

# Retiree RxCare

## 2024 Four Tier Formulary

### (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION  
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

Formulary ID No. 24415, Version 10

This formulary was updated on April 23, 2024. We have made no changes to this formulary since 4/23/2024. This is not a complete list of drugs covered by our plan. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), Monday through Friday, 8:00 AM to 8:00 PM (EST), or visit <http://retireerxcare.amwins.com>.

**Note to existing members:** This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Retiree RxCare. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial list of the drugs (formulary) for our plan which is current as of May 1, 2024. For a complete updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on May 1, 2024, and from time to time during the year.

Retiree RxCare is a Prescription Drug Plan (PDP) with a Medicare contract. Enrollment in Retiree RxCare depends on contract renewal.

This information is available for free in other languages. Please call our Customer Care number above.

The formulary may change at any time. You will receive notice when necessary.

## **What is the Retiree RxCare Formulary?**

A formulary is a list of covered drugs selected by Retiree RxCare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Retiree RxCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Retiree RxCare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

## **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but Retiree RxCare may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Retiree RxCare’s Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- o If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to Retiree RxCare’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of May 1, 2024, to get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

### **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

#### **Medical Condition**

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular, Hypertension / Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

#### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 120. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **What are generic drugs?**

Retiree RxCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

### **Are there any restrictions on my coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Retiree RxCare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Retiree RxCare before you fill your prescriptions. If you don’t get approval, Retiree RxCare may not cover the drug.

- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 tablets per 30 days for zolpidemtartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Retiree RxCare’s formulary?” on the next page for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary (list of covered drugs), you should first contact our Contact Center and ask if your drug is covered.

If you learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask our Contact Center for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Retiree RxCare.
- You can ask Retiree RxCare to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Retiree RxCare’s Formulary?**

You can ask Retiree RxCare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level, if this drug is not on the specialty tier. If approved, this would lower the amount you must pay for your drug.

- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception.

**When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

### **What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 30-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 30-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For current members, who are in a long-term care facility or going through level of care changes, Retiree RxCare will allow up to a one-month supply of medication.

Examples of level-of-care changes may include:

- Discharge from a hospital to a home setting (i.e., assisted living, long-term care (LTC), or private home) accompanied by a list of medications that may not always consider the plan drug list due to the short-term nature of the hospital visit
- Termination of a Medicare Part A skilled nursing facility stay (where payments include all pharmacy charges)
- Hospice disenrollment
- Leaving a long-term care facility stay and returning to the community
- Discharge from psychiatric hospitals with drug regimens that are highly individualized

**For more information**

For more detailed information about your Retiree RxCare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Retiree RxCare, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY users should call 1-877-486-2048. Or visit [www.medicare.gov](http://www.medicare.gov).

## Retiree RxCare's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 120.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., simvastatin).

The information in the Requirements/Limits column tells you if Retiree RxCare has any special requirements for coverage of your drug.

### Understanding the Requirements/Limits

Coverage	Definition
1	Preferred Generic
2	Preferred Brand
3	Non-Preferred Drug
4	Specialty

Abbreviation	Program Name	Definition
PA	Prior Authorization	Approval is required before your plan will cover this medication.
PA BvD	Medicare Part B vs. Part D	Coverage may be available under Medicare Part B or Part D.
QL	Quantity Limit	There is a limit on the amount that can be filled per prescription or over a period of time.

## List of Covered Drugs

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

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



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

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

### Opioid Analgesics, Long-acting

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

### Opioid Analgesics, Short-acting

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

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

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

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

## Anesthetics

### Local Anesthetics

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

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

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

## Anti-Addiction/ Substance Abuse Treatment Agents

### Alcohol Deterrents/ Anti-craving

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

### Opioid Dependence

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

### Opioid Reversal Agents

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

### Smoking Cessation Agents

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

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

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

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

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

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

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

### Beta-lactam, Cephalosporins

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

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



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

### Beta-lactam, Penicillins

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

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

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

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

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

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

## Anticonvulsants

### Anticonvulsants, Other

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

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

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

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

### Gamma-aminobutyric Acid (GABA) Augmenting Agents

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

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

### Sodium Channel Agents

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<b>Antidementia Agents</b>		
<b>Cholinesterase Inhibitors</b>		
ADLARITY	3	
ARICEPT (5 MG TABLET, 10 MG TABLET)	3	
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	1	
EXELON	3	
<i>galantamine er</i>	1	
<i>galantamine hbr</i>	1	
<i>galantamine hydrobromide</i>	3	
<i>rivastigmine</i>	1	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	1	PA
<i>memantine hcl er</i>	1	PA
NAMENDA	3	PA
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
AUVELITY	4	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)

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

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

### **Monoamine Oxidase Inhibitors**

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

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

CELEXA (10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	3	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	1	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	3	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYMBALTA 30 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	1	QL (30 PER 30 DAYS)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	1	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	1	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	3	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	3	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	3	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	1	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	3	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	3	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	3	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (10 mg capsule, 10 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl (20 mg capsule, 20 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	1	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	1	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	3	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	3	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	3	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

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

### Tricyclics

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	1	
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You can find information on what the symbols and abbreviations mean by going to the cover pages..

