



Retiree RxCare

2024 Formulario de cuatro niveles

(Lista de medicamentos cubiertos)

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

ID del formulario No. 24415, Versión 9

Este formulario se actualizó el 26 de Marzo, 2024. No hemos realizado cambios a este formulario Desde el 3/26/2024. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una listado u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1-855-693-3921 Los usuarios de TTY deben llamar al 711, de lunes a viernes, de 8:00 a.m. a 8:00 p.m. (EST), o visitar <http://retireerxcare.amwins.com>.

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

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

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

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

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

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

¿Qué es el formulario para jubilados de RxCare?

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

¿Puede cambiar el formulario (lista de medicamentos)?

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

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

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

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

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

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

El formulario adjunto está actualizado a partir del 1 de April de 2024, 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 2. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 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 Zolpidem tartrato 10mg. Esto puede ser adicional a un suministro estándar de un mes o tres meses.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

Para más información

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

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

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

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 119.

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

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

Respetar los requisitos/límites

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

List of Covered Drugs

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

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

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

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

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

Opioid Analgesics, Long-acting

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

Opioid Analgesics, Short-acting

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

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

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

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

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

Anesthetics

Local Anesthetics

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZTLIDO	3	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

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

Opioid Reversal Agents

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

Smoking Cessation Agents

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

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

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

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

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

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

Beta-lactam, Cephalosporins

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

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

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

Beta-lactam, Penicillins

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	1	
AUGMENTIN 500-125 TABLET	3	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
<i>nafcillin</i>	1	
<i>nafcillin sodium</i>	1	
<i>pen g k 2 million unit/50 ml</i>	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	3	
<i>penicillin gk-iso-osm dextrose (pen g k 1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	3	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	1	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	3	
Carbapenems		
<i>ertapenem</i>	1	
<i>imipenem-cilastatin 250 mg vl</i>	3	
<i>imipenem-cilastatin 500 mg vl</i>	1	
INVANZ	3	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	1	
<i>meropenem-0.9% nacl</i>	1	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIBRAMYCIN 100 MG CAPSULE	3	

Anticonvulsants

Anticonvulsants, Other

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 500 mg/5 ml vial, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	1	
<i>roweepra 500 mg tablet</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproate sodium</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	
XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	4	
XCOPRI 12.5-25 MG TITRATION PK	3	
Calcium Channel Modifying Agents		
CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (900 PER 30 DAYS)

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

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

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

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

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

Sodium Channel Agents

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY	3	
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	
EXELON	3	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	3	
<i>rivastigmine</i>	1	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1	PA
<i>memantine hcl er</i>	1	PA
NAMENDA	3	PA
Antidepressants		
Antidepressants, Other		
AUVELITY	4	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<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)

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

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

Monoamine Oxidase Inhibitors

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYMBALTA 30 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1	QL (30 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	3	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	3	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	3	QL (28 PER 28 DAYS)
<i>fluoxetine 20 mg/5 ml solution</i>	1	QL (600 PER 30 DAYS)
<i>fluoxetine dr</i>	3	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	3	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	3	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	3	QL (60 PER 30 DAYS)
PRISTIQ	3	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	3	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	3	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	3	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	3	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD	3	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL (45 PER 30 DAYS)
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	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

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

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	PA
<i>compro</i>	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>perphenazine</i>	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vl</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
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

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

Antifungals

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	4	
<i>griseofulvin 125 mg/5 ml susp</i>	1	
<i>griseofulvin micro 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>klayesta</i>	1	
LOPROX 1% SHAMPOO	3	
<i>micafungin 100 mg vial</i>	4	
<i>micafungin 50 mg vial</i>	1	
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 (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	1	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg tablet</i>	1	
COLCRYS	3	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	

Antimigraine Agents

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

Serotonin (5-HT) Receptor Agonist

IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	3	QL (6 PER 30 DAYS)
IMITREX (5 MG SPRAY, 20 MG SPRAY)	3	QL (12 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
MAXALT	3	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	3	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	1	QL (18 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rizatriptan</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	1	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	1	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	1	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	1	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

Antimycobacterials

Antimycobacterials, Other

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

Antituberculars

<i>cycloserine</i>	4	
<i>ethambutol hcl</i>	1	
<i>isoniazid (50 mg/5 ml solution, 100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 100 mg/ml vial</i>	2	
PRIFTIN	3	
<i>pyrazinamide</i>	1	
RIFADIN IV 600 MG VIAL	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	1	
SIRTURO	4	
TRECTOR	3	

Antineoplastics

Alkylating Agents

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

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	4	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ERLEADA 60 MG TABLET	4	PA, QL (120 PER 30 DAYS)
EULEXIN	4	
NILANDRON	4	
<i>nilutamide</i>	4	
NUBEQA	4	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
YONSA	4	PA, QL (120 PER 30 DAYS)

Antiangiogenic Agents

<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	4	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)
POMALYST	4	PA, QL (21 PER 28 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	4	PA, QL (21 PER 28 DAYS)
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
ZALTRAP	4	PA

Antiestrogens/Modifiers

EMCYT	4	
FARESTON	4	
FASLODEX	4	PA
<i>fulvestrant</i>	4	PA
ORSERDU 345 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	4	PA, QL (90 PER 30 DAYS)
SOLTAMOX	4	
<i>tamoxifen citrate</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>toremifene citrate</i>	4	
Antimetabolites		
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)</i>	1	PA
FOLOTYN	4	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	4	
TABLOID	4	
Antineoplastics, Other		
ABRAXANE	4	PA
<i>adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>adriamycin 10 mg vial</i>	3	PA
ALIMTA	4	PA
ARRANON	4	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	1	
<i>arsenic trioxide 12 mg/6 ml vl</i>	4	
ASPARLAS	4	
<i>azacitidine</i>	4	
<i>bendamustine hcl (25 mg vial, 100 mg vial)</i>	4	
BENDEKA	4	
BICNU	3	
<i>bleomycin sulfate</i>	1	PA
BLINCYTO 35MCG VL W-STABILIZER	4	PA
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	1	
<i>carmustine 100 mg vial</i>	1	
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cladribine</i>	4	PA
<i>clofarabine</i>	4	
CLOLAR	4	
COSMEGEN	4	
<i>cytarabine</i>	1	PA
<i>dacarbazine 100 mg vial</i>	3	
<i>dacarbazine 200 mg vial</i>	1	
<i>dactinomycin</i>	4	
<i>daunorubicin 20 mg/4 ml vial</i>	1	
<i>daunorubicin 50 mg/10 ml vial</i>	3	
<i>decitabine</i>	4	
<i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)</i>	4	
<i>doxorubicin 10 mg vial</i>	3	PA
<i>doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>doxorubicin hcl liposome</i>	4	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	1	
<i>gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)</i>	1	
HALAVEN	4	PA
<i>idarubicin hcl</i>	4	
IFEX 3 GM VIAL	3	
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>	1	
<i>ifosfamide 3 gm vial</i>	3	
IMLYGIC 1 MILLION PFU/ML VIAL	3	
IMLYGIC 100 MILLION PFU/ML VL	4	
INQOVI	4	PA, QL (5 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISTODAX	4	PA
IXEMPRA	4	
<i>kemoplat</i>	1	
KISQALI FEMARA 200 MG CO-PACK	4	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	4	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	4	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)</i>	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	4	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial)</i>	4	
<i>mitomycin 5 mg vial</i>	1	
<i>mitoxantrone hcl</i>	1	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	4	
MUTAMYCIN 5 MG VIAL	1	
<i>nelarabine</i>	4	PA
NINLARO	4	PA, QL (3 PER 28 DAYS)
NIPENT	4	
ONCASPAR	4	
ONUREG	4	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)</i>	4	
<i>paclitaxel</i>	1	
<i>paraplatin</i>	1	
<i>pemetrexed (100 mg vial, 500 mg vial)</i>	4	PA
<i>pemetrexed disodium (1 gm vial, 1 gm/40 ml, 100 mg vl, 100 mg/4ml, 500 mg vl, 500mg/20ml, 750 mg vl, 850mg/34ml)</i>	4	PA
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYLAZE	4	
SYNRIBO	4	PA
<i>thiotepa</i>	4	
TREANDA	4	
TRISENOX	4	
<i>vinblastine sulfate</i>	2	PA
<i>vincasar pfs</i>	3	PA
<i>vincristine sulfate</i>	3	PA
<i>vinorelbine tartrate</i>	1	
VYXEOS	4	PA
WELIREG	4	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	4	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	4	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	4	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	4	PA, QL (32 PER 28 DAYS)
ZANOSAR	3	
ZOLINZA	4	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	3	
AROMASIN	4	
<i>exemestane</i>	1	
FEMARA	3	
<i>letrozole</i>	1	

Enzyme Inhibitors

ETOPOPHOS	3	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	1	
<i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)</i>	1	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IWILFIN	4	PA, QL (240 PER 30 DAYS)
ONIVYDE	4	PA
<i>toposar</i>	1	
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	1	

Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AKEEGA	4	PA, QL (60 PER 30 DAYS)
ALECENSA	4	PA, QL (240 PER 30 DAYS)
ALIQOPA	4	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA, QL (120 PER 30 DAYS)
AUGTYRO	4	PA, QL (240 PER 30 DAYS)
AYVAKIT	4	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
BELEODAQ	4	PA
<i>bortezomib (1 mg vial, 2.5 mg vial)</i>	3	PA
<i>bortezomib (3.5 mg iv vial, 3.5 mg vial)</i>	4	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	4	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	4	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BRUKINSA	4	PA, QL (120 PER 30 DAYS)
CABOMETYX	4	PA, QL (30 PER 30 DAYS)
CALQUENCE	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	4	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL (84 PER 28 DAYS)
COPIKTRA	4	PA, QL (56 PER 28 DAYS)
COTELLIC	4	PA, QL (63 PER 28 DAYS)
CYRAMZA	4	PA
DAURISMO 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
ERIVEDGE	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	4	PA, QL (90 PER 30 DAYS)
EXKIVITY	4	PA, QL (120 PER 30 DAYS)
FARYDAK	4	PA, QL (6 PER 21 DAYS)
FOTIVDA	4	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	4	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	4	PA, QL (21 PER 28 DAYS)
GAVRETO	4	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	4	PA, QL (30 PER 30 DAYS)
GILOTRIF	4	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	4	PA, QL (90 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEEVEC 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
IBRANCE	4	PA, QL (21 PER 28 DAYS)
ICLUSIG	4	PA, QL (30 PER 30 DAYS)
IDHIFA	4	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	4	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	4	PA, QL (120 PER 30 DAYS)
INREBIC	4	PA, QL (120 PER 30 DAYS)
IRESSA	4	PA, QL (30 PER 30 DAYS)
JAKAFI	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
JEVTANA	4	PA
KISQALI 200 MG DAILY DOSE	4	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	4	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	4	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	4	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
KRAZATI	4	PA, QL (180 PER 30 DAYS)
KYPROLIS	4	PA
<i>lapatinib</i>	4	PA, QL (180 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LORBRENA 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	4	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
ODOMZO	4	PA, QL (30 PER 30 DAYS)
OGSIVEO	4	PA, QL (180 PER 30 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 40 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
REZLIDHIA	4	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	4	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT	4	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SCEMBLIX 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)
TAGRISO	4	PA, QL (30 PER 30 DAYS)
TALZENNA	4	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
TASIGNA	4	PA, QL (120 PER 30 DAYS)
TAZVERIK	4	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	4	
TEPMETKO	4	PA, QL (60 PER 30 DAYS)
TIBSOVO	4	PA, QL (60 PER 30 DAYS)
TORISEL	4	
TRUQAP	4	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	4	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TUKYSA 50 MG TABLET	4	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
TYKERB	4	PA, QL (180 PER 30 DAYS)
VANFLYTA	4	PA, QL (60 PER 30 DAYS)
VELCADE	4	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	4	PA, QL (180 PER 30 DAYS)
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)
VOTRIENT	4	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	4	PA, QL (180 PER 30 DAYS)
XOSPATA	4	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	4	PA
ALYMSYS	4	PA
ARZERRA	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVASTIN	4	PA
BAVENCIO	4	PA
BESPOUSA	4	PA
BLENREP	4	PA
DANYELZA	4	PA
DARZALEX	4	PA
DARZALEX FASPRO	4	PA
EMPLICITI	4	PA
ENHERTU	4	PA
ERBITUX	4	PA
GAZYVA	4	PA
HERCEPTIN 150 MG VIAL	4	PA
HERCEPTIN HYLECTA	4	PA
HERZUMA	4	PA
IMFINZI	4	PA
JEMPERLI	4	PA
KADCYLA	4	PA
KANJINTI	4	PA
KEYTRUDA	4	PA
LIBTAYO	4	PA
LUMOXITI	4	PA
MARGENZA	4	PA
MONJUVI	4	PA
MVASI	4	PA
MYLOTARG	4	PA
OGIVRI	4	PA
ONTRUZANT	4	PA
OPDIVO	4	PA
PADCEV	4	PA
PERJETA	4	PA

