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN-PEDIATRIC UC STARTER PACK - adalimumab pen-injector kit 80 mg/0.8ml	5	PA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml, 80 mg/0.8ml & 40 mg/0.4ml	5	PA
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	5	PA, QL (6 syringes/30 days)
ILARIS - canakinumab subcutaneous inj 150 mg/ml*	5	PA
IMOVAX RABIES (H.D.C.V.) - rabies virus vaccine, hdc for inj susp	3	BD
INFANRIX - diph, acellular pert & tet tox inj 25 lf-58 mcg-10 lf/0.5ml	3	
IPOL INACTIVATED IPV - poliovirus vaccine, ipv injection	3	
IXIARO - japanese encephalitis vaccine inactivated adsorbed inj	3	
JYNNEOS - smallpox & monkeypox vac, live, non-replicating inj 0.5 ml	3	BD
KINERET - anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	5	PA
KINRIX - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
<i>leflunomide tab 10 mg, 20 mg^</i>	2	
M-M-R II - measles-mumps-rubella virus vaccines for inj soln	3	
MENACTRA - meningococcal (a, c, y, and w-135) diphth conjugate vaccine	3	
MENQUADFI - meningococcal (a, c, y, and w-135) tetanus conjugate vaccine	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac for inj	3	
MENVEO - meningococcal (a, c, y, and w-135) oligo conj vac im soln	3	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	4	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	4	
<i>methotrexate sodium tab 2.5 mg^</i>	2	
<i>mycophenolate mofetil cap 250 mg^</i>	2	BD
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	5	BD
<i>mycophenolate mofetil hcl for iv soln 500 mg</i>	4	BD
<i>mycophenolate mofetil tab 500 mg^</i>	2	BD
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i>	4	BD
NULOJIX - belatacept for iv infusion 250 mg	5	BD
ORENCIA - abatacept for iv soln 250 mg	5	PA
ORENCIA - abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml, 87.5 mg/0.7ml, 125 mg/ml	5	PA
ORENCIA CLICKJECT - abatacept subcutaneous soln auto-injector 125 mg/ml	5	PA

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



Drug Name	Drug Tier	Requirements/Limits
PEDIARIX - diph-tet tox-acell pert-hep b-polio ipv vac susp pref syr	3	
PEDVAX HIB - haemophilus b polysaccharide conj vac im susp 7.5 mcg/0.5 ml	3	
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	5	PA
PEGASYS - peginterferon alfa-2a soln prefilled syr 180 mcg/0.5ml	5	PA
PENTACEL - diph-ac per-tet tox ad-poliov-haemoph b poly vac for im susp	3	
PREHEVBRIO - hepatitis b vaccine 3-antigen (recombinant) susp 10 mcg/ml	3	BD
PRIORIX - measles-mumps-rubella virus vaccines for subcutaneous susp	3	
PROGRAF - tacrolimus inj 5 mg/ml	4	BD
PROGRAF - tacrolimus packet for susp 0.2 mg, 1 mg	4	BD
PROQUAD - measles-mumps-rubella-varicella virus vaccines for susp	3	
QUADRACEL - diph-tetanus tox ad-acell pert & polio virus, ipv vac inj	3	
QUADRACEL - diph-tetanus-acell pert-polio, ipv vacc susp pref syr 0.5 ml	3	
RABAVERT - rabies vaccine, pcec for inj	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp pref syr 5 mcg/0.5ml, 10 mcg/ml	3	BD
RECOMBIVAX HB - hepatitis b vaccine (recombinant) susp 5 mcg/0.5ml, 10 mcg/ml, 40 mcg/ml	3	BD
RENFLEXIS - infliximab-abda for iv inj 100 mg	5	PA
RIDAURA - auranofin cap 3 mg	5	
RINVOQ - upadacitinib tab er 24hr 15 mg, 30 mg, 45 mg	5	PA
ROTARIX - rotavirus vaccine, live for oral susp	3	
ROTARIX - rotavirus vaccine, live oral susp	3	
ROTATEQ - rotavirus vaccine, live oral pentavalent soln	3	
SANDIMMUNE - cyclosporine oral soln 100 mg/ml	4	BD
SHINGRIX - zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	3	QL (2 vaccines/lifetime; >=18 yr)
SIMULECT - basiliximab for iv soln 10 mg, 20 mg	5	BD
<i>sirolimus oral soln 1 mg/ml</i>	5	BD
<i>sirolimus tab 0.5 mg, 1 mg</i>	3	BD
<i>sirolimus tab 2 mg</i>	4	BD
STAMARIL - yellow fever vaccine for inj suspension	3	
STELARA - ustekinumab inj 45 mg/0.5ml	5	PA
STELARA - ustekinumab iv soln 130 mg/26ml (5 mg/ml) (for iv infusion)	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml, 90 mg/ml	5	PA
SYNAGIS - palivizumab im soln 50 mg/0.5ml, 100 mg/ml*	5	
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i>	3	BD
TDVAX - tetanus-diphtheria toxoids (td) inj 2-2 lf/0.5ml	3	BD
TENIVAC - tetanus-diphtheria toxoids (td) inj 5-2 lfu	3	BD
THYMOGLOBULIN - anti-thymocyte globulin for iv soln 25 mg (lymphocyte ig)	5	BD
TICOVAC - tick-borne encephalit vac inact susp pref syr 1.2 mcg/0.25ml, 2.4 mcg/0.5ml	3	
TRUMENBA - meningococcal group b vac (recomb) im susp prefilled syr	3	
TWINRIX - hep a-hep b vaccine susp pref syr 720-20 elu-mcg/ml	3	
TYPHIM VI - typhoid vi polysaccharide intramuscular vac inj 25 mcg/0.5ml	3	
TYPHIM VI - typhoid vi polysaccharide vacc im soln pref syr 25 mcg/0.5ml	3	
VAQTA - hepatitis a vaccine inj susp 25 unit/0.5ml, 50 unit/ml	3	
VARIVAX - varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	3	
XATMEP - methotrexate oral soln 2.5 mg/ml	4	BD
XELJANZ - tofacitinib citrate oral soln 1 mg/ml	5	PA
XELJANZ - tofacitinib citrate tab 5 mg, 10 mg	5	PA
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg, 22 mg	5	PA
XOLAIR - omalizumab for inj 150 mg*	5	PA
XOLAIR - omalizumab subcutaneous soln prefilled syringe 75 mg/0.5ml, 150 mg/ml*	5	PA
YF-VAX - yellow fever vaccine subcutaneous inj	3	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium cap 750 mg</i>	3	
<i>budesonide delayed release particles cap 3 mg</i>	4	QL (90 capsules/30 days)
<i>budesonide tab er 24hr 9 mg</i>	5	PA, QL (30 tablets/30 days)
DIPENTUM - olsalazine sodium cap 250 mg	5	
<i>hydrocortisone enema 100 mg/60ml</i>	3	
<i>hydrocortisone perianal cream 1%, 2.5%<sup>^</sup></i>	2	QL (454 grams/30 days)
<i>mesalamine cap dr 400 mg</i>	4	QL (180 capsules/30 days)
<i>mesalamine cap er 24hr 0.375 gm</i>	4	QL (120 capsules/30 days)
<i>mesalamine cap er 500 mg</i>	5	QL (240 capsules/30 days)
<i>mesalamine enema 4 gm</i>	4	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	4	
<i>mesalamine suppos 1000 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tab delayed release 1.2 gm</i>	4	QL (120 tablets/30 days)
<i>mesalamine tab delayed release 800 mg</i>	4	QL (180 tablets/30 days)
PENTASA - mesalamine cap er 250 mg	4	QL (480 capsules/30 days)
<i>sulfasalazine tab delayed release 500 mg^</i>	2	
<i>sulfasalazine tab 500 mg^</i>	2	
<b>Metabolic Bone Disease Agents</b>		
<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) inj 200 unit/ml</i>	5	
<i>calcitonin (salmon) nasal soln 200 unit/act^</i>	2	
<i>calcitriol cap 0.25 mcg, 0.5 mcg^</i>	2	
<i>calcitriol oral soln 1 mcg/ml</i>	3	
<i>cinacalcet hcl tab 30 mg</i>	4	PA
<i>cinacalcet hcl tab 60 mg, 90 mg</i>	5	PA
FORTEO - teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	5	PA
<i>ibandronate sodium iv soln 3 mg/3ml</i>	4	
<i>ibandronate sodium tab 150 mg^</i>	2	QL (1 tablet/28 days)
NATPARA - parathyroid hormone (recombinant) for inj cartridge 25 mcg, 50 mcg, 75 mcg, 100 mcg*	5	PA, QL (2 cartridges/28 days)
<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i>	3	
<i>paricalcitol iv soln 2 mcg/ml, 5 mcg/ml</i>	4	
PROLIA - denosumab inj soln prefilled syringe 60 mg/ml	4	PA
<i>risedronate sodium tab delayed release 35 mg</i>	3	QL (4 tablets/28 days)
<i>risedronate sodium tab 5 mg, 30 mg</i>	3	QL (30 tablets/30 days)
<i>risedronate sodium tab 35 mg^</i>	2	QL (4 tablets/28 days)
<i>risedronate sodium tab 150 mg^</i>	2	QL (1 tablet/28 days)
TYMLOS - abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	5	PA
XGEVA - denosumab inj 120 mg/1.7ml	5	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	4	
<i>zoledronic acid iv soln 5 mg/100ml</i>	4	
<b>Ophthalmic Agents</b>		
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%	3	
<i>atropine sulfate ophth soln 1%^</i>	2	
<i>azelastine hcl ophth soln 0.05%^</i>	2	
BACITRACIN - bacitracin ophth oint 500 unit/gm	3	
<i>bacitracin-polymyxin b ophth oint^</i>	2	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%^</i>	2	
BESIVANCE - besifloxacin hcl ophth susp 0.6%	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl ophth soln 0.5%</i>	3	
BETOPTIC-S - betaxolol hcl ophth susp 0.25%	4	
<i>bimatoprost ophth soln 0.03%</i>	3	QL (15 mls/75 days)
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%^</i>	1	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	3	
<i>brinzolamide ophth susp 1%</i>	4	
<i>bromfenac sodium ophth soln 0.09% (once-daily)</i>	4	
<i>carteolol hcl ophth soln 1%^</i>	1	
<i>ciprofloxacin hcl ophth soln 0.3%^</i>	1	
<i>cromolyn sodium ophth soln 4%^</i>	1	
<i>cyclopentolate hcl ophth soln 1%, 2%^</i>	2	
CYSTARAN - cysteamine hcl ophth soln 0.44%*	5	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	3	
<i>diclofenac sodium ophth soln 0.1%^</i>	2	
<i>difluprednate ophth emulsion 0.05%</i>	3	
<i>dorzolamide hcl ophth soln 2%^</i>	2	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml^</i>	2	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	3	
<i>epinastine hcl ophth soln 0.05%^</i>	2	
<i>erythromycin ophth oint 5 mg/gm^</i>	2	
<i>fluorometholone ophth susp 0.1%^</i>	2	
<i>flurbiprofen sodium ophth soln 0.03%</i>	3	
<i>gatifloxacin ophth soln 0.5%</i>	3	
<i>gentamicin sulfate ophth soln 0.3%^</i>	2	
ILEVRO - nepafenac ophth susp 0.3%	3	
INVELTYS - loteprednol etabonate ophth susp 1%	4	
<i>ketorolac tromethamine ophth soln 0.4%, 0.5%^</i>	2	
LACRISERT - artificial tear ophth insert	4	
<i>latanoprost ophth soln 0.005%^</i>	1	QL (15 mls/75 days)
<i>levobunolol hcl ophth soln 0.5%^</i>	1	
LOTEPREDNOL ETABONATE - loteprednol etabonate ophth gel 0.5%	4	
<i>loteprednol etabonate ophth susp 0.5%</i>	4	
LUMIGAN - bimatoprost ophth soln 0.01%	3	QL (15 mls/75 days)
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)^</i>	2	
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic for Moxeza)^</i>	2	
NATACYN - natamycin ophth susp 5%	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin^</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%^</i>	2	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%^</i>	2	
NEOMYCIN/POLYMYXIN/GRAMICIDIN - neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml^	2	
<i>ofloxacin ophth soln 0.3%^</i>	2	
<i>olopatadine hcl ophth soln 0.1%^</i>	2	
<i>olopatadine hcl ophth soln 0.2%</i>	3	
<i>pilocarpine hcl ophth soln 1%, 2%, 4%^</i>	2	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%^</i>	1	
<i>prednisolone acetate ophth susp 1%^</i>	2	
PROLENSA - bromfenac sodium ophth soln 0.07%	4	
RESTASIS - cyclosporine (ophth) emulsion 0.05%	3	QL (60 vials/30 days)
RESTASIS MULTIDOSE - cyclosporine (ophth) emulsion 0.05%	3	QL (2 bottles/30 days)
RHOPRESSA - netarsudil dimesylate ophth soln 0.02%	3	QL (15 mls/75 days)
ROCKLATAN - netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	3	QL (15 mls/75 days)
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%	3	
<i>sulfacetamide sodium ophth soln 10%^</i>	2	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%^</i>	2	
<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i>	3	
<i>timolol maleate ophth soln 0.25%, 0.5%^</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	3	
TOBRADEX - tobramycin-dexamethasone ophth oint 0.3-0.1%	4	
<i>tobramycin ophth soln 0.3%^</i>	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	3	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	3	QL (15 mls/75 days)
TRIFLURIDINE - trifluridine ophth soln 1%	3	
XIIDRA - lifitegrast ophth soln 5%	3	QL (60 containers/30 days)
<b>Otic Agents</b>		
<i>acetic acid otic soln 2%^</i>	2	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	4	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	3	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	3	
<i>ofloxacin otic soln 0.3%</i>	3	
<b>Respiratory Tract/Pulmonary Agents</b>		
<i>acetylcysteine inhal soln 10%</i>	3	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>acetylcysteine inhal soln 20%</i> <sup>^</sup>	2	BD
ADEMPAS - riociguat tab 0.5 mg, 1 mg, 1.5 mg, 2 mg, 2.5 mg*	5	PA, QL (90 tablets/30 days)
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act, 115-21 mcg/act, 230-21 mcg/act	3	QL (1 inhaler/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (generics for ProAir HFA and Proventil HFA)</i> <sup>^</sup>	2	QL (36 grams/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml), 0.63 mg/3ml, 1.25 mg/3ml</i> <sup>^</sup>	2	BD
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i> <sup>^</sup>	2	BD
<i>albuterol sulfate syrup 2 mg/5ml</i> <sup>^</sup>	1	
<i>albuterol sulfate tab 2 mg, 4 mg</i>	4	
<i>ambrisentan tab 5 mg, 10 mg</i> *	5	PA, QL (30 tablets/30 days)
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	3	QL (1 package/30 days)
ARNUIITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act, 100 mcg/act, 200 mcg/act	3	QL (30 blisters/30 days)
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act, 100 mcg/act, 200 mcg/act	4	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 120 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	4	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 14 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	4	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 30 METERED DOSES - mometasone furoate inhal powd 110 mcg/act (breath activated), 220 mcg/act (breath activated)	4	QL (1 inhaler/30 days)
ASMANEX TWISTHALER 60 METERED DOSES - mometasone furoate inhal powd 220 mcg/act (breath activated)	4	QL (1 inhaler/30 days)
ATROVENT HFA - ipratropium bromide hfa inhal aerosol 17 mcg/act	4	QL (2 inhalers/30 days)
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray), 0.15% (205.5 mcg/spray)</i> <sup>^</sup>	2	QL (2 bottles/30 days)
<i>bosentan tab 62.5 mg, 125 mg</i> *	5	PA, QL (60 tablets/30 days)
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act, 200-25 mcg/act	3	QL (1 package/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	3	BD
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act, 160-4.5 mcg/act	3	QL (1 inhaler/30 days)
<i>caffeine citrate oral soln 60 mg/3ml</i> <sup>^</sup>	2	
CLEMASTINE FUMARATE - clemastine fumarate tab 2.68 mg#	3	PA (>=65 yr)
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	4	QL (2 inhalers/30 days)
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	4	BD

