



# Retiree RxCare

## 2025 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. 24413, Versión 7

Este formulario se actualizó el 12 de Diciembre de 2024. No hemos realizado cambios a este formulario Desde el 12/12/2024. 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, 24 horas al día, 7 días a la semana, 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 Enero de 2025. 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 Enero de 2025 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 immeditar lo 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 2025 que estaba cubierto a principios de año, no suspenderemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, 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 Enero de 2025, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese 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 1. 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 119. 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 zolpidemtartrato 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.

**ST:** Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

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, muéstrasela 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

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 cobertura 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](http://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 110.

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

<b>Nivel</b>	<b>Nombre</b>
1	Genéricas preferidas
2	Marcas preferidas
3	Medicamentos no preferidos
4	Medicamentos de Especialidad
<b>Abreviatura</b>	<b>Definición</b>
<b>PA</b> 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>B/D</b> 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.
<b>QL</b> 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.
<b>ST</b> Terapia escalonada	Debe probar una alternativa de tratamiento preferida antes de que la cobertura esté disponible para este medicamento.

## (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Analgesics</b>		
<b>Analgesics, Other</b>		
<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)
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
ARTHROTEC 50	3	QL (120 PER 30 DAYS)
ARTHROTEC 75	3	QL (90 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 1.5% topical soln</i>	1	PA
<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.**

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<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>indomethacin er</i>	1	QL (60 PER 30 DAYS)
<i>ketorolac 10 mg tablet</i>	1	
<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.**

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<i>sulindac</i>	1	QL (60 PER 30 DAYS)

### **Opioid Analgesics, Long-acting**

BELBUCA	2	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 10 mg/ml spray</i>	1	QL (48 PER 30 DAYS)
<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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 (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>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	1	QL (180 PER 30 DAYS)
<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 ir 15 mg tab</i>	2	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	2	QL (180 PER 30 DAYS)
<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)
<b>ROXICODONE 15 MG TABLET</b>	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
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>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 4% solution</i>	1	PA, QL (150 PER 30 DAYS)
<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)
<i>lidocan iv</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	1	PA, QL (90 PER 30 DAYS)
LIDODERM	4	PA, QL (90 PER 30 DAYS)
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 flm)</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>naltrexone 50 mg tablet</i>	1	
SUBLOCADE	4	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	3	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	3	QL (120 PER 30 DAYS)
VIVITROL	4	

### Opioid Reversal Agents

KLOXXADO	3	
<i>naloxone hcl (0.4 mg/ml carpuject, 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	
OPVEE	3	

### Smoking Cessation Agents

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

### Antibacterials

#### Aminoglycosides

<i>amikacin sulfate</i>	1	
ARIKAYCE	4	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (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>streptomycin sulfate</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>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	
<b>Antibacterials, Other</b>		
AZACTAM	3	
<i>aztreonam 1 gm vial</i>	1	
<i>aztreonam 2 gm vial</i>	4	
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)	3	
CLEOCIN T 1% LOTION	3	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<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	

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>linezolid 100 mg/5 ml susp</i>	4	PA
<i>linezolid 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>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>tinidazole</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
TYGACIL	4	
<i>vancomycin hcl (1 gm add-van vial, 1 gm 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 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	4	PA
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 1 g/50 ml-dextrose</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>cefazolin sodium (1 gm add-van vial, 1 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>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	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime 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 (1 gm vial, 2 gm vial, 6 gm vial)</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	
<i>tazicel</i>	1	
TEFLARO	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	

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>amoxicillin-clavulanate potass (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	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	1	
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>pen g k 3 million unit/50 ml</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</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 GALAXY BAG	3	

### Carbapenems

<i>ertapenem</i>	1	
<i>imipenem-cilastatin 250 mg vl</i>	2	
<i>imipenem-cilastatin 500 mg vl</i>	1	
INVANZ	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>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1	
<i>meropenem-0.9% nacl</i>	1	
<b>Macrolides</b>		
<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>	2	
<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	
<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	
<b>Quinolones</b>		
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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</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	
<b>Sulfonamides</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	1	
<b>Tetracyclines</b>		
<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	
<i>tetracycline hcl (250 mg capsule, 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
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	4	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	4	QL (600 PER 30 DAYS)
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, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	1	
FINTEPLA	4	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	4	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	3	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	3	
KEPPRA 1,000 MG TABLET	4	
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	
<i>lamotrigine</i>	1	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
<i>roweepra 500 mg tablet</i>	1	
<b>SPRITAM</b>	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>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	

### **Calcium Channel Modifying Agents**

<b>CELONTIN</b>	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
<i>methsuximide</i>	1	
<b>ZARONTIN 250 MG CAPSULE</b>	3	

### **Gamma-aminobutyric Acid (GABA) Modulating 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 syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	1	QL (5 PER 30 DAYS)
<i>diazepam 2.5mg rectal gel(2pk)</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)

**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>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)
LIBERVANT	4	QL (10 PER 30 DAYS)
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)
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (900 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)
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>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)
<i>primidone (50 mg tablet, 250 mg tablet)</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>primidone 125 mg tablet</i>	3	
SABRIL	4	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 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	PA, QL (1100 PER 30 DAYS)

### Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	4	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	4	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	4	
<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	
<i>carbamazepine er</i>	1	
CARBATROL	3	
DILANTIN	3	
DILANTIN-125	3	
<i>epitol</i>	1	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</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
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)	3	
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	4	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
VIMPAT 50 MG TABLET	3	
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	
ZONEGRAN 100 MG CAPSULE	4	
ZONEGRAN 25 MG CAPSULE	3	
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	

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>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)
<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)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	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
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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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/5 ml soln cup, 20 mg/5 ml solution)</i>	1	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 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	
<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)

**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
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	4	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)
VIIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	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)
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	

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 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, 30 mg/ml conc, 50 mg tablet, 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 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
<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>granisetron hcl 1 mg tablet</i>	1	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</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>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	1	
<b>Antifungals</b>		
AMBISOME	4	PA
<i>amphotericin b</i>	3	PA
<i>amphotericin b liposome</i>	4	PA
CANCIDAS	4	
<i>casprofungin 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 (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	3	
<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	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<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>miconazole</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>micafungin-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	
VFEND IV	3	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	1	PA
<i>voriconazole 40 mg/ml susp</i>	4	PA

### Antigout Agents

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

### Antimigraine Agents

<i>dihydroergotamine 4 mg/ml spry</i>	4	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	1	
MIGRANAL	4	PA, QL (8 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
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
AIMOVIG 140 MG/ML AUTOINJECTOR	2	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	2	PA, QL (2 PER 30 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)
NURTEC ODT	2	PA, QL (16 PER 30 DAYS)
UBRELVY	2	PA, QL (16 PER 30 DAYS)
<b>Serotonin (5-HT) Receptor Agonist</b>		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	3	ST, QL (6 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	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	3	ST, 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)
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	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>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	3	
<i>rifabutin</i>	1	

### Antituberculars

<i>cycloserine</i>	4	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	1	
SIRTURO	4	
TRECTOR	3	

## Antineoplastics

### Alkylating Agents

<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	2	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	3	
GLEOSTINE 100 MG CAPSULE	4	
LEUKERAN	4	
MATULANE	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
VALCHLOR	4	PA, QL (60 PER 30 DAYS)
<b>Antiandrogens</b>		
<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)
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)
<b>Antiangiogenic Agents</b>		
<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)
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)
<b>Antiestrogens/Modifiers</b>		
FARESTON	4	
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	

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
<b>Antimetabolites</b>		
<i>mercaptopurine</i>	1	
PURIXAN	4	
TABLOID	4	
<b>Antineoplastics, Other</b>		
HYDREA	3	
<i>hydroxyurea</i>	1	
INQOVI	4	PA, QL (5 PER 28 DAYS)
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)</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)
LYSODREN	4	
NIPENT	4	
ONUREG	4	PA, QL (14 PER 28 DAYS)
ORGOVYX	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)
ZOLINZA	4	PA, QL (120 PER 30 DAYS)
<b>Aromatase Inhibitors, 3rd Generation</b>		
<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	4	
AROMASIN	4	
<i>exemestane</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
FEMARA	3	
<i>letrozole</i>	1	
<b>Enzyme Inhibitors</b>		
IWILFIN	4	PA, QL (240 PER 30 DAYS)
<b>Molecular Target Inhibitors</b>		
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)
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 40 MG CAPSULE	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)
BALVERSA 5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
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)

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
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)
EXKIVITY	4	PA, QL (120 PER 30 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>	4	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	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.**

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
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)
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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
NINLARO	4	PA, QL (3 PER 28 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)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
<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)
TASIGNA	4	PA, QL (120 PER 30 DAYS)
TAZVERIK	4	PA, QL (240 PER 30 DAYS)
TEPMETKO	4	PA, QL (60 PER 30 DAYS)
TIBSOVO	4	PA, QL (60 PER 30 DAYS)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
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)
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)
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)

**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
<b>Monoclonal Antibody/Antibody-Drug Conjugate</b>		
KANJINTI	4	PA
MVASI	4	PA
ONTRUZANT	4	PA
RIABNI	4	PA
RUXIENCE	4	PA
TRAZIMERA	4	PA
ZIRABEV	4	PA
<b>Retinoids</b>		
<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
<b>Treatment Adjuncts</b>		
MESNEX 400 MG TABLET	4	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<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	
STROMEKTOL	3	PA
<b>Antiprotozoals</b>		
<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	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
DARAPRIM	4	PA
<i>hydroxychloroquine sulfate</i>	1	
MALARONE	3	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	PA
<i>nitazoxanide 500 mg tablet</i>	4	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>	1	PA

## 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	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	1	PA

### 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	

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
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	

### Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET	3	
AZILECT 1 MG TABLET	4	
<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

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>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)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	4	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	3	PA, QL (60 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)
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>	1	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	1	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>	2	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)
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	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	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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
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)
<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 (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 15 MG TABLET	3	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	4	PA, QL (30 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)

**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
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	4	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	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	3	PA, QL (120 PER 30 DAYS)
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)
DOVATO	4	QL (30 PER 30 DAYS)
GENVOYA	4	QL (30 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>etravirine</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 suspension</i>	1	QL (1200 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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 disop (100-150mg, 133-200mg, 167-250mg)</i>	4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 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)
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)
<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)
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)
<i>zidovudine 100 mg capsule</i>	1	QL (180 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<b>Anti-HIV Agents, Other</b>		
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)
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)
TYBOST	2	QL (30 PER 30 DAYS)
<b>Anti-HIV Agents, Protease Inhibitors</b>		
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>	4	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 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)