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

## Antiemetics

### Antiemetics, Other

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

### Emetogenic Therapy Adjuncts

<i>aprepitant</i>	1	PA
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You can find information on what the symbols and abbreviations mean by going to the cover pages..

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

## Antifungals

AMBISOME	3	PA
<i>amphotericin b</i>	3	PA
<i>amphotericin b liposome</i>	4	PA
CANCIDAS	4	
<i>caspofungin acetate</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg troche)</i>	1	
CRESEMBA	4	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	3	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	

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

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

### **Antigout Agents**

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



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

### Antimigraine Agents

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

### Serotonin (5-HT) Receptor Agonist

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

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

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

## Antimyasthenic Agents

### Parasympathomimetics

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

## Antimycobacterials

### Antimycobacterials, Other

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

### Antituberculars

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

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

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

## Antineoplastics

### Alkylating Agents

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

### Antiandrogens

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

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

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

### Antiangiogenic Agents

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

### Antiestrogens/Modifiers

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

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

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

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

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

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

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

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

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

### Aromatase Inhibitors, 3rd Generation

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

### Enzyme Inhibitors

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

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



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

### Molecular Target Inhibitors

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEEVEC 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
IBRANCE	4	PA, QL (21 PER 28 DAYS)
ICLUSIG	4	PA, QL (30 PER 30 DAYS)
IDHIFA	4	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	1	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	4	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	4	PA, QL (120 PER 30 DAYS)
INREBIC	4	PA, QL (120 PER 30 DAYS)
IRESSA	4	PA, QL (30 PER 30 DAYS)
JAKAFI	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
JEVTANA	4	PA
KISQALI 200 MG DAILY DOSE	4	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	4	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	4	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	4	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
KRAZATI	4	PA, QL (180 PER 30 DAYS)
KYPROLIS	4	PA
<i>lapatinib</i>	4	PA, QL (180 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	4	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	4	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	4	PA, QL (60 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
LORBRENA 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	4	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
ODOMZO	4	PA, QL (30 PER 30 DAYS)
OGSIVEO	4	PA, QL (180 PER 30 DAYS)
OJJAARA	4	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	4	PA, QL (120 PER 30 DAYS)
PEMAZYRE	4	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	4	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	4	PA, QL (30 PER 30 DAYS)
QINLOCK	4	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
REZLIDHIA	4	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	4	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYDAPT	4	PA, QL (240 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	4	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	4	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	4	PA, QL (90 PER 30 DAYS)
STIVARGA	4	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	4	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
TABRECTA	4	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL (840 PER 28 DAYS)
TAGRISSE	4	PA, QL (30 PER 30 DAYS)
TALZENNA	4	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
TASIGNA	4	PA, QL (120 PER 30 DAYS)
TAZVERIK	4	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	4	
TEPMETKO	4	PA, QL (60 PER 30 DAYS)
TIBSOVO	4	PA, QL (60 PER 30 DAYS)
TORISEL	4	
TRUQAP	4	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	4	PA, QL (120 PER 30 DAYS)

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
TUKYSA 50 MG TABLET	4	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
TYKERB	4	PA, QL (180 PER 30 DAYS)
VANFLYTA	4	PA, QL (60 PER 30 DAYS)
VELCADE	4	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	4	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	4	PA, QL (42 PER 28 DAYS)
VERZENIO	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	4	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
VIZIMPRO	4	PA, QL (30 PER 30 DAYS)
VONJO	4	PA, QL (120 PER 30 DAYS)
VOTRIENT	4	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	4	PA, QL (180 PER 30 DAYS)
XOSPATA	4	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

### **Monoclonal Antibody/Antibody-Drug Conjugate**

ADCETRIS	4	PA
ALYMSYS	4	PA
ARZERRA	4	PA

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

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

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

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

### Retinoids

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

### Treatment Adjuncts

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

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



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

## Antiparasitics

### Anthelmintics

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

### Antiprotozoals

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

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

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

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

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

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

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

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

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

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

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

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

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

### Treatment-Resistant

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

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

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

### Antispasticity Agents

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

### Antivirals

#### Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

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

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



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

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

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

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

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

### **Anti-HIV Agents, Other**

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

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

### Anti-HIV Agents, Protease Inhibitors

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

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

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

### Anti-cytomegalovirus (CMV) Agents

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

### Anti-hepatitis B (HBV) Agents

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

### Anti-hepatitis C (HCV) Agents

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

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

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

### Anti-influenza Agents

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

### Antiherpetic Agents

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

### Anxiolytics

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

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

## **Bipolar Agents**

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

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

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

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

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	3	QL (30 PER 30 DAYS)
OZEMPIC	2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	2	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformn er 5-1000)</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptn-metform er 2.5-1000</i>	1	QL (60 PER 30 DAYS)
SOLIQUA 100-33	2	QL (18 PER 30 DAYS)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	2	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	2	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
TRADJENTA	2	QL (30 PER 30 DAYS)
TRULICITY	2	PA, QL (2 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
VICTOZA 2-PAK	2	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	2	PA, QL (9 PER 30 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	2	QL (60 PER 30 DAYS)

