



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. 24413, Versión 13

Este formulario se actualizó el 26 de Junio de 2024. No hemos realizado cambios a este formulario Desde el 6/26/2024. 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 Julio 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 Julio 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 immeditar lo a un nivel diferente de costos compartidos o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de realizar ese cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
 - o Si hacemos tal cambio, usted o su médico pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca por usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada "¿Cómo solicito una excepción al formulario de RxCare para jubilados?"
- Medicamentos retirados del mercado. Si la Administración de Alimentos y Medicamentos considera que un medicamento en nuestro formulario no es seguro o el fabricante del medicamento retira el medicamento del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y notificaremos a los miembros que toman el medicamento.
- Otros cambios. Podemos hacer otros cambios que afecten a los miembros que actualmente toman un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca actualmente en el formulario o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel diferente de costos compartidos o ambos. Podemos hacer cambios basados en nuevas guías clínicas. Si eliminamos medicamentos de nuestro formulario, o agregamos autorización previa, límites de cantidad y / o restricciones de terapia escalonada en un medicamento o movemos un medicamento a un nivel más alto de costo compartido, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el

miembro solicite una recarga del medicamento, momento en el cual el miembro recibirá un suministro de 30 días de la droga.

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

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro formulario 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 Julio 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 1. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 121. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

Para más información

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

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

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

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 121.

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

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

Respetar los requisitos/límites

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

(List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

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 carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	1	PA
<i>morphine sulf 100 mg/5 ml conc</i>	1	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	1	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	1	QL (2700 PER 30 DAYS)
<i>morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)</i>	1	PA
<i>morphine sulfate ir 15 mg tab</i>	3	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations 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	

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

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

You can find information on what the symbols and abbreviations 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	
EXTENCILLINE	3	
<i>nafcillin</i>	1	
<i>nafcillin sodium</i>	1	
<i>pen g k 2 million unit/50 ml</i>	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	3	
<i>penicillin gk-iso-osm dextrose (pen g k 1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	3	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	1	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	3	

Carbapenems

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

You can find information on what the symbols and abbreviations 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 (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>mondoxyne nl 100 mg capsule</i>	1	
NUZYRA (100 MG VIAL, 150 MG TABLET)	4	

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

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

Anticonvulsants

Anticonvulsants, Other

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

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

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

Calcium Channel Modifying Agents

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

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

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

Gamma-aminobutyric Acid (GABA) Augmenting Agents

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

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

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

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

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

Antidementia Agents

Cholinesterase Inhibitors

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

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

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

Antidepressants

Antidepressants, Other

AUVELITY	4	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 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 (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	3	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	3	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	4	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	4	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	3	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	4	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	4	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	4	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

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

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

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)

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

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

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 er (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	3	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	3	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	3	QL (60 PER 30 DAYS)
PRISTIQ	3	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	3	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	3	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	3	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	3	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD	3	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	3	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	3	QL (300 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
Tricyclics		
<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
<i>amoxapine</i>	1	
<i>clomipramine hcl</i>	1	
<i>desipramine hcl</i>	1	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	1	
<i>imipramine hcl</i>	1	
NORPRAMIN	3	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	1	
<i>protriptyline hcl</i>	1	
<i>trimipramine maleate</i>	1	

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	PA
<i>compro</i>	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>perphenazine</i>	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine 10 mg/2 ml vi</i>	1	
<i>prochlorperazine maleate</i>	1	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	1	PA
<i>promethegan (12.5 mg suppos, 25 mg suppository)</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>scopolamine</i>	1	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	PA
<i>dronabinol</i>	1	PA
EMEND (80 MG CAPSULE, TRIPACK)	3	PA
<i>fosaprepitant dimeglumine</i>	1	
<i>granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)</i>	1	
<i>granisetron hcl 1 mg tablet</i>	1	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/2 ml amp, 4 mg/2 ml isecure, 4 mg/2 ml syr, 4 mg/2 ml vial, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet, 24 mg tablet, 40 mg/20 ml vial)</i>	1	
<i>ondansetron odt</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>casprofungin acetate</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	1	
CRESEMBA	4	PA
DIFLUCAN (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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	4	
<i>griseofulvin 125 mg/5 ml susp</i>	1	
<i>griseofulvin micro 500 mg tab</i>	3	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>klayesta</i>	1	
LOPROX 1% SHAMPOO	3	
<i>micafungin 100 mg vial</i>	4	
<i>micafungin 50 mg vial</i>	1	
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antigout Agents		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>allopurinol sodium</i>	1	
ALOPRIM	3	
<i>colchicine 0.6 mg tablet</i>	1	
COLCRYS	3	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
ZYLOPRIM	3	

Antimigraine Agents

AIMOVIG 140 MG/ML AUTOINJECTOR	2	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	2	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine 4 mg/ml spry</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	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	3	ST, QL (6 PER 30 DAYS)
IMITREX (5 MG SPRAY, 20 MG SPRAY)	3	ST, 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)

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

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

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	

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

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

Antineoplastics

Alkylating Agents

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

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	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
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	4	PA, QL (120 PER 30 DAYS)
EULEXIN	4	
NILANDRON	4	
<i>nilutamide</i>	4	
NUBEQA	4	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
YONSA	4	PA, QL (120 PER 30 DAYS)

Antiangiogenic Agents

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

Antiestrogens/Modifiers

EMCYT	4	
FARESTON	4	
FASLODEX	4	PA
<i>fulvestrant</i>	4	PA
ORSERDU 345 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
ORSERDU 86 MG TABLET	4	PA, QL (90 PER 30 DAYS)
SOLTAMOX	4	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	
Antimetabolites		
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)</i>	1	PA
FOLOTYN	4	PA
HYDREA	3	
<i>hydroxyurea</i>	1	
<i>mercaptopurine</i>	1	
PURIXAN	4	
TABLOID	4	
Antineoplastics, Other		
ABRAXANE	4	PA
<i>adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>adriamycin 10 mg vial</i>	3	PA
ALIMTA	4	PA
ARRANON	4	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	1	
<i>arsenic trioxide 12 mg/6 ml vl</i>	4	
ASPARLAS	4	
<i>azacitidine</i>	4	
<i>bendamustine hcl (25 mg vial, 100 mg vial)</i>	4	
BENDEKA	4	
BICNU	3	
<i>bleomycin sulfate</i>	1	PA
BLINCYTO 35MCG VL W-STABILIZER	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>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	1	
<i>carmustine 100 mg vial</i>	1	
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	1	
<i>cladribine</i>	4	PA
<i>clofarabine</i>	4	
CLOLAR	4	
COSMEGEN	4	
<i>cytarabine</i>	1	PA
<i>dacarbazine 100 mg vial</i>	3	
<i>dacarbazine 200 mg vial</i>	1	
<i>dactinomycin</i>	4	
<i>daunorubicin 20 mg/4 ml vial</i>	1	
<i>daunorubicin 50 mg/10 ml vial</i>	3	
<i>decitabine</i>	4	
<i>docetaxel (20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial)</i>	4	
<i>doxorubicin 10 mg vial</i>	3	PA
<i>doxorubicin hcl (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial)</i>	1	PA
<i>doxorubicin hcl liposome</i>	4	PA
<i>eribulin mesylate</i>	4	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	1	
<i>gemcitabine hcl (1 gram vial, 1 gram/26.3 ml vl, 2 gram vial, 2 gram/52.6 ml vl, 200 mg vial, 200 mg/5.26 ml vl)</i>	1	
HALAVEN	4	PA
<i>idarubicin hcl</i>	4	
IFEX 3 GM 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
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>	1	
<i>ifosfamide 3 gm vial</i>	3	
IMLYGIC 1 MILLION PFU/ML VIAL	3	
IMLYGIC 100 MILLION PFU/ML VL	4	
INQOVI	4	PA, QL (5 PER 28 DAYS)
ISTODAX	4	PA
IXEMPRA	4	
<i>kemoplat</i>	1	
KISQALI FEMARA 200 MG CO-PACK	4	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	4	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	4	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg vial, 100 mg vial, cal 100 mg/10 ml vl, 200 mg vial, 350 mg vial, 500 mg vial, cal 500 mg/50 ml vl)</i>	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	4	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial)</i>	4	
<i>mitomycin 5 mg vial</i>	1	
<i>mitoxantrone hcl</i>	1	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	4	
MUTAMYCIN 5 MG VIAL	1	
<i>nelarabine</i>	4	PA
NINLARO	4	PA, QL (3 PER 28 DAYS)
NIPENT	4	
ONCASPAR	4	
ONUREG	4	PA, QL (14 PER 28 DAYS)
<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	

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

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

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	3	
AROMASIN	4	
<i>exemestane</i>	1	
FEMARA	3	
<i>letrozole</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
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 vial, 500 mg/25 ml vial)</i>	1	
IWILFIN	4	PA, QL (240 PER 30 DAYS)
ONIVYDE	4	PA
<i>toposar</i>	1	
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	1	
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AKEEGA	4	PA, QL (60 PER 30 DAYS)
ALECENSA	4	PA, QL (240 PER 30 DAYS)
ALIQOPA	4	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA, QL (120 PER 30 DAYS)
AUGTYRO	4	PA, QL (240 PER 30 DAYS)
AYVAKIT	4	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)
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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
LORBRENA 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	4	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
ODOMZO	4	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	4	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	4	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	4	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	4	PA, QL (96 PER 28 DAYS)
OJJAARA	4	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	4	PA, QL (120 PER 30 DAYS)
PEMAZYRE	4	PA, QL (14 PER 21 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 PELLETT PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)
RYDAPT	4	PA, QL (240 PER 30 DAYS)
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)
TAGRISSE	4	PA, QL (30 PER 30 DAYS)
TALZENNA	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
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XOSPATA	4	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	4	PA
ALYMSYS	4	PA
ARZERRA	4	PA
AVASTIN	4	PA
BAVENCIO	4	PA
BESPONSA	4	PA
BLNREP	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LIBTAYO	4	PA
LUMOXITI	4	PA
MARGENZA	4	PA
MONJUVI	4	PA
MVASI	4	PA
MYLOTARG	4	PA
OGIVRI	4	PA
ONTRUZANT	4	PA
OPDIVO	4	PA
PADCEV	4	PA
PERJETA	4	PA
PHESGO	4	PA
POLIVY	4	PA
PORTRAZZA	4	PA
POTELIGEO	4	PA
RIABNI	4	PA
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYNLONTA	4	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	4	PA
PANRETIN	4	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	4	PA
<i>tretinoin 10 mg capsule</i>	4	PA
Treatment Adjuncts		
COSELA	4	
<i>dexrazoxane</i>	4	
ELITEK	4	
<i>mesna</i>	1	
MESNEX 400 MG TABLET	4	
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	
STROMEKTOL	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	4	PA, QL (300 PER 30 DAYS)
RYTARY	2	
SINEMET 10-100	3	
SINEMET 25-100	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>thioridazine hcl</i>	1	PA
<i>thiothixene</i>	1	PA
<i>trifluoperazine hcl</i>	1	PA

