



Retiree RxCare

2024 Formulario de cuatro niveles

(Lista de medicamentos cubiertos)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE ALGUNOS DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

ID del formulario No. 24415, Versión 16

Este formulario se actualizó el 23 de Septiembre 2024. No hemos realizado cambios a este formulario Desde el 9/23/2024. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una listado u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1-855-693-3921 Los usuarios de TTY deben llamar al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (EST), o visitar <http://retireerxcare.amwins.com>.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa Retiree RxCare. Cuando se refiere a "plan" o "nuestro plan", significa Retiree RxCare.

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 1 de Octubre de 2024. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Debe usar nerviosamente las farmacias de la red para usar su beneficio de medicamentos recetados. Beneficios. El formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de Octubre de 2024 y de vez en cuando durante el año.

Retiree RxCare es un Plan de Medicamentos Recetados (PDP) con un contrato de Medicare. La inscripción en Retiree RxCare depende de la renovación del contrato.

Esta información está disponible gratuitamente en otros idiomas. Por favor, llame a nuestro número de Atención al Cliente arriba. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

¿Qué es el formulario para jubilados de RxCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por Retiree RxCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Retiree RxCare cubrirá generosamente los medicamentos enumerados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Retiree RxCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de Enero, pero Retiree RxCare puede agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

- Nuevos medicamentos genéricos. Podemos eliminar inmediatamente un medicamento de marca en nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costos compartidos o más bajo y con las mismas o menos restricciones. Además, al agregar el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero immeditarlo a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - o Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de RxCare para jubilados?"
- Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- Otros cambios. Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y

/ o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.

o Si hacemos estos otros cambios, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de Retiree RxCare?"

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro formulario 2024 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarían, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir del 1 de Octubre de 2024, para obtener actualizada sobre la red de medicamentos de Retiree RxCare, comunicarse con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Dolencia

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Cardiovascular, hipertensión / lípidos". Si sabe para qué se usa su medicamento, busque el nombre de la categoría y en la lista que comienza en la página 2. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 122. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

Retiree RxCare cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como que tiene el mismo ingrediente activo que el medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Hay alguna restricción en mi cobertura?

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

Autorización previa: Retiree RxCare requiere que usted o su médico obtengan información previa Autorización para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento

Límites de cantidad: Para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que El jubilado RxCare cubrirá. Por ejemplo, Retiree RxCare proporciona 30 tabletas por 30 días durante Zolpidem tartrato 10mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

B/D: Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Se requiere información adicional de usted o de su médico para hacer una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, Retiree RxCare puede no cubrir el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos visitando nuestro sitio web. Hemos publicado en línea un documento que explica nuestra autorización previa y las restricciones de la terapia escalonada. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Puede pedirle a Retiree RxCare que presente una excepción a estas restricciones o límites o una lista de otros medicamentos similares que pueden tratar su condición de salud. Consulte la sección "¿Cómo solicito una excepción al formulario de Retiree RxCare?" en la página siguiente para obtener información sobre cómo solicitar una excepción.

¿Qué pasa si mi medicamento no está en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con nuestro Centro de contacto y preguntar si su medicamento está cubierto.

Si se entera de que Retiree RxCare no cubre su medicamento, tiene dos opciones:

- Puede solicitar a nuestro Centro de contacto una lista de medicamentos similares que están cubiertos por Retiree RxCare. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por Retiree RxCare.
- Puede pedirle a Retiree RxCare que haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de RxCare para jubilados?

Puede pedirle a Retiree RxCare que haga una excepción a nuestras reglas de cobertura. Hay varios tipos de Excepciones que puede solicitarnos que hagamos.

Puede pedirnos que cubramos un medicamento incluso si no está en nuestro formulario. Si se aprueba, este medicamento estará cubierto a un nivel predeterminado de costos compartidos, y usted no podrá solicitarnos que le proporcionemos el medicamento a un nivel de costos compartidos más bajo.

Puede solicitarnos que cubramos un medicamento del formulario a un nivel de costo compartido más bajo, si este medicamento no está en el nivel de especialidad. Si se aprueba, esto reducirá la cantidad que debe pagar por su medicamento.

- Puede solicitarnos que renunciemos a las restricciones o límites de cobertura de su medicamento. Por ejemplo, para ciertos medicamentos, Retiree RxCare limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que renunciemos al límite y cubramos un montaje mayor.

Generalmente, Retiree RxCare solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o las restricciones de utilización adicionales no serían tan efectivas para tratar su condición y / o causarían efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión de cobertura inicial para una excepción de restricción de formulario, niveles o utilización.

Cuando solicite un formulario, organización por niveles o restricción de utilización, debe presentar una declaración de su médico o médico que respalde su solicitud. En general, debemos tomar nuestra decisión dentro de las 72 horas posteriores a la recepción de la declaración de respaldo de su médico. Puede solicitar una excepción acelerada (rápida) si su médico cree que su salud podría verse seriamente perjudicada al esperar hasta 72 horas para tomar una decisión. Si se concede su solicitud de aceleración, debemos darle una decisión a más tardar 24 horas después de que recibamos una declaración de respaldo de su médico o de su médico.

¿Qué hago antes de poder hablar con mi médico acerca de cambiar mis medicamentos o solicitar una excepción? Como miembro nuevo o continuo en nuestro plan, es posible que esté tomando medicamentos que no están en nuestro formulario. O bien, puede estar tomando un medicamento que está en nuestro formulario, pero su capacidad para obtenerlo es limitada. Por ejemplo, es posible que necesite una autorización previa de nosotros antes de poder surtir su receta. Debe hablar con su médico para decidir si debe 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 la forma correcta de acción para usted, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días que sea miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, cubriremos un suministro temporal de 30 días (a menos que tenga una receta escrita por menos días) cuando vaya a una farmacia de la red. Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días.

Si usted es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos proporcionado un suplemento de transición de 30 días, consistente con el incremento de dispensación, (a menos que tenga una receta escrita por menos días). Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del plan menos de 90 días. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en

nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tenga una receta por menos días) mientras busca una excepción de fórmula.

Para los miembros actuales, que están en un centro de atención a largo plazo o que están pasando por cambios en el nivel de atención, Retiree RxCare permitirá un suministro de medicamentos para hasta un mes.

Ejemplos de cambios en el nivel de atención pueden incluir:

Alta de un hospital a un entorno domiciliario (es decir, vida asistida, atención a largo plazo (LTC) o hogar privado) acompañada de una lista de medicamentos que no siempre pueden considerar la lista de medicamentos del plan debido a la naturaleza a corto plazo de la visita al hospital.

- Terminación de una estadía en un centro de enfermería especializada de la Parte A de Medicare (donde los pagos incluyen todos los cargos de farmacia)
- Desafiliación de hospicio
- Dejar una estadía en un centro de atención a largo plazo y regresar a la comunidad
- Alta de hospitales psiquiátricos con regímenes de medicamentos que son altamente individualizados

Para más información

Para obtener información más detallada sobre su furia por los medicamentos recetados Retiree RxCare, revise su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Si tiene preguntas generales sobre la cobertura de medicamentos recetados de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite www.medicare.gov.

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 122.

La primera columna de la tabla enumera el nombre del medicamento. Los medicamentos con nombre de Brand están en mayúsculas (por ejemplo, SYNTHROID) y los medicamentos genéricos se enumeran en cursiva minúscula (por ejemplo, simvastatina).

La información en la columna Requisitos/Límites le indica si Retiree RxCare tiene algún requisito especial para la cobertura de su medicamento.

Respetar los requisitos/límites

Nivel	Nombre
1	Genéricas
2	Marcas preferidas
3	Medicamentos no preferidos
4	Medicamentos de Especialidad
Abreviatura	Definición
PA Autorización previa	Retiree RxCare requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento.
B/D Parte B de Medicare	Este medicamento requiere una autorización previa para determinar si el medicamento está cubierto por la Parte B de Medicare o la Parte D de Medicare. Es posible que usted o su médico le soliciten información adicional para tomar una determinación antes de que pueda surtir su receta. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento y usted será responsable del costo total del medicamento o de enviar el medicamento a su plan de salud de Medicare.
QL Límites de cantidad	Este medicamento tiene restricciones o un límite de cantidad en la cantidad de dosis que pueden estar cubiertas para un suministro de un día específico. Los límites de cantidad son por su propia seguridad y para garantizar el uso adecuado del medicamento. Si su recetador solicita una cantidad mayor que el límite específico, puede solicitar una autorización para que el plan cubra la cantidad prescrita.

(List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
<i>butalbital-acetaminophen-caffe</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
<i>tencon</i>	3	QL (180 PER 30 DAYS)
ZEBUTAL	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	3	QL (120 PER 30 DAYS)
ARTHROTEC 75	3	QL (90 PER 30 DAYS)
<i>cataflam</i>	1	QL (120 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	3	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	3	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	1	QL (30 PER 30 DAYS)
DAYPRO	3	QL (90 PER 30 DAYS)
<i>diclofenac pot 50 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	1	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	1	
<i>diclofenac sodium er</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac-misoprost 50-0.2 mg</i>	1	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	1	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>etodolac er (400 mg tablet, 500 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	3	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	3	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	1	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>naproxen (375 mg tablet, dr 375 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet, dr 500 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	1	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	1	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 550 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	1	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	1	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	1	QL (60 PER 30 DAYS)
<i>sulindac</i>	1	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	3	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	1	PA, QL (4 PER 28 DAYS)
BUTRANS	3	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	1	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	1	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	4	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	1	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	1	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol 1 mg/ml vial</i>	2	
<i>butorphanol 10 mg/ml spray</i>	1	QL (48 PER 30 DAYS)
<i>butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	3	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	1	QL (180 PER 30 DAYS)
DURAMORPH	1	PA
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	1	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	4	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate oftc 200 mcg</i>	1	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	1	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	1	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	1	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	1	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	3	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	1	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL (180 PER 30 DAYS)
<i>hydromorphone hcl (2 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1	PA
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	1	QL (2700 PER 30 DAYS)
<i>morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)</i>	1	PA
<i>morphine sulfate ir 15 mg tab</i>	3	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	1	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	1	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	1	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	3	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	4	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	1	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocan</i>	1	PA, QL (90 PER 30 DAYS)
<i>glydo</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl (20 mg/2 ml, 20 mg/2 ml vi, 50 mg/5 ml, 50 mg/5 ml vi, 100 mg/10 ml, 300 mg/30 ml, ampul, vial)</i>	1	
<i>lidocaine hcl laryngotracheal 4% solution</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine-prilocaine</i>	1	PA, QL (60 PER 30 DAYS)
LIDOCAN II	1	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	1	PA, QL (90 PER 30 DAYS)
LIDODERM	4	PA, QL (90 PER 30 DAYS)
<i>tridacaine ii</i>	1	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XYLOCAINE-MPF (AMPUL, VIAL)	3	
ZTLIDO	3	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium</i>	1	
<i>disulfiram</i>	1	

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	1	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</i>	1	QL (60 PER 30 DAYS)
<i>naltrexone 50 mg tablet</i>	1	
SUBLOCADE	4	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	2	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	2	QL (120 PER 30 DAYS)
VIVITROL	4	

Opioid Reversal Agents

KLOXXADO	3	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	1	
NARCAN	3	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	1	
NICOTROL	3	
NICOTROL NS	3	
<i>varenicline tartrate</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	1	
<i>gentamicin sulfate (ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	3	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	1	
HUMATIN	4	
<i>neomycin sulfate</i>	1	
<i>paromomycin sulfate</i>	1	
<i>streptomycin sulfate</i>	2	
<i>tobramycin 10 mg/ml vial</i>	2	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
Antibacterials, Other		
AZACTAM	3	
<i>aztreonam</i>	1	
<i>chloramphenicol sod succinate</i>	2	
CLEOCIN 2% VAGINAL CREAM	3	
CLEOCIN HCL	3	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	3	
CLEOCIN T 1% LOTION	3	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	3	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)</i>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
<i>colistimethate</i>	1	
CUBICIN	4	
CUBICIN RF	4	
DALVANCE	4	
<i>daptomycin 500 mg vial</i>	1	
FLAGYL 375 CAPSULE	3	
IMPAVIDO	4	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	1	PA
<i>linezolid-0.9% nacl</i>	1	
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	1	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	1	
<i>neomycin-polymyxin b</i>	2	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
SIVEXTRO 200 MG TABLET	4	PA
SIVEXTRO 200 MG VIAL	4	
<i>tigecycline</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
TYGACIL	4	
<i>vancomycin 750 mg/150 ml bag</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 1.25 gram vial, 1.5 gram vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	1	
<i>vancomycin hcl (1 gram/200 ml bag, 1g/200 ml bag, 1.25 gm/250 ml bag, 1.5 gram/300 ml bag, 1.75 gm/350 ml bag, 2 gram/400 ml bag, 500 mg/100 ml bag)</i>	3	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
<i>vancomycin hcl-0.9% nacl (vanco 500 mg/100 ml-0.9%, vanco 750 mg/150 ml-0.9%, vancomycin 1 g/200ml-0.9%)</i>	3	
<i>vancomycin hcl-d5w</i>	3	
VANDAZOLE	2	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	4	PA
ZYVOX 200 MG/100 ML-D5W	4	
ZYVOX 600 MG/300 ML-D5W	3	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	1	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/50)</i>	1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime</i>	1	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	1	
<i>cefepime-dextrose</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefoxitin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefoxitin sodium</i>	1	
<i>cefepodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)	3	
<i>tazicet</i>	1	
TEFLARO 400 MG VIAL	3	
TEFLARO 600 MG VIAL	4	

Beta-lactam, Penicillins

<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	3	
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	1	
<i>ampicillin 500 mg capsule</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	1	
AUGMENTIN 500-125 TABLET	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
EXTENCILLINE	3	
<i>lentocilin s</i>	3	
<i>nafcillin</i>	1	
<i>nafcillin sodium</i>	1	
<i>pen g k 2 million unit/50 ml</i>	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	3	
<i>penicillin gk-iso-osm dextrose (pen g k 1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	3	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	1	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	3	

Carbapenems

<i>ertapenem</i>	1	
<i>imipenem-cilastatin 250 mg vl</i>	3	
<i>imipenem-cilastatin 500 mg vl</i>	1	
INVANZ	3	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>meropenem-0.9% nacl</i>	1	
Macrolides		
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	1	
<i>azithromycin 1 gm pwd packet</i>	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	3	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	1	
<i>clarithromycin er</i>	1	
DIFICID 200 MG TABLET	4	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	4	QL (136 PER 10 OVER TIME)
E.E.S. 200	3	
<i>ery</i>	3	
ERY-TAB	1	
ERYPED 200	3	
ERYPED 400	3	
ERYTHROCIN LACTOBIONATE	1	
ERYTHROCIN STEARATE	3	
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	1	
<i>erythromycin dr 250 mg cap</i>	3	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	1	
<i>erythromycin lactobionate</i>	1	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	3	
ZITHROMAX TRI-PAK	3	
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin hcl 100 mg tab</i>	3	
<i>ciprofloxacin-d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 500 mg/20 ml vial, 750 mg tablet, 750 mg/30 ml vial)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	3	
<i>moxifloxacin hcl 400 mg tablet</i>	1	
<i>ofloxacin 400 mg tablet</i>	1	
Sulfonamides		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, iv vial, ss tablet, susp)</i>	1	
Tetracyclines		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	1	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	1	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>mondoxyne nl 100 mg capsule</i>	1	
NUZYRA (100 MG VIAL, 150 MG TABLET)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1	
VIBRAMYCIN 100 MG CAPSULE	3	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	4	
BRIVIACT 50 MG/5 ML VIAL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLE	3	
DIACOMIT	4	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
EPIDIOLEX	4	PA
EPRONTIA	3	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	1	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	4	
FINTEPLA	4	PA, QL (360 PER 30 DAYS)
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	2	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)	3	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	3	
LAMICTAL (BLUE)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine</i>	1	
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	1	
<i>roweepra 500 mg tablet</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	4	
XCOPRI 12.5-25 MG TITRATION PK	3	