### Glycemic Agents

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

### Insulins

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
HUMALOG TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
HUMULIN 70-30	2	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN N	2	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN R	2	QL (60 PER 30 DAYS)
HUMULIN R U-500	2	PA
HUMULIN R U-500 KWIKPEN	2	QL (60 PER 30 DAYS)
<i>inpen (for humalog)</i>	2	
<i>inpen (for novolog or fiasp)</i>	2	
<i>insulin pen needle</i>	2	
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	
<i>insulin syringe (disp) u-100 1 ml</i>	2	
<i>insulin syringe (disp) u-100 1/2 ml</i>	2	
<i>insulin syringe u-500</i>	2	
LANTUS	2	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	2	QL (60 PER 30 DAYS)
LYUMJEV	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	2	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	2	
<i>novopen echo</i>	2	
<i>omnipod 5 g6 intro kit (gen 5)</i>	2	
<i>omnipod 5 g6 pods (gen 5)</i>	2	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	2	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	2	
<i>omnipod classic pdm kit(gen 3)</i>	2	
<i>omnipod classic pods (gen 3)</i>	2	
<i>omnipod dash intro kit (gen 4)</i>	2	

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

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

## Blood Products and Modifiers

### Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	1	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	1	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	2	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)</i>	1	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	4	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	4	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	4	QL (18 PER 90 OVER TIME)
<i>heparin 20,000 unit/500 ml-d5w</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>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/0.5 ml, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	1	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	4	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	3	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	3	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	3	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	3	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	3	QL (18 PER 90 OVER TIME)
PRADAXA (75 MG CAPSULE, 150 MG CAPSULE)	3	QL (60 PER 30 DAYS)
PRADAXA 110 MG CAPSULE	3	QL (120 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	2	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (51 PER 30 DAYS)
ZONTIVITY	3	
<b>Blood Products and Modifiers, Other</b>		
AGRYLIN	3	
<i>anagrelide hcl</i>	1	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	3	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	4	PA

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

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

### Hemostasis Agents

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

### Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	1	
BRILINTA	2	
CABLIVI	4	
<i>cilostazol</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>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1	
PLAVIX	3	
<i>prasugrel hcl</i>	1	

## Cardiovascular Agents

### Alpha-adrenergic Agonists

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

### Alpha-adrenergic Blocking Agents

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

### Angiotensin II Receptor Antagonists

ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	3	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	3	QL (30 PER 30 DAYS)
AVAPRO	3	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	3	QL (60 PER 30 DAYS)

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

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

### Angiotensin-converting Enzyme (ACE) Inhibitors

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

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



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

### Antiarrhythmics

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

### Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	

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

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

### **Calcium Channel Blocking Agents, Dihydropyridines**

<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	1	

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

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

### Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	3	
CARDIZEM CD	3	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	
<i>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>verapamil er</i>	1	
<i>verapamil er pm</i>	3	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>verapamil sr</i>	1	
VERELAN	3	
VERELAN PM	3	

### Cardiovascular Agents, Other

ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	3	
<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
ALDACTAZIDE 25-25 TABLET	3	
<i>aliskiren</i>	1	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1	QL (30 PER 30 DAYS)
ATACAND HCT	3	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	QL (30 PER 30 DAYS)
AZOR	3	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	3	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	2	PA, QL (600 PER 30 DAYS)
DEMSEER	4	
<i>digitek</i>	1	QL (30 PER 30 DAYS)
<i>digox</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	1	QL (150 PER 30 DAYS)
DIOVAN HCT	3	QL (30 PER 30 DAYS)
EDARBYCLOR	3	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	2	QL (180 PER 30 DAYS)
EXFORGE	3	QL (30 PER 30 DAYS)
EXFORGE HCT	3	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	3	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	3	
MAXZIDE	3	
MAXZIDE-25 MG	3	
<i>methazolamide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	

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

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

### Diuretics, Loop

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

### Diuretics, Potassium-sparing

ALDACTONE	3	
<i>amiloride hcl</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>eplerenone</i>	1	
INSPRA	3	
KERENDIA	2	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	

### Diuretics, Thiazide

<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	

### Dyslipidemics, Fibric Acid Derivatives

<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	3	QL (60 PER 30 DAYS)

### Dyslipidemics, HMG CoA Reductase Inhibitors

<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	3	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	1	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	3	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)

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

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

### Dyslipidemics, Other

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

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



DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REPATHA PUSHTRONEX	2	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	2	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	2	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	1	
VASCEPA 0.5 GM CAPSULE	2	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	2	QL (120 PER 30 DAYS)
VYTORIN	3	QL (30 PER 30 DAYS)
ZETIA	3	QL (30 PER 30 DAYS)

### Vasodilators, Direct-acting Arterial

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

### Vasodilators, Direct-acting Arterial/Venous

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

### Central Nervous System Agents

#### Attention Deficit Hyperactivity Disorder Agents, Amphetamines

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

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
DEXEDRINE SPANSULE 5 MG	3	QL (90 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	1	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	2	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	1	QL (90 PER 30 DAYS)
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN	3	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	QL (30 PER 30 DAYS)