2nd Generation/Atypical

ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	3	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	4	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	4	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	4	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	1	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	1	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	4	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	4	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	4	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	4	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	4	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA	4	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	3	PA, QL (56 PER 28 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	3	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	4	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	4	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	4	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	4	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	4	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	4	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	4	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	4	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	4	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	4	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	4	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	4	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	4	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	4	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	4	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	4	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	4	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	QL (30 PER 30 DAYS)
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)
---	---	-------------------------

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CIMDUO	4	QL (30 PER 30 DAYS)
COMPLERA	4	QL (30 PER 30 DAYS)
DESCOVY	4	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	1	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	3	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	3	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	3	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	3	QL (30 PER 30 DAYS)
EPZICOM	3	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	1	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	4	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	3	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	3	QL (180 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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	
---------------------------	---	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BARACLUDE (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
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>bupirone 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxazepam</i>	1	PA, QL (120 PER 30 DAYS)

Bipolar Agents

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

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	3	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	3	QL (90 PER 30 DAYS)
BYDUREON BCISE	2	PA, QL (3.4 PER 28 DAYS)
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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	3	QL (60 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	2	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	3	QL (30 PER 30 DAYS)
OZEMPIC	2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	2	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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 SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	3	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	4	PA
FULPHILA	4	PA
GRANIX (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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>phenoxybenzamine hcl</i>	4	
<i>prazosin hcl</i>	1	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	3	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	3	QL (30 PER 30 DAYS)
AVAPRO	3	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	3	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	3	QL (30 PER 30 DAYS)
EDARBI	3	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVALIDE	3	QL (30 PER 30 DAYS)
AZOR	3	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	3	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	2	PA, QL (600 PER 30 DAYS)
DEMSER	4	
<i>digitek</i>	1	QL (30 PER 30 DAYS)
<i>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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
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)

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

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

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	3	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</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>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	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	1	
<i>prevalite (packet, powder)</i>	1	
REPATHA PUSHTRONEX	2	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	2	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	2	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	1	
VASCEPA 0.5 GM CAPSULE	2	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	2	QL (120 PER 30 DAYS)
VYTORIN	3	ST, QL (30 PER 30 DAYS)
ZETIA	3	QL (30 PER 30 DAYS)

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	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)
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN	3	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	1	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
RITALIN	3	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	3	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	3	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO (9 MG TABLET, 12 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET	4	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4)	4	PA, QL (42 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
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
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	4	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	4	PA, QL (1.6 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	3	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	3	PA, QL (12 PER 28 DAYS)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)

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

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

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	1	
<i>acitretin (10 mg capsule, 17.5 mg capsule, 25 mg capsule)</i>	1	
<i>amneesteem</i>	1	
AVITA	1	PA
<i>azelaic acid 15% gel</i>	1	
AZELEX	3	
BENZAMYCIN	3	
<i>claravis</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>doxycycline ir-dr</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
EFUDEX	2	
<i>fluorouracil (cream, topical soln)</i>	1	
<i>fluorouracil 0.5% cream</i>	4	
<i>fluorouracil 2% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	4	
<i>nystatin-triamcinolone</i>	1	
OTEZLA (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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	ST, 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	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)

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

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 st</i>	1	
LUMIZYME	4	
<i>miglustat</i>	4	PA, QL (90 PER 30 DAYS)
NAGLAZYME	4	
<i>nitisinone</i>	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	
PALYNZIQ	4	PA
PROLASTIN C	4	PA
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)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dutasteride 0.5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	3	QL (60 PER 30 DAYS)
PROSCAR	3	QL (30 PER 30 DAYS)
RAPAFLO	3	QL (30 PER 30 DAYS)
<i>silodosin</i>	1	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)

Contraceptives, Other

LILETTA	3	
SKYLA	3	

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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
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)
---	---	--------------------------

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>danazol</i>	1	PA
DEPO-TESTOSTERONE	1	PA
<i>methyltestosterone 10 mg cap</i>	4	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	1	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	1	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	1	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	1	PA
<i>testosterone enanthate</i>	2	PA

Estrogens

DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	3	
<i>dotti</i>	1	
ESTRACE 0.01% CREAM	3	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-eth estra-levomet</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>femynor</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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-lynyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	1	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
NUVARING	3	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>orsythia</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-previfem</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-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>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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	4	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	
<i>sharobel</i>	1	
<i>tulana</i>	1	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL	3	
EUTHYROX	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA	4	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	4	PA
XELJANZ XR	4	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	4	PA

Immunostimulants

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>	1	PA
<i>everolimus (0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HADLIMA	4	PA
HADLIMA PUSHTOUCH	4	PA
HADLIMA(CF)	4	PA
HADLIMA(CF) PUSHTOUCH	4	PA
HUMIRA 40 MG/0.8 ML SYRINGE	4	PA
HUMIRA PEN	4	PA
HUMIRA PEN CROHN'S-UC-HS	4	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA
HUMIRA(CF)	4	PA
HUMIRA(CF) PEDIATRIC CROHN'S	4	PA
HUMIRA(CF) PEN	4	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	4	PA
HUMIRA(CF) PEN PEDIATRIC UC	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA
IMURAN	3	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	1	
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
MYFORTIC 180 MG TABLET	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
ENGERIX-B PEDIATRIC-ADOLESCENT	2	PA
GARDASIL 9	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX	2	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	2	PA
HIBERIX	2	
IMOVAX RABIES VACCINE	2	PA
INFANRIX DTAP	2	
IPOL	2	
IXCHIQ	2	
IXIARO	2	
JYNNEOS	2	PA
JYNNEOS (NATIONAL STOCKPILE)	2	PA
KINRIX	2	
M-M-R II VACCINE	2	
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	
ROTATEQ	2	
SHINGRIX	2	QL (2 PER 999 OVER TIME)
STAMARIL	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
FOSAMAX	3	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 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>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	
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>dorzolamide-timolol eye drops</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
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	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</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>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	
PRED MILD	3	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</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
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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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 REDIHALER 40 MCG	2	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	2	QL (21.2 PER 30 DAYS)
XHANCE	3	QL (32 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
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 syrps)</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 HANDIHALER	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	1	

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 (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA
<i>epinephrine 0.15 mg auto-inject</i>	2	
<i>epinephrine 0.3 mg auto-inject</i>	1	
PROAIR HFA	3	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	2	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
VENTOLIN HFA	2	QL (36 PER 30 DAYS)
XOPENEX HFA	3	QL (30 PER 30 DAYS)

Cystic Fibrosis Agents

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

Mast Cell Stabilizers

<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
-------------------------------------	---	----

Phosphodiesterase Inhibitors, Airways Disease

<i>caffeine cit 60 mg/3 ml oral</i>	1	
DALIRESP	3	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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)

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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
<i>methocarbamol (500 mg tablet, 750 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
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)
LUMRYZ	4	PA, QL (30 PER 30 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
NUVIGIL	3	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	4	PA, QL (540 PER 30 DAYS)

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

Alphabetical Listing

A

abacavir.....	51	AFINITOR DISPERZ.....	35
abacavir-lamivudine.....	51	afirmelle.....	95
ABILIFY.....	46	AGRYLIN.....	64
ABILIFY ASIMTUFII.....	46	AIMOVIG AUTOINJECTOR.....	27
ABILIFY MAINTENA.....	46	ak-poly-bac.....	112
abiraterone acetate.....	29	AKEEGA.....	35
ABRAXANE.....	31	ALA-CORT.....	80
ABRYSVO.....	107	ala-cort.....	80
acamprosate calcium.....	7	albendazole.....	43
acarbose.....	57	albuterol hfa 90 mcg inhaler (generic proair hfa).....	116
ACCOLATE.....	116	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	116
ACCUPRIL.....	67	albuterol sulfate.....	116,117
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.....	110
acetic acid.....	115	alfuzosin hcl er.....	91
acetylcysteine.....	118	ALIMTA.....	31
acitretin.....	79	ALIQOPA.....	35
ACTHAR.....	92	aliskiren.....	70
ACTHIB.....	107	allopurinol.....	27
ACTIMMUNE.....	105	allopurinol sodium.....	27
ACTOS.....	57	ALOPRIM.....	27
ACULAR.....	113	alosetron hcl.....	87
ACULAR LS.....	113	ALPHAGAN P.....	114
acyclovir.....	55	alprazolam.....	56
acyclovir sodium.....	56	ALTACE.....	67
ADACEL TDAP.....	107	altavera.....	95
ADCETRIS.....	41	ALUNBRIG.....	35
ADCIRCA.....	118	alyacen.....	95
ADDERALL XR.....	76	ALYMSYS.....	41
adefovir dipivoxil.....	54	alyq.....	118
ADEMPAS.....	118	amabelz.....	95
ADLARITY.....	20	amantadine.....	44
adriamycin.....	31	AMBISOME.....	25
ADVAIR HFA.....	118	ambrisentan.....	118
AFINITOR.....	35	amethia.....	95