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
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)
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

LIVTENCITY	4	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	4	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	4	
<i>valganciclovir 450 mg tablet</i>	1	
<i>valganciclovir hcl 50 mg/ml</i>	4	

### Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	1	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	4	
BARACLUDE 0.05 MG/ML SOLUTION	3	
<i>entecavir</i>	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</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
<b>Anti-hepatitis C (HCV) Agents</b>		
MAVYRET	4	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
ZEPATIER	4	PA
<b>Anti-influenza Agents</b>		
<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)
<b>Antiherpetic Agents</b>		
<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
<b>Antiviral, Coronavirus agents</b>		
PAXLOVID 150-100 MG DOSE PACK	4	QL (20 PER 30 OVER TIME)
PAXLOVID 150-100 MG PACK (EUA)	4	QL (20 PER 30 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
PAXLOVID 300-100 MG DOSE PACK	4	QL (30 PER 30 OVER TIME)
PAXLOVID 300-100 MG PACK (EUA)	4	QL (30 PER 30 OVER TIME)

## Anxiolytics

<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide 25 mg capsule</i>	1	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	1	PA, QL (120 PER 30 DAYS)
<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

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>hydroxyzine pamoate</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	

## 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)
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 &amp; dressings - pads 2 x 2</i>	2	PA
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 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	PA
JANUMET	2	QL (60 PER 30 DAYS)
JANUMET XR	2	QL (30 PER 30 DAYS)
JANUVIA	2	QL (30 PER 30 DAYS)
JARDIANCE	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)
<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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<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)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	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</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)
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	2	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	2	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	2	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	2	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	2	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	2	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	2	QL (0.8 PER 30 DAYS)
PROGLYCEM	4	

### 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 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	2	QL (60 PER 30 DAYS)
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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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>insulin pen needle</i>	2	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	PA
<i>insulin syringe (disp) u-100 1 ml</i>	2	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	PA
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	PA
NOVOLIN 70-30	2	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLIN N	2	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLIN R	2	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG	2	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	2	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	2	QL (60 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	2	PA, QL (15 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>omnipod classic pdm kit(gen 3)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	2	PA, QL (10 PER 30 DAYS)
TOUJEO MAX SOLOSTAR	2	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	2	QL (60 PER 30 DAYS)

## 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)</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 sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, 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 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)
<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
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	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
LEUKINE	4	PA
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
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

<i>tranexamic acid 650 mg tablet</i>	1
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### Platelet Modifying Agents

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

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>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

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	
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 (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	3	
VASOTEC 20 MG TABLET	4	
ZESTRIL	3	

### Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</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.

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<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	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
TIKOSYN	3	

### **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	
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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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 (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	

### **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 (10 mg capsule, 20 mg capsule)</i>	1	
<i>nifedipine er</i>	1	
<i>nimodipine 30 mg capsule</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 (120 MG CAPSULE, 180 MG CAPSULE, 300 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
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)	4	
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>tiadytl er</i>	1	
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

<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<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)

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>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)
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>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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
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)
<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)
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	
TRIBENZOR	3	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	3	
ZESTORETIC	3	
ZIAC	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
<b>Diuretics, Loop</b>		
<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 vial, 500 mg/50 ml vial, 1,000 mg/100 ml vial)</i>	1	
LASIX	3	
<i>torseamide</i>	1	
<b>Diuretics, Potassium-sparing</b>		
<i>amiloride hcl</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<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)
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
<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)

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
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	3	ST, QL (30 PER 30 DAYS)
<i>fluvastatin er</i>	1	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	1	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	3	ST, 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	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	3	ST, QL (60 PER 30 DAYS)

### Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
COLESTID 1 GM TABLET	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>	3	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	3	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
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	4	PA
<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	ST, QL (30 PER 30 DAYS)
ZETIA	3	QL (30 PER 30 DAYS)

### Mineralocorticoid Receptor Antagonists

ALDACTONE	3	
<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	

### 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	

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>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	
VERQUVO	2	QL (30 PER 30 DAYS)

## Central Nervous System Agents

### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	3	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	4	QL (120 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)

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
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	3	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)
<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)

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
AUSTEDO XR TITR KT(6-12-24 MG)	4	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	4	PA, QL (28 PER 28 DAYS)
NUDEXTA	4	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	3	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
VEOZAH	3	PA, QL (30 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)

### 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>	3	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)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	4	PA, QL (1 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
TECFIDERA	4	PA, QL (60 PER 30 DAYS)
VUMERITY	4	PA, QL (120 PER 30 DAYS)

### Dental and Oral Agents

<i>cevimeline hcl</i>	1	
<i>chlorhexidine gluconate (15 ml cup, rinse)</i>	1	
<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>clind ph-benzoyl perox 1.2-5%</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	

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>isotretinoin</i>	1	
KLARON	3	
<i>myorisan</i>	1	
<i>neuac</i>	1	
ORACEA	2	
RETIN-A	3	PA
<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>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)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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)
<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 0.1% cream</i>	1	QL (240 PER 28 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
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)

**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>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>triderm 0.5% cream</i>	1	QL (454 PER 30 DAYS)
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 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>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SOOLANTRA	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
<b>Topical Anti-infectives</b>		
<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%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</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	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>klor-con m20</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 0.9%-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 125 mg tb for susp</i>	3	PA
<i>deferasirox 90 mg tablet</i>	1	PA
EXJADE	4	PA
JADENU	4	PA
JADENU SPRINKLE	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
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 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	1	
<i>glucose in water (50 ml, 100 ml)</i>	1	
INTRALIPID 20% IV FAT EMUL	3	PA
NUTRILIPID	3	PA
TRAVASOL	3	PA
TROPHAMINE	3	PA

### 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	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	4	PA, QL (18 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
RELISTOR 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA, QL (12 PER 30 DAYS)
<b>Anti-Diarrheal Agents</b>		
<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	
LOTRONEX	4	PA, QL (60 PER 30 DAYS)
VIBERZI	4	PA, QL (60 PER 30 DAYS)
XERMELO	4	PA, QL (90 PER 30 DAYS)
<b>Antispasmodics, Gastrointestinal</b>		
<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	
<b>Gastrointestinal Agents, Other</b>		
<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)</i>	1	
MOVIPREP	3	
MYALEPT	4	PA
OICALIVA	4	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</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>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	3	
REGLAN	3	
<i>sod sulf-potass sulf-mag sulf</i>	1	
SUPREP	3	
SUTAB	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
VOWST	4	PA, QL (12 PER 56 OVER TIME)
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, 40 mg tablet, 40 mg/5 ml susp)</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>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	ST, 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
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<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)
PREVACID DR 30 MG CAPSULE	3	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	ST, 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

<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
ELELYSO	4	PA
ENDARI	4	PA
KUVAN	4	PA
<i>l-glutamine 5 gram powder pkt</i>	4	PA
<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	

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>miglustat</i>	4	PA, QL (90 PER 30 DAYS)
<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 dihydrochloride</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)
WELIREG	4	PA, QL (90 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	ST, QL (60 PER 30 DAYS)
DETROL LA	3	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)
GEMTESA	3	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)

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>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	ST, 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>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)

### Contraceptives, Other

LILETTA	2	
NEXPLANON	2	
SKYLA	3	

### Genitourinary Agents, Other

<i>bethanechol chloride</i>	1	
DEPEN	4	
<i>penicillamine 250 mg tablet</i>	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
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR	4	PA
ACTHAR SELFJECT	4	PA
CORTEF	3	
<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>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)	3	
<i>methylprednisolone</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	
<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	
<i>taperdex 6 day 1.5 mg tablet</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
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	

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
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 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	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)
<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	

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

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>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	
<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>enilloring</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>fyavolv 1 mg-5 mcg tablet</i>	1	

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<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>jinteli</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	
<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	
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	

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>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
<i>lo-zumandimine</i>	1	
LOESTRIN	1	
LOESTRIN FE	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>microgestin</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-linyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norelgestromin-eth estradiol</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, 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	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia</i>	1	
PREMPHASE	2	
PREMPRO	2	
<i>reclipsen</i>	1	
<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>taysofy</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</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-sprintec</i>	1	
<i>tri-vylibra</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
TYBLUME	2	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<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	
<i>xulane</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zafemy</i>	1	
<i>zovia 1-35</i>	1	
<i>zumandimine</i>	1	

### **Progestins**

<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	3	
DEPO-SUBQ PROVERA 104	2	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>incassia</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>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	
<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>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	
<i>sharobel</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>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</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
SYNTHROID	2	
TIROSINT	3	
TIROSINT-SOL	3	
UNITHROID	1	

### Hormonal Agents, Suppressant (Adrenal or Pituitary)

<i>cabergoline</i>	1	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	3	PA
FIRMAGON	3	
KORLYM	4	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
<i>leuprolide depot</i>	4	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	4	PA
LUPRON DEPOT 3.75MG (LUPANETA)	4	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	4	PA
<i>mifepristone 300 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
<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
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA
SIGNIFOR LAR	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
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR	3	PA

## 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 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	4	PA, QL (18 PER 28 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
THYMOGLOBULIN	4	PA

### Immunological Agents, Other

ARCALYST	4	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	PA
COSENTYX (2 SYRINGES)	4	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
COSENTYX SENSOREADY (2 PENS)	4	PA
COSENTYX SENSOREADY PEN	4	PA
COSENTYX SYRINGE	4	PA
COSENTYX UNOREADY PEN	4	PA
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
ENTYVIO PEN	4	Biologic Immunomodulators PA - Entyvio SC
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
RINVOQ LQ	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 (100 MG/ML INJECTOR, 100 MG/ML SYRINGE)	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)
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
<b>Immunosuppressants</b>		
ASTAGRAF XL	3	PA
AZASAN	1	PA
<i>azathioprine</i>	1	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
ENBREL (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
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	3	PA
ENVARUSUS XR 4 MG TABLET	4	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>everolimus 0.25 mg tablet</i>	1	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(CF)	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

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
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 200 mg/ml susp</i>	4	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</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)	3	PA
PROGRAF 5 MG CAPSULE	4	PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA
RENFLEXIS	4	PA
REZUROCK	4	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	3	PA
SIMLANDI(CF) AUTOINJECTOR	4	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	PA
<i>sirolimus 1 mg/ml solution</i>	3	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA
XATMEP	3	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	4	PA
ZORTRESS 0.25 MG TABLET	3	PA