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

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

Retinoids

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

Treatment Adjuncts

COSELA	4	
<i>dexrazoxane</i>	4	
ELITEK	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesna</i>	1	
MESNEX 400 MG TABLET	4	

Antiparasitics

Anthelmintics

<i>albendazole 200 mg tablet</i>	1	
<i>benznidazole</i>	3	
BILTRICIDE	3	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	
STROMECTOL	3	PA

Antiprotozoals

<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	4	PA
<i>hydroxychloroquine 200 mg tab</i>	1	
MALARONE	3	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	PA
<i>nitazoxanide 500 mg tablet</i>	1	QL (20 PER 30 OVER TIME)
PENTAM 300	3	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
<i>pyrimethamine 25 mg tablet</i>	4	PA
<i>quinine sulfate</i>	2	PA

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

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

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

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

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

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

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

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

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

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

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

Treatment-Resistant

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

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

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

Antispasticity Agents

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

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

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

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

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

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

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

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

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

Anti-HIV Agents, Other

FUZEON	4	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	4	QL (120 PER 30 DAYS)

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

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

Anti-HIV Agents, Protease Inhibitors

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

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

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

Anti-cytomegalovirus (CMV) Agents

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

Anti-hepatitis B (HBV) Agents

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

Anti-hepatitis C (HCV) Agents

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

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

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

Anti-influenza Agents

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

Antiherpetic Agents

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

Anxiolytics

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

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

Bipolar Agents

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLUCOTROL XL 5 MG TABLET	3	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	1	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	
JANUMET	2	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	2	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	2	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	2	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	2	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	2	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	2	QL (30 PER 30 DAYS)
JENTADUETO (2.5 MG-1000 MG TAB, 2.5 MG-500 MG TAB)	2	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	2	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	3	QL (30 PER 30 DAYS)
OZEMPIC	2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	2	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin 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 mean by going to the cover pages.

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

Glycemic Agents

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

Insulins

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

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

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

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

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

Blood Products and Modifiers

Anticoagulants

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

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

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

Blood Products and Modifiers, Other

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

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

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

Hemostasis Agents

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

Platelet Modifying Agents

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

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

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

Cardiovascular Agents

Alpha-adrenergic Agonists

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

Alpha-adrenergic Blocking Agents

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

Angiotensin II Receptor Antagonists

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

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

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

Angiotensin-converting Enzyme (ACE) Inhibitors

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

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

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

Antiarrhythmics

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

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

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

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

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

Calcium Channel Blocking Agents, Nondihydropyridines

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

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

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

Cardiovascular Agents, Other

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

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

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

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

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

Diuretics, Loop

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

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

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

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

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

Dyslipidemics, Other

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

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

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

Vasodilators, Direct-acting Arterial

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

Vasodilators, Direct-acting Arterial/Venous

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

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

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

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

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

Central Nervous System, Other

NUEDEXTA	4	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	1	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	4	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	4	PA, QL (120 PER 30 DAYS)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	4	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	3	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	3	PA, QL (12 PER 28 DAYS)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	4	PA, QL (1 PER 28 DAYS)
TECFIDERA	4	PA, QL (60 PER 30 DAYS)
TYSABRI	4	PA
VUMERITY	4	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	1	
<i>acitretin</i>	1	
<i>amnesteem</i>	1	
AVITA	1	PA
<i>azelaic acid 15% gel</i>	1	
AZELEX	3	
BENZAMYCIN	3	
<i>claravis</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	2	
FINACEA 15% GEL	3	
<i>isotretinoin</i>	1	
KLARON	3	
<i>myorisan</i>	1	
ORACEA	2	
RETIN-A	3	PA
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ala-cort 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	1	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	1	
<i>betamethasone diprop augmented (crm, oin)</i>	1	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	1	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	1	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	1	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	1	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	1	QL (200 PER 28 DAYS)
<i>clodan</i>	1	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	1	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	1	QL (120 PER 30 DAYS)
DIPROLENE	3	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	1	PA
ELIDEL	3	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	1	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	1	QL (200 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	1	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	3	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	1	PA
<i>prednicarbate 0.1% ointment</i>	3	QL (120 PER 30 DAYS)
PRUDOXIN	3	PA
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>triderm</i>	1	QL (454 PER 30 DAYS)
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
<i>fluorouracil (2% soln, 5% soln)</i>	2	
<i>fluorouracil 0.5% cream</i>	4	
<i>fluorouracil 5% cream</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	4	
<i>nystatin-triamcinolone</i>	1	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	4	PA
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX	4	PA, QL (15 PER 30 DAYS)
SANTYL	2	QL (180 PER 30 DAYS)
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
SSD	1	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	1	PA
<i>lindane</i>	2	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SOOLANTRA	2	PA

Topical Anti-infectives

<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>mupirocin</i>	1	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aqua care sodium chloride</i>	1	
CARBAGLU	4	PA
<i>carglumic acid</i>	4	PA
<i>dextrose 2.5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.3% nacl</i>	1	
<i>dextrose 5%-0.33% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>kcl 20 meq in d5w-lact ringer</i>	2	
<i>kcl 20 meq/l in d5w solution</i>	1	
<i>kcl-d5w-0.2% nacl</i>	1	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	1	
<i>kcl-d5w-0.45% nacl</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>lactated ringers injection</i>	1	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1	
<i>potassium chloride proamp</i>	1	
<i>potassium chloride-0.45% nacl</i>	1	
<i>potassium citrate er</i>	1	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1	
<i>sodium chloride-water</i>	1	

Electrolyte/Mineral/Metal Modifiers

CHEMET	3	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	4	PA
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	1	PA
EXJADE	4	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
SAMSCA	4	PA
SYPRINE	4	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	4	PA

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

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

Phosphate Binders

AURYXIA	4	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	1	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	4	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	4	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	4	QL (90 PER 30 DAYS)
<i>lanthanum carb 1,000 mg tb chw</i>	3	QL (120 PER 30 DAYS)
<i>lanthanum carb 500 mg tab chew</i>	3	QL (90 PER 30 DAYS)
<i>lanthanum carb 750 mg tab chew</i>	4	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	4	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	3	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	4	
<i>sevelamer 0.8 gm powder packet</i>	1	QL (270 PER 30 DAYS)
<i>sevelamer 2.4 gm powder packet</i>	1	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	1	
VELPHORO	4	QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Potassium Binders		
<i>sodium polystyrene sulf powder</i>	1	
SPS	1	
VELTASSA	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	1	
<i>enulose</i>	1	
<i>generlac</i>	1	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1	
LINZESS	2	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	1	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	1	QL (120 PER 30 DAYS)
MOVANTIK	2	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	4	PA
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	1	PA
<i>loperamide 2 mg capsule</i>	1	
LOTRONEX	4	PA, QL (60 PER 30 DAYS)
VIBERZI	4	PA, QL (60 PER 30 DAYS)
XERMELO	4	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	1	
<i>methscopolamine bromide</i>	1	PA

Gastrointestinal Agents, Other

<i>bismuth-metronidazole-tetracyc</i>	1	
CHENODAL	4	PA
GATTEX	4	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	3	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)</i>	1	
MOVIPREP	3	
MYALEPT	4	PA
NULYTELY	3	
OICALIVA	4	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	2	
REGLAN	3	
<i>sod sulf-potass sulf-mag sulf</i>	1	
SUPREP	3	
SUTAB	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
XIFAXAN 550 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	1	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	1	
<i>nizatidine 150 mg capsule</i>	3	
<i>nizatidine 300 mg capsule</i>	1	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	3	
CYTOTEC	3	
<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	1	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	3	QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	QL (30 PER 30 DAYS)
NEXIUM I.V.	3	
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	1	
PREVACID DR 30 MG CAPSULE	3	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	4	
<i>betaine anhydrous</i>	4	
BUPHENYL 500 MG TABLET	4	PA
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR SF	3	
CEREZYME	4	PA
CREON	2	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CRYSVITA	4	PA
CYSTADANE	4	
CYSTAGON	3	PA
ELAPRASE	4	
ELELYSO	4	PA
ENDARI	4	PA
FABRAZYME	4	
<i>javygtor (100 mg powder packet, 500 mg powder packet)</i>	4	PA
<i>javygtor 100 mg tablet</i>	1	PA
KUVAN	4	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	1	
<i>levocarnitine sl</i>	1	
LUMIZYME	4	
<i>miglustat</i>	4	PA, QL (90 PER 30 DAYS)
NAGLAZYME	4	
<i>nitisinone</i>	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PALYNZIQ	4	PA
PROLASTIN C	4	PA
REVCIVI	4	
<i>sapropterin 100 mg tablet</i>	1	PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)</i>	4	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	4	PA
STRENSIQ	4	PA
VPRIV	4	PA
VYNDAMAX	4	PA, QL (30 PER 30 DAYS)
VYNDAQEL	4	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	4	PA, QL (90 PER 30 DAYS)
ZENPEP	2	
ZOKINVY	4	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	1	QL (30 PER 30 DAYS)
DETROL	3	QL (60 PER 30 DAYS)
DETROL LA	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)
GEMTESA	2	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	2	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	2	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>solifenacin succinate</i>	1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	1	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	1	QL (30 PER 30 DAYS)
TOVIAZ	3	QL (30 PER 30 DAYS)
<i>tropium chloride</i>	1	QL (60 PER 30 DAYS)
<i>tropium chloride er</i>	1	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

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

Genitourinary Agents, Other

<i>bethanechol chloride</i>	1	
DEPEN	4	
<i>methylergonovine 0.2 mg tablet</i>	4	
<i>penicillamine 250 mg tablet</i>	4	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR	4	PA
CORTEF	3	
<i>decadron (0.5 mg tablet, 0.75 mg tablet, 4 mg tablet, 6 mg tablet)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)</i>	1	
<i>fludrocortisone acetate</i>	1	
HEMADY	3	
<i>hidex</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5 ml soln</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, 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	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	3	
<i>taperdex 6 day 1.5 mg tablet</i>	1	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	3	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	1	
INCRELEX	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)	2	PA
OMNITROPE 10 MG/1.5 ML CRTG	4	PA
PREGNYL	3	PA

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

Androgens

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle</i>	1	
<i>cyclafem</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>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>estradiol-norethindrone acetat</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel</i>	1	
<i>junel fe</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
<i>larissia</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAYOLIS FE	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	1	
<i>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
<i>lillow</i>	1	
<i>lo-zumandimine</i>	1	
LOESTRIN	1	
LOESTRIN FE	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
LOSEASONIQUE	3	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>microgestin</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	
<i>mili</i>	1	
<i>mimvey</i>	1	
MIRCETTE	3	
<i>mono-linyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
NUVARING	3	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella</i>	1	
<i>portia</i>	1	
PREMPHASE	2	
PREMPRO	2	
<i>previfem</i>	1	
<i>reclipsen</i>	1	
SEASONIQUE	3	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>tilia fe</i>	1	
<i>tri femynor</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
TYBLUME	2	
<i>tydemy</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zarah</i>	1	
<i>zovia 1-35</i>	1	
<i>zovia 1-35e</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zumandimine</i>	1	
<i>enilloring</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	
Progestins		
AYGESTIN	3	
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	3	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	4	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sharobel</i>	1	
<i>tulana</i>	1	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