amethyst	95	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	24	armodafinil	120
amlodipine besylate	69	ARNUIITY ELLIPTA	115
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	41
amnesteem	79	ASACOL HD	109
amoxapine	24	asenapine maleate	46
amoxicillin	11	ashlyna	95
amoxicillin-clavulanate pot er	11	ASMANEX	115
amoxicillin-clavulanate potass	11	ASMANEX HFA	115
amphotericin b	25	ASPARLAS	31
amphotericin b liposome	25	aspirin-dipyridamole er	65
ampicillin sodium	12	ASTAGRAF XL	105
ampicillin trihydrate	11	ATACAND	66
ampicillin-sulbactam	12	ATACAND HCT	70
AMPYRA	78	atazanavir sulfate	53
anagrelide hcl	64	ATELVIA	110
anastrozole	34	atenolol	68
ANDROGEL	93	atenolol-chlorthalidone	70
ANORO ELLIPTA	118	ATGAM	103
APOKYN	44	atomoxetine hcl	77
apomorphine hcl	44	atorvastatin calcium	74
aprepitant	25	atovaquone	43
apri	95	atovaquone-proguanil hcl	43
APRISO	109	atropine sulfate	111
APTIOM	18	ATROVENT HFA	116
APTIVUS	53	aubra	95
aqua care sodium chloride	83	aubra eq	95
aranelle	95	AUGMENTIN	12
ARANESP	64	AUGTYRO	35
ARCALYST	104	aurovela	95
AREXVY	107	aurovela 24 fe	95
ARICEPT	20	aurovela fe	95

AURYXIA.....	86	balziva.....	95
AUSTEDO.....	77	BANZEL.....	18
AUSTEDO XR.....	77	BAQSIMI.....	60
AUSTEDO XR TITRATION KT(WK1-4).....	77	BARACLUDGE.....	55
AUVELITY.....	20	BAVENCIO.....	41
AVALIDE.....	71	BCG VACCINE (TICE STRAIN).....	107
AVAPRO.....	66	BELBUCA.....	4
AVASTIN.....	41	BELEODAQ.....	35
aviane.....	95	BELSOMRA.....	120
avidoxy.....	14	benazepril hcl.....	67
AVITA.....	79	benazepril-hydrochlorothiazide.....	71
AVODART.....	91	bendamustine hcl.....	31
AVONEX.....	78	BENDEKA.....	31
AVONEX PEN.....	78	BENICAR.....	66
AYGESTIN.....	100	BENICAR HCT.....	71
ayuna.....	95	BENLYSTA.....	104
AYVAKIT.....	35	BENZAMYCIN.....	79
azacitidine.....	31	benznidazole.....	43
AZACTAM.....	8	benztropine mesylate.....	44
AZASAN.....	105	BESIVANCE.....	112
azathioprine.....	105	BESPONSA.....	41
azathioprine sodium.....	105	BESREMI.....	105
azelaic acid.....	79	betaine anhydrous.....	89
azelastine hcl.....	113,116	betamethasone diprop augmented.....	80
AZELEX.....	79	betamethasone dipropionate.....	80
AZILECT.....	45	betamethasone valerate.....	80
azithromycin.....	13	BETASERON.....	78
AZOPT.....	114	betaxolol hcl.....	68,114
AZOR.....	71	bethanechol chloride.....	92
aztreonam.....	8	BETOPTIC S.....	114
AZULFIDINE.....	109	bexarotene.....	43
azurette.....	95	BEXSERO.....	107
		bicalutamide.....	30
B		BICILLIN L-A.....	12
bacitracin.....	112	BICNU.....	31
bacitracin-polymyxin.....	112	BIKTARVY.....	50
baclofen.....	50	BILTRICIDE.....	43
BACTRIM.....	14	bimatoprost.....	114
BACTRIM DS.....	14	bismuth-metronidazole-tetracyc.....	87
balsalazide disodium.....	109	bisoprolol fumarate.....	68
BALVERSA.....	35	bisoprolol-hydrochlorothiazide.....	71

BLNREP	41	butorphanol tartrate	4
bleomycin sulfate	31	BUTRANS	4
BLINCYTO	31	BYDUREON BCISE	57
blisovi 24 fe	95	BYETTA	57
blisovi fe	95	BYSTOLIC	68
BOOSTRIX TDAP	107		
bortezomib	35	C	
bosentan	118	CABENUVA	50
BOSULIF	36	cabergoline	102
BRAFTOVI	36	CABLIVI	65
BREO ELLIPTA	119	CABOMETYX	36
breyna	119	caffeine citrate	117
BREZTRI AEROSPHERE	119	calcipotriene	82
briellyn	95	calcitonin-salmon	110
BRILINTA	65	calcitrene	82
brimonidine tartrate	114	calcitriol	110
brimonidine tartrate-timolol	111	calcium acetate	86
brinzolamide	114	CALQUENCE	36
BRIVIACT	15	camila	100
bromfenac sodium	113	camrese	95
bromocriptine mesylate	44	camrese lo	95
BRUKINSA	36	CANASA	109
budesonide	115	CANCIDAS	25
budesonide dr	110	candesartan cilexetil	66
budesonide ec	110	candesartan-hydrochlorothiazid	71
budesonide er	110	CAPLYTA	46
budesonide-formoterol fumarate	119	CAPRELSA	36
bumetanide	73	captopril	67
BUPHENYL	89	CARAFATE	88
buprenorphine	4	CARBAGLU	83
buprenorphine hcl	7	carbamazepine	18
buprenorphine-naloxone	7	carbamazepine er	18
bupropion hcl	20	CARBATROL	19
bupropion hcl sr	7,20	carbidopa	45
bupropion hcl sr 150mg tablet	20	carbidopa-levodopa	45
bupropion xl	20	carbidopa-levodopa er	45
buspirone hcl	56	carbidopa-levodopa-entacapone	44
busulfan	29	carboplatin	32
butalbital-acetaminophen	2	CARDIZEM	69
butalbital-acetaminophen-caffe	2	CARDIZEM CD	69
butalbital-aspirin-caffeine	2	CARDIZEM LA	69

CARDURA	65	chloramphenicol sod succinate	8
carglumic acid	83	chlorhexidine gluconate	79
carmustine	32	chloroquine phosphate	43
CARNITOR	89	chlorpromazine hcl	24
CARNITOR SF	89	chlorthalidone	73
carteolol hcl	114	cholestyramine	74
cartia xt	69	cholestyramine light	74
carvedilol	68	CHORIONIC GONADOTROPIN	93
carvedilol er	68	ciclodan	25
CASODEX	30	ciclopirox	25
caspofungin acetate	25	cidofovir	54
cataflam	2	cilostazol	65
cefaclor	10	CIMDUO	52
cefadroxil	10	cimetidine	88
cefazolin sodium	10	cinacalcet hcl	110
cefazolin sodium-dextrose	10	CINRYZE	103
cefdinir	10	CIPRO	13
cefepime	10	CIPRODEX	115
cefepime hcl	10	ciprofloxacin	14
cefepime-dextrose	10	ciprofloxacin hcl	14,112
cefixime	10	ciprofloxacin-d5w	14
cefoxitin	10	ciprofloxacin-dexamethasone	115
cefoxitin sodium	11	cisplatin	32
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	116
CELEBREX	2	CLEOCIN	8
celecoxib	2	CLEOCIN HCL	8
CELEXA	21	CLEOCIN PHOSPHATE	8
CELLCEPT	105	CLEOCIN T	8
CELONTIN	16	clindacin etz	8
cephalexin	11	clindacin p	8
CEREZYME	89	clindamycin (pediatric)	8
cevimeline hcl	79	clindamycin hcl	8
chateal	96	clindamycin phosphate	9
chateal eq	96	clindamycin phosphate-d5w	9
CHEMET	85	clindamycin-0.9% nacl	9
CHENODAL	87	clindamycin-benzoyl peroxide	79

clobazam.....	17	COSENTYX (2 SYRINGES).....	104
clobetasol emollient.....	80	COSENTYX SENSOREADY (2 PENS).....	104
clobetasol propionate.....	80,81	COSENTYX SENSOREADY PEN.....	104
clodan.....	81	COSENTYX SYRINGE.....	104
clofarabine.....	32	COSENTYX UNOREADY PEN.....	104
CLOLAR.....	32	COSMEGEN.....	32
clomipramine hcl.....	24	COSOPT.....	111
clonazepam.....	56	COTELLIC.....	36
clonidine.....	65	COZAAR.....	66
clonidine hcl.....	65	CREON.....	89
clonidine hcl er.....	77	CRESEMBA.....	25
clopidogrel.....	65	CRESTOR.....	74
clorazepate dipotassium.....	56	cromolyn sodium.....	90,113,117
clotrimazole.....	25	cryselle.....	96
clotrimazole-betamethasone.....	82	CRYSVITA.....	90
clozapine.....	49,50	CUBICIN.....	9
clozapine odt.....	50	CUBICIN RF.....	9
CLOZARIL.....	50	cyclobenzaprine hcl.....	119
COARTEM.....	43	CYCLOPHOSPHAMIDE.....	29
codeine sulfate.....	5	cyclophosphamide.....	29
COLAZAL.....	109	cycloserine.....	28
colchicine.....	27	CYCLOSET.....	57
COLCRYS.....	27	cyclosporine.....	105
COLESTID.....	74	cyclosporine modified.....	105
colestipol hcl.....	74	CYKLOKAPRON.....	65
colistimethate.....	9	CYLTEZO(CF).....	105
COMBIGAN.....	111	CYLTEZO(CF) PEN.....	105
COMBIPATCH.....	96	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	105
COMBIVENT RESPIMAT.....	119	CYLTEZO(CF) PEN PSORIASIS-UV.....	105
COMETRIQ.....	36	CYMBALTA.....	22
COMPLERA.....	52	cyproheptadine hcl.....	116
compro.....	24	CYRAMZA.....	36
COMTAN.....	44	cyred.....	96
constulose.....	86	cyred eq.....	96
COPAXONE.....	78	CYSTADANE.....	90
COPIKTRA.....	36	CYSTADROPS.....	111
COREG CR.....	68	CYSTAGON.....	90
CORGARD.....	68	CYSTARAN.....	111
CORLANOR.....	71	cytarabine.....	32
CORTEF.....	92	CYTOMEL.....	101
COSELA.....	43	CYTOTEC.....	88