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Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl tab 4 mg#</i>	4	
<i>desloratadine tab 5 mg^</i>	2	
<i>diphenhydramine hcl inj 50 mg/ml</i>	4	
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act, 100-5 mcg/act, 200-5 mcg/act	3	QL (1 inhaler/30 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	4	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic for EpiPen 2-Pak)</i>	3	
FASENRA - benralizumab subcutaneous soln prefilled syringe 30 mg/ml	5	PA
FASENRA PEN - benralizumab subcutaneous soln auto-injector 30 mg/ml	5	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)^</i>	2	QL (3 bottles/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)	3	QL (1 inhaler/30 days)
FLUTICASONE PROPIONATE HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)	3	QL (2 inhalers/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act^</i>	2	QL (1 bottle/30 days)
FLUTICASONE PROPIONATE/SALMETEROL - fluticasone- salmeterol aer powder ba 55-14 mcg/act, 113-14 mcg/act, 232-14 mcg/act	3	QL (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/ act, 500-50 mcg/act</i>	3	QL (1 inhaler/30 days)
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/act	3	QL (30 blisters/30 days)
<i>ipratropium bromide inhal soln 0.02%^</i>	2	BD
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)^</i>	2	QL (2 bottles/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)^</i>	2	QL (3 bottles/30 days)
KALYDECO - ivacaftor packet 13.4 mg, 25 mg, 50 mg, 75 mg*	5	PA, QL (60 packets/30 days)
KALYDECO - ivacaftor tab 150 mg*	5	PA, QL (60 tablets/30 days)
<i>levocetirizine dihydrochloride tab 5 mg^</i>	1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	3	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>	2	
<i>montelukast sodium tab 10 mg^</i>	1	
OFEV - nintedanib esylate cap 100 mg, 150 mg*	5	PA, QL (60 capsules/30 days)
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (1 bottle/30 days)
OPSUMIT - macitentan tab 10 mg*	5	PA, QL (30 tablets/30 days)
ORALAIR - grass mixed pollen ext sl tab 300 ir	4	PA, QL (30 tablets/30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI - lumacaftor-ivacaftor granules packet 75-94 mg, 100-125 mg, 150-188 mg*	5	PA, QL (60 packets/30 days)
ORKAMBI - lumacaftor-ivacaftor tab 100-125 mg, 200-125 mg*	5	PA, QL (120 tablets/30 days)
<i>pirfenidone cap 267 mg</i>	5	PA, QL (270 capsules/30 days)
<i>pirfenidone tab 267 mg</i>	5	PA, QL (270 tablets/30 days)
<i>pirfenidone tab 801 mg</i>	5	PA, QL (90 tablets/30 days)
PULMOZYME - dornase alfa inhal soln 2.5 mg/2.5ml	5	BD
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act	3	QL (1 inhaler/30 days)
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act	3	QL (2 inhalers/30 days)
<i>ribavirin for inhal soln 6 gm</i>	5	
<i>roflumilast tab 250 mcg, 500 mcg</i>	4	PA, QL (30 tablets/30 days)
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/act	3	QL (1 inhaler/30 days)
<i>sildenafil citrate tab 20 mg</i>	3	PA, QL (90 tablets/30 days)
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg	3	QL (30 capsules/30 days)
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act, 2.5 mcg/act	3	QL (1 inhaler/30 days)
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	3	QL (1 canister/30 days)
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	5	PA, QL (60 tablets/30 days)
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	5	PA, QL (60 tablets/30 days)
<i>tadalafil tab 20 mg (pah)</i>	5	PA, QL (60 tablets/30 days)
<i>terbutaline sulfate tab 2.5 mg, 5 mg</i>	3	
<i>theophylline tab er 12hr 300 mg, 450 mg<sup>^</sup></i>	2	
<i>theophylline tab er 24hr 400 mg, 600 mg<sup>^</sup></i>	2	
<i>tobramycin nebu soln 300 mg/5ml</i>	5	BD, PA
TRACLEER - bosentan tab for oral susp 32 mg*	5	PA, QL (120 tablets/30 days)
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/act, 200-62.5-25 mcg/act	3	QL (60 blisters/30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml), 50 mg/20ml (2.5 mg/ml), 100 mg/20ml (5 mg/ml), 200 mg/20ml (10 mg/ml)*</i>	5	BD
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	5	PA, QL (90 tablets/30 days)
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	5	PA, QL (90 tablets/30 days)
UPTRAVI - selexipag tab 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg, 1600 mcg*	5	PA, QL (60 tablets/30 days)

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



Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION PACK - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)*	5	PA, QL (1 pack (200 tablets)/28 days)
VENTAVIS - iloprost inhalation solution 10 mcg/ml, 20 mcg/ml	5	BD, PA, QL (270 mls/30 days)
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act	3	QL (36 grams/30 days)
XOPENEX HFA - levalbuterol tartrate inhal aerosol 45 mcg/act	4	QL (2 inhalers/30 days)
<i>zafirlukast tab 10 mg, 20 mg</i>	3	
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol tab 350 mg#^</i>	2	
<i>cyclobenzaprine hcl tab 5 mg, 10 mg#^</i>	1	
<i>methocarbamol tab 500 mg, 750 mg#^</i>	2	
<b>Sleep Disorder Agents</b>		
<i>armodafinil tab 50 mg, 150 mg, 200 mg, 250 mg</i>	3	PA, QL (30 tablets/30 days)
<i>doxepin hcl (sleep) tab 3 mg, 6 mg</i>	3	QL (30 tablets/30 days)
<i>eszopiclone tab 1 mg, 2 mg, 3 mg#^</i>	2	QL (30 tablets/30 days)
<i>modafinil tab 100 mg, 200 mg</i>	3	PA, QL (30 tablets/30 days)
<i>ramelteon tab 8 mg</i>	4	QL (30 tablets/30 days)
<i>tasimelteon capsule 20 mg</i>	5	PA, QL (30 capsules/30 days)
<i>temazepam cap 7.5 mg, 22.5 mg</i>	4	QL (30 capsules/30 days)
<i>temazepam cap 15 mg, 30 mg^</i>	1	QL (30 capsules/30 days)
<i>triazolam tab 0.25 mg</i>	3	QL (60 tablets/30 days)
XYREM - sodium oxybate oral solution 500 mg/ml*	5	PA, QL (540 mls/30 days)
XYWAV - calcium, mag, potassium, & sod oxybates oral soln 500 mg/ml*	5	PA, QL (540 mls/30 days)
<i>zaleplon cap 5 mg#^</i>	2	QL (30 capsules/30 days)
<i>zaleplon cap 10 mg#^</i>	2	QL (60 capsules/30 days)
<i>zolpidem tartrate tab er 6.25 mg, 12.5 mg#</i>	3	QL (30 tablets/30 days)
<i>zolpidem tartrate tab 5 mg, 10 mg#^</i>	1	QL (30 tablets/30 days)

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<i>carmustine for inj 100 mg.....</i>	19	(50ml).....	6
<i>carteolol hcl ophth soln 1%.....</i>	69	<i>ceftazidime for iv soln 2 gm.....</i>	6
<i>carvedilol phosphate cap er 24hr 10 mg, 20 mg, 40</i>		<i>ceftazidime for iv soln 2 gm and dextrose 5%</i>	
<i>mg, 80 mg.....</i>	43	(50ml).....	6
<i>carvedilol tab 3.125 mg, 6.25 mg, 12.5 mg, 25</i>		<i>ceftriaxone sodium for inj 250 mg, 500 mg, 1 gm, 2</i>	
<i>mg.....</i>	43	<i>gm, 10 gm.....</i>	6
<i>caspofungin acetate for iv soln 50 mg.....</i>	15	<i>ceftriaxone sodium for iv soln 1 gm, 2</i>	
<i>caspofungin acetate for iv soln 70 mg.....</i>	15	<i>gm.....</i>	6
<i>cefaclor cap 250 mg.....</i>	5	<i>ceftriaxone sodium for iv soln 1 gm and dextrose</i>	
<i>cefaclor cap 500 mg.....</i>	5	3.74% 50 ml.....	6
<i>cefadroxil cap 500 mg.....</i>	5	<i>ceftriaxone sodium for iv soln 2 gm and dextrose</i>	
<i>cefadroxil for susp 250 mg/5ml, 500</i>		2.22% 50 ml.....	6
<i>mg/5ml.....</i>	5	<i>ceftriaxone sodium in dextrose inj 20 mg/</i>	
<i>cefadroxil tab 1 gm.....</i>	5	<i>ml.....</i>	6
<b>CEFAZOLIN.....</b>	5	<i>ceftriaxone sodium in dextrose inj 40 mg/</i>	
<i>cefazolin sodium-dextrose iv solution 1</i>		<i>ml.....</i>	6
<i>gm/50ml-4%.....</i>	5	<i>cefuroxime axetil tab 250 mg, 500 mg.....</i>	6
<i>cefazolin sodium for inj 2 gm.....</i>	5	<i>cefuroxime sodium for inj 750 mg.....</i>	6
<i>cefazolin sodium for inj 500 mg, 1 gm, 10</i>		<i>cefuroxime sodium for iv soln 1.5 gm.....</i>	6
<i>gm.....</i>	5	<i>celecoxib cap 400 mg.....</i>	1
<i>cefazolin sodium for iv soln 1 gm.....</i>	5	<i>celecoxib cap 50 mg, 100 mg, 200 mg.....</i>	1
<i>cefazolin sodium for iv soln 1 gm and dextrose 4%</i>		<i>cephalexin cap 250 mg, 500 mg.....</i>	6
(50 ml).....	5	<i>cephalexin cap 750 mg.....</i>	6
<i>cefdinir cap 300 mg.....</i>	5	<i>cephalexin for susp 125 mg/5ml, 250</i>	
<i>cefdinir for susp 125 mg/5ml, 250</i>		<i>mg/5ml.....</i>	6
<i>mg/5ml.....</i>	5	<b>CEREZYME.....</b>	56
<i>cefepime hcl for inj 1 gm.....</i>	5	<i>cevimeline hcl cap 30 mg.....</i>	49
<i>cefepime hcl for iv soln 1 gm and dextrose 5% (50</i>		<b>CHEMET.....</b>	52
<i>ml).....</i>	5	<b>CHENODAL.....</b>	54
<i>cefepime hcl for iv soln 2 gm.....</i>	5	<b>CHLORAMPHENICOL SODIUM</b>	
<i>cefepime hcl for iv soln 2 gm and dextrose 5% (50</i>		<b>SUCCINATE.....</b>	6
<i>ml).....</i>	5	<i>chlordiazepoxide hcl cap 25 mg.....</i>	36
<i>cefepime hcl iv soln 1 gm/50ml.....</i>	5	<i>chlordiazepoxide hcl cap 5 mg, 10 mg.....</i>	36
<i>cefepime hcl iv soln 2 gm/100ml.....</i>	5	<i>chlorhexidine gluconate soln 0.12%.....</i>	49
<i>cefixime cap 400 mg.....</i>	5	<i>chloroquine phosphate tab 250 mg, 500</i>	
<i>cefoxitin sodium for iv soln 1 gm, 2 gm, 10</i>		<i>mg.....</i>	28
<i>gm.....</i>	5	<i>chlorpromazine hcl conc 100 mg/ml.....</i>	14