Calcium Channel Modifying Agents

CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (900 PER 30 DAYS)
<i>methsuximide</i>	1	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	3	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel, 20 mg gel)</i>	1	QL (5 PER 30 DAYS)
<i>diazepam 2.5 mg rectal gel sys</i>	3	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (135 PER 30 DAYS)
GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)	3	
GABITRIL 16 MG TABLET	4	
LIBERVANT	4	QL (10 PER 30 DAYS)
MYSOLINE	4	
NAYZILAM	3	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	3	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	3	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	3	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	3	QL (270 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEURONTIN 600 MG TABLET	4	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	4	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	4	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>phenobarbital sodium</i>	1	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
<i>primidone 125 mg tablet</i>	3	
SABRIL	4	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	3	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	4	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	3	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	1	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	3	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	4	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	4	QL (180 PER 30 DAYS)
<i>vigadrone</i>	4	QL (180 PER 30 DAYS)
VIGAFYDE	4	QL (750 PER 30 DAYS)
<i>vigpoder</i>	4	QL (180 PER 30 DAYS)
ZTALMY	4	

Sodium Channel Agents

APTIOM	4	
BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)	4	
BANZEL 200 MG TABLET	3	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>carbamazepine er</i>	1	
CARBATROL	3	
DILANTIN	3	
DILANTIN-125	3	
<i>epitol</i>	1	
<i>fosphenytoin sodium</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 200 mg/20 ml vial)</i>	1	
<i>lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	3	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
PHENYTEK	1	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	4	
<i>rufinamide 200 mg tablet</i>	1	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR	3	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)	3	
TRILEPTAL 300 MG/5 ML SUSP	4	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)	3	
ZONEGRAN 100 MG CAPSULE	4	
ZONEGRAN 25 MG CAPSULE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZONISADE	3	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY	3	
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	
EXELON	3	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	3	
<i>rivastigmine</i>	1	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1	PA
<i>memantine hcl er</i>	1	PA
NAMENDA	3	PA

Antidepressants

Antidepressants, Other

AUVELITY	4	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	3	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	3	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	4	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	4	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	3	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	4	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	4	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	4	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	4	PA, QL (30 PER 30 DAYS)
MARPLAN	3	
NARDIL	3	
PARNATE	3	
<i>phenelzine sulfate</i>	1	
<i>tranylcypromine sulfate</i>	1	

SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)

CELEXA (10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	3	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	1	QL (600 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	3	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	3	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE DR 30 MG CAP	3	QL (90 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	3	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	3	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	3	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	3	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	1	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	3	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	3	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	3	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	3	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	3	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	3	QL (60 PER 30 DAYS)
PRISTIQ	3	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	3	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	3	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	3	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	3	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD	3	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL (45 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLOFT 100 MG TABLET	3	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	3	QL (300 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	PA
<i>compro</i>	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>perphenazine</i>	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vi</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	1	PA
<i>scopolamine</i>	1	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	PA
<i>dronabinol</i>	1	PA
EMEND (80 MG CAPSULE, TRIPACK)	3	PA
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)</i>	1	
<i>granisetron hcl 1 mg tablet</i>	1	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet, 40 mg/20 ml vial)</i>	1	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	1	
<i>palonosetron hcl</i>	4	

Antifungals

AMBISOME	3	PA
<i>amphotericin b</i>	3	PA
<i>amphotericin b liposome</i>	4	PA
CANCIDAS	4	
<i>caspofungin acetate</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	1	
CRESEMBA	4	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	4	
<i>griseofulvin 125 mg/5 ml susp</i>	1	
<i>griseofulvin micro 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>klayesta</i>	1	
LOPROX 1% SHAMPOO	3	
<i>micafungin 100 mg vial</i>	4	
<i>micafungin 50 mg vial</i>	1	
<i>micafungin 50 mg/50ml-0.9%nacl</i>	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	4	PA
NOXAFIL 300 MG/16.7 ML VIAL	3	PA
<i>nyamyc</i>	1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	1	
<i>nystop</i>	1	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	4	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	1	PA
SPORANOX 100 MG CAPSULE	4	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VFEND IV	3	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	1	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg tablet</i>	1	
COLCRYS	3	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	

Antimigraine Agents

AIMOVIG 140 MG/ML AUTOINJECTOR	2	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	2	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine 4 mg/ml sphy</i>	4	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	2	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	2	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	2	PA, QL (3 PER 30 DAYS)
<i>ergotamine-caffeine</i>	1	
MIGRANAL	3	PA, QL (8 PER 28 DAYS)
NURTEC ODT	2	PA, QL (16 PER 30 DAYS)
UBRELVY	2	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	3	QL (6 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IMITREX (5 MG SPRAY, 20 MG SPRAY)	3	QL (12 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
MAXALT	3	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	3	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	1	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	1	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	1	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	1	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	1	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	4	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	1	
<i>pyridostigmine bromide er</i>	1	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1	
MYCOBUTIN	4	
<i>rifabutin</i>	1	

Antituberculars

<i>cycloserine</i>	4	
<i>ethambutol hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN IV 600 MG VIAL	4	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	1	
SIRTURO	4	
TRECTOR	3	

Antineoplastics

Alkylating Agents

<i>busulfan</i>	4	
CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/2 ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL)	4	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	2	PA
EVOMELA	4	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	3	
GLEOSTINE 100 MG CAPSULE	4	
LEUKERAN	3	
MATULANE	4	PA
<i>melphalan hcl</i>	4	
TEMODAR 100 MG VIAL	4	
VALCHLOR	4	
YONDELIS	4	PA
ZEPZELCA	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	4	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	4	PA, QL (120 PER 30 DAYS)
EULEXIN	4	
NILANDRON	4	
<i>nilutamide</i>	4	
NUBEQA	4	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
YONSA	4	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	4	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)
POMALYST	4	PA, QL (21 PER 28 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	4	PA, QL (21 PER 28 DAYS)
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
ZALTRAP	4	PA
Antiestrogens/Modifiers		
EMCYT	4	
FARESTON	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FASLODEX	4	PA
<i>fulvestrant</i>	4	PA
ORSERDU 345 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	4	PA, QL (90 PER 30 DAYS)
SOLTAMOX	4	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	

Antimetabolites

<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)</i>	1	PA
FOLOTYN	4	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	4	
TABLOID	4	

Antineoplastics, Other

ABRAXANE	4	PA
<i>adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>adriamycin 10 mg vial</i>	3	PA
ALIMTA	4	PA
ARRANON	4	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	1	
<i>arsenic trioxide 12 mg/6 ml vl</i>	4	
ASPARLAS	4	
<i>azacitidine</i>	4	
<i>bendamustine hcl (25 mg vial, 100 mg vial)</i>	4	
BENDEKA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BICNU	3	
<i>bleomycin sulfate</i>	1	PA
BLINCYTO 35MCG VL W-STABILIZER	4	PA
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	1	
<i>carmustine 100 mg vial</i>	1	
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	1	
<i>cladribine</i>	4	PA
<i>clofarabine</i>	4	
CLOLAR	4	
COSMEGEN	4	
<i>cytarabine</i>	1	PA
<i>dacarbazine 100 mg vial</i>	3	
<i>dacarbazine 200 mg vial</i>	1	
<i>dactinomycin</i>	4	
<i>daunorubicin 20 mg/4 ml vial</i>	1	
<i>daunorubicin 50 mg/10 ml vial</i>	3	
<i>decitabine</i>	4	
<i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)</i>	4	
<i>doxorubicin 10 mg vial</i>	3	PA
<i>doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>doxorubicin hcl liposome</i>	4	PA
<i>eribulin mesylate</i>	4	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	1	
<i>gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HALAVEN	4	PA
<i>idarubicin hcl</i>	4	
IFEX 3 GM VIAL	3	
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>	1	
<i>ifosfamide 3 gm vial</i>	3	
IMLYGIC 1 MILLION PFU/ML VIAL	3	
IMLYGIC 100 MILLION PFU/ML VL	4	
INQOVI	4	PA, QL (5 PER 28 DAYS)
ISTODAX	4	PA
IXEMPRA	4	
<i>kemoplat</i>	1	
KISQALI FEMARA 200 MG CO-PACK	4	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	4	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	4	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)</i>	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	4	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial)</i>	4	
<i>mitomycin 5 mg vial</i>	1	
<i>mitoxantrone hcl</i>	1	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	4	
MUTAMYCIN 5 MG VIAL	1	
<i>nelarabine</i>	4	PA
NINLARO	4	PA, QL (3 PER 28 DAYS)
NIPENT	4	
ONCASPAR	4	
ONUREG	4	PA, QL (14 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)</i>	4	
<i>paclitaxel</i>	1	
<i>paraplatin</i>	1	
<i>pemetrexed (100 mg vial, 500 mg vial)</i>	4	PA
<i>pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl, 850mg/34ml)</i>	4	PA
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	4	PA
RYLAZE	4	
SYNRIBO	4	PA
<i>thiotepa</i>	4	
TREANDA	4	
TRISENOX	4	
<i>vinblastine sulfate</i>	2	PA
<i>vincasar pfs</i>	3	PA
<i>vincristine sulfate</i>	3	PA
<i>vinorelbine tartrate</i>	1	
VYXEOS	4	PA
WELIREG	4	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	4	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	4	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	4	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	4	PA, QL (32 PER 28 DAYS)
ZANOSAR	3	
ZOLINZA	4	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AROMASIN	4	
<i>exemestane</i>	1	
FEMARA	3	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	3	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	1	
<i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)</i>	1	
IWILFIN	4	PA, QL (240 PER 30 DAYS)
ONIVYDE	4	PA
<i>toposar</i>	1	
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	1	
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AKEEGA	4	PA, QL (60 PER 30 DAYS)
ALECENSA	4	PA, QL (240 PER 30 DAYS)
ALIQOPA	4	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA, QL (120 PER 30 DAYS)
AUGTYRO	4	PA, QL (240 PER 30 DAYS)
AYVAKIT	4	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
BELEODAQ	4	PA
<i>bortezomib (1 mg vial, 2.5 mg vial)</i>	3	PA
<i>bortezomib (3.5 mg iv vial, 3.5 mg vial)</i>	4	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	4	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	4	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
BRUKINSA	4	PA, QL (120 PER 30 DAYS)
CABOMETYX	4	PA, QL (30 PER 30 DAYS)
CALQUENCE	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	4	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL (84 PER 28 DAYS)
COPIKTRA	4	PA, QL (56 PER 28 DAYS)
COTELLIC	4	PA, QL (63 PER 28 DAYS)
CYRAMZA	4	PA
DAURISMO 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
ERIVEDGE	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	4	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXKIVITY	4	PA, QL (120 PER 30 DAYS)
FARYDAK	4	PA, QL (6 PER 21 DAYS)
FOTIVDA	4	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	4	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	4	PA, QL (21 PER 28 DAYS)
GAVRETO	4	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	4	PA, QL (30 PER 30 DAYS)
GILOTRIF	4	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	4	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
IBRANCE	4	PA, QL (21 PER 28 DAYS)
ICLUSIG	4	PA, QL (30 PER 30 DAYS)
IDHIFA	4	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	4	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	4	PA, QL (120 PER 30 DAYS)
INREBIC	4	PA, QL (120 PER 30 DAYS)
IRESSA	4	PA, QL (30 PER 30 DAYS)
JAKAFI	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
JEVTANA	4	PA
KISQALI 200 MG DAILY DOSE	4	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	4	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	4	PA, QL (63 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KOSELUGO 10 MG CAPSULE	4	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
KRAZATI	4	PA, QL (180 PER 30 DAYS)
KYPROLIS	4	PA
<i>lapatinib</i>	4	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	4	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	4	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	4	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	4	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
ODOMZO	4	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	4	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	4	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	4	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	4	PA, QL (96 PER 28 DAYS)
OJJAARA	4	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	4	PA, QL (120 PER 30 DAYS)
PEMAZYRE	4	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	4	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	4	PA, QL (30 PER 30 DAYS)
QINLOCK	4	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	4	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
REZLIDHIA	4	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	4	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)
RYDAPT	4	PA, QL (240 PER 30 DAYS)
SCSEMBLIX 100 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SCSEMBLIX 20 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	4	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	4	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	4	PA, QL (90 PER 30 DAYS)
STIVARGA	4	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sunitinib malate 12.5 mg cap</i>	4	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
TABRECTA	4	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL (840 PER 28 DAYS)
TAGRISSE	4	PA, QL (30 PER 30 DAYS)
TALZENNA	4	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
TASIGNA	4	PA, QL (120 PER 30 DAYS)
TAZVERIK	4	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	4	
TEPMETKO	4	PA, QL (60 PER 30 DAYS)
TIBSOVO	4	PA, QL (60 PER 30 DAYS)
TORISEL	4	
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
TRUQAP	4	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	4	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	4	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
TYKERB	4	PA, QL (180 PER 30 DAYS)
VANFLYTA	4	PA, QL (60 PER 30 DAYS)
VELCADE	4	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	4	PA, QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VENCLEXTA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	4	PA, QL (42 PER 28 DAYS)
VERZENIO	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	4	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
VIZIMPRO	4	PA, QL (30 PER 30 DAYS)
VONJO	4	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	4	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	4	PA, QL (30 PER 30 DAYS)
VOTRIENT	4	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	4	PA, QL (180 PER 30 DAYS)
XOSPATA	4	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	4	PA
ALYMSYS	4	PA
ARZERRA	4	PA
AVASTIN	4	PA
BAVENCIO	4	PA
BESPOUSA	4	PA
BLENREP	4	PA
DANYELZA	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
EMPLICITI	4	PA
ENHERTU	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN 150 MG VIAL	4	PA
HERCEPTIN HYLECTA	4	PA
HERZUMA	4	PA
IMFINZI	4	PA
JEMPERLI	4	PA
KADCYLA	4	PA
KANJINTI	4	PA
KEYTRUDA	4	PA
LIBTAYO	4	PA
LUMOXITI	4	PA
MARGENZA	4	PA
MONJUVI	4	PA
MVASI	4	PA
MYLOTARG	4	PA
OGIVRI	4	PA
ONTRUZANT	4	PA
OPDIVO	4	PA
PADCEV	4	PA
PERJETA	4	PA
PHESGO	4	PA
POLIVY	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
RIABNI	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RITUXAN	4	PA
RITUXAN HYCELA	4	PA
RUXIENCE	4	PA
RYBREVANT	4	PA
SARCLISA	4	PA
TECENTRIQ	4	PA
TRAZIMERA	4	PA
TRODELVY	4	PA
TRUXIMA	4	PA
UNITUXIN	4	PA
VECTIBIX	4	PA
VEGZELMA	4	PA
YERVOY	4	PA
ZIRABEV	4	PA
ZYNLONTA	4	PA

Retinoids

<i>bexarotene (1% gel, 75 mg capsule)</i>	4	PA
PANRETIN	4	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	4	PA
<i>tretinoin 10 mg capsule</i>	4	PA