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

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

### **Central Nervous System, Other**

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

### **Multiple Sclerosis Agents**

AMPYRA	4	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	4	PA, QL (1 PER 28 DAYS)
AVONEX PEN	4	PA, QL (1 PER 28 DAYS)
BETASERON	4	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	4	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	4	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	1	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	4	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glatiramer 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	4	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	3	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	3	PA, QL (12 PER 28 DAYS)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	4	PA, QL (1 PER 28 DAYS)
TECFIDERA	4	PA, QL (60 PER 30 DAYS)
TYSABRI	4	PA
VUMERITY	4	PA, QL (120 PER 30 DAYS)

### Dental and Oral Agents

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

### Dermatological Agents

#### Acne and Rosacea Agents

<i>acutane</i>	1	
<i>acitretin</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>amnesteam</i>	1	
AVITA	1	PA
<i>azelaic acid 15% gel</i>	1	
AZELEX	3	
BENZAMYCIN	3	
<i>claravis</i>	1	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
FINACEA 15% FOAM	2	
FINACEA 15% GEL	3	
<i>isotretinoin</i>	1	
KLARON	3	
<i>myorisan</i>	1	
ORACEA	2	
RETIN-A	3	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	1	
<i>tazarotene (0.05% gel, 0.1% cream, 0.1% gel)</i>	1	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	3	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	1	PA
<i>zenatane</i>	1	

### **Dermatitis and Pruitus Agents**

ALA-CORT 1% CREAM	1	
<i>ala-cort 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	1	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	1	
<i>betamethasone diprop augmented (crm, oin)</i>	1	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	1	QL (135 PER 30 DAYS)

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

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

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

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

### Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>calcitrene</i>	1	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	PA
EFUDEX	2	
<i>fluorouracil (cream, topical soln)</i>	1	
<i>fluorouracil 0.5% cream</i>	4	
<i>fluorouracil 2% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	4	
<i>nystatin-triamcinolone</i>	1	

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

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

### Pediculicides/Scabicides

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

### Topical Anti-infectives

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

### Electrolytes/Minerals/ Metals/ Vitamins

#### Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	1	
CARBAGLU	4	PA

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



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

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

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

### **Electrolyte/Mineral/Metal Modifiers**

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

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

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

### **Phosphate Binders**

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

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

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

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

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

### Gastrointestinal Agents, Other

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

### Histamine2 (H2) Receptor Antagonists

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

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

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

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

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

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

## Genitourinary Agents

### Antispasmodics, Urinary

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

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



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

### Benign Prostatic Hypertrophy Agents

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

### Genitourinary Agents, Other

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

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	1	
<i>dexamethasone sodium phosphate (4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl)</i>	1	
<i>fludrocortisone acetate</i>	1	
HEMADY	3	
<i>hidex</i>	1	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone sodium succ</i>	1	
<i>prednisolone 15 mg/5 ml soln</i>	1	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	1	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 5 mg/5 ml solution, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	
SOLU-MEDROL (1 GRAM VIAL, 40 MG VIAL, 125 MG VIAL, 500 MG VIAL, 1,000 MG VIAL)	3	
<i>taperdex 6 day 1.5 mg tablet</i>	1	

### Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

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

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

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

### Androgens

ANDROGEL (1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT)	3	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	1	PA
DEPO-TESTOSTERONE	1	PA
<i>methyltestosterone 10 mg cap</i>	4	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	1	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	1	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	1	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	1	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	1	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	1	PA
<i>testosterone enanthate</i>	2	PA

### Estrogens

DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	3	
<i>dotti</i>	1	
ESTRACE 0.01% CREAM	3	

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

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

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

<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	

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

<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle</i>	1	
<i>cyclafem</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-eth estra-levomet</i>	1	
<i>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>emoquette</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	

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

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

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

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

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

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

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



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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enilloring</i>	1	
<i>taysofy</i>	1	
<i>turqoz</i>	1	
<b>Progestins</b>		
AYGESTIN	3	
<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	3	
DEPO-SUBQ PROVERA 104	3	
<i>errin</i>	1	
<i>heather</i>	1	
<i>hydroxyprogesterone 1.25 g/5ml</i>	4	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</i>	1	
<i>norethindrone acetate</i>	1	
<i>norlyda</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	
<i>sharobel</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>tulana</i>	1	
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE	3	
EVISTA	3	
<i>raloxifene hcl</i>	1	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	1	
SYNTHROID	2	
TIROSINT	3	
TIROSINT-SOL	3	
UNITHROID	1	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
KORLYM	4	PA, QL (120 PER 30 DAYS)
LYSODREN	4	
<i>mifepristone 300 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>cabergoline</i>	1	
ELIGARD	3	PA
FIRMAGON	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>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
<i>leuprolide depot</i>	3	PA
LUPRON DEPOT	4	PA
LUPRON DEPOT (LUPANETA)	4	PA
LUPRON DEPOT-PED	4	PA
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	4	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	PA
ORGOVYX	4	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR	3	PA

## Hormonal Agents, Suppressant (Thyroid)

### Antithyroid Agents

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

## Immunological Agents

### Angioedema Agents

CINRYZE	4	PA, QL (20 PER 30 DAYS)
FIRAZYR	4	PA, QL (18 PER 30 DAYS)