chlorpromazine hcl conc 30 mg/ml.....	15	clindamycin hcl cap 75 mg, 150 mg, 300 mg.....	6
chlorpromazine hcl inj 25 mg/ml, 50 mg/2ml.....	15	clindamycin phosphate-benzoyl peroxide gel 1-5%.....	50
chlorpromazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg, 200 mg.....	15	clindamycin phosphate gel 1%.....	6
chlorthalidone tab 25 mg, 50 mg.....	43	clindamycin phosphate in d5w iv soln 300 mg/50ml, 600 mg/50ml, 900 mg/50ml.....	6
cholestyramine light powder 4 gm/ dose.....	43	clindamycin phosphate inj 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9 gm/60ml.....	6
cholestyramine light powder packets 4 gm.....	43	clindamycin phosphate in nacl 0.9% iv soln 300 mg/50ml.....	6
cholestyramine powder 4 gm/dose.....	43	clindamycin phosphate in nacl 0.9% iv soln 600 mg/50ml.....	6
cholestyramine powder packets 4 gm.....	43	clindamycin phosphate in nacl 0.9% iv soln 900 mg/50ml.....	6
choline fenofibrate cap dr 135 mg.....	44	clindamycin phosphate lotion 1%.....	6
choline fenofibrate cap dr 45 mg.....	44	clindamycin phosphate soln 1%.....	7
CHORIONIC GONADOTROPIN.....	58	clindamycin phosphate swab 1%.....	7
ciclopirox gel 0.77%.....	15	clindamycin phosphate vaginal cream 2%.....	7
ciclopirox olamine cream 0.77%.....	15	clobazam suspension 2.5 mg/ml.....	10
ciclopirox olamine susp 0.77%.....	15	clobazam tab 10 mg, 20 mg.....	10
ciclopirox shampoo 1%.....	15	clobetasol propionate cream 0.05%.....	50
ciclopirox solution 8%.....	15	clobetasol propionate emollient base cream 0.05%.....	50
cidofovir iv inj 75 mg/ml.....	32	clobetasol propionate gel 0.05%.....	50
cilostazol tab 50 mg, 100 mg.....	41	clobetasol propionate lotion 0.05%.....	50
CIMDUO.....	32	clobetasol propionate oint 0.05%.....	50
cimetidine tab 200 mg.....	54	clobetasol propionate shampoo 0.05%.....	50
cimetidine tab 300 mg, 400 mg, 800 mg.....	54	clobetasol propionate soln 0.05%.....	50
cinacalcet hcl tab 30 mg.....	68	clofarabine iv soln 1 mg/ml.....	19
cinacalcet hcl tab 60 mg, 90 mg.....	68	clomipramine hcl cap 25 mg, 50 mg, 75 mg.....	13
CINRYZE.....	63	clonazepam orally disintegrating tab 0.125 mg, 0.25 mg, 0.5 mg, 1 mg.....	36
ciprofloxacin 200 mg/100ml in d5w.....	6	clonazepam orally disintegrating tab 2 mg.....	36
ciprofloxacin 400 mg/200ml in d5w.....	6	clonazepam tab 0.5 mg, 1 mg.....	36
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	70	clonazepam tab 2 mg.....	36
CIPROFLOXACIN HCL.....	6	clonidine hcl tab 0.1 mg, 0.2 mg, 0.3 mg.....	44
ciprofloxacin hcl ophth soln 0.3%.....	69	clonidine hcl tab er 12hr 0.1 mg.....	48
ciprofloxacin hcl tab 250 mg, 500 mg, 750 mg.....	6	clonidine td patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr.....	44
cisplatin inj 200 mg/200ml (1 mg/ml).....	19	clopidogrel bisulfate tab 75 mg.....	41
cisplatin inj 50 mg/50ml (1 mg/ml), 100 mg/100ml (1 mg/ml).....	19	clorazepate dipotassium tab 15 mg.....	36
citalopram hydrobromide oral soln 10 mg/5ml.....	13	clorazepate dipotassium tab 3.75 mg.....	36
citalopram hydrobromide tab 10 mg, 20 mg.....	13	clorazepate dipotassium tab 7.5 mg.....	36
citalopram hydrobromide tab 40 mg.....	13	clotrimazole cream 1%.....	16
cladribine iv soln 10 mg/10ml (1 mg/ml).....	19	clotrimazole soln 1%.....	16
CLARITHROMYCIN.....	6	clotrimazole troche 10 mg.....	16
clarithromycin tab 250 mg, 500 mg.....	6		
clarithromycin tab er 24hr 500 mg.....	6		
CLEMASTINE FUMARATE.....	71		

clotrimazole w/ betamethasone cream 1-0.05%.....	50	CYCLOSET.....	37
clotrimazole w/ betamethasone lotion 1-0.05%.....	50	cyclosporine cap 25 mg, 100 mg.....	63
CLOZAPINE ODT.....	30	cyclosporine iv soln 50 mg/ml.....	63
clozapine orally disintegrating tab 100 mg.....	30	cyclosporine modified cap 25 mg, 50 mg, 100 mg.....	63
clozapine orally disintegrating tab 25 mg.....	30	cyclosporine modified oral soln 100 mg/ ml.....	63
clozapine tab 100 mg.....	30	CYLTEZO.....	63
clozapine tab 200 mg.....	30	CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS.....	63
clozapine tab 25 mg, 50 mg.....	30	CYLTEZO STARTER PACKAGE FOR PSORIASIS.....	63
COARTEM.....	28	cyproheptadine hcl tab 4 mg.....	72
CODEINE SULFATE.....	1	CYRAMZA.....	20
codeine sulfate tab 30 mg.....	1	CYSTAGON.....	56
colchicine tab 0.6 mg.....	16	CYSTARAN.....	69
colchicine w/ probenecid tab 0.5-500 mg.....	16	cytarabine inj 20 mg/ml.....	20
colesevelam hcl packet for susp 3.75 gm.....	44	cytarabine inj pf 20 mg/ml, 100 mg/ml.....	20
colesevelam hcl tab 625 mg.....	44	<b>D</b>	
colestipol hcl granule packets 5 gm.....	44	dabigatran etexilate mesylate cap 75 mg, 150 mg.....	41
colestipol hcl granules 5 gm.....	44	DACARBAZINE.....	20
colestipol hcl tab 1 gm.....	44	dacarbazine for inj 200 mg.....	20
colistimethate sod for inj 150 mg (colistin base activity).....	7	dactinomycin for inj 0.5 mg.....	20
COMBIPATCH.....	58	dalfampridine tab er 12hr 10 mg.....	48
COMBIVENT RESPIMAT.....	71	DALVANCE.....	7
COMETRIQ.....	19	danazol cap 50 mg, 100 mg, 200 mg.....	58
COMPLERA.....	33	dantrolene sodium cap 25 mg, 50 mg, 100 mg.....	32
COPAXONE.....	48	DANYELZA.....	20
COPIKTRA.....	19	dapsone tab 25 mg, 100 mg.....	17
CORLANOR.....	44	DAPTACEL.....	63
COSELA.....	19	daptomycin for iv soln 500 mg.....	7
COSENTYX.....	63	darunavir tab 600 mg.....	33
COSENTYX SENSOREADY PEN.....	63	darunavir tab 800 mg.....	33
COTELLIC.....	19	DARZALEX.....	20
CREON.....	56	DARZALEX FASPRO.....	20
CRESEMBA.....	16	daunorubicin hcl iv soln 20 mg/4ml.....	20
cromolyn sodium ophth soln 4%.....	69	DAUNORUBICIN HYDROCHLORIDE.....	20
cromolyn sodium oral conc 100 mg/5ml.....	56	DAURISMO.....	20
cromolyn sodium soln nebu 20 mg/2ml.....	71	decitabine for inj 50 mg.....	20
CRYSVITA.....	56	deferasirox granules packet 90 mg, 180 mg, 360 mg.....	52
cyclobenzaprine hcl tab 5 mg, 10 mg.....	74	deferasirox tab 180 mg, 360 mg.....	52
cyclopentolate hcl ophth soln 1%, 2%.....	69	deferasirox tab 90 mg.....	52
CYCLOPHOSPHAMIDE.....	19	deferasirox tab for oral susp 125 mg.....	52
cyclophosphamide cap 25 mg.....	19	deferasirox tab for oral susp 250 mg, 500 mg.....	52
cyclophosphamide cap 50 mg.....	19	DELSTRIGO.....	33
CYCLOPHOSPHAMIDE MONOHYDRATE.....	19	demeclocycline hcl tab 150 mg, 300 mg.....	7
cycloserine cap 250 mg.....	17	DENGVAXIA.....	63



DEPO-SUBQ PROVERA 104.....	58	dextroamphetamine sulfate tab 10 mg.....	48
DESCOVY.....	33	dextroamphetamine sulfate tab 5 mg.....	48
desipramine hcl tab 10 mg, 25 mg, 50 mg, 75 mg, 100 mg, 150 mg.....	13	dextrose 2.5% w/ sodium chloride 0.45%.....	52
desloratadine tab 5 mg.....	72	dextrose 5% in lactated ringers.....	53
desmopressin acetate inj 4 mcg/ml.....	58	dextrose 5% w/ sodium chloride 0.2%.....	53
desmopressin acetate nasal spray soln 0.01% (refrigerated), 0.01%.....	58	dextrose 5% w/ sodium chloride 0.33%.....	53
desmopressin acetate preservative free inj 4 mcg/ ml.....	58	dextrose 5% w/ sodium chloride 0.45%, 0.9%.....	53
desmopressin acetate tab 0.1 mg, 0.2 mg.....	58	dextrose inj 5%, 10%.....	52
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5).....	58	DIACOMIT.....	10
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	58	diazepam conc 5 mg/ml.....	36
desonide cream 0.05%.....	50	diazepam oral soln 1 mg/ml.....	36
desonide lotion 0.05%.....	50	DIAZEPAM RECTAL GEL.....	10
desonide oint 0.05%.....	50	diazepam tab 2 mg, 5 mg, 10 mg.....	36
desoximetasone cream 0.05%.....	50	diazoxide susp 50 mg/ml.....	37
desoximetasone cream 0.25%.....	50	diclofenac potassium tab 50 mg.....	1
desoximetasone gel 0.05%.....	50	diclofenac sodium gel 1% (1.16% diethylamine equiv).....	1
desoximetasone oint 0.25%.....	50	diclofenac sodium ophth soln 0.1%.....	69
desvenlafaxine succinate tab er 24hr 25 mg, 50 mg, 100 mg.....	13	diclofenac sodium tab delayed release 25 mg.....	1
dexamethasone elixir 0.5 mg/5ml.....	57	diclofenac sodium tab delayed release 50 mg.....	1
dexamethasone sodium phosphate inj 4 mg/ml, 20 mg/5ml, 120 mg/30ml.....	57	diclofenac sodium tab delayed release 75 mg.....	1
dexamethasone sodium phosphate ophth soln 0.1%.....	69	diclofenac sodium tab er 24hr 100 mg.....	1
dexamethasone soln 0.5 mg/5ml.....	57	diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....	1
dexamethasone tab 0.5 mg.....	58	diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....	1
dexamethasone tab 0.75 mg.....	58	dicloxacillin sodium cap 250 mg, 500 mg.....	7
dexamethasone tab 1.5 mg, 2 mg, 4 mg, 6 mg.....	58	dicyclomine hcl cap 10 mg.....	54
dexamethasone tab 1 mg.....	58	dicyclomine hcl tab 20 mg.....	54
dexamethasone tab therapy pack 1.5 mg (21).....	57	DIFICID.....	7
dexamethasone tab therapy pack 1.5 mg (35).....	57	diflorasone diacetate oint 0.05%.....	50
dexamethasone tab therapy pack 1.5 mg (51).....	57	difluprednate ophth emulsion 0.05%.....	69
dexlansoprazole cap delayed release 30 mg, 60 mg.....	54	digoxin oral soln 0.05 mg/ml.....	44
dexmethylphenidate hcl tab 2.5 mg, 5 mg, 10 mg.....	48	digoxin tab 125 mcg (0.125 mg), 250 mcg (0.25 mg).....	44
dexrazoxane hcl for inj 250 mg, 500 mg.....	20	dihydroergotamine mesylate nasal spray 4 mg/ ml.....	17
dextroamphetamine sulfate cap er 24hr 10 mg, 15 mg.....	48	DILANTIN.....	10
dextroamphetamine sulfate cap er 24hr 5 mg.....	48	diltiazem hcl cap er 12hr 60 mg, 90 mg, 120 mg.....	44
		diltiazem hcl cap er 24hr 120 mg, 180 mg, 240 mg.....	44
		diltiazem hcl coated beads cap er 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg.....	44

<i>diltiazem hcl extended release beads cap er 24hr</i> 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg.....	44	DOXORUBICIN HYDROCHLORIDE.....	20
<i>diltiazem hcl tab 30 mg, 60 mg, 90 mg, 120</i> <i>mg.....</i>	44	<i>doxycycline hyclate cap 50 mg, 100 mg.....</i>	7
<i>diltiazem hcl tab er 24hr 120 mg, 180 mg, 240 mg,</i> <i>300 mg, 360 mg, 420 mg.....</i>	44	<i>doxycycline hyclate for inj 100 mg.....</i>	7
<i>dimethyl fumarate capsule delayed release 120 mg,</i> <i>240 mg.....</i>	49	<i>doxycycline hyclate tab 20 mg, 100 mg.....</i>	7
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp;</i> <i>240 mg.....</i>	49	<i>doxycycline monohydrate cap 50 mg, 100</i> <i>mg.....</i>	7
DIPENTUM.....	67	<i>doxycycline monohydrate cap 75 mg, 150</i> <i>mg.....</i>	7
<i>diphenhydramine hcl inj 50 mg/ml.....</i>	72	<i>doxycycline monohydrate tab 150 mg.....</i>	7
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> <i>mg.....</i>	54	<i>doxycycline monohydrate tab 50 mg, 75 mg, 100</i> <i>mg.....</i>	7
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC.....	63	<i>dronabinol cap 2.5 mg, 5 mg, 10 mg.....</i>	15
<i>dipyridamole tab 25 mg, 50 mg, 75 mg.....</i>	41	<i>drospirenone-ethinyl estradiol tab 3-0.02</i> <i>mg.....</i>	59
<i>disulfiram tab 250 mg, 500 mg.....</i>	4	<i>drospirenone-ethinyl estradiol tab 3-0.03</i> <i>mg.....</i>	59
<i>divalproex sodium cap delayed release sprinkle 125</i> <i>mg.....</i>	10	<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.02-0.451 mg.....</i>	58
<i>divalproex sodium tab delayed release 125 mg, 250</i> <i>mg, 500 mg.....</i>	10	<i>drospirenone-ethinyl estrad-levomefolate tab</i> <i>3-0.03-0.451 mg.....</i>	58
<i>divalproex sodium tab er 24 hr 250 mg, 500</i> <i>mg.....</i>	10	<i>droxidopa cap 100 mg, 200 mg, 300</i> <i>mg.....</i>	44
<i>docetaxel for inj conc 20 mg/ml, 80 mg/4ml (20 mg/</i> <i>ml), 160 mg/8ml (20 mg/ml).....</i>	20	DUAVEE.....	59
<i>docetaxel soln for iv infusion 20 mg/2ml, 80 mg/8ml,</i> <i>160 mg/16ml.....</i>	20	DULERA.....	72
<i>dofetilide cap 125 mcg (0.125 mg), 250 mcg (0.25</i> <i>mg), 500 mcg (0.5 mg).....</i>	44	<i>duloxetine hcl enteric coated pellets cap 20 mg, 60</i> <i>mg.....</i>	13
<i>donepezil hydrochloride orally disintegrating tab 5</i> <i>mg, 10 mg.....</i>	12	<i>duloxetine hcl enteric coated pellets cap 30</i> <i>mg.....</i>	13
<i>donepezil hydrochloride tab 23 mg.....</i>	12	<i>duloxetine hcl enteric coated pellets cap 40</i> <i>mg.....</i>	13
<i>donepezil hydrochloride tab 5 mg, 10</i> <i>mg.....</i>	12	DUPIXENT.....	63
<i>dorzolamide hcl ophth soln 2%.....</i>	69	<i>dutasteride cap 0.5 mg.....</i>	57
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8</i> <i>mg/ml pf.....</i>	69	<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i> <i>mg.....</i>	57
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8</i> <i>mg/ml.....</i>	69	<b>E</b>	
DOVATO.....	33	<i>econazole nitrate cream 1%.....</i>	16
<i>doxazosin mesylate tab 1 mg, 2 mg, 4 mg, 8</i> <i>mg.....</i>	44	EDURANT.....	33
<i>doxepin hcl (sleep) tab 3 mg, 6 mg.....</i>	74	<i>efavirenz cap 200 mg.....</i>	33
<i>doxepin hcl cap 10 mg, 25 mg, 50 mg, 75 mg, 100</i> <i>mg, 150 mg.....</i>	13	<i>efavirenz cap 50 mg.....</i>	33
<i>doxepin hcl conc 10 mg/ml.....</i>	13	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300</i> <i>mg.....</i>	33
<i>doxorubicin hcl for inj 50 mg.....</i>	20	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300</i> <i>mg, 600-300-300 mg.....</i>	33
<i>doxorubicin hcl inj 2 mg/ml.....</i>	20	<i>efavirenz tab 600 mg.....</i>	33
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/</i> <i>ml.....</i>	20	ELAPRASE.....	56
		ELELYSO.....	56
		<i>eletriptan hydrobromide tab 20 mg, 40</i> <i>mg.....</i>	17
		ELIGARD.....	61
		ELIQUIS.....	41
		ELIQUIS STARTER PACK.....	41