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

Hormonal Agents, Suppressant (Adrenal)

KORLYM	4	PA, QL (120 PER 30 DAYS)
LYSODREN	4	
<i>mifepristone 300 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	1	
ELIGARD	3	PA

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FIRAZYR	4	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	4	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	4	PA, QL (18 PER 30 DAYS)
<i>icatibant</i>	4	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	4	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
SYNAGIS	4	
THYMOGLOBULIN	4	PA

Immunological Agents, Other

ARCALYST	4	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX SENSOREADY (2 PENS)	4	PA
COSENTYX SENSOREADY PEN	4	PA
COSENTYX SYRINGE	4	PA
COSENTYX UNOREADY PEN	4	PA
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
ILARIS	4	PA
KINERET	4	PA
NULOJIX	4	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA CLICKJECT	4	PA
RIDAURA	4	
RINVOQ	4	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	4	PA
SKYRIZI PEN	4	PA
STELARA	4	PA
TREMFYA	4	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	4	PA
XELJANZ XR	4	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	4	PA

Immunostimulants

ACTIMMUNE	4	PA
BESREMI	4	PA, QL (2 PER 28 DAYS)
INTRON A 10 MILLION UNITS VIAL	2	
INTRON A 18 MILLION UNITS VIAL	3	
INTRON A 50 MILLION UNITS VIAL	4	
PEGASYS	4	PA

Immunosuppressants

ASTAGRAF XL	3	PA
AZASAN	1	PA
<i>azathioprine</i>	1	PA
<i>azathioprine sodium</i>	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	PA
CELLCEPT 500 MG VIAL	3	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
CYLTEZO(CF)	4	PA
CYLTEZO(CF) PEN	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>	1	PA
<i>everolimus (0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHN'S-UC-HS	4	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS	4	PA
HUMIRA(CF)	4	PA
HUMIRA(CF) PEDIATRIC CROHN'S	4	PA
HUMIRA(CF) PEN	4	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	4	PA
HUMIRA(CF) PEN PEDIATRIC UC	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA
IMURAN	3	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)</i>	1	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mycophenolic acid</i>	1	PA
MYFORTIC 180 MG TABLET	3	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	3	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	3	PA
PROGRAF 5 MG CAPSULE	4	PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA
RENFLEXIS	4	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	3	PA
SIMULECT	4	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	1	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA
XATMEP	3	PA
ZORTRESS	4	PA

Vaccines

ABRYSVO	2	
ACTHIB	2	
ADACEL TDAP	2	
AREXVY	2	
BCG VACCINE (TICE STRAIN)	2	
BEXSERO	2	
BOOSTRIX TDAP	2	
DAPTACEL DTAP	2	
DENGVAXIA	2	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENGERIX-B PEDIATRIC-ADOLESCENT	2	PA
GARDASIL 9	2	
HAVRIX (720 UNIT/0.5 ML SYRINGE, 1,440 UNIT/ML SYRINGE)	2	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	PA
HIBERIX	2	
IMOVAX RABIES VACCINE	2	PA
INFANRIX DTAP	2	
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	PA
JYNNEOS (NATIONAL STOCKPILE)	2	PA
KINRIX	2	
M-M-R II VACCINE	2	
MENACTRA	2	
MENQUADFI	2	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	2	
PEDIARIX	2	
PEDVAXHIB	2	
PENBRAYA	2	
PENTACEL	2	
PREHEVBRIO	2	PA
PRIORIX	2	
PROQUAD	2	
QUADRACEL DTAP-IPV	2	
RABAVERT	2	PA
RECOMBIVAX HB	2	PA
ROTARIX	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ROTATEQ	2	
SHINGRIX	2	QL (2 PER 999 OVER TIME)
STAMARIL	2	
TDVAX	2	PA
TENIVAC	2	PA
TICOVAC	2	
TRUMENBA	2	
TWINRIX	2	
TYPHIM VI	2	
VAQTA	2	
VARIVAX VACCINE	2	
YF-VAX	2	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	3	QL (120 PER 30 DAYS)
ASACOL HD	4	QL (180 PER 30 DAYS)
AZULFIDINE	3	
<i>balsalazide disodium</i>	1	
CANASA	4	
COLAZAL	3	
DELZICOL	3	QL (180 PER 30 DAYS)
DIPENTUM	4	
LIALDA	3	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)

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

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

Metabolic Bone Disease Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FOSAMAX	3	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
MIACALCIN	4	
NATPARA	4	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	1	
PROLIA	3	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	4	PA
SENSIPAR 30 MG TABLET	3	PA
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	4	PA
TYMLOS	4	PA
XGEVA	4	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	3	
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	1	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	2	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	2	
COSOPT	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	

Ophthalmic Anti-Infectives

<i>ak-poly-bac</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	2	
<i>bacitracin-polymyxin</i>	1	
BESIVANCE	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
LACRISERT	3	
MOXEZA	3	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	
OCUFLOX	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide 10% eye drops</i>	1	
<i>sulfacetamide 10% eye ointment</i>	2	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	2	
VIGAMOX	3	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	1	

Ophthalmic Anti-inflammatories

ACULAR	3	
ACULAR LS	3	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	1	
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
<i>difluprednate</i>	1	
DUREZOL	3	
EYSUVIS	2	PA
<i>fluorometholone</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
ILEVRO	3	
INVELTYS	2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	
PRED FORTE	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	2	
PROLENSA	2	

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	1	
BETOPTIC S	3	
<i>carteolol hcl</i>	1	
ISTALOL	3	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

Ophthalmic Intraocular Pressure Lowering Agents, Other

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

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	1	QL (15 PER 75 OVER TIME)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QVAR REDIHALER 80 MCG	2	QL (21.2 PER 30 DAYS)
XHANCE	3	QL (32 PER 30 DAYS)
Antihistamines		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>clemastine fum 2.68 mg tab</i>	3	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrj)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</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	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)

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

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 HFA	3	QL (36 PER 30 DAYS)
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

KALYDECO	4	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	4	PA, QL (60 PER 30 DAYS)
PULMOZYME	4	PA
<i>tobramycin 300 mg/5 ml ampule</i>	1	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	4	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	4	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
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Phosphodiesterase Inhibitors, Airways Disease

<i>caffeine cit 60 mg/3 ml oral</i>	1	
DALIRESP	3	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>roflumilast</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24	3	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1	

Pulmonary Antihypertensives

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

Pulmonary Fibrosis Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
ADVAIR HFA	2	QL (12 PER 30 DAYS)
ANORO ELLIPTA	2	QL (60 PER 30 DAYS)
BREO ELLIPTA	2	QL (60 PER 30 DAYS)
<i>brey-na</i>	1	QL (10.3 PER 30 DAYS)
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
LAGEVRIO (COMMERCIAL)	4	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	3	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	3	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	2	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	4	
STIOLTO RESPIMAT	2	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	2	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	

Sleep Disorder Agents

Sleep Promoting Agents

BELSOMRA	2	PA, QL (30 PER 30 DAYS)
DAYVIGO	2	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	4	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
ROZEREM	3	QL (30 PER 30 DAYS)
SILENOR	3	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	4	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)

Wakefulness Promoting Agents

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

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

Alphabetical Listing

A

abacavir.....	51	AFINITOR DISPERZ.....	35
abacavir-lamivudine.....	51	afirmelle.....	94
ABILIFY.....	45	AGRYLIN.....	63
ABILIFY ASIMTUFII.....	45,46	AIMOVIG AUTOINJECTOR.....	27
ABILIFY MAINTENA.....	46	ak-poly-bac.....	111
abiraterone acetate.....	29	AKEEGA.....	35
ABRAXANE.....	31	ALA-CORT.....	79
ABRYSVO.....	106	ala-cort.....	80
acamprosate calcium.....	7	albendazole.....	43
acarbose.....	57	albuterol hfa 90 mcg inhaler (generic proair hfa).....	115
ACCOLATE.....	115	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	115
ACCUPRIL.....	66	albuterol sulfate.....	116
ACCURETIC.....	70	alclometasone dipropionate.....	80
accutane.....	79	ALDACTAZIDE.....	70
acebutolol hcl.....	68	ALDACTONE.....	73
acetaminophen-codeine.....	4	ALDURAZYME.....	89
acetazolamide.....	70	ALECENSA.....	35
acetazolamide er.....	70	alendronate sodium.....	109
acetic acid.....	114	alfuzosin hcl er.....	91
acetylcysteine.....	118	ALIMTA.....	31
acitretin.....	79	ALIQOPA.....	35
ACTHAR.....	91	aliskiren.....	70
ACTHIB.....	106	allopurinol.....	26
ACTIMMUNE.....	104	allopurinol sodium.....	27
ACTOS.....	57	ALOPRIM.....	27
ACULAR.....	112	aloksetron hcl.....	86
ACULAR LS.....	112	ALPHAGAN P.....	113
acyclovir.....	55	alprazolam.....	55,56
acyclovir sodium.....	55	ALTACE.....	66
ADACEL TDAP.....	106	altavera.....	94
ADCETRIS.....	40	ALUNBRIG.....	35
ADCIRCA.....	117	alyacen.....	94
ADDERALL XR.....	76	ALYMSYS.....	40
adefovir dipivoxil.....	54	alyq.....	117
ADEMPAS.....	117	amabelz.....	94
ADLARITY.....	20	amantadine.....	44
adriamycin.....	31	AMBISOME.....	25
ADVAIR HFA.....	118	ambrisentan.....	117
AFINITOR.....	35	amethia.....	94

amethyst	94	ARIMIDEX	34
amikacin sulfate	8	aripiprazole	46
amiloride hcl	73	aripiprazole odt	46
amiloride-hydrochlorothiazide	70	ARISTADA	46
amiodarone hcl	67	ARISTADA INITIO	46
amitriptyline hcl	23	armodafinil	119
amlodipine besylate	69	ARNUIITY ELLIPTA	114
amlodipine besylate-benazepril	70	AROMASIN	34
amlodipine-atorvastatin	70	ARRANON	31
amlodipine-olmesartan	70	arsenic trioxide	31
amlodipine-valsartan	70	ARTHROTEC 50	2
amlodipine-valsartan-hctz	70	ARTHROTEC 75	2
ammonium lactate	80	ARZERRA	40
amnesteem	79	ASACOL HD	108
amoxapine	24	asenapine maleate	46
amoxicillin	11	ashlyna	94
amoxicillin-clavulanate pot er	11	ASMANEX	114
amoxicillin-clavulanate potass	11	ASMANEX HFA	114
amphotericin b	25	ASPARLAS	31
amphotericin b liposome	25	aspirin-dipyridamole er	64
ampicillin sodium	12	ASTAGRAF XL	104
ampicillin trihydrate	11	ATACAND	65
ampicillin-sulbactam	12	ATACAND HCT	70
AMPYRA	77	atazanavir sulfate	53
anagrelide hcl	63	ATELVIA	109
anastrozole	34	atenolol	68
ANDROGEL	93	atenolol-chlorthalidone	70
ANORO ELLIPTA	118	ATGAM	103
APOKYN	44	atomoxetine hcl	76
apomorphine hcl	44	atorvastatin calcium	73
aprepitant	24	atovaquone	43
apri	94	atovaquone-proguanil hcl	43
APRISO	108	atropine sulfate	110
APTIOM	18	ATROVENT HFA	115
APTIVUS	53	aubra	94
aqua care sodium chloride	83	aubra eq	94
aranelle	94	AUGMENTIN	12
ARANESP	63,64	AUGTYRO	35
ARCALYST	103	aurovela	94
AREXVY	106	aurovela 24 fe	94
ARICEPT	20	aurovela fe	95

