

Retiree RxCare

2024 Formulario de Cinco 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. 24416, Versión 10

Este formulario se actualizó el 23 de Abril de 2024. No hemos realizado cambios a este formulario Desde el 4/23/2024. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una lista o 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 Mayo 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 Mayo 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 Mayo 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 7. 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 115. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

Para más información

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

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

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

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 115.

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

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

Respetar los requisitos/límites

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

List of Covered Drugs

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
<i>butalbital-acetaminophen-caffe</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophn 50-325</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
<i>tencon</i>	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
<i>cataflam</i>	2	QL (120 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	2	QL (30 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
<i>diclofenac pot 50 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	2	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	2	
<i>diclofenac sodium er</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	2	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diclofenac-misoprost 50-0.2 mg</i>	2	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>ec-naproxen dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>etodolac (400 mg tablet, 500 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	2	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>etodolac er (400 mg tablet, 500 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	4	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	2	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>	2	
<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>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	2	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>	2	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>naproxen (500 mg kit, 500 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	2	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>naproxen dr 500 mg tablet</i>	2	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>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	2	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	2	QL (60 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	4	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	2	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>	2	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	5	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	2	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>	2	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	2	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	2	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>	3	
<i>butorphanol 10 mg/ml spray</i>	2	QL (48 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>butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)</i>	2	
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	2	QL (180 PER 30 DAYS)
DURAMORPH	2	PA
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	2	QL (360 PER 30 DAYS)
<i>endocet 10-325 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	5	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate oftc 200 mcg</i>	2	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	2	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	2	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>	2	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	2	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	4	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	2	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>hydromorphone hcl (2 mg/ml amp, 2 mg/ml carpuct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	2	PA
<i>morphine sulf 100 mg/5 ml conc</i>	2	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	2	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	2	QL (2700 PER 30 DAYS)
<i>morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate ir 15 mg tab</i>	4	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	4	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 2.5-325)</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen 7.5-325</i>	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XYLOCAINE 1% VIAL	4	
XYLOCAINE-MPF (AMPUL, VIAL)	4	
ZTLIDO	4	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</i>	2	QL (60 PER 30 DAYS)
<i>naltrexone 50 mg tablet</i>	2	
SUBLOCADE	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	3	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	3	QL (120 PER 30 DAYS)
VIVITROL	5	

Opioid Reversal Agents

KLOXXADO	4	
<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>	2	
NARCAN	4	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	2	
NICOTROL	4	
NICOTROL NS	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>varenicline tartrate</i>	2	

Antibacterials

Aminoglycosides

<i>amikacin sulfate</i>	2	
<i>gentamicin sulfate (ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	2	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	4	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	2	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	3	
<i>tobramycin 10 mg/ml vial</i>	3	
<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>	2	

Antibacterials, Other

AZACTAM	4	
<i>aztreonam</i>	2	
<i>chloramphenicol sod succinate</i>	3	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
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)	4	
CLEOCIN T 1% LOTION	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	4	
<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>	2	
<i>clindamycin phosphate-d5w</i>	2	
<i>clindamycin-0.9% nacl</i>	2	
<i>colistimethate</i>	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>daptomycin 500 mg vial</i>	2	
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
<i>linezolid (100 mg/5 ml susp, 600 mg tablet)</i>	2	PA
<i>linezolid-0.9% nacl</i>	2	
<i>linezolid-d5w</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	2	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	1	
<i>metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)</i>	2	
<i>neomycin-polymyxin b</i>	3	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-macro</i>	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
SYNERCID	5	
<i>tigecycline</i>	2	
<i>trimethoprim 100 mg tablet</i>	2	
TYGACIL	5	
<i>vancomycin 750 mg/150 ml bag</i>	4	

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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>	2	
<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>	4	
<i>vancomycin hcl 125 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	2	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>	4	
<i>vancomycin hcl-d5w</i>	4	
VANDAZOLE	3	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	5	PA
ZYVOX 200 MG/100 ML-D5W	5	
ZYVOX 600 MG/300 ML-D5W	4	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	2	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	2	
<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>	2	
<i>cefazolin sodium-dextrose (1 g/50, 2 g/50)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	2	
<i>cefepime</i>	2	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	2	
<i>cefepime-dextrose</i>	2	
<i>cefixime 400 mg capsule</i>	2	
<i>cefoxitin</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>cefoxitin sodium</i>	2	
<i>cefepodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	2	
<i>ceftazidime</i>	2	
<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, 500 mg vial)</i>	2	
<i>ceftriaxone 250 mg vial</i>	1	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	2	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	2	
<i>cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)</i>	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)	4	
<i>tazicel</i>	2	
TEFLARO 400 MG VIAL	4	
TEFLARO 600 MG VIAL	5	

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>	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>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>	2	
<i>ampicillin 500 mg capsule</i>	2	
<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>	2	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	2	
AUGMENTIN 500-125 TABLET	4	
BICILLIN L-A	4	
<i>dicloxacillin sodium</i>	2	
<i>nafcillin</i>	2	
<i>nafcillin sodium</i>	2	
<i>pen g k 2 million unit/50 ml</i>	3	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin gk-iso-osm dextrose (pen g k 1 million unit/50 ml, pen g k 3 million unit/50 ml)</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>	2	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	4	
<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>	2	
ZOSYN (2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG)	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Carbapenems		
<i>ertapenem</i>	2	
<i>imipenem-cilastatin 250 mg vl</i>	4	
<i>imipenem-cilastatin 500 mg vl</i>	2	
INVANZ	4	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	2	
<i>meropenem-0.9% nacl</i>	2	
Macrolides		
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)</i>	2	
<i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 1 gm pwd packet</i>	4	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	2	
<i>clarithromycin er</i>	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
<i>ery</i>	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE (500 MG ADDVAN VIAL, LACT 500 MG VIAL)	2	
ERYTHROCIN STEARATE	4	
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</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>erythromycin lactobionate</i>	2	
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)	4	
ZITHROMAX TRI-PAK	4	
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin hcl 100 mg tab</i>	4	
<i>ciprofloxacin-d5w</i>	2	
<i>levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)</i>	2	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>levofloxacin-d5w</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	2	
<i>ofloxacin 400 mg tablet</i>	2	
Sulfonamides		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim (20 ml cup, iv vial, susp)</i>	2	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	
Tetracyclines		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</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>doxy 100</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	2	
<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>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA (100 MG VIAL, 150 MG TABLET)	5	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	2	
VIBRAMYCIN 100 MG CAPSULE	4	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)</i>	2	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	2	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FINTEPLA	5	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)	3	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)	4	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	4	
LAMICTAL (BLUE)	4	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	2	
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<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>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)</i>	2	
<i>roweepra 500 mg tablet</i>	2	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	2	
<i>topiramate (15 mg cap, 25 mg cap)</i>	2	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproate sodium</i>	2	
<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>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	
XCOPRI 12.5-25 MG TITRATION PK	4	

Calcium Channel Modifying Agents

CELONTIN	4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	2	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
<i>methsuximide</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	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>	2	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	4	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel, 20 mg gel)</i>	2	QL (5 PER 30 DAYS)
<i>diazepam 2.5 mg rectal gel sys</i>	4	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>	2	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (135 PER 30 DAYS)
GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)	4	
GABITRIL 16 MG TABLET	5	
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	4	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	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>	2	
<i>phenobarbital sodium</i>	2	
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
<i>primidone 125 mg tablet</i>	4	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	4	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 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
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5	QL (180 PER 30 DAYS)
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	

Sodium Channel Agents

APTIOM	5	
BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)	5	
BANZEL 200 MG TABLET	4	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
DILANTIN	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<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>	2	
<i>lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	4	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	2	
PHENYTEK	2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rufinamide 200 mg tablet</i>	2	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)	4	
TRILEPTAL 300 MG/5 ML SUSP	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY	4	
ARICEPT (5 MG TABLET, 10 MG TABLET)	4	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	2	
EXELON	4	
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	4	
<i>rivastigmine</i>	2	

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>	2	PA
<i>memantine hcl er</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NAMENDA	4	PA

Antidepressants

Antidepressants, Other

AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tablet, 30 mg tablet, 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)	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	5	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	5	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	5	PA, QL (30 PER 30 DAYS)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MARPLAN	4	
NARDIL	4	
PARNATE	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	

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

CELEXA (10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	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>	2	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	2	QL (30 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	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>	2	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	4	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	2	QL (600 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>fluoxetine hcl 10 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	4	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	3	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	4	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	2	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	2	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	4	QL (60 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 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>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone 300 mg tablet</i>	2	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	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>	2	QL (90 PER 30 DAYS)
VIIBRYD	4	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<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>	2	
<i>imipramine hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</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
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	2	PA
<i>compro</i>	2	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	2	
<i>perphenazine</i>	2	PA
<i>prochlorperazine</i>	2	
<i>prochlorperazine 10 mg/2 ml vi</i>	2	
<i>prochlorperazine maleate</i>	2	
<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>	2	PA
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	2	PA
<i>scopolamine</i>	2	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	2	PA
<i>dronabinol</i>	2	PA
EMEND (80 MG CAPSULE, TRIPACK)	4	PA
<i>fosaprepitant dimeglumine</i>	2	
<i>granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)</i>	2	
<i>granisetron hcl 1 mg tablet</i>	2	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>	2	
<i>ondansetron odt</i>	2	
<i>palonosetron hcl</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antifungals		
AMBISOME	4	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
CANCIDAS	5	
<i>caspofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	2	
CRESEMBA	5	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
<i>econazole nitrate</i>	2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	2	
<i>fluconazole (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>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	
<i>griseofulvin 125 mg/5 ml susp</i>	2	
<i>griseofulvin micro 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	2	
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	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>micafungin 100 mg vial</i>	5	
<i>micafungin 50 mg vial</i>	2	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	5	PA
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
<i>nyamyc</i>	2	
<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>	2	
<i>nystop</i>	2	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	5	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
SPORANOX 100 MG CAPSULE	5	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>	2	
VFEND IV	4	PA
<i>voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)</i>	2	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<i>allopurinol sodium</i>	2	
ALOPRIM	4	
<i>colchicine 0.6 mg tablet</i>	2	
COLCRYS	4	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
ZYLOPRIM	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimigraine Agents		
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine 4 mg/ml spry</i>	5	PA, QL (8 PER 28 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
<i>ergotamine-caffeine</i>	2	
MIGRANAL	4	PA, QL (8 PER 28 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
IMITREX (5 MG SPRAY, 20 MG SPRAY)	4	QL (12 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	5	QL (6 PER 30 DAYS)
MAXALT	4	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	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>	2	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
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	2	
<i>pyridostigmine bromide er</i>	2	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	2	
MYCOBUTIN	5	
<i>rifabutin</i>	2	

Antituberculars

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antineoplastics		
Alkylating Agents		
<i>busulfan</i>	5	
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)	5	
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	2	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	3	PA
EVOMELA	5	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	4	
MATULANE	5	PA
<i>melphalan hcl</i>	5	
TEMODAR 100 MG VIAL	5	
VALCHLOR	5	
YONDELIS	5	PA
ZEPZELCA	5	PA
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	
<i>nilutamide</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)

Antiangiogenic Agents

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

Antiestrogens/Modifiers

EMCYT	5	
FARESTON	5	
FASLODEX	5	PA
<i>fulvestrant</i>	5	PA
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	

Antimetabolites

<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	2	PA
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FOLOTYN	5	PA
HYDREA	4	
<i>hydroxyurea</i>	2	
<i>mercaptopurine</i>	2	
PURIXAN	5	
TABLOID	5	