ELITEK.....	20	erythromycin ethylsuccinate for susp 400	
ELMIRON.....	57	mg/5ml.....	7
EMCYT.....	20	erythromycin lactobionate for inj 500 mg.....	7
EMGALITY.....	17	erythromycin ophth oint 5 mg/gm.....	69
EMPLICITI.....	20	erythromycin soln 2%.....	7
EMSAM.....	13	erythromycin tab 250 mg, 500 mg.....	7
emtricitabine caps 200 mg.....	33	escitalopram oxalate soln 5 mg/5ml.....	13
emtricitabine-tenofovir disoproxil fumarate tab		escitalopram oxalate tab 20 mg.....	13
100-150 mg, 133-200 mg, 167-250		escitalopram oxalate tab 5 mg, 10 mg.....	13
mg.....	33	esomeprazole magnesium cap delayed release 20	
emtricitabine-tenofovir disoproxil fumarate tab		mg, 40 mg.....	54
200-300 mg.....	33	esomeprazole magnesium for delayed release susp	
EMTRIVA.....	33	packet 10 mg, 20 mg, 40 mg.....	54
enalapril maleate & hydrochlorothiazide tab 5-12.5		esomeprazole sodium for intravenous soln 40	
mg, 10-25 mg.....	44	mg.....	54
enalapril maleate tab 2.5 mg, 5 mg, 10 mg, 20		estradiol & norethindrone acetate tab 0.5-0.1 mg,	
mg.....	44	1-0.5 mg.....	59
ENBREL.....	63	estradiol tab 0.5 mg, 1 mg, 2 mg.....	59
ENBREL MINI.....	64	estradiol td gel 0.25 mg/0.25gm (0.1%), 0.5	
ENBREL SURECLICK.....	64	mg/0.5gm (0.1%), 0.75 mg/0.75gm (0.1%), 1 mg/	
ENDARI.....	56	gm (0.1%), 1.25 mg/1.25gm (0.1%).....	59
ENGERIX-B.....	64	estradiol td patch twice weekly 0.025 mg/24hr,	
ENHERTU.....	20	0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1	
enoxaparin sodium inj 300 mg/3ml.....	41	mg/24hr.....	59
enoxaparin sodium inj soln pref syr 30 mg/0.3ml, 40		estradiol td patch weekly 0.025 mg/24hr,	
mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml, 100 mg/ml,		0.0375 mg/24hr (37.5 mcg/24hr), 0.05	
120 mg/0.8ml, 150 mg/ml.....	41	mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1	
entacapone tab 200 mg.....	29	mg/24hr.....	59
entecavir tab 0.5 mg, 1 mg.....	33	estradiol vaginal cream 0.1 mg/gm.....	59
ENTRESTO.....	44	estradiol vaginal tab 10 mcg.....	59
EPCLUSA.....	33	eszopiclone tab 1 mg, 2 mg, 3 mg.....	74
EPIDIOLEX.....	10	ethambutol hcl tab 100 mg, 400 mg.....	17
epinastine hcl ophth soln 0.05%.....	69	ethosuximide cap 250 mg.....	10
epinephrine solution auto-injector 0.15 mg/0.3ml		ethosuximide soln 250 mg/5ml.....	10
(1:2000).....	72	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35	
epinephrine solution auto-injector 0.3 mg/0.3ml		mcg, 1 mg-50 mcg.....	59
(1:1000) (generic for EpiPen 2-Pak).....	72	etodolac cap 200 mg.....	1
eplerenone tab 25 mg, 50 mg.....	44	etodolac cap 300 mg.....	1
EPOGEN.....	41	etodolac tab 400 mg, 500 mg.....	1
EPRONTIA.....	10	etodolac tab er 24hr 400 mg, 500 mg.....	1
ERBITUX.....	20	etodolac tab er 24hr 600 mg.....	1
ergotamine w/ caffeine tab 1-100 mg.....	17	etonogestrel-ethinyl estradiol va ring 0.120-0.015	
ERIVEDGE.....	20	mg/24hr.....	59
ERLEADA.....	20	ETOPOPHOS.....	20
erlotinib hcl tab 100 mg, 150 mg.....	20	etoposide inj 100 mg/5ml (20 mg/ml), 500 mg/25ml	
erlotinib hcl tab 25 mg.....	20	(20 mg/ml), 1 gm/50ml (20 mg/ml).....	20
ertapenem sodium for inj 1 gm.....	7	etravirine tab 100 mg, 200 mg.....	33
ERY.....	7	EULEXIN.....	20
ERYTHROCIN LACTOBIONATE.....	7	everolimus tab 0.25 mg, 0.5 mg, 0.75 mg, 1	
erythromycin ethylsuccinate for susp 200		mg.....	64
mg/5ml.....	7	everolimus tab 2.5 mg, 7.5 mg, 10 mg.....	21
		everolimus tab 5 mg.....	21

everolimus tab for oral susp 2 mg, 5 mg.....	21	fluconazole tab 50 mg, 100 mg, 150 mg, 200 mg.....	16
everolimus tab for oral susp 3 mg.....	21	flucytosine cap 250 mg, 500 mg.....	16
EVOMELA.....	21	fludarabine phosphate for inj 50 mg.....	21
EVOTAZ.....	33	fludarabine phosphate inj 25 mg/ml.....	21
exemestane tab 25 mg.....	21	fludrocortisone acetate tab 0.1 mg.....	58
EXKIVITY.....	21	flunisolide nasal soln 25 mcg/act (0.025%).....	72
ezetimibe-simvastatin tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg.....	44	fluocinolone acetonide (otic) oil 0.01%.....	70
ezetimibe tab 10 mg.....	44	fluocinolone acetonide cream 0.01%, 0.025%.....	50
<b>F</b>		fluocinolone acetonide oil 0.01% (body oil), 0.01% (scalp oil).....	50
FABRAZYME.....	56	fluocinolone acetonide oint 0.025%.....	50
famciclovir tab 125 mg, 250 mg, 500 mg.....	33	fluocinolone acetonide soln 0.01%.....	50
famotidine for susp 40 mg/5ml.....	54	fluocinonide cream 0.05%.....	50
famotidine inj 40 mg/4ml, 200 mg/20ml.....	54	fluocinonide cream 0.1%.....	51
famotidine preservative free inj 20 mg/2ml.....	54	fluocinonide emulsified base cream 0.05%.....	51
famotidine tab 20 mg, 40 mg.....	54	fluocinonide gel 0.05%.....	51
FANAPT.....	30	fluocinonide oint 0.05%.....	51
FANAPT TITRATION PACK.....	30	fluocinonide soln 0.05%.....	51
FASENRA.....	72	fluorometholone ophth susp 0.1%.....	69
FASENRA PEN.....	72	FLUOROURACIL.....	51
febuxostat tab 40 mg, 80 mg.....	17	fluorouracil cream 5%.....	51
felbamate susp 600 mg/5ml.....	10	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).....	21
felbamate tab 400 mg, 600 mg.....	10	FLUOXETINE DR.....	13
felodipine tab er 24hr 2.5 mg, 5 mg, 10 mg.....	44	fluoxetine hcl cap 10 mg.....	13
fenofibrate micronized cap 43 mg.....	44	fluoxetine hcl cap 20 mg.....	13
fenofibrate micronized cap 67 mg, 130 mg, 134 mg, 200 mg.....	44	fluoxetine hcl cap 40 mg.....	13
fenofibrate tab 145 mg, 160 mg.....	44	fluoxetine hcl solution 20 mg/5ml.....	13
fenofibrate tab 48 mg, 54 mg.....	44	fluoxetine hcl tab 10 mg.....	13
fentanyl citrate lozenge on a handle 200 mcg.....	1	fluoxetine hcl tab 20 mg.....	13
fentanyl citrate lozenge on a handle 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg.....	1	fluphenazine decanoate inj 25 mg/ml.....	30
fentanyl td patch 72hr 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 100 mcg/hr.....	1	FLUPHENAZINE HCL.....	30
FETZIMA.....	13	fluphenazine hcl tab 1 mg, 2.5 mg, 5 mg, 10 mg.....	30
FETZIMA TITRATION PACK.....	13	FLUPHENAZINE HYDROCHLORIDE.....	30
finasteride tab 5 mg.....	57	flurbiprofen sodium ophth soln 0.03%.....	69
FINTEPLA.....	10	flurbiprofen tab 100 mg.....	1
FIRMAGON.....	61	FLUTICASONE PROPIONATE/ SALMETEROL.....	72
flecainide acetate tab 50 mg, 100 mg, 150 mg.....	44	fluticasone propionate cream 0.05%.....	51
fluconazole for susp 10 mg/ml, 40 mg/ml.....	16	FLUTICASONE PROPIONATE HFA.....	72
fluconazole in nacl 0.9% inj 200 mg/100ml, 400 mg/200ml.....	16	fluticasone propionate nasal susp 50 mcg/act.....	72
		fluticasone propionate oint 0.005%.....	51
		fluticasone-salmeterol aer powder ba 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	72
		fluvastatin sodium cap 20 mg, 40 mg.....	45

<i>fluvastatin sodium tab er 24 hr 80 mg</i> .....	45	GAUZE PADS 2" X 2".....	37
<i>fluvoxamine maleate tab 100 mg</i> .....	13	GAVILYTE-C.....	54
<i>fluvoxamine maleate tab 25 mg, 50 mg</i> .....	13	GAVRETO.....	21
FOLOTYN.....	21	GAZYVA.....	21
<i>fomepizole inj 1 gm/ml (for iv infusion)</i> .....	53	<i>gefitinib tab 250 mg</i> .....	21
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	41	<i>gemcitabine hcl for inj 200 mg, 1 gm, 2 gm</i> .....	21
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml, 7.5 mg/0.6ml, 10 mg/0.8ml</i> .....	41	<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml), 1 gm/26.3ml (38 mg/ml), 2 gm/52.6ml (38 mg/ml)</i> .....	21
FORTEO.....	68	<i>gemfibrozil tab 600 mg</i> .....	45
<i>fosamprenavir calcium tab 700 mg</i> .....	33	GEMTESA.....	57
<i>fosaprepitant dimeglumine for iv infusion 150 mg</i> .....	15	<i>gentamicin in saline inj 1.2 mg/ml</i> .....	7
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg</i> .....	45	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	7
<i>fosinopril sodium tab 10 mg, 20 mg, 40 mg</i> .....	45	<i>gentamicin sulfate cream 0.1%</i> .....	51
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv), 500 mg/10ml (phenytoin equiv)</i> .....	10	<i>gentamicin sulfate inj 40 mg/ml</i> .....	7
FOSRENOL.....	53	<i>gentamicin sulfate oint 0.1%</i> .....	51
FOTIVDA.....	21	<i>gentamicin sulfate ophth soln 0.3%</i> .....	69
FULPHILA.....	41	GENTAMICIN SULFATE PEDIATRIC.....	7
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> .....	21	GENVOYA.....	33
<i>furosemide inj 10 mg/ml</i> .....	45	GILOTRIF.....	21
<i>furosemide oral soln 10 mg/ml</i> .....	45	<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> .....	49
<i>furosemide tab 20 mg, 40 mg, 80 mg</i> .....	45	<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> .....	49
FUZEON.....	33	GLEOSTINE.....	21
FYCOMPA.....	10	<i>glimepiride tab 1 mg</i> .....	37
<b>G</b>		<i>glimepiride tab 2 mg</i> .....	37
<i>gabapentin cap 100 mg</i> .....	10	<i>glimepiride tab 4 mg</i> .....	37
<i>gabapentin cap 300 mg</i> .....	10	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	37
<i>gabapentin cap 400 mg</i> .....	10	<i>glipizide-metformin hcl tab 2.5-500 mg, 5-500 mg</i> .....	37
<i>gabapentin oral soln 250 mg/5ml</i> .....	10	<i>glipizide tab 10 mg</i> .....	37
<i>gabapentin tab 600 mg</i> .....	10	<i>glipizide tab 5 mg</i> .....	37
<i>gabapentin tab 800 mg</i> .....	10	<i>glipizide tab er 24hr 10 mg</i> .....	37
GALANTAMINE HYDROBROMIDE.....	12	<i>glipizide tab er 24hr 2.5 mg</i> .....	37
<i>galantamine hydrobromide cap er 24hr 8 mg, 16 mg, 24 mg</i> .....	12	<i>glipizide tab er 24hr 5 mg</i> .....	37
<i>galantamine hydrobromide tab 4 mg, 8 mg, 12 mg</i> .....	12	GLUCAGEN HYPOKIT.....	37
GAMMAGARD LIQUID.....	64	<i>glucagon (rdna) for inj kit 1 mg</i> .....	37
GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	64	GLUCAGON EMERGENCY KIT.....	37
GAMMAPLEX.....	64	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR.....	37
GAMUNEX-C.....	64	<i>glyburide-metformin tab 1.25-250 mg</i> .....	37
<i>ganciclovir sodium for inj 500 mg</i> .....	33	<i>glyburide-metformin tab 2.5-500 mg, 5-500 mg</i> .....	37
GARDASIL 9.....	64	<i>glyburide micronized tab 1.5 mg</i> .....	37
<i>gatifloxacin ophth soln 0.5%</i> .....	69	<i>glyburide micronized tab 3 mg</i> .....	37
GATTEX.....	54	<i>glyburide micronized tab 6 mg</i> .....	37
		<i>glyburide tab 1.25 mg</i> .....	37
		<i>glyburide tab 2.5 mg</i> .....	37
		<i>glyburide tab 5 mg</i> .....	37