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<b>Vaccines</b>		
ABRYSVO	1	QL (1 PER 365 OVER TIME)
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHThERIA-TETANUS TOXOIDS-PED	1	
ENGERIX-B ADULT	1	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
I POL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
YF-VAX	1	

## **Inflammatory Bowel Disease Agents**

### **Aminosalicylates**

APRISO	3	QL (120 PER 30 DAYS)
AZULFIDINE	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>balsalazide disodium</i>	1	
CANASA	4	
COLAZAL	4	
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	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</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
<b>Metabolic Bone Disease Agents</b>		
<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>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<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 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</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)
<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
TERIPARATIDE 620 MCG/2.48 ML	4	PA
TYMLOS	4	PA
XGEVA	4	PA

## Ophthalmic Agents

### Ophthalmic Agents, Other

<i>atropine 1% eye drops</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>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 (neomyc-polym-dexamet ointm, neomyc-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	
<i>tobramycin-dexamethasone</i>	1	
XDEMVI	4	PA

### 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>gatifloxacin</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	3	
<i>neo-polycin</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>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 sodium (drops, ointment)</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	2	
VIGAMOX	3	
<b>Ophthalmic Anti-allergy Agents</b>		
<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	
<b>Ophthalmic Anti-inflammatories</b>		
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	

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
PRED FORTE	3	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	2	
PROLENSA	2	
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>		
<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S	3	
<i>carteolol hcl</i>	1	
ISTALOL	3	
<i>levobunolol hcl</i>	1	
<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	
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>		
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	

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
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
<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	
<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)

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>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 0.1% (137 mcg) spry</i>	1	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	1	
<i>clemastine fum 2.68 mg tablet</i>	3	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrpr)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<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 HANDHALER	3	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	1	QL (30 PER 30 DAYS)

### Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (13.4 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>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-injct, 0.3 mg auto-inject)</i>	1	
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	2	QL (60 PER 30 DAYS)
<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

CAYSTON	4	PA
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>	4	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
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### Phosphodiesterase Inhibitors, Airways Disease

DALIRESP	3	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	1	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
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>ambrisentan</i>	4	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	4	PA, QL (60 PER 30 DAYS)
LETAIRIS	4	PA, QL (30 PER 30 DAYS)
OPSUMIT	4	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	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)
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>breyna</i>	1	QL (10.3 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
BREZTRI AEROSPHERE	2	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	1	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
DULERA	2	QL (13 PER 30 DAYS)
FASENRA	4	PA
FASENRA PEN	4	PA
<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
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	3	PA, QL (30 PER 30 DAYS)
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>carisoprodol 350 mg tablet</i>	1	
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>vanadom</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)
<i>eszopiclone</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
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)
<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)
<i>zolpidem tartrate er</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 (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	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	44	ak-poly-bac	101
abacavir-lamivudine	45	AKEEGA	30
ABILIFY	39	ALA-CORT	72
ABILIFY ASIMTUFII	39	albendazole	36
ABILIFY MAINTENA	39	albuterol hfa 90 mcg inhaler (generic proventil hfa)	105
abiraterone acetate	28	albuterol sulfate	106
ABRYSCO	97	alclometasone dipropionate	72
acamprosate calcium	6	ALDACTONE	67
acarbose	50	ALECENSA	30
ACCOLATE	105	alendronate sodium	100
accutane	71	alfuzosin hcl er	82
acebutolol hcl	60	aliskiren	62
acetaminophen-codeine	4	allopurinol	25
acetazolamide	62	alosetron hcl	78
acetazolamide er	62	ALPHAGAN P	103
acetic acid	104	alprazolam	49
acetylcysteine	107	alprazolam er	49
acitretin	71	alprazolam xr	49
ACTHAR	83	ALTACE	59
ACTHAR SELFJECT	83	altavera	85
ACTHIB	97	ALUNBRIG	30
ACTIMMUNE	94	alyacen	85
ACTOS	50	amabelz	85
ACULAR	102	amantadine	37
ACULAR LS	102	AMBISOME	24
acyclovir	48	ambrisentan	107
acyclovir sodium	48	amethia	85
ADACEL TDAP	97	amethyst	85
ADCIRCA	107	amikacin sulfate	7
ADDERALL XR	68	amiloride hcl	65
adefovir dipivoxil	47	amiloride-hydrochlorothiazide	62
ADEMPAS	107	amiodarone hcl	59
ADLARITY	18	amitriptyline hcl	22
ADVAIR HFA	107	amlodipine besylate	61
AFINITOR	30	amlodipine besylate-benazepril	62
AFINITOR DISPERZ	30	amlodipine-atorvastatin	62
afirmelle	85	amlodipine-olmesartan	62
AGRYLIN	56	amlodipine-valsartan	63
AIMOVIG AUTOINJECTOR	26	amlodipine-valsartan-hctz	63
		ammonium lactate	72



amnesteem	71	ASMANEX	104
amoxapine	22	ASMANEX HFA	104
amoxicillin	10	aspirin-dipyridamole er	57
amoxicillin-clavulanate pot er	10	ASTAGRAF XL	95
amoxicillin-clavulanate potass	11	ATACAND	58
amphotericin b	24	ATACAND HCT	63
amphotericin b liposome	24	atazanavir sulfate	46
ampicillin sodium	11	ATELVIA	100
ampicillin trihydrate	11	atenolol	60
ampicillin-sulbactam	11	atenolol-chlorthalidone	63
AMPYRA	70	ATGAM	93
anagrelide hcl	56	atomoxetine hcl	69
anastrozole	29	atorvastatin calcium	65
ANDROGEL	84	atovaquone	36
ANORO ELLIPTA	107	atovaquone-proguanil hcl	36
APOKYN	37	atropine sulfate	100
apomorphine hcl	37	ATROVENT HFA	105
aprepitant	23	aubra	85
apri	85	aubra eq	85
APRISO	98	AUGTYRO	30
APTIOM	17	aurovela	85
APTIVUS	46	aurovela 24 fe	85
aqua care sodium chloride	75	aurovela fe	85
aranelle	85	AUSTEDO	69
ARANESP	56	AUSTEDO XR	69
ARCALYST	93	AUSTEDO XR TITRATION KT(WK1-4)	70
AREXVY	97	AUVELITY	19
ARICEPT	18	AVALIDE	63
ARIKAYCE	7	AVAPRO	58
ARIMIDEX	29	aviane	85
aripiprazole	39	avidoxy	13
aripiprazole odt	39	AVITA	71
ARISTADA	39	AVODART	82
ARISTADA INITIO	39	AVONEX	70
armodafinil	109	AVONEX PEN	70
ARNUITY ELLIPTA	104	ayuna	85
AROMASIN	29	AYVAKIT	30
ARTHROTEC 50	2	AZACTAM	8
ARTHROTEC 75	2	AZASAN	95
asenapine maleate	39	azathioprine	95
ashlyna	85	azelaic acid	71

azelastine hcl.....	102,105	bethanechol chloride.....	82
AZELEX.....	71	BETOPTIC S.....	103
AZILECT.....	38	bexarotene.....	36
azithromycin.....	12	BEXSERO.....	97
AZOPT.....	103	bicalutamide.....	28
AZOR.....	63	BICILLIN L-A.....	11
aztreonam.....	8	BIKTARVY.....	43
AZULFIDINE.....	98	BILTRICIDE.....	36
azurette.....	85	bimatoprost.....	104
<b>B</b>		bismuth-metronidazole-tetracyc.....	78
bacitracin.....	101	bisoprolol fumarate.....	60
bacitracin-polymyxin.....	101	bisoprolol-hydrochlorothiazide.....	63
baclofen.....	43	blisovi 24 fe.....	86
BACTRIM.....	13	blisovi fe.....	86
BACTRIM DS.....	13	BOOSTRIX TDAP.....	97
balsalazide disodium.....	99	bosentan.....	107
BALVERSA.....	30	BOSULIF.....	30
balziva.....	85	BRAFTOVI.....	30
BANZEL.....	17	BREO ELLIPTA.....	107
BAQSIMI.....	53	breyna.....	107
BARACLUDE.....	47	BREZTRI AEROSPHERE.....	108
BCG VACCINE (TICE STRAIN).....	97	briellyn.....	86
BELBUCA.....	4	BRILINTA.....	57
BELSOMRA.....	108	brimonidine tartrate.....	103
benazepril hcl.....	59	brimonidine tartrate-timolol.....	101
benazepril-hydrochlorothiazide.....	63	brinzolamide.....	103
BENICAR.....	58	BRIVIACT.....	14
BENICAR HCT.....	63	bromfenac sodium.....	102
BENLYSTA.....	93	bromocriptine mesylate.....	37
BENZAMYCIN.....	71	BRUKINSA.....	30
benznidazole.....	36	budesonide.....	104
benztropine mesylate.....	37	budesonide dr.....	99
BESIVANCE.....	101	budesonide ec.....	99
BESREMI.....	94	budesonide er.....	99
betaine anhydrous.....	80	budesonide-formoterol fumarate.....	108
betamethasone diprop augmented.....	72	bumetanide.....	65
betamethasone dipropionate.....	72	BUPHENYL.....	80
betamethasone valerate.....	72	buprenorphine.....	4
BETASERON.....	70	buprenorphine hcl.....	6
betaxolol hcl.....	60,103	buprenorphine-naloxone.....	6
		bupropion hcl.....	19