Antineoplastics, Other

ABRAXANE	5	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>	2	PA
<i>adriamycin 10 mg vial</i>	4	PA
ALIMTA	5	PA
ARRANON	5	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	2	
<i>arsenic trioxide 12 mg/6 ml vl</i>	5	
ASPARLAS	5	
<i>azacitidine</i>	5	
<i>bendamustine hcl (25 mg vial, 100 mg vial)</i>	5	
BENDEKA	5	
BICNU	4	
<i>bleomycin sulfate</i>	2	PA
BLINCYTO 35MCG VL W-STABILIZER	5	PA
<i>carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)</i>	2	
<i>carmustine 100 mg vial</i>	2	
<i>cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)</i>	2	
<i>cladribine</i>	5	PA
<i>clofarabine</i>	5	
CLOLAR	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COSMEGEN	5	
<i>cytarabine</i>	2	PA
<i>dacarbazine 100 mg vial</i>	4	
<i>dacarbazine 200 mg vial</i>	2	
<i>dactinomycin</i>	5	
<i>daunorubicin 20 mg/4 ml vial</i>	2	
<i>daunorubicin 50 mg/10 ml vial</i>	4	
<i>decitabine</i>	5	
<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>	5	
<i>doxorubicin 10 mg vial</i>	4	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>	2	PA
<i>doxorubicin hcl liposome</i>	5	PA
<i>fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)</i>	2	
<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>	2	
HALAVEN	5	PA
<i>idarubicin hcl</i>	5	
IFEX 3 GM VIAL	4	
<i>ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)</i>	2	
<i>ifosfamide 3 gm vial</i>	4	
IMLYGIC 1 MILLION PFU/ML VIAL	4	
IMLYGIC 100 MILLION PFU/ML VL	5	
INQOVI	5	PA, QL (5 PER 28 DAYS)
ISTODAX	5	PA
IXEMPRA	5	
<i>kemoplat</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
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	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>	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
<i>mitomycin (20 mg vial, 40 mg vial)</i>	5	
<i>mitomycin 5 mg vial</i>	2	
<i>mitoxantrone hcl</i>	2	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	5	
MUTAMYCIN 5 MG VIAL	2	
<i>nelarabine</i>	5	PA
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	
ONCASPAR	5	
ONUREG	5	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>	5	
<i>paclitaxel</i>	2	
<i>paraplatin</i>	2	
<i>pemetrexed (100 mg vial, 500 mg vial)</i>	5	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>	5	PA
<i>romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)</i>	5	PA
RYLAZE	5	
SYNRIBO	5	PA
<i>thiotepa</i>	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREANDA	5	
TRISENOX	5	
<i>vinblastine sulfate</i>	3	PA
<i>vincasar pfs</i>	4	PA
<i>vincristine sulfate</i>	4	PA
<i>vinorelbine tartrate</i>	2	
VYXEOS	5	PA
WELIREG	5	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZANOSAR	4	
ZOLINZA	5	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	4	
AROMASIN	5	
<i>exemestane</i>	2	
FEMARA	4	
<i>letrozole</i>	1	

Enzyme Inhibitors

ETOPOPHOS	4	
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	2	
<i>irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)</i>	2	
IWILFIN	5	PA, QL (240 PER 30 DAYS)
ONIVYDE	5	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>toposar</i>	2	
<i>topotecan hcl (4 mg vial, 4 mg/4 ml vial)</i>	2	

Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALIQOPA	5	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUGTYRO	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BELEODAQ	5	PA
<i>bortezomib (1 mg vial, 2.5 mg vial)</i>	4	PA
<i>bortezomib (3.5 mg iv vial, 3.5 mg vial)</i>	5	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)
CABOMETYX	5	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
CALQUENCE	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
CYRAMZA	5	PA
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FARYDAK	5	PA, QL (6 PER 21 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IBRANCE	5	PA, QL (21 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
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	2	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JEVTANA	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
KYPROLIS	5	PA
<i>lapatinib</i>	5	PA, QL (180 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	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
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO	5	PA, QL (180 PER 30 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, 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
SCSEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCSEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	5	
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
TORISEL	5	
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, 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
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VELCADE	5	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	5	PA
ALYMSYS	5	PA
ARZERRA	5	PA
AVASTIN	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BAVENCIO	5	PA
BESPONSA	5	PA
BLNREP	5	PA
DANYELZA	5	PA
DARZALEX	5	PA
DARZALEX FASPRO	5	PA
EMPLICITI	5	PA
ENHERTU	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA
HERZUMA	5	PA
IMFINZI	5	PA
JEMPERLI	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
MYLOTARG	5	PA
OGIVRI	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
PADCEV	5	PA
PERJETA	5	PA
PHESGO	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
POLIVY	5	PA
PORTRAZZA	5	PA
POTELIGEO	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
TRUXIMA	5	PA
UNITUXIN	5	PA
VECTIBIX	5	PA
VEGZELMA	5	PA
YERVOY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA

Retinoids

<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA
PANRETIN	5	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	PA
<i>tretinoin 10 mg capsule</i>	5	PA

Treatment Adjuncts

COSELA	5	
<i>dexrazoxane</i>	5	
ELITEK	5	
<i>mesna</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
MESNEX 400 MG TABLET	5	

Antiparasitics

Anthelmintics

<i>albendazole 200 mg tablet</i>	2	
<i>benznidazole</i>	4	
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMEKTOL	4	PA

Antiprotozoals

<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine 200 mg tab</i>	2	
MALARONE	4	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	PA
<i>nitazoxanide 500 mg tablet</i>	2	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine 300 mg inhal powdr</i>	2	PA
<i>pentamidine 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	PA
<i>quinine sulfate</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
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>	2	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	PA
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
<i>entacapone</i>	2	
TASMAR	5	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET 10-100	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SINEMET 25-100	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	4	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine 2.5 mg/ml vial</i>	4	PA
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	3	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA
<i>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	4	PA, QL (45 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
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	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)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine (7.5 mg tablet, 10 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	4	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	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>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	2	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>	2	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	QL (28 PER 28 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	4	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine (25 mg tablet, 50 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	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
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	5	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	5	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	5	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	5	QL (6 PER 28 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	3	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 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
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>etravirine 200 mg tablet</i>	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	4	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disoproxil fumarate (100-150mg, 133-200mg, 167-250mg)</i>	5	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>emtricitabine-tenofv 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
<i>stavudine</i>	3	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRIZIVIR	5	QL (60 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	4	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 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
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TROGARZO	5	QL (18.62 PER 28 DAYS)
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	2	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	4	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	2	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
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

<i>cidofovir 375 mg/5 ml vial</i>	5	
<i>ganciclovir 500 mg vial</i>	2	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
<i>valganciclovir hcl (50 mg/ml, 450 mg tablet)</i>	2	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	2	
BARACLUDGE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	5	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
<i>ledipasvir-sofosbuvir</i>	5	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
<i>sofosbuvir-velpatasvir</i>	5	PA
SOVALDI	5	PA
VOSEVI	5	PA
ZEPATIER	5	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	2	QL (84 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	2	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</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>valacyclovir</i>	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	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 (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>bupirone hcl 7.5 mg tablet</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>	2	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</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	2	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>	2	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	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>	2	PA
<i>hydroxyzine pamoate (25 mg cap, 50 mg cap)</i>	2	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	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>lorazepam intensol</i>	2	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	2	PA, QL (120 PER 30 DAYS)

Bipolar Agents

<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	2	
<i>lithium citrate</i>	2	
LITHOBID	4	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	4	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
BYETTA	4	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>gauze pads & dressings - pads 2 x 2</i>	3	
<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>	4	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)

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 er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	3	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	4	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	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)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	4	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	4	QL (30 PER 30 DAYS)
OZEMPIC	3	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>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	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	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	2	QL (60 PER 30 DAYS)
SOLIQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	

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	5	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	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)	3	QL (60 PER 30 DAYS)

Glycemic Agents

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

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	3	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	PA
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS)
<i>inpen (for humalog)</i>	3	
<i>inpen (for novolog or fiasp)</i>	3	
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
<i>insulin syringe u-500</i>	3	
LANTUS	3	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS)
LYUMJEV	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	
<i>novopen echo</i>	3	
<i>omnipod 5 g6 intro kit (gen 5)</i>	3	
<i>omnipod 5 g6 pods (gen 5)</i>	3	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	
<i>omnipod classic pdm kit(gen 3)</i>	3	
<i>omnipod classic pods (gen 3)</i>	3	
<i>omnipod dash intro kit (gen 4)</i>	3	
<i>omnipod dash pdm kit (gen 4)</i>	3	
<i>omnipod dash pods (gen 4)</i>	3	
<i>omnipod go pods</i>	3	
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS)
<i>v-go 20</i>	3	
<i>v-go 30</i>	3	
<i>v-go 40</i>	3	
<i>vgo 20</i>	3	
<i>vgo 30</i>	3	
<i>vgo 40</i>	3	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	2	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	2	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>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)
<i>heparin 20,000 unit/500 ml-d5w</i>	4	
<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>	2	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	5	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	4	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	4	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	4	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	4	QL (120 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	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	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	
Blood Products and Modifiers, Other		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
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)	4	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)	5	PA
FULPHILA	5	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)	5	PA
GRANIX 300 MCG/ML VIAL	3	PA
LEUKINE	5	PA
MOZOBIL	5	
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
<i>plerixafor</i>	5	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	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	5	PA
ZIEXTENZO	5	PA
Hemostasis Agents		
CYKLOKAPRON	4	
<i>tranexamic acid (650 mg tablet, 1,000 mg/10 ml)</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	
<i>cilostazol</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2	
PLAVIX	4	
<i>prasugrel hcl</i>	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	2	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
CARDURA	4	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	2	QL (60 PER 30 DAYS)
MINIPRESS	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>phenoxybenzamine hcl</i>	5	
<i>prazosin hcl</i>	2	
<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)	4	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	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)	4	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	4	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	4	QL (30 PER 30 DAYS)
EDARBI	4	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	4	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	4	
ALTACE	4	
<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	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC	4	
ZESTRIL	4	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>lidocaine hcl (abboject, syringe)</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluc er 324 mg tab</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>quinidine sulfate</i>	2	
RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)	4	
RYTHMOL SR 425 MG CAPSULE	5	
<i>sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sorine 80 mg tablet</i>	1	
<i>sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af (120 mg tablet, 160 mg tablet)</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
COREG CR	4	
CORGARD (20 MG TABLET, 40 MG TABLET)	4	
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	4	
<i>metoprolol succinate</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>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>pindolol</i>	2	
<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>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
TOPROL XL	4	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine</i>	2	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>	2	
<i>nisoldipine er 25.5 mg tablet</i>	3	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
<i>cartia xt</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>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
TIAZAC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	4	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	4	

Cardiovascular Agents, Other

ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	4	
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALDACTAZIDE 25-25 TABLET	4	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</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>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digox</i>	2	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>	2	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	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)	4	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>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	4	
MAXZIDE	4	
MAXZIDE-25 MG	4	
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	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	4	
TENORETIC 50	4	
<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	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	
VERQUVO	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
ZESTORETIC	4	
ZIAC	4	
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>	2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	2	
LASIX	4	
<i>torseamide</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE	4	
<i>amiloride hcl</i>	2	
<i>eplerenone</i>	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	2	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>	2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	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)	4	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	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)	4	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	2	
<i>cholestyramine light (packet, powder)</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
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	4	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>	2	
<i>ezetimibe</i>	2	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>	2	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	3	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA
LOVAZA	4	
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	2	
<i>prevalite (packet, powder)</i>	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	QL (30 PER 30 DAYS)
ZETIA	4	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>	2	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	4	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononit 10 mg tab</i>	2	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>	1	
NITRO-BID	4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	4	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	4	QL (90 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	2	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>	2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<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>	2	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>	2	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	3	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	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>	2	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	2	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	2	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	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
Central Nervous System, Other		
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	2	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	5	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	2	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	5	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	4	PA, QL (12 PER 28 DAYS)
PLEGRIDY	5	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	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
TYSABRI	5	PA
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i>	1	
KEPIVANCE	5	
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2	
SALAGEN	4	
<i>triamcinolone 0.1% paste</i>	2	

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteem</i>	2	
AVITA	2	PA
<i>azelaic acid 15% gel</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	

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% GEL	4	
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	2	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	2	PA
<i>zenatane</i>	2	

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>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented (crm, oin)</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	2	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	2	QL (200 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	2	PA
ELIDEL	4	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	2	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
<i>prednicarbate 0.1% ointment</i>	4	QL (120 PER 30 DAYS)
PRUDOXIN	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone 0.025% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	2	QL (454 PER 30 DAYS)
<i>triderm</i>	2	QL (454 PER 30 DAYS)
ZONALON	4	PA