<i>glycopyrrolate tab 1 mg, 2 mg</i> .....	54	HUMIRA PEDIATRIC CROHNS DISEASE	
GLYXAMBI.....	37	STARTER PACK.....	64
<i>granisetron hcl inj 1 mg/ml, 4 mg/4ml (1 mg/ml)</i> .....	15	HUMIRA PEN.....	64
<i>granisetron hcl tab 1 mg</i> .....	15	HUMIRA PEN-CD/UC/HS STARTER.....	64
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<i>griseofulvin microsize susp 125 mg/5ml</i> .....	16	PACK.....	65
<i>griseofulvin ultramicrosize tab 125 mg, 250 mg</i> .....	16	HUMIRA PEN-PS/UV STARTER.....	65
GVOKE HYOPEN 1-PACK.....	37	HUMULIN 70/30.....	38
GVOKE HYOPEN 2-PACK.....	38	HUMULIN 70/30 KWIKPEN.....	38
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<b>H</b>		HUMULIN R.....	38
HAEGARDA.....	64	HUMULIN R U-500 (CONCENTRATE).....	38
HALAVEN.....	21	HUMULIN R U-500 KWIKPEN.....	38
<i>halobetasol propionate cream 0.05%</i> .....	51	<i>hydralazine hcl tab 10 mg, 25 mg, 50 mg, 100 mg</i> .....	45
<i>halobetasol propionate oint 0.05%</i> .....	51	<i>hydrochlorothiazide cap 12.5 mg</i> .....	45
<i>haloperidol decanoate im soln 50 mg/ml, 100 mg/ml</i> .....	30	<i>hydrochlorothiazide tab 12.5 mg, 25 mg, 50 mg</i> .....	45
<i>haloperidol lactate inj 5 mg/ml</i> .....	30	HYDROCODONE/IBUPROFEN.....	2
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	30	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	2
<i>haloperidol tab 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg</i> .....	30	<i>hydrocodone-acetaminophen tab 10-325 mg, 7.5-325 mg</i> .....	2
HARVONI.....	33	<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	2
HAVRIX.....	64	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	2
HEMADY.....	58	<i>hydrocodone-acetaminophen tab 7.5-300 mg, 10-300 mg</i> .....	2
HEPARIN SODIUM/D5W.....	42	<i>hydrocodone bitartrate cap er 12hr 10 mg</i> .....	2
<i>heparin sodium (porcine) inj 1000 unit/ml, 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i> .....	42	<i>hydrocodone bitartrate cap er 12hr 15 mg</i> .....	2
<i>heparin sodium (porcine) inj soln pref syr 5000 unit/0.5ml</i> .....	41	<i>hydrocodone bitartrate cap er 12hr 20 mg</i> .....	2
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> .....	42	<i>hydrocodone bitartrate cap er 12hr 30 mg</i> .....	2
<i>heparin sodium (porcine) pf inj 5000 unit/ml</i> .....	42	<i>hydrocodone bitartrate cap er 12hr 40 mg</i> .....	2
HEPLISAV-B.....	64	<i>hydrocodone bitartrate cap er 12hr 50 mg</i> .....	2
HERCEPTIN.....	21	<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	2
HERCEPTIN HYLECTA.....	21	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	2
HERZUMA.....	21	<i>hydrocortisone butyrate cream 0.1%</i> .....	51
HIBERIX.....	64	<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> .....	51
HUMALOG.....	38	<i>hydrocortisone butyrate oint 0.1%</i> .....	51
HUMALOG JUNIOR KWIKPEN.....	38	<i>hydrocortisone butyrate soln 0.1%</i> .....	51
HUMALOG KWIKPEN.....	38	<i>hydrocortisone cream 1%, 2.5%</i> .....	51
HUMALOG MIX 50/50.....	38	<i>hydrocortisone enema 100 mg/60ml</i> .....	67
HUMALOG MIX 50/50 KWIKPEN.....	38	<i>hydrocortisone lotion 2.5%</i> .....	51
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<i>hydrocortisone oint 1%</i> .....	51	<i>imatinib mesylate tab 400 mg</i> .....	22
<i>hydrocortisone oint 2.5%</i> .....	51	IMBRUVICA.....	22
<i>hydrocortisone perianal cream 1%, 2.5%</i> .....	67	IMFINZI.....	22
<i>hydrocortisone tab 5 mg, 10 mg, 20 mg</i> .....	58	IMIPENEM/CILASTATIN.....	7
<i>hydrocortisone valerate cream 0.2%</i> .....	51	<i>imipenem-cilastatin intravenous for soln 500 mg</i> .....	7
<i>hydrocortisone valerate oint 0.2%</i> .....	51	<i>imipramine hcl tab 10 mg, 25 mg, 50 mg</i> .....	13
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	70	<i>imiquimod cream 5%</i> .....	51
<i>hydromorphone hcl inj 2 mg/ml</i> .....	2	IMLYGIC.....	22
<i>hydromorphone hcl liqd 1 mg/ml</i> .....	2	IMOVAX RABIES (H.D.C.V.).....	65
<i>hydromorphone hcl preservative free inj 10 mg/ ml</i> .....	2	IMPAVIDO.....	7
<i>hydromorphone hcl preservative free inj 2 mg/ ml</i> .....	2	INCRELEX.....	58
<i>hydromorphone hcl tab 2 mg, 4 mg, 8 mg</i> .....	2	INCRUSE ELLIPTA.....	72
<i>hydroxychloroquine sulfate tab 200 mg</i> .....	28	<i>indapamide tab 1.25 mg, 2.5 mg</i> .....	45
HYDROXYPROGESTERONE		<i>indomethacin cap 25 mg</i> .....	2
CAPROATE.....	59	<i>indomethacin cap 50 mg</i> .....	2
<i>hydroxyurea cap 500 mg</i> .....	21	<i>indomethacin cap er 75 mg</i> .....	2
<i>hydroxyzine hcl syrup 10 mg/5ml</i> .....	36	INFANRIX.....	65
<i>hydroxyzine hcl tab 10 mg, 25 mg, 50 mg</i> .....	36	INLYTA.....	22
<i>hydroxyzine pamoate cap 25 mg, 50 mg</i> .....	36	INQOVI.....	22
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<i>ibandronate sodium iv soln 3 mg/3ml</i> .....	68	INSULIN INJECTION DEVICE.....	38
<i>ibandronate sodium tab 150 mg</i> .....	68	INSULIN SYRINGE/NEEDLE.....	38
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<i>ibuprofen tab 400 mg</i> .....	2	INVEGA HAFYERA.....	30
<i>ibuprofen tab 600 mg</i> .....	2	INVEGA SUSTENNA.....	30
<i>ibuprofen tab 800 mg</i> .....	2	INVEGA TRINZA.....	30
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i> .....	65	INVELTYS.....	69
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<i>icosapent ethyl cap 0.5 gm</i> .....	45	INVOKAMET XR.....	38
<i>icosapent ethyl cap 1 gm</i> .....	45	INVOKANA.....	38
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml), 10 mg/10ml (1 mg/ml), 20 mg/20ml (1 mg/ml)</i> .....	21	IPOL INACTIVATED IPV.....	65
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IFEX.....	21	<i>ipratropium bromide nasal soln 0.03% (21 mcg/ spray)</i> .....	72
IFOSFAMIDE.....	21	<i>ipratropium bromide nasal soln 0.06% (42 mcg/ spray)</i> .....	72
<i>ifosfamide for inj 1 gm</i> .....	21	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg, 300-12.5 mg</i> .....	45
<i>ifosfamide iv inj 1 gm/20ml (50 mg/ml), 3 gm/60ml (50 mg/ml)</i> .....	21	<i>irbesartan tab 75 mg, 150 mg, 300 mg</i> .....	45
ILARIS.....	65	<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml), 100 mg/5ml (20 mg/ml)</i> .....	22
ILEVRO.....	69	<i>irinotecan hcl inj 500 mg/25ml (20 mg/ ml)</i> .....	22
<i>imatinib mesylate tab 100 mg</i> .....	22	ISENTRESS.....	33
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		<i>isoniazid tab 100 mg</i> .....	17
		<i>isoniazid tab 300 mg</i> .....	18

<i>isosorbide dinitrate tab 5 mg, 10 mg, 20 mg, 30 mg</i> .....	45
<i>isosorbide mononitrate tab 10 mg</i> .....	45
<i>isosorbide mononitrate tab 20 mg</i> .....	45
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<i>isotretinoin cap 10 mg, 20 mg, 30 mg, 40 mg</i> .....	51
<i>isradipine cap 2.5 mg, 5 mg</i> .....	45
<i>itraconazole cap 100 mg</i> .....	16
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<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.2% inj</i> .....	53
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.225% inj</i> .....	53
<i>kcl 20 meq/l (0.15%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	53
<i>kcl 20 meq/l (0.15%) in nacl 0.45% inj</i> .....	53
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i> .....	53
<i>kcl 30 meq/l (0.224%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	53
<i>kcl 40 meq/l (0.3%) in dextrose 5% &amp; nacl 0.45% inj</i> .....	53
<i>kcl 40 meq/l (0.3%) in nacl 0.9% inj</i> .....	53
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<i>ketoconazole shampoo 2%</i> .....	16
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<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i> .....	11
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<i>lacosamide tab 50 mg, 100 mg, 150 mg, 200 mg</i> .....	11
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<i>lactic acid (ammonium lactate) cream 12%</i> .....	51
<i>lactic acid (ammonium lactate) lotion 12%</i> .....	51
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<i>lactulose solution 10 gm/15ml</i> .....	54
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<i>lamivudine tab 150 mg</i> .....	34
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<i>lamotrigine tab 25 mg, 100 mg, 150 mg, 200 mg</i> .....	11
<i>lamotrigine tab chewable dispersible 5 mg, 25 mg</i> .....	11
<i>lansoprazole cap delayed release 15 mg, 30 mg</i> .....	54
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i> .....	53
<i>lanthanum carbonate chew tab 500 mg (elemental)</i> .....	53
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leflunomide tab 10 mg, 20 mg.....	65	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	59
lenalidomide cap 15 mg, 20 mg, 25 mg.....	23	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	59
lenalidomide cap 5 mg, 10 mg.....	23	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7).....	59
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LENVIMA 12MG DAILY DOSE.....	23	levothyroxine sodium tab 112 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 14 MG DAILY DOSE.....	23	levothyroxine sodium tab 125 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 18 MG DAILY DOSE.....	23	levothyroxine sodium tab 137 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 20 MG DAILY DOSE.....	23	levothyroxine sodium tab 150 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 24 MG DAILY DOSE.....	23	levothyroxine sodium tab 175 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 4 MG DAILY DOSE.....	23	levothyroxine sodium tab 200 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
LENVIMA 8 MG DAILY DOSE.....	23	levothyroxine sodium tab 25 mcg (euthyrox, levo-t, levoxyl, unithroid).....	60
letrozole tab 2.5 mg.....	23	levothyroxine sodium tab 300 mcg (levo-t, unithroid).....	61
leucovorin calcium for inj 50 mg, 100 mg, 200 mg, 350 mg, 500 mg.....	23	levothyroxine sodium tab 50 mcg (euthyrox, levo-t, levoxyl, unithroid).....	60
leucovorin calcium inj 100 mg/10ml (10 mg/ml).....	23	levothyroxine sodium tab 75 mcg (euthyrox, levo-t, levoxyl, unithroid).....	60
leucovorin calcium inj 500 mg/50ml (10 mg/ml).....	23	levothyroxine sodium tab 88 mcg (euthyrox, levo-t, levoxyl, unithroid).....	61
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leucovorin calcium tab 5 mg.....	23	LIBTAYO.....	23
LEUKERAN.....	23	lidocaine hcl laryngotracheal soln 4%.....	3
LEUKINE.....	42	lidocaine hcl soln 4%.....	3
LEUPROLIDE ACETATE.....	61	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	3
leuprolide acetate inj kit 5 mg/ml.....	61	lidocaine hcl viscous soln 2%.....	3
LEVEMIR.....	39	lidocaine oint 5%.....	3
LEVEMIR FLEXPEN.....	39	lidocaine patch 5%.....	3
LEVEMIR FLEXTOUCH.....	39	lidocaine-prilocaine cream 2.5-2.5%.....	4
levetiracetam inj 500 mg/5ml (100 mg/ml).....	11	LINDANE.....	51
levetiracetam in sodium chloride iv soln 500 mg/100ml, 1000 mg/100ml, 1500 mg/100ml.....	11	linezolid for susp 100 mg/5ml.....	8
levetiracetam oral soln 100 mg/ml.....	11	linezolid in sodium chloride iv soln 600 mg/300ml-0.9%.....	8
levetiracetam tab 250 mg, 500 mg, 750 mg, 1000 mg.....	11		
levetiracetam tab er 24hr 500 mg, 750 mg.....	11		
levobunolol hcl ophth soln 0.5%.....	69		
levocarnitine oral soln 1 gm/10ml (10%).....	56		
levocarnitine tab 330 mg.....	56		
levocetirizine dihydrochloride tab 5 mg.....	72		
levofloxacin in d5w iv soln 250 mg/50ml, 500 mg/100ml, 750 mg/150ml.....	7		
levofloxacin iv soln 25 mg/ml.....	7		
levofloxacin oral soln 25 mg/ml.....	8		

<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i> .....	8	LYNPARZA.....	23
<i>linezolid tab 600 mg</i> .....	8	LYSODREN.....	61
LINZESS.....	54	LYTGOBI.....	23
<i>liothyronine sodium tab 5 mcg, 25 mcg, 50 mcg</i> .....	61	<b>M</b>	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> .....	45	<i>magnesium sulfate inj 50%</i> .....	53
<i>lisinopril tab 2.5 mg, 5 mg, 10 mg, 20 mg, 30 mg, 40 mg</i> .....	45	<i>malathion lotion 0.5%</i> .....	51
<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.....	24
<i>lithium carbonate tab er 300 mg, 450 mg</i> .....	36	MARPLAN.....	13
LONSURF.....	23	MATULANE.....	24
<i>loperamide hcl cap 2 mg</i> .....	55	<i>meclizine hcl tab 12.5 mg, 25 mg</i> .....	15
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	34	<i>medroxyprogesterone acetate im susp 150 mg/ml</i> .....	59
<i>lopinavir-ritonavir tab 100-25 mg</i> .....	34	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i> .....	59
<i>lopinavir-ritonavir tab 200-50 mg</i> .....	34	<i>medroxyprogesterone acetate tab 2.5 mg, 5 mg, 10 mg</i> .....	59
<i>lorazepam conc 2 mg/ml</i> .....	36	<i>mefloquine hcl tab 250 mg</i> .....	28
<i>lorazepam tab 0.5 mg, 1 mg</i> .....	36	<i>megestrol acetate susp 40 mg/ml</i> .....	59
<i>lorazepam tab 2 mg</i> .....	36	<i>megestrol acetate tab 20 mg, 40 mg</i> .....	59
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<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg, 100-12.5 mg, 100-25 mg</i> .....	45	MEKTOVI.....	24
<i>losartan potassium tab 100 mg</i> .....	45	<i>meloxicam tab 15 mg</i> .....	2
<i>losartan potassium tab 25 mg, 50 mg</i> .....	45	<i>meloxicam tab 7.5 mg</i> .....	2
LOTEPREDNOL ETABONATE.....	69	<i>melphalan hcl for inj 50 mg</i> .....	24
<i>loteprednol etabonate ophth susp 0.5%</i> .....	69	<i>memantine hcl cap er 24hr 7 mg, 14 mg, 21 mg, 28 mg</i> .....	12
<i>lovastatin tab 10 mg, 20 mg, 40 mg</i> .....	45	<i>memantine hcl oral solution 2 mg/ml</i> .....	12
<i>loxapine succinate cap 5 mg, 10 mg, 25 mg, 50 mg</i> .....	30	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	12
<i>lubiprostone cap 24 mcg</i> .....	55	<i>memantine hcl tab 5 mg, 10 mg</i> .....	12
<i>lubiprostone cap 8 mcg</i> .....	55	MENACTRA.....	65
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LUPRON DEPOT (4-MONTH).....	62	<i>meropenem iv for soln 500 mg, 1 gm</i> .....	8
LUPRON DEPOT (6-MONTH).....	62	<i>mesalamine cap dr 400 mg</i> .....	67
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<i>lurasidone hcl tab 20 mg, 40 mg, 60 mg, 120 mg</i> .....	30	<i>mesalamine enema 4 gm</i> .....	67
<i>lurasidone hcl tab 80 mg</i> .....	30	<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i> .....	67
LYBALVI.....	30	<i>mesalamine suppos 1000 mg</i> .....	67
		<i>mesalamine tab delayed release 1.2 gm</i> .....	68