bupropion hcl sr	7,19	CARDIZEM CD	61,62
bupropion hcl sr 150mg tablet	19	CARDIZEM LA	62
bupropion xl	19	CARDURA	58
bupirone hcl	49	carglumic acid	75
butalbital-acetaminophen	2	carisoprodol	108
butalbital-acetaminophen-caffe	2	CARNITOR	80
butalbital-aspirin-caffeine	2	CARNITOR SF	80
butorphanol tartrate	4	carteolol hcl	103
BUTRANS	4	cartia xt	62
BYDUREON BCISE	50	carvedilol	60
BYSTOLIC	60	carvedilol er	60
<b>C</b>		CASODEX	28
cabergoline	92	casprofungin acetate	24
CABLIVI	57	CAYSTON	106
CABOMETYX	30	cefaclor	9
calcipotriene	74	cefadroxil	9
calcitonin-salmon	100	cefazolin sodium	10
calcitrene	74	cefazolin sodium-dextrose	9
calcitriol	100	cefdinir	10
CALQUENCE	30	cefepime	10
camila	90	cefepime hcl	10
camrese	86	cefepime-dextrose	10
camrese lo	86	cefixime	10
CANASA	99	cefoxitin	10
CANCIDAS	24	cefoxitin sodium	10
candesartan cilexetil	58	cefpodoxime proxetil	10
candesartan-hydrochlorothiazid	63	cefprozil	10
CAPLYTA	39	ceftazidime	10
CAPRELSA	30,31	ceftriaxone	10
captopril	59	cefuroxime	10
CARAFATE	79	cefuroxime sodium	10
CARBAGLU	75	CELEBREX	2
carbamazepine	17	celecoxib	2
carbamazepine er	17	CELEXA	20
CARBATROL	17	CELLCEPT	95
carbidopa	38	CELONTIN	15
carbidopa-levodopa	38	cephalexin	10
carbidopa-levodopa er	38	CEREZYME	80
carbidopa-levodopa-entacapone	37	cetirizine hcl	105
CARDIZEM	61	cevimeline hcl	71
		chateal	86

chateal eq	86	clindamycin-benzoyl peroxide	71
CHEMET	76	clobazam	15
CHENODAL	78	clobetasol emollient	72
chlordiazepoxide hcl	49	clobetasol propionate	72
chlorhexidine gluconate	71	clodan	72
chloroquine phosphate	36	clomipramine hcl	22
chlorpromazine hcl	23	clonazepam	49
chlorthalidone	65	clonidine	57
chlorzoxazone	108	clonidine hcl	58
cholestyramine	66	clonidine hcl er	69
cholestyramine light	66	clopidogrel	57
CHORIONIC GONADOTROPIN	83	clorazepate dipotassium	49
ciclodan	24	clotrimazole	24
ciclopirox	24	clotrimazole-betamethasone	74
cilostazol	57	clozapine	43
CIMDUO	45	clozapine odt	43
cimetidine	79	CLOZARIL	43
cinacalcet hcl	100	COARTEM	36
CINRYZE	93	codeine sulfate	4
CIPRO	12	COLAZAL	99
CIPRODEX	104	colchicine	25
ciprofloxacin hcl	13,101	COLCRYS	25
ciprofloxacin-d5w	13	COLESTID	66
ciprofloxacin-dexamethasone	104	colestipol hcl	66
citalopram hbr	20	colistimethate	8
claravis	71	COMBIGAN	101
clarithromycin	12	COMBIPATCH	86
clarithromycin er	12	COMBIVENT RESPIMAT	108
clemastine fumarate	105	COMETRIQ	31
CLEOCIN	8	COMPLERA	45
CLEOCIN HCL	8	compro	23
CLEOCIN PHOSPHATE	8	COMTAN	37
CLEOCIN T	8	constulose	77
clindacin etz	8	COPAXONE	70
clindacin p	8	COPIKTRA	31
clindamycin (pediatric)	8	COREG CR	60
clindamycin hcl	8	CORLANOR	63
clindamycin phos-benzoyl perox	71	CORTEF	83
clindamycin phosphate	8	COSENTYX (2 SYRINGES)	93
clindamycin phosphate-d5w	8	COSENTYX SENSOREADY (2 PENS)	94
clindamycin-0.9% nacl	8	COSENTYX SENSOREADY PEN	94

COSENTYX SYRINGE.....	94	DARAPRIM.....	37
COSENTYX UNOREADY PEN.....	94	darifenacin er.....	81
COSOPT.....	101	darunavir.....	46
COTELLIC.....	31	dasetta.....	86
COZAAR.....	58	DAURISMO.....	31
CREON.....	80	DAYPRO.....	2
CRESEMBA.....	24	daysee.....	86
CRESTOR.....	66	DAYVIGO.....	108
cromolyn sodium.....	80,102,106	DDAVP.....	83
cryselle.....	86	deblitane.....	90
CRYSVITA.....	80	deferasirox.....	76
CUBICIN.....	8	DELSTRIGO.....	44
CUBICIN RF.....	8	DELZICOL.....	99
cyclobenzaprine hcl.....	108	demeclocycline hcl.....	13
cyclophosphamide.....	27	DEMSEER.....	63
cycloserine.....	27	DENGVAXIA.....	97
CYCLOSET.....	50	DEPAKOTE.....	14
cyclosporine.....	95	DEPAKOTE ER.....	14
cyclosporine modified.....	95	DEPAKOTE SPRINKLE.....	14
CYMBALTA.....	20	DEPEN.....	82
cyproheptadine hcl.....	105	DEPO-ESTRADIOL.....	84
cyred.....	86	DEPO-PROVERA.....	90
cyred eq.....	86	DEPO-SUBQ PROVERA 104.....	90
CYSTADANE.....	80	DEPO-TESTOSTERONE.....	84
CYSTADROPS.....	101	dermacinrx lidocan.....	6
CYSTAGON.....	80	DESCOVY.....	45
CYSTARAN.....	101	desipramine hcl.....	22
CYTOMEL.....	91	desloratadine.....	105
CYTOTEC.....	79	desmopressin acetate.....	83
<b>D</b>		desogestr-eth estrad eth estra.....	86
dabigatran etexilate.....	55	desogestrel-ethinyl estradiol.....	86
dalfampridine er.....	70	desonide.....	73
DALIRESP.....	106	desoximetasone.....	73
DALVANCE.....	8	desvenlafaxine succinate er.....	20
danazol.....	84	DETROL.....	81
DANTRIUM.....	43	DETROL LA.....	81
dantrolene sodium.....	43	dexamethasone.....	83
dapsone.....	27	dexamethasone sodium phosphate.....	102
DAPTACEL DTAP.....	97	DEXEDRINE.....	68
daptomycin.....	8	dexmethylphenidate hcl.....	69
		dextroamphetamine sulfate.....	68

dextroamphetamine sulfate er	68	disulfiram	6
dextroamphetamine-amphet er	68	divalproex sodium	14
dextroamphetamine-amphetamine	68	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	75	DIVIGEL	84
dextrose 5%-0.2% nacl	75	dofetilide	60
dextrose 5%-0.225% nacl	75	dolishale	86
dextrose 5%-0.45% nacl	75	donepezil hcl	19
dextrose 5%-0.9% nacl	75	donepezil hcl odt	19
dextrose in water	77	dorzolamide hcl	103
DIACOMIT	14	dorzolamide-timolol	101
diazepam	15,49	dotti	84
diazoxide	53	DOVATO	43
diclofenac potassium	2	doxazosin mesylate	58
diclofenac sodium	2,74,102	doxepin hcl	23,73,108
diclofenac sodium er	2	doxy 100	13
diclofenac sodium-misoprostol	2,3	doxycycline hyclate	13
dicloxacillin sodium	11	doxycycline ir-dr	71
dicyclomine hcl	78	doxycycline monohydrate	13
DIFICID	12	DRIZALMA SPRINKLE	20
DIFLUCAN	24	dronabinol	23
difluprednate	102	drosiprenone-eth estra-levomef	86
digitek	63	drosiprenone-ethinyl estradiol	86
digoxin	63	droxidopa	58
dihydroergotamine mesylate	25	DUAVEE	91
DILANTIN	17	DULERA	108
DILANTIN-125	17	duloxetine hcl	20
dilt-xr	62	DUPIXENT PEN	94
diltiazem 12hr er	62	DUPIXENT SYRINGE	94
diltiazem 24hr er	62	DUREZOL	102
diltiazem 24hr er (cd)	62	dutasteride	82
diltiazem 24hr er (la)	62	dutasteride-tamsulosin	82
diltiazem 24hr er (xr)	62		
diltiazem hcl	62	<b>E</b>	
dimethyl fumarate	70	E.E.S. 200	12
DIOVAN	58	ec-naproxen	3
DIOVAN HCT	63	econazole nitrate	24
DIPENTUM	99	EDARBI	58
diphenoxylate-atropine	78	EDARBYCLOR	63
DIPHThERIA-TETANUS TOXOIDS-PED	97	EDURANT	44
DIPROLENE	73	efavirenz	44
dipyridamole	57	efavirenz-emtric-tenofov disop	44

efavirenz-lamivu-tenofov disop	44	EPIVIR	45
EFFEXOR XR	20,21	eplerenone	67
EFUDEX	74	EPRONTIA	14
ELELYSO	80	EPZICOM	45
ELIDEL	73	ergotamine-caffeine	25
ELIGARD	92	ERIVEDGE	31
elinest	86	ERLEADA	28
ELIQUIS	55	erlotinib hcl	31
eluryng	86	errin	90
EMEND	23	ertapenem	11
EMGALITY PEN	26	ery	12
EMGALITY SYRINGE	26	ERY-TAB	12
EMSAM	20	ERYPED 200	12
emtricitabine	45	ERYPED 400	12
emtricitabine-tenofovir disop	45	ERYTHROCIN LACTOBIONATE	12
EMTRIVA	45	erythromycin	12,101
emzahn	90	erythromycin ethylsuccinate	12
enalapril maleate	59	erythromycin lactobionate	12
enalapril-hydrochlorothiazide	63	erythromycin-benzoyl peroxide	71
ENBREL	95	ESBRIET	107
ENBREL MINI	95	escitalopram oxalate	21
ENBREL SURECLICK	95	ESGIC	2
ENDARI	80	esomeprazole magnesium	79
endocet	4,5	estarylla	86
ENGERIX-B ADULT	97	ESTRACE	84
ENGERIX-B PEDIATRIC-ADOLESCENT	97	estradiol	84
enilloring	86	estradiol (once weekly)	85
enoxaparin sodium	55	estradiol (twice weekly)	85
enpresse	86	estradiol valerate	85
enskyce	86	estradiol-norethindrone acetat	86
entacapone	37	ESTRING	85
entecavir	47	eszopiclone	108
ENTRESTO	63	ethambutol hcl	27
ENTRESTO SPRINKLE	63	ethosuximide	15
ENTYVIO PEN	94	ethynodiol-ethinyl estradiol	86
enulose	77	etodolac	3
ENVARUSUS XR	95	etodolac er	3
EPIDIOLEX	14	etonogestrel-ethinyl estradiol	86
epinastine hcl	102	etravirine	44
epinephrine	106	EUTHYROX	91
epitol	17	everolimus	31,95