Treatment Adjuncts

COSELA	4	
<i>dexrazoxane</i>	4	
ELITEK	4	
<i>mesna</i>	1	
MESNEX 400 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	1	
<i>benznidazole</i>	3	
BILTRICIDE	3	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	
STROMECTOL	3	PA
Antiprotozoals		
<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	4	PA
<i>hydroxychloroquine 200 mg tab</i>	1	
MALARONE	3	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	PA
<i>nitazoxanide 500 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
PENTAM 300	3	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
<i>pyrimethamine 25 mg tablet</i>	4	PA
<i>quinine sulfate</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiparkinson Agents		
Antiparkinson Agents, Other		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	1	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	PA
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
TASMAR	4	
<i>tolcapone</i>	4	
Dopamine Agonists		
APOKYN	4	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	4	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	1	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	4	PA, QL (300 PER 30 DAYS)
RYTARY	2	
SINEMET 10-100	3	
SINEMET 25-100	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	3	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine 2.5 mg/ml vial</i>	3	PA
<i>fluphenazine decanoate</i>	1	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	2	PA
HALDOL DECANOATE 100	3	PA
HALDOL DECANOATE 50	3	PA
<i>haloperidol</i>	1	PA
<i>haloperidol decanoate</i>	1	PA
<i>haloperidol decanoate 100</i>	1	PA
<i>haloperidol lactate</i>	1	PA
<i>loxapine</i>	1	PA
<i>molindone hcl</i>	3	PA
<i>pimozide</i>	3	PA
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	PA
<i>trifluoperazine hcl</i>	1	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	3	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	4	QL (2.4 PER 56 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY ASIMTUFII 960 MG/3.2ML	4	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	4	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	4	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	4	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	4	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	4	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	4	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA	4	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	3	PA, QL (56 PER 28 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
GEODON 20 MG CAPSULE	3	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	3	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	3	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	4	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	4	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	4	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	4	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	4	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL (0.25 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 78 MG/0.5 ML	4	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	4	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	4	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	4	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	4	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
LYBALVI	4	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	1	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
PERSERIS	4	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	3	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	4	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	3	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	3	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	3	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	4	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	3	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	1	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	4	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	1	PA, QL (60 PER 30 DAYS)
SAPHRIS	3	PA, QL (60 PER 30 DAYS)
SECUADO	4	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	4	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	4	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	4	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	4	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	4	QL (0.7 PER 56 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY ER 50 MG/0.14 ML SYRINGE	4	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	4	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	3	QL (28 PER 28 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	3	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	3	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	4	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	3	PA, QL (30 PER 30 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	3	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	3	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	4	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERSACLOZ	3	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
DANTRIUM 25 MG CAPSULE	3	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	1	
<i>tizanidine hcl</i>	1	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	4	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	4	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	4	QL (6 PER 28 DAYS)
DOVATO	4	QL (30 PER 30 DAYS)
GENVOYA	4	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	2	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	3	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	4	QL (60 PER 30 DAYS)
ISENTRESS HD	4	QL (60 PER 30 DAYS)
JULUCA	4	QL (30 PER 30 DAYS)
STRIBILD	4	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	4	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	3	QL (240 PER 30 DAYS)
TIVICAY PD	4	QL (360 PER 30 DAYS)

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

DELSTRIGO	4	QL (30 PER 30 DAYS)
EDURANT	4	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>efavirenz 50 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>etravirine 200 mg tablet</i>	4	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	3	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	3	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	1	QL (30 PER 30 DAYS)
PIFELTRO	4	QL (30 PER 30 DAYS)
SYMFI	4	QL (30 PER 30 DAYS)
SYMFI LO	4	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir 20 mg/ml solution</i>	1	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
CIMDUO	4	QL (30 PER 30 DAYS)
COMPLERA	4	QL (30 PER 30 DAYS)
DESCOVY	4	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	1	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir 200-300mg</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIVIR 10 MG/ML ORAL SOLN	3	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	3	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	3	QL (30 PER 30 DAYS)
EPZICOM	3	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	1	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	4	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	3	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	3	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	3	
<i>stavudine</i>	2	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
TRIUMEQ	4	QL (30 PER 30 DAYS)
TRIUMEQ PD	4	QL (180 PER 30 DAYS)
TRIZIVIR	4	QL (60 PER 30 DAYS)
TRUVADA	4	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	QL (30 PER 30 DAYS)
VIREAD POWDER	4	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	3	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	3	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	1	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	4	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	4	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RUKOBIA	4	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	4	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	4	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	3	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	4	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	4	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	4	QL (5 PER 28 OVER TIME)
TROGARZO	4	QL (18.62 PER 28 DAYS)
TYBOST	2	QL (30 PER 30 DAYS)

Anti-HIV Agents, Protease Inhibitors

APTIVUS 250 MG CAPSULE	4	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	4	QL (30 PER 30 DAYS)
EVOTAZ	4	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	1	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	3	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	4	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	4	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	3	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	4	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	1	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	1	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	1	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	3	QL (360 PER 30 DAYS)
PREZCOBIX	4	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	4	QL (400 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PREZISTA 150 MG TABLET	4	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	4	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	3	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	4	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	4	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	4	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	4	QL (240 PER 30 DAYS)
<i>ritonavir</i>	1	QL (360 PER 30 DAYS)
SYMTUZA	4	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	4	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	4	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir 375 mg/5 ml vial</i>	4	
<i>ganciclovir 500 mg vial</i>	1	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	4	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	4	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	1	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	1	
BARACLUDGE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	4	
<i>entecavir</i>	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	

Anti-hepatitis C (HCV) Agents

EPCLUSA	4	PA
HARVONI	4	PA
<i>ledipasvir-sofosbuvir</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
<i>sofosbuvir-velpatasvir</i>	4	PA
SOVALDI	4	PA
VOSEVI	4	PA
ZEPATIER	4	PA

Anti-influenza Agents

<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	1	QL (84 PER 365 OVER TIME)
RELENZA	3	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	3	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	3	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	3	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	3	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	3	QL (2 PER 365 OVER TIME)

Antiherpetic Agents

<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 5% ointment</i>	1	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	1	
<i>valacyclovir</i>	1	
VALTREX	3	
ZOVIRAX 5% OINTMENT	3	PA

Anxiolytics

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>buspirone hcl</i>	1	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	1	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	1	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	1	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	1	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	1	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	1	PA, QL (120 PER 30 DAYS)

Bipolar Agents

<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
<i>lithium citrate</i>	1	
LITHOBID	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	3	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	3	QL (90 PER 30 DAYS)
BYDUREON BCISE	2	PA, QL (3.4 PER 28 DAYS)
BYETTA	3	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	3	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	2	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	2	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	2	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	3	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	3	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	3	QL (240 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOTROL XL 5 MG TABLET	3	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	1	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	
JANUMET	2	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	2	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	2	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	2	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	2	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	2	QL (30 PER 30 DAYS)
JENTADUETO	2	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	2	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	2	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	3	QL (30 PER 30 DAYS)
OZEMPIC	2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	2	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptn-metform er 2.5-1000</i>	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33	2	QL (18 PER 30 DAYS)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	2	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	2	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
TRADJENTA	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRULICITY	2	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	2	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	2	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	2	QL (60 PER 30 DAYS)

Glycemic Agents

BAQSIMI	3	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	1	
GLUCAGEN	2	QL (4 PER 30 DAYS)
<i>glucagon emergency kit (, 1 mg kit)</i>	1	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	3	QL (0.4 PER 30 DAYS)
PROGLYCEM	3	

Insulins

HUMALOG	2	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	2	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	2	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	2	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMALOG MIX 75-25 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
HUMULIN 70-30	2	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN N	2	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN R	2	QL (60 PER 30 DAYS)
HUMULIN R U-500	2	PA
HUMULIN R U-500 KWIKPEN	2	QL (60 PER 30 DAYS)
<i>inpen (for humalog)</i>	2	
<i>inpen (for novolog or fiasp)</i>	2	
<i>insulin pen needle</i>	2	
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	
<i>insulin syringe (disp) u-100 1 ml</i>	2	
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	
<i>insulin syringe u-500</i>	2	
LANTUS	2	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	2	QL (60 PER 30 DAYS)
LYUMJEV	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	2	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	2	
<i>novopen echo</i>	2	
<i>omnipod 5 g6 intro kit (gen 5)</i>	2	
<i>omnipod 5 g6 pods (gen 5)</i>	2	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	2	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	2	
<i>omnipod classic pdm kit(gen 3)</i>	2	
<i>omnipod classic pods (gen 3)</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omnipod dash intro kit (gen 4)</i>	2	
<i>omnipod dash pdm kit (gen 4)</i>	2	
<i>omnipod dash pods (gen 4)</i>	2	
<i>omnipod go pods</i>	2	
TOUJEO MAX SOLOSTAR	2	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	2	QL (60 PER 30 DAYS)
<i>v-go 20</i>	2	
<i>v-go 30</i>	2	
<i>v-go 40</i>	2	
<i>vgo 20</i>	2	
<i>vgo 30</i>	2	
<i>vgo 40</i>	2	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	1	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	1	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	2	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	1	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	4	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	4	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	4	QL (18 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heparin 20,000 unit/500 ml-d5w</i>	3	
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	1	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	4	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	3	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	3	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	3	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	3	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	3	QL (18 PER 90 OVER TIME)
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	3	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	3	QL (120 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	2	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (51 PER 30 DAYS)
ZONTIVITY	3	

Blood Products and Modifiers, Other

AGRYLIN	3	
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	4	PA
FULPHILA	4	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	4	PA
GRANIX 300 MCG/ML VIAL	2	PA
LEUKINE	4	PA
MOZOBIL	4	
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	4	PA
NIVESTYM 300 MCG/0.5 ML SYRING	2	PA
<i>plerixafor</i>	4	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	3	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	4	PA
PROMACTA	4	PA
RETACRIT	3	PA
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
ZIEXTENZO	4	PA

Hemostasis Agents

CYKLOKAPRON	3	
<i>tranexamic acid (650 mg tablet, 1,000 mg/10 ml)</i>	1	

Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CABLIVI	4	
<i>cilostazol</i>	1	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	
PLAVIX	3	
<i>prasugrel hcl</i>	1	

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	4	PA
<i>guanfacine hcl</i>	1	
<i>midodrine hcl</i>	1	
NORTHERA	4	PA

Alpha-adrenergic Blocking Agents

CARDURA	3	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	1	QL (60 PER 30 DAYS)
MINIPRESS	3	
<i>phenoxybenzamine hcl</i>	4	
<i>prazosin hcl</i>	1	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	3	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	3	QL (30 PER 30 DAYS)
AVAPRO	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BENICAR (20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	3	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	3	QL (30 PER 30 DAYS)
EDARBI	3	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
MICARDIS	3	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL	3	
ALTACE	3	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTENSIN	3	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	3	
ZESTRIL	3	

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>lidocaine hcl (abboject, syringe)</i>	3	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate</i>	1	
RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)	3	
RYTHMOL SR 425 MG CAPSULE	4	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
TIKOSYN	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	1	
COREG CR	3	
CORGARD (20 MG TABLET, 40 MG TABLET)	3	
INDERAL LA	4	
INDERAL XL	4	
INNOPRAN XL	4	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (1 mg/ml vial, 10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	1	
<i>propranolol hcl er</i>	1	
TENORMIN	3	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
TOPROL XL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	1	
<i>isradipine</i>	1	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>	1	
<i>nisoldipine er 25.5 mg tablet</i>	2	
NORVASC	3	
PROCARDIA XL	3	
SULAR	3	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIAZAC	3	
<i>verapamil er</i>	1	
<i>verapamil er pm</i>	3	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	1	
VERELAN	3	
VERELAN PM	3	

Cardiovascular Agents, Other

ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALDACTAZIDE 25-25 TABLET	3	
<i>aliskiren</i>	1	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1	QL (30 PER 30 DAYS)
ATACAND HCT	3	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	QL (30 PER 30 DAYS)
AZOR	3	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	3	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORLANOR 5 MG/5 ML ORAL SOLN	2	PA, QL (600 PER 30 DAYS)
DEMSER	4	
<i>digitek</i>	1	QL (30 PER 30 DAYS)
<i>digox</i>	1	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1	QL (150 PER 30 DAYS)
DIOVAN HCT	3	QL (30 PER 30 DAYS)
EDARBYCLOR	3	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	2	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	2	QL (240 PER 30 DAYS)
EXFORGE	3	QL (30 PER 30 DAYS)
EXFORGE HCT	3	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	3	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	1	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	3	
MAXZIDE	3	
MAXZIDE-25 MG	3	
<i>methazolamide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MICARDIS HCT 80-12.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	3	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	3	
TENORETIC 50	3	
<i>trandolapril-verapamil er</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
TRIBENZOR	3	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	3	
VERQUVO	2	QL (30 PER 30 DAYS)
ZESTORETIC	3	
ZIAC	3	

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml syringe, 100 mg/10 ml vial)</i>	1	
LASIX	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>torse mide</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE	3	
<i>amiloride hcl</i>	1	
<i>eplerenone</i>	1	
INSPRA	3	
KERENDIA	2	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	3	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	3	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluvastatin sodium</i>	1	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	3	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	3	QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	3	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	1	
<i>ezetimibe</i>	1	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	1	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	2	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOVAZA	3	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	1	
<i>prevalite (packet, powder)</i>	1	
REPATHA PUSHTRONEX	2	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	2	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	2	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	1	
VASCEPA 0.5 GM CAPSULE	2	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	2	QL (120 PER 30 DAYS)
VYTORIN	3	QL (30 PER 30 DAYS)
ZETIA	3	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	1	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	1	
<i>nitroglycerin patch</i>	1	
NITROLINGUAL	3	
NITROSTAT	3	
RECTIV	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	3	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	3	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	3	QL (90 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	1	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN	3	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	1	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
RITALIN	3	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	3	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	3	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO (9 MG TABLET, 12 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	4	PA, QL (42 PER 28 DAYS)
NUEDEXTA	4	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	4	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	4	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Multiple Sclerosis Agents		
AMPYRA	4	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	4	PA, QL (1 PER 28 DAYS)
AVONEX PEN	4	PA, QL (1 PER 28 DAYS)
BETASERON	4	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	4	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	4	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	1	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	4	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	4	PA, QL (1.6 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	3	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	3	PA, QL (12 PER 28 DAYS)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	4	PA, QL (1 PER 28 DAYS)
TECFIDERA	4	PA, QL (60 PER 30 DAYS)
TYSABRI	4	PA
VUMERITY	4	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>	1
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
KEPIVANCE	4	
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	1	
SALAGEN	3	
<i>triamcinolone 0.1% paste</i>	1	

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	1	
<i>acitretin</i>	1	
<i>amnesteem</i>	1	
AVITA	1	PA
<i>azelaic acid 15% gel</i>	1	
AZELEX	3	
BENZAMYCIN	3	
<i>claravis</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>doxycycline ir-dr</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	2	
FINACEA 15% GEL	3	
<i>isotretinoin</i>	1	
KLARON	3	
<i>myorisan</i>	1	
ORACEA	2	
RETIN-A	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	1	PA
<i>zenatane</i>	1	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	1	
<i>ala-cort 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	1	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	1	
<i>betamethasone diprop augmented (crm, oin)</i>	1	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	1	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	1	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	1	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	1	QL (200 PER 28 DAYS)
<i>clodan</i>	1	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	1	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	1	QL (120 PER 30 DAYS)
DIPROLENE	3	QL (200 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>doxepin 5% cream</i>	1	PA
ELIDEL	3	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	1	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	1	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	1	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	3	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	1	PA
<i>prednicarbate 0.1% ointment</i>	3	QL (120 PER 30 DAYS)
PRUDOXIN	3	PA
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>triderm</i>	1	QL (454 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZONALON	3	PA
Dermatological Agents, Other		
<i>calcipotriene (cream, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>calcitrene</i>	1	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	PA
EFUDEX	2	
<i>fluorouracil (cream, topical soln)</i>	1	
<i>fluorouracil 0.5% cream</i>	4	
<i>fluorouracil 2% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	4	
<i>nystatin-triamcinolone</i>	1	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	4	PA
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX	4	PA, QL (15 PER 30 DAYS)
SANTYL	2	QL (180 PER 30 DAYS)
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
SSD	1	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	1	PA
<i>lindane</i>	2	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SOOLANTRA	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Topical Anti-infectives		
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>mupirocin</i>	1	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	1	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	1	
CARBAGLU	4	PA
<i>carglumic acid</i>	4	PA
<i>dextrose 2.5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.3% nacl</i>	1	
<i>dextrose 5%-0.33% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>kcl 20 meq in d5w-lact ringer</i>	2	
<i>kcl 20 meq/l in d5w solution</i>	1	
<i>kcl-d5w-0.2% nacl</i>	1	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	1	
<i>kcl-d5w-0.45% nacl</i>	1	
KLOR-CON 10	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>lactated ringers injection</i>	1	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	1	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1	
<i>potassium chloride proamp</i>	1	
<i>potassium chloride-0.45% nacl</i>	1	
<i>potassium citrate er</i>	1	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1	
<i>sodium chloride-water</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	4	PA
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXJADE	4	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
SAMSCA	4	PA
SYPRINE	4	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	4	PA
<i>trientine hcl 250 mg capsule</i>	4	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (5%-water 100 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	1	
<i>fomepizole</i>	4	
<i>glucose in water</i>	1	
INTRALIPID 20% IV FAT EMUL	3	PA
NUTRILIPID	3	PA
<i>sterile water for irrigation</i>	1	
TRAVASOL	3	PA
TROPHAMINE	3	PA