<i>mesalamine tab delayed release 800 mg</i> .....	68	<i>metronidazole gel 0.75%</i> .....	51
<i>mesna inj 100 mg/ml</i> .....	24	<i>metronidazole gel 1%</i> .....	51
MESNEX.....	24	<i>metronidazole iv soln 500 mg/100ml</i> .....	8
<i>metformin hcl tab 1000 mg</i> .....	39	<i>metronidazole lotion 0.75%</i> .....	51
<i>metformin hcl tab 500 mg</i> .....	39	<i>metronidazole tab 250 mg, 500 mg</i> .....	8
<i>metformin hcl tab 850 mg</i> .....	39	<i>metronidazole vaginal gel 0.75%</i> .....	8
<i>metformin hcl tab er 24hr 500 mg</i> .....	39	<i>metyrosine cap 250 mg</i> .....	45
<i>metformin hcl tab er 24hr 750 mg</i> .....	39	<i>mexiletine hcl cap 150 mg, 200 mg, 250 mg</i> .....	46
<i>methadone hcl tab 10 mg</i> .....	2	<i>micafungin sodium for iv soln 50 mg, 100 mg</i> .....	16
<i>methadone hcl tab 5 mg</i> .....	2	<i>midodrine hcl tab 2.5 mg, 5 mg, 10 mg</i> .....	46
<i>methazolamide tab 25 mg, 50 mg</i> .....	45	MIGERGOT.....	17
<i>methenamine hippurate tab 1 gm</i> .....	8	<i>miglustat cap 100 mg</i> .....	56
<i>methimazole tab 5 mg, 10 mg</i> .....	62	<i>minocycline hcl cap 50 mg, 75 mg, 100 mg</i> .....	8
<i>methocarbamol tab 500 mg, 750 mg</i> .....	74	<i>minocycline hcl tab 50 mg, 75 mg, 100 mg</i> .....	8
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	65	<i>minoxidil tab 2.5 mg, 10 mg</i> .....	46
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	65	<i>mirtazapine orally disintegrating tab 15 mg, 30 mg, 45 mg</i> .....	13
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml), 250 mg/10ml (25 mg/ml), 1000 mg/40ml (25 mg/ml)</i> .....	65	<i>mirtazapine tab 15 mg</i> .....	14
<i>methotrexate sodium tab 2.5 mg</i> .....	65	<i>mirtazapine tab 30 mg</i> .....	14
METHOXSALEN.....	51	<i>mirtazapine tab 7.5 mg, 45 mg</i> .....	14
<i>methscopolamine bromide tab 2.5 mg</i> .....	55	<i>misoprostol tab 100 mcg, 200 mcg</i> .....	55
<i>methscopolamine bromide tab 5 mg</i> .....	55	<i>mitomycin for iv soln 5 mg, 20 mg, 40 mg</i> .....	24
<i>methsuximide cap 300 mg</i> .....	11	<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml), 25 mg/12.5ml (2 mg/ml), 30 mg/15ml (2 mg/ml)</i> .....	24
<i>methylergonovine maleate tab 0.2 mg</i> .....	57	M-M-R II.....	65
<i>methylphenidate hcl tab 5 mg, 10 mg, 20 mg</i> .....	49	<i>modafinil tab 100 mg, 200 mg</i> .....	74
<i>methylphenidate hcl tab er 20 mg</i> .....	49	<i>moexipril hcl tab 7.5 mg, 15 mg</i> .....	46
<i>methylprednisolone sod succ for inj 40 mg, 125 mg, 500 mg, 1000 mg</i> .....	58	MOLINDONE HYDROCHLORIDE.....	31
<i>methylprednisolone tab 4 mg, 8 mg, 16 mg, 32 mg</i> .....	58	<i>mometasone furoate cream 0.1%</i> .....	51
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	58	<i>mometasone furoate nasal susp 50 mcg/act</i> .....	72
<i>methyltestosterone cap 10 mg</i> .....	59	<i>mometasone furoate oint 0.1%</i> .....	51
<i>metoclopramide hcl inj 5 mg/ml</i> .....	55	<i>mometasone furoate solution 0.1% (lotion)</i> .....	51
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml)</i> .....	55	MONJUVI.....	24
<i>metoclopramide hcl tab 5 mg, 10 mg</i> .....	55	<i>montelukast sodium chew tab 4 mg, 5 mg</i> .....	72
<i>metolazone tab 2.5 mg, 5 mg, 10 mg</i> .....	45	<i>montelukast sodium oral granules packet 4 mg</i> .....	72
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg, 100-25 mg, 100-50 mg</i> .....	45	<i>montelukast sodium tab 10 mg</i> .....	72
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv), 50 mg (tartrate equiv), 100 mg (tartrate equiv), 200 mg (tartrate equiv)</i> .....	45	<i>morphine sulfate inj pf 0.5 mg/ml, 1 mg/ml</i> .....	2
<i>metoprolol tartrate tab 25 mg, 50 mg, 100 mg</i> .....	45	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	2
<i>metronidazole cap 375 mg</i> .....	8	<i>morphine sulfate oral soln 10 mg/5ml</i> .....	2
<i>metronidazole cream 0.75%</i> .....	51	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	2

<i>morphine sulfate tab 15 mg</i> .....	2	<i>naproxen tab 500 mg</i> .....	3
<i>morphine sulfate tab 30 mg</i> .....	2	<i>naproxen tab ec 375 mg</i> .....	3
<i>morphine sulfate tab er 15 mg, 30 mg, 60 mg, 100 mg, 200 mg</i> .....	2	<i>naproxen tab ec 500 mg</i> .....	3
MOVANTIK.....	55	<i>naratriptan hcl tab 1 mg</i> .....	17
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i> .....	8	<i>naratriptan hcl tab 2.5 mg</i> .....	17
<i>moxifloxacin hcl iv solution 400 mg/250ml</i> .....	8	NATACYN.....	69
<i>moxifloxacin hcl ophth soln 0.5% (2 times daily) (generic fo r Moxeza)</i> .....	69	<i>nateglinide tab 120 mg</i> .....	39
<i>moxifloxacin hcl ophth soln 0.5% (generic for Vigamox)</i> .....	69	<i>nateglinide tab 60 mg</i> .....	39
<i>moxifloxacin hcl tab 400 mg</i> .....	8	NATPARA.....	68
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<i>mupirocin oint 2%</i> .....	52	<i>nebivolol hcl tab 2.5 mg, 5 mg, 10 mg, 20 mg</i> .....	46
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MYALEPT.....	55	<i>nelarabine iv soln 5 mg/ml</i> .....	24
<i>mycophenolate mofetil cap 250 mg</i> .....	65	NEOMYCIN/POLYMYXIN/ GRAMICIDIN.....	70
<i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	65	NEOMYCIN/POLYMYXIN B SULFATES.....	8
<i>mycophenolate mofetil hcl for iv soln 500 mg</i> .....	65	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	70
<i>mycophenolate mofetil tab 500 mg</i> .....	65	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	70
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv), 360 mg (mycophenolic acid equiv)</i> .....	65	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	70
MYLOTARG.....	24	<i>neomycin-polymyxin-hc otic soln 1%</i> .....	70
MYRBETRIQ.....	57	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	70
<b>N</b>		<i>neomycin sulfate tab 500 mg</i> .....	8
<i>nabumetone tab 500 mg</i> .....	3	NERLYNX.....	24
<i>nabumetone tab 750 mg</i> .....	3	<i>nevirapine susp 50 mg/5ml</i> .....	34
<i>nadolol tab 20 mg, 40 mg, 80 mg</i> .....	46	<i>nevirapine tab 200 mg</i> .....	34
<i>nafcillin sodium for inj 1 gm, 2 gm</i> .....	8	<i>nevirapine tab er 24hr 100 mg</i> .....	34
<i>nafcillin sodium for iv soln 10 gm</i> .....	8	<i>nevirapine tab er 24hr 400 mg</i> .....	34
<i>nafcillin sodium in dextrose inj 1 gm/50ml</i> .....	8	NEXIUM.....	55
<i>nafcillin sodium in dextrose inj 2 gm/100ml</i> .....	8	<i>niacin tab er 500 mg (antihyperlipidemic)</i> .....	46
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<i>naloxone hcl inj 0.4 mg/ml, 4 mg/10ml</i> .....	4	<i>nicardipine hcl cap 20 mg</i> .....	46
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	4	<i>nicardipine hcl cap 30 mg</i> .....	46
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	4	NICOTROL INHALER.....	4
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	4	NICOTROL NS.....	4
<i>naltrexone hcl tab 50 mg</i> .....	4	<i>nifedipine cap 10 mg, 20 mg</i> .....	46
<i>naproxen sodium tab 275 mg</i> .....	3	<i>nifedipine tab er 24hr 30 mg, 60 mg, 90 mg</i> .....	46
<i>naproxen sodium tab 550 mg</i> .....	3	<i>nifedipine tab er 24hr osmotic release 30 mg, 60 mg, 90 mg</i> .....	46
<i>naproxen susp 125 mg/5ml</i> .....	3	<i>nilutamide tab 150 mg</i> .....	24
<i>naproxen tab 250 mg</i> .....	3	<i>nimodipine cap 30 mg</i> .....	46
<i>naproxen tab 375 mg</i> .....	3	NINLARO.....	24
		NIPENT.....	24
		NISOLDIPINE ER.....	46

<i>nisoldipine tab er 24hr 8.5 mg, 17 mg, 34 mg</i> .....	46
<i>nitazoxanide tab 500 mg</i> .....	28
<i>nitisinone cap 2 mg, 5 mg, 10 mg, 20 mg</i> .....	56
NITRO-BID.....	46
<i>nitrofurantoin macrocrystalline cap 50 mg, 100 mg</i> .....	8
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	8
<i>nitrofurantoin susp 25 mg/5ml</i> .....	8
<i>nitroglycerin sl tab 0.3 mg, 0.4 mg, 0.6 mg</i> .....	46
<i>nitroglycerin td patch 24hr 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> .....	46
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> .....	46
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<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> .....	59
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> .....	59
<i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg, 0.5 mg-35 mcg</i> .....	59
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	59
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> .....	60
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg, 1.5 mg-30 mcg</i> .....	60
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> .....	60
<i>norethindrone acetate tab 5 mg</i> .....	60
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	59
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg, 0.5-35/1-35/0.5-35 mg-mcg</i> .....	60
<i>norethindrone tab 0.35 mg</i> .....	60
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	60
<i>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</i> .....	60
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> .....	60
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<i>nystatin oint 100000 unit/gm</i> .....	16
<i>nystatin susp 100000 unit/ml</i> .....	16
<i>nystatin tab 500000 unit</i> .....	16
<i>nystatin topical powder 100000 unit/gm</i> .....	16
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> .....	52
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> .....	52
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<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml), 1000 mcg/ml (1 mg/ml)</i> .....	62
<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)</i> .....	62
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i> .....	62
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i> .....	62
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i> .....	62
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<i>ofloxacin ophth soln 0.3%</i> .....	70
<i>ofloxacin otic soln 0.3%</i> .....	70
<i>ofloxacin tab 400 mg</i> .....	8
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<i>olanzapine for im inj 10 mg</i> .....	31
<i>olanzapine orally disintegrating tab 5 mg, 10 mg, 15 mg, 20 mg</i> .....	31
<i>olanzapine tab 15 mg, 20 mg</i> .....	31
<i>olanzapine tab 2.5 mg, 5 mg, 7.5 mg, 10 mg</i> .....	31
<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> .....	46
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> .....	46
<i>olmesartan medoxomil tab 20 mg, 40 mg</i> .....	46