EVISTA	91	FLOMAX	82
EVOTAZ	46	fluconazole	24
EXELON	19	fluconazole-nacl	24
exemestane	29	flucytosine	24
EXFORGE	63	fludrocortisone acetate	83
EXFORGE HCT	63	flunisolide	104
EXJADE	76	fluocinolone acetonide	73
EXKIVITY	31	fluocinolone acetonide oil	104
EXTENCILLINE	11	fluocinonide	73
EYSUVIS	102	fluocinonide-e	73
ezetimibe	66	fluorometholone	102
ezetimibe-simvastatin	66	fluorouracil	74
<b>F</b>		fluoxetine dr	21
falmina	86	fluoxetine hcl	21
famciclovir	48	fluphenazine decanoate	38
famotidine	79	fluphenazine hcl	38
FANAPT	39	flurbiprofen	3
FARESTON	28	flurbiprofen sodium	102
FARXIGA	50	fluticasone propionate	73,104
FASENRA	108	fluticasone propionate hfa	104
FASENRA PEN	108	fluticasone-salmeterol	108
felbamate	14	fluvastatin er	66
felodipine er	61	fluvastatin sodium	66
FEMARA	30	fluvoxamine maleate	21
femynor	86	FML	102
fenofibrate	65	FOCALIN	69
fenofibric acid	65	fondaparinux sodium	55
fentanyl	4	FORTEO	100
fentanyl citrate	5	FOSAMAX	100
fesoterodine fumarate er	81	fosamprenavir calcium	46
FETZIMA	21	fosinopril sodium	59
FINACEA	71	fosinopril-hydrochlorothiazide	63
finasteride	82	FOTIVDA	31
fingolimod	70	FRUZAQLA	31
FINTEPLA	14	FULPHILA	56
FIRAZYR	93	furosemide	65
FIRMAGON	92	FUZEON	46
flac otic oil	104	fyavolv	86
FLAGYL	8	FYCOMPA	14
flecainide acetate	60		



## G

gabapentin	15,16	glucose in water	77
galantamine er	19	GLUCOTROL XL	51
galantamine hbr	19	glyburide	51
galantamine hydrobromide	19	glyburide micronized	51
GAMMAGARD LIQUID	93	glyburide-metformin hcl	51
GAMMAGARD S-D	93	glycopyrrolate	78
GAMMAPLEX	93	GLYXAMBI	51
GAMUNEX-C	93	GOLYTELY	78
GARDASIL 9	97	granisetron hcl	23
gatifloxacin	101	GRANIX	56
GATTEX	78	griseofulvin	24
gauze pads & dressings - pads 2 x 2	50	griseofulvin ultramicronsize	24
gavilyte-c	78	guanfacine hcl	58
gavilyte-g	78	guanfacine hcl er	69
gavilyte-n	78	GVOKE	53
GAVRETO	31	GVOKE HYPOPEN 1-PACK	53
gefitinib	31	GVOKE HYPOPEN 2-PACK	53
gemfibrozil	65	GVOKE PFS 1-PACK SYRINGE	53
gemmily	87	GVOKE PFS 2-PACK SYRINGE	53
GEMTESA	81		
generlac	77	<b>H</b>	
gengraf	95	HADLIMA	95
gentamicin sulfate	7,75,101	HADLIMA PUSHTOUCH	95
gentamicin sulfate in ns	7	HADLIMA(CF)	95
GENVOYA	43	HADLIMA(CF) PUSHTOUCH	95
GEODON	40	HAEGARDA	93
GILENYA	70	hailey	87
GILOTRIF	31	hailey 24 fe	87
glatiramer acetate	70	hailey fe	87
glatopa	70	HALDOL DECANOATE 100	38
GLEEVEC	31	HALDOL DECANOATE 50	38
GLEOSTINE	27	halobetasol propionate	73
glimepiride	50	haloette	87
glipizide	50	haloperidol	38
glipizide er	51	haloperidol decanoate	38
glipizide xl	51	haloperidol decanoate 100	39
glipizide-metformin	51	haloperidol lactate	39
GLUCAGEN	53	HAVRIX	97
glucagon emergency kit	53	heather	90
		HEMADY	83
		heparin sodium	56

HEPLISAV-B.....	97	hydroxyzine pamoate.....	50
HETLIOZ.....	109	HYZAAR.....	63
HIBERIX.....	97		
hidex.....	83		
HUMALOG.....	53	ibandronate sodium.....	100
HUMALOG JUNIOR KWIKPEN.....	53	IBRANCE.....	31
HUMALOG KWIKPEN U-100.....	53	ibu.....	3
HUMALOG KWIKPEN U-200.....	53	ibuprofen.....	3
HUMALOG MIX 50-50 KWIKPEN.....	53	icatibant.....	93
HUMALOG MIX 75-25.....	53	iclevia.....	87
HUMALOG MIX 75-25 KWIKPEN.....	53	ICLUSIG.....	31
HUMALOG TEMPO PEN U-100.....	53	icosapent ethyl.....	66
HUMATIN.....	7	IDHIFA.....	31
HUMIRA.....	95	ILEVRO.....	102
HUMIRA PEN.....	95	imatinib mesylate.....	31
HUMIRA(CF).....	95	IMBRUVICA.....	32
HUMIRA(CF) PEN.....	95	imipenem-cilastatin sodium.....	11
HUMIRA(CF) PEN CROHN'S-UC-HS.....	95	imipramine hcl.....	23
HUMIRA(CF) PEN PEDIATRIC UC.....	95	imiquimod.....	74
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	95	IMITREX.....	26
HUMULIN 70-30.....	53	IMOVAX RABIES VACCINE.....	97
HUMULIN 70/30 KWIKPEN.....	53	IMPAVIDO.....	8
HUMULIN N.....	53	IMURAN.....	96
HUMULIN N KWIKPEN.....	54	INBRIJA.....	38
HUMULIN R.....	54	incassia.....	90
HUMULIN R U-500.....	54	INCRELEX.....	83
HUMULIN R U-500 KWIKPEN.....	54	INCRUSE ELLIPTA.....	105
hydralazine hcl.....	67	indapamide.....	65
HYDREA.....	29	INDERAL LA.....	60
hydrochlorothiazide.....	65	INDERAL XL.....	60
hydrocodone bitartrate er.....	4	indomethacin.....	3
hydrocodone-acetaminophen.....	5	indomethacin er.....	3
hydrocodone-ibuprofen.....	5	INFANRIX DTAP.....	97
hydrocortisone.....	73,83,99	INLYTA.....	32
hydrocortisone butyrate.....	73	INNOPRAN XL.....	60
hydrocortisone valerate.....	73	INQOVI.....	29
hydrocortisone-acetic acid.....	104	INREBIC.....	32
hydromorphone hcl.....	5	INSPRA.....	67
hydroxychloroquine sulfate.....	37	insulin pen needle.....	54
hydroxyurea.....	29	insulin syringe (disp) u-100 0.3 ml.....	54
hydroxyzine hcl.....	49	insulin syringe (disp) u-100 1 ml.....	54

insulin syringe (disp) u-100 1/2 ml.....	54	JANUMET.....	51
INTELENCE.....	44	JANUMET XR.....	51
INTRALIPID.....	77	JANUVIA.....	51
introvale.....	87	JARDIANCE.....	51
INVANZ.....	11	jasmiel.....	87
INVEGA.....	40	JAYPIRCA.....	32
INVEGA HAFYERA.....	40	jencycla.....	91
INVEGA SUSTENNA.....	40	JENTADUETO.....	51
INVEGA TRINZA.....	40	JENTADUETO XR.....	51
INVELTYS.....	102	jinteli.....	87
IPOL.....	97	jolessa.....	87
ipratropium bromide.....	105	juleber.....	87
ipratropium-albuterol.....	108	JULUCA.....	44
irbesartan.....	58	junel.....	87
irbesartan-hydrochlorothiazide.....	63	junel fe.....	87
IRESSA.....	32	junel fe 24.....	87
ISENTRESS.....	44	JUXTAPID.....	67
ISENTRESS HD.....	44	JYNNEOS.....	97
isibloom.....	87	JYNNEOS (NATIONAL STOCKPILE).....	97
isoniazid.....	27		
isopropyl alcohol 0.7 ml/ml medicated pad.....	51	<b>K</b>	
ISORDIL TITRADOSE.....	67	kaitlib fe.....	87
isosorbide dinitrate.....	67	KALETRA.....	46
isosorbide mononitrate.....	67	kalliga.....	87
isosorbide mononitrate er.....	68	KALYDECO.....	106
isotretinoin.....	72	KANJINTI.....	36
isradipine.....	61	kariva.....	87
ISTALOL.....	103	kcl-d5w-0.2% nacl.....	75
itraconazole.....	24	kcl-d5w-0.225% nacl.....	75
ivabradine hcl.....	63	kcl-d5w-0.45% nacl.....	75
ivermectin.....	36,74	kelnor 1-35.....	87
IWILFIN.....	30	kelnor 1-50.....	87
IXCHIQ.....	97	KEPPRA.....	14
IXIARO.....	97	KERENDIA.....	67
		KESIMPTA PEN.....	70
<b>J</b>		ketoconazole.....	24
JADENU.....	76	ketorolac tromethamine.....	3,102
JADENU SPRINKLE.....	76	KINRIX.....	97
jaimiess.....	87	kionex.....	77
JAKAFI.....	32	KISQALI.....	32
jantoven.....	56	KISQALI FEMARA CO-PACK.....	29