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

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

### **Immunoglobulins**

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

### **Immunological Agents, Other**

ARCALYST	4	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX SENSOREADY (2 PENS)	4	PA
COSENTYX SENSOREADY PEN	4	PA
COSENTYX SYRINGE	4	PA
COSENTYX UNOREADY PEN	4	PA
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
ILARIS	4	PA
KINERET	4	PA
NULOJIX	4	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA
ORENCIA CLICKJECT	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
RIDAURA	4	
RINVOQ	4	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	4	PA
SKYRIZI PEN	4	PA
STELARA	4	PA
TREMFYA	4	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	4	PA
XELJANZ XR	4	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	4	PA

### Immunostimulants

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

### Immunosuppressants

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

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

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

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

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

## Vaccines

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

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



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

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

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

## Inflammatory Bowel Disease Agents

### Aminosalicylates

APRISO	3	QL (120 PER 30 DAYS)
ASACOL HD	4	QL (180 PER 30 DAYS)
AZULFIDINE	3	
<i>balsalazide disodium</i>	1	
CANASA	4	
COLAZAL	3	
DELZICOL	3	QL (180 PER 30 DAYS)
DIPENTUM	4	
LIALDA	3	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</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
PENTASA 250 MG CAPSULE	3	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	3	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	3	
SFROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	

### Glucocorticoids

<i>budesonide dr</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	4	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)

### Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	3	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	1	
<i>calcitonin-salmon 400 unit/2ml</i>	4	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)</i>	3	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	1	PA
<i>cinacalcet hcl 90 mg tablet</i>	4	PA
FORTEO	4	PA
FOSAMAX	3	QL (4 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>ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)</i>	1	
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
MIACALCIN	4	
NATPARA	4	PA, QL (2 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)</i>	1	
PROLIA	3	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	4	PA
SENSIPAR 30 MG TABLET	3	PA
<i>teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)</i>	4	PA
TYMLOS	4	PA
XGEVA	4	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	3	
<i>zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)</i>	1	

## Ophthalmic Agents

### Ophthalmic Agents, Other

<i>atropine 1% eye drops</i>	2	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	2	
COSOPT	3	
CYSTADROPS	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
CYSTARAN	4	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	3	
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
RESTASIS	2	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	2	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX (DROPS, OINTMENT)	3	
<i>tobramycin-dexamethasone</i>	1	
<b>Ophthalmic Anti-Infectives</b>		
<i>ak-poly-bac</i>	1	
<i>bacitracin 500 unit/gm ophth</i>	2	
<i>bacitracin-polymyxin</i>	1	
BESIVANCE	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
LACRISERT	3	
MOXEZA	3	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	
OCUFLOX	3	
<i>ofloxacin 0.3% eye drops</i>	1	

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

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

### Ophthalmic Anti-allergy Agents

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

### Ophthalmic Anti-inflammatories

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

### Ophthalmic Beta-Adrenergic Blocking Agents

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

### Ophthalmic Intraocular Pressure Lowering Agents, Other

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

### Ophthalmic Prostaglandin and Prostanoid Analogs

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

### Otic Agents

<i>acetic acid 2% ear solution</i>	1	
CIPRODEX	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

### Respiratory Tract/ Pulmonary Agents

#### Anti-inflammatories, Inhaled Corticosteroids

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

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



<b>DRUG NAME</b>	<b>DRUG TIER</b>	<b>REQUIREMENTS/LIMITS</b>
XHANCE	3	QL (32 PER 30 DAYS)
<b>Antihistamines</b>		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	1	QL (60 PER 30 DAYS)
<i>clemastine fum 2.68 mg tab</i>	3	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)</i>	1	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	1	QL (30.5 PER 30 DAYS)
<b>Antileukotrienes</b>		
ACCOLATE	3	
<i>montelukast sodium</i>	1	
SINGULAIR	3	
<i>zafirlukast</i>	1	
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	2	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	1	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA
SPIRIVA HANDIHALER	2	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
<b>Bronchodilators, Sympathomimetic</b>		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	QL (36 PER 30 DAYS)
<i>albuterol sulfata (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	1	

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

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

### Cystic Fibrosis Agents

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

### Mast Cell Stabilizers

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1	

### Pulmonary Antihypertensives

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

### Pulmonary Fibrosis Agents

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

### Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
ADVAIR HFA	2	QL (12 PER 30 DAYS)
ANORO ELLIPTA	2	QL (60 PER 30 DAYS)

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

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

### Skeletal Muscle Relaxants

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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## Sleep Disorder Agents