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	
<i>fluorouracil (cream, topical soln)</i>	2	
<i>fluorouracil 0.5% cream</i>	5	
<i>fluorouracil 2% topical soln</i>	3	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA (28 DAY STARTER PACK, 30 MG TABLET)	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	2	PA
<i>lindane</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>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	
SOOLANTRA	3	PA

Topical Anti-infectives

<i>gentamicin sulfate (cream, ointment)</i>	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	2	
<i>mupirocin</i>	2	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	2	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<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>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>kcl 20 meq in d5w-lact ringer</i>	3	
<i>kcl 20 meq/l in d5w solution</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>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>lactated ringers injection</i>	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	2	
<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>	2	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium citrate er</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>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>	2	
<i>sodium chloride-water</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	4	
<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>	5	PA
<i>deferasirox (90 mg tablet, 125 mg tb for susp)</i>	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>dextrose 10%-water iv solution</i>	1	
<i>dextrose in water (50 ml, 100 ml, iv soln, vial)</i>	2	
<i>fomepizole</i>	5	
<i>glucose in water</i>	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
<i>sterile water for irrigation</i>	2	
TRAVASOL	4	PA
TROPHAMINE	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
Phosphate Binders		
AURYXIA	5	PA, QL (360 PER 30 DAYS)
<i>calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)</i>	2	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	5	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	5	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	5	QL (90 PER 30 DAYS)
<i>lanthanum carb 1,000 mg tb chw</i>	4	QL (120 PER 30 DAYS)
<i>lanthanum carb 500 mg tab chew</i>	4	QL (90 PER 30 DAYS)
<i>lanthanum carb 750 mg tab chew</i>	5	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	5	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	4	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	5	
<i>sevelamer 0.8 gm powder packet</i>	2	QL (270 PER 30 DAYS)
<i>sevelamer 2.4 gm powder packet</i>	2	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	2	
VELPHORO	5	QL (180 PER 30 DAYS)
Potassium Binders		
<i>sodium polystyrene sulf powder</i>	2	
SPS	2	
VELTASSA	3	

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<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>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)
MOVANTIK	3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	PA

Anti-Diarrheal Agents

<i>alosetron hcl 0.5 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	2	PA
<i>loperamide 2 mg capsule</i>	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)

Antispasmodics, Gastrointestinal

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

Gastrointestinal Agents, Other

<i>bismuth-metronidazole-tetracyc</i>	2	
CHENODAL	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 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
MOVIPREP	4	
MYALEPT	5	PA
NULYTELY	4	
OICALIVA	5	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	3	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
XIFAXAN 550 MG TABLET	5	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>	2	
<i>famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet)</i>	1	
<i>famotidine (40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)</i>	2	
<i>nizatidine 150 mg capsule</i>	4	
<i>nizatidine 300 mg capsule</i>	2	

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</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
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>	2	QL (30 PER 30 DAYS)
<i>esomeprazole sodium 40 mg vial</i>	2	
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	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)	4	QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
NEXIUM I.V.	4	
<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>	2	
PREVACID DR 30 MG CAPSULE	4	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)

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

ALDURAZYME	5	
<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	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>cromolyn 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	
CYSTAGON	4	PA
ELAPRASE	5	
ELELYSO	5	PA
ENDARI	5	PA
FABRAZYME	5	
<i>javygtor (100 mg powder packet, 500 mg powder packet)</i>	5	PA
<i>javygtor 100 mg tablet</i>	2	PA
KUVAN	5	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	2	
<i>levocarnitine st</i>	2	
LUMIZYME	5	
<i>miglustat</i>	5	PA, QL (90 PER 30 DAYS)
NAGLAZYME	5	
<i>nitisinone</i>	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCOVI	5	
<i>sapropterin 100 mg tablet</i>	2	PA
<i>sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)</i>	5	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	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	5	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (90 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	2	QL (30 PER 30 DAYS)
DETROL	4	QL (60 PER 30 DAYS)
DETROL LA	4	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	2	QL (30 PER 30 DAYS)
GEMTESA	3	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	2	QL (30 PER 30 DAYS)
TOVIAZ	4	QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	2	QL (30 PER 30 DAYS)

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	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>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)

Genitourinary Agents, Other

<i>bethanechol chloride</i>	2	
DEPEN	5	
<i>methylergonovine 0.2 mg tablet</i>	5	
<i>penicillamine 250 mg tablet</i>	5	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

ACTHAR	5	PA
CORTEF	4	
<i>decadron (0.75 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>decadron 0.5 mg tablet</i>	1	
<i>dexamethasone (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>	2	
<i>dexamethasone 0.5 mg tablet</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>	2	
<i>fludrocortisone acetate</i>	2	
HEMADY	4	
<i>hidex</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</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
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	4	
<i>methylprednisolone</i>	2	
<i>methylprednisolone sodium succ</i>	2	
<i>prednisolone 15 mg/5 ml soln</i>	2	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	2	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	4	
<i>taperdex 6 day 1.5 mg tablet</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	
<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>	2	
INCRELEX	5	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL)	3	PA
OMNITROPE 10 MG/1.5 ML CRTG	5	PA
PREGNYL	4	PA

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

Androgens

ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	4	PA, QL (150 PER 30 DAYS)
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone 10 mg cap</i>	5	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	2	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>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	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>	2	PA
<i>testosterone enanthate</i>	3	PA

Estrogens

DEPO-ESTRADIOL	4	
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)	4	
<i>dotti</i>	2	
ESTRACE 0.01% CREAM	4	
<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, 10 mcg vaginal insrt)</i>	2	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	2	
ESTRING	4	
<i>lyllana</i>	2	
MENEST	4	

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)	3	
VAGIFEM	4	
<i>yuvafem</i>	2	

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

<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</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>chateal</i>	2	
<i>chateal eq</i>	2	
COMBIPATCH	4	
<i>cryselle</i>	2	
<i>cyclafem</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-eth estra-levomet</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</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>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
<i>larissia</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</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
LOESTRIN	2	
LOESTRIN FE	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
LOSEASONIQUE	4	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
MIRCETTE	4	
<i>mono-linyah</i>	2	
<i>necon</i>	2	
<i>nikki</i>	2	
<i>norethin-eth estra-ferrous fum</i>	2	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)</i>	2	
<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>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>nylia</i>	2	
<i>nymyo</i>	2	
<i>ocella</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>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella</i>	2	
<i>portia</i>	2	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
SEASONIQUE	4	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</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>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
TYBLUME	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zarah</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	
<i>enilloring</i>	2	
<i>taysofy</i>	2	
<i>turqoz</i>	2	

Progestins

AYGESTIN	4	
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DEPO-SUBQ PROVERA 104	4	
<i>errin</i>	2	
<i>heather</i>	2	
<i>hydroxyprogesterone 1.25 g/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</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>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyda</i>	2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	2	
PROVERA	4	
<i>sharobel</i>	2	
<i>tulana</i>	2	

Selective Estrogen Receptor Modifying Agents

DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

CYTOMEL	4	
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You can find information on what the symbols and abbreviations mean by going to the cover pages.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	

Hormonal Agents, Suppressant (Adrenal)

KORLYM	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	2	
ELIGARD	4	PA
FIRMAGON	4	
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	2	PA
<i>leuprolide depot</i>	4	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (LUPANETA)	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	5	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>	2	PA
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	1	
<i>propylthiouracil</i>	2	

Immunological Agents

Angioedema Agents

CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 30 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM	5	PA
GAMMAGARD LIQUID	5	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
SYNAGIS	5	
THYMOGLOBULIN	5	PA

Immunological Agents, Other

ARCALYST	5	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ILARIS	5	PA
KINERET	5	PA
NULOJIX	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	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	5	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA
XELJANZ XR	5	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)	5	PA

Immunostimulants

ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
INTRON A 10 MILLION UNITS VIAL	3	
INTRON A 18 MILLION UNITS VIAL	4	
INTRON A 50 MILLION UNITS VIAL	5	
PEGASYS	5	PA

Immunosuppressants

ASTAGRAF XL	4	PA
AZASAN	2	PA
<i>azathioprine</i>	2	PA
<i>azathioprine sodium</i>	3	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
CELLCEPT 500 MG VIAL	4	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)</i>	2	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	2	PA
CYLTEZO(CF)	5	PA
CYLTEZO(CF) PEN	5	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA
CYLTEZO(CF) PEN PSORIASIS-UV	5	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)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet)</i>	2	PA
<i>everolimus (0.75 mg tablet, 1 mg tablet)</i>	5	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	2	PA
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	2	
<i>methotrexate (1 gm vial, 2.5 mg tablet)</i>	2	
<i>methotrexate (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>	2	PA
<i>mycophenolic acid</i>	2	PA
MYFORTIC 180 MG TABLET	4	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	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
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	4	PA
PROGRAF 5 MG CAPSULE	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA
RENFLEXIS	5	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	4	PA
SIMULECT	5	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)</i>	2	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	2	PA
XATMEP	4	PA
ZORTRESS	5	PA

Vaccines

ABRYSVO	3	
ACTHIB	3	
ADACEL TDAP	3	
AREXVY	3	
BCG VACCINE (TICE STRAIN)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
DAPTACEL DTAP	3	
DENGVAXIA	3	
DIPHTHERIA-TETANUS TOXOIDS-PED	3	
ENGERIX-B ADULT	3	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA
GARDASIL 9	3	
HAVRIX	3	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	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
HIBERIX	3	
IMOVAX RABIES VACCINE	3	PA
INFANRIX DTAP	3	
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	PA
JYNNEOS (NATIONAL STOCKPILE)	3	PA
KINRIX	3	
M-M-R II VACCINE	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	3	
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	PA
PRIORIX	3	
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	PA
RECOMBIVAX HB	3	PA
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 PER 999 OVER TIME)
STAMARIL	3	
TDVAX	3	PA
TENIVAC	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
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	4	QL (120 PER 30 DAYS)
ASACOL HD	5	QL (180 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	4	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	2	
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	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>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	

Glucocorticoids

<i>budesonide dr</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	5	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	2	
<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	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	2	
<i>calcitonin-salmon 400 unit/2ml</i>	5	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>	4	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	2	
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
MIACALCIN	5	

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

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

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	3	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	4	
<i>neo-polycin hc</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>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX (DROPS, OINTMENT)	4	
<i>tobramycin-dexamethasone</i>	2	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac</i>	2	
<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
LACRISERT	4	
MOXEZA	4	
<i>moxifloxacin (drops, drp-visc)</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide 10% eye drops</i>	2	
<i>sulfacetamide 10% eye ointment</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>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	3	
VIGAMOX	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	2	
<i>dexamethasone 0.1% eye drop</i>	2	
<i>diclofenac 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	3	
<i>prednisolone sod 1% eye drop</i>	3	
PROLENSA	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	1	
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P	3	
AZOPT	4	
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	2	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	
Ophthalmic Prostaglandin and Prostanamide Analogs		
<i>bimatoprost 0.03% eye drops</i>	2	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	2	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
Otic Agents		
<i>acetic acid 2% ear solution</i>	2	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc ear susp</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin 0.3% ear drops</i>	2	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	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>	2	PA
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
Antihistamines		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	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
<i>clemastine fum 2.68 mg tab</i>	4	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	2	PA
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	2	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	2	QL (30.5 PER 30 DAYS)

Antileukotrienes

ACCOLATE	4	
<i>montelukast sod 10 mg tablet</i>	1	
<i>montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)</i>	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	

Bronchodilators, Anticholinergic

ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	2	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	2	PA
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (36 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</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>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>	2	PA
<i>epinephrine (0.15 mg auto-inject, 0.3 mg auto-inject)</i>	2	
PROAIR HFA	4	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)

Cystic Fibrosis Agents

KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	PA
<i>tobramycin 300 mg/5 ml ampule</i>	2	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

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

<i>caffeine cit 60 mg/3 ml oral</i>	2	
DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	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>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	2	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	2	