KLARON.....	72	leena.....	87
klayesta.....	24	leflunomide.....	96
KLOR-CON 10.....	75	lenalidomide.....	28
KLOR-CON 8.....	75	lentocilin s.....	11
klor-con m10.....	75	LENVIMA.....	32
KLOR-CON M15.....	75	lessina.....	87
klor-con m20.....	76	LETAIRIS.....	107
KLOXXADO.....	7	letrozole.....	30
KORLYM.....	92	leucovorin calcium.....	29
KOSELUGO.....	32	LEUKERAN.....	27
kourzeq.....	71	LEUKINE.....	57
KRAZATI.....	32	leuprolide acetate.....	92
kurvelo.....	87	leuprolide depot.....	92
KUVAN.....	80	levetiracetam.....	15
		levetiracetam er.....	15
<b>L</b>		LEVO-T.....	91
l-glutamine.....	80	levobunolol hcl.....	103
labetalol hcl.....	60	levocarnitine.....	80
lacosamide.....	17	levocarnitine sf.....	80
lactulose.....	77	levocetirizine dihydrochloride.....	105
LAMICTAL.....	14	levofloxacin.....	13
LAMICTAL (BLUE).....	14	levofloxacin-d5w.....	13
lamivudine.....	45,47	levonest.....	87
lamivudine hbv.....	47	levonorg-eth estrad eth estrad.....	87
lamivudine-zidovudine.....	45	levonorgestrel-eth estradiol.....	88
lamotrigine.....	14	levora-28.....	88
lamotrigine (blue).....	15	levorphanol tartrate.....	4
lamotrigine er.....	15	levothyroxine sodium.....	91
LANOXIN.....	64	LEVOXYL.....	91
lansoprazole.....	79	LEXAPRO.....	21
LANTUS.....	54	LEXIVA.....	46
LANTUS SOLOSTAR.....	54	LIALDA.....	99
lapatinib.....	32	LIBERVANT.....	16
larin.....	87	lidocaine.....	6
larin 24 fe.....	87	lidocaine hcl.....	6
larin fe.....	87	lidocaine hcl laryngotracheal 4% solution.....	6
LASIX.....	65	lidocaine hcl viscous.....	6
latanoprost.....	104	lidocaine-prilocaine.....	6
LATUDA.....	40	LIDOCAN II.....	6
LAYOLIS FE.....	87	lidocan iii.....	6
LAZCLUZE.....	32	lidocan iv.....	6

lidocan v .....	6	LUMAKRAS .....	32
LIDODERM .....	6	LUMIGAN .....	104
LILETTA .....	82	LUMRYZ .....	109
linezolid .....	9	LUPRON DEPOT .....	92
linezolid-0.9% nacl .....	9	LUPRON DEPOT (LUPANETA) .....	92
linezolid-d5w .....	9	LUPRON DEPOT-PED .....	92
LINZESS .....	77	lurasidone hcl .....	40
liothyronine sodium .....	91	lutra .....	88
LIPITOR .....	66	LYBALVI .....	40
lisdexamfetamine dimesylate .....	68	lyleq .....	91
lisinopril .....	59	lyllana .....	85
lisinopril-hydrochlorothiazide .....	64	LYNPARZA .....	32
lithium carbonate .....	50	LYRICA .....	16
lithium carbonate er .....	50	LYSODREN .....	29
lithium citrate .....	50	LYTGOBI .....	33
LITHOBID .....	50	LYUMJEV .....	54
LIVTENCITY .....	47	LYUMJEV KWIKPEN U-100 .....	54
lo-zumandimine .....	88	LYUMJEV KWIKPEN U-200 .....	54
LOCOID LIPOCREAM .....	73	LYUMJEV TEMPO PEN U-100 .....	54
LOESTRIN .....	88	lyza .....	91
LOESTRIN FE .....	88		
lojaimiess .....	88	<b>M</b>	
LONSURF .....	29	M-M-R II VACCINE .....	97
loperamide .....	78	magnesium sulfate .....	76
LOPID .....	65	MALARONE .....	37
lopinavir-ritonavir .....	46	malathion .....	74
LOPRESSOR .....	60	maraviroc .....	46
LOPROX .....	24	marlissa .....	88
lorazepam .....	50	MARPLAN .....	20
lorazepam intensol .....	50	MATULANE .....	27
LORBRENA .....	32	matzim la .....	62
loryna .....	88	MAVYRET .....	48
losartan potassium .....	59	MAXALT .....	26
losartan-hydrochlorothiazide .....	64	MAXALT MLT .....	26
LOTENSIN .....	59	MAXITROL .....	101
LOTRONEX .....	78	meclizine hcl .....	23
lovastatin .....	66	MEDROL .....	83
LOVENOX .....	56	medroxyprogesterone acetate .....	91
low-ogestrel .....	88	mefloquine hcl .....	37
loxapine .....	39	megestrol acetate .....	91
lubiprostone .....	77	MEKINIST .....	33

MEKTOVI.....	33	METROLOTION.....	75
meloxicam.....	3	metronidazole.....	9,75
memantine hcl.....	19	metyrosine.....	64
memantine hcl er.....	19	mexiletine hcl.....	60
MENACTRA.....	97	micafungin.....	24
MENEST.....	85	micafungin-0.9% nacl.....	25
MENQUADFI.....	97	MICARDIS.....	59
MENVEO A-C-Y-W-135-DIP.....	97	MICARDIS HCT.....	64
mercaptopurine.....	29	microgestin.....	88
meropenem.....	12	microgestin 24 fe.....	88
meropenem-0.9% nacl.....	12	microgestin fe.....	88
merzee.....	88	midodrine hcl.....	58
mesalamine.....	99	mifepristone.....	92
mesalamine dr.....	99	miglustat.....	81
mesalamine er.....	99	MIGRANAL.....	25
MESNEX.....	36	mili.....	88
MESTINON.....	26	mimvey.....	88
metformin hcl.....	51,52	minocycline hcl.....	13
metformin hcl er.....	52	minoxidil.....	67
methadone hcl.....	4	mirtazapine.....	19
methazolamide.....	64	misoprostol.....	79
methenamine hippurate.....	9	modafinil.....	109
methimazole.....	93	moexipril hcl.....	59
methocarbamol.....	108	molindone hcl.....	39
methotrexate.....	96	mometasone furoate.....	73,105
methotrexate sodium.....	96	mondoxyne nl.....	13
methoxsalen.....	74	mono-lynyah.....	88
methscopolamine bromide.....	78	montelukast sodium.....	105
methsuximide.....	15	morphine sulfate.....	5
methylphenidate er.....	69	morphine sulfate er.....	4
methylphenidate hcl.....	69	MOUNJARO.....	52
methylprednisolone.....	83	MOVANTIK.....	77
methyltestosterone.....	84	MOVIPREP.....	78
metoclopramide hcl.....	78	moxifloxacin.....	13,101
metolazone.....	65	moxifloxacin hcl.....	13
metoprolol succinate.....	60	MRESVIA.....	98
metoprolol tartrate.....	61	MULTAQ.....	60
metoprolol-hydrochlorothiazide.....	64	mupirocin.....	75
METRO IV.....	9	MVASI.....	36
METROCREAM.....	75	MYALEPT.....	78
METROGEL.....	75	MYCOBUTIN.....	27

mycophenolate mofetil.....	96	NEUPRO.....	38
mycophenolic acid.....	96	NEURONTIN.....	16
MYFORTIC.....	96	nevirapine.....	44
MYHIBBIN.....	96	nevirapine er.....	44
myorisan.....	72	NEXAVAR.....	33
MYRBETRIQ.....	81	NEXIUM.....	79,80
MYSOLINE.....	16	NEXPLANON.....	82
<b>N</b>		niacin er.....	67
nabumetone.....	3	nicardipine hcl.....	61
nadolol.....	61	NICOTROL.....	7
nafcillin.....	11	NICOTROL NS.....	7
nafcillin sodium.....	11	nifedipine.....	61
naloxone hcl.....	7	nifedipine er.....	61
naltrexone hcl.....	7	nikki.....	88
NAMENDA.....	19	NILANDRON.....	28
naproxen.....	3	nilutamide.....	28
naproxen sodium.....	3,4	nimodipine.....	61
naratriptan hcl.....	26	NINLARO.....	33
NARCAN.....	7	NIPENT.....	29
NARDIL.....	20	nisoldipine.....	61
NATACYN.....	101	nitazoxanide.....	37
nateglinide.....	52	nitisinone.....	81
NAYZILAM.....	16	NITRO-BID.....	68
nebivolol hcl.....	61	nitrofurantoin.....	9
NEBUPENT.....	37	nitrofurantoin mono-macro.....	9
necon.....	88	nitroglycerin.....	68
needles, insulin disp., safety.....	54	nitroglycerin patch.....	68
nefazodone hcl.....	21	NITROLINGUAL.....	68
neo-polycin.....	101	NITROSTAT.....	68
neo-polycin hc.....	101	NIVESTYM.....	57
neomycin sulfate.....	7	nizatidine.....	79
neomycin-bacitracin-poly-hc.....	101	nora-be.....	91
neomycin-bacitracin-polymyxin.....	102	norelgestromin-eth estradiol.....	88
neomycin-polymyxin-dexameth.....	101	norethin-eth estra-ferrous fum.....	88
neomycin-polymyxin-gramicidin.....	102	norethindron-ethinyl estradiol.....	88
neomycin-polymyxin-hc.....	104	norethindrone.....	91
neomycin-polymyxin-hydrocort.....	104	norethindrone ac (lupaneta).....	91
NEORAL.....	96	norethindrone acetate.....	91
NERLYNX.....	33	norethindrone-e.estradiol-iron.....	88
neuac.....	72	norgestimate-ethinyl estradiol.....	88
		NORPRAMIN.....	23

NORTHERA.....	58	OGSIVEO.....	33
nortrel.....	88	OJEMDA.....	33
nortriptyline hcl.....	23	OJJAARA.....	33
NORVASC.....	61	olanzapine.....	40
NORVIR.....	47	olanzapine odt.....	41
NOVOLIN 70-30.....	54	olmesartan medoxomil.....	59
NOVOLIN 70-30 FLEXPEN.....	54	olmesartan-amlodipine-hctz.....	64
NOVOLIN N.....	54	olmesartan-hydrochlorothiazide.....	64
NOVOLIN N FLEXPEN.....	54	olopatadine hcl.....	105
NOVOLIN R.....	54	omega-3 acid ethyl esters.....	67
NOVOLIN R FLEXPEN.....	54	omeprazole.....	80
NOVOLOG.....	54	omnipod 5 dexg7g6 intro(gen 5).....	54
NOVOLOG FLEXPEN.....	54	omnipod 5 dexg7g6 pods (gen 5).....	54
NOVOLOG MIX 70-30.....	54	omnipod 5 g6-g7 intro kt(gen5).....	54
NOVOLOG MIX 70-30 FLEXPEN.....	54	omnipod 5 g6-g7 pods (gen 5).....	54
NOVOLOG PENFILL.....	54	omnipod classic pdm kit(gen 3).....	55
NOXAFIL.....	25	omnipod classic pods (gen 3).....	55
NUBEQA.....	28	omnipod dash intro kit (gen 4).....	55
NUDEXTA.....	70	omnipod dash pdm kit (gen 4).....	55
NUPLAZID.....	40	omnipod dash pods (gen 4).....	55
NURTEC ODT.....	26	omnipod go pods.....	55
NUTRILIPID.....	77	OMNITROPE.....	84
NUVARING.....	88	ondansetron hcl.....	23
NUVIGIL.....	109	ondansetron odt.....	24
NUZYRA.....	13	ONFI.....	16
nyamyc.....	25	ONTRUZANT.....	36
nylia.....	88	ONUREG.....	29
nymyo.....	89	OPSUMIT.....	107
nystatin.....	25	OPVEE.....	7
nystatin-triamcinolone.....	74	ORACEA.....	72
nystop.....	25	ORALAIR.....	108
		oralone.....	71
<b>O</b>		ORENCIA.....	94
OCALIVA.....	78	ORENCIA CLICKJECT.....	94
ocella.....	89	ORFADIN.....	81
octreotide acetate.....	92	ORGOVYX.....	29
OCUFLOX.....	102	ORKAMBI.....	106
ODEFSEY.....	45	ORSERDU.....	28
ODOMZO.....	33	oseltamivir phosphate.....	48
OFEV.....	107	OTEZLA.....	74
ofloxacin.....	13,102,104	OVIDE.....	74