AURYXIA.....	85	BARACLUDE.....	54
AUVELITY.....	20	BAVENCIO.....	41
AVALIDE.....	70	BCG VACCINE (TICE STRAIN).....	106
AVAPRO.....	65	BELBUCA.....	4
AVASTIN.....	41	BELEODAQ.....	35
aviane.....	95	BELSOMRA.....	119
avidoxy.....	14	benazepril hcl.....	66
AVITA.....	79	benazepril-hydrochlorothiazide.....	70
AVODART.....	91	bendamustine hcl.....	31
AVONEX.....	77	BENDEKA.....	31
AVONEX PEN.....	77	BENICAR.....	66
AYGESTIN.....	100	BENICAR HCT.....	70
ayuna.....	95	BENLYSTA.....	103
AYVAKIT.....	35	BENZAMYCIN.....	79
azacitidine.....	31	benznidazole.....	43
AZACTAM.....	8	benztropine mesylate.....	44
AZASAN.....	104	BESIVANCE.....	111
azathioprine.....	104	BESPONSA.....	41
azathioprine sodium.....	104	BESREMI.....	104
azelaic acid.....	79	betaine anhydrous.....	89
azelastine hcl.....	112,115	betamethasone diprop augmented.....	80
AZELEX.....	79	betamethasone dipropionate.....	80
AZILECT.....	45	betamethasone valerate.....	80
azithromycin.....	13	BETASERON.....	77
AZOPT.....	113	betaxolol hcl.....	68,113
AZOR.....	70	bethanechol chloride.....	91
aztreonam.....	8	BETOPTIC S.....	113
AZULFIDINE.....	108	bexarotene.....	42
azurette.....	95	BEXSERO.....	106
B		bicalutamide.....	29
bacitracin.....	111	BICILLIN L-A.....	12
bacitracin-polymyxin.....	111	BICNU.....	31
baclofen.....	50	BIKTARVY.....	50
BACTRIM.....	14	BILTRICIDE.....	43
BACTRIM DS.....	14	bimatoprost.....	113
balsalazide disodium.....	108	bismuth-metronidazole-tetracyc.....	87
BALVERSA.....	35	bisoprolol fumarate.....	68
balziva.....	95	bisoprolol-hydrochlorothiazide.....	70
BANZEL.....	18	BLENREP.....	41
BAQSIMI.....	60	bleomycin sulfate.....	31
		BLINCYTO.....	31

blisovi 24 fe.....	95	BYETTA.....	57
blisovi fe.....	95	BYSTOLIC.....	68
BOOSTRIX TDAP.....	106		
bortezomib.....	35	C	
bosentan.....	117	CABENUVA.....	50
BOSULIF.....	35	cabergoline.....	101
BRAFTOVI.....	35	CABLIVI.....	65
BREO ELLIPTA.....	118	CABOMETYX.....	36
breyna.....	118	caffeine citrate.....	116
BREZTRI AEROSPHERE.....	118	calcipotriene.....	81
briellyn.....	95	calcitonin-salmon.....	109
BRILINTA.....	64	calcitrene.....	81
brimonidine tartrate.....	113	calcitriol.....	109
brimonidine tartrate-timolol.....	110	calcium acetate.....	85
brinzolamide.....	113	CALQUENCE.....	36
BRIVIACT.....	15	camila.....	100
bromfenac sodium.....	112	camrese.....	95
bromocriptine mesylate.....	44	camrese lo.....	95
BRUKINSA.....	36	CANASA.....	108
budesonide.....	114	CANCIDAS.....	25
budesonide dr.....	109	candesartan cilexetil.....	66
budesonide ec.....	109	candesartan-hydrochlorothiazid.....	70
budesonide er.....	109	CAPLYTA.....	46
budesonide-formoterol fumarate.....	118	CAPRELSA.....	36
bumetanide.....	72	captopril.....	66
BUPHENYL.....	89	CARAFATE.....	88
buprenorphine.....	4	CARBAGLU.....	83
buprenorphine hcl.....	7	carbamazepine.....	18
buprenorphine-naloxone.....	7	carbamazepine er.....	18
bupropion hcl.....	20	CARBATROL.....	18
bupropion hcl sr.....	7,20	carbidopa.....	44
bupropion hcl sr 150mg tablet.....	20	carbidopa-levodopa.....	44
bupropion xl.....	20	carbidopa-levodopa er.....	44
buspirone hcl.....	56	carbidopa-levodopa-entacapone.....	44
busulfan.....	29	carboplatin.....	31
butalbital-acetaminophen.....	2	CARDIZEM.....	69
butalbital-acetaminophen-caffe.....	2	CARDIZEM CD.....	69
butalbital-aspirin-caffeine.....	2	CARDIZEM LA.....	69
butorphanol tartrate.....	4	CARDURA.....	65
BUTRANS.....	4	carglumic acid.....	83
BYDUREON BCISE.....	57	carmustine.....	31

CARNITOR	89	chlorpromazine hcl	24
CARNITOR SF	89	chlorthalidone	73
carteolol hcl	113	cholestyramine	74
cartia xt	69	cholestyramine light	74
carvedilol	68	CHORIONIC GONADOTROPIN	92
carvedilol er	68	ciclodan	25
CASODEX	29	ciclopirox	25
caspofungin acetate	25	cidofovir	54
cataflam	2	cilostazol	65
cefaclor	10	CIMDUO	51
cefadroxil	10	cimetidine	87
cefazolin sodium	10	cinacalcet hcl	109
cefazolin sodium-dextrose	10	CINRYZE	102
cefdinir	10	CIPRO	13
cefepime	10	CIPRODEX	114
cefepime hcl	10	ciprofloxacin	14
cefepime-dextrose	10	ciprofloxacin hcl	14,111
cefixime	10	ciprofloxacin-d5w	14
cefoxitin	10	ciprofloxacin-dexamethasone	114
cefoxitin sodium	11	cisplatin	31
cefpodoxime proxetil	11	citalopram hbr	21
cefprozil	11	cladribine	32
ceftazidime	11	claravis	79
ceftriaxone	11	clarithromycin	13
cefuroxime	11	clarithromycin er	13
cefuroxime sodium	11	clemastine fumarate	115
CELEBREX	2	CLEOCIN	8
celecoxib	2	CLEOCIN HCL	8
CELEXA	21	CLEOCIN PHOSPHATE	8
CELLCEPT	104	CLEOCIN T	8
CELONTIN	16	clindacin etz	8
cephalexin	11	clindacin p	8
CEREZYME	89	clindamycin (pediatric)	8
cevimeline hcl	78	clindamycin hcl	8
chateal	95	clindamycin phosphate	9
chateal eq	95	clindamycin phosphate-d5w	9
CHEMET	84	clindamycin-0.9% nacl	9
CHENODAL	87	clindamycin-benzoyl peroxide	79
chloramphenicol sod succinate	8	clobazam	17
chlorhexidine gluconate	78	clobetasol emollient	80
chloroquine phosphate	43	clobetasol propionate	80

clodan.....	80	COSENTYX SYRINGE.....	103
clofarabine.....	32	COSENTYX UNOREADY PEN.....	103
CLOLAR.....	32	COSMEGEN.....	32
clomipramine hcl.....	24	COSOPT.....	110
clonazepam.....	56	COTELLIC.....	36
clonidine.....	65	COZAAR.....	66
clonidine hcl.....	65	CREON.....	89
clonidine hcl er.....	77	CRESEMBA.....	25
clopidogrel.....	65	CRESTOR.....	73
clorazepate dipotassium.....	56	cromolyn sodium.....	89,112,116
clotrimazole.....	25	cryselle.....	95
clotrimazole-betamethasone.....	81	CRYSVITA.....	89
clozapine.....	49	CUBICIN.....	9
clozapine odt.....	49	CUBICIN RF.....	9
CLOZARIL.....	49	cyclafem.....	95
COARTEM.....	43	cyclobenzaprine hcl.....	118
codeine sulfate.....	5	CYCLOPHOSPHAMIDE.....	29
COLAZAL.....	108	cyclophosphamide.....	29
colchicine.....	27	cycloserine.....	28
COLCRYS.....	27	CYCLOSET.....	57
COLESTID.....	74	cyclosporine.....	104
colestipol hcl.....	74	cyclosporine modified.....	105
colistimethate.....	9	CYKLOKAPRON.....	64
COMBIGAN.....	110	CYLTEZO(CF).....	105
COMBIPATCH.....	95	CYLTEZO(CF) PEN.....	105
COMBIVENT RESPIMAT.....	118	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	105
COMETRIQ.....	36	CYLTEZO(CF) PEN PSORIASIS-UV.....	105
COMPLERA.....	51	CYMBALTA.....	21,22
compro.....	24	cyproheptadine hcl.....	115
COMTAN.....	44	CYRAMZA.....	36
constulose.....	86	cyred.....	95
COPAXONE.....	77	cyred eq.....	95
COPIKTRA.....	36	CYSTADANE.....	89
COREG CR.....	68	CYSTADROPS.....	111
CORGARD.....	68	CYSTAGON.....	89
CORLANOR.....	70,71	CYSTARAN.....	111
CORTEF.....	91	cytarabine.....	32
COSELA.....	42	CYTOMEL.....	101
COSENTYX (2 SYRINGES).....	103	CYTOTEC.....	88
COSENTYX SENSOREADY (2 PENS).....	103		
COSENTYX SENSOREADY PEN.....	103		

D

dabigatran etexilate	62	DEPO-PROVERA	100
dacarbazine	32	DEPO-SUBQ PROVERA 104	100
dactinomycin	32	DEPO-TESTOSTERONE	93
dalfampridine er	77	dermacinrx lidocan	6
DALIRESP	116	DESCOVY	51
DALVANCE	9	desipramine hcl	24
danazol	93	desloratadine	115
DANTRIUM	50	desmopressin acetate	92
dantrolene sodium	50	desogestr-eth estrad eth estra	95
DANYELZA	41	desogestrel-ethinyl estradiol	95
dapsone	28	desonide	80
DAPTACEL DTAP	106	desoximetasone	80
daptomycin	9	desvenlafaxine succinate er	22
DARAPRIM	43	DETROL	90
darifenacin er	90	DETROL LA	90
darunavir	53	dexamethasone	92
DARZALEX	41	dexamethasone sodium phosphate	92,112
DARZALEX FASPRO	41	DEXEDRINE	76
dasetta	95	dexmethylphenidate hcl	77
daunorubicin hcl	32	dexrazoxane	42
DAURISMO	36	dextroamphetamine sulfate	76
DAYPRO	2	dextroamphetamine sulfate er	76
daysee	95	dextroamphetamine-amphet er	76
DAYVIGO	119	dextroamphetamine-amphetamine	76
DDAVP	92	dextrose 2.5%-0.45% nacl	83
deblitane	100	dextrose 5%-0.2% nacl	83
decadron	91	dextrose 5%-0.225% nacl	83
decitabine	32	dextrose 5%-0.3% nacl	83
deferasirox	84	dextrose 5%-0.33% nacl	83
DELSTRIGO	50	dextrose 5%-0.45% nacl	83
DELZICOL	108	dextrose 5%-0.9% nacl	83
demeclocycline hcl	14	dextrose in lactated ringers	83
DEM SER	71	dextrose in water	85
DENGVAXIA	106	DIACOMIT	15
DEPAKOTE	15	diazepam	17,56
DEPAKOTE ER	15	diazoxide	60
DEPAKOTE SPRINKLE	15	diclofenac potassium	2
DEPEN	91	diclofenac sodium	2,81,112
DEPO-ESTRADIOL	93	diclofenac sodium er	2
		diclofenac sodium-misoprostol	2,3
		dicloxacillin sodium	12

dicyclomine hcl	86	doxorubicin hcl	32
DIFICID	13	doxorubicin hcl liposome	32
DIFLUCAN	25	doxy 100	14
difluprednate	112	doxycycline hyclate	14
digitek	71	doxycycline monohydrate	14
digox	71	dronabinol	25
digoxin	71	drosiprenone-eth estra-levomef	95
dihydroergotamine mesylate	27	drosiprenone-ethinyl estradiol	95
DILANTIN	18	droxidopa	65
DILANTIN-125	19	DUAVEE	101
dilt-xr	69	DULERA	118
diltiazem 12hr er	69	duloxetine hcl	22
diltiazem 24hr er	69	DUPIXENT PEN	103
diltiazem 24hr er (cd)	69	DUPIXENT SYRINGE	103
diltiazem 24hr er (la)	69	DURAMORPH	5
diltiazem 24hr er (xr)	69	DUREZOL	112
diltiazem hcl	69	dutasteride	91
dimethyl fumarate	78	dutasteride-tamsulosin	91
DIOVAN	66		
DIOVAN HCT	71	E	
DIPENTUM	108	E.E.S. 200	13
diphenhydramine hcl	115	ec-naproxen	3
diphenoxylate-atropine	86	econazole nitrate	25
DIPHTHERIA-TETANUS TOXOIDS-PED	106	EDARBI	66
DIPROLENE	80	EDARBYCLOR	71
dipyridamole	65	EDURANT	50
disulfiram	7	efavirenz	50,51
divalproex sodium	15	efavirenz-emtric-tenofovir disop	51
divalproex sodium er	15	efavirenz-lamivudine-tenofovir disop	51
DIVIGEL	93	EFFEXOR XR	22
docetaxel	32	ELAPRASE	89
dofetilide	67	ELELYSO	89
dolishale	95	ELIDEL	80
donepezil hcl	20	ELIGARD	101
donepezil hcl odt	20	elinest	95
dorzolamide hcl	113	ELIQUIS	62
dorzolamide-timolol	111	ELITEK	42
dotti	93	eluryng	95
DOVATO	50	EMCYT	30
doxazosin mesylate	65	EMEND	25
doxepin hcl	24,80,119	EMGALITY PEN	27