Phosphate Binders

AURYXIA	4	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	4	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	4	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	4	QL (90 PER 30 DAYS)
<i>lanthanum carb 1,000 mg tb chw</i>	3	QL (120 PER 30 DAYS)
<i>lanthanum carb 500 mg tab chew</i>	3	QL (90 PER 30 DAYS)
<i>lanthanum carb 750 mg tab chew</i>	4	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	4	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	3	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RENVELA 800 MG TABLET	4	
<i>sevelamer 0.8 gm powder packet</i>	1	QL (270 PER 30 DAYS)
<i>sevelamer 2.4 gm powder packet</i>	1	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	1	
VELPHORO	4	QL (180 PER 30 DAYS)

Potassium Binders

<i>kionex</i>	1	
<i>sodium polystyrene sulf powder</i>	1	
SPS	1	
VELTASSA	2	

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1	
LINZESS	2	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	1	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	1	QL (120 PER 30 DAYS)
MOVANTIK	2	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	4	PA

Anti-Diarrheal Agents

<i>alosetron hcl 0.5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	1	PA
<i>loperamide 2 mg capsule</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOTRONEX	4	PA, QL (60 PER 30 DAYS)
VIBERZI	4	PA, QL (60 PER 30 DAYS)
XERMELO	4	PA, QL (90 PER 30 DAYS)

Antispasmodics, Gastrointestinal

<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	1	
<i>methscopolamine bromide</i>	1	PA

Gastrointestinal Agents, Other

<i>bismuth-metronidazole-tetracyc</i>	1	
CHENODAL	4	PA
GATTEX	4	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	3	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i>	1	
MOVIPREP	3	
MYALEPT	4	PA
NULYTELY	3	
OICALIVA	4	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	2	
REGLAN	3	
<i>sod sulf-potass sulf-mag sult</i>	1	
SUPREP	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SUTAB	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
XIFAXAN 550 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	1	
<i>nizatidine 150 mg capsule</i>	3	
<i>nizatidine 300 mg capsule</i>	1	

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	3	
CYTOTEC	3	
<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	

Proton Pump Inhibitors

<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	3	QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	QL (30 PER 30 DAYS)
NEXIUM I.V.	3	
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID DR 30 MG CAPSULE	3	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

ALDURAZYME	4	
<i>betaine anhydrous</i>	4	
BUPHENYL 500 MG TABLET	4	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR SF	3	
CEREZYME	4	PA
CREON	2	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CRYSVITA	4	PA
CYSTADANE	4	
CYSTAGON	3	PA
ELAPRASE	4	
ELELYSO	4	PA
ENDARI	4	PA
FABRAZYME	4	
<i>javygtor (100 mg powder packet, 500 mg powder packet)</i>	4	PA
<i>javygtor 100 mg tablet</i>	1	PA
KUVAN	4	PA
<i>l-glutamine 5 gram powder pkt</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	1	
<i>levocarnitine st</i>	1	
LUMIZYME	4	
<i>miglustat</i>	4	PA, QL (90 PER 30 DAYS)
NAGLAZYME	4	
<i>nitisinone</i>	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	
PALYNZIQ	4	PA
PROLASTIN C	4	PA
REVCOVI	4	
<i>sapropterin 100 mg tablet</i>	1	PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)</i>	4	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	4	PA
STRENSIQ	4	PA
VPRIV	4	PA
VYNDAMAX	4	PA, QL (30 PER 30 DAYS)
VYNDAQEL	4	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	4	PA, QL (90 PER 30 DAYS)
ZENPEP	2	
ZOKINVY	4	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	1	QL (30 PER 30 DAYS)
DETROL	3	QL (60 PER 30 DAYS)
DETROL LA	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GEMTESA	2	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	2	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	2	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	1	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	1	QL (30 PER 30 DAYS)
TOVIAZ	3	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	1	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	1	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	3	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	3	QL (60 PER 30 DAYS)
PROSCAR	3	QL (30 PER 30 DAYS)
RAPAFLO	3	QL (30 PER 30 DAYS)
<i>silodosin</i>	1	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)

Contraceptives, Other

LILETTA	3	
SKYLA	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	1	
DEPEN	4	
<i>methylergonovine 0.2 mg tablet</i>	4	
<i>penicillamine 250 mg tablet</i>	4	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	4	PA
ACTHAR SELFJECT	4	PA
CORTEF	3	
<i>decadron (0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)</i>	1	
<i>fludrocortisone acetate</i>	1	
HEMADY	3	
<i>hidex</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone (15 mg/5 ml soln, 15mg/5ml soln cup)</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	3	
<i>taperdex 6 day 1.5 mg tablet</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	3	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	1	
INCRELEX	4	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)	2	PA
OMNITROPE 10 MG/1.5 ML CRTG	4	PA
PREGNYL	3	PA

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

Androgens

ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	3	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	1	PA
DEPO-TESTOSTERONE	1	PA
<i>methyltestosterone 10 mg cap</i>	4	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	1	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	1	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	1	PA, QL (37.5 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone 30 mg/1.5 ml pump</i>	1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	1	PA
<i>testosterone enanthate</i>	2	PA

Estrogens

DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	3	
<i>dotti</i>	1	
ESTRACE 0.01% CREAM	3	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	1	
ESTRING	3	
<i>lyllana</i>	1	
MENEST	3	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	2	
VAGIFEM	3	
<i>yuvafem</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)

<i>afirmelle</i>	1	
<i>altavera</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-eth estra-levomet</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>junel fe 24</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	
LAYOLIS FE	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	1	
<i>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
LOESTRIN	1	
LOESTRIN FE	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>microgestin</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
MIRCETTE	3	
<i>mono-lynyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	1	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
NUVARING	3	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella</i>	1	
<i>portia</i>	1	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
SEASONIQUE	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
TYBLUME	2	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zarah</i>	1	
<i>zovia 1-35</i>	1	
<i>zumandimine</i>	1	
<i>enilloring</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	

Progestins

AYGESTIN	3	
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	3	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	4	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	
<i>sharobel</i>	1	
<i>tulana</i>	1	

Selective Estrogen Receptor Modifying Agents

DUAVEE	3	
EVISTA	3	
<i>raloxifene hcl</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL	3	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>lithyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
SYNTHROID	2	
TIROSINT	3	
TIROSINT-SOL	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM	4	PA, QL (120 PER 30 DAYS)
LYSODREN	4	
<i>mifepristone 300 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
Hormonal Agents, Suppressant (Pituitary)		
<i>cabergoline</i>	1	
ELIGARD	3	PA
FIRMAGON	3	
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
<i>leuprolide depot</i>	3	PA
LUPRON DEPOT	4	PA
LUPRON DEPOT (LUPANETA)	4	PA
LUPRON DEPOT-PED	4	PA
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	4	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	PA
ORGOVYX	4	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole</i>	1	
<i>propylthiouracil</i>	1	
Immunological Agents		
Angioedema Agents		
CINRYZE	4	PA, QL (20 PER 30 DAYS)
FIRAZYR	4	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	4	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	4	PA, QL (18 PER 30 DAYS)
<i>icatibant</i>	4	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	4	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
SYNAGIS	4	
THYMOGLOBULIN	4	PA
Immunological Agents, Other		
ARCALYST	4	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX SENSOREADY (2 PENS)	4	PA
COSENTYX SENSOREADY PEN	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSENTYX SYRINGE	4	PA
COSENTYX UNOREADY PEN	4	PA
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
ILARIS	4	PA
KINERET	4	PA
NULOJIX	4	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA
ORENCIA CLICKJECT	4	PA
RIDAURA	4	
RINVOQ	4	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	4	PA
SKYRIZI PEN	4	PA
STELARA	4	PA
TREMFYA	4	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	4	PA
XELJANZ XR	4	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	4	PA

Immunostimulants

ACTIMMUNE	4	PA
BESREMI	4	PA, QL (2 PER 28 DAYS)
INTRON A	2	
PEGASYS	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunosuppressants		
ASTAGRAF XL	3	PA
AZASAN	1	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	PA
CELLCEPT 500 MG VIAL	3	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i>	1	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
CYLTEZO(CF)	4	PA
CYLTEZO(CF) PEN	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>	1	PA
<i>everolimus (0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HADLIMA	4	PA
HADLIMA PUSHTOUCH	4	PA
HADLIMA(CF)	4	PA
HADLIMA(CF) PUSHTOUCH	4	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHN'S-UC-HS	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA
HUMIRA(CF)	4	PA
HUMIRA(CF) PEDIATRIC CROHN'S	4	PA
HUMIRA(CF) PEN	4	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	4	PA
HUMIRA(CF) PEN PEDIATRIC UC	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA
IMURAN	3	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
MYFORTIC 180 MG TABLET	3	PA
MYHIBBIN	4	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	3	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	3	PA
PROGRAF 5 MG CAPSULE	4	PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA
RENFLEXIS	4	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	3	PA
SIMULECT	4	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XATMEP	3	PA
ZORTRESS	4	PA

Vaccines

ABRYSVO	2	
ACTHIB	2	
ADACEL TDAP	2	
AREXVY	2	
BCG VACCINE (TICE STRAIN)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
DAPTACEL DTAP	2	
DENGVAXIA	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT	2	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	2	PA
ERVEBO (NATIONAL STOCKPILE)	4	
GARDASIL 9	2	
HAVRIX	2	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	PA
HIBERIX	2	
IMOVAX RABIES VACCINE	2	PA
INFANRIX DTAP	2	
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	PA
JYNNEOS (NATIONAL STOCKPILE)	2	PA
KINRIX	2	
M-M-R II VACCINE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENACTRA	2	
MENQUADFI	2	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	2	
MRESVIA	2	
PEDIARIX	2	
PEDVAXHIB	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	PA
PRIORIX	2	
PROQUAD	2	
QUADRACEL DTAP-IPV	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA
ROTARIX	2	
ROTATEQ	2	
SHINGRIX	2	QL (2 PER 999 OVER TIME)
STAMARIL	2	
TDVAX	2	PA
TENIVAC	2	PA
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX VACCINE	2	
YF-VAX	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL (120 PER 30 DAYS)
ASACOL HD	4	QL (180 PER 30 DAYS)
AZULFIDINE	3	
<i>balsalazide disodium</i>	1	
CANASA	4	
COLAZAL	3	
DELZICOL	3	QL (180 PER 30 DAYS)
DIPENTUM	4	
LIALDA	3	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	3	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	3	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	3	
SFROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
Glucocorticoids		
<i>budesonide dr</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	4	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	3	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	1	
<i>calcitonin-salmon 400 unit/2ml</i>	4	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>	3	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	1	PA
<i>cinacalcet hcl 90 mg tablet</i>	4	PA
FORTEO	4	PA
FOSAMAX	3	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
MIACALCIN	4	
NATPARA	4	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	1	
PROLIA	3	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	4	PA
SENSIPAR 30 MG TABLET	3	PA
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	4	PA
TYMLOS	4	PA
XGEVA	4	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	3	
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	1	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	2	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	2	
COSOPT	3	
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomycin-polym-dexamet ointm, neomycin-polym-dexameth drop)</i>	1	
RESTASIS	2	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	2	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX (DROPS, OINTMENT)	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tobramycin-dexamethasone</i>	1	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	2	
<i>bacitracin-polymyxin</i>	1	
BESIVANCE	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
LACRISERT	3	
MOXEZA	3	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	
OCUFLOX	3	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide 10% eye drops</i>	1	
<i>sulfacetamide 10% eye ointment</i>	2	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	2	
VIGAMOX	3	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	
Ophthalmic Anti-inflammatories		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	1	
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
<i>difluprednate</i>	1	
DUREZOL	3	
EYSUVIS	2	PA
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
ILEVRO	3	
INVELTYS	2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	
PRED FORTE	3	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	2	
PROLENSA	2	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S	3	
<i>carteolol hcl</i>	1	
ISTALOL	3	
<i>levobunolol hcl</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P	2	
AZOPT	3	
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	1	
<i>brimonidine tartrate 0.1% drop</i>	2	
<i>brinzolamide</i>	1	
<i>dorzolamide hcl</i>	1	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	
RHOPRESSA	2	QL (15 PER 75 OVER TIME)
ROCKLATAN	2	QL (15 PER 75 OVER TIME)
SIMBRINZA	2	

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	1	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	2	QL (15 PER 75 OVER TIME)
TRAVATAN Z	3	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	1	QL (15 PER 75 OVER TIME)

Otic Agents

<i>acetic acid 2% ear solution</i>	1	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>flac otic oil</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	2	QL (30 PER 30 DAYS)
ASMANEX	2	QL (1 PER 30 DAYS)
ASMANEX HFA	2	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	PA
<i>flunisolide</i>	1	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	2	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	2	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	2	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	2	QL (10.6 PER 30 DAYS)
QVAR REDHALER 80 MCG	2	QL (21.2 PER 30 DAYS)
XHANCE	3	QL (32 PER 30 DAYS)

Antihistamines

<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>clemastine fum 2.68 mg tab</i>	3	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrj)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrjg, 50 mg/ml vial)</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	1	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE	3	
<i>montelukast sodium</i>	1	
SINGULAIR	3	
<i>zafirlukast</i>	1	
Bronchodilators, Anticholinergic		
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	2	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	1	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA
SPIRIVA HANDIHALER	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	1	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA
<i>epinephrine 0.15 mg auto-inject</i>	2	
<i>epinephrine 0.3 mg auto-inject</i>	1	
PROAIR HFA	3	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
VENTOLIN HFA	2	QL (36 PER 30 DAYS)
XOPENEX HFA	3	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
KALYDECO	4	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	4	PA, QL (60 PER 30 DAYS)
PULMOZYME	4	PA
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	4	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	4	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine cit 60 mg/3 ml oral</i>	1	
DALIRESP	3	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24	3	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	4	PA, QL (60 PER 30 DAYS)
ADEMPAS	4	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	4	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	1	PA, QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bosentan</i>	1	PA, QL (60 PER 30 DAYS)
LETAIRIS	4	PA, QL (30 PER 30 DAYS)
OPSUMIT	4	PA, QL (30 PER 30 DAYS)
REMODULIN	4	PA
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	4	PA, QL (120 PER 30 DAYS)
<i>treprostinil</i>	4	PA
VENTAVIS	4	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET (267 MG CAPSULE, 267 MG TABLET)	4	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	4	PA, QL (90 PER 30 DAYS)
OFEV	4	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	4	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
ADVAIR HFA	2	QL (12 PER 30 DAYS)
ANORO ELLIPTA	2	QL (60 PER 30 DAYS)
BREO ELLIPTA	2	QL (60 PER 30 DAYS)
<i>brey-na</i>	1	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	2	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	1	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
DULERA	2	QL (39 PER 30 DAYS)
FASENRA	4	PA
FASENRA PEN	4	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1	PA
LAGEVRIO (COMMERCIAL)	4	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	3	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	3	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	2	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	4	
STIOLTO RESPIMAT	2	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	2	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA	2	PA, QL (30 PER 30 DAYS)
DAYVIGO	2	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	4	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
ROZEREM	3	QL (30 PER 30 DAYS)
SILENOR	3	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	4	PA, QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

<i>armodafinil</i>	1	PA, QL (30 PER 30 DAYS)
LUMRYZ	4	PA, QL (30 PER 30 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
NUVIGIL	3	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	4	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 1.