<i>olmesartan medoxomil tab 5 mg</i> .....	46	<i>oseltamivir phosphate for susp 6 mg/</i>	
<i>olopatadine hcl nasal soln 0.6%</i> .....	72	<i>ml</i> .....	34
<i>olopatadine hcl ophth soln 0.1%</i> .....	70	OTEZLA.....	52
<i>olopatadine hcl ophth soln 0.2%</i> .....	70	OXALIPLATIN.....	24
<i>omega-3-acid ethyl esters cap 1 gm</i> .....	46	<i>oxaliplatin for iv inj 50 mg, 100 mg</i> .....	24
<i>omeprazole cap delayed release 10</i>		<i>oxaliplatin iv soln 50 mg/10ml, 100</i>	
<i>mg</i> .....	55	<i>mg/20ml</i> .....	24
<i>omeprazole cap delayed release 20 mg, 40</i>		<i>oxaprozin tab 600 mg</i> .....	3
<i>mg</i> .....	55	<i>oxcarbazepine susp 300 mg/5ml (60 mg/</i>	
OMNIPOD 5 G6 INTRO KIT (GEN 5).....	40	<i>ml)</i> .....	11
OMNIPOD 5 G6 PODS (GEN 5).....	40	<i>oxcarbazepine tab 150 mg, 300 mg, 600</i>	
OMNIPOD CLASSIC PODS (GEN 3).....	39	<i>mg</i> .....	11
OMNIPOD DASH INTRO KIT (GEN 4).....	39	<i>oxybutynin chloride solution 5 mg/5ml</i> .....	57
OMNIPOD DASH PDM KIT (GEN 4).....	39	<i>oxybutynin chloride syrup 5 mg/5ml</i> .....	57
OMNIPOD DASH PODS (GEN 4).....	39	<i>oxybutynin chloride tab 5 mg</i> .....	57
OMNIPOD GO 10 UNITS/DAY.....	39	<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	57
OMNIPOD GO 15 UNITS/DAY.....	39	<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	57
OMNIPOD GO 20 UNITS/DAY.....	40	<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	57
OMNIPOD GO 25 UNITS/DAY.....	40	<i>oxycodone hcl tab 10 mg, 15 mg, 20 mg, 30</i>	
OMNIPOD GO 30 UNITS/DAY.....	40	<i>mg</i> .....	3
OMNIPOD GO 35 UNITS/DAY.....	40	<i>oxycodone hcl tab 5 mg</i> .....	3
OMNIPOD GO 40 UNITS/DAY.....	40	<i>oxycodone w/ acetaminophen tab 10-325</i>	
OMNITROPE.....	58	<i>mg</i> .....	3
ONCASPAR.....	24	<i>oxycodone w/ acetaminophen tab 2.5-325</i>	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/</i>		<i>mg</i> .....	3
<i>ml)</i> .....	15	<i>oxycodone w/ acetaminophen tab 5-325</i>	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/</i>		<i>mg</i> .....	3
<i>ml)</i> .....	15	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
<i>ondansetron hcl inj soln pref syr 4</i>		<i>mg</i> .....	3
<i>mg/2ml</i> .....	15	OZEMPIC.....	40
<i>ondansetron hcl oral soln 4 mg/5ml</i> .....	15		
<i>ondansetron hcl tab 24 mg</i> .....	15	<b>P</b>	
<i>ondansetron hcl tab 4 mg, 8 mg</i> .....	15	<i>paclitaxel iv conc 150 mg/25ml (6 mg/</i>	
<i>ondansetron orally disintegrating tab 4 mg, 8</i>		<i>ml)</i> .....	24
<i>mg</i> .....	15	<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml), 100</i>	
ONIVYDE.....	24	<i>mg/16.7ml (6 mg/ml), 300 mg/50ml (6 mg/</i>	
ONTRUZANT.....	24	<i>ml)</i> .....	25
ONUREG.....	24	PADCEV.....	25
OPDIVO.....	24	<i>paliperidone tab er 24hr 1.5 mg, 3 mg, 9</i>	
OPSUMIT.....	72	<i>mg</i> .....	31
ORACEA.....	52	<i>paliperidone tab er 24hr 6 mg</i> .....	31
ORALAIR.....	72	<i>palonosetron hcl iv soln 0.25 mg/5ml</i> .....	15
ORENCIA.....	65	PALONOSETRON	
ORENCIA CLICKJECT.....	65	HYDROCHLORIDE.....	15
ORFADIN.....	56	PALYNZIQ.....	56
ORGOVYX.....	62	PANRETIN.....	25
ORKAMBI.....	73	<i>pantoprazole sodium ec tab 20 mg</i> .....	55
ORSERDU.....	24	<i>pantoprazole sodium ec tab 40 mg</i> .....	55
<i>oseltamivir phosphate cap 30 mg</i> .....	34	<i>pantoprazole sodium for iv soln 40 mg</i> .....	55
<i>oseltamivir phosphate cap 45 mg, 75</i>		PARAPLATIN.....	25
<i>mg</i> .....	34	<i>paricalcitol cap 1 mcg, 2 mcg, 4 mcg</i> .....	68
		<i>paricalcitol iv soln 2 mcg/ml, 5 mcg/ml</i> .....	68

<i>paromomycin sulfate cap 250 mg</i> .....	8	<i>phenobarbital sodium inj 65 mg/ml, 130 mg/</i> <i>ml</i> .....	11
<i>paroxetine hcl oral susp 10 mg/5ml</i> .....	14	<i>phenobarbital tab 15 mg, 16.2 mg, 30 mg, 32.4 mg,</i> <i>60 mg, 64.8 mg, 97.2 mg, 100 mg</i> .....	11
<i>paroxetine hcl tab 10 mg, 40 mg</i> .....	14	<i>phenoxybenzamine hcl cap 10 mg</i> .....	46
<i>paroxetine hcl tab 20 mg</i> .....	14	<i>phenytoin chew tab 50 mg</i> .....	11
<i>paroxetine hcl tab 30 mg</i> .....	14	<i>phenytoin sodium extended cap 100 mg, 200 mg,</i> <i>300 mg</i> .....	11
<i>paroxetine hcl tab er 24hr 12.5 mg</i> .....	14	<i>phenytoin susp 125 mg/5ml</i> .....	11
<i>paroxetine hcl tab er 24hr 25 mg, 37.5</i> <i>mg</i> .....	14	PHESGO.....	25
<i>paroxetine mesylate cap 7.5 mg</i> .....	49	PIFELTRO.....	34
PAXLOVID.....	34	<i>pilocarpine hcl ophth soln 1%, 2%, 4%</i> .....	70
PEDIARIX.....	66	<i>pilocarpine hcl tab 5 mg, 7.5 mg</i> .....	49
PEDVAX HIB.....	66	<i>pimecrolimus cream 1%</i> .....	52
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236</i> <i>gm</i> .....	55	PIMOZIDE.....	31
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln</i> <i>100 gm</i> .....	55	<i>pindolol tab 5 mg, 10 mg</i> .....	46
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i> .....	55	<i>pioglitazone hcl-glimepiride tab 30-2 mg, 30-4</i> <i>mg</i> .....	40
PEGASYS.....	66	<i>pioglitazone hcl-metformin hcl tab 15-500 mg,</i> <i>15-850 mg</i> .....	40
PEMAZYRE.....	25	<i>pioglitazone hcl tab 15 mg</i> .....	40
PEMETREXED.....	25	<i>pioglitazone hcl tab 30 mg, 45 mg</i> .....	40
<i>pemetrexed disodium for iv soln 100 mg, 500 mg,</i> <i>750 mg, 1000 mg</i> .....	25	<i>piperacillin sod-tazobactam na for inj 3.375 gm</i> <i>(3-0.375 gm)</i> .....	9
<i>penciclovir cream 1%</i> .....	34	<i>piperacillin sod-tazobactam sod for inj 2.25 gm</i> <i>(2-0.25 gm), 4.5 gm (4-0.5 gm)</i> .....	9
<i>penicillamine tab 250 mg</i> .....	57	PIQRAY 200MG DAILY DOSE.....	25
<i>penicillin g potassium for inj 5000000 unit, 20000000</i> <i>unit</i> .....	8	PIQRAY 250MG DAILY DOSE.....	25
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE.....	8	PIQRAY 300MG DAILY DOSE.....	25
PENICILLIN G SODIUM.....	8	<i>pirfenidone cap 267 mg</i> .....	73
<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i> .....	8	<i>pirfenidone tab 267 mg</i> .....	73
<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i> .....	8	<i>pirfenidone tab 801 mg</i> .....	73
<i>penicillin v potassium tab 250 mg, 500</i> <i>mg</i> .....	8	<i>piroxicam cap 10 mg</i> .....	3
PENTACEL.....	66	<i>piroxicam cap 20 mg</i> .....	3
<i>pentamidine isethionate for inj soln 300</i> <i>mg</i> .....	28	PLEGRIDY.....	49
<i>pentamidine isethionate for nebulization soln 300</i> <i>mg</i> .....	28	PLEGRIDY STARTER PACK.....	49
PENTASA.....	68	<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/</i> <i>ml)</i> .....	42
<i>pentoxifylline tab er 400 mg</i> .....	46	<i>podofilox soln 0.5%</i> .....	52
<i>perindopril erbumine tab 2 mg, 4 mg</i> .....	46	POLIVY.....	25
<i>perindopril erbumine tab 8 mg</i> .....	46	<i>polymyxin b-trimethoprim ophth soln 10000 unit/</i> <i>ml-0.1%</i> .....	70
PERJETA.....	25	POMALYST.....	25
<i>permethrin cream 5%</i> .....	52	PORTRAZZA.....	25
<i>perphenazine tab 2 mg, 4 mg, 8 mg, 16</i> <i>mg</i> .....	15	<i>posaconazole iv soln 300 mg/16.7ml (18 mg/</i> <i>ml)</i> .....	16
PERSERIS.....	31	<i>posaconazole susp 40 mg/ml</i> .....	16
<i>phenelzine sulfate tab 15 mg</i> .....	14	<i>posaconazole tab delayed release 100</i> <i>mg</i> .....	16
<i>phenobarbital elixir 20 mg/5ml</i> .....	11	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS.....	53

potassium chloride 20 meq/l (0.15%) in dextrose 5% inj.....	53	PRIMIDONE.....	11
potassium chloride cap er 8 meq, 10 meq.....	53	primidone tab 50 mg, 250 mg.....	11
potassium chloride inj 2 meq/ml.....	53	PRIORIX.....	66
potassium chloride microencapsulated crys er tab 10 meq, 20 meq.....	53	probenecid tab 500 mg.....	17
potassium chloride oral soln 10% (20 meq/15ml).....	53	prochlorperazine edisylate inj 10 mg/2ml.....	15
potassium chloride powder packet 20 meq.....	53	prochlorperazine maleate tab 5 mg, 10 mg.....	15
potassium chloride tab er 8 meq (600 mg), 10 meq, 20 meq (1500 mg).....	53	prochlorperazine suppos 25 mg.....	15
potassium citrate tab er 5 meq (540 mg), 10 meq (1080 mg), 15 meq (1620 mg).....	53	PROCRIT.....	42
POTELIGEO.....	25	progesterone cap 100 mg, 200 mg.....	60
PRADAXA.....	42	PROGRAF.....	66
pramipexole dihydrochloride tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg.....	29	PROLASTIN-C.....	56
prasugrel hcl tab 5 mg, 10 mg.....	42	PROLENSA.....	70
pravastatin sodium tab 10 mg, 20 mg, 40 mg.....	46	PROLIA.....	68
pravastatin sodium tab 80 mg.....	46	PROMACTA.....	42
praziquantel tab 600 mg.....	28	promethazine hcl suppos 12.5 mg, 25 mg.....	15
prazosin hcl cap 1 mg, 2 mg, 5 mg.....	46	promethazine hcl syrup 6.25 mg/5ml.....	15
prednisolone acetate ophth susp 1%.....	70	promethazine hcl tab 12.5 mg, 25 mg, 50 mg.....	15
prednisolone sod phosphate oral soln 15 mg/5ml.....	58	propafenone hcl cap er 12hr 225 mg, 325 mg, 425 mg.....	46
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base).....	58	propafenone hcl tab 150 mg, 225 mg, 300 mg.....	47
prednisolone soln 15 mg/5ml.....	58	propranolol hcl cap er 24hr 60 mg, 80 mg, 120 mg, 160 mg.....	47
prednisone oral soln 5 mg/5ml.....	58	propranolol hcl inj 1 mg/ml.....	47
prednisone tab 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg, 50 mg.....	58	propranolol hcl tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg.....	47
prednisone tab therapy pack 5 mg (21), 5 mg (48), 10 mg (21), 10 mg (48).....	58	propylthiouracil tab 50 mg.....	62
pregabalin cap 225 mg, 300 mg.....	11	PROQUAD.....	66
pregabalin cap 25 mg, 50 mg, 75 mg, 100 mg, 150 mg, 200 mg.....	11	protriptyline hcl tab 5 mg, 10 mg.....	14
pregabalin soln 20 mg/ml.....	11	PULMOZYME.....	73
PREGNYL W/DILUENT BENZYL ALCOHOL/ NACL.....	58	PURIXAN.....	25
PREHEVBRIO.....	66	pyrazinamide tab 500 mg.....	18
PREMARIN.....	60	pyridostigmine bromide oral soln 60 mg/5ml.....	17
PREMPHASE.....	60	pyridostigmine bromide tab 60 mg.....	17
PREMPRO.....	60	pyridostigmine bromide tab er 180 mg.....	17
PREVYMIS.....	34	pyrimethamine tab 25 mg.....	28
PREZCOBIX.....	34	<b>Q</b>	
PREZISTA.....	34	QINLOCK.....	25
PRIFTIN.....	18	QUADRACEL.....	66
primaquine phosphate tab 26.3 mg (15 mg base).....	28	QUETIAPINE FUMARATE.....	31
		quetiapine fumarate tab 25 mg, 50 mg, 100 mg, 200 mg.....	31
		quetiapine fumarate tab 300 mg, 400 mg.....	31
		quetiapine fumarate tab er 24hr 150 mg, 200 mg.....	31



<i>quetiapine fumarate tab er 24hr 50 mg, 300 mg, 400 mg</i> .....	31	RIDAURA.....	66
<i>quinapril hcl tab 5 mg, 10 mg, 20 mg, 40 mg</i> .....	47	<i>rifabutin cap 150 mg</i> .....	18
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg, 20-25 mg</i> .....	47	<i>rifampin cap 150 mg, 300 mg</i> .....	18
<i>quinidine gluconate tab er 324 mg</i> .....	47	<i>rifampin for inj 600 mg</i> .....	18
<i>quinidine sulfate tab 200 mg</i> .....	47	<i>riluzole tab 50 mg</i> .....	49
<i>quinidine sulfate tab 300 mg</i> .....	47	RINVOQ.....	66
QVAR REDHALER.....	73	<i>risedronate sodium tab 150 mg</i> .....	68
<b>R</b>		<i>risedronate sodium tab 35 mg</i> .....	68
RABAVERT.....	66	<i>risedronate sodium tab 5 mg, 30 mg</i> .....	68
<i>rabeprazole sodium ec tab 20 mg</i> .....	55	<i>risedronate sodium tab delayed release 35 mg</i> .....	68
<i>raloxifene hcl tab 60 mg</i> .....	60	RISPERDAL CONSTA.....	31
<i>ramelteon tab 8 mg</i> .....	74	RISPERIDONE ODT.....	31
<i>ramipril cap 1.25 mg, 2.5 mg, 5 mg, 10 mg</i> .....	47	<i>risperidone orally disintegrating tab 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	31
<i>ranolazine tab er 12hr 500 mg, 1000 mg</i> .....	47	<i>risperidone orally disintegrating tab 4 mg</i> .....	31
<i>rasagiline mesylate tab 0.5 mg, 1 mg</i> .....	29	<i>risperidone soln 1 mg/ml</i> .....	31
REBIF.....	49	<i>risperidone tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> .....	31
REBIF REBIDOSE.....	49	<i>risperidone tab 4 mg</i> .....	31
REBIF REBIDOSE TITRATION PACK.....	49	<i>ritonavir tab 100 mg</i> .....	35
REBIF TITRATION PACK.....	49	RITUXAN.....	25
RECOMBIVAX HB.....	66	RITUXAN HYCELA.....	25
RECTIV.....	47	<i>rivastigmine tartrate cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> .....	12
REGRANEX.....	52	<i>rivastigmine td patch 24hr 4.6 mg/24hr, 9.5 mg/24hr, 13.3 mg/24hr</i> .....	12
RELENZA DISKHALER.....	34	<i>rizatriptan benzoate oral disintegrating tab 5 mg, 10 mg</i> .....	17
RELISTOR.....	55	<i>rizatriptan benzoate tab 5 mg, 10 mg</i> .....	17
RENFLEXIS.....	66	ROCKLATAN.....	70
<i>repaglinide tab 0.5 mg</i> .....	40	<i>roflumilast tab 250 mcg, 500 mcg</i> .....	73
<i>repaglinide tab 1 mg</i> .....	40	ROMIDEPSIN.....	25
<i>repaglinide tab 2 mg</i> .....	40	<i>romidepsin for iv inj 10 mg</i> .....	25
REPATHA.....	47	<i>ropinirole hydrochloride tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> .....	29
REPATHA PUSHTRONEX SYSTEM.....	47	<i>rosuvastatin calcium tab 40 mg</i> .....	47
REPATHA SURECLICK.....	47	<i>rosuvastatin calcium tab 5 mg, 10 mg, 20 mg</i> .....	47
RESTASIS.....	70	ROTARIX.....	66
RESTASIS MULTIDOSE.....	70	ROTATEQ.....	66
RETACRIT.....	42	ROZLYTREK.....	25
RETEVMO.....	25	RUBRACA.....	26
RETROVIR IV INFUSION.....	34	<i>rufinamide susp 40 mg/ml</i> .....	11
REVCOVI.....	56	<i>rufinamide tab 200 mg</i> .....	11
REVLIMID.....	25	<i>rufinamide tab 400 mg</i> .....	11
REXULTI.....	31	RUKOBIA.....	35
REYATAZ.....	34	RUXIENCE.....	26
REZLIDHIA.....	25	RYBELSUS.....	40
RHOPRESSA.....	70	RYBREVANT.....	26
RIABNI.....	25	RYDAPT.....	26
<i>ribavirin cap 200 mg</i> .....	34		
<i>ribavirin for inhal soln 6 gm</i> .....	73		
<i>ribavirin tab 200 mg</i> .....	34		