Pulmonary Antihypertensives

ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	2	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	2	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
REMODULIN	5	PA
<i>sildenafil 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
<i>treprostinil</i>	5	PA
VENTAVIS	5	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>brey-na</i>	2	QL (10.3 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (10.3 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (13 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	PA
LAGEVRIO (COMMERCIAL)	5	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	4	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	3	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	5	
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2
<i>methocarbamol (500 mg tablet, 750 mg tablet)</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
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Sleep Disorder Agents

Sleep Promoting Agents

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

Wakefulness Promoting Agents

<i>armodafinil</i>	2	PA, QL (30 PER 30 DAYS)
<i>modafinil</i>	2	PA, QL (30 PER 30 DAYS)
NUVIGIL	4	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	5	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.....	52	AFINITOR DISPERZ.....	36
abacavir-lamivudine.....	52	afirmelle.....	96
ABILIFY.....	46	AGRYLIN.....	65
ABILIFY ASIMTUFII.....	47	AIMOVIG AUTOINJECTOR.....	28
ABILIFY MAINTENA.....	47	ak-poly-bac.....	113
abiraterone acetate.....	30	AKEEGA.....	36
ABRAXANE.....	32	ALA-CORT.....	81
ABRYSVO.....	108	ala-cort.....	81
acamprosate calcium.....	7	albendazole.....	44
acarbose.....	58	albuterol hfa 90 mcg inhaler (generic proair hfa).....	117
ACCOLATE.....	117	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	117
ACCUPRIL.....	68	albuterol sulfate.....	117,118
ACCURETIC.....	71	alclometasone dipropionate.....	81
accutane.....	80	ALDACTAZIDE.....	71
acebutolol hcl.....	69	ALDACTONE.....	74
acetaminophen-codeine.....	4	ALDURAZYME.....	90
acetazolamide.....	71	ALECENSA.....	36
acetazolamide er.....	71	alendronate sodium.....	111
acetic acid.....	116	alfuzosin hcl er.....	92
acetylcysteine.....	119	ALIMTA.....	32
acitretin.....	80	ALIQOPA.....	36
ACTHAR.....	93	aliskiren.....	71
ACTHIB.....	108	allopurinol.....	27
ACTIMMUNE.....	106	allopurinol sodium.....	27
ACTOS.....	58	ALOPRIM.....	27
ACULAR.....	114	alosetron hcl.....	88
ACULAR LS.....	114	ALPHAGAN P.....	115
acyclovir.....	56	alprazolam.....	57
acyclovir sodium.....	56	ALTACE.....	68
ADACEL TDAP.....	108	altavera.....	96
ADCETRIS.....	41	ALUNBRIG.....	36
ADCIRCA.....	119	alyacen.....	96
ADDERALL XR.....	77	ALYMSYS.....	41
adefovir dipivoxil.....	55	alyq.....	119
ADEMPAS.....	119	amabelz.....	96
ADLARITY.....	20	amantadine.....	45
adriamycin.....	32	AMBISOME.....	26
ADVAIR HFA.....	119	ambrisentan.....	119
AFINITOR.....	36	amethia.....	96

amethyst	96	ARIMIDEX	35
amikacin sulfate	8	aripiprazole	47
amiloride hcl	74	aripiprazole odt	47
amiloride-hydrochlorothiazide	71	ARISTADA	47
amiodarone hcl	68	ARISTADA INITIO	47
amitriptyline hcl	24	armodafinil	121
amlodipine besylate	70	ARNUITY ELLIPTA	116
amlodipine besylate-benazepril	71	AROMASIN	35
amlodipine-atorvastatin	71	ARRANON	32
amlodipine-olmesartan	71	arsenic trioxide	32
amlodipine-valsartan	71	ARTHROTEC 50	2
amlodipine-valsartan-hctz	72	ARTHROTEC 75	2
ammonium lactate	81	ARZERRA	41
amnesteem	80	ASACOL HD	110
amoxapine	24	asenapine maleate	47
amoxicillin	11	ashlyna	96
amoxicillin-clavulanate pot er	11	ASMANEX	116
amoxicillin-clavulanate potass	12	ASMANEX HFA	116
amphotericin b	26	ASPARLAS	32
amphotericin b liposome	26	aspirin-dipyridamole er	66
ampicillin sodium	12	ASTAGRAF XL	106
ampicillin trihydrate	12	ATACAND	67
ampicillin-sulbactam	12	ATACAND HCT	72
AMPYRA	79	atazanavir sulfate	54
anagrelide hcl	65	ATELVIA	111
anastrozole	35	atenolol	69
ANDROGEL	94	atenolol-chlorthalidone	72
ANORO ELLIPTA	119	ATGAM	104
APOKYN	45	atomoxetine hcl	78
apomorphine hcl	45	atorvastatin calcium	75
aprepitant	25	atovaquone	44
apri	96	atovaquone-proguanil hcl	44
APRISO	110	atropine sulfate	112
APTIOM	19	ATROVENT HFA	117
APTIVUS	54	aubra	96
aqua care sodium chloride	84	aubra eq	96
aranella	96	AUGMENTIN	12
ARANESP	65	AUGTYRO	36
ARCALYST	105	aurovela	96
AREXVY	108	aurovela 24 fe	96
ARICEPT	20	aurovela fe	96

AURYXIA.....	87	BARACLUDE.....	55
AUVELITY.....	21	BAVENCIO.....	42
AVALIDE.....	72	BCG VACCINE (TICE STRAIN).....	108
AVAPRO.....	67	BELBUCA.....	4
AVASTIN.....	41	BELEODAQ.....	36
aviane.....	96	BELSOMRA.....	121
avidoxy.....	14	benazepril hcl.....	68
AVITA.....	80	benazepril-hydrochlorothiazide.....	72
AVODART.....	92	bendamustine hcl.....	32
AVONEX.....	79	BENDEKA.....	32
AVONEX PEN.....	79	BENICAR.....	67
AYGESTIN.....	101	BENICAR HCT.....	72
ayuna.....	96	BENLYSTA.....	105
AYVAKIT.....	36	BENZAMYCIN.....	80
azacitidine.....	32	benznidazole.....	44
AZACTAM.....	8	benztropine mesylate.....	45
AZASAN.....	106	BESIVANCE.....	113
azathioprine.....	106	BESPONSA.....	42
azathioprine sodium.....	106	BESREMI.....	106
azelaic acid.....	80	betaine anhydrous.....	90
azelastine hcl.....	114,116	betamethasone diprop augmented.....	81
AZELEX.....	80	betamethasone dipropionate.....	81
AZILECT.....	46	betamethasone valerate.....	81
azithromycin.....	13	BETASERON.....	79
AZOPT.....	115	betaxolol hcl.....	69,115
AZOR.....	72	bethanechol chloride.....	93
aztreonam.....	8	BETOPTIC S.....	115
AZULFIDINE.....	110	bexarotene.....	43
azurette.....	96	BEXSERO.....	108
B		bicalutamide.....	30
bacitracin.....	113	BICILLIN L-A.....	12
bacitracin-polymyxin.....	113	BICNU.....	32
baclofen.....	51	BIKTARVY.....	51
BACTRIM.....	14	BILTRICIDE.....	44
BACTRIM DS.....	14	bimatoprost.....	115
balsalazide disodium.....	110	bismuth-metronidazole-tetracyc.....	88
BALVERSA.....	36	bisoprolol fumarate.....	69
balziva.....	96	bisoprolol-hydrochlorothiazide.....	72
BANZEL.....	19	BLENREP.....	42
BAQSIMI.....	61	bleomycin sulfate.....	32
		BLINCYTO.....	32

blisovi 24 fe.....	96	BYETTA.....	58
blisovi fe.....	96	BYSTOLIC.....	69
BOOSTRIX TDAP.....	108		
bortezomib.....	36	C	
.....		CABENUVA.....	51
bosentan.....	119	cabergoline.....	103
BOSULIF.....	36	CABLIVI.....	66
BRAFTOVI.....	36	CABOMETYX.....	36
BREO ELLIPTA.....	120	caffeine citrate.....	118
breyna.....	120	calcipotriene.....	83
BREZTRI AEROSPHERE.....	120	calcitonin-salmon.....	111
briellyn.....	96	calcitrene.....	83
BRILINTA.....	66	calcitriol.....	111
brimonidine tartrate.....	115	calcium acetate.....	87
brimonidine tartrate-timolol.....	112	CALQUENCE.....	37
brinzolamide.....	115	camila.....	101
BRIVIACT.....	15	camrese.....	96
bromfenac sodium.....	114	camrese lo.....	96
bromocriptine mesylate.....	45	CANASA.....	110
BRUKINSA.....	36	CANCIDAS.....	26
budesonide.....	116	candesartan cilexetil.....	67
budesonide dr.....	111	candesartan-hydrochlorothiazid.....	72
budesonide ec.....	111	CAPLYTA.....	47
budesonide er.....	111	CAPRELSA.....	37
budesonide-formoterol fumarate.....	120	captopril.....	68
bumetanide.....	74	CARAFATE.....	89
BUPHENYL.....	90	CARBAGLU.....	84
buprenorphine.....	4	carbamazepine.....	19
buprenorphine hcl.....	7	carbamazepine er.....	19
buprenorphine-naloxone.....	7	CARBATROL.....	19
bupropion hcl.....	21	carbidopa.....	45
bupropion hcl sr.....	7,21	carbidopa-levodopa.....	45
bupropion hcl sr 150mg tablet.....	21	carbidopa-levodopa er.....	45
bupropion xl.....	21	carbidopa-levodopa-entacapone.....	45
buspirone hcl.....	57	carboplatin.....	32
busulfan.....	30	CARDIZEM.....	70
butalbital-acetaminophen.....	2	CARDIZEM CD.....	70
butalbital-acetaminophen-caffe.....	2	CARDIZEM LA.....	70
butalbital-aspirin-caffeine.....	2	CARDURA.....	66
butorphanol tartrate.....	4,5	carglumic acid.....	84
BUTRANS.....	4	carmustine.....	32
BYDUREON BCISE.....	58		

CARNITOR.....	90	chlorpromazine hcl.....	25
CARNITOR SF.....	90	chlorthalidone.....	74
carteolol hcl.....	115	cholestyramine.....	75
cartia xt.....	70	cholestyramine light.....	75
carvedilol.....	69	CHORIONIC GONADOTROPIN.....	94
carvedilol er.....	69	ciclodan.....	26
CASODEX.....	30	ciclopirox.....	26
caspofungin acetate.....	26	cidofovir.....	55
cataflam.....	2	cilostazol.....	66
cefaclor.....	10	CIMDUO.....	52
cefadroxil.....	10	cimetidine.....	89
cefazolin sodium.....	10	cinacalcet hcl.....	111
cefazolin sodium-dextrose.....	10	CINRYZE.....	104
cefdinir.....	10	CIPRO.....	14
cefepime.....	10	CIPRODEX.....	116
cefepime hcl.....	10	ciprofloxacin.....	14
cefepime-dextrose.....	10	ciprofloxacin hcl.....	14,113
cefixime.....	10	ciprofloxacin-d5w.....	14
cefoxitin.....	10	ciprofloxacin-dexamethasone.....	116
cefoxitin sodium.....	11	cisplatin.....	32
cefpodoxime proxetil.....	11	citalopram hbr.....	22
cefprozil.....	11	cladribine.....	32
ceftazidime.....	11	claravis.....	80
ceftriaxone.....	11	clarithromycin.....	13
cefuroxime.....	11	clarithromycin er.....	13
cefuroxime sodium.....	11	clemastine fumarate.....	117
CELEBREX.....	2	CLEOCIN.....	8
celecoxib.....	2	CLEOCIN HCL.....	8
CELEXA.....	22	CLEOCIN PHOSPHATE.....	8
CELLCEPT.....	106	CLEOCIN T.....	8
CELONTIN.....	17	clindacin etz.....	8
cephalexin.....	11	clindacin p.....	8
CEREZYME.....	90	clindamycin (pediatric).....	8
cevimeline hcl.....	80	clindamycin hcl.....	8
chateal.....	97	clindamycin phosphate.....	9
chateal eq.....	97	clindamycin phosphate-d5w.....	9
CHEMET.....	86	clindamycin-0.9% nacl.....	9
CHENODAL.....	88	clindamycin-benzoyl peroxide.....	80
chloramphenicol sod succinate.....	8	clobazam.....	17
chlorhexidine gluconate.....	80	clobetasol emollient.....	81
chloroquine phosphate.....	44	clobetasol propionate.....	81