EMGALITY SYRINGE.....	27	ery.....	13
emoquette.....	95	ERY-TAB.....	13
EMPLICITI.....	41	ERYPED 200.....	13
EMSAM.....	21	ERYPED 400.....	13
emtricitabine.....	51	ERYTHROCIN LACTOBIONATE.....	13
emtricitabine-tenofovir disop.....	51	ERYTHROCIN STEARATE.....	13
EMTRIVA.....	51	erythromycin.....	13,111
enalapril maleate.....	66	erythromycin ethylsuccinate.....	13
enalapril-hydrochlorothiazide.....	71	erythromycin lactobionate.....	13
ENBREL.....	105	erythromycin-benzoyl peroxide.....	79
ENBREL MINI.....	105	ESBRIET.....	117
ENBREL SURECLICK.....	105	escitalopram oxalate.....	22
ENDARI.....	89	ESGIC.....	2
endocet.....	5	esomeprazole magnesium.....	88
ENGERIX-B ADULT.....	106	esomeprazole sodium.....	88
ENGERIX-B PEDIATRIC-ADOLESCENT.....	107	estarylla.....	95
ENHERTU.....	41	ESTRACE.....	93
enilloring.....	100	estradiol.....	94
enoxaparin sodium.....	62	estradiol (once weekly).....	94
enpresse.....	95	estradiol (twice weekly).....	94
enskyce.....	95	estradiol valerate.....	94
entacapone.....	44	estradiol-norethindrone acetat.....	96
entecavir.....	54	ESTRING.....	94
ENTRESTO.....	71	ethambutol hcl.....	28
enulose.....	86	ethosuximide.....	16
EPCLUSA.....	54	ethynodiol-ethinyl estradiol.....	96
EPIDIOLEX.....	15	etodolac.....	3
epinastine hcl.....	112	etodolac er.....	3
epinephrine.....	116	etonogestrel-ethinyl estradiol.....	96
epitol.....	19	ETOPOPHOS.....	34
EPIVIR.....	52	etoposide.....	34
eplerenone.....	73	etravirine.....	51
EPRONTIA.....	15	EULEXIN.....	30
EPZICOM.....	52	EUTHYROX.....	101
ERBITUX.....	41	everolimus.....	36,105
ergotamine-caffeine.....	27	EVISTA.....	101
ERIVEDGE.....	36	EVOMELA.....	29
ERLEADA.....	29,30	EVOTAZ.....	53
erlotinib hcl.....	36	EXELON.....	20
errin.....	100	exemestane.....	34
ertapenem.....	12	EXFORGE.....	71

EXFORGE HCT.....	71	fluconazole-nacl.....	25
EXJADE.....	84	flucytosine.....	26
EXKIVITY.....	36	fludarabine phosphate.....	32
EYSUVIS.....	112	fludrocortisone acetate.....	92
ezetimibe.....	74	flunisolide.....	114
ezetimibe-simvastatin.....	74	fluocinolone acetonide.....	80
		fluocinolone acetonide oil.....	114
F		fluocinonide.....	80
FABRAZYME.....	89	fluocinonide-e.....	80
falmina.....	96	fluorometholone.....	112
famciclovir.....	55	fluorouracil.....	31,81
famotidine.....	88	fluoxetine dr.....	22
FANAPT.....	46	fluoxetine hcl.....	22
FARESTON.....	30	fluphenazine decanoate.....	45
FARXIGA.....	57	fluphenazine hcl.....	45
FARYDAK.....	36	flurbiprofen.....	3
FASENRA.....	118	flurbiprofen sodium.....	112
FASENRA PEN.....	118	fluticasone propionate.....	80,114
FASLODEX.....	30	fluticasone propionate hfa.....	114
felbamate.....	15	fluticasone-salmeterol.....	118
FELDENE.....	3	fluvastatin sodium.....	73
felodipine er.....	69	fluvoxamine maleate.....	22
FEMARA.....	34	FML.....	112
femynor.....	96	FOCALIN.....	77
fenofibrate.....	73	FOLOTYN.....	31
fenofibric acid.....	73	fomepizole.....	85
fentanyl.....	4	fondaparinux sodium.....	62
fentanyl citrate.....	5	FORTEO.....	109
fesoterodine fumarate er.....	90	FOSAMAX.....	110
FETZIMA.....	22	fosamprenavir calcium.....	53
FINACEA.....	79	fosaprepitant dimeglumine.....	25
finasteride.....	91	fosinopril sodium.....	66
fingolimod.....	78	fosinopril-hydrochlorothiazide.....	71
FINTEPLA.....	15	fosphenytoin sodium.....	19
FIRAZYR.....	103	FOSRENOL.....	85
FIRMAGON.....	102	FOTIVDA.....	36
flac otic oil.....	114	FRUZAQLA.....	36
FLAGYL.....	9	FULPHILA.....	64
flecainide acetate.....	67	fulvestrant.....	30
FLOMAX.....	91	furosemide.....	72
fluconazole.....	25	FUZEON.....	52

FYCOMPA.....15

G

gabapentin.....17

GABITRIL.....17

galantamine er.....20

galantamine hbr.....20

galantamine hydrobromide.....20

GAMMAGARD LIQUID.....103

GAMMAGARD S-D.....103

GAMMAPLEX.....103

GAMUNEX-C.....103

ganciclovir sodium.....54

GARDASIL 9.....107

GATTEX.....87

gauze pads & dressings - pads 2 x 2.....57

gavilyte-c.....87

gavilyte-g.....87

gavilyte-n.....87

GAVRETO.....36

GAZYVA.....41

gefitinib.....36

gemcitabine hcl.....32

gemfibrozil.....73

gemmily.....96

GEMTESA.....90

generlac.....86

gengraf.....105

gentamicin sulfate.....8,82,111

gentamicin sulfate in ns.....8

GENVOYA.....50

GEODON.....46

GILENYA.....78

GILOTRIF.....36

glatiramer acetate.....78

glatopa.....78

GLEEVEC.....36,37

GLEOSTINE.....29

glimepiride.....57

glipizide.....57

glipizide er.....57

glipizide xl.....57

glipizide-metformin.....57

GLUCAGEN.....60

glucagon emergency kit.....60

glucose in water.....85

GLUCOTROL XL.....57,58

glyburide.....58

glyburide micronized.....58

glyburide-metformin hcl.....58

glycopyrrolate.....87

glydo.....6

GLYXAMBI.....58

GOLYTELY.....87

granisetron hcl.....25

GRANIX.....64

griseofulvin.....26

griseofulvin ultramicrosize.....26

guanfacine hcl.....65

guanfacine hcl er.....77

GVOKE.....60

GVOKE HYPOPEN 1-PACK.....60

GVOKE HYPOPEN 2-PACK.....60

GVOKE PFS 1-PACK SYRINGE.....60

GVOKE PFS 2-PACK SYRINGE.....60

H

HAEGARDA.....103

hailey.....96

hailey 24 fe.....96

hailey fe.....96

HALAVEN.....32

HALDOL DECANOATE 100.....45

HALDOL DECANOATE 50.....45

halobetasol propionate.....80

haloette.....96

haloperidol.....45

haloperidol decanoate.....45

haloperidol decanoate 100.....45

haloperidol lactate.....45

HARVONI.....54

HAVRIX.....107

heather	100	hydrocodone-acetaminophen	5
HEMADY	92	hydrocodone-ibuprofen	5
heparin sodium	63	hydrocortisone	81,92,109
heparin sodium-d5w	63	hydrocortisone butyrate	81
HEPLISAV-B	107	hydrocortisone valerate	81
HERCEPTIN	41	hydrocortisone-acetic acid	114
HERCEPTIN HYLECTA	41	hydromorphone hcl	5
HERZUMA	41	hydroxychloroquine sulfate	43
HETLIOZ	119	hydroxyprogesterone caproate	100
HIBERIX	107	hydroxyurea	31
hidex	92	hydroxyzine hcl	56
HUMALOG	60	hydroxyzine pamoate	56
HUMALOG JUNIOR KWIKPEN	60	HYZAAR	71
HUMALOG KWIKPEN U-100	60		
HUMALOG KWIKPEN U-200	60		
HUMALOG MIX 50-50	60	ibandronate sodium	110
HUMALOG MIX 50-50 KWIKPEN	60	IBRANCE	37
HUMALOG MIX 75-25	60	ibu	3
HUMALOG MIX 75-25 KWIKPEN	61	ibuprofen	3
HUMALOG TEMPO PEN U-100	61	icatibant	103
HUMIRA	105	iclevia	96
HUMIRA PEN	105	ICLUSIG	37
HUMIRA PEN CROHN'S-UC-HS	105	icosapent ethyl	74
HUMIRA PEN PSOR-UVEITS-ADOL HS	105	idarubicin hcl	32
HUMIRA(CF)	105	IDHIFA	37
HUMIRA(CF) PEDIATRIC CROHN'S	105	IFEX	32
HUMIRA(CF) PEN	105	ifosfamide	32
HUMIRA(CF) PEN CROHN'S-UC-HS	105	ILARIS	103
HUMIRA(CF) PEN PEDIATRIC UC	105	ILEVRO	112
HUMIRA(CF) PEN PSOR-UV-ADOL HS	105	imatinib mesylate	37
HUMULIN 70-30	61	IMBRUVICA	37
HUMULIN 70/30 KWIKPEN	61	IMFINZI	41
HUMULIN N	61	imipenem-cilastatin sodium	12
HUMULIN N KWIKPEN	61	imipramine hcl	24
HUMULIN R	61	imiquimod	82
HUMULIN R U-500	61	IMITREX	27
HUMULIN R U-500 KWIKPEN	61	IMLYGIC	32
hydralazine hcl	75	IMOVAX RABIES VACCINE	107
HYDREA	31	IMPAVIDO	9
hydrochlorothiazide	73	IMURAN	105
hydrocodone bitartrate er	4	INBRIJA	44

incassia	100	isopropyl alcohol 0.7 ml/ml medicated pad	58
INCRELEX	92	ISORDIL TITRADOSE	75
INCRUSE ELLIPTA	115	isosorbide dinitrate	75
indapamide	73	isosorbide mononitrate	75
INDERAL LA	68	isosorbide mononitrate er	75
INDERAL XL	68	isotretinoin	79
indomethacin	3	isradipine	69
INFANRIX DTAP	107	ISTALOL	113
INLYTA	37	ISTODAX	33
INNOPRAN XL	68	itraconazole	26
inpen (for humalog)	61	ivermectin	43,82
inpen (for novolog or fiasp)	61	IWILFIN	35
INQOVI	32	IXCHIQ	107
INREBIC	37	IXEMPRA	33
INSPRA	73	IXIARO	107
insulin pen needle	61		
insulin syringe (disp) u-100 0.3 ml	61	J	
insulin syringe (disp) u-100 1 ml	61	JADENU	84
insulin syringe (disp) u-100 1/2 ml	61	JADENU SPRINKLE	84
insulin syringe u-500	61	jaimiess	96
INTELENCE	51	JAKAFI	37
INTRALIPID	85	jantoven	63
INTRON A	104	JANUMET	58
introvale	96	JANUMET XR	58
INVANZ	12	JANUVIA	58
INVEGA	46	JARDIANCE	58
INVEGA HAFYERA	46	jasmiel	96
INVEGA SUSTENNA	46,47	javygtor	89
INVEGA TRINZA	47	JAYPIRCA	37
INVELTYS	112	JEMPERLI	41
IPOL	107	jencycla	100
ipratropium bromide	115	JENTADUETO	58
ipratropium-albuterol	118	JENTADUETO XR	58
irbesartan	66	JEVTANA	37
irbesartan-hydrochlorothiazide	71	jolessa	96
IRESSA	37	juleber	96
irinotecan hcl	34	JULUCA	50
ISENTRESS	50	junel	96
ISENTRESS HD	50	junel fe	96
isibloom	96	junel fe 24	96
isoniazid	28	JUXTAPID	74