Alphabetical Listing

A

abacavir.....	52	AFINITOR.....	35
abacavir-lamivudine.....	52	AFINITOR DISPERZ.....	35
ABILIFY.....	46	afirmelle.....	95
ABILIFY ASIMTUFII.....	46,47	AGRYLIN.....	64
ABILIFY MAINTENA.....	47	AIMOVIG AUTOINJECTOR.....	27
abiraterone acetate.....	30	ak-poly-bac.....	113
ABRAXANE.....	31	AKEEGA.....	35
ABRYSVO.....	108	ALA-CORT.....	81
acamprosate calcium.....	7	ala-cort.....	81
acarbose.....	58	albendazole.....	44
ACCOLATE.....	117	albuterol hfa 90 mcg inhaler (generic proair hfa).....	117
ACCUPRIL.....	67	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	117
ACCURETIC.....	71	albuterol sulfate.....	117
accutane.....	80	alclometasone dipropionate.....	81
acebutolol hcl.....	69	ALDACTAZIDE.....	71
acetaminophen-codeine.....	4	ALDACTONE.....	74
acetazolamide.....	71	ALDURAZYME.....	90
acetazolamide er.....	71	ALECENSA.....	35
acetic acid.....	115	alendronate sodium.....	111
acetylcysteine.....	119	alfuzosin hcl er.....	92
acitretin.....	80	ALIMTA.....	31
ACTHAR.....	93	ALIQOPA.....	35
ACTHAR SELFJECT.....	93	aliskiren.....	71
ACTHIB.....	108	allopurinol.....	27
ACTIMMUNE.....	105	allopurinol sodium.....	27
ACTOS.....	58	ALOPRIM.....	27
ACULAR.....	114	alosetron hcl.....	87
ACULAR LS.....	114	ALPHAGAN P.....	115
acyclovir.....	56	alprazolam.....	56,57
acyclovir sodium.....	56	ALTACE.....	67
ADACEL TDAP.....	108	altavera.....	95
ADCETRIS.....	41	ALUNBRIG.....	35
ADCIRCA.....	118	alyacen.....	96
ADDERALL XR.....	77	ALYMSYS.....	41
adefovir dipivoxil.....	55	alyq.....	118
ADEMPAS.....	118	amabelz.....	96
ADLARITY.....	20	amantadine.....	45
adriamycin.....	31	AMBISOME.....	25
ADVAIR HFA.....	119	ambrisentan.....	118

amethia	96	ARICEPT	20
amethyst	96	ARIMIDEX	34
amikacin sulfate	8	aripiprazole	47
amiloride hcl	74	aripiprazole odt	47
amiloride-hydrochlorothiazide	71	ARISTADA	47
amiodarone hcl	68	ARISTADA INITIO	47
amitriptyline hcl	24	armodafinil	121
amlodipine besylate	70	ARNUITY ELLIPTA	116
amlodipine besylate-benazepril	71	AROMASIN	35
amlodipine-atorvastatin	71	ARRANON	31
amlodipine-olmesartan	71	arsenic trioxide	31
amlodipine-valsartan	71	ARTHROTEC 50	2
amlodipine-valsartan-hctz	71	ARTHROTEC 75	2
ammonium lactate	81	ARZERRA	41
amnesteem	80	ASACOL HD	110
amoxapine	24	asenapine maleate	47
amoxicillin	11	ashlyna	96
amoxicillin-clavulanate pot er	11	ASMANEX	116
amoxicillin-clavulanate potass	11	ASMANEX HFA	116
amphotericin b	25	ASPARLAS	31
amphotericin b liposome	25	aspirin-dipyridamole er	65
ampicillin sodium	12	ASTAGRAF XL	106
ampicillin trihydrate	11	ATACAND	66
ampicillin-sulbactam	12	ATACAND HCT	71
AMPYRA	79	atazanavir sulfate	54
anagrelide hcl	64	ATELVIA	111
anastrozole	34	atenolol	69
ANDROGEL	94	atenolol-chlorthalidone	71
ANORO ELLIPTA	119	ATGAM	104
APOKYN	45	atomoxetine hcl	77
apomorphine hcl	45	atorvastatin calcium	74
aprepitant	25	atovaquone	44
apri	96	atovaquone-proguanil hcl	44
APRISO	110	atropine sulfate	112
APTIOM	18	ATROVENT HFA	117
APTIVUS	54	aubra	96
aqua care sodium chloride	84	aubra eq	96
aranelle	96	AUGMENTIN	12
ARANESP	64,65	AUGTYRO	35
ARCALYST	104	aurovela	96
AREXVY	108	aurovela 24 fe	96

aurovela fe.....	96	BALVERSA.....	35,36
AURYXIA.....	86	balziva.....	96
AUSTEDO.....	78	BANZEL.....	18
AUSTEDO XR.....	78	BAQSIMI.....	61
AUSTEDO XR TITRATION KT(WK1-4).....	78	BARACLUDE.....	55
AUVELITY.....	20	BAVENCIO.....	41
AVALIDE.....	71	BCG VACCINE (TICE STRAIN).....	108
AVAPRO.....	66	BELBUCA.....	4
AVASTIN.....	41	BELEODAQ.....	36
aviane.....	96	BELSOMRA.....	120
avidoxy.....	14	benazepril hcl.....	67
AVITA.....	80	benazepril-hydrochlorothiazide.....	71
AVODART.....	92	bendamustine hcl.....	31
AVONEX.....	79	BENDEKA.....	31
AVONEX PEN.....	79	BENICAR.....	67
AYGESTIN.....	101	BENICAR HCT.....	71
ayuna.....	96	BENLYSTA.....	104
AYVAKIT.....	35	BENZAMYCIN.....	80
azacitidine.....	31	benznidazole.....	44
AZACTAM.....	8	benztropine mesylate.....	45
AZASAN.....	106	BESIVANCE.....	113
azathioprine.....	106	BESPONSA.....	41
azathioprine sodium.....	106	BESREMI.....	105
azelaic acid.....	80	betaine anhydrous.....	90
azelastine hcl.....	113,116	betamethasone diprop augmented.....	81
AZELEX.....	80	betamethasone dipropionate.....	81
AZILECT.....	46	betamethasone valerate.....	81
azithromycin.....	13	BETASERON.....	79
AZOPT.....	115	betaxolol hcl.....	69,114
AZOR.....	71	bethanechol chloride.....	93
aztreonam.....	8	BETOPTIC S.....	114
AZULFIDINE.....	110	bexarotene.....	43
azurette.....	96	BEXSERO.....	108
B		bicalutamide.....	30
bacitracin.....	113	BICILLIN L-A.....	12
bacitracin-polymyxin.....	113	BICNU.....	32
baclofen.....	51	BIKTARVY.....	51
BACTRIM.....	14	BILTRICIDE.....	44
BACTRIM DS.....	14	bimatoprost.....	115
balsalazide disodium.....	110	bismuth-metronidazole-tetracyc.....	88
		bisoprolol fumarate.....	69

bisoprolol-hydrochlorothiazide	71	butalbital-aspirin-caffeine	2
BLENREP	41	butorphanol tartrate	4
bleomycin sulfate	32	BUTRANS	4
BLINCYTO	32	BYDUREON BCISE	58
blisovi 24 fe	96	BYETTA	58
blisovi fe	96	BYSTOLIC	69
BOOSTRIX TDAP	108		
bortezomib	36	C	
bosentan	119	CABENUVA	51
BOSULIF	36	cabergoline	103
BRAFTOVI	36	CABLIVI	66
BREO ELLIPTA	119	CABOMETYX	36
breyna	119	caffeine citrate	118
BREZTRI AEROSPHERE	119	calcipotriene	83
briellyn	96	calcitonin-salmon	111
BRILINTA	65	calcitrene	83
brimonidine tartrate	115	calcitriol	111
brimonidine tartrate-timolol	112	calcium acetate	86
brinzolamide	115	CALQUENCE	36
BRIVIACT	15	camila	101
bromfenac sodium	114	camrese	96
bromocriptine mesylate	45	camrese lo	96
BRUKINSA	36	CANASA	110
budesonide	116	CANCIDAS	25
budesonide dr	110	candesartan cilexetil	67
budesonide ec	110	candesartan-hydrochlorothiazid	71
budesonide er	110	CAPLYTA	47
budesonide-formoterol fumarate	119	CAPRELSA	36
bumetanide	73	captopril	67
BUPHENYL	90	CARAFATE	89
buprenorphine	4	CARBAGLU	84
buprenorphine hcl	7	carbamazepine	18
buprenorphine-naloxone	7	carbamazepine er	19
bupropion hcl	20	CARBATROL	19
bupropion hcl sr	7,20	carbidopa	45
bupropion hcl sr 150mg tablet	20	carbidopa-levodopa	45
bupropion xl	20,21	carbidopa-levodopa er	45
bupirone hcl	57	carbidopa-levodopa-entacapone	45
busulfan	29	carboplatin	32
butalbital-acetaminophen	2	CARDIZEM	70
butalbital-acetaminophen-caffe	2	CARDIZEM CD	70

CARDIZEM LA.....	70	CHENODAL.....	88
CARDURA.....	66	chloramphenicol sod succinate.....	8
carglumic acid.....	84	chlorhexidine gluconate.....	80
carmustine.....	32	chloroquine phosphate.....	44
CARNITOR.....	90	chlorpromazine hcl.....	24
CARNITOR SF.....	90	chlorthalidone.....	74
carteolol hcl.....	114	cholestyramine.....	75
cartia xt.....	70	cholestyramine light.....	75
carvedilol.....	69	CHORIONIC GONADOTROPIN.....	94
carvedilol er.....	69	ciclodan.....	25
CASODEX.....	30	ciclopirox.....	25
caspofungin acetate.....	25	cidofovir.....	55
cataflam.....	2	cilostazol.....	66
cefaclor.....	10	CIMDUO.....	52
cefadroxil.....	10	cimetidine.....	89
cefazolin sodium.....	10	cinacalcet hcl.....	111
cefazolin sodium-dextrose.....	10	CINRYZE.....	104
cefdinir.....	10	CIPRO.....	13
cefepime.....	10	CIPRODEX.....	115
cefepime hcl.....	10	ciprofloxacin.....	14
cefepime-dextrose.....	10	ciprofloxacin hcl.....	14,113
cefixime.....	10	ciprofloxacin-d5w.....	14
cefoxitin.....	10	ciprofloxacin-dexamethasone.....	115
cefoxitin sodium.....	11	cisplatin.....	32
cefpodoxime proxetil.....	11	citalopram hbr.....	21,22
cefprozil.....	11	cladribine.....	32
ceftazidime.....	11	claravis.....	80
ceftriaxone.....	11	clarithromycin.....	13
cefuroxime.....	11	clarithromycin er.....	13
cefuroxime sodium.....	11	clemastine fumarate.....	116
CELEBREX.....	2	CLEOCIN.....	8
celecoxib.....	2	CLEOCIN HCL.....	8
CELEXA.....	21	CLEOCIN PHOSPHATE.....	8
CELLCEPT.....	106	CLEOCIN T.....	8
CELONTIN.....	16	clindacin etz.....	8
cephalexin.....	11	clindacin p.....	8
CEREZYME.....	90	clindamycin (pediatric).....	8
cevimeline hcl.....	79	clindamycin hcl.....	8
chateal.....	96	clindamycin phosphate.....	9
chateal eq.....	96	clindamycin phosphate-d5w.....	9
CHEMET.....	85	clindamycin-0.9% nacl.....	9

clindamycin-benzoyl peroxide	80	COSELA	43
clobazam	17	COSENTYX (2 SYRINGES)	104
clobetasol emollient	81	COSENTYX SENSOREADY (2 PENS)	104
clobetasol propionate	81	COSENTYX SENSOREADY PEN	104
clodan	81	COSENTYX SYRINGE	105
clofarabine	32	COSENTYX UNOREADY PEN	105
CLOLAR	32	COSMEGEN	32
clomipramine hcl	24	COSOPT	112
clonazepam	57	COTELLIC	36
clonidine	66	COZAAR	67
clonidine hcl	66	CREON	90
clonidine hcl er	78	CRESEMBA	25
clopidogrel	66	CRESTOR	74
clorazepate dipotassium	57	cromolyn sodium	90,113,118
clotrimazole	25	cryselle	96
clotrimazole-betamethasone	83	CRYSVITA	90
clozapine	50	CUBICIN	9
clozapine odt	50	CUBICIN RF	9
CLOZARIL	50	cyclobenzaprine hcl	120
COARTEM	44	CYCLOPHOSPHAMIDE	29
codeine sulfate	5	cyclophosphamide	29
COLAZAL	110	cycloserine	28
colchicine	27	CYCLOSET	58
COLCRYS	27	cyclosporine	106
COLESTID	75	cyclosporine modified	106
colestipol hcl	75	CYKLOKAPRON	65
colistimethate	9	CYLTEZO(CF)	106
COMBIGAN	112	CYLTEZO(CF) PEN	106
COMBIPATCH	96	CYLTEZO(CF) PEN CROHN'S-UC-HS	106
COMBIVENT RESPIMAT	119	CYLTEZO(CF) PEN PSORIASIS-UV	106
COMETRIQ	36	CYMBALTA	22
COMPLERA	52	cyproheptadine hcl	116
compro	24	CYRAMZA	36
COMTAN	45	cyred	96
constulose	87	cyred eq	96
COPAXONE	79	CYSTADANE	90
COPIKTRA	36	CYSTADROPS	112
COREG CR	69	CYSTAGON	90
CORGARD	69	CYSTARAN	112
CORLANOR	71,72	cytarabine	32
CORTEF	93	CYTOMEL	102

CYTOTEC.....	89	DEPO-ESTRADIOL.....	95
D		DEPO-PROVERA.....	101
dabigatran etexilate.....	63	DEPO-SUBQ PROVERA 104.....	101
dacarbazine.....	32	DEPO-TESTOSTERONE.....	94
dactinomycin.....	32	dermacinrx lidocan.....	6
dalfampridine er.....	79	DESCOVY.....	52
DALIRESP.....	118	desipramine hcl.....	24
DALVANCE.....	9	desloratadine.....	116
danazol.....	94	desmopressin acetate.....	94
DANTRIUM.....	51	desogestr-eth estrad eth estra.....	96
dantrolene sodium.....	51	desogestrel-ethinyl estradiol.....	97
DANYELZA.....	41	desonide.....	81
dapsone.....	28	desoximetasone.....	81
DAPTACEL DTAP.....	108	desvenlafaxine succinate er.....	22
daptomycin.....	9	DETROL.....	91
DARAPRIM.....	44	DETROL LA.....	91
darifenacin er.....	91	dexamethasone.....	93
darunavir.....	54	dexamethasone sodium phosphate.....	93,114
DARZALEX.....	42	DEXEDRINE.....	77
DARZALEX FASPRO.....	42	dexmethylphenidate hcl.....	78
dasetta.....	96	dexrazoxane.....	43
daunorubicin hcl.....	32	dextroamphetamine sulfate.....	77
DAURISMO.....	36	dextroamphetamine sulfate er.....	77
DAYPRO.....	2	dextroamphetamine-amphet er.....	77
daysee.....	96	dextroamphetamine-amphetamine.....	77
DAYVIGO.....	120	dextrose 2.5%-0.45% nacl.....	84
DDAVP.....	94	dextrose 5%-0.2% nacl.....	84
deblitane.....	101	dextrose 5%-0.225% nacl.....	84
decadron.....	93	dextrose 5%-0.3% nacl.....	84
decitabine.....	32	dextrose 5%-0.33% nacl.....	84
deferasirox.....	85	dextrose 5%-0.45% nacl.....	84
DELSTRIGO.....	51	dextrose 5%-0.9% nacl.....	84
DELZICOL.....	110	dextrose in lactated ringers.....	84
demeclocycline hcl.....	14	dextrose in water.....	86
DEMSEK.....	72	DIACOMIT.....	15
DENGVAXIA.....	108	diazepam.....	17,57
DEPAKOTE.....	15	diazoxide.....	61
DEPAKOTE ER.....	15	diclofenac potassium.....	2
DEPAKOTE SPRINKLE.....	15	diclofenac sodium.....	2,83,114
DEPEN.....	93	diclofenac sodium er.....	2
		diclofenac sodium-misoprostol.....	2,3