### Sleep Promoting Agents

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

### Wakefulness Promoting Agents

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

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

# Alphabetical Listing

## A

abacavir.....	51	AFINITOR DISPERZ.....	35
abacavir-lamivudine.....	51	afirmelle.....	94
ABILIFY.....	45	AGRYLIN.....	63
ABILIFY ASIMTUFII.....	45,46	AIMOVIG AUTOINJECTOR.....	27
ABILIFY MAINTENA.....	46	ak-poly-bac.....	111
abiraterone acetate.....	29	AKEEGA.....	35
ABRAXANE.....	31	ALA-CORT.....	79
ABRYSVO.....	106	ala-cort.....	79
acamprosate calcium.....	7	albendazole.....	43
acarbose.....	57	albuterol hfa 90 mcg inhaler (generic proair hfa).....	115
ACCOLATE.....	115	albuterol hfa 90 mcg inhaler (generic proventil hfa).....	115
ACCUPRIL.....	66	albuterol sulfate.....	115,116
ACCURETIC.....	70	alclometasone dipropionate.....	79
accutane.....	78	ALDACTAZIDE.....	70
acebutolol hcl.....	67	ALDACTONE.....	72
acetaminophen-codeine.....	4	ALDURAZYME.....	89
acetazolamide.....	70	ALECENSA.....	35
acetazolamide er.....	70	alendronate sodium.....	109
acetic acid.....	114	alfuzosin hcl er.....	91
acetylcysteine.....	117	ALIMTA.....	31
acitretin.....	78	ALIQOPA.....	35
ACTHAR.....	91	aliskiren.....	70
ACTHIB.....	106	allopurinol.....	26
ACTIMMUNE.....	104	allopurinol sodium.....	27
ACTOS.....	57	ALOPRIM.....	27
ACULAR.....	112	alosetron hcl.....	86
ACULAR LS.....	112	ALPHAGAN P.....	113
acyclovir.....	55	alprazolam.....	55,56
acyclovir sodium.....	55	ALTACE.....	66
ADACEL TDAP.....	106	altavera.....	94
ADCETRIS.....	40	ALUNBRIG.....	35
ADCIRCA.....	117	alyacen.....	94
ADDERALL XR.....	75	ALYMSYS.....	40
adefovir dipivoxil.....	54	alyq.....	117
ADEMPAS.....	117	amabelz.....	94
ADLARITY.....	20	amantadine.....	44
adriamycin.....	31	AMBISOME.....	25
ADVAIR HFA.....	117	ambrisentan.....	117
AFINITOR.....	35	amethia.....	94

amethyst	94	ARIMIDEX	34
amikacin sulfate	8	aripiprazole	46
amiloride hcl	72	aripiprazole odt	46
amiloride-hydrochlorothiazide	70	ARISTADA	46
amiodarone hcl	67	ARISTADA INITIO	46
amitriptyline hcl	23	armodafinil	119
amlodipine besylate	68	ARNUIITY ELLIPTA	114
amlodipine besylate-benazepril	70	AROMASIN	34
amlodipine-atorvastatin	70	ARRANON	31
amlodipine-olmesartan	70	arsenic trioxide	31
amlodipine-valsartan	70	ARTHROTEC 50	2
amlodipine-valsartan-hctz	70	ARTHROTEC 75	2
ammonium lactate	79	ARZERRA	40
amnesteem	79	ASACOL HD	108
amoxapine	24	asenapine maleate	46
amoxicillin	11	ashlyna	94
amoxicillin-clavulanate pot er	11	ASMANEX	114
amoxicillin-clavulanate potass	11	ASMANEX HFA	114
amphotericin b	25	ASPARLAS	31
amphotericin b liposome	25	aspirin-dipyridamole er	64
ampicillin sodium	12	ASTAGRAF XL	104
ampicillin trihydrate	11	ATACAND	65
ampicillin-sulbactam	12	ATACAND HCT	70
AMPYRA	77	atazanavir sulfate	53
anagrelide hcl	63	ATELVIA	109
anastrozole	34	atenolol	67
ANDROGEL	93	atenolol-chlorthalidone	70
ANORO ELLIPTA	117	ATGAM	103
APOKYN	44	atomoxetine hcl	76
apomorphine hcl	44	atorvastatin calcium	73
aprepitant	24	atovaquone	43
apri	94	atovaquone-proguanil hcl	43
APRISO	108	atropine sulfate	110
APTIOM	18	ATROVENT HFA	115
APTIVUS	53	aubra	94
aqua care sodium chloride	82	aubra eq	94
aranelle	94	AUGMENTIN	12
ARANESP	63	AUGTYRO	35
ARCALYST	103	aurovela	94
AREXVY	106	aurovela 24 fe	94
ARICEPT	20	aurovela fe	95

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



blisovi 24 fe.....	95	BYETTA.....	57
blisovi fe.....	95	BYSTOLIC.....	68
BOOSTRIX TDAP.....	106		
bortezomib.....	35	<b>C</b>	
bosentan.....	117	CABENUVA.....	50
BOSULIF.....	35	cabergoline.....	101
BRAFTOVI.....	35	CABLIVI.....	64
BREO ELLIPTA.....	118	CABOMETYX.....	36
breyna.....	118	caffeine citrate.....	116
BREZTRI AEROSPHERE.....	118	calcipotriene.....	81
briellyn.....	95	calcitonin-salmon.....	109
BRILINTA.....	64	calcitrene.....	81
brimonidine tartrate.....	113	calcitriol.....	109
brimonidine tartrate-timolol.....	110	calcium acetate.....	85
brinzolamide.....	113	CALQUENCE.....	36
BRIVIACT.....	15	camila.....	100
bromfenac sodium.....	112	camrese.....	95
bromocriptine mesylate.....	44	camrese lo.....	95
BRUKINSA.....	36	CANASA.....	108
budesonide.....	114	CANCIDAS.....	25
budesonide dr.....	109	candesartan cilexetil.....	66
budesonide ec.....	109	candesartan-hydrochlorothiazid.....	70
budesonide er.....	109	CAPLYTA.....	46
budesonide-formoterol fumarate.....	118	CAPRELSA.....	36
bumetanide.....	72	captopril.....	66
BUPHENYL.....	89	CARAFATE.....	88
buprenorphine.....	4	CARBAGLU.....	82
buprenorphine hcl.....	7	carbamazepine.....	18
buprenorphine-naloxone.....	7	carbamazepine er.....	18
bupropion hcl.....	20	CARBATROL.....	18
bupropion hcl sr.....	7,20	carbidopa.....	44
bupropion hcl sr 150mg tablet.....	20	carbidopa-levodopa.....	44
bupropion xl.....	20	carbidopa-levodopa er.....	44
buspirone hcl.....	56	carbidopa-levodopa-entacapone.....	44
busulfan.....	29	carboplatin.....	31
butalbital-acetaminophen.....	2	CARDIZEM.....	69
butalbital-acetaminophen-caffe.....	2	CARDIZEM CD.....	69
butalbital-aspirin-caffeine.....	2	CARDIZEM LA.....	69
butorphanol tartrate.....	4	CARDURA.....	65
BUTRANS.....	4	carglumic acid.....	83
BYDUREON BCISE.....	57	carmustine.....	31