clodan.....	82	COSENTYX SYRINGE.....	105
clofarabine.....	32	COSENTYX UNOREADY PEN.....	105
CLOLAR.....	32	COSMEGEN.....	33
clomipramine hcl.....	24	COSOPT.....	112
clonazepam.....	57	COTELLIC.....	37
clonidine.....	66	COZAAR.....	67
clonidine hcl.....	66	CREON.....	90
clonidine hcl er.....	78	CRESEMBA.....	26
clopidogrel.....	66	CRESTOR.....	75
clorazepate dipotassium.....	57	cromolyn sodium.....	91,114,118
clotrimazole.....	26	cryselle.....	97
clotrimazole-betamethasone.....	83	CRYSVITA.....	91
clozapine.....	50	CUBICIN.....	9
clozapine odt.....	50	CUBICIN RF.....	9
CLOZARIL.....	50,51	cyclafem.....	97
COARTEM.....	44	cyclobenzaprine hcl.....	120
codeine sulfate.....	5	CYCLOPHOSPHAMIDE.....	30
COLAZAL.....	110	cyclophosphamide.....	30
colchicine.....	27	cycloserine.....	29
COLCRYS.....	27	CYCLOSET.....	58
COLESTID.....	76	cyclosporine.....	106
colestipol hcl.....	76	cyclosporine modified.....	106
colistimethate.....	9	CYKLOKAPRON.....	66
COMBIGAN.....	112	CYLTEZO(CF).....	106
COMBIPATCH.....	97	CYLTEZO(CF) PEN.....	106
COMBIVENT RESPIMAT.....	120	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	106
COMETRIQ.....	37	CYLTEZO(CF) PEN PSORIASIS-UV.....	106
COMPLERA.....	52	CYMBALTA.....	22
compro.....	25	cyproheptadine hcl.....	117
COMTAN.....	45	CYRAMZA.....	37
constulose.....	87	cyred.....	97
COPAXONE.....	79	cyred eq.....	97
COPIKTRA.....	37	CYSTADANE.....	91
COREG CR.....	69	CYSTADROPS.....	112
CORGARD.....	69	CYSTAGON.....	91
CORLANOR.....	72	CYSTARAN.....	112
CORTEF.....	93	cytarabine.....	33
COSELA.....	43	CYTOMEL.....	102
COSENTYX (2 SYRINGES).....	105	CYTOTEC.....	89
COSENTYX SENSOREADY (2 PENS).....	105		
COSENTYX SENSOREADY PEN.....	105		

D

dabigatran etexilate	63	DEPO-PROVERA	101
dacarbazine	33	DEPO-SUBQ PROVERA 104	102
dactinomycin	33	DEPO-TESTOSTERONE	95
dalfampridine er	79	dermacinrx lidocan	6
DALIRESP	118	DESCOVY	52
DALVANCE	9	desipramine hcl	24
danazol	95	desloratadine	117
DANTRIUM	51	desmopressin acetate	94
dantrolene sodium	51	desogestr-eth estrad eth estra	97
DANYELZA	42	desogestrel-ethinyl estradiol	97
dapsone	29	desonide	82
DAPTACEL DTAP	108	desoximetasone	82
daptomycin	9	desvenlafaxine succinate er	22
DARAPRIM	44	DETROL	92
darifenacin er	92	DETROL LA	92
darunavir	54	dexamethasone	93
DARZALEX	42	dexamethasone sodium phosphate	93,114
DARZALEX FASPRO	42	DEXEDRINE	77
dasetta	97	dexmethylphenidate hcl	78
daunorubicin hcl	33	dexrazoxane	43
DAURISMO	37	dextroamphetamine sulfate	77
DAYPRO	2	dextroamphetamine sulfate er	77
daysee	97	dextroamphetamine-amphet er	77
DAYVIGO	121	dextroamphetamine-amphetamine	77,78
DDAVP	94	dextrose 2.5%-0.45% nacl	84
deblitane	101	dextrose 5%-0.2% nacl	84
decadron	93	dextrose 5%-0.225% nacl	84
decitabine	33	dextrose 5%-0.3% nacl	84
deferasirox	86	dextrose 5%-0.33% nacl	84
DELSTRIGO	52	dextrose 5%-0.45% nacl	84
DELZICOL	110	dextrose 5%-0.9% nacl	84
demeclocycline hcl	14	dextrose in lactated ringers	84
DEMSE	72	dextrose in water	86
DENGVAXIA	108	DIACOMIT	15
DEPAKOTE	15	diazepam	17,57
DEPAKOTE ER	15	diazoxide	61
DEPAKOTE SPRINKLE	15	diclofenac potassium	2
DEPEN	93	diclofenac sodium	2,83,114
DEPO-ESTRADIOL	95	diclofenac sodium er	2
		diclofenac sodium-misoprostol	2,3
		dicloxacillin sodium	12

dicyclomine hcl.....	88	doxorubicin hcl.....	33
DIFICID.....	13	doxorubicin hcl liposome.....	33
DIFLUCAN.....	26	doxy 100.....	15
difluprednate.....	114	doxycycline hyclate.....	15
digitek.....	72	doxycycline monohydrate.....	15
digox.....	72	dronabinol.....	25
digoxin.....	72	drosiprenone-eth estra-levomef.....	97
dihydroergotamine mesylate.....	28	drosiprenone-ethinyl estradiol.....	97
DILANTIN.....	19	droxidopa.....	66
DILANTIN-125.....	19	DUAVEE.....	102
dilt-xr.....	71	DULERA.....	120
diltiazem 12hr er.....	71	duloxetine hcl.....	22
diltiazem 24hr er.....	71	DUPIXENT PEN.....	105
diltiazem 24hr er (cd).....	71	DUPIXENT SYRINGE.....	105
diltiazem 24hr er (la).....	71	DURAMORPH.....	5
diltiazem 24hr er (xr).....	71	DUREZOL.....	114
diltiazem hcl.....	71	dutasteride.....	93
dimethyl fumarate.....	79	dutasteride-tamsulosin.....	93
DIOVAN.....	67		
DIOVAN HCT.....	72	E	
DIPENTUM.....	110	E.E.S. 200.....	13
diphenhydramine hcl.....	117	ec-naproxen.....	3
diphenoxylate-atropine.....	88	econazole nitrate.....	26
DIPHThERIA-TETANUS TOXOIDS-PED.....	108	EDARBI.....	67
DIPROLENE.....	82	EDARBYCLOR.....	72
dipyridamole.....	66	EDURANT.....	52
disulfiram.....	7	efavirenz.....	52
divalproex sodium.....	15	efavirenz-emtric-tenofof disop.....	52
divalproex sodium er.....	15	efavirenz-lamivu-tenofof disop.....	52
DIVIGEL.....	95	EFFEXOR XR.....	22
docetaxel.....	33	EFUDEX.....	83
dofetilide.....	68	ELAPRASE.....	91
dolishale.....	97	ELELYSO.....	91
donepezil hcl.....	20	ELIDEL.....	82
donepezil hcl odt.....	20	ELIGARD.....	103
dorzolamide hcl.....	115	elinest.....	97
dorzolamide-timolol.....	112	ELIQUIS.....	63
dotti.....	95	ELITEK.....	43
DOVATO.....	51	eluryng.....	97
doxazosin mesylate.....	66	EMCYT.....	31
doxepin hcl.....	24,82,121	EMEND.....	25

EMGALITY PEN.....	28	ertapenem.....	13
EMGALITY SYRINGE.....	28	ery.....	13
emoquette.....	97	ERY-TAB.....	13
EMPLICITI.....	42	ERYPED 200.....	13
EMSAM.....	21	ERYPED 400.....	13
emtricitabine.....	52	ERYTHROCIN LACTOBIONATE.....	13
emtricitabine-tenofovir disop.....	52,53	ERYTHROCIN STEARATE.....	13
EMTRIVA.....	53	erythromycin.....	13,113
enalapril maleate.....	68	erythromycin ethylsuccinate.....	13
enalapril-hydrochlorothiazide.....	72	erythromycin lactobionate.....	14
ENBREL.....	107	erythromycin-benzoyl peroxide.....	80
ENBREL MINI.....	107	ESBRIET.....	119
ENBREL SURECLICK.....	107	escitalopram oxalate.....	22
ENDARI.....	91	ESGIC.....	2
endocet.....	5	esomeprazole magnesium.....	90
ENGERIX-B ADULT.....	108	esomeprazole sodium.....	90
ENGERIX-B PEDIATRIC-ADOLESCENT.....	108	estarylla.....	97
ENHERTU.....	42	ESTRACE.....	95
enilloring.....	101	estradiol.....	95
enoxaparin sodium.....	63,64	estradiol (once weekly).....	95
enpresse.....	97	estradiol (twice weekly).....	95
enskyce.....	97	estradiol valerate.....	95
entacapone.....	45	estradiol-norethindrone acetat.....	97
entecavir.....	55	ESTRING.....	95
ENTRESTO.....	72	ethambutol hcl.....	29
enulose.....	87	ethosuximide.....	17
EPCLUSA.....	56	ethynodiol-ethinyl estradiol.....	97
EPIDIOLEX.....	15	etodolac.....	3
epinastine hcl.....	114	etodolac er.....	3
epinephrine.....	118	etonogestrel-ethinyl estradiol.....	97
epitol.....	19	ETOPOPHOS.....	35
EPIVIR.....	53	etoposide.....	35
eplerenone.....	74	etravirine.....	52
EPRONTIA.....	15	EULEXIN.....	30
EPZICOM.....	53	EUTHYROX.....	103
ERBITUX.....	42	everolimus.....	37,107
ergotamine-caffeine.....	28	EVISTA.....	102
ERIVEDGE.....	37	EVOMELA.....	30
ERLEADA.....	30	EVOTAZ.....	54
erlotinib hcl.....	37	EXELON.....	20
errin.....	102	exemestane.....	35

EXFORGE	72	fluconazole	26
EXFORGE HCT	72	fluconazole-nacl	26
EXJADE	86	flucytosine	26
EXKIVITY	37	fludarabine phosphate	33
EYSUVIS	114	fludrocortisone acetate	93
ezetimibe	76	flunisolide	116
ezetimibe-simvastatin	76	fluocinolone acetonide	82
		fluocinolone acetonide oil	116
F		fluocinonide	82
FABRAZYME	91	fluocinonide-e	82
falmina	97	fluorometholone	114
famciclovir	56	fluorouracil	31,83
famotidine	89	fluoxetine dr	22
FANAPT	47	fluoxetine hcl	22,23
FARESTON	31	fluphenazine decanoate	46
FARXIGA	58	fluphenazine hcl	46
FARYDAK	37	flurbiprofen	3
FASENRA	120	flurbiprofen sodium	114
FASENRA PEN	120	fluticasone propionate	82,116
FASLODEX	31	fluticasone propionate hfa	116
felbamate	15	fluticasone-salmeterol	120
FELDENE	3	fluvastatin sodium	75
felodipine er	70	fluvoxamine maleate	23
FEMARA	35	FML	114
femynor	97	FOCALIN	78
fenofibrate	74	FOLOTYN	32
fenofibric acid	75	fomepizole	86
fentanyl	4	fondaparinux sodium	64
fentanyl citrate	5	FORTEO	111
fesoterodine fumarate er	92	FOSAMAX	111
FETZIMA	22	fosamprenavir calcium	54
FINACEA	80,81	fosaprepitant dimeglumine	25
finasteride	93	fosinopril sodium	68
fingolimod	79	fosinopril-hydrochlorothiazide	72
FINTEPLA	16	fosphenytoin sodium	19
FIRAZYR	104	FOSRENOL	87
FIRMAGON	103	FOTIVDA	37
flac otic oil	116	FRUZAQLA	37
FLAGYL	9	FULPHILA	65
flecainide acetate	68	fulvestrant	31
FLOMAX	93	furosemide	74