JYNNEOS.....	107
JYNNEOS (NATIONAL STOCKPILE).....	107

K

KADCYLA.....	41
kaitlib fe.....	96
KALETRA.....	53
kalliga.....	96
KALYDECO.....	116
KANJINTI.....	41
kariva.....	96
kcl-d5w-0.2% nacl.....	83
kcl-d5w-0.225% nacl.....	83
kcl-d5w-0.45% nacl.....	83
kelnor 1-35.....	96
kelnor 1-50.....	96
kemoplat.....	33
KEPIVANCE.....	78
KEPPRA.....	15
KERENDIA.....	73
ketoconazole.....	26
ketorolac tromethamine.....	112
KEYTRUDA.....	41
KINERET.....	103
KINRIX.....	107
KISQALI.....	37
KISQALI FEMARA CO-PACK.....	33
KLARON.....	79
klayesta.....	26
KLOR-CON 10.....	83
KLOR-CON 8.....	83
klor-con m10.....	83
KLOR-CON M15.....	83
klor-con m20.....	83
KLOXXADO.....	7
KOMBIGLYZE XR.....	58
KORLYM.....	101
KOSELUGO.....	37
kourzeq.....	78
KRAZATI.....	37
kurvelo.....	96

KUVAN.....	89
KYPROLIS.....	37

L

labetalol hcl.....	68
lacosamide.....	19
LACRISERT.....	111
lactated ringers.....	83
lactulose.....	86
LAGEVRIO (COMMERCIAL).....	118
LAGEVRIO (USG DIST.).....	118
LAMICTAL.....	15
LAMICTAL (BLUE).....	15
lamivudine.....	52,54
lamivudine hbv.....	54
lamivudine-zidovudine.....	52
lamotrigine.....	15
lamotrigine (blue).....	15
lamotrigine er.....	16
LANOXIN.....	71
lansoprazole.....	88
lanthanum carbonate.....	85
LANTUS.....	61
LANTUS SOLOSTAR.....	61
lapatinib.....	37
larin.....	96
larin 24 fe.....	96
larin fe.....	96
larissia.....	96
LASIX.....	72
latanoprost.....	114
LATUDA.....	47
LAYOLIS FE.....	97
ledipasvir-sofosbuvir.....	54
leena.....	97
leflunomide.....	105
lenalidomide.....	30
LENVIMA.....	37
lessina.....	97
LETAIRIS.....	117
letrozole.....	34

leucovorin calcium	33	LIPITOR	74
LEUKERAN	29	lisdexamfetamine dimesylate	76
LEUKINE	64	lisinopril	66
leuprolide acetate	102	lisinopril-hydrochlorothiazide	71
leuprolide depot	102	lithium carbonate	56
levetiracetam	16	lithium carbonate er	56
levetiracetam er	16	lithium citrate	56
levetiracetam-nacl	16	LITHOBID	56
LEVO-T	101	lo-zumandimine	97
levobunolol hcl	113	LOCOID LIPOCREAM	81
levocarnitine	89	LOESTRIN	97
levocarnitine sf	89	LOESTRIN FE	97
levocetirizine dihydrochloride	115	lojaimiess	97
levofloxacin	14	LONSURF	33
levofloxacin-d5w	14	loperamide	86
levonest	97	LOPID	73
levonorg-eth estrad eth estrad	97	lopinavir-ritonavir	53
levonorgestrel-eth estradiol	97	LOPRESSOR	68
levora-28	97	LOPROX	26
levorphanol tartrate	4	lorazepam	56
levothyroxine sodium	101	lorazepam intensol	56
LEVOXYL	101	LORBRENA	38
LEXAPRO	22	loryna	97
LEXIVA	53	losartan potassium	66
LIALDA	108	losartan-hydrochlorothiazide	71
LIBTAYO	41	LOSEASONIQUE	97
lidocaine	6	LOTENSIN	67
lidocaine hcl	6,67	LOTENSIN HCT	71
lidocaine hcl laryngotracheal 4% solution	6	LOTRONEX	86
lidocaine hcl viscous	6	lovastatin	74
lidocaine-prilocaine	6	LOVAZA	74
LIDOCAN II	6	LOVENOX	63
lidocan iii	6	low-ogestrel	97
LIDODERM	6	loxapine	45
lillow	97	lubiprostone	86
lindane	82	LUMAKRAS	38
linezolid	9	LUMIGAN	114
linezolid-0.9% nacl	9	LUMIZYME	89
linezolid-d5w	9	LUMOXITI	41
LINZESS	86	LUPRON DEPOT	102
liothyronine sodium	101	LUPRON DEPOT (LUPANETA)	102

LUPRON DEPOT-PED.....	102	melphalan hcl.....	29
lurasidone hcl.....	47	memantine hcl.....	20
lutera.....	97	memantine hcl er.....	20
LYBALVI.....	47	MENACTRA.....	107
lyleq.....	100	MENEST.....	94
lyllana.....	94	MENQUADFI.....	107
LYNPARZA.....	38	MENVEO A-C-Y-W-135-DIP.....	107
LYRICA.....	16	mercaptopurine.....	31
LYSODREN.....	101	meropenem.....	12
LYTGOBI.....	38	meropenem-0.9% nacl.....	12
LYUMJEV.....	61	merzee.....	97
LYUMJEV KWIKPEN U-100.....	61	mesalamine.....	108
LYUMJEV KWIKPEN U-200.....	61	mesalamine dr.....	108
LYUMJEV TEMPO PEN U-100.....	61	mesalamine er.....	108,109
lyza.....	100	mesna.....	43
M		MESNEX.....	43
M-M-R II VACCINE.....	107	MESTINON.....	28
magnesium sulfate.....	83	metformin hcl.....	58
MALARONE.....	43	metformin hcl er.....	59
malathion.....	82	methadone hcl.....	4
maraviroc.....	52	methazolamide.....	71
MARGENZA.....	41	methenamine hippurate.....	9
marlissa.....	97	methimazole.....	102
MARPLAN.....	21	methocarbamol.....	119
MATULANE.....	29	methotrexate.....	105
matzim la.....	69	methotrexate sodium.....	105
MAXALT.....	27	methoxsalen.....	82
MAXALT MLT.....	27	methscopolamine bromide.....	87
MAXITROL.....	111	methsuximide.....	17
MAXZIDE.....	71	methylergonovine maleate.....	91
MAXZIDE-25 MG.....	71	methylphenidate er.....	77
MAYZENT.....	78	methylphenidate hcl.....	77
meclizine hcl.....	24	methylprednisolone.....	92
MEDROL.....	92	methylprednisolone sodium succ.....	92
medroxyprogesterone acetate.....	100	methyltestosterone.....	93
mefloquine hcl.....	43	metoclopramide hcl.....	87
megestrol acetate.....	100	metolazone.....	73
MEKINIST.....	38	metoprolol succinate.....	68
MEKTOVI.....	38	metoprolol tartrate.....	68
meloxicam.....	3	metoprolol-hydrochlorothiazide.....	71
		METRO IV.....	9

METROCREAM.....	82	moxifloxacin hcl.....	14
METROGEL.....	82	MOZOBILO.....	64
METROLOTION.....	82	MULTAQ.....	67
metronidazole.....	9,82	mupirocin.....	82
metyrosine.....	71	MUTAMYCIN.....	33
mexiletine hcl.....	67	MVASI.....	41
MIACALCIN.....	110	MYALEPT.....	87
micafungin.....	26	MYCOBUTIN.....	28
MICARDIS.....	66	mycophenolate mofetil.....	105
MICARDIS HCT.....	71	mycophenolic acid.....	106
microgestin.....	97	MYFORTIC.....	106
microgestin 24 fe.....	97	MYLOTARG.....	41
microgestin fe.....	97	myorisan.....	79
midodrine hcl.....	65	MYRBETRIQ.....	90
mifepristone.....	101	MYSOLINE.....	17
miglustat.....	89		
MIGRANAL.....	27	N	
mili.....	97	nabumetone.....	3
mimvey.....	97	nadolol.....	68
MINIPRESS.....	65	nafcillin.....	12
minocycline hcl.....	14	nafcillin sodium.....	12
minoxidil.....	75	NAGLAZYME.....	89
MIRCETTE.....	97	naloxone hcl.....	7
mirtazapine.....	20,21	naltrexone hcl.....	7
misoprostol.....	88	NAMENDA.....	20
mitomycin.....	33	naproxen.....	3
mitoxantrone hcl.....	33	naproxen sodium.....	3,4
modafinil.....	119	naratriptan hcl.....	27
moexipril hcl.....	67	NARCAN.....	7
molindone hcl.....	45	NARDIL.....	21
mometasone furoate.....	81,114	NATACYN.....	111
mondoxyne nl.....	14	nateglinide.....	59
MONJUVI.....	41	NATPARA.....	110
mono-lynyah.....	97	NAYZILAM.....	17
montelukast sodium.....	115	nebivolol hcl.....	68
morphine sulfate.....	5	NEBUPENT.....	43
morphine sulfate er.....	4	necon.....	97
MOVANTIK.....	86	needles, insulin disp., safety.....	61
MOVIPREP.....	87	nefazodone hcl.....	22
MOXEZA.....	111	nelarabine.....	33
moxifloxacin.....	14,111	neo-polycin.....	111

neo-polycin hc.....	111	nora-be.....	100
neomycin sulfate.....	8	norethin-eth estra-ferrous fum.....	97
neomycin-bacitracin-poly-hc.....	111	norethindron-ethinyl estradiol.....	97
neomycin-bacitracin-polymyxin.....	111	norethindrone.....	100
neomycin-polymyxin b.....	9	norethindrone ac (lupaneta).....	100
neomycin-polymyxin-dexameth.....	111	norethindrone acetate.....	100
neomycin-polymyxin-gramicidin.....	111	norethindrone-e.estradiol-iron.....	98
neomycin-polymyxin-hc.....	114	norgestimate-ethinyl estradiol.....	98
neomycin-polymyxin-hydrocort.....	114	norlyda.....	100
NEORAL.....	106	NORPRAMIN.....	24
NERLYNX.....	38	NORTHERA.....	65
NEUPRO.....	44	nortrel.....	98
NEURONTIN.....	17	nortriptyline hcl.....	24
nevirapine.....	51	NORVASC.....	69
nevirapine er.....	51	NORVIR.....	53
NEXAVAR.....	38	novopen echo.....	61
NEXIUM.....	88	NOXAFIL.....	26
NEXIUM I.V.....	88	NUBEQA.....	30
niacin er.....	75	NUDEXTA.....	77
nicardipine hcl.....	69	NULOJIX.....	103
NICOTROL.....	7	NULYTELY.....	87
NICOTROL NS.....	7	NUPLAZID.....	47
nifedipine er.....	69	NURTEC ODT.....	27
nikki.....	97	NUTRILIPID.....	85
NILANDRON.....	30	NUVARING.....	98
nilutamide.....	30	NUVIGIL.....	119
nimodipine.....	69	NUZYRA.....	14
NINLARO.....	33	nyamyc.....	26
NIPENT.....	33	nylia.....	98
nisoldipine.....	69	nymyo.....	98
nitazoxanide.....	43	nystatin.....	26
nitisinone.....	89	nystatin-triamcinolone.....	82
NITRO-BID.....	75	nystop.....	26
nitrofurantoin.....	9		
nitrofurantoin mono-macro.....	9	O	
nitroglycerin.....	75	OCALIVA.....	87
nitroglycerin patch.....	75	ocella.....	98
NITROLINGUAL.....	75	octreotide acetate.....	102
NITROSTAT.....	75	OCUFLOX.....	111
NIVESTYM.....	64	ODEFSEY.....	52
nizatidine.....	88	ODOMZO.....	38