CARNITOR.....	89	chlorpromazine hcl.....	24
CARNITOR SF.....	89	chlorthalidone.....	73
carteolol hcl.....	113	cholestyramine.....	74
cartia xt.....	69	cholestyramine light.....	74
carvedilol.....	68	CHORIONIC GONADOTROPIN.....	92
carvedilol er.....	68	ciclodan.....	25
CASODEX.....	29	ciclopirox.....	25
caspofungin acetate.....	25	cidofovir.....	54
cataflam.....	2	cilostazol.....	64
cefaclor.....	10	CIMDUO.....	51
cefadroxil.....	10	cimetidine.....	87
cefazolin sodium.....	10	cinacalcet hcl.....	109
cefazolin sodium-dextrose.....	10	CINRYZE.....	102
cefdinir.....	10	CIPRO.....	13
cefepime.....	10	CIPRODEX.....	114
cefepime hcl.....	10	ciprofloxacin.....	14
cefepime-dextrose.....	10	ciprofloxacin hcl.....	14,111
cefixime.....	10	ciprofloxacin-d5w.....	14
cefoxitin.....	10	ciprofloxacin-dexamethasone.....	114
cefoxitin sodium.....	11	cisplatin.....	31
cefpodoxime proxetil.....	11	citalopram hbr.....	21
cefprozil.....	11	cladribine.....	32
ceftazidime.....	11	claravis.....	79
ceftriaxone.....	11	clarithromycin.....	13
cefuroxime.....	11	clarithromycin er.....	13
cefuroxime sodium.....	11	clemastine fumarate.....	115
CELEBREX.....	2	CLEOCIN.....	8
celecoxib.....	2	CLEOCIN HCL.....	8
CELEXA.....	21	CLEOCIN PHOSPHATE.....	8
CELLCEPT.....	104	CLEOCIN T.....	8
CELONTIN.....	16	clindacin etz.....	8
cephalexin.....	11	clindacin p.....	8
CEREZYME.....	89	clindamycin (pediatric).....	8
cevimeline hcl.....	78	clindamycin hcl.....	8
chateal.....	95	clindamycin phosphate.....	9
chateal eq.....	95	clindamycin phosphate-d5w.....	9
CHEMET.....	84	clindamycin-0.9% nacl.....	9
CHENODAL.....	87	clindamycin-benzoyl peroxide.....	79
chloramphenicol sod succinate.....	8	clobazam.....	17
chlorhexidine gluconate.....	78	clobetasol emollient.....	80
chloroquine phosphate.....	43	clobetasol propionate.....	80

clodan.....	80	COSENTYX SYRINGE.....	103
clofarabine.....	32	COSENTYX UNOREADY PEN.....	103
CLOLAR.....	32	COSMEGEN.....	32
clomipramine hcl.....	24	COSOPT.....	110
clonazepam.....	56	COTELLIC.....	36
clonidine.....	65	COZAAR.....	66
clonidine hcl.....	65	CREON.....	89
clonidine hcl er.....	76	CRESEMBA.....	25
clopidogrel.....	65	CRESTOR.....	73
clorazepate dipotassium.....	56	cromolyn sodium.....	89,112,116
clotrimazole.....	25	cryselle.....	95
clotrimazole-betamethasone.....	81	CRYSVITA.....	89
clozapine.....	49	CUBICIN.....	9
clozapine odt.....	49	CUBICIN RF.....	9
CLOZARIL.....	49	cyclafem.....	95
COARTEM.....	43	cyclobenzaprine hcl.....	118
codeine sulfate.....	5	CYCLOPHOSPHAMIDE.....	29
COLAZAL.....	108	cyclophosphamide.....	29
colchicine.....	27	cycloserine.....	28
COLCRYS.....	27	CYCLOSET.....	57
COLESTID.....	74	cyclosporine.....	104
colestipol hcl.....	74	cyclosporine modified.....	105
colistimethate.....	9	CYKLOKAPRON.....	64
COMBIGAN.....	110	CYLTEZO(CF).....	105
COMBIPATCH.....	95	CYLTEZO(CF) PEN.....	105
COMBIVENT RESPIMAT.....	118	CYLTEZO(CF) PEN CROHN'S-UC-HS.....	105
COMETRIQ.....	36	CYLTEZO(CF) PEN PSORIASIS-UV.....	105
COMPLERA.....	51	CYMBALTA.....	21,22
compro.....	24	cyproheptadine hcl.....	115
COMTAN.....	44	CYRAMZA.....	36
constulose.....	86	cyred.....	95
COPAXONE.....	77	cyred eq.....	95
COPIKTRA.....	36	CYSTADANE.....	89
COREG CR.....	68	CYSTADROPS.....	110
CORGARD.....	68	CYSTAGON.....	89
CORLANOR.....	70	CYSTARAN.....	111
CORTEF.....	91	cytarabine.....	32
COSELA.....	42	CYTOMEL.....	101
COSENTYX (2 SYRINGES).....	103	CYTOTEC.....	88
COSENTYX SENSOREADY (2 PENS).....	103		
COSENTYX SENSOREADY PEN.....	103		