D

dabigatran etexilate	62	DEPO-PROVERA	100
dacarbazine	32	DEPO-SUBQ PROVERA 104	100
dactinomycin	32	DEPO-TESTOSTERONE	94
dalfampridine er	78	dermacinrx lidocan	6
DALIRESP	117	DESCOVY	52
DALVANCE	9	desipramine hcl	24
danazol	94	desloratadine	116
DANTRIUM	50	desmopressin acetate	93
dantrolene sodium	50	desogestr-eth estrad eth estra	96
DANYELZA	41	desogestrel-ethinyl estradiol	96
dapsone	28	desonide	81
DAPTACEL DTAP	107	desoximetasone	81
daptomycin	9	desvenlafaxine succinate er	22
DARAPRIM	43	DETROL	91
darifenacin er	91	DETROL LA	91
darunavir	53	dexamethasone	92
DARZALEX	41	dexamethasone sodium phosphate	92,113
DARZALEX FASPRO	41	DEXEDRINE	76
dasetta	96	dexmethylphenidate hcl	77
daunorubicin hcl	32	dexrazoxane	43
DAURISMO	36	dextroamphetamine sulfate	76
DAYPRO	2	dextroamphetamine sulfate er	76
daysee	96	dextroamphetamine-amphet er	76
DAYVIGO	120	dextroamphetamine-amphetamine	76
DDAVP	93	dextrose 2.5%-0.45% nacl	83
deblitane	100	dextrose 5%-0.2% nacl	83
decadron	92	dextrose 5%-0.225% nacl	83
decitabine	32	dextrose 5%-0.3% nacl	83
deferasirox	85	dextrose 5%-0.33% nacl	83
DELSTRIGO	51	dextrose 5%-0.45% nacl	83
DELZICOL	109	dextrose 5%-0.9% nacl	83
demeclocycline hcl	14	dextrose in lactated ringers	83
DEM SER	71	dextrose in water	85
DENGVAXIA	107	DIACOMIT	15
DEPAKOTE	15	diazepam	17,56
DEPAKOTE ER	15	diazoxide	60
DEPAKOTE SPRINKLE	15	diclofenac potassium	2
DEPEN	92	diclofenac sodium	2,82,113
DEPO-ESTRADIOL	94	diclofenac sodium er	2
		diclofenac sodium-misoprostol	2,3
		dicloxacillin sodium	12

dicyclomine hcl.....	87	doxorubicin hcl.....	32
DIFICID.....	13	doxorubicin hcl liposome.....	32
DIFLUCAN.....	25	doxy 100.....	14
difluprednate.....	113	doxycycline hyclate.....	14
digitek.....	71	doxycycline ir-dr.....	79
digox.....	71	doxycycline monohydrate.....	14
digoxin.....	71	dronabinol.....	25
dihydroergotamine mesylate.....	27	drospirenone-eth estra-levomef.....	96
DILANTIN.....	19	drospirenone-ethinyl estradiol.....	96
DILANTIN-125.....	19	droxidopa.....	65
dilt-xr.....	69	DUAVEE.....	101
diltiazem 12hr er.....	69	DULERA.....	119
diltiazem 24hr er.....	69	duloxetine hcl.....	22
diltiazem 24hr er (cd).....	70	DUPIXENT PEN.....	104
diltiazem 24hr er (la).....	70	DUPIXENT SYRINGE.....	104
diltiazem 24hr er (xr).....	70	DURAMORPH.....	5
diltiazem hcl.....	70	DUREZOL.....	113
dimethyl fumarate.....	78	dutasteride.....	92
DIOVAN.....	66	dutasteride-tamsulosin.....	92
DIOVAN HCT.....	71		
DIPENTUM.....	109	E	
diphenhydramine hcl.....	116	E.E.S. 200.....	13
diphenoxylate-atropine.....	87	ec-naproxen.....	3
DIPHThERIA-TETANUS TOXOIDS-PED.....	107	econazole nitrate.....	25
DIPROLENE.....	81	EDARBI.....	66
dipyridamole.....	65	EDARBYCLOR.....	71
disulfiram.....	7	EDURANT.....	51
divalproex sodium.....	15	efavirenz.....	51
divalproex sodium er.....	15	efavirenz-emtric-tenofov disop.....	51
DIVIGEL.....	94	efavirenz-lamivu-tenofov disop.....	51
docetaxel.....	32	EFFEXOR XR.....	22
dofetilide.....	67	EFUDEX.....	82
dolishale.....	96	ELAPRASE.....	90
donepezil hcl.....	20	ELELYSO.....	90
donepezil hcl odt.....	20	ELIDEL.....	81
dorzolamide hcl.....	114	ELIGARD.....	102
dorzolamide-timolol.....	111	elinest.....	96
dotti.....	94	ELIQUIS.....	62
DOVATO.....	50	ELITEK.....	43
doxazosin mesylate.....	65	eluryng.....	96
doxepin hcl.....	24,81,120	EMCYT.....	30

EMEND.....	25	ERLEADA.....	30
EMGALITY PEN.....	27	erlotinib hcl.....	36
EMGALITY SYRINGE.....	27	errin.....	101
emoquette.....	96	ertapenem.....	12
EMPLICITI.....	41	ery.....	13
EMSAM.....	21	ERY-TAB.....	13
emtricitabine.....	52	ERYPED 200.....	13
emtricitabine-tenofovir disop.....	52	ERYPED 400.....	13
EMTRIVA.....	52	ERYTHROCIN LACTOBIONATE.....	13
emzahh.....	101	ERYTHROCIN STEARATE.....	13
enalapril maleate.....	67	erythromycin.....	13,112
enalapril-hydrochlorothiazide.....	71	erythromycin ethylsuccinate.....	13
ENBREL.....	106	erythromycin lactobionate.....	13
ENBREL MINI.....	106	erythromycin-benzoyl peroxide.....	79
ENBREL SURECLICK.....	106	ESBRIET.....	118
ENDARI.....	90	escitalopram oxalate.....	22
endocet.....	5	ESGIC.....	2
ENGERIX-B ADULT.....	107	esomeprazole magnesium.....	89
ENGERIX-B PEDIATRIC-ADOLESCENT.....	107	esomeprazole sodium.....	89
ENHERTU.....	41	estarylla.....	96
enilloring.....	100	ESTRACE.....	94
enoxaparin sodium.....	62,63	estradiol.....	94
enpresse.....	96	estradiol (once weekly).....	94
enskyce.....	96	estradiol (twice weekly).....	94
entacapone.....	44	estradiol valerate.....	94
entecavir.....	55	estradiol-norethindrone acetat.....	96
ENTRESTO.....	71	ESTRING.....	94
enulose.....	86	ethambutol hcl.....	28
EPCLUSA.....	55	ethosuximide.....	16
EPIDIOLEX.....	15	ethynodiol-ethinyl estradiol.....	96
epinastine hcl.....	113	etodolac.....	3
epinephrine.....	117	etodolac er.....	3
epitol.....	19	etonogestrel-ethinyl estradiol.....	96
EPIVIR.....	52	ETOPOPHOS.....	35
eplerenone.....	73	etoposide.....	35
EPRONTIA.....	15	etravirine.....	51
EPZICOM.....	52	EULEXIN.....	30
ERBITUX.....	41	EUTHYROX.....	101
ergotamine-caffeine.....	27	everolimus.....	36,106
eribulin mesylate.....	32	EVISTA.....	101
ERIVEDGE.....	36	EVOMELA.....	29

EVOTAZ.....	53	flac otic oil.....	115
EXELON.....	20	FLAGYL.....	9
exemestane.....	34	flecainide acetate.....	67
EXFORGE.....	71	FLOMAX.....	92
EXFORGE HCT.....	71	fluconazole.....	26
EXJADE.....	85	fluconazole-nacl.....	26
EXKIVITY.....	36	flucytosine.....	26
EXTENCILLINE.....	12	fludarabine phosphate.....	32
EYSUVIS.....	113	fludrocortisone acetate.....	92
ezetimibe.....	75	flunisolide.....	115
ezetimibe-simvastatin.....	75	fluocinolone acetonide.....	81
		fluocinolone acetonide oil.....	115
F		fluocinonide.....	81
FABRAZYME.....	90	fluocinonide-e.....	81
falmina.....	96	fluorometholone.....	113
famciclovir.....	56	fluorouracil.....	31,82
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.....	119	flurbiprofen sodium.....	113
FASENRA PEN.....	119	fluticasone propionate.....	81,115
FASLODEX.....	30	fluticasone propionate hfa.....	115
felbamate.....	15	fluticasone-salmeterol.....	119
FELDENE.....	3	fluvastatin sodium.....	74
felodipine er.....	69	fluvoxamine maleate.....	22
FEMARA.....	34	FML.....	113
femynor.....	96	FOCALIN.....	77
fenofibrate.....	73	FOLOTYN.....	31
fenofibric acid.....	73	fomepizole.....	85
fentanyl.....	4	fondaparinux sodium.....	63
fentanyl citrate.....	5	FORTEO.....	110
fesoterodine fumarate er.....	91	FOSAMAX.....	110
FETZIMA.....	22	fosamprenavir calcium.....	53
FINACEA.....	80	fosaprepitant dimeglumine.....	25
finasteride.....	92	fosinopril sodium.....	67
fingolimod.....	78	fosinopril-hydrochlorothiazide.....	71
FINTEPLA.....	15	fosphenytoin sodium.....	19
FIRAZYR.....	103	FOSRENOL.....	86
FIRMAGON.....	102	FOTIVDA.....	36