OFEV.....	117	ORKAMBI.....	116
ofloxacin.....	14,112,114	ORSERDU.....	30
OGIVRI.....	41	orsythia.....	98
OGSIVEO.....	38	oseltamivir phosphate.....	55
OJJAARA.....	38	OTEZLA.....	82
olanzapine.....	47	OVIDE.....	82
olanzapine odt.....	47	oxaliplatin.....	33
olmesartan medoxomil.....	66	oxaprozin.....	4
olmesartan-amlodipine-hctz.....	72	oxazepam.....	56
olmesartan-hydrochlorothiazide.....	72	oxcarbazepine.....	19
olopatadine hcl.....	112,115	oxybutynin chloride.....	90
omega-3 acid ethyl esters.....	75	oxybutynin chloride er.....	90
omeprazole.....	88	oxycodone hcl.....	6
omnipod 5 g6 intro kit (gen 5).....	61	oxycodone-acetaminophen.....	6
omnipod 5 g6 pods (gen 5).....	61	OZEMPIC.....	59
omnipod 5 g6-g7 intro kt(gen5).....	61		
omnipod 5 g6-g7 pods (gen 5).....	61	P	
omnipod classic pdm kit(gen 3).....	61	pacerone.....	67
omnipod classic pods (gen 3).....	61	paclitaxel.....	33
omnipod dash intro kit (gen 4).....	62	PADCEV.....	41
omnipod dash pdm kit (gen 4).....	62	paliperidone er.....	47
omnipod dash pods (gen 4).....	62	palonosetron hcl.....	25
omnipod go pods.....	62	PALYNZIQ.....	90
OMNITROPE.....	93	PANRETIN.....	42
ONCASPAR.....	33	pantoprazole sodium.....	88
ondansetron hcl.....	25	paraplatin.....	33
ondansetron odt.....	25	paricalcitol.....	110
ONFI.....	18	PARNATE.....	21
ONGLYZA.....	59	paromomycin sulfate.....	8
ONIVYDE.....	35	paroxetine cr.....	22
ONTRUZANT.....	41	paroxetine er.....	22
ONUREG.....	33	paroxetine hcl.....	23
OPDIVO.....	41	PAXIL.....	23
OPSUMIT.....	117	PAXLOVID.....	118
ORACEA.....	79	pazopanib hcl.....	38
ORALAIR.....	118	PEDIARIX.....	107
oralone.....	78	PEDVAXHIB.....	107
ORENCIA.....	103	peg 3350-electrolyte.....	87
ORENCIA CLICKJECT.....	104	peg-3350 and electrolytes.....	87
ORFADIN.....	89	peg3350-sod sul-nacl-kcl-asb-c.....	87
ORGOVYX.....	102	PEGASYS.....	104

PEMAZYRE	38	pirfenidone	117
pemetrexed	33	pirmella	98
pemetrexed disodium	33	piroxicam	4
PENBRAYA	107	PLAQUENIL	43
penicillamine	91	PLAVIX	65
penicillin g potassium	12	PLEGRIDY	78
penicillin g sodium	12	PLEGRIDY PEN	78
penicillin gk-iso-osm dextrose	12	plerixafor	64
penicillin v potassium	12	podofilox	82
PENTACEL	107	POLIVY	42
PENTAM 300	43	polycin	112
pentamidine isethionate	43	polymyxin b sul-trimethoprim	112
PENTASA	109	POMALYST	30
pentoxifylline	72	portia	98
perindopril erbumine	67	PORTRAZZA	42
perlogard	78	posaconazole	26
PERJETA	41	potassium chloride	84
permethrin	82	potassium chloride in d5lr	83
perphenazine	24	potassium chloride proamp	84
PERSERIS	47	potassium chloride-0.45% nacl	84
pfizerpen	12	potassium chloride-dextrose 5%	83
phenelzine sulfate	21	potassium citrate er	84
phenobarbital	18	POTELIGEO	42
phenobarbital sodium	18	PRADAXA	63
phenoxybenzamine hcl	65	pramipexole dihydrochloride	44
PHENYTEK	19	prasugrel hcl	65
phenytoin	19	pravastatin sodium	74
phenytoin sodium extended	19	praziquantel	43
PHESGO	42	prazosin hcl	65
philith	98	PRED FORTE	112
PIFELTRO	51	PRED MILD	113
pilocarpine hcl	78,113	prednicarbate	81
pimecrolimus	81	prednisolone	92
pimozide	45	prednisolone acetate	113
pimtrea	98	prednisolone sodium phosphate	92,113
pindolol	68	prednisone	92
pioglitazone hcl	59	pregabalin	17
pioglitazone-glimepiride	59	PREGNYL	93
pioglitazone-metformin	59	PREHEVBRIO	107
piperacillin-tazobactam	12	PREMARIN	94
PIQRAY	38	PREMPHASE	98

PREMPRO.....	98	PROTONIX.....	88
PREVACID.....	88	protriptyline hcl.....	24
prevalite.....	75	PROVERA.....	100
previfem.....	98	PROZAC.....	23
PREVYMIS.....	54	PRUDOXIN.....	81
PREZCOBIX.....	53	PULMOZYME.....	116
PREZISTA.....	53,54	PURIXAN.....	31
PRIFTIN.....	28	PYLERA.....	87
primaquine.....	43	pyrazinamide.....	28
primidone.....	18	pyridostigmine bromide.....	28
PRIORIX.....	107	pyridostigmine bromide er.....	28
PRISTIQ.....	23	pyrimethamine.....	43
PROAIR HFA.....	116		
PROAIR RESPICLICK.....	116	Q	
probenecid.....	27	QINLOCK.....	38
probenecid-colchicine.....	27	QUADRACEL DTAP-IPV.....	107
PROCARDIA XL.....	69	quetiapine fumarate.....	47
prochlorperazine.....	24	quetiapine fumarate er.....	47
prochlorperazine edisylate.....	24	quinapril hcl.....	67
prochlorperazine maleate.....	24	quinapril-hydrochlorothiazide.....	72
PROCRIT.....	64	quinidine gluconate.....	67
procto-med hc.....	109	quinidine sulfate.....	67
procto-pak.....	109	quinine sulfate.....	43
proctosol-hc.....	109	QVAR REDIHALER.....	114,115
proctozone-hc.....	109		
progesterone.....	100	R	
PROGLYCEM.....	60	RABAVERT.....	107
PROGRAF.....	106	rabeprazole sodium.....	89
PROLASTIN C.....	90	raloxifene hcl.....	101
PROLENSA.....	113	ramelteon.....	119
PROLIA.....	110	ramipril.....	67
PROMACTA.....	64	ranolazine er.....	72
promethazine hcl.....	24	RAPAFLO.....	91
promethegan.....	24	RAPAMUNE.....	106
propafenone hcl.....	67	rasagiline mesylate.....	45
propafenone hcl er.....	67	reclipsen.....	98
propranolol hcl.....	68	RECOMBIVAX HB.....	107
propranolol hcl er.....	68	RECTIV.....	75
propylthiouracil.....	102	REGLAN.....	87
PROQUAD.....	107	REGANEX.....	82
PROSCAR.....	91	RELAFEN.....	4

RELENZA.....	55	rivastigmine.....	20
RELISTOR.....	86	rizatriptan.....	28
REMERON.....	21	ROCALTROL.....	110
REMODULIN.....	117	ROCKLATAN.....	113
RENFLEXIS.....	106	roflumilast.....	117
REVELA.....	85	romidepsin.....	33
repaglinide.....	59	ropinirole er.....	44
REPATHA PUSHTRONEX.....	75	ropinirole hcl.....	44
REPATHA SURECLICK.....	75	rosadan.....	82
REPATHA SYRINGE.....	75	rosuvastatin calcium.....	74
RESTASIS.....	111	ROTARIX.....	107
RESTASIS MULTIDOSE.....	111	ROTATEQ.....	108
RETACRIT.....	64	ROWASA.....	109
RETEVMO.....	38	roweepra.....	16
RETIN-A.....	79	ROXICODONE.....	6
RETROVIR.....	52	ROZEREM.....	119
REVCOVI.....	90	ROZLYTREK.....	38
REVLIMID.....	30	RUBRACA.....	38
REXULTI.....	47	rufinamide.....	19
REYATAZ.....	54	RUKOBIA.....	53
REZLIDHIA.....	38	RUXIENCE.....	42
RHOPRESSA.....	113	RYBELSUS.....	59
RIABNI.....	42	RYBREVANT.....	42
ribavirin.....	55,118	RYDAPT.....	39
RIDAURA.....	104	RYLAZE.....	34
rifabutin.....	28	RYTARY.....	44
RIFADIN.....	28	RYTHMOL SR.....	67
rifampin.....	29		
riluzole.....	77	S	
RINVOQ.....	104	SABRIL.....	18
risedronate sodium.....	110	sajazir.....	103
risedronate sodium dr.....	110	SALAGEN.....	78
RISPERDAL.....	48	SAMSCA.....	84
RISPERDAL CONSTA.....	48	SANDIMMUNE.....	106
risperidone.....	48	SANDOSTATIN LAR DEPOT.....	102
risperidone er.....	48	SANTYL.....	82
risperidone odt.....	48	SAPHRIS.....	48
RITALIN.....	77	sapropterin dihydrochloride.....	90
ritonavir.....	54	SARCLISA.....	42
RITUXAN.....	42	saxagliptin hcl.....	59
RITUXAN HYCELA.....	42	saxagliptin-metformin er.....	59