FUZEON.....	54	glipizide er.....	58,59
FYCOMPA.....	16	glipizide xl.....	59
G			
gabapentin.....	17,18	glipizide-metformin.....	59
GABITRIL.....	18	GLUCAGEN.....	61
galantamine er.....	20	glucagon emergency kit.....	61
galantamine hbr.....	20	glucose in water.....	86
galantamine hydrobromide.....	20	GLUCOTROL XL.....	59
GAMMAGARD LIQUID.....	104	glyburide.....	59
GAMMAGARD S-D.....	105	glyburide micronized.....	59
GAMMAPLEX.....	105	glyburide-metformin hcl.....	59
GAMUNEX-C.....	105	glycopyrrolate.....	88
ganciclovir sodium.....	55	glydo.....	6
GARDASIL 9.....	108	GLYXAMBI.....	59
GATTEX.....	88	GOLYTELY.....	88
gauze pads & dressings - pads 2 x 2.....	58	granisetron hcl.....	25
gavilyte-c.....	88	GRANIX.....	65
gavilyte-g.....	88	griseofulvin.....	26
gavilyte-n.....	88	griseofulvin ultramicrosized.....	26
GAVRETO.....	37	guanfacine hcl.....	66
GAZYVA.....	42	guanfacine hcl er.....	78
gefitinib.....	37	GVOKE.....	61
gemcitabine hcl.....	33	GVOKE HYPOPEN 1-PACK.....	61
gemfibrozil.....	75	GVOKE HYPOPEN 2-PACK.....	61
gemmily.....	97	GVOKE PFS 1-PACK SYRINGE.....	61
GEMTESA.....	92	GVOKE PFS 2-PACK SYRINGE.....	61
H			
generlac.....	87	HAEGARDA.....	104
gengraf.....	107	hailey.....	97
gentamicin sulfate.....	8,84,113	hailey 24 fe.....	97
gentamicin sulfate in ns.....	8	hailey fe.....	97
GENVOYA.....	51	HALAVEN.....	33
GEODON.....	47	HALDOL DECANOATE 100.....	46
GILENYA.....	79	HALDOL DECANOATE 50.....	46
GILOTRIF.....	37	halobetasol propionate.....	82
glatiramer acetate.....	79	haloette.....	97
glatopa.....	79	haloperidol.....	46
GLEEVEC.....	37	haloperidol decanoate.....	46
GLEOSTINE.....	30	haloperidol decanoate 100.....	46
glimepiride.....	58	haloperidol lactate.....	46
glipizide.....	58	HARVONI.....	56

HAVRIX.....	108	hydrocodone bitartrate er.....	4
heather.....	102	hydrocodone-acetaminophen.....	5
HEMADY.....	93	hydrocodone-ibuprofen.....	5
heparin sodium.....	64	hydrocortisone.....	82,93,111
heparin sodium-d5w.....	64	hydrocortisone butyrate.....	82
HEPLISAV-B.....	108	hydrocortisone valerate.....	82
HERCEPTIN.....	42	hydrocortisone-acetic acid.....	116
HERCEPTIN HYLECTA.....	42	hydromorphone hcl.....	5
HERZUMA.....	42	hydroxychloroquine sulfate.....	44
HETLIOZ.....	121	hydroxyprogesterone caproate.....	102
HIBERIX.....	109	hydroxyurea.....	32
hidex.....	93	hydroxyzine hcl.....	57
HUMALOG.....	62	hydroxyzine pamoate.....	57
HUMALOG JUNIOR KWIKPEN.....	62	HYZAAR.....	72
HUMALOG KWIKPEN U-100.....	62		
HUMALOG KWIKPEN U-200.....	62		
HUMALOG MIX 50-50.....	62	ibandronate sodium.....	111
HUMALOG MIX 50-50 KWIKPEN.....	62	IBRANCE.....	37
HUMALOG MIX 75-25.....	62	ibu.....	3
HUMALOG MIX 75-25 KWIKPEN.....	62	ibuprofen.....	3
HUMALOG TEMPO PEN U-100.....	62	icatibant.....	104
HUMIRA.....	107	iclevia.....	98
HUMIRA PEN.....	107	ICLUSIG.....	38
HUMIRA PEN CROHN'S-UC-HS.....	107	icosapent ethyl.....	76
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	107	idarubicin hcl.....	33
HUMIRA(CF).....	107	IDHIFA.....	38
HUMIRA(CF) PEDIATRIC CROHN'S.....	107	IFEX.....	33
HUMIRA(CF) PEN.....	107	ifosfamide.....	33
HUMIRA(CF) PEN CROHN'S-UC-HS.....	107	ILARIS.....	105
HUMIRA(CF) PEN PEDIATRIC UC.....	107	ILEVRO.....	114
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	107	imatinib mesylate.....	38
HUMULIN 70-30.....	62	IMBRUVICA.....	38
HUMULIN 70/30 KWIKPEN.....	62	IMFINZI.....	42
HUMULIN N.....	62	imipenem-cilastatin sodium.....	13
HUMULIN N KWIKPEN.....	62	imipramine hcl.....	24
HUMULIN R.....	62	imiquimod.....	83
HUMULIN R U-500.....	62	IMITREX.....	28
HUMULIN R U-500 KWIKPEN.....	62	IMLYGIC.....	33
hydralazine hcl.....	76	IMOVAX RABIES VACCINE.....	109
HYDREA.....	32	IMPAVIDO.....	9
hydrochlorothiazide.....	74	IMURAN.....	107

INBRIJA.....	45	isoniazid.....	29
incassia.....	102	isopropyl alcohol 0.7 ml/ml medicated pad.....	59
INCRELEX.....	94	ISORDIL TITRADOSE.....	76
INCRUSE ELLIPTA.....	117	isosorbide dinitrate.....	77
indapamide.....	74	isosorbide mononitrate.....	77
INDERAL LA.....	69	isosorbide mononitrate er.....	77
INDERAL XL.....	69	isotretinoin.....	81
indomethacin.....	3	isradipine.....	70
INFANRIX DTAP.....	109	ISTALOL.....	115
INLYTA.....	38	ISTODAX.....	33
INNOPRAN XL.....	69	itraconazole.....	26
inpen (for humalog).....	62	ivermectin.....	44,83
inpen (for novolog or fiasp).....	62	IWILFIN.....	35
INQOVI.....	33	IXCHIQ.....	109
INREBIC.....	38	IXEMPRA.....	33
INSPIRA.....	74	IXIARO.....	109
insulin pen needle.....	62		
insulin syringe (disp) u-100 0.3 ml.....	62	J	
		JADENU.....	86
insulin syringe (disp) u-100 1 ml.....	62	JADENU SPRINKLE.....	86
insulin syringe (disp) u-100 1/2 ml.....	62	jaimiess.....	98
insulin syringe u-500.....	62	JAKAFI.....	38
INTELENCE.....	52	jantoven.....	64
INTRALIPID.....	86	JANUMET.....	59
INTRON A.....	106	JANUMET XR.....	59
introvale.....	98	JANUVIA.....	59
INVANZ.....	13	JARDIANCE.....	59
INVEGA.....	47	jasmiel.....	98
INVEGA HAFYERA.....	47	javygtor.....	91
INVEGA SUSTENNA.....	47,48	JAYPIRCA.....	38
INVEGA TRINZA.....	48	JEMPERLI.....	42
INVELTYS.....	114	jencycla.....	102
IPOL.....	109	JENTADUETO.....	59
ipratropium bromide.....	117	JENTADUETO XR.....	60
ipratropium-albuterol.....	120	JEVTANA.....	38
irbesartan.....	67	jolessa.....	98
irbesartan-hydrochlorothiazide.....	72	juleber.....	98
IRESSA.....	38	JULUCA.....	51
irinotecan hcl.....	35	junel.....	98
ISENTRESS.....	51	junel fe.....	98
ISENTRESS HD.....	51	junel fe 24.....	98
isibloom.....	98		

JUXTAPID.....	76
JYNNEOS.....	109
JYNNEOS (NATIONAL STOCKPILE).....	109

K

KADCYLA.....	42
kaitlib fe.....	98
KALETRA.....	54
kalliga.....	98
KALYDECO.....	118
KANJINTI.....	42
kariva.....	98
kcl-d5w-0.2% nacl.....	85
kcl-d5w-0.225% nacl.....	85
kcl-d5w-0.45% nacl.....	85
kelnor 1-35.....	98
kelnor 1-50.....	98
kemoplat.....	33
KEPIVANCE.....	80
KEPPRA.....	16
KERENDIA.....	74
ketoconazole.....	26
ketorolac tromethamine.....	114
KEYTRUDA.....	42
KINERET.....	105
KINRIX.....	109
KISQALI.....	38
KISQALI FEMARA CO-PACK.....	34
KLARON.....	81
klayesta.....	26
KLOR-CON 10.....	85
KLOR-CON 8.....	85
klor-con m10.....	85
KLOR-CON M15.....	85
klor-con m20.....	85
KLOXXADO.....	7
KOMBIGLYZE XR.....	60
KORLYM.....	103
KOSELUGO.....	38
kourzeq.....	80
KRAZATI.....	38

kurvelo.....	98
KUVAN.....	91
KYPROLIS.....	38

L

labetalol hcl.....	69
lacosamide.....	19
LACRISERT.....	113
lactated ringers.....	85
lactulose.....	87
LAGEVRIO (COMMERCIAL).....	120
LAGEVRIO (USG DIST.).....	120
LAMICTAL.....	16
LAMICTAL (BLUE).....	16
lamivudine.....	53,55
lamivudine hbv.....	55
lamivudine-zidovudine.....	53
lamotrigine.....	16
lamotrigine (blue).....	16
lamotrigine er.....	16
LANOXIN.....	72
lansoprazole.....	90
lanthanum carbonate.....	87
LANTUS.....	62
LANTUS SOLOSTAR.....	62
lapatinib.....	38
larin.....	98
larin 24 fe.....	98
larin fe.....	98
larissia.....	98
LASIX.....	74
latanoprost.....	115
LATUDA.....	48
LAYOLIS FE.....	98
ledipasvir-sofosbuvir.....	56
leena.....	98
leflunomide.....	107
lenalidomide.....	31
LENVIMA.....	38
lessina.....	98
LETAIRIS.....	119

letrozole	35	liothyronine sodium	103
leucovorin calcium	34	LIPITOR	75
LEUKERAN	30	lisdexamfetamine dimesylate	78
LEUKINE	65	lisinopril	68
leuprolide acetate	103	lisinopril-hydrochlorothiazide	73
leuprolide depot	103	lithium carbonate	58
levetiracetam	16	lithium carbonate er	58
levetiracetam er	16	lithium citrate	58
levetiracetam-nacl	16	LITHOBID	58
LEVO-T	103	lo-zumandimine	98
levobunolol hcl	115	LOCOID LIPOCREAM	82
levocarnitine	91	LOESTRIN	99
levocarnitine sf	91	LOESTRIN FE	99
levocetirizine dihydrochloride	117	lojaimiess	99
levofloxacin	14	LONSURF	34
levofloxacin-d5w	14	loperamide	88
levonest	98	LOPID	75
levonorg-eth estrad eth estrad	98	lopinavir-ritonavir	54
levonorgestrel-eth estradiol	98	LOPRESSOR	69
levora-28	98	LOPROX	26
levorphanol tartrate	4	lorazepam	57
levothyroxine sodium	103	lorazepam intensol	58
LEVOXYL	103	LORBRENA	38,39
LEXAPRO	23	loryna	99
LEXIVA	54	losartan potassium	67
LIALDA	110	losartan-hydrochlorothiazide	73
LIBTAYO	42	LOSEASONIQUE	99
lidocaine	6	LOTENSIN	68
lidocaine hcl	6,68	LOTENSIN HCT	73
lidocaine hcl laryngotracheal 4% solution	6	LOTRONEX	88
lidocaine hcl viscous	6	lovastatin	75
lidocaine-prilocaine	6	LOVAZA	76
LIDOCAN II	6	LOVENOX	64
lidocan iii	6	low-ogestrel	99
LIDODERM	6	loxapine	46
lillow	98	lubiprostone	88
lindane	83	LUMAKRAS	39
linezolid	9	LUMIGAN	115
linezolid-0.9% nacl	9	LUMIZYME	91
linezolid-d5w	9	LUMOXITI	42
LINZESS	88	LUPRON DEPOT	103