FRUZAQLA.....	36,37
FULPHILA.....	64
fulvestrant.....	30
furosemide.....	73
FUZEON.....	53
FYCOMPA.....	15

G

gabapentin.....	17
GABITRIL.....	17
galantamine er.....	20
galantamine hbr.....	20
galantamine hydrobromide.....	20
GAMMAGARD LIQUID.....	103
GAMMAGARD S-D.....	104
GAMMAPLEX.....	104
GAMUNEX-C.....	104
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.....	37
GAZYVA.....	41
gefitinib.....	37
gemcitabine hcl.....	32
gemfibrozil.....	73
gemmily.....	96
GEMTESA.....	91
generlac.....	86
gengraf.....	106
gentamicin sulfate.....	8,83,112
gentamicin sulfate in ns.....	8
GENVOYA.....	50
GEODON.....	46
GILENYA.....	78
GILOTRIF.....	37
glatiramer acetate.....	78
glatopa.....	78

GLEEVEC.....	37
GLEOSTINE.....	29
glimepiride.....	57
glipizide.....	57
glipizide er.....	57
glipizide xl.....	58
glipizide-metformin.....	58
GLUCAGEN.....	60
glucagon emergency kit.....	60
glucose in water.....	85
GLUCOTROL XL.....	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

HADLIMA.....	106
HADLIMA PUSH TOUCH.....	106
HADLIMA(CF).....	106
HADLIMA(CF) PUSH TOUCH.....	106
HAEGARDA.....	103
hailey.....	96
hailey 24 fe.....	96
hailey fe.....	96
HALAVEN.....	32
HALDOL DECANOATE 100.....	45

HALDOL DECANOATE 50.....	45	HUMULIN 70/30 KWIKPEN.....	61
halobetasol propionate.....	81	HUMULIN N.....	61
haloette.....	96	HUMULIN N KWIKPEN.....	61
haloperidol.....	45	HUMULIN R.....	61
haloperidol decanoate.....	45	HUMULIN R U-500.....	61
haloperidol decanoate 100.....	45	HUMULIN R U-500 KWIKPEN.....	61
haloperidol lactate.....	45	hydralazine hcl.....	75
HARVONI.....	55	HYDREA.....	31
HAVRIX.....	108	hydrochlorothiazide.....	73
heather.....	101	hydrocodone bitartrate er.....	4
HEMADY.....	92	hydrocodone-acetaminophen.....	5
heparin sodium.....	63	hydrocodone-ibuprofen.....	5
heparin sodium-d5w.....	63	hydrocortisone.....	81,93,110
HEPLISAV-B.....	108	hydrocortisone butyrate.....	81
HERCEPTIN.....	41	hydrocortisone valerate.....	81
HERCEPTIN HYLECTA.....	41	hydrocortisone-acetic acid.....	115
HERZUMA.....	41	hydromorphone hcl.....	5
HETLIOZ.....	120	hydroxychloroquine sulfate.....	43
HIBERIX.....	108	hydroxyprogesterone caproate.....	101
hidex.....	93	hydroxyurea.....	31
HUMALOG.....	61	hydroxyzine hcl.....	56
HUMALOG JUNIOR KWIKPEN.....	61	hydroxyzine pamoate.....	56
HUMALOG KWIKPEN U-100.....	61	HYZAAR.....	71
HUMALOG KWIKPEN U-200.....	61		
HUMALOG MIX 50-50.....	61		
HUMALOG MIX 50-50 KWIKPEN.....	61	ibandronate sodium.....	110,111
HUMALOG MIX 75-25.....	61	IBRANCE.....	37
HUMALOG MIX 75-25 KWIKPEN.....	61	ibu.....	3
HUMALOG TEMPO PEN U-100.....	61	ibuprofen.....	3
HUMATIN.....	8	icatibant.....	103
HUMIRA.....	106	iclevia.....	96
HUMIRA PEN.....	106	ICLUSIG.....	37
HUMIRA PEN CROHN'S-UC-HS.....	106	icosapent ethyl.....	75
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	106	idarubicin hcl.....	32
HUMIRA(CF).....	106	IDHIFA.....	37
HUMIRA(CF) PEDIATRIC CROHN'S.....	106	IFEX.....	32
HUMIRA(CF) PEN.....	106	ifosfamide.....	33
HUMIRA(CF) PEN CROHN'S-UC-HS.....	106	ILARIS.....	104
HUMIRA(CF) PEN PEDIATRIC UC.....	106	ILEVRO.....	113
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	106	imatinib mesylate.....	37
HUMULIN 70-30.....	61	IMBRUVICA.....	37

IMFINZI	41	ipratropium bromide	116
imipenem-cilastatin sodium	12	ipratropium-albuterol	119
imipramine hcl	24	irbesartan	66
imiquimod	82	irbesartan-hydrochlorothiazide	71
IMITREX	27	IRESSA	37
IMLYGIC	33	irinotecan hcl	35
IMOVAX RABIES VACCINE	108	ISENTRESS	50
IMPAVIDO	9	ISENTRESS HD	50
IMURAN	106	isibloom	97
INBRIJA	45	isoniazid	28
incassia	101	isopropyl alcohol 0.7 ml/ml medicated pad	58
INCRELEX	93	ISORDIL TITRADOSE	75
INCRUSE ELLIPTA	116	isosorbide dinitrate	75
indapamide	73	isosorbide mononitrate	75
INDERAL LA	68	isosorbide mononitrate er	75
INDERAL XL	68	isotretinoin	80
indomethacin	3	isradipine	69
INFANRIX DTAP	108	ISTALOL	114
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	33	IXCHIQ	108
INREBIC	37	IXEMPRA	33
INSPRA	73	IXIARO	108
insulin pen needle	61		
insulin syringe (disp) u-100 0.3 ml	61	J	
insulin syringe (disp) u-100 1 ml	61	JADENU	85
insulin syringe (disp) u-100 1/2 ml	61	JADENU SPRINKLE	85
insulin syringe u-500	61	jaimiess	97
INTELENCE	51	JAKAFI	37
INTRALIPID	85	jantoven	63
INTRON A	105	JANUMET	58
introvale	97	JANUMET XR	58
INVANZ	12	JANUVIA	58
INVEGA	47	JARDIANCE	58
INVEGA HAFYERA	47	jasmiel	97
INVEGA SUSTENNA	47	javygtor	90
INVEGA TRINZA	47	JAYPIRCA	37
INVELTYS	113	JEMPERLI	41
IPOL	108	jencycla	101

JENTADUETO	58	KLOR-CON 8	84
JENTADUETO XR	58,59	klor-con m10	84
JEVTANA	37	KLOR-CON M15	84
jolessa	97	klor-con m20	84
juleber	97	KLOXXADO	7
JULUCA	51	KOMBIGLYZE XR	59
junel	97	KORLYM	102
junel fe	97	KOSELUGO	37
junel fe 24	97	kourzeq	79
JUXTAPID	75	KRAZATI	37
JYNNEOS	108	kurvelo	97
JYNNEOS (NATIONAL STOCKPILE)	108	KUVAN	90
		KYPROLIS	37
K			
KADCYLA	41	L	
kaitlib fe	97	labetalol hcl	68
KALETRA	53	lacosamide	19
kalliga	97	LACRISERT	112
KALYDECO	117	lactated ringers	84
KANJINTI	41	lactulose	87
kariva	97	LAGEVRIO (COMMERCIAL)	119
kcl-d5w-0.2% nacl	84	LAGEVRIO (USG DIST.)	119
kcl-d5w-0.225% nacl	84	LAMICTAL	15
kcl-d5w-0.45% nacl	84	LAMICTAL (BLUE)	15
kelnor 1-35	97	lamivudine	52,55
kelnor 1-50	97	lamivudine hbv	55
kemoplat	33	lamivudine-zidovudine	52
KEPIVANCE	79	lamotrigine	16
KEPPRA	15	lamotrigine (blue)	16
KERENDIA	73	lamotrigine er	16
KESIMPTA PEN	78	LANOXIN	71
ketoconazole	26	lansoprazole	89
ketorolac tromethamine	113	lanthanum carbonate	86
KEYTRUDA	41	LANTUS	61
KINERET	104	LANTUS SOLOSTAR	61
KINRIX	108	lapatinib	38
KISQALI	37	larin	97
KISQALI FEMARA CO-PACK	33	larin 24 fe	97
KLARON	80	larin fe	97
klayesta	26	larissia	97
KLOR-CON 10	84	LASIX	73

latanoprost.....	114	lidocaine hcl viscous.....	6
LATUDA.....	47	lidocaine-prilocaine.....	6
LAYOLIS FE.....	97	LIDOCAN II.....	6
ledipasvir-sofosbuvir.....	55	lidocan iii.....	6
leena.....	97	LIDODERM.....	6
leflunomide.....	106	LILETTA.....	92
lenalidomide.....	30	lillow.....	97
LENVIMA.....	38	lindane.....	82
lessina.....	97	linezolid.....	9
LETAIRIS.....	118	linezolid-0.9% nacl.....	9
letrozole.....	34	linezolid-d5w.....	9
leucovorin calcium.....	33	LINZESS.....	87
LEUKERAN.....	29	liothyronine sodium.....	102
LEUKINE.....	64	LIPITOR.....	74
leuprolide acetate.....	102	lisdexamfetamine dimesylate.....	76
leuprolide depot.....	102	lisinopril.....	67
levetiracetam.....	16	lisinopril-hydrochlorothiazide.....	71
levetiracetam er.....	16	lithium carbonate.....	57
levetiracetam-nacl.....	16	lithium carbonate er.....	57
LEVO-T.....	102	lithium citrate.....	57
levobunolol hcl.....	114	LITHOBID.....	57
levocarnitine.....	90	lo-zumandimine.....	97
levocarnitine sf.....	90	LOCOID LIPOCREAM.....	81
levocetirizine dihydrochloride.....	116	LOESTRIN.....	97
levofloxacin.....	14	LOESTRIN FE.....	98
levofloxacin-d5w.....	14	lojaimiess.....	98
levonest.....	97	LONSURF.....	33
levonorg-eth estrad eth estrad.....	97	loperamide.....	87
levonorgestrel-eth estradiol.....	97	LOPID.....	74
levora-28.....	97	lopinavir-ritonavir.....	54
levorphanol tartrate.....	4	LOPRESSOR.....	68
levothyroxine sodium.....	102	LOPROX.....	26
LEVOXYL.....	102	lorazepam.....	56
LEXAPRO.....	22	lorazepam intensol.....	56
LEXIVA.....	54	LORBRENA.....	38
LIALDA.....	109	loryna.....	98
LIBERVANT.....	17	losartan potassium.....	66
LIBTAYO.....	42	losartan-hydrochlorothiazide.....	71
lidocaine.....	6	LOSEASONIQUE.....	98
lidocaine hcl.....	6,67	LOTENSIN.....	67
lidocaine hcl laryngotracheal 4% solution.....	6	LOTENSIN HCT.....	71