RYLAZE.....	26	<i>solifenacin succinate tab 5 mg, 10 mg</i> .....	57
<b>S</b>		SOLTAMOX.....	26
SANDIMMUNE.....	66	SOMATULINE DEPOT.....	62
SANTYL.....	52	SOMAVERT.....	62
<i>sapropterin dihydrochloride powder packet 100 mg,</i>		<i>sorafenib tosylate tab 200 mg</i> .....	26
<i>500 mg</i> .....	56	<i>sotalol hcl (afib/af) tab 80 mg, 120 mg, 160</i>	
<i>sapropterin dihydrochloride tab 100</i>		<i>mg</i> .....	47
<i>mg</i> .....	56	<i>sotalol hcl tab 80 mg, 120 mg, 160 mg, 240</i>	
SARCLISA.....	26	<i>mg</i> .....	47
SCSEMBLIX.....	26	SOVALDI.....	35
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	15	SPIRIVA HANDIHALER.....	73
SECUADO.....	31	SPIRIVA RESPIMAT.....	73
<i>selegiline hcl cap 5 mg</i> .....	29	<i>spironolactone &amp; hydrochlorothiazide tab 25-25</i>	
<i>selegiline hcl tab 5 mg</i> .....	29	<i>mg</i> .....	47
<i>selenium sulfide lotion 2.5%</i> .....	52	<i>spironolactone tab 25 mg, 50 mg, 100</i>	
SELZENTRY.....	35	<i>mg</i> .....	47
SEREVENT DISKUS.....	73	SPRAVATO 56MG DOSE.....	14
<i>sertraline hcl oral concentrate for solution 20 mg/</i>		SPRAVATO 84MG DOSE.....	14
<i>ml</i> .....	14	SPRITAM.....	11
<i>sertraline hcl tab 100 mg</i> .....	14	SPRYCEL.....	26
<i>sertraline hcl tab 25 mg, 50 mg</i> .....	14	SPS.....	54
<i>sevelamer carbonate packet 0.8 gm</i> .....	53	STAMARIL.....	66
<i>sevelamer carbonate packet 2.4 gm</i> .....	53	STAVUDINE.....	35
<i>sevelamer carbonate tab 800 mg</i> .....	53	STELARA.....	66
<i>sevelamer hcl tab 800 mg</i> .....	54	STIOLTO RESPIMAT.....	73
SHINGRIX.....	66	STIVARGA.....	26
SIGNIFOR.....	62	STRENSIQ.....	56
SIGNIFOR LAR.....	62	STREPTOMYCIN SULFATE.....	9
<i>sildenafil citrate tab 20 mg</i> .....	73	STRIBILD.....	35
<i>silodosin cap 4 mg, 8 mg</i> .....	57	SUBLOCADE.....	4
<i>silver sulfadiazine cream 1%</i> .....	52	<i>sucralfate tab 1 gm</i> .....	55
SIMBRINZA.....	70	<i>sulfacetamide sodium lotion 10%</i>	
SIMULECT.....	66	<i>(acne)</i> .....	52
<i>simvastatin tab 20 mg</i> .....	47	<i>sulfacetamide sodium ophth soln 10%</i> .....	70
<i>simvastatin tab 5 mg, 10 mg, 40 mg</i> .....	47	<i>sulfacetamide sodium-prednisolone ophth soln</i>	
<i>simvastatin tab 80 mg</i> .....	47	<i>10-0.23(0.25)%</i> .....	70
<i>sirolimus oral soln 1 mg/ml</i> .....	66	<i>sulfadiazine tab 500 mg</i> .....	9
<i>sirolimus tab 0.5 mg, 1 mg</i> .....	66	<i>sulfamethoxazole-trimethoprim iv soln 400-80</i>	
<i>sirolimus tab 2 mg</i> .....	66	<i>mg/5ml</i> .....	9
SIRTURO.....	18	<i>sulfamethoxazole-trimethoprim susp 200-40</i>	
SIVEXTRO.....	9	<i>mg/5ml</i> .....	9
<i>sodium chloride irrigation soln 0.9%</i> .....	54	<i>sulfamethoxazole-trimethoprim tab 400-80 mg,</i>	
<i>sodium chloride iv soln 0.45%, 0.9%</i> .....	54	<i>800-160 mg</i> .....	9
<i>sodium chloride preservative free inj</i>		<i>sulfasalazine tab 500 mg</i> .....	68
<i>0.9%</i> .....	54	<i>sulfasalazine tab delayed release 500</i>	
<i>sodium phenylbutyrate oral powder 3 gm/</i>		<i>mg</i> .....	68
<i>teaspoonful</i> .....	56	<i>sulindac tab 150 mg, 200 mg</i> .....	3
<i>sodium phenylbutyrate tab 500 mg</i> .....	56	<i>sumatriptan nasal spray 5 mg/act, 20 mg/</i>	
<i>sodium polystyrene sulfonate powder</i> .....	54	<i>act</i> .....	17
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6</i>		<i>sumatriptan succinate inj 6 mg/0.5ml</i> .....	17
<i>gm/177ml</i> .....	55	<i>sumatriptan succinate solution auto-injector 4</i>	
		<i>mg/0.5ml, 6 mg/0.5ml</i> .....	17

<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> .....	17	<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	47
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> .....	17	<i>telmisartan tab 20 mg, 40 mg, 80 mg</i> .....	47
<i>sumatriptan succinate tab 25 mg, 50 mg, 100 mg</i> .....	17	<i>temazepam cap 15 mg, 30 mg</i> .....	74
<i>sunitinib malate cap 12.5 mg</i> .....	26	<i>temazepam cap 7.5 mg, 22.5 mg</i> .....	74
<i>sunitinib malate cap 25 mg, 37.5 mg, 50 mg</i> .....	26	TEMODAR.....	26
SUNLENCA.....	35	<i>temsirolimus soln for iv infusion 25 mg/ml</i> .....	26
SUPRAX.....	9	TENCON.....	3
SUPREP BOWEL PREP KIT.....	55	TENIVAC.....	67
SYMDEKO.....	73	<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	35
SYMLINPEN 120.....	40	TEPMETKO.....	26
SYMLINPEN 60.....	40	<i>terazosin hcl cap 1 mg</i> .....	47
SYMPAZAN.....	11	<i>terazosin hcl cap 2 mg, 5 mg, 10 mg</i> .....	47
SYMTUZA.....	35	<i>terbinafine hcl tab 250 mg</i> .....	16
SYNAGIS.....	67	<i>terbutaline sulfate tab 2.5 mg, 5 mg</i> .....	73
SYNAREL.....	62	<i>terconazole vaginal cream 0.4%, 0.8%</i> .....	16
SYNJARDY.....	40	<i>terconazole vaginal suppos 80 mg</i> .....	16
SYNJARDY XR.....	40	<i>testosterone cypionate im inj in oil 100 mg/ml, 200 mg/ml</i> .....	60
SYNRIBO.....	26	TESTOSTERONE ENANTHATE.....	60
SYNTHROID.....	61	<i>testosterone td gel 12.5 mg/act (1%)</i> .....	60
<b>T</b>		<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i> .....	60
TABLOID.....	26	<i>testosterone td gel 20.25 mg/act (1.62%)</i> .....	60
TABRECTA.....	26	<i>testosterone td gel 25 mg/2.5gm (1%)</i> .....	60
<i>tacrolimus cap 0.5 mg, 1 mg, 5 mg</i> .....	67	<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i> .....	60
<i>tacrolimus oint 0.03%, 0.1%</i> .....	52	<i>testosterone td gel 50 mg/5gm (1%)</i> .....	60
<i>tadalafil tab 20 mg (pah)</i> .....	73	<i>testosterone td soln 30 mg/act</i> .....	60
TAFINLAR.....	26	<i>tetrabenazine tab 12.5 mg</i> .....	49
TAGRISSE.....	26	<i>tetrabenazine tab 25 mg</i> .....	49
TALZENNA.....	26	<i>tetracycline hcl cap 250 mg, 500 mg</i> .....	9
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<i>tamsulosin hcl cap 0.4 mg</i> .....	57	<i>theophylline tab er 12hr 300 mg, 450 mg</i> .....	73
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<i>tazarotene cream 0.1%</i> .....	52	<i>thiotepa for inj 15 mg, 100 mg</i> .....	26
<i>tazarotene gel 0.05%, 0.1%</i> .....	52	<i>thiothixene cap 1 mg, 2 mg, 5 mg, 10 mg</i> .....	31
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<i>telmisartan-amlodipine tab 40-5 mg</i> .....	47		
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	47		
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	47		
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg, 80-25 mg</i> .....	47		

<i>timolol maleate ophth gel forming soln 0.25%, 0.5%</i> .....	70	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	48
<i>timolol maleate ophth soln 0.25%, 0.5%</i> .....	70	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	48
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	70	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	42
<i>timolol maleate tab 10 mg, 20 mg</i> .....	47	<i>tranexamic acid tab 650 mg</i> .....	42
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<i>tizanidine hcl tab 2 mg, 4 mg</i> .....	32	<i>trazodone hcl tab 300 mg</i> .....	14
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<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	70	TRECATOR.....	18
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<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml)</i> .....	9	TRESIBA FLEXTOUCH.....	40
<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml), 1.2 gm/30ml (40 mg/ml)</i> .....	9	<i>tretinoin cap 10 mg</i> .....	27
<i>tolcapone tab 100 mg</i> .....	29	<i>tretinoin cream 0.025%, 0.05%, 0.1%</i> .....	52
<i>tolterodine tartrate cap er 24hr 2 mg, 4 mg</i> .....	57	<i>tretinoin gel 0.01%, 0.025%</i> .....	52
<i>tolterodine tartrate tab 1 mg, 2 mg</i> .....	57	<i>triamcinolone acetonide cream 0.025%, 0.5%</i> .....	52
<i>tolvaptan tab 15 mg, 30 mg</i> .....	54	<i>triamcinolone acetonide cream 0.1%</i> .....	52
<i>topiramate sprinkle cap 15 mg</i> .....	11	<i>triamcinolone acetonide dental paste 0.1%</i> .....	49
<i>topiramate sprinkle cap 25 mg</i> .....	11	<i>triamcinolone acetonide lotion 0.025%, 0.1%</i> .....	52
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This Formulary is for Alignment Health Plan **California:** Alignment Health My Choice (HMO) 001, 028, Alignment, Health My Choice CalPlus (HMO) 007, Alignment Health Platinum + Instacart (HMO) 008, Alignment Health Platinum + Instacart (HMO-POS) 016, Alignment Health Heart & Diabetes (HMO C-SNP) 010, Alignment Health AllCare Preferred (HMO) 011, Alignment Health smartHMO (HMO) 013, 038, 040, Alignment Health Sutter Advantage (HMO) 019, 020, 021, 023, Alignment Health AVA + Instacart (HMO-POS) 026, Alignment Health Harmony (HMO) 031, Alignment Health Select (HMO) 037, Alignment Health ESRD Balance(HMO C-SNP) 033, Alignment Health the ONE + Rite Aid (HMO) / Alignment Health el ÚNICO + Rite Aid (HMO) 034, Alignment Health the ONE + Walgreens (HMO) /Alignment Health el ÚNICO + Walgreens (HMO) 035, Alignment Health CalPlus + Veterans (HMO) 036, Alignment Health My Choice (PPO) 001, 003, Alignment Health Balance (PPO) 006, Alignment Health AVA (PPO) 007, Alignment Health PPO powered by Hoag 008, Alignment Health Retiree Options (PPO) Morgan Hill Unified School District EGWP 801, Alignment Health Plan Retiree Options (PPO) Whittier City School District EGWP 002 **Arizona:** Alignment Health AVA (PPO) 001, Alignment Health the ONE + Walgreens (HMO) /Alignment Health el ÚNICO + Walgreens (HMO) 001, 002, Alignment Health Plan Heart & Diabetes (HMO C-SNP) 003, Alignment Health smartHMO (HMO) 005 **Florida:** Alignment Health Platinum + Walgreens (HMO-POS) 001, Alignment Health Platinum (HMO-POS) 002, Alignment Health Heart & Diabetes (HMO C-SNP) 003, Alignment Health the ONE (HMO D-SNP) / Alignment Health el ÚNICO (HMO D-SNP) 004, Alignment Health smartHMO (HMO-POS) 005 **Nevada:** Alignment Health Platinum (HMO) 001, Alignment Health Heart & Diabetes (HMO C-SNP) 004, Alignment Health AVA (PPO) 002, Alignment Health Platinum + Instacart (HMO) 007, Alignment Health smartHMO (HMO) 008 **North Carolina:** Alignment Health Platinum (HMO-POS) 003, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 005, Alignment Health smartHMO (HMO) 006, Alignment Health AVA (PPO) 001 **Texas:** Alignment Health AVA (PPO) 001, Alignment Health the ONE + Walgreens (HMO-POS) / Alignment Health el ÚNICO + Walgreens (HMO-POS) 001, Alignment Health Heart & Diabetes (HMO-POS C-SNP) 002, Alignment Health smartHMO (HMO-POS) 003.

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