SCEMBLIX.....	39	sodium oxybate.....	119
scopolamine.....	24	sodium phenylbutyrate.....	90
SEASONIQUE.....	98	sodium polystyrene sulfonate.....	86
SECUADO.....	48	sofosbuvir-velpatasvir.....	55
selegiline hcl.....	45	solifenacin succinate.....	91
selenium sulfide.....	81	SOLQUA 100-33.....	59
SELZENTRY.....	53	SOLTAMOX.....	30
SENSIPAR.....	110	SOLU-MEDROL.....	92
SEREVENT DISKUS.....	116	SOMATULINE DEPOT.....	102
SEROQUEL.....	48	SOMAVERT.....	102
SEROQUEL XR.....	48	SOOLANTRA.....	82
sertraline hcl.....	23	sorafenib.....	39
setlakin.....	98	sorine.....	67
sevelamer carbonate.....	85	sotalol.....	67
SFROWASA.....	109	sotalol af.....	67
sharobel.....	101	SOVALDI.....	55
SHINGRIX.....	108	SPIRIVA HANDIHALER.....	115
SIGNIFOR.....	102	SPIRIVA RESPIMAT.....	115
SIGNIFOR LAR.....	102	spironolactone.....	73
sildenafil citrate.....	117	spironolactone-hctz.....	72
SILENOR.....	119	SPORANOX.....	26
silodosin.....	91	SPRAVATO.....	21
SILVADENE.....	82	sprintec.....	98
silver sulfadiazine.....	82	SPRITAM.....	16
SIMBRINZA.....	113	SPRYCEL.....	39
simliya.....	98	SPS.....	86
simpesse.....	98	sronyx.....	98
SIMULECT.....	106	SSD.....	82
simvastatin.....	74	STAMARIL.....	108
SINEMET 10-100.....	44	stavudine.....	52
SINEMET 25-100.....	44	STELARA.....	104
SINGULAIR.....	115	STIOLTO RESPIMAT.....	118
sirolimus.....	106	STIVARGA.....	39
SIRTURO.....	29	STRATTERA.....	77
SIVEXTRO.....	9	STRENSIQ.....	90
SKYRIZI.....	104	streptomycin sulfate.....	8
SKYRIZI ON-BODY.....	104	STRIBILD.....	50
SKYRIZI PEN.....	104	STROMECTION.....	43
sod sulf-potass sulf-mag sulf.....	87	SUBLOCADE.....	7
sodium chloride.....	84	SUBOXONE.....	7
sodium chloride-water.....	84	subvenite.....	16

subvenite (blue).....	16	TALZENNA.....	39
sucralfate.....	88	TAMIFLU.....	55
SULAR.....	69	tamoxifen citrate.....	30
sulfacetamide sodium.....	79,112	tamsulosin hcl.....	91
sulfacetamide-prednisolone.....	111	taperdex.....	92
sulfadiazine.....	14	TARCEVA.....	39
sulfamethoxazole-trimethoprim.....	14	TARGRETIN.....	42
sulfasalazine.....	109	tarina 24 fe.....	98
sulfasalazine dr.....	109	tarina fe.....	98
sulindac.....	4	tarina fe 1-20 eq.....	98
sumatriptan.....	28	TASIGNA.....	39
sumatriptan succinate.....	28	tasimelteon.....	119
sunitinib malate.....	39	TASMAR.....	44
SUNLENCA.....	53	taysofy.....	100
SUPRAX.....	11	tazarotene.....	79
SUPREP.....	87	tazicef.....	11
SUTAB.....	87	TAZORAC.....	79
SUTENT.....	39	taztia xt.....	69
syeda.....	98	TAZVERIK.....	39
SYMFI.....	51	TDVAX.....	108
SYMFI LO.....	51	TECENTRIQ.....	42
SYMLINPEN 120.....	59	TECFIDERA.....	78
SYMLINPEN 60.....	59	TEFLARO.....	11
SYMPAZAN.....	18	TEGRETOL.....	19
SYMTUZA.....	54	TEGRETOL XR.....	19
SYNAGIS.....	103	TEKTURNA.....	72
SYNAREL.....	102	telmisartan.....	66
SYNERCID.....	9	telmisartan-amlodipine.....	72
SYNJARDY.....	59	telmisartan-hydrochlorothiazid.....	72
SYNJARDY XR.....	59	temazepam.....	119
SYNRIBO.....	34	TEMODAR.....	29
SYNTHROID.....	101	temsirolimus.....	39
SYPRINE.....	84	tencon.....	2
		TENIVAC.....	108
		tenofovir disoproxil fumarate.....	52
		TENORETIC 100.....	72
		TENORETIC 50.....	72
		TENORMIN.....	68
		TEPMETKO.....	39
		terazosin hcl.....	65
		terbinafine hcl.....	26

T

TABLOID.....	31
TABRECTA.....	39
tacrolimus.....	81,106
tadalafil.....	117
TAFINLAR.....	39
TAGRISSE.....	39

terbutaline sulfate	116	toposar	35
terconazole	26	topotecan hcl	35
teriparatide	110	TOPROL XL	68
testosterone	93	toremifene citrate	31
testosterone cypionate	93	TORISEL	39
testosterone enanthate	93	toremide	72
tetrabenazine	77	TOUJEO MAX SOLOSTAR	62
tetracycline hcl	14	TOUJEO SOLOSTAR	62
THALOMID	30	TOVIAZ	91
THEO-24	117	TRACLEER	117
theophylline anhydrous	117	TRADJENTA	59
theophylline er	117	tramadol hcl	6
thioridazine hcl	45	tramadol hcl er	4
thiotepa	34	tramadol hcl-acetaminophen	6
thiothixene	45	trandolapril	67
THYMOGLOBULIN	103	trandolapril-verapamil er	72
tiadylt er	69	tranexamic acid	64
tiagabine hcl	18	tranylcypromine sulfate	21
TIAZAC	70	TRAVASOL	85
TIBSOVO	39	TRAVATAN Z	114
TICOVAC	108	travoprost	114
tigecycline	9	TRAZIMERA	42
TIKOSYN	67	trazodone hcl	23
tilia fe	98	TREANDA	34
timolol maleate	68,113	TRECTOR	29
TIMOPTIC	113	TRELEGY ELLIPTA	118
TIMOPTIC OCUDOSE	113	TRELSTAR	102
TIROSINT	101	TREMFYA	104
TIROSINT-SOL	101	treprostinil	117
TIVICAY	50	tretinoin	42,79
TIVICAY PD	50	tri femynor	98
tizanidine hcl	50	tri-estarylla	99
TOBRADEX	111	tri-legest fe	99
tobramycin	112,116	tri-linyah	99
tobramycin sulfate	8	tri-lo-estarylla	99
tobramycin-dexamethasone	111	tri-lo-marzia	99
tolcapone	44	tri-lo-mili	99
tolterodine tartrate	91	tri-lo-sprintec	99
tolterodine tartrate er	91	tri-mili	99
tolvaptan	84	tri-nymyo	99
topiramate	16	tri-previfem	99

tri-sprintec	99	TYMLOS	110
tri-vylibra	99	TYPHIM VI	108
tri-vylibra lo	99	TYSABRI	78
triamcinolone acetonide	78,81		
triamterene-hydrochlorothiazid	72	U	
TRIBENZOR	72	UBRELVY	27
triderm	81	UDENYCA	64
trientine hcl	85	UDENYCA AUTOINJECTOR	64
trifluoperazine hcl	45	UDENYCA ONBODY	64
trifluridine	112	UNITHROID	101
TRIKAFTA	116	UNITUXIN	42
triklo	75	ursodiol	87
TRILEPTAL	19	UZEDY	48,49
trimethoprim	9		
trimipramine maleate	24	V	
TRINTELLIX	23	v-go 20	62
TRISENOX	34	v-go 30	62
TRIUMEQ	52	v-go 40	62
TRIUMEQ PD	52	VAGIFEM	94
trivora-28	99	valacyclovir	55
TRIZIVIR	52	VALCHLOR	29
TRODELVY	42	VALCYTE	54
TROGARZO	53	valganciclovir hcl	54
TROPHAMINE	85	valproate sodium	16
trospium chloride	91	valproic acid	16
trospium chloride er	91	valsartan	66
TRULICITY	60	valsartan-hydrochlorothiazide	72
TRUMENBA	108	VALTOCO	18
TRUQAP	39	VALTREX	55
TRUVADA	52	vancomycin	9
TRUXIMA	42	vancomycin hcl	10
TUKYSA	39,40	vancomycin hcl-0.9% nacl	10
tulana	101	vancomycin hcl-d5w	10
TURALIO	40	VANDAZOLE	10
turqoz	100	VANFLYTA	40
TWINRIX	108	VAQTA	108
TYBLUME	99	varenicline tartrate	7
TYBOST	53	VARIVAX VACCINE	108
tydemy	99	VASCEPA	75
TYGACIL	9	VASERETIC	72
TYKERB	40	VASOTEC	67

VECTIBIX.....	42	vincristine sulfate.....	34
VEGZELMA.....	42	vinorelbine tartrate.....	34
VELCADE.....	40	viorele.....	99
velivet.....	99	VIRACEPT.....	54
VELPHORO.....	85	VIREAD.....	52
VELTASSA.....	86	VITRAKVI.....	40
VENCLEXTA.....	40	VIVITROL.....	7
VENCLEXTA STARTING PACK.....	40	VIZIMPRO.....	40
venlafaxine besylate er.....	23	volnea.....	99
venlafaxine hcl.....	23	VONJO.....	40
venlafaxine hcl er.....	23	voriconazole.....	26
VENTAVIS.....	117	VOSEVI.....	55
VENTOLIN HFA.....	116	VOTRIENT.....	40
verapamil er.....	70	VPRIV.....	90
verapamil er pm.....	70	VRAYLAR.....	49
verapamil hcl.....	70	VUMERITY.....	78
verapamil sr.....	70	vyfemla.....	99
VERELAN.....	70	vylibra.....	99
VERELAN PM.....	70	VYNDAMAX.....	90
VERQUVO.....	72	VYNDAQEL.....	90
VERSACLOZ.....	50	VYTORIN.....	75
VERZENIO.....	40	VYVANSE.....	76
vestura.....	99	VYXEOS.....	34
VFEND IV.....	26		
vgo 20.....	62	W	
vgo 30.....	62	warfarin sodium.....	63
vgo 40.....	62	water.....	85
VIBERZI.....	86	WELIREG.....	34
VIBRAMYCIN.....	15	WELLBUTRIN SR.....	21
VICTOZA 2-PAK.....	60	WELLBUTRIN XL.....	21
VICTOZA 3-PAK.....	60	wera.....	99
vienva.....	99	wixela inhub.....	118
vigabatrin.....	18	wymzya fe.....	99
vigadrone.....	18		
VIGAMOX.....	112	X	
vigpoder.....	18	XALKORI.....	40
VIIBRYD.....	23	XARELTO.....	63
vilazodone hcl.....	23	XATMEP.....	106
VIMPAT.....	19	XCOPRI.....	16
vinblastine sulfate.....	34	XELJANZ.....	104
vincasar pfs.....	34	XELJANZ XR.....	104

XENAZINE.....	77	ZESTORETIC.....	72
XERMELO.....	86	ZESTRIL.....	67
XGEVA.....	110	ZETIA.....	75
XHANCE.....	115	ZIAC.....	72
XIFAXAN.....	87	ZIAGEN.....	52
XIGDUO XR.....	60	zidovudine.....	52
XOFLUZA.....	55	ZIEXTENZO.....	64
XOLAIR.....	104	ziprasidone hcl.....	49
XOPENEX HFA.....	116	ziprasidone mesylate.....	49
XOSPATA.....	40	ZIRABEV.....	42
XPOVIO.....	34	ZITHROMAX.....	13
XTANDI.....	30	ZITHROMAX TRI-PAK.....	13
XYLOCAINE.....	6	ZOCOR.....	74
XYLOCAINE-MPF.....	6	ZOKINVY.....	90
Y			
yargesa.....	90	zoledronic acid.....	110
YASMIN 28.....	99	ZOLINZA.....	34
YAZ.....	99	zolmitriptan odt.....	28
YERVOY.....	42	ZOLOFT.....	23
YF-VAX.....	108	zolpidem tartrate.....	119
YONDELIS.....	29	ZONALON.....	81
YONSA.....	30	ZONEGRAN.....	19
yuvafem.....	94	ZONISADE.....	19
Z			
zafirlukast.....	115	zonisamide.....	19
zaleplon.....	119	ZONTIVITY.....	63
ZALTRAP.....	30	ZORTRESS.....	106
ZANOSAR.....	34	ZOSYN.....	12
zarah.....	99	zovia 1-35.....	99
ZARONTIN.....	17	zovia 1-35e.....	99
ZEBUTAL.....	2	ZOVIRAX.....	55
ZEJULA.....	40	ZTALMY.....	18
ZELBORAF.....	40	ZTLIDO.....	7
ZEMPLAR.....	110	zumandimine.....	100
zenatane.....	79	ZURZUVAE.....	21
ZENPEP.....	90	ZYDELIG.....	40
zenzedi.....	76	ZYKADIA.....	40
ZEPATIER.....	55	ZYLOPRIM.....	27
ZEPZELCA.....	29	ZYNLONTA.....	42
		ZYPREXA.....	49
		ZYPREXA RELPREVV.....	49
		ZYPREXA ZYDIS.....	49
		ZYVOX.....	10

Retiree RxCare

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1-855-693-3921 o, para usuarios de TTY, al 711, de lunes a viernes, de 8:00 a. m. a 8:00 p. m.
(EST), o visite <http://retireerxcare.amwins.com>.

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on this table mean by going to the cover pages