LOTRONEX.....	87	MAXALT.....	28
lovastatin.....	74	MAXALT MLT.....	28
LOVAZA.....	75	MAXITROL.....	112
LOVENOX.....	63	MAXZIDE.....	72
low-ogestrel.....	98	MAXZIDE-25 MG.....	72
loxapine.....	45	MAYZENT.....	78
lubiprostone.....	87	meclizine hcl.....	24
LUMAKRAS.....	38	MEDROL.....	93
LUMIGAN.....	114	medroxyprogesterone acetate.....	101
LUMIZYME.....	90	mefloquine hcl.....	44
LUMOXITI.....	42	megestrol acetate.....	101
LUMRYZ.....	120	MEKINIST.....	38
LUPRON DEPOT.....	102	MEKTOVI.....	38
LUPRON DEPOT (LUPANETA).....	102	meloxicam.....	3
LUPRON DEPOT-PED.....	102	melphalan hcl.....	29
lurasidone hcl.....	47	memantine hcl.....	20
lutea.....	98	memantine hcl er.....	20
LYBALVI.....	47	MENACTRA.....	108
lyleq.....	101	MENEST.....	94
lyllana.....	94	MENQUADFI.....	108
LYNPARZA.....	38	MENVEO A-C-Y-W-135-DIP.....	108
LYRICA.....	16,17	mercaptapurine.....	31
LYSODREN.....	102	meropenem.....	12
LYTGOBI.....	38	meropenem-0.9% nacl.....	12
LYUMJEV.....	61	merzee.....	98
LYUMJEV KWIKPEN U-100.....	61	mesalamine.....	109
LYUMJEV KWIKPEN U-200.....	61	mesalamine dr.....	109
LYUMJEV TEMPO PEN U-100.....	62	mesalamine er.....	109
lyza.....	101	mesna.....	43
M			
M-M-R II VACCINE.....	108	MESNEX.....	43
magnesium sulfate.....	84	MESTINON.....	28
MALARONE.....	43	metformin hcl.....	59
malathion.....	83	metformin hcl er.....	59
maraviroc.....	53	methadone hcl.....	4
MARGENZA.....	42	methazolamide.....	72
marlissa.....	98	methenamine hippurate.....	9
MARPLAN.....	21	methimazole.....	103
MATULANE.....	29	methocarbamol.....	119
matzim la.....	70	methotrexate.....	106
		methotrexate sodium.....	106
		methoxsalen.....	82

methscopolamine bromide	87	modafinil	120
methsuximide	17	moexipril hcl	67
methylergonovine maleate	92	molindone hcl	45
methylphenidate er	77	mometasone furoate	81,115
methylphenidate hcl	77	mondoxyne nl	14
methylprednisolone	93	MONJUVI	42
methylprednisolone sodium succ	93	mono-lynyah	98
methyltestosterone	94	montelukast sodium	116
metoclopramide hcl	88	morphine sulfate	5
metolazone	73	morphine sulfate er	4
metoprolol succinate	68	MOUNJARO	59
metoprolol tartrate	68	MOVANTIK	87
metoprolol-hydrochlorothiazide	72	MOVIPREP	88
METRO IV	9	MOXEZA	112
METROCREAM	83	moxifloxacin	14,112
METROGEL	83	moxifloxacin hcl	14
METROLOTION	83	MOZOBIL	64
metronidazole	9,83	MULTAQ	67
metyrosine	72	mupirocin	83
mexiletine hcl	67	MUTAMYCIN	33
MIACALCIN	111	MVASI	42
micafungin	26	MYALEPT	88
MICARDIS	66	MYCOBUTIN	28
MICARDIS HCT	72	mycophenolate mofetil	106
microgestin	98	mycophenolic acid	106
microgestin 24 fe	98	MYFORTIC	106
microgestin fe	98	MYLOTARG	42
midodrine hcl	65	myorisan	80
mifepristone	102	MYRBETRIQ	91
miglustat	90	MYSOLINE	17
MIGRANAL	27		
mili	98	N	
mimvey	98	nabumetone	3
MINIPRESS	65	nadolol	68
minocycline hcl	14	nafcillin	12
minoxidil	75	nafcillin sodium	12
MIRCETTE	98	NAGLAZYME	90
mirtazapine	21	naloxone hcl	7
misoprostol	88	naltrexone hcl	7
mitomycin	33	NAMENDA	20
mitoxantrone hcl	33	naproxen	3

naproxen sodium	3,4	nimodipine	69
naratriptan hcl	28	NINLARO	33
NARCAN	7	NIPENT	33
NARDIL	21	nisoldipine	69
NATACYN	112	nitazoxanide	44
nateglinide	59	nitisinone	90
NATPARA	111	NITRO-BID	76
NAYZILAM	17	nitrofurantoin	9
nebivolol hcl	68	nitrofurantoin mono-macro	9
NEBUPENT	44	nitroglycerin	76
necon	98	nitroglycerin patch	76
needles, insulin disp., safety	62	NITROLINGUAL	76
nefazodone hcl	22	NITROSTAT	76
nelarabine	33	NIVESTYM	64
neo-polycin	112	nizatidine	88
neo-polycin hc	112	nora-be	101
neomycin sulfate	8	norethin-eth estra-ferrous fum	98
neomycin-bacitracin-poly-hc	112	norethindron-ethinyl estradiol	98
neomycin-bacitracin-polymyxin	112	norethindrone	101
neomycin-polymyxin b	9	norethindrone ac (lupaneta)	101
neomycin-polymyxin-dexameth	112	norethindrone acetate	101
neomycin-polymyxin-gramicidin	112	norethindrone-e.estradiol-iron	98
neomycin-polymyxin-hc	115	norgestimate-ethinyl estradiol	98
neomycin-polymyxin-hydrocort	115	norlyda	101
NEORAL	107	NORPRAMIN	24
NERLYNX	38	NORTHERA	65
NEUPRO	44	nortrel	98
NEURONTIN	17,18	nortriptyline hcl	24
nevirapine	51	NORVASC	69
nevirapine er	51	NORVIR	54
NEXAVAR	38	novopen echo	62
NEXIUM	89	NOXAFIL	26
NEXIUM I.V.	89	NUBEQA	30
niacin er	75	NUEDEXTA	78
nicardipine hcl	69	NULOJIX	104
NICOTROL	7	NULYTELY	88
NICOTROL NS	7	NUPLAZID	47
nifedipine er	69	NURTEC ODT	27
nikki	98	NUTRILIPID	85
NILANDRON	30	NUVARING	98
nilutamide	30	NUVIGIL	120

NUZYRA.....	14	ondansetron hcl.....	25
nyamyc.....	26	ondansetron odt.....	25
nylia.....	98	ONFI.....	18
nymyo.....	98	ONGLYZA.....	59
nystatin.....	26	ONIVYDE.....	35
nystatin-triamcinolone.....	82	ONTRUZANT.....	42
nystop.....	26	ONUREG.....	33
		OPDIVO.....	42
O		OPSUMIT.....	118
OCALIVA.....	88	ORACEA.....	80
ocella.....	98	ORALAIR.....	119
octreotide acetate.....	102,103	oralone.....	79
OCUFLOX.....	112	ORENCIA.....	104
ODEFSEY.....	52	ORENCIA CLICKJECT.....	104
ODOMZO.....	38	ORFADIN.....	90
OFEV.....	118	ORGOVYX.....	103
ofloxacin.....	14,112,115	ORKAMBI.....	117
OGIVRI.....	42	ORSERDU.....	30,31
OGSIVEO.....	38	orsythia.....	98
OJEMDA.....	38	oseltamivir phosphate.....	55
OJJAARA.....	38	OTEZLA.....	82
olanzapine.....	47	OVIDE.....	83
olanzapine odt.....	47	oxaliplatin.....	33
olmesartan medoxomil.....	66	oxaprozin.....	4
olmesartan-amlodipine-hctz.....	72	oxazepam.....	57
olmesartan-hydrochlorothiazide.....	72	oxcarbazepine.....	19
olopatadine hcl.....	113,116	oxybutynin chloride.....	91
omega-3 acid ethyl esters.....	75	oxybutynin chloride er.....	91
omeprazole.....	89	oxycodone hcl.....	6
omnipod 5 g6 intro kit (gen 5).....	62	oxycodone-acetaminophen.....	6
omnipod 5 g6 pods (gen 5).....	62	OZEMPIC.....	59
omnipod 5 g6-g7 intro kt(gen5).....	62		
omnipod 5 g6-g7 pods (gen 5).....	62	P	
omnipod classic pdm kit(gen 3).....	62	pacerone.....	67
omnipod classic pods (gen 3).....	62	paclitaxel.....	33
omnipod dash intro kit (gen 4).....	62	PADCEV.....	42
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.....	43
ONCASPAR.....	33	pantoprazole sodium.....	89