dicloxacillin sodium	12	doxepin hcl	24,82,120
dicyclomine hcl	88	doxorubicin hcl	32
DIFICID	13	doxorubicin hcl liposome	32
DIFLUCAN	25	doxy 100	14
difluprednate	114	doxycycline hyclate	14
digitek	72	doxycycline ir-dr	80
digox	72	doxycycline monohydrate	14
digoxin	72	DRIZALMA SPRINKLE	22
dihydroergotamine mesylate	27	dronabinol	25
DILANTIN	19	drosiprenone-eth estra-levomef	97
DILANTIN-125	19	drosiprenone-ethinyl estradiol	97
dilt-xr	70	droxidopa	66
diltiazem 12hr er	70	DUAVEE	102
diltiazem 24hr er	70	DULERA	119
diltiazem 24hr er (cd)	70	duloxetine hcl	22
diltiazem 24hr er (la)	70	DUPIXENT PEN	105
diltiazem 24hr er (xr)	70	DUPIXENT SYRINGE	105
diltiazem hcl	70	DURAMORPH	5
dimethyl fumarate	79	DUREZOL	114
DIOVAN	67	dutasteride	92
DIOVAN HCT	72	dutasteride-tamsulosin	92
DIPENTUM	110		
diphenhydramine hcl	116	E	
diphenoxylate-atropine	87	E.E.S. 200	13
DIPHTHERIA-TETANUS TOXOIDS-PED	108	ec-naproxen	3
DIPROLENE	81	econazole nitrate	26
dipyridamole	66	EDARBI	67
disulfiram	7	EDARBYCLOR	72
divalproex sodium	15	EDURANT	51
divalproex sodium er	15	efavirenz	51,52
DIVIGEL	95	efavirenz-emtric-tenofovir disop	52
docetaxel	32	efavirenz-lamivudine-tenofovir disop	52
dofetilide	68	EFFEXOR XR	22
dolishale	97	EFUDEX	83
donepezil hcl	20	ELAPRASE	90
donepezil hcl odt	20	ELELYSO	90
dorzolamide hcl	115	ELIDEL	82
dorzolamide-timolol	112	ELIGARD	103
dotti	95	elinest	97
DOVATO	51	ELIQUIS	63
doxazosin mesylate	66	ELITEK	43

eluryng	97	ergotamine-caffeine	27
EMCYT	30	eribulin mesylate	32
EMEND	25	ERIVEDGE	36
EMGALITY PEN	27	ERLEADA	30
EMGALITY SYRINGE	27	erlotinib hcl	36
emoquette	97	errin	101
EMPLICITI	42	ertapenem	12
EMSAM	21	ERVEBO (NATIONAL STOCKPILE)	108
emtricitabine	52	ery	13
emtricitabine-tenofovir disop	52	ERY-TAB	13
EMTRIVA	52	ERYPED 200	13
emzahn	101	ERYPED 400	13
enalapril maleate	67	ERYTHROCIN LACTOBIONATE	13
enalapril-hydrochlorothiazide	72	ERYTHROCIN STEARATE	13
ENBREL	106	erythromycin	13,113
ENBREL MINI	106	erythromycin ethylsuccinate	13
ENBREL SURECLICK	106	erythromycin lactobionate	13
ENDARI	90	erythromycin-benzoyl peroxide	80
endocet	5	ESBRIET	119
ENGERIX-B ADULT	108	escitalopram oxalate	22
ENGERIX-B PEDIATRIC-ADOLESCENT	108	ESGIC	2
ENHERTU	42	esomeprazole magnesium	89
enilloring	101	esomeprazole sodium	89
enoxaparin sodium	63	estarylla	97
enpresse	97	ESTRACE	95
enskyce	97	estradiol	95
entacapone	45	estradiol (once weekly)	95
entecavir	55	estradiol (twice weekly)	95
ENTRESTO	72	estradiol valerate	95
ENTRESTO SPRINKLE	72	estradiol-norethindrone acetat	97
enulose	87	ESTRING	95
EPCLUSA	55	ethambutol hcl	28
EPIDIOLEX	15	ethosuximide	16
epinastine hcl	113	ethynodiol-ethinyl estradiol	97
epinephrine	117	etodolac	3
epitol	19	etodolac er	3
EPIVIR	53	etonogestrel-ethinyl estradiol	97
eplerenone	74	ETOPOPHOS	35
EPRONTIA	15	etoposide	35
EPZICOM	53	etravirine	52
ERBITUX	42	EULEXIN	30

EUTHYROX.....	102	fingolimod.....	79
everolimus.....	36,106	FINTEPLA.....	15
EVISTA.....	102	FIRAZYR.....	104
EVOMELA.....	29	FIRMAGON.....	103
EVOTAZ.....	54	flac otic oil.....	115
EXELON.....	20	FLAGYL.....	9
exemestane.....	35	flecainide acetate.....	68
EXFORGE.....	72	FLOMAX.....	92
EXFORGE HCT.....	72	fluconazole.....	26
EXJADE.....	86	fluconazole-nacl.....	26
EXKIVITY.....	37	flucytosine.....	26
EXTENCILLINE.....	12	fludarabine phosphate.....	32
EYSUVIS.....	114	fludrocortisone acetate.....	93
ezetimibe.....	75	flunisolide.....	116
ezetimibe-simvastatin.....	75	fluocinolone acetonide.....	82
		fluocinolone acetonide oil.....	116
F		fluocinonide.....	82
FABRAZYME.....	90	fluocinonide-e.....	82
falmina.....	97	fluorometholone.....	114
famciclovir.....	56	fluorouracil.....	31,83
famotidine.....	89	fluoxetine dr.....	22
FANAPT.....	47	fluoxetine hcl.....	22
FARESTON.....	30	fluphenazine decanoate.....	46
FARXIGA.....	58	fluphenazine hcl.....	46
FARYDAK.....	37	flurbiprofen.....	3
FASENRA.....	119	flurbiprofen sodium.....	114
FASENRA PEN.....	119	fluticasone propionate.....	82,116
FASLODEX.....	31	fluticasone propionate hfa.....	116
felbamate.....	15	fluticasone-salmeterol.....	120
FELDENE.....	3	fluvastatin sodium.....	75
felodipine er.....	70	fluvoxamine maleate.....	22
FEMARA.....	35	FML.....	114
femynor.....	97	FOCALIN.....	78
fenofibrate.....	74	FOLOTYN.....	31
fenofibric acid.....	74	fomepizole.....	86
fentanyl.....	4	fondaparinux sodium.....	63
fentanyl citrate.....	5	FORTEO.....	111
fesoterodine fumarate er.....	91	FOSAMAX.....	111
FETZIMA.....	22	fosamprenavir calcium.....	54
FINACEA.....	80	fosaprepitant dimeglumine.....	25
finasteride.....	92	fosinopril sodium.....	67

fosinopril-hydrochlorothiazide	72	GILENYA	79
fosphenytoin sodium	19	GILOTRIF	37
FOSRENOL	86	glatiramer acetate	79
FOTIVDA	37	glatopa	79
FRUZAQLA	37	GLEEVEC	37
FULPHILA	65	GLEOSTINE	29
fulvestrant	31	glimepiride	58
furosemide	73	glipizide	58
FUZEON	53	glipizide er	58
FYCOMPA	15	glipizide xl	58
		glipizide-metformin	58
G		GLUCAGEN	61
gabapentin	17	glucagon emergency kit	61
GABITRIL	17	glucose in water	86
galantamine er	20	GLUCOTROL XL	58,59
galantamine hbr	20	glyburide	59
galantamine hydrobromide	20	glyburide micronized	59
GAMMAGARD LIQUID	104	glyburide-metformin hcl	59
GAMMAGARD S-D	104	glycopyrrolate	88
GAMMAPLEX	104	glydo	6
GAMUNEX-C	104	GLYXAMBI	59
ganciclovir sodium	55	GOLYTELY	88
GARDASIL 9	108	granisetron hcl	25
GATTEX	88	GRANIX	65
gauze pads & dressings - pads 2 x 2	58	griseofulvin	26
gavilyte-c	88	griseofulvin ultramicrosize	26
gavilyte-g	88	guanfacine hcl	66
gavilyte-n	88	guanfacine hcl er	78
GAVRETO	37	GVOKE	61
GAZYVA	42	GVOKE HYPOPEN 1-PACK	61
gefitinib	37	GVOKE HYPOPEN 2-PACK	61
gemcitabine hcl	32	GVOKE PFS 1-PACK SYRINGE	61
gemfibrozil	74	GVOKE PFS 2-PACK SYRINGE	61
gemmily	97		
GEMTESA	92	H	
generlac	87	HADLIMA	106
gengraf	106	HADLIMA PUSH TOUCH	106
gentamicin sulfate	8,84,113	HADLIMA(CF)	106
gentamicin sulfate in ns	8	HADLIMA(CF) PUSH TOUCH	106
GENVOYA	51	HAEGARDA	104
GEODON	47	hailey	97

hailey 24 fe.....	97	HUMIRA(CF) PEN CROHN'S-UC-HS.....	107
hailey fe.....	97	HUMIRA(CF) PEN PEDIATRIC UC.....	107
HALAVEN.....	33	HUMIRA(CF) PEN PSOR-UV-ADOL HS..	107
HALDOL DECANOATE 100.....	46	HUMULIN 70-30.....	62
HALDOL DECANOATE 50.....	46	HUMULIN 70/30 KWIKPEN.....	62
halobetasol propionate.....	82	HUMULIN N.....	62
haloette.....	97	HUMULIN N KWIKPEN.....	62
haloperidol.....	46	HUMULIN R.....	62
haloperidol decanoate.....	46	HUMULIN R U-500.....	62
haloperidol decanoate 100.....	46	HUMULIN R U-500 KWIKPEN.....	62
haloperidol lactate.....	46	hydralazine hcl.....	76
HARVONI.....	55	HYDREA.....	31
HAVRIX.....	108	hydrochlorothiazide.....	74
heather.....	101	hydrocodone bitartrate er.....	4
HEMADY.....	93	hydrocodone-acetaminophen.....	5
heparin sodium.....	64	hydrocodone-ibuprofen.....	5
heparin sodium-d5w.....	64	hydrocortisone.....	82,93,110,111
HEPLISAV-B.....	108	hydrocortisone butyrate.....	82
HERCEPTIN.....	42	hydrocortisone valerate.....	82
HERCEPTIN HYLECTA.....	42	hydrocortisone-acetic acid.....	116
HERZUMA.....	42	hydromorphone hcl.....	5
HETLIOZ.....	120	hydroxychloroquine sulfate.....	44
HIBERIX.....	108	hydroxyprogesterone caproate.....	101
hidex.....	93	hydroxyurea.....	31
HUMALOG.....	61	hydroxyzine hcl.....	57
HUMALOG JUNIOR KWIKPEN.....	61	hydroxyzine pamoate.....	57
HUMALOG KWIKPEN U-100.....	61	HYZAAR.....	72
HUMALOG KWIKPEN U-200.....	61		
HUMALOG MIX 50-50.....	61		
HUMALOG MIX 50-50 KWIKPEN.....	61	ibandronate sodium.....	111
HUMALOG MIX 75-25.....	61	IBRANCE.....	37
HUMALOG MIX 75-25 KWIKPEN.....	62	ibu.....	3
HUMALOG TEMPO PEN U-100.....	62	ibuprofen.....	3
HUMATIN.....	8	icatibant.....	104
HUMIRA.....	106	iclevia.....	97
HUMIRA PEN.....	106	ICLUSIG.....	37
HUMIRA PEN CROHN'S-UC-HS.....	106	icosapent ethyl.....	75
HUMIRA PEN PSOR-UVEITS-ADOL HS..	107	idarubicin hcl.....	33
HUMIRA(CF).....	107	IDHIFA.....	37
HUMIRA(CF) PEDIATRIC CROHN'S.....	107	IFEX.....	33
HUMIRA(CF) PEN.....	107	ifosfamide.....	33

ILARIS	105	INVEGA SUSTENNA	47,48
ILEVRO	114	INVEGA TRINZA	48
imatinib mesylate	37	INVELTYS	114
IMBRUVICA	37	IPOL	108
IMFINZI	42	ipratropium bromide	117
imipenem-cilastatin sodium	12	ipratropium-albuterol	120
imipramine hcl	24	irbesartan	67
imiquimod	83	irbesartan-hydrochlorothiazide	72
IMITREX	27,28	IRESSA	37
IMLYGIC	33	irinotecan hcl	35
IMOVAX RABIES VACCINE	108	ISENTRESS	51
IMPAVIDO	9	ISENTRESS HD	51
IMURAN	107	isibloom	97
INBRIJA	45	isoniazid	29
incassia	101	isopropyl alcohol 0.7 ml/ml medicated pad	59
INCRELEX	94	ISORDIL TITRADOSE	76
INCRUSE ELLIPTA	117	isosorbide dinitrate	76
indapamide	74	isosorbide mononitrate	76
INDERAL LA	69	isosorbide mononitrate er	76
INDERAL XL	69	isotretinoin	80
indomethacin	3	isradipine	70
INFANRIX DTAP	108	ISTALOL	114
INLYTA	37	ISTODAX	33
INNOPRAN XL	69	itraconazole	26
inpen (for humalog)	62	ivabradine hcl	72
inpen (for novolog or fiasp)	62	ivermectin	44,83
INQOVI	33	IWILFIN	35
INREBIC	37	IXCHIQ	108
INSPRA	74	IXEMPRA	33
insulin pen needle	62	IXIARO	108
insulin syringe (disp) u-100 0.3 ml	62		
insulin syringe (disp) u-100 1 ml	62	J	
insulin syringe (disp) u-100 1/2 ml	62	JADENU	86
insulin syringe u-500	62	JADENU SPRINKLE	86
INTELENCE	52	jaimiess	97
INTRALIPID	86	JAKAFI	37
INTRON A	105	jantoven	64
introvale	97	JANUMET	59
INVANZ	12	JANUMET XR	59
INVEGA	47	JANUVIA	59
INVEGA HAFYERA	47	JARDIANCE	59

jasmiel	97	kionex	87
javygtor	90	KISQALI	37
JAYPIRCA	37	KISQALI FEMARA CO-PACK	33
JEMPERLI	42	KLARON	80
jencycla	101	klayesta	26
JENTADUETO	59	KLOR-CON 10	84
JENTADUETO XR	59	KLOR-CON 8	85
JEVTANA	37	klor-con m10	85
jolessa	97	KLOR-CON M15	85
juleber	97	klor-con m20	85
JULUCA	51	KLOXXADO	7
junel	97	KOMBIGLYZE XR	59
junel fe	97	KORLYM	103
junel fe 24	97	KOSELUGO	38
JUXTAPID	75	kourzeq	80
JYNNEOS	108	KRAZATI	38
JYNNEOS (NATIONAL STOCKPILE)	108	kurvelo	98
K			
KADCYLA	42	KUVAN	90
kaitlib fe	98	KYPROLIS	38
KALETRA	54	L	
kalliga	98	l-glutamine	90
KALYDECO	118	labetalol hcl	69
KANJINTI	42	lacosamide	19
kariva	98	LACRISERT	113
kcl-d5w-0.2% nacl	84	lactated ringers	85
kcl-d5w-0.225% nacl	84	lactulose	87
kcl-d5w-0.45% nacl	84	LAGEVRIO (COMMERCIAL)	120
kelnor 1-35	98	LAGEVRIO (USG DIST.)	120
kelnor 1-50	98	LAMICTAL	15
kemoplat	33	LAMICTAL (BLUE)	15
KEPIVANCE	80	lamivudine	53,55
KEPPRA	15	lamivudine hbv	55
KERENDIA	74	lamivudine-zidovudine	53
KESIMPTA PEN	79	lamotrigine	16
ketoconazole	26	lamotrigine (blue)	16
ketorolac tromethamine	114	lamotrigine er	16
KEYTRUDA	42	LANOXIN	72
KINERET	105	lansoprazole	89
KINRIX	108	lanthanum carbonate	86
		LANTUS	62