oxaprozin.....	4	pentoxifylline.....	64
oxazepam.....	50	perindopril erbumine.....	59
oxcarbazepine.....	17	periogard.....	71
oxybutynin chloride.....	81	permethrin.....	74
oxybutynin chloride er.....	82	perphenazine.....	23
oxycodone hcl.....	5	PERSERIS.....	41
oxycodone-acetaminophen.....	5	pfizerpen.....	11
OZEMPIC.....	52	phenelzine sulfate.....	20
<b>P</b>		phenobarbital.....	16
pacerone.....	60	phenoxybenzamine hcl.....	58
paliperidone er.....	41	PHENYTEK.....	18
PALYNZIQ.....	81	phenytoin.....	18
PANRETIN.....	36	phenytoin sodium extended.....	18
pantoprazole sodium.....	80	philith.....	89
paricalcitol.....	100	PIFELTRO.....	44
PARNATE.....	20	pilocarpine hcl.....	71,103
paroxetine cr.....	21	pimecrolimus.....	73
paroxetine er.....	21	pimozide.....	39
paroxetine hcl.....	21	pimtrea.....	89
PAXIL.....	21,22	pindolol.....	61
PAXLOVID.....	48,49	pioglitazone hcl.....	52
PAXLOVID (EUA).....	48,49	pioglitazone-glimepiride.....	52
pazopanib hcl.....	33	pioglitazone-metformin.....	52
PEDIARIX.....	98	piperacillin-tazobactam.....	11
PEDVAXHIB.....	98	PIQRAY.....	33
peg 3350-electrolyte.....	78	pirfenidone.....	107
peg-3350 and electrolytes.....	79	piroxicam.....	4
peg3350-sod sul-nacl-kcl-asb-c.....	79	PLAQUENIL.....	37
PEGASYS.....	94	PLAVIX.....	57
PEMAZYRE.....	33	PLEGRIDY.....	70
PENBRAYA.....	98	PLEGRIDY PEN.....	70
penicillamine.....	82	podofilox.....	74
penicillin g potassium.....	11	polycin.....	102
penicillin g sodium.....	11	polymyxin b sul-trimethoprim.....	102
penicillin gk-iso-osm dextrose.....	11	POMALYST.....	28
penicillin v potassium.....	11	portia.....	89
PENTACEL.....	98	posaconazole.....	25
PENTAM 300.....	37	potassium chloride.....	76
pentamidine isethionate.....	37	potassium chloride in d5lr.....	75
PENTASA.....	99	potassium chloride proamp.....	76
		potassium chloride-0.45% nacl.....	76

potassium chloride-dextrose 5%.....	75	PROGRAF.....	96
potassium citrate er.....	76	PROLASTIN C.....	81
pramipexole dihydrochloride.....	38	PROLENSA.....	103
prasugrel hcl.....	57	PROLIA.....	100
pravastatin sodium.....	66	PROMACTA.....	57
praziquantel.....	36	promethazine hcl.....	23
prazosin hcl.....	58	promethegan.....	23
PRED FORTE.....	103	propafenone hcl.....	60
PRED MILD.....	103	propafenone hcl er.....	60
prednisolone.....	83	propranolol hcl.....	61
prednisolone acetate.....	103	propranolol hcl er.....	61
prednisolone sodium phosphate.....	83,103	propylthiouracil.....	93
prednisone.....	83	PROQUAD.....	98
pregabalin.....	16	PROSCAR.....	82
PREGNYL.....	84	PROTONIX.....	80
PREHEVBRIO.....	98	protriptyline hcl.....	23
PREMARIN.....	85	PROVERA.....	91
PREMPHASE.....	89	PROZAC.....	22
PREMPRO.....	89	PRUDOXIN.....	73
PREVACID.....	80	PULMOZYME.....	106
prevalite.....	67	PURIXAN.....	29
PREVYMIS.....	47	PYLERA.....	79
PREZCOBIX.....	47	pyrazinamide.....	27
PREZISTA.....	47	pyridostigmine bromide.....	27
PRIFTIN.....	27	pyridostigmine bromide er.....	27
primaquine.....	37	pyrimethamine.....	37
primidone.....	16,17		
PRIORIX.....	98	<b>Q</b>	
PRISTIQ.....	22	QINLOCK.....	33
PROAIR RESPICLICK.....	106	QUADRACEL DTAP-IPV.....	98
probenecid.....	25	quetiapine fumarate.....	41
probenecid-colchicine.....	25	quetiapine fumarate er.....	41
PROCARDIA XL.....	61	quinapril hcl.....	59
prochlorperazine.....	23	quinapril-hydrochlorothiazide.....	64
prochlorperazine maleate.....	23	quinidine gluconate.....	60
PROCRIT.....	57	quinidine sulfate.....	60
procto-med hc.....	99	quinine sulfate.....	37
proctosol-hc.....	99	QVAR REDIHALER.....	105
proctozone-hc.....	99		
progesterone.....	91	<b>R</b>	
PROGLYCEM.....	53	RABAVERT.....	98

rabeprazole sodium.....	80	risedronate sodium.....	100
raloxifene hcl.....	91	risedronate sodium dr.....	100
ramelteon.....	109	RISPERDAL.....	41
ramipril.....	59	RISPERDAL CONSTA.....	41
ranolazine er.....	64	risperidone.....	41
RAPAFLO.....	82	risperidone er.....	41
RAPAMUNE.....	96	risperidone odt.....	41
rasagiline mesylate.....	38	RITALIN.....	69
reclipsen.....	89	ritonavir.....	47
RECOMBIVAX HB.....	98	rivastigmine.....	19
RECTIV.....	68	rizatriptan.....	26
REGLAN.....	79	ROCALTROL.....	100
REGRANEX.....	74	ROCKLATAN.....	103
RELENZA.....	48	roflumilast.....	106
RELISTOR.....	77,78	ropinirole er.....	38
REMERON.....	19	ropinirole hcl.....	38
RENFLEXIS.....	96	rosadan.....	75
repaglinide.....	52	rosuvastatin calcium.....	66
REPATHA PUSHTRONEX.....	67	ROTARIX.....	98
REPATHA SURECLICK.....	67	ROTATEQ.....	98
REPATHA SYRINGE.....	67	ROWASA.....	99
RESTASIS.....	101	roweepra.....	15
RESTASIS MULTIDOSE.....	101	ROXICODONE.....	5,6
RETACRIT.....	57	ROZEREM.....	109
RETEVMO.....	33	ROZLYTREK.....	33,34
RETIN-A.....	72	RUBRACA.....	34
RETROVIR.....	45	rufinamide.....	18
REVCOVI.....	81	RUKOBIA.....	46
REXULTI.....	41	RUXIENCE.....	36
REYATAZ.....	47	RYBELSUS.....	52
REZLIDHIA.....	33	RYDAPT.....	34
REZUROCK.....	96	RYTARY.....	38
RHOPRESSA.....	103		
RIABNI.....	36	<b>S</b>	
ribavirin.....	48	SABRIL.....	17
RIDAURA.....	94	sajazir.....	93
rifabutin.....	27	SALAGEN.....	71
rifampin.....	27	SAMSCA.....	77
riluzole.....	70	SANDIMMUNE.....	96
RINVOQ.....	94	SANDOSTATIN LAR DEPOT.....	92
RINVOQ LQ.....	94	SANTYL.....	74

SAPHRIS.....	42	sod sulf-potass sulf-mag sulf.....	79
sapropterin dihydrochloride.....	81	sodium chloride.....	76
saxagliptin hcl.....	52	sodium chloride-water.....	76
saxagliptin-metformin er.....	52	sodium oxybate.....	109
SCSEMBLIX.....	34	sodium phenylbutyrate.....	81
scopolamine.....	23	sodium polystyrene sulfonate.....	77
SECUADO.....	42	solifenacin succinate.....	82
selegiline hcl.....	38	SOLIQUA 100-33.....	52
selenium sulfide.....	73	SOLTAMOX.....	28
SELZENTRY.....	46	SOMATULINE DEPOT.....	93
SENSIPAR.....	100	SOMAVERT.....	93
SEREVENT DISKUS.....	106	SOOLANTRA.....	74
SEROQUEL.....	42	sorafenib.....	34
SEROQUEL XR.....	42	sorine.....	60
sertraline hcl.....	22	sotalol.....	60
setlakin.....	89	sotalol af.....	60
SFROWASA.....	99	SPIRIVA HANDIHALER.....	105
sharobel.....	91	SPIRIVA RESPIMAT.....	105
SHINGRIX.....	98	spironolactone.....	67
SIGNIFOR.....	92	spironolactone-hctz.....	64
SIGNIFOR LAR.....	92	SPORANOX.....	25
sildenafil citrate.....	107	sprintec.....	89
SILENOR.....	109	SPRITAM.....	15
silodosin.....	82	SPRYCEL.....	34
SILVADENE.....	74	SPS.....	77
silver sulfadiazine.....	74	sronyx.....	89
SIMBRINZA.....	103	SSD.....	74
SIMLANDI(CF) AUTOINJECTOR.....	96	STAMARIL.....	98
simliya.....	89	STELARA.....	94
simpesse.....	89	STIOLTO RESPIMAT.....	108
simvastatin.....	66	STIVARGA.....	34
SINEMET 10-100.....	38	STRATTERA.....	69
SINEMET 25-100.....	38	STRENSIQ.....	81
SINGULAIR.....	105	streptomycin sulfate.....	7
sirolimus.....	96	STRIBILD.....	44
SIRTURO.....	27	STROMECTOL.....	36
SIVEXTRO.....	9	SUBLOCADE.....	7
SKYLA.....	82	SUBOXONE.....	7
SKYRIZI.....	94	subvenite.....	15
SKYRIZI ON-BODY.....	94	subvenite (blue).....	15
SKYRIZI PEN.....	94	sucralfate.....	79