paraplatin.....	33	PHENYTEK.....	19
paricalcitol.....	111	phenytoin.....	19
PARNATE.....	21	phenytoin sodium extended.....	19
paromomycin sulfate.....	8	PHESGO.....	42
paroxetine cr.....	22	philith.....	99
paroxetine er.....	23	PIFELTRO.....	51
paroxetine hcl.....	23	pilocarpine hcl.....	79,114
PAXIL.....	23	pimecrolimus.....	81
PAXLOVID.....	119	pimozide.....	45
pazopanib hcl.....	38	pimtrea.....	99
PEDIARIX.....	108	pindolol.....	69
PEDVAXHIB.....	108	pioglitazone hcl.....	59
peg 3350-electrolyte.....	88	pioglitazone-glimepiride.....	59
peg-3350 and electrolytes.....	88	pioglitazone-metformin.....	59
peg3350-sod sul-nacl-kcl-asb-c.....	88	piperacillin-tazobactam.....	12
PEGASYS.....	105	PIQRAY.....	39
PEMAZYRE.....	38	pirfenidone.....	118
pemetrexed.....	34	pirmella.....	99
pemetrexed disodium.....	34	piroxicam.....	4
PENBRAYA.....	108	PLAQUENIL.....	44
penicillamine.....	92	PLAVIX.....	65
penicillin g potassium.....	12	PLEGRIDY.....	78
penicillin g sodium.....	12	PLEGRIDY PEN.....	79
penicillin gk-iso-osm dextrose.....	12	plerixafor.....	64
penicillin v potassium.....	12	podofilox.....	82
PENTACEL.....	108	POLIVY.....	42
PENTAM 300.....	44	polycin.....	112
pentamidine isethionate.....	44	polymyxin b sul-trimethoprim.....	112
PENTASA.....	109	POMALYST.....	30
pentoxifylline.....	72	portia.....	99
perindopril erbumine.....	67	PORTRAZZA.....	42
perio gard.....	79	posaconazole.....	26
PERJETA.....	42	potassium chloride.....	84
permethrin.....	83	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.....	66	pramipexole dihydrochloride.....	44

prasugrel hcl	65	progesterone	101
pravastatin sodium	74	PROGLYCEM	60
praziquantel	43	PROGRAF	107
prazosin hcl	66	PROLASTIN C	90
PRED FORTE	113	PROLENSA	114
PRED MILD	113	PROLIA	111
prednicarbate	81	PROMACTA	64
prednisolone	93	promethazine hcl	24
prednisolone acetate	113	promethegan	24
prednisolone sodium phosphate	93,113	propafenone hcl	67
prednisone	93	propafenone hcl er	67
pregabalin	17	propranolol hcl	69
PREGNYL	93	propranolol hcl er	69
PREHEVBRIO	108	propylthiouracil	103
PREMARIN	95	PROQUAD	108
PREMPHASE	99	PROSCAR	92
PREMPRO	99	PROTONIX	89
PREVACID	89	protriptyline hcl	24
prevalite	75	PROVERA	101
previfem	99	PROZAC	23
PREVYMIS	54	PRUDOXIN	81
PREZCOBIX	54	PULMOZYME	117
PREZISTA	54	PURIXAN	31
PRIFTIN	29	PYLERA	88
primaquine	44	pyrazinamide	29
primidone	18	pyridostigmine bromide	28
PRIORIX	108	pyridostigmine bromide er	28
PRISTIQ	23	pyrimethamine	44
PROAIR HFA	117		
PROAIR RESPICLICK	117	Q	
probenecid	27	QINLOCK	39
probenecid-colchicine	27	QUADRACEL DTAP-IPV	108
PROCARDIA XL	69	quetiapine fumarate	48
prochlorperazine	24	quetiapine fumarate er	48
prochlorperazine edisylate	24	quinapril hcl	67
prochlorperazine maleate	24	quinapril-hydrochlorothiazide	72
PROCRIPT	64	quinidine gluconate	67
procto-med hc	110	quinidine sulfate	68
procto-pak	110	quinine sulfate	44
proctosol-hc	110	QVAR REDIHALER	115
proctozone-hc	110		

R

RABAVERT	108	RIDAURA	104
rabeprazole sodium	89	rifabutin	28
raloxifene hcl	101	RIFADIN	29
ramelteon	120	rifampin	29
ramipril	67	riluzole	78
ranolazine er	72	RINVOQ	104
RAPAFLO	92	risedronate sodium	111
RAPAMUNE	107	risedronate sodium dr	111
rasagiline mesylate	45	RISPERDAL	48
reclipsen	99	RISPERDAL CONSTA	48
RECOMBIVAX HB	108	risperidone	48
RECTIV	76	risperidone er	48
REGLAN	88	risperidone odt	48
REGRANEX	82	RITALIN	77
RELAFEN	4	ritonavir	54
RELENZA	55	RITUXAN	42
RELISTOR	87	RITUXAN HYCELA	42
REMERON	21	rivastigmine	20
REMODULIN	118	rizatRIPTAN	28
RENFLEXIS	107	ROCALTROL	111
REVELA	86	ROCKLATAN	114
repaglinide	59	roflumilast	117
REPATHA PUSHTRONEX	75	romidepsin	34
REPATHA SURECLICK	75	ropinirole er	44
REPATHA SYRINGE	75	ropinirole hcl	44
RESTASIS	112	rosadan	83
RESTASIS MULTIDOSE	112	rosuvastatin calcium	74
RETACRIT	64	ROTARIX	108
RETEVMO	39	ROTATEQ	108
RETIN-A	80	ROWASA	110
RETROVIR	52	roweepra	16
REVCOVI	90	ROXICODONE	6
REVLIMID	30	ROZEREM	120
REXULTI	48	ROZLYTREK	39
REYATAZ	54	RUBRACA	39
REZLIDHIA	39	rufinamide	19
RHOPRESSA	114	RUKOBIA	53
RIABNI	42	RUXIENCE	42
ribavirin	55,119	RYBELSUS	59
		RYBREVANT	42
		RYDAPT	39

RYLAZE.....	34	SIMBRINZA.....	114
RYTARY.....	45	simliya.....	99
RYTHMOL SR.....	68	simpesse.....	99
S		SIMULECT.....	107
SABRIL.....	18	simvastatin.....	74
sajazir.....	103	SINEMET 10-100.....	45
SALAGEN.....	79	SINEMET 25-100.....	45
SAMSCA.....	85	SINGULAIR.....	116
SANDIMMUNE.....	107	sirolimus.....	107
SANDOSTATIN LAR DEPOT.....	103	SIRTURO.....	29
SANTYL.....	82	SIVEXTRO.....	9
SAPHRIS.....	48	SKYLA.....	92
sapropterin dihydrochloride.....	90	SKYRIZI.....	104
SARCLISA.....	42	SKYRIZI ON-BODY.....	104
saxagliptin hcl.....	59	SKYRIZI PEN.....	104
saxagliptin-metformin er.....	59	sod sulf-potass sulf-mag sulf.....	88
SCEMBLIX.....	39	sodium chloride.....	85
scopolamine.....	25	sodium chloride-water.....	85
SEASONIQUE.....	99	sodium oxybate.....	120
SECUADO.....	48	sodium phenylbutyrate.....	90
selegiline hcl.....	45	sodium polystyrene sulfonate.....	86
selenium sulfide.....	81	sofosbuvir-velpatasvir.....	55
SELZENTRY.....	53	solifenacin succinate.....	91
SENSIPAR.....	111	SOLQUA 100-33.....	59
SEREVENT DISKUS.....	117	SOLTAMOX.....	31
SEROQUEL.....	48	SOLU-MEDROL.....	93
SEROQUEL XR.....	49	SOMATULINE DEPOT.....	103
sertraline hcl.....	23	SOMAVERT.....	103
setlakin.....	99	SOOLANTRA.....	83
sevelamer carbonate.....	86	sorafenib.....	39
SFROWASA.....	110	sorine.....	68
sharobel.....	101	sotalol.....	68
SHINGRIX.....	108	sotalol af.....	68
SIGNIFOR.....	103	SOVALDI.....	55
SIGNIFOR LAR.....	103	SPIRIVA HANDIHALER.....	116
sildenafil citrate.....	118	SPIRIVA RESPIMAT.....	116
SILENOR.....	120	spironolactone.....	73
silodosin.....	92	spironolactone-hctz.....	72
SILVADENE.....	82	SPORANOX.....	26
silver sulfadiazine.....	82	SPRAVATO.....	21
		sprintec.....	99

SPRITAM.....	16	SYMPAZAN.....	18
SPRYCEL.....	39	SYMTUZA.....	54
SPS.....	86	SYNAGIS.....	104
sronyx.....	99	SYNAREL.....	103
SSD.....	82	SYNERCID.....	9
STAMARIL.....	108	SYNJARDY.....	60
stavudine.....	52	SYNJARDY XR.....	60
STELARA.....	104	SYNRIBO.....	34
STIOLTO RESPIMAT.....	119	SYNTHROID.....	102
STIVARGA.....	39	SYPRINE.....	85
STRATTERA.....	77		
STRENSIQ.....	90	T	
streptomycin sulfate.....	8	TABLOID.....	31
STRIBILD.....	51	TABRECTA.....	39
STROMECTOL.....	43	tacrolimus.....	82,107
SUBLOCADE.....	7	tadalafil.....	118
SUBOXONE.....	7	TAFINLAR.....	39
subvenite.....	16	TAGRISSO.....	39
subvenite (blue).....	16	TALZENNA.....	39
sucralfate.....	88	TAMIFLU.....	55
SULAR.....	69	tamoxifen citrate.....	31
sulfacetamide sodium.....	80,113	tamsulosin hcl.....	92
sulfacetamide-prednisolone.....	112	taperdex.....	93
sulfadiazine.....	14	TARCEVA.....	40
sulfamethoxazole-trimethoprim.....	14	TARGRETIN.....	43
sulfasalazine.....	110	tarina 24 fe.....	99
sulfasalazine dr.....	110	tarina fe.....	99
sulindac.....	4	tarina fe 1-20 eq.....	99
sumatriptan.....	28	TASIGNA.....	40
sumatriptan succinate.....	28	tasimelteon.....	120
sunitinib malate.....	39	TASMAR.....	44
SUNLENCA.....	53	taysofy.....	100
SUPRAX.....	11	tazarotene.....	80
SUPREP.....	88	tazicef.....	11
SUTAB.....	88	TAZORAC.....	80
SUTENT.....	39	taztia xt.....	70
syeda.....	99	TAZVERIK.....	40
SYMFI.....	51	TDVAX.....	109
SYMFI LO.....	51	TECENTRIQ.....	42
SYMLINPEN 120.....	59	TECFIDERA.....	79
SYMLINPEN 60.....	60	TEFLARO.....	11