LANTUS SOLOSTAR.....	62	LEVOXYL.....	102
lapatinib.....	38	LEXAPRO.....	22
larin.....	98	LEXIVA.....	54
larin 24 fe.....	98	LIALDA.....	110
larin fe.....	98	LIBERVANT.....	17
larissia.....	98	LIBTAYO.....	42
LASIX.....	73	lidocaine.....	6
latanoprost.....	115	lidocaine hcl.....	6,68
LATUDA.....	48	lidocaine hcl laryngotracheal 4% solution.....	6
LAYOLIS FE.....	98	lidocaine hcl viscous.....	6
LAZCLUZE.....	38	lidocaine-prilocaine.....	6
ledipasvir-sofosbuvir.....	55	LIDOCAN II.....	6
leena.....	98	lidocan iii.....	6
leflunomide.....	107	LIDODERM.....	6
lenalidomide.....	30	LILETTA.....	92
lentocilin s.....	12	lillow.....	98
LENVIMA.....	38	lindane.....	83
lessina.....	98	linezolid.....	9
LETAIRIS.....	119	linezolid-0.9% nacl.....	9
letrozole.....	35	linezolid-d5w.....	9
leucovorin calcium.....	33	LINZESS.....	87
LEUKERAN.....	29	liothyronine sodium.....	102
LEUKINE.....	65	LIPITOR.....	75
leuprolide acetate.....	103	lisdexamfetamine dimesylate.....	77
leuprolide depot.....	103	lisinopril.....	67
levetiracetam.....	16	lisinopril-hydrochlorothiazide.....	72
levetiracetam er.....	16	lithium carbonate.....	57
levetiracetam-nacl.....	16	lithium carbonate er.....	57
LEVO-T.....	102	lithium citrate.....	57
levobunolol hcl.....	114	LITHOBID.....	57
levocarnitine.....	91	lo-zumandimine.....	98
levocarnitine sf.....	91	LOCOID LIPOCREAM.....	82
levocetirizine dihydrochloride.....	117	LOESTRIN.....	98
levofloxacin.....	14	LOESTRIN FE.....	98
levofloxacin-d5w.....	14	lojaimiess.....	98
levonest.....	98	LONSURF.....	33
levonorg-eth estrad eth estrad.....	98	loperamide.....	87
levonorgestrel-eth estradiol.....	98	LOPID.....	74
levora-28.....	98	lopinavir-ritonavir.....	54
levorphanol tartrate.....	4	LOPRESSOR.....	69
levothyroxine sodium.....	102	LOPROX.....	26

lorazepam	57	magnesium sulfate	85
lorazepam intensol	57	MALARONE	44
LORBRENA	38	malathion	83
loryna	98	maraviroc	53
losartan potassium	67	MARGENZA	42
losartan-hydrochlorothiazide	72	marlissa	98
LOSEASONIQUE	98	MARPLAN	21
LOTENSIN	68	MATULANE	29
LOTENSIN HCT	72	matzim la	70
LOTRONEX	88	MAXALT	28
lovastatin	75	MAXALT MLT	28
LOVAZA	76	MAXITROL	112
LOVENOX	64	MAXZIDE	72
low-ogestrel	98	MAXZIDE-25 MG	72
loxapine	46	MAYZENT	79
lubiprostone	87	meclizine hcl	24
LUMAKRAS	38	MEDROL	93
LUMIGAN	115	medroxyprogesterone acetate	101
LUMIZYME	91	mefloquine hcl	44
LUMOXITI	42	megestrol acetate	102
LUMRYZ	121	MEKINIST	38
LUPRON DEPOT	103	MEKTOVI	38
LUPRON DEPOT (LUPANETA)	103	meloxicam	3
LUPRON DEPOT-PED	103	melphalan hcl	29
lurasidone hcl	48	memantine hcl	20
lutra	98	memantine hcl er	20
LYBALVI	48	MENACTRA	109
lyleq	101	MENEST	95
lyllana	95	MENQUADFI	109
LYNPARZA	38	MENVEO A-C-Y-W-135-DIP	109
LYRICA	16,17	mercaptapurine	31
LYSODREN	103	meropenem	12
LYTGOBI	38	meropenem-0.9% nacl	13
LYUMJEV	62	merzee	98
LYUMJEV KWIKPEN U-100	62	mesalamine	110
LYUMJEV KWIKPEN U-200	62	mesalamine dr	110
LYUMJEV TEMPO PEN U-100	62	mesalamine er	110
lyza	101	mesna	43
M		MESNEX	43
M-M-R II VACCINE	108	MESTINON	28
		metformin hcl	59

metformin hcl er	59,60	mili	99
methadone hcl	4	mimvey	99
methazolamide	72	MINIPRESS	66
methenamine hippurate	9	minocycline hcl	14
methimazole	104	minoxidil	76
methocarbamol	120	MIRCETTE	99
methotrexate	107	mirtazapine	21
methotrexate sodium	107	misoprostol	89
methoxsalen	83	mitomycin	33
methscopolamine bromide	88	mitoxantrone hcl	33
methsuximide	17	modafinil	121
methylergonovine maleate	93	moexipril hcl	68
methylphenidate er	78	molindone hcl	46
methylphenidate hcl	78	mometasone furoate	82,116
methylprednisolone	93	mondoxyne nl	14
methylprednisolone sodium succ	93	MONJUVI	42
methyltestosterone	94	mono-lynyah	99
metoclopramide hcl	88	montelukast sodium	117
metolazone	74	morphine sulfate	5
metoprolol succinate	69	morphine sulfate er	4
metoprolol tartrate	69	MOUNJARO	60
metoprolol-hydrochlorothiazide	72	MOVANTIK	87
METRO IV	9	MOVIPREP	88
METROCREAM	84	MOXEZA	113
METROGEL	84	moxifloxacin	14,113
METROLOTION	84	moxifloxacin hcl	14
metronidazole	9,84	MOZOBIL	65
metyrosine	72	MRESVIA	109
mexiletine hcl	68	MULTAQ	68
MIACALCIN	111	mupirocin	84
micafungin	26	MUTAMYCIN	33
micafungin-0.9% nacl	26	MVASI	42
MICARDIS	67	MYALEPT	88
MICARDIS HCT	72,73	MYCOBUTIN	28
microgestin	98	mycophenolate mofetil	107
microgestin 24 fe	99	mycophenolic acid	107
microgestin fe	99	MYFORTIC	107
midodrine hcl	66	MYHIBBIN	107
mifepristone	103	MYLOTARG	42
miglustat	91	myorisan	80
MIGRANAL	27	MYRBETRIQ	92

MYSOLINE	17	nevirapine er	52
N		NEXAVAR	38
nabumetone	3	NEXIUM	89
nadolol	69	NEXIUM I.V.	89
nafcillin	12	niacin er	76
nafcillin sodium	12	nicardipine hcl	70
NAGLAZYME	91	NICOTROL	7
naloxone hcl	7	NICOTROL NS	7
naltrexone hcl	7	nifedipine er	70
NAMENDA	20	nikki	99
naproxen	3	NILANDRON	30
naproxen sodium	3,4	nilutamide	30
naratriptan hcl	28	nimodipine	70
NARCAN	7	NINLARO	33
NARDIL	21	NIPENT	33
NATACYN	113	nisoldipine	70
nateglinide	60	nitazoxanide	44
NATPARA	111	nitisinone	91
NAYZILAM	17	NITRO-BID	76
nebivolol hcl	69	nitrofurantoin	9
NEBUPENT	44	nitrofurantoin mono-macro	9
necon	99	nitroglycerin	76
needles, insulin disp., safety	62	nitroglycerin patch	76
nefazodone hcl	22,23	NITROLINGUAL	76
nelarabine	33	NITROSTAT	76
neo-polycin	113	NIVESTYM	65
neo-polycin hc	112	nizatidine	89
neomycin sulfate	8	nora-be	102
neomycin-bacitracin-poly-hc	112	norethin-eth estra-ferrous fum	99
neomycin-bacitracin-polymyxin	113	norethindron-ethinyl estradiol	99
neomycin-polymyxin b	9	norethindrone	102
neomycin-polymyxin-dexameth	112	norethindrone ac (lupaneta)	102
neomycin-polymyxin-gramicidin	113	norethindrone acetate	102
neomycin-polymyxin-hc	116	norethindrone-e.estradiol-iron	99
neomycin-polymyxin-hydrocort	116	norgestimate-ethinyl estradiol	99
NEORAL	107	norlyda	102
NERLYNX	38	NORPRAMIN	24
NEUPRO	45	NORTHERA	66
NEURONTIN	17,18	nortrel	99
nevirapine	52	nortriptyline hcl	24
		NORVASC	70

NORVIR.....	54	omnipod 5 g6 intro kit (gen 5).....	62
novopen echo.....	62	omnipod 5 g6 pods (gen 5).....	62
NOXAFIL.....	26	omnipod 5 g6-g7 intro kt(gen5).....	62
NUBEQA.....	30	omnipod 5 g6-g7 pods (gen 5).....	62
NUDEXTA.....	78	omnipod classic pdm kit(gen 3).....	62
NULOJIX.....	105	omnipod classic pods (gen 3).....	62
NULYTELY.....	88	omnipod dash intro kit (gen 4).....	63
NUPLAZID.....	48	omnipod dash pdm kit (gen 4).....	63
NURTEC ODT.....	27	omnipod dash pods (gen 4).....	63
NUTRILIPID.....	86	omnipod go pods.....	63
NUVARING.....	99	OMNITROPE.....	94
NUVIGIL.....	121	ONCASPAR.....	33
NUZYRA.....	14	ondansetron hcl.....	25
nyamyc.....	26	ondansetron odt.....	25
nylia.....	99	ONFI.....	18
nymyo.....	99	ONGLYZA.....	60
nystatin.....	26	ONIVYDE.....	35
nystatin-triamcinolone.....	83	ONTRUZANT.....	42
nystop.....	26	ONUREG.....	33
		OPDIVO.....	42
O		OPSUMIT.....	119
OCALIVA.....	88	ORACEA.....	80
ocella.....	99	ORALAIR.....	120
octreotide acetate.....	103	oralone.....	80
OCUFLOX.....	113	ORENCIA.....	105
ODEFSEY.....	53	ORENCIA CLICKJECT.....	105
ODOMZO.....	38	ORFADIN.....	91
OFEV.....	119	ORGOVYX.....	103
ofloxacin.....	14,113,116	ORKAMBI.....	118
OGIVRI.....	42	ORSERDU.....	31
OGSIVEO.....	38	orsythia.....	99
OJEMDA.....	39	oseltamivir phosphate.....	56
OJJAARA.....	39	OTEZLA.....	83
olanzapine.....	48	OVIDE.....	83
olanzapine odt.....	48	oxaliplatin.....	34
olmesartan medoxomil.....	67	oxaprozin.....	4
olmesartan-amlodipine-hctz.....	73	oxazepam.....	57
olmesartan-hydrochlorothiazide.....	73	oxcarbazepine.....	19
olopatadine hcl.....	114,117	oxybutynin chloride.....	92
omega-3 acid ethyl esters.....	76	oxybutynin chloride er.....	92
omeprazole.....	89,90	oxycodone hcl.....	6

oxycodone-acetaminophen	6	pentoxifylline	73
OZEMPIC	60	perindopril erbumine	68
P			
pacerone	68	periogard	80
paclitaxel	34	PERJETA	42
PADCEV	42	permethrin	83
paliperidone er	48	perphenazine	24
palonosetron hcl	25	PERSERIS	48
PALYNZIQ	91	pfizerpen	12
PANRETIN	43	phenelzine sulfate	21
pantoprazole sodium	90	phenobarbital	18
paraplatin	34	phenobarbital sodium	18
paricalcitol	111	phenoxybenzamine hcl	66
PARNATE	21	PHENYTEK	19
paromomycin sulfate	8	phenytoin	19
paroxetine cr	23	phenytoin sodium extended	19
paroxetine er	23	PHESGO	42
paroxetine hcl	23	philith	99
PAXIL	23	PIFELTRO	52
PAXLOVID	120	pilocarpine hcl	80,115
pazopanib hcl	39	pimecrolimus	82
PEDIARIX	109	pimozide	46
PEDVAXHIB	109	pimtreea	99
peg 3350-electrolyte	88	pindolol	69
peg-3350 and electrolytes	88	pioglitazone hcl	60
peg3350-sod sul-nacl-kcl-asb-c	88	pioglitazone-glimepiride	60
PEGASYS	105	pioglitazone-metformin	60
PEMAZYRE	39	piperacillin-tazobactam	12
pemetrexed	34	PIQRAY	39
pemetrexed disodium	34	pirfenidone	119
PENBRAYA	109	pirmella	99
penicillamine	93	piroxicam	4
penicillin g potassium	12	PLAQUENIL	44
penicillin g sodium	12	PLAVIX	66
penicillin gk-iso-osm dextrose	12	PLEGRIDY	79
penicillin v potassium	12	PLEGRIDY PEN	79
PENTACEL	109	plerixafor	65
PENTAM 300	44	podofilox	83
pentamidine isethionate	44	POLIVY	42
PENTASA	110	polycin	113
		polymyxin b sul-trimethoprim	113
		POMALYST	30

portia.....	99	PROAIR RESPICLICK.....	117
PORTRAZZA.....	42	probenecid.....	27
posaconazole.....	26	probenecid-colchicine.....	27
potassium chloride.....	85	PROCARDIA XL.....	70
potassium chloride in d5lr.....	84	prochlorperazine.....	24
potassium chloride proamp.....	85	prochlorperazine edisylate.....	24
potassium chloride-0.45% nacl.....	85	prochlorperazine maleate.....	24
potassium chloride-dextrose 5%.....	84	PROCRIT.....	65
potassium citrate er.....	85	procto-med hc.....	111
POTELIGEO.....	42	procto-pak.....	111
PRADAXA.....	64	proctosol-hc.....	111
pramipexole dihydrochloride.....	45	proctozone-hc.....	111
prasugrel hcl.....	66	progesterone.....	102
pravastatin sodium.....	75	PROGLYCEM.....	61
praziquantel.....	44	PROGRAF.....	107
prazosin hcl.....	66	PROLASTIN C.....	91
PRED FORTE.....	114	PROLENSA.....	114
PRED MILD.....	114	PROLIA.....	111
prednicarbate.....	82	PROMACTA.....	65
prednisolone.....	93	promethazine hcl.....	24
prednisolone acetate.....	114	promethegan.....	25
prednisolone sodium phosphate.....	93,114	propafenone hcl.....	68
prednisone.....	94	propafenone hcl er.....	68
pregabalin.....	17	propranolol hcl.....	69
PREGNYL.....	94	propranolol hcl er.....	69
PREHEVBRIO.....	109	propylthiouracil.....	104
PREMARIN.....	95	PROQUAD.....	109
PREMPHASE.....	99	PROSCAR.....	92
PREMPRO.....	99	PROTONIX.....	90
PREVACID.....	90	protriptyline hcl.....	24
prevalite.....	76	PROVERA.....	102
previfem.....	99	PROZAC.....	23
PREVYMIS.....	55	PRUDOXIN.....	82
PREZCOBIX.....	54	PULMOZYME.....	118
PREZISTA.....	54,55	PURIXAN.....	31
PRIFTIN.....	29	PYLERA.....	88
primaquine.....	44	pyrazinamide.....	29
primidone.....	18	pyridostigmine bromide.....	28
PRIORIX.....	109	pyridostigmine bromide er.....	28
PRISTIQ.....	23	pyrimethamine.....	44
PROAIR HFA.....	117		

Q

QINLOCK	39
QUADRACEL DTAP-IPV	109
quetiapine fumarate	48
quetiapine fumarate er	48
quinapril hcl	68
quinapril-hydrochlorothiazide	73
quinidine gluconate	68
quinidine sulfate	68
quinine sulfate	44
QVAR REDIHALER	116