LUPRON DEPOT (LUPANETA)	103	meloxicam	3
LUPRON DEPOT-PED	103	melphalan hcl	30
lurasidone hcl	48	memantine hcl	20
lutra	99	memantine hcl er	20
LYBALVI	48	MENACTRA	109
lyleq	102	MENEST	95
lyllana	95	MENQUADFI	109
LYNPARZA	39	MENVEO A-C-Y-W-135-DIP	109
LYRICA	17	mercaptopurine	32
LYSODREN	103	meropenem	13
LYTGOBI	39	meropenem-0.9% nacl	13
LYUMJEV	62	merzee	99
LYUMJEV KWIKPEN U-100	62	mesalamine	110
LYUMJEV KWIKPEN U-200	62	mesalamine dr	110
LYUMJEV TEMPO PEN U-100	63	mesalamine er	110
lyza	102	mesna	43
M		MESNEX	44
M-M-R II VACCINE	109	MESTINON	29
magnesium sulfate	85	metformin hcl	60
MALARONE	44	metformin hcl er	60
malathion	84	methadone hcl	4
maraviroc	54	methazolamide	73
MARGENZA	42	methenamine hippurate	9
marlissa	99	methimazole	104
MARPLAN	22	methocarbamol	120
MATULANE	30	methotrexate	107
matzim la	71	methotrexate sodium	107
MAXALT	28	methoxsalen	83
MAXALT MLT	28	methscopolamine bromide	88
MAXITROL	112	methsuximide	17
MAXZIDE	73	methylergonovine maleate	93
MAXZIDE-25 MG	73	methylphenidate er	78
MAYZENT	79	methylphenidate hcl	78
meclizine hcl	25	methylprednisolone	94
MEDROL	94	methylprednisolone sodium succ	94
medroxyprogesterone acetate	102	methyltestosterone	95
mefloquine hcl	44	metoclopramide hcl	88
megestrol acetate	102	metolazone	74
MEKINIST	39	metoprolol succinate	69
MEKTOVI	39	metoprolol tartrate	70
		metoprolol-hydrochlorothiazide	73

METRO IV	9	moxifloxacin	14,113
METROCREAM	84	moxifloxacin hcl	14
METROGEL	84	MOZOBIL	65
METROLOTION	84	MULTAQ	68
metronidazole	9,84	mupirocin	84
metyrosine	73	MUTAMYCIN	34
mexiletine hcl	68	MVASI	42
MIACALCIN	111	MYALEPT	89
micafungin	27	MYCOBUTIN	29
MICARDIS	67	mycophenolate mofetil	107
MICARDIS HCT	73	mycophenolic acid	107
microgestin	99	MYFORTIC	107
microgestin 24 fe	99	MYLOTARG	42
microgestin fe	99	myorisan	81
midodrine hcl	66	MYRBETRIQ	92
mifepristone	103	MYSOLINE	18
midglustat	91		
MIGRANAL	28	N	
		nabumetone	3
mili	99	nadolol	70
mimvey	99	nafcillin	12
MINIPRESS	66	nafcillin sodium	12
minocycline hcl	15	NAGLAZYME	91
minoxidil	76	naloxone hcl	7
MIRCETTE	99	naltrexone hcl	7
mirtazapine	21	NAMENDA	21
misoprostol	89	naproxen	3
mitomycin	34	naproxen sodium	4
mitoxantrone hcl	34	naratriptan hcl	28
modafinil	121	NARCAN	7
moexipril hcl	68	NARDIL	22
molindone hcl	46	NATACYN	113
mometasone furoate	82,116	nateglinide	60
mondoxyne nl	15	NATPARA	112
MONJUVI	42	NAYZILAM	18
mono-lynyah	99	nebivolol hcl	70
montelukast sodium	117	NEBUPENT	44
morphine sulfate	5,6	necon	99
morphine sulfate er	4	needles, insulin disp., safety	63
MOVANTIK	88	nefazodone hcl	23
MOVIPREP	89	nelarabine	34
MOXEZA	113		

ODOMZO	39	ORGOVYX	104
OFEV	119	ORKAMBI	118
ofloxacin	14,113,116	ORSERDU	31
OGIVRI	42	orsythia	100
OGSIVEO	39	oseltamivir phosphate	56
OJJAARA	39	OTEZLA	83
olanzapine	48	OVIDE	84
olanzapine odt	48	oxaliplatin	34
olmesartan medoxomil	67	oxaprozin	4
olmesartan-amlodipine-hctz	73	oxazepam	58
olmesartan-hydrochlorothiazide	73	oxcarbazepine	19
olopatadine hcl	114,117	oxybutynin chloride	92
omega-3 acid ethyl esters	76	oxybutynin chloride er	92
omeprazole	90	oxycodone hcl	6
omnipod 5 g6 intro kit (gen 5)	63	oxycodone-acetaminophen	6
omnipod 5 g6 pods (gen 5)	63	OZEMPIC	60
omnipod 5 g6-g7 intro kt(gen5)	63		
omnipod 5 g6-g7 pods (gen 5)	63	P	
omnipod classic pdm kit(gen 3)	63	pacerone	68
omnipod classic pods (gen 3)	63	paclitaxel	34
omnipod dash intro kit (gen 4)	63	PADCEV	42
omnipod dash pdm kit (gen 4)	63	paliperidone er	48
omnipod dash pods (gen 4)	63	palonosetron hcl	25
omnipod go pods	63	PALYNZIQ	91
OMNITROPE	94	PANRETIN	43
ONCASPAR	34	pantoprazole sodium	90
ondansetron hcl	25	paraplatin	34
ondansetron odt	25	paricalcitol	112
ONFI	18	PARNATE	22
ONGLYZA	60	paromomycin sulfate	8
ONIVYDE	35	paroxetine cr	23
ONTRUZANT	42	paroxetine er	23
ONUREG	34	paroxetine hcl	23
OPDIVO	42	PAXIL	23
OPSUMIT	119	PAXLOVID	120
ORACEA	81	pazopanib hcl	39
ORALAIR	120	PEDIARIX	109
oralone	80	PEDVAXHIB	109
ORENCIA	105	peg 3350-electrolyte	89
ORENCIA CLICKJECT	105	peg-3350 and electrolytes	89
ORFADIN	91	peg3350-sod sul-nacl-kcl-asb-c	89

PEGASYS.....	106	PIQRAY.....	39
PEMAZYRE.....	39	pirfenidone.....	119
pemetrexed.....	34	pirmella.....	100
pemetrexed disodium.....	34	piroxicam.....	4
PENBRAYA.....	109	PLAQUENIL.....	44
penicillamine.....	93	PLAVIX.....	66
penicillin g potassium.....	12	PLEGRIDY.....	79
penicillin g sodium.....	12	PLEGRIDY PEN.....	80
penicillin gk-iso-osm dextrose.....	12	plerixafor.....	65
penicillin v potassium.....	12	podofilox.....	83
PENTACEL.....	109	POLIVY.....	43
PENTAM 300.....	44	polycin.....	113
pentamidine isethionate.....	44	polymyxin b sul-trimethoprim.....	113
PENTASA.....	110	POMALYST.....	31
pentoxifylline.....	73	portia.....	100
perindopril erbumine.....	68	PORTRAZZA.....	43
perio gard.....	80	posaconazole.....	27
PERJETA.....	42	potassium chloride.....	85
permethrin.....	84	potassium chloride in d5lr.....	84
perphenazine.....	25	potassium chloride proamp.....	85
PERSERIS.....	48	potassium chloride-0.45% nacl.....	85
pfizerpen.....	12	potassium chloride-dextrose 5%.....	84
phenelzine sulfate.....	22	potassium citrate er.....	85
phenobarbital.....	18	POTELIGEO.....	43
phenobarbital sodium.....	18	PRADAXA.....	64
phenoxybenzamine hcl.....	67	pramipexole dihydrochloride.....	45
PHENYTEK.....	19	prasugrel hcl.....	66
phenytoin.....	19	pravastatin sodium.....	75
phenytoin sodium extended.....	19	praziquantel.....	44
PHESGO.....	42	prazosin hcl.....	67
philith.....	100	PRED FORTE.....	114
PIFELTRO.....	52	PRED MILD.....	114
pilocarpine hcl.....	80,115	prednicarbate.....	82
pimecrolimus.....	82	prednisolone.....	94
pimozide.....	46	prednisolone acetate.....	114
pimtrea.....	100	prednisolone sodium phosphate.....	94,114
pindolol.....	70	prednisone.....	94
pioglitazone hcl.....	60	pregabalin.....	17
pioglitazone-glimepiride.....	60	PREGNYL.....	94
pioglitazone-metformin.....	60	PREHEVBRIO.....	109
piperacillin-tazobactam.....	12	PREMARIN.....	96

PREMPHASE.....	100	PROSCAR.....	93
PREMPRO.....	100	PROTONIX.....	90
PREVACID.....	90	protriptyline hcl.....	24
prevalite.....	76	PROVERA.....	102
previfem.....	100	PROZAC.....	23
PREVYMIS.....	55	PRUDOXIN.....	82
PREZCOBIX.....	55	PULMOZYME.....	118
PREZISTA.....	55	PURIXAN.....	32
PRIFTIN.....	29	PYLERA.....	89
primaquine.....	44	pyrazinamide.....	29
primidone.....	18	pyridostigmine bromide.....	29
PRIORIX.....	109	pyridostigmine bromide er.....	29
PRISTIQ.....	23	pyrimethamine.....	44
PROAIR HEA.....	118		
PROAIR RESPICLICK.....	118	Q	
		QINLOCK.....	39
probenecid.....	27	QUADRACEL DTAP-IPV.....	109
probenecid-colchicine.....	27	quetiapine fumarate.....	48
PROCARDIA XL.....	70	quetiapine fumarate er.....	48
prochlorperazine.....	25	quinapril hcl.....	68
prochlorperazine edisylate.....	25	quinapril-hydrochlorothiazide.....	73
prochlorperazine maleate.....	25	quinidine gluconate.....	68
PROCRIT.....	65	quinidine sulfate.....	69
procto-med hc.....	111	quinine sulfate.....	44
procto-pak.....	111	QVAR REDIHALER.....	116
proctosol-hc.....	111		
proctozone-hc.....	111	R	
progesterone.....	102	RABAVERT.....	109
PROGLYCEM.....	61	rabeprazole sodium.....	90
PROGRAF.....	108	raloxifene hcl.....	102
PROLASTIN C.....	91	ramelteon.....	121
PROLENSA.....	114	ramipril.....	68
PROLIA.....	112	ranolazine er.....	73
PROMACTA.....	65	RAPAFLO.....	93
promethazine hcl.....	25	RAPAMUNE.....	108
promethegan.....	25	rasagiline mesylate.....	46
propafenone hcl.....	68	reclipsen.....	100
propafenone hcl er.....	68	RECOMBIVAX HB.....	109
propranolol hcl.....	70	RECTIV.....	77
propranolol hcl er.....	70	REGLAN.....	89
propylthiouracil.....	104	REGANEX.....	83
PROQUAD.....	109		