TEGRETOL.....	19	tilia fe.....	99
TEGRETOL XR.....	19	timolol maleate.....	69,114
TEKTURNA.....	72	TIMOPTIC.....	114
telmisartan.....	66	TIMOPTIC OCUDOSE.....	114
telmisartan-amlodipine.....	72	TIROSINT.....	102
telmisartan-hydrochlorothiazid.....	72	TIROSINT-SOL.....	102
temazepam.....	120	TIVICAY.....	51
TEMODAR.....	29	TIVICAY PD.....	51
temsirolimus.....	40	tizanidine hcl.....	50
tencon.....	2	TOBRADEX.....	112
TENIVAC.....	109	tobramycin.....	113,117
tenofovir disoproxil fumarate.....	52	tobramycin sulfate.....	8
TENORETIC 100.....	72	tobramycin-dexamethasone.....	112
TENORETIC 50.....	72	tolcapone.....	44
TENORMIN.....	69	tolterodine tartrate.....	91
TEPMETKO.....	40	tolterodine tartrate er.....	91
terazosin hcl.....	66	tolvaptan.....	85
terbinafine hcl.....	26	topiramate.....	16
terbutaline sulfate.....	117	toposar.....	35
terconazole.....	26	topotecan hcl.....	35
teriparatide.....	111	TOPROL XL.....	69
testosterone.....	94	toremifene citrate.....	31
testosterone cypionate.....	94	TORISEL.....	40
testosterone enanthate.....	94	toremide.....	73
tetrabenazine.....	78	TOUJEO MAX SOLOSTAR.....	62
tetracycline hcl.....	15	TOUJEO SOLOSTAR.....	62
THALOMID.....	30	TOVIAZ.....	91
THEO-24.....	117	TRACLEER.....	118
theophylline anhydrous.....	118	TRADJENTA.....	60
theophylline er.....	118	tramadol hcl.....	6
thioridazine hcl.....	46	tramadol hcl er.....	4
thiotepa.....	34	tramadol hcl-acetaminophen.....	6
thiothixene.....	46	trandolapril.....	67
THYMOGLOBULIN.....	104	trandolapril-verapamil er.....	72
tiadylt er.....	70	tranexamic acid.....	65
tiagabine hcl.....	18	tranylcypromine sulfate.....	21
TIAZAC.....	70	TRAVASOL.....	85
TIBSOVO.....	40	TRAVATAN Z.....	114
TICOVAC.....	109	travoprost.....	115
tigecycline.....	9	TRAZIMERA.....	42
TIKOSYN.....	68	trazodone hcl.....	23

TREANDA.....	34	TROPHAMINE.....	86
TRECATOR.....	29	trospium chloride.....	91
TRELEGY ELLIPTA.....	119	trospium chloride er.....	91
TRELSTAR.....	103	TRULICITY.....	60
TREMFYA.....	105	TRUMENBA.....	109
treprostinil.....	118	TRUQAP.....	40
tretinoin.....	43,80	TRUVADA.....	52
tri femynor.....	99	TRUXIMA.....	42
tri-estarylla.....	99	TUKYSA.....	40
tri-legest fe.....	99	tulana.....	101
tri-linyah.....	99	TURALIO.....	40
tri-lo-estarylla.....	99	turqoz.....	100
tri-lo-marzia.....	99	TWINRIX.....	109
tri-lo-mili.....	99	TYBLUME.....	100
tri-lo-sprintec.....	99	TYBOST.....	53
tri-mili.....	99	tydemy.....	100
tri-nymyo.....	99	TYGACIL.....	9
tri-previfem.....	99	TYKERB.....	40
tri-sprintec.....	100	TYMLOS.....	111
tri-vylibra.....	100	TYPHIM VI.....	109
tri-vylibra lo.....	100	TYSABRI.....	79
triamcinolone acetonide.....	79,82		
triamterene-hydrochlorothiazid.....	72	U	
TRIBENZOR.....	72	UBRELVY.....	27
triderm.....	82	UDENYCA.....	64
trientine hcl.....	85	UDENYCA AUTOINJECTOR.....	64
trifluoperazine hcl.....	46	UDENYCA ONBODY.....	65
trifluridine.....	113	UNITHROID.....	102
TRIKAFTA.....	117	UNITUXIN.....	42
triklo.....	75	ursodiol.....	88
TRILEPTAL.....	19	UZEDY.....	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.....	95
trivora-28.....	100	valacyclovir.....	56
TRIZIVIR.....	52	VALCHLOR.....	29
TRODELVY.....	42	VALCYTE.....	54
TROGARZO.....	53	valganciclovir hcl.....	54

valproate sodium	16	VFEND IV	26
valproic acid	16	vgo 20	62
valsartan	66	vgo 30	62
valsartan-hydrochlorothiazide	72	vgo 40	62
VALTOCO	18	VIBERZI	87
VALTREX	56	VIBRAMYCIN	15
vancomycin	9	VICTOZA 2-PAK	60
vancomycin hcl	10	VICTOZA 3-PAK	60
vancomycin hcl-0.9% nacl	10	vienva	100
vancomycin hcl-d5w	10	vigabatrin	18
VANDAZOLE	10	vigadrone	18
VANFLYTA	40	VIGAMOX	113
VAQTA	109	vigpoder	18
varenicline tartrate	7	VIIBRYD	23
VARIVAX VACCINE	109	vilazodone hcl	23
VASCEPA	75	VIMPAT	19
VASERETIC	72	vinblastine sulfate	34
VASOTEC	67	vincasar pfs	34
VECTIBIX	42	vincristine sulfate	34
VEGZELMA	42	vinorelbine tartrate	34
VELCADE	40	viorele	100
velivet	100	VIRACEPT	54
VELPHORO	86	VIREAD	52
VELTASSA	86	VITRAKVI	40
VENCLEXTA	40	VIVITROL	7
VENCLEXTA STARTING PACK	40	VIZIMPRO	40
venlafaxine besylate er	23	volnea	100
venlafaxine hcl	23	VONJO	40
venlafaxine hcl er	23	voriconazole	26
VENTAVIS	118	VOSEVI	55
VENTOLIN HFA	117	VOTRIENT	40
verapamil er	70	VPRIV	90
verapamil er pm	70	VRAYLAR	49
verapamil hcl	70	VUMERITY	79
verapamil sr	70	vyfemla	100
VERELAN	70	vylibra	100
VERELAN PM	70	VYNDAMAX	90
VERQUVO	72	VYNDAQEL	91
VERSACLOZ	50	VYTORIN	75
VERZENIO	40	VYVANSE	77
vestura	100	VYXEOS	34

W

warfarin sodium	63
water	85
WELIREG	34
WELLBUTRIN SR	21
WELLBUTRIN XL	21
wera	100
wixela inhub	119
wymzya fe	100

X

XALKORI	40
XARELTO	63,64
XATMEP	107
XCOPRI	16
XELJANZ	105
XELJANZ XR	105
XENAZINE	78
XERMELO	87
XGEVA	111
XHANCE	115
XIFAXAN	88
XIGDUO XR	60
XOFLUZA	55
XOLAIR	105
XOPENEX HFA	117
XOSPATA	41
XPOVIO	34
XTANDI	30
XYLOCAINE	6
XYLOCAINE-MPF	6

Y

yargesa	91
YASMIN 28	100
YAZ	100
YERVOY	42
YF-VAX	109
YONDELIS	29
YONSA	30

yuvafem	95
---------	----

Z

zafirlukast	116
zaleplon	120
ZALTRAP	30
ZANOSAR	34
zarah	100
ZARONTIN	17
ZEBUTAL	2
ZEJULA	41
ZELBORAF	41
ZEMPLAR	111
zenatane	80
ZENPEP	91
zenzedi	77
ZEPATIER	55
ZEPZELCA	29
ZESTORETIC	72
ZESTRIL	67
ZETIA	75
ZIAC	72
ZIAGEN	53
zidovudine	53
ZIEXTENZO	65
ziprasidone hcl	49
ziprasidone mesylate	49
ZIRABEV	42
ZITHROMAX	13
ZITHROMAX TRI-PAK	13
ZOCOR	74
ZOKINVY	91
zoledronic acid	111
ZOLINZA	34
zolmitriptan odt	28
ZOLOFT	23
zolpidem tartrate	120
ZONALON	82
ZONEGRAN	19
ZONISADE	19
zonisamide	20

ZONTIVITY.....	64
ZORTRESS.....	107
ZOSYN.....	12
zovia 1-35.....	100
ZOVIRAX.....	56
ZTALMY.....	18
ZTLIDO.....	7
zumandimine.....	100
ZURZUVAE.....	21
ZYDELIG.....	41
ZYKADIA.....	41
ZYLOPRIM.....	27
ZYNLONTA.....	43
ZYPREXA.....	49
ZYPREXA RELPREVV.....	49
ZYPREXA ZYDIS.....	49
ZYVOX.....	10

Retiree RxCare

Este formulario fue actualizado el 6/26/2024. Para obtener información más reciente u otros
Si tiene alguna pregunta, comuníquese con el Centro de atención al cliente de Retiree RxCare al
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>.

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