R

RABAVERT	109
rabeprazole sodium	90
raloxifene hcl	102
ramelteon	120
ramipril	68
ranolazine er	73
RAPAFLO	92
RAPAMUNE	107
rasagiline mesylate	46
reclipsen	99
RECOMBIVAX HB	109
RECTIV	76
REGLAN	88
REGANEX	83
RELAFEN	4
RELENZA	56
RELISTOR	87
REMERON	21
REMODULIN	119
RENFLEXIS	107
REVELA	86,87
repaglinide	60
REPATHA PUSHTRONEX	76
REPATHA SURECLICK	76
REPATHA SYRINGE	76
RESTASIS	112
RESTASIS MULTIDOSE	112

RETACRIT	65
RETEVMO	39
RETIN-A	80
RETROVIR	53
REVCovi	91
REVLIMID	30
REXULTI	48
REYATAZ	55
REZLIDHIA	39
RHOPRESSA	115
RIABNI	42
ribavirin	56,120
RIDAURA	105
rifabutin	28
RIFADIN	29
rifampin	29
riluzole	78
RINVOQ	105
risedronate sodium	111
risedronate sodium dr	112
RISPERDAL	49
RISPERDAL CONSTA	49
risperidone	49
risperidone er	49
risperidone odt	49
RITALIN	78
ritonavir	55
RITUXAN	43
RITUXAN HYCELA	43
rivastigmine	20
rizatriptan	28
ROCALTROL	112
ROCKLATAN	115
roflumilast	118
romidepsin	34
ropinirole er	45
ropinirole hcl	45
rosadan	84
rosuvastatin calcium	75
ROTARIX	109
ROTATEQ	109

ROWASA.....	110	setlakin.....	100
roweepra.....	16	sevelamer carbonate.....	87
ROXICODONE.....	6	SFROWASA.....	110
ROZEREM.....	120	sharobel.....	102
ROZLYTREK.....	39	SHINGRIX.....	109
RUBRACA.....	39	SIGNIFOR.....	103
rufinamide.....	19	SIGNIFOR LAR.....	103
RUKOBIA.....	54	sildenafil citrate.....	119
RUXIENCE.....	43	SILENOR.....	120
RYBELSUS.....	60	silodosin.....	92
RYBREVANT.....	43	SILVADENE.....	83
RYDAPT.....	39	silver sulfadiazine.....	83
RYLAZE.....	34	SIMBRINZA.....	115
RYTARY.....	45	simliya.....	100
RYTHMOL SR.....	68	simpesse.....	100
S		SIMULECT.....	107
SABRIL.....	18	simvastatin.....	75
sajazir.....	104	SINEMET 10-100.....	45
SALAGEN.....	80	SINEMET 25-100.....	45
SAMSCA.....	86	SINGULAIR.....	117
SANDIMMUNE.....	107	sirolimus.....	107
SANDOSTATIN LAR DEPOT.....	103	SIRTURO.....	29
SANTYL.....	83	SIVEXTRO.....	9
SAPHRIS.....	49	SKYLA.....	92
sapropterin dihydrochloride.....	91	SKYRIZI.....	105
SARCLISA.....	43	SKYRIZI ON-BODY.....	105
saxagliptin hcl.....	60	SKYRIZI PEN.....	105
saxagliptin-metformin er.....	60	sod sulf-potass sulf-mag sulf.....	88
SCSEMBLIX.....	39	sodium chloride.....	85
scopolamine.....	25	sodium chloride-water.....	85
SEASONIQUE.....	99	sodium oxybate.....	121
SECUADO.....	49	sodium phenylbutyrate.....	91
selegiline hcl.....	46	sodium polystyrene sulfonate.....	87
selenium sulfide.....	82	sofosbuvir-velpatasvir.....	56
SELZENTRY.....	54	solifenacin succinate.....	92
SENSIPAR.....	112	SOLIQUA 100-33.....	60
SEREVENT DISKUS.....	117	SOLTAMOX.....	31
SEROQUEL.....	49	SOLU-MEDROL.....	94
SEROQUEL XR.....	49	SOMATULINE DEPOT.....	103
sertraline hcl.....	23	SOMAVERT.....	103
		SOOLANTRA.....	83

sorafenib	39	sumatriptan succinate	28
sorine	68	sunitinib malate	39,40
sotalol	68	SUNLENCA	54
sotalol af	68	SUPRAX	11
SOVALDI	56	SUPREP	88
SPIRIVA HANDIHALER	117	SUTAB	89
SPIRIVA RESPIMAT	117	SUTENT	40
spironolactone	74	syeda	100
spironolactone-hctz	73	SYMFI	52
SPORANOX	26	SYMFI LO	52
SPRAVATO	21	SYMLINPEN 120	60
sprintec	100	SYMLINPEN 60	60
SPRITAM	16	SYMPAZAN	18
SPRYCEL	39	SYMTUZA	55
SPS	87	SYNAGIS	104
sronyx	100	SYNAREL	103
SSD	83	SYNJARDY	60
STAMARIL	109	SYNJARDY XR	60
stavudine	53	SYNRIBO	34
STELARA	105	SYNTHROID	102
STIOLTO RESPIMAT	120	SYPRINE	86
STIVARGA	39		
STRATTERA	78	T	
STRENSIQ	91	TABLOID	31
streptomycin sulfate	8	TABRECTA	40
STRIBILD	51	tacrolimus	82,107
STROMECTOL	44	tadalafil	119
SUBLOCADE	7	TAFINLAR	40
SUBOXONE	7	TAGRISSO	40
subvenite	16	TALZENNA	40
subvenite (blue)	16	TAMIFLU	56
sucralfate	89	tamoxifen citrate	31
SULAR	70	tamsulosin hcl	92
sulfacetamide sodium	81,113	taperdex	94
sulfacetamide-prednisolone	112	TARCEVA	40
sulfadiazine	14	TARGRETIN	43
sulfamethoxazole-trimethoprim	14	tarina 24 fe	100
sulfasalazine	110	tarina fe	100
sulfasalazine dr	110	tarina fe 1-20 eq	100
sulindac	4	TASIGNA	40
sumatriptan	28	tasimelteon	120

TASMAR.....	45	thioridazine hcl.....	46
taysofy.....	101	thiotepa.....	34
tazarotene.....	81	thiothixene.....	46
tazicef.....	11	THYMOGLOBULIN.....	104
TAZORAC.....	81	tiadylt er.....	70
taztia xt.....	70	tiagabine hcl.....	18
TAZVERIK.....	40	TIAZAC.....	71
TDVAX.....	109	TIBSOVO.....	40
TECENTRIQ.....	43	TICOVAC.....	109
TECFIDERA.....	79	tigecycline.....	9
TEFLARO.....	11	TIKOSYN.....	68
TEGRETOL.....	19	tilia fe.....	100
TEGRETOL XR.....	19	timolol maleate.....	69,115
TEKTURNA.....	73	TIMOPTIC.....	115
telmisartan.....	67	TIMOPTIC OCUDOSE.....	115
telmisartan-amlodipine.....	73	TIROSINT.....	102
telmisartan-hydrochlorothiazid.....	73	TIROSINT-SOL.....	102
temazepam.....	121	TIVICAY.....	51
TEMODAR.....	29	TIVICAY PD.....	51
temsirolimus.....	40	tizanidine hcl.....	51
tencon.....	2	TOBRADEX.....	112
TENIVAC.....	109	tobramycin.....	113,118
tenofovir disoproxil fumarate.....	53	tobramycin sulfate.....	8
TENORETIC 100.....	73	tobramycin-dexamethasone.....	113
TENORETIC 50.....	73	tolcapone.....	45
TENORMIN.....	69	tolterodine tartrate.....	92
TEPMETKO.....	40	tolterodine tartrate er.....	92
terazosin hcl.....	66	tolvaptan.....	86
terbinafine hcl.....	26	topiramate.....	16
terbutaline sulfate.....	118	toposar.....	35
terconazole.....	26	topotecan hcl.....	35
teriparatide.....	112	TOPROL XL.....	69
testosterone.....	94,95	toremifene citrate.....	31
testosterone cypionate.....	95	TORISEL.....	40
testosterone enanthate.....	95	torpenz.....	40
tetrabenazine.....	78	torse mide.....	74
tetracycline hcl.....	15	TOUJEO MAX SOLOSTAR.....	63
THALOMID.....	30	TOUJEO SOLOSTAR.....	63
THEO-24.....	118	TOVIAZ.....	92
theophylline anhydrous.....	118	TRACLEER.....	119
theophylline er.....	118	TRADJENTA.....	60

tramadol hcl.....	6	TRIKAFTA.....	118
tramadol hcl er.....	4	triklo.....	76
tramadol hcl-acetaminophen.....	6	TRILEPTAL.....	19
trandolapril.....	68	trimethoprim.....	9
trandolapril-verapamil er.....	73	trimipramine maleate.....	24
tranexamic acid.....	65	TRINTELLIX.....	23
tranylcypramine sulfate.....	21	TRISENOX.....	34
TRAVASOL.....	86	TRIUMEQ.....	53
TRAVATAN Z.....	115	TRIUMEQ PD.....	53
travoprost.....	115	trivora-28.....	100
TRAZIMERA.....	43	TRIZIVIR.....	53
trazodone hcl.....	23	TRODELVY.....	43
TREANDA.....	34	TROGARZO.....	54
TRECATOR.....	29	TROPHAMINE.....	86
TRELEGY ELLIPTA.....	120	trospium chloride.....	92
TRELSTAR.....	103	trospium chloride er.....	92
TREMFYA.....	105	TRULICITY.....	61
treprostinil.....	119	TRUMENBA.....	109
tretinoin.....	43,81	TRUQAP.....	40
tri femynor.....	100	TRUVADA.....	53
tri-estarylla.....	100	TRUXIMA.....	43
tri-legest fe.....	100	TUKYSA.....	40
tri-linyah.....	100	tulana.....	102
tri-lo-estarylla.....	100	TURALIO.....	40
tri-lo-marzia.....	100	turqoz.....	101
tri-lo-mili.....	100	TWINRIX.....	109
tri-lo-sprintec.....	100	TYBLUME.....	100
tri-mili.....	100	TYBOST.....	54
tri-nymyo.....	100	tydemy.....	100
tri-previfem.....	100	TYGACIL.....	9
tri-sprintec.....	100	TYKERB.....	40
tri-vylibra.....	100	TYMLOS.....	112
tri-vylibra lo.....	100	TYPHIM VI.....	109
triamcinolone acetonide.....	80,82	TYSABRI.....	79
triamterene-hydrochlorothiazid.....	73		
TRIBENZOR.....	73	U	
tridacaine ii.....	6	UBRELVY.....	27
triderm.....	82	UDENYCA.....	65
trientine hcl.....	86	UDENYCA AUTOINJECTOR.....	65
trifluoperazine hcl.....	46	UDENYCA ONBODY.....	65
trifluridine.....	113	UNITHROID.....	103

UNITUXIN.....	43	venlafaxine hcl er.....	23
ursodiol.....	89	VENTAVIS.....	119
UZEDY.....	49,50	VENTOLIN HFA.....	118
V			
v-go 20.....	63	verapamil er.....	71
v-go 30.....	63	verapamil er pm.....	71
v-go 40.....	63	verapamil hcl.....	71
VAGIFEM.....	95	verapamil sr.....	71
valacyclovir.....	56	VERELAN.....	71
VALCHLOR.....	29	VERELAN PM.....	71
VALCYTE.....	55	VERQUVO.....	73
valganciclovir hcl.....	55	VERSACLOZ.....	51
valproate sodium.....	16	VERZENIO.....	41
valproic acid.....	16	vestura.....	100
valsartan.....	67	VFEND IV.....	27
valsartan-hydrochlorothiazide.....	73	vgo 20.....	63
VALTOCO.....	18	vgo 30.....	63
VALTREX.....	56	vgo 40.....	63
vancomycin.....	9	VIBERZI.....	88
vancomycin hcl.....	10	VIBRAMYCIN.....	15
vancomycin hcl-0.9% nacl.....	10	VICTOZA 2-PAK.....	61
vancomycin hcl-d5w.....	10	VICTOZA 3-PAK.....	61
VANDAZOLE.....	10	vienna.....	100
VANFLYTA.....	40	vigabatrin.....	18
VAQTA.....	109	vigadrone.....	18
varenicline tartrate.....	7	VIGAFYDE.....	18
VARIVAX VACCINE.....	109	VIGAMOX.....	113
VASCEPA.....	76	vigpoder.....	18
VASERETIC.....	73	VIIBRYD.....	23
VASOTEC.....	68	vilazodone hcl.....	23
VECTIBIX.....	43	VIMPAT.....	19
VEGZELMA.....	43	vinblastine sulfate.....	34
VELCADE.....	40	vincasar pfs.....	34
velivet.....	100	vincristine sulfate.....	34
VELPHORO.....	87	vinorelbine tartrate.....	34
VELTASSA.....	87	viorele.....	101
VENCLEXTA.....	40,41	VIRACEPT.....	55
VENCLEXTA STARTING PACK.....	41	VIREAD.....	53
venlafaxine besylate er.....	23	VITRAKVI.....	41
venlafaxine hcl.....	23	VIVITROL.....	7
		VIZIMPRO.....	41
		volnea.....	101

VONJO.....	41	XOPENEX HFA.....	118
VORANIGO.....	41	XOSPATA.....	41
voriconazole.....	27	XPOVIO.....	34
VOSEVI.....	56	XTANDI.....	30
VOTRIENT.....	41	XYLOCAINE.....	6
VPRIV.....	91	XYLOCAINE-MPF.....	7
VRAYLAR.....	50		
VUMERITY.....	79	Y	
vyfemla.....	101	yargesa.....	91
vylibra.....	101	YASMIN 28.....	101
VYNDAMAX.....	91	YAZ.....	101
VYNDAQEL.....	91	YERVOY.....	43
VYTORIN.....	76	YF-VAX.....	109
VYVANSE.....	77	YONDELIS.....	29
VYXEOS.....	34	YONSA.....	30
		yuvafem.....	95
W			
warfarin sodium.....	64	Z	
water.....	86	zafirlukast.....	117
WELIREG.....	34	zaleplon.....	121
WELLBUTRIN SR.....	21	ZALTRAP.....	30
WELLBUTRIN XL.....	21	ZANOSAR.....	34
wera.....	101	zarah.....	101
wixela inhub.....	120	ZARONTIN.....	17
wymzya fe.....	101	ZEBUTAL.....	2
		ZEJULA.....	41
X		ZELBORAF.....	41
XALKORI.....	41	ZEMPLAR.....	112
XARELTO.....	64	zenatane.....	81
XATMEP.....	108	ZENPEP.....	91
XCOPRI.....	16	zenzedi.....	77
XELJANZ.....	105	ZEPATIER.....	56
XELJANZ XR.....	105	ZEPZELCA.....	29
XENAZINE.....	78	ZESTORETIC.....	73
XERMELO.....	88	ZESTRIL.....	68
XGEVA.....	112	ZETIA.....	76
XHANCE.....	116	ZIAC.....	73
XIFAXAN.....	89	ZIAGEN.....	53
XIGDUO XR.....	61	zidovudine.....	53
XOFLUZA.....	56	ZIEXTENZO.....	65
XOLAIR.....	105	ziprasidone hcl.....	50

ziprasidone mesylate.....	50
ZIRABEV.....	43
ZITHROMAX.....	13
ZITHROMAX TRI-PAK.....	13
ZOCOR.....	75
ZOKINVY.....	91
zoledronic acid.....	112
ZOLINZA.....	34
zolmitriptan odt.....	28
ZOLOFT.....	23,24
zolpidem tartrate.....	121
ZONALON.....	83
ZONEGRAN.....	19
ZONISADE.....	20
zonisamide.....	20
ZONTIVITY.....	64
ZORTRESS.....	108
ZOSYN.....	12
zovia 1-35.....	101
ZOVIRAX.....	56
ZTALMY.....	18
ZTLIDO.....	7
zumandimine.....	101
ZURZUVAE.....	21
ZYDELIG.....	41
ZYKADIA.....	41
ZYLOPRIM.....	27
ZYNLONTA.....	43
ZYPREXA.....	50
ZYPREXA RELPREVV.....	50
ZYPREXA ZYDIS.....	50
ZYVOX.....	10

Retiree RxCare

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You can find information on what the symbols and abbreviations on this table mean by going to the cover pages