RELAFEN	4	RITUXAN HYCELA	43
RELENZA	56	rivastigmine	20
RELISTOR	88	rizatriptan	28
REMERON	21	ROCALTROL	112
REMODULIN	119	ROCKLATAN	115
RENFLEXIS	108	roflumilast	118
REVELA	87	romidepsin	34
repaglinide	60	ropinirole er	45
REPATHA PUSHTRONEX	76	ropinirole hcl	45
REPATHA SURECLICK	76	rosadan	84
REPATHA SYRINGE	76	rosuvastatin calcium	75
RESTASIS	113	ROTARIX	109
RESTASIS MULTIDOSE	113	ROTATEQ	109
RETACRIT	65	ROWASA	110
RETEVMO	39	roweepra	16
RETIN-A	81	ROXICODONE	6
RETROVIR	53	ROZEREM	121
REVCOVI	91	ROZLYTREK	39
REVLIMID	31	RUBRACA	39
REXULTI	49	rufinamide	19,20
REYATAZ	55	RUKOBIA	54
REZLIDHIA	39	RUXIENCE	43
RHOPRESSA	115	RYBELSUS	60
RIABNI	43	RYBREVANT	43
ribavirin	56,120	RYDAPT	39
RIDAURA	105	RYLAZE	34
rifabutin	29	RYTARY	45
RIFADIN	29	RYTHMOL SR	69
rifampin	29		
riluzole	79	S	
		SABRIL	18
RINVOQ	105	sajazir	104
risedronate sodium	112	SALAGEN	80
risedronate sodium dr	112	SAMSCA	86
RISPERDAL	49	SANDIMMUNE	108
RISPERDAL CONSTA	49	SANDOSTATIN LAR DEPOT	104
risperidone	49	SANTYL	83
risperidone er	49	SAPHRIS	49
risperidone odt	49	sapropterin dihydrochloride	91
RITALIN	78	SARCLISA	43
ritonavir	55	saxagliptin hcl	60
RITUXAN	43		

saxagliptin-metformin er	60	sodium chloride-water	86
SCEMBLIX	40	sodium oxybate	121
scopolamine	25	sodium phenylbutyrate	91
SEASONIQUE	100	sodium polystyrene sulfonate	87
SECUADO	49	sofosbuvir-velpatasvir	56
selegiline hcl	46	solifenacin succinate	92
selenium sulfide	82	SOLQUA 100-33	60
SELZENTRY	54	SOLTAMOX	31
SENSIPAR	112	SOLU-MEDROL	94
SEREVENT DISKUS	118	SOMATULINE DEPOT	104
SEROQUEL	49	SOMAVERT	104
SEROQUEL XR	49	SOOLANTRA	84
sertraline hcl	23,24	sorafenib	40
setlakin	100	sorine	69
sevelamer carbonate	87	sotalol	69
SFROWASA	110	sotalol af	69
sharobel	102	SOVALDI	56
SHINGRIX	109	SPIRIVA HANDIHALER	117
SIGNIFOR	104	SPIRIVA RESPIMAT	117
SIGNIFOR LAR	104	spironolactone	74
sildenafil citrate	119	spironolactone-hctz	73
SILENOR	121	SPORANOX	27
silodosin	93	SPRAVATO	21
SILVADENE	83	sprintec	100
silver sulfadiazine	83	SPRITAM	16
SIMBRINZA	115	SPRYCEL	40
simliya	100	SPS	87
simpesse	100	sronyx	100
SIMULECT	108	SSD	83
simvastatin	75	STAMARIL	109
SINEMET 10-100	45	stavudine	53
SINEMET 25-100	46	STELARA	105
SINGULAIR	117	STIOLTO RESPIMAT	120
sirolimus	108	STIVARGA	40
SIRTURO	29	STRATTERA	78
SIVEXTRO	9	STRENSIQ	91
SKYRIZI	105	streptomycin sulfate	8
SKYRIZI ON-BODY	105	STRIBILD	51
SKYRIZI PEN	105	STROMECTOL	44
sod sulf-potass sulf-mag sulf	89	SUBLOCADE	7
sodium chloride	86	SUBOXONE	7

subvenite.....	16	TAGRISSO.....	40
subvenite (blue).....	16	TALZENNA.....	40
sucralfate.....	89	TAMIFLU.....	56
SULAR.....	70	tamoxifen citrate.....	31
sulfacetamide sodium.....	81,113	tamsulosin hcl.....	93
sulfacetamide-prednisolone.....	113	taperdex.....	94
sulfadiazine.....	14	TARCEVA.....	40
sulfamethoxazole-trimethoprim.....	14	TARGETIN.....	43
sulfasalazine.....	111	tarina 24 fe.....	100
sulfasalazine dr.....	111	tarina fe.....	100
sulindac.....	4	tarina fe 1-20 eq.....	100
sumatriptan.....	28	TASIGNA.....	40
sumatriptan succinate.....	28	tasimelton.....	121
sunitinib malate.....	40	TASMAR.....	45
SUNLENCA.....	54	taysofy.....	101
SUPRAX.....	11	tazarotene.....	81
SUPREP.....	89	tazicef.....	11
SUTAB.....	89	TAZORAC.....	81
SUTENT.....	40	taztia xt.....	71
syeda.....	100	TAZVERIK.....	40
SYMFI.....	52	TDVAX.....	109
SYMFI LO.....	52	TECENTRIQ.....	43
SYMLINPEN 120.....	60	TECFIDERA.....	80
SYMLINPEN 60.....	61	TEFLARO.....	11
SYMPAZAN.....	18	TEGRETOL.....	20
SYMTUZA.....	55	TEGRETOL XR.....	20
SYNAGIS.....	105	TEKTURNA.....	73
SYNAREL.....	104	telmisartan.....	67
SYNERCID.....	9	telmisartan-amlodipine.....	73
SYNJARDY.....	61	telmisartan-hydrochlorothiazid.....	73
SYNJARDY XR.....	61	temazepam.....	121
SYNRIBO.....	34	TEMODAR.....	30
SYNTHROID.....	103	temsirolimus.....	40
SYPRINE.....	86	tencon.....	2
T		TENIVAC.....	109
TABLOID.....	32	tenofovir disoproxil fumarate.....	53
TABRECTA.....	40	TENORETIC 100.....	73
tacrolimus.....	82,108	TENORETIC 50.....	73
tadalafil.....	119	TENORMIN.....	70
TAFINLAR.....	40	TEPMETKO.....	40
		terazosin hcl.....	67

terbinafine hcl.....	27	topiramate.....	16
terbutaline sulfate.....	118	toposar.....	36
terconazole.....	27	topotecan hcl.....	36
teriparatide.....	112	TOPROL XL.....	70
testosterone.....	95	toremifene citrate.....	31
testosterone cypionate.....	95	TORISEL.....	40
testosterone enanthate.....	95	toremide.....	74
tetrabenazine.....	79	TOUJEO MAX SOLOSTAR.....	63
tetracycline hcl.....	15	TOUJEO SOLOSTAR.....	63
THALOMID.....	31	TOVIAZ.....	92
THEO-24.....	118	TRACLEER.....	119
theophylline anhydrous.....	119	TRADJENTA.....	61
theophylline er.....	119	tramadol hcl.....	6
thioridazine hcl.....	46	tramadol hcl er.....	4
thiotepa.....	34	tramadol hcl-acetaminophen.....	6
thiothixene.....	46	trandolapril.....	68
THYMOGLOBULIN.....	105	trandolapril-verapamil er.....	73
tiadylt er.....	71	tranexamic acid.....	66
tiagabine hcl.....	18	tranylcypromine sulfate.....	22
TIAZAC.....	71	TRAVASOL.....	86
TIBSOVO.....	40	TRAVATAN Z.....	115
TICOVAC.....	110	travoprost.....	115
tigecycline.....	9	TRAZIMERA.....	43
TIKOSYN.....	69	trazodone hcl.....	24
tilia fe.....	100	TREANDA.....	35
timolol maleate.....	70,115	TRECTOR.....	29
TIMOPTIC.....	115	TRELEGY ELLIPTA.....	120
TIMOPTIC OCUDOSE.....	115	TRELSTAR.....	104
TIROSINT.....	103	TREMFYA.....	106
TIROSINT-SOL.....	103	treprostinil.....	119
TIVICAY.....	51	tretinoin.....	43,81
TIVICAY PD.....	51	tri femynor.....	100
tizanidine hcl.....	51	tri-estarylla.....	100
TOBRADEX.....	113	tri-legest fe.....	100
tobramycin.....	114,118	tri-linyah.....	100
tobramycin sulfate.....	8	tri-lo-estarylla.....	100
tobramycin-dexamethasone.....	113	tri-lo-marzia.....	100
tolcapone.....	45	tri-lo-mili.....	100
tolterodine tartrate.....	92	tri-lo-sprintec.....	100
tolterodine tartrate er.....	92	tri-mili.....	100
tolvaptan.....	86	tri-nymyo.....	100

VASOTEC.....	68	vincasar pfs.....	35
VECTIBIX.....	43	vincristine sulfate.....	35
VEGZELMA.....	43	vinorelbine tartrate.....	35
VELCADE.....	41	viorele.....	101
velivet.....	101	VIRACEPT.....	55
VELPHORO.....	87	VIREAD.....	53
VELTASSA.....	87	VITRAKVI.....	41
VENCLEXTA.....	41	VIVITROL.....	7
VENCLEXTA STARTING PACK.....	41	VIZIMPRO.....	41
venlafaxine besylate er.....	24	volnea.....	101
venlafaxine hcl.....	24	VONJO.....	41
venlafaxine hcl er.....	24	voriconazole.....	27
VENTAVIS.....	119	VOSEVI.....	56
VENTOLIN HFA.....	118	VOTRIENT.....	41
verapamil er.....	71	VPRIV.....	91
verapamil er pm.....	71	VRAYLAR.....	50
verapamil hcl.....	71	VUMERITY.....	80
verapamil sr.....	71	vyfemla.....	101
VERELAN.....	71	vylibra.....	101
VERELAN PM.....	71	VYNDAMAX.....	91
VERQUVO.....	73	VYNDAQEL.....	92
VERSACLOZ.....	51	VYTORIN.....	76
VERZENIO.....	41	VYVANSE.....	78
vestura.....	101	VYXEOS.....	35
VFEND IV.....	27		
vgo 20.....	63	W	
vgo 30.....	63	warfarin sodium.....	64
vgo 40.....	63	water.....	86
VIBERZI.....	88	WELIREG.....	35
VIBRAMYCIN.....	15	WELLBUTRIN SR.....	21
VICTOZA 2-PAK.....	61	WELLBUTRIN XL.....	21
VICTOZA 3-PAK.....	61	wera.....	101
vienva.....	101	wixela inhub.....	120
vigabatrin.....	19	wymzya fe.....	101
vigadrone.....	19		
VIGAMOX.....	114	X	
vigpoder.....	19	XALKORI.....	41
VIIBRYD.....	24	XARELTO.....	64,65
vilazodone hcl.....	24	XATMEP.....	108
VIMPAT.....	20	XCOPRI.....	17
vinblastine sulfate.....	35	XELJANZ.....	106

XELJANZ XR	106	ZEPZELCA	30
XENAZINE	79	ZESTORETIC	74
XERMELO	88	ZESTRIL	68
XGEVA	112	ZETIA	76
XHANCE	116	ZIAC	74
XIFAXAN	89	ZIAGEN	53
XIGDUO XR	61	zidovudine	53
XOFLUZA	56	ZIEXTENZO	66
XOLAIR	106	ziprasidone hcl	50
XOPENEX HFA	118	ziprasidone mesylate	50
XOSPATA	41	ZIRABEV	43
XPOVIO	35	ZITHROMAX	14
XTANDI	31	ZITHROMAX TRI-PAK	14
XYLOCAINE	7	ZOCOR	75
XYLOCAINE-MPF	7	ZOKINVY	92
Y		zoledronic acid	112
yargesa	92	ZOLINZA	35
YASMIN 28	101	zolmitriptan odt	29
YAZ	101	ZOLOFT	24
YERVOY	43	zolpidem tartrate	121
YF-VAX	110	ZONALON	83
YONDELIS	30	ZONEGRAN	20
YONSA	31	ZONISADE	20
yuvaferm	96	zonisamide	20
Z		ZONTIVITY	65
zafirlukast	117	ZORTRESS	108
zaleplon	121	ZOSYN	12
ZALTRAP	31	zovia 1-35	101
ZANOSAR	35	ZOVIRAX	57
zarah	101	ZTALMY	19
ZARONTIN	17	ZTLIDO	7
ZEBUTAL	2	zumandimine	101
ZEJULA	41	ZURZUVAE	21
ZELBORAF	41	ZYDELIG	41
ZEMPLAR	112	ZYKADIA	41
zenatane	81	ZYLOPRIM	27
ZENPEP	92	ZYNLONTA	43
zenzedi	78	ZYPREXA	50
ZEPATIER	56	ZYPREXA RELPREVV	50
		ZYPREXA ZYDIS	50
		ZYVOX	10

Retiree RxCare

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