SULAR.....	61	tarina 24 fe.....	89
sulfacetamide sodium.....	72,102	tarina fe.....	89
sulfacetamide-prednisolone.....	101	tarina fe 1-20 eq.....	89
sulfadiazine.....	13	TASIGNA.....	34
sulfamethoxazole-trimethoprim.....	13	tasimelteon.....	109
sulfasalazine.....	99	TASMAR.....	37
sulfasalazine dr.....	99	taysofy.....	89
sulindac.....	4	tazarotene.....	72
sumatriptan.....	26	tazicef.....	10
sumatriptan succinate.....	26	TAZORAC.....	72
sunitinib malate.....	34	taztia xt.....	62
SUNLENCA.....	46	TAZVERIK.....	34
SUPREP.....	79	TDVAX.....	98
SUTAB.....	79	TECFIDERA.....	71
SUTENT.....	34	TEFLARO.....	10
syeda.....	89	TEGRETOL.....	18
SYMFI.....	44	TEGRETOL XR.....	18
SYMFI LO.....	44	TEKTURNA.....	64
SYMLINPEN 120.....	52	telmisartan.....	59
SYMLINPEN 60.....	52	telmisartan-amlodipine.....	64
SYMPAZAN.....	17	telmisartan-hydrochlorothiazid.....	64
SYMTUZA.....	47	temazepam.....	109
SYNAREL.....	93	tencon.....	2
SYNJARDY.....	52	TENIVAC.....	98
SYNJARDY XR.....	52	tenofovir disoproxil fumarate.....	45
SYNTHROID.....	92	TENORETIC 100.....	64
SYPRINE.....	77	TENORETIC 50.....	64
<b>T</b>		TENORMIN.....	61
TABLOID.....	29	TEPMETKO.....	34
TABRECTA.....	34	terazosin hcl.....	58
tacrolimus.....	73,96	terbinafine hcl.....	25
tadalafil.....	82,107	terbutaline sulfate.....	106
TAFINLAR.....	34	terconazole.....	25
TAGRISSE.....	34	TERIPARATIDE.....	100
TALZENNA.....	34	testosterone.....	84
TAMIFLU.....	48	testosterone cypionate.....	84
tamoxifen citrate.....	28	testosterone enanthate.....	84
tamsulosin hcl.....	82	tetrabenazine.....	70
taperdex.....	83	tetracycline hcl.....	13
TARGRETIN.....	36	THALOMID.....	28
		THEO-24.....	107

theophylline anhydrous.....	107	tramadol hcl.....	6
theophylline er.....	107	tramadol hcl er.....	4
thioridazine hcl.....	39	tramadol hcl-acetaminophen.....	6
thiothixene.....	39	trandolapril.....	59
THYMOGLOBULIN.....	93	trandolapril-verapamil er.....	64
tiadylt er.....	62	tranexamic acid.....	57
tiagabine hcl.....	17	tranylcypromine sulfate.....	20
TIAZAC.....	62	TRAVASOL.....	77
TIBSOVO.....	34	TRAVATAN Z.....	104
TICOVAC.....	98	travoprost.....	104
tigecycline.....	9	TRAZIMERA.....	36
TIKOSYN.....	60	trazodone hcl.....	22
tilia fe.....	89	TRECTOR.....	27
timolol maleate.....	61,103	TRELEGY ELLIPTA.....	108
TIMOPTIC.....	103	TRELSTAR.....	93
TIMOPTIC OCUDOSE.....	103	TREMFYA.....	94
tinidazole.....	9	tretinoin.....	36,72
tiotropium bromide.....	105	tri-estarylla.....	89
TIROSINT.....	92	tri-legest fe.....	89
TIROSINT-SOL.....	92	tri-linyah.....	89
TIVICAY.....	44	tri-lo-estarylla.....	89
TIVICAY PD.....	44	tri-lo-marzia.....	89
tizanidine hcl.....	43	tri-lo-mili.....	89
TOBRADEX.....	101	tri-lo-sprintec.....	89
tobramycin.....	102,106	tri-mili.....	89
tobramycin sulfate.....	8	tri-nymyo.....	89
tobramycin-dexamethasone.....	101	tri-sprintec.....	89
tolcapone.....	37	tri-vylibra.....	89
tolterodine tartrate.....	82	tri-vylibra lo.....	90
tolterodine tartrate er.....	82	triamcinolone acetonide.....	71,73,74
tolvaptan.....	77	triamterene-hydrochlorothiazid.....	65
topiramate.....	15	TRIBENZOR.....	64
TOPROL XL.....	61	triderm.....	74
toremifene citrate.....	28	trientine hcl.....	77
torpenz.....	34	trifluoperazine hcl.....	39
torse mide.....	65	trifluridine.....	102
TOUJEO MAX SOLOSTAR.....	55	trihexyphenidyl hcl.....	37
TOUJEO SOLOSTAR.....	55	TRIKAFTA.....	106
TOVIAZ.....	82	triklo.....	67
TRACLEER.....	107	TRILEPTAL.....	18
TRADJENTA.....	52	trimethoprim.....	9

trimipramine maleate.....	23	valsartan-hydrochlorothiazide.....	64
TRINTELLIX.....	22	VALTOCO.....	17
TRIUMEQ.....	45	VALTREX.....	48
TRIUMEQ PD.....	45	vanadom.....	108
trivora-28.....	90	vancomycin hcl.....	9
TROPHAMINE.....	77	VANFLYTA.....	35
tropium chloride.....	82	VAQTA.....	98
tropium chloride er.....	82	varenicline tartrate.....	7
TRULICITY.....	53	VARIVAX VACCINE.....	98
TRUMENBA.....	98	VASCEPA.....	67
TRUQAP.....	35	VASERETIC.....	64
TRUVADA.....	45	VASOTEC.....	59
TUKYSA.....	35	VAXCHORA VACCINE.....	98
TURALIO.....	35	velivet.....	90
turqoz.....	90	VELTASSA.....	77
TWINRIX.....	98	VENCLEXTA.....	35
TYBLUME.....	90	VENCLEXTA STARTING PACK.....	35
TYBOST.....	46	venlafaxine besylate er.....	22
tydemy.....	90	venlafaxine hcl.....	22
TYGACIL.....	9	venlafaxine hcl er.....	22
TYKERB.....	35	VENTAVIS.....	107
TYMLOS.....	100	VENTOLIN HFA.....	106
TYPHIM VI.....	98	VEOZAH.....	70
<b>U</b>		verapamil er.....	62
UBRELVY.....	26	verapamil er pm.....	62
UDENYCA.....	57	verapamil hcl.....	62
UDENYCA AUTOINJECTOR.....	57	verapamil sr.....	62
UDENYCA ONBODY.....	57	VERELAN.....	62
UNITHROID.....	92	VERELAN PM.....	62
ursodiol.....	79	VERQUVO.....	68
UZEDY.....	42	VERSACLOZ.....	43
<b>V</b>		VERZENIO.....	35
VAGIFEM.....	85	vestura.....	90
valacyclovir.....	48	VFEND IV.....	25
VALCHLOR.....	28	VIBERZI.....	78
VALCYTE.....	47	vienva.....	90
valganciclovir hcl.....	47	vigabatrin.....	17
valproic acid.....	15	vigadrone.....	17
valsartan.....	59	VIGAFYDE.....	17
		VIGAMOX.....	102
		vigpoder.....	17

VIIBRYD	22	XERMELO	78
vilazodone hcl	22	XGEVA	100
VIMPAT	18	XHANCE	105
viorele	90	XIFAXAN	79
VIRACEPT	47	XIGDUO XR	53
VIREAD	45	XOFLUZA	48
VITRAKVI	35	XOLAIR	94
VIVITROL	7	XOPENEX HFA	106
VIZIMPRO	35	XOSPATA	35
volnea	90	XPOVIO	29
VONJO	35	XTANDI	28
VORANIGO	35	xulane	90
voriconazole	25		
VOTRIENT	35	<b>Y</b>	
VOWST	79	yargesa	81
VPRIV	81	YASMIN 28	90
VRAYLAR	42	YAZ	90
VUMERITY	71	YF-VAX	98
vyfemla	90	YONSA	28
vylibra	90	yuvafem	85
VYNDAMAX	81		
VYNDAQEL	81	<b>Z</b>	
VYTORIN	67	zafemy	90
VYVANSE	69	zafirlukast	105
		zaleplon	109
<b>W</b>		ZARONTIN	15
warfarin sodium	56	ZEBUTAL	2
WELIREG	81	ZEJULA	35
WELLBUTRIN SR	19,20	ZELBORAF	35
WELLBUTRIN XL	20	zenatane	72
wera	90	ZENPEP	81
wixela inhub	108	zenzedi	69
wymzya fe	90	ZEPATIER	48
		ZESTORETIC	64
<b>X</b>		ZESTRIL	59
XALKORI	35	ZETIA	67
XARELTO	56	ZIAC	64
XATMEP	96	ZIAGEN	45
XCOPRI	18	zidovudine	45,46
XDEMZY	101	ZIEXTENZO	57
XENAZINE	70	ziprasidone hcl	42



ziprasidone mesylate.....	42
ZIRABEV.....	36
ZITHROMAX.....	12
ZITHROMAX TRI-PAK.....	12
ZOCOR.....	66
ZOKINVY.....	81
ZOLINZA.....	29
zolmitriptan odt.....	26
ZOLOFT.....	22
zolpidem tartrate.....	109
zolpidem tartrate er.....	109
ZONALON.....	74
ZONEGRAN.....	18
ZONISADE.....	18
zonisamide.....	18
ZONTIVITY.....	56
ZORTRESS.....	96
ZOSYN.....	11
zovia 1-35.....	90
ZOVIRAX.....	48
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	90
ZURZUVAE.....	20
ZYDELIG.....	35
ZYKADIA.....	35
ZYPREXA.....	42
ZYPREXA RELPREVV.....	42,43
ZYPREXA ZYDIS.....	43
ZYVOX.....	9

## **Retiree RxCare**

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