## D

dabigatran etexilate	62	DEPO-PROVERA	100
dacarbazine	32	DEPO-SUBQ PROVERA 104	100
dactinomycin	32	DEPO-TESTOSTERONE	93
dalfampridine er	77	dermacinrx lidocan	6
DALIRESP	116	DESCOVY	51
DALVANCE	9	desipramine hcl	24
danazol	93	desloratadine	115
DANTRIUM	50	desmopressin acetate	92
dantrolene sodium	50	desogestr-eth estrad eth estra	95
DANYELZA	41	desogestrel-ethinyl estradiol	95
dapsone	28	desonide	80
DAPTACEL DTAP	106	desoximetasone	80
daptomycin	9	desvenlafaxine succinate er	22
DARAPRIM	43	DETROL	90
darifenacin er	90	DETROL LA	90
darunavir	53	dexamethasone	92
DARZALEX	41	dexamethasone sodium phosphate	92,112
DARZALEX FASPRO	41	DEXEDRINE	75,76
dasetta	95	dexmethylphenidate hcl	76
daunorubicin hcl	32	dexrazoxane	42
DAURISMO	36	dextroamphetamine sulfate	76
DAYPRO	2	dextroamphetamine sulfate er	76
daysee	95	dextroamphetamine-amphet er	76
DAYVIGO	119	dextroamphetamine-amphetamine	76
DDAVP	92	dextrose 2.5%-0.45% nacl	83
deblitane	100	dextrose 5%-0.2% nacl	83
decadron	91	dextrose 5%-0.225% nacl	83
decitabine	32	dextrose 5%-0.3% nacl	83
deferasirox	84	dextrose 5%-0.33% nacl	83
DELSTRIGO	50	dextrose 5%-0.45% nacl	83
DELZICOL	108	dextrose 5%-0.9% nacl	83
demeclocycline hcl	14	dextrose in lactated ringers	83
DEMSE	70	dextrose in water	85
DENGVAXIA	106	DIACOMIT	15
DEPAKOTE	15	diazepam	17,56
DEPAKOTE ER	15	diazoxide	60
DEPAKOTE SPRINKLE	15	diclofenac potassium	2
DEPEN	91	diclofenac sodium	2,81,112
DEPO-ESTRADIOL	93	diclofenac sodium er	2
		diclofenac sodium-misoprostol	2,3
		dicloxacillin sodium	12

dicyclomine hcl.....	86	doxorubicin hcl.....	32
DIFICID.....	13	doxorubicin hcl liposome.....	32
DIFLUCAN.....	25	doxy 100.....	14
difluprednate.....	112	doxycycline hyclate.....	14
digitek.....	70	doxycycline monohydrate.....	14
digox.....	70	dronabinol.....	25
digoxin.....	71	drosiprenone-eth estra-levomef.....	95
dihydroergotamine mesylate.....	27	drosiprenone-ethinyl estradiol.....	95
DILANTIN.....	18	droxidopa.....	65
DILANTIN-125.....	19	DUAVEE.....	101
dilt-xr.....	69	DULERA.....	118
diltiazem 12hr er.....	69	duloxetine hcl.....	22
diltiazem 24hr er.....	69	DUPIXENT PEN.....	103
diltiazem 24hr er (cd).....	69	DUPIXENT SYRINGE.....	103
diltiazem 24hr er (la).....	69	DURAMORPH.....	5
diltiazem 24hr er (xr).....	69	DUREZOL.....	112
diltiazem hcl.....	69	dutasteride.....	91
dimethyl fumarate.....	77	dutasteride-tamsulosin.....	91
DIOVAN.....	66		
DIOVAN HCT.....	71	<b>E</b>	
DIPENTUM.....	108	E.E.S. 200.....	13
diphenhydramine hcl.....	115	ec-naproxen.....	3
diphenoxylate-atropine.....	86	econazole nitrate.....	25
DIPHTHERIA-TETANUS TOXOIDS-PED.....	106	EDARBI.....	66
DIPROLENE.....	80	EDARBYCLOR.....	71
dipyridamole.....	65	EDURANT.....	50
disulfiram.....	7	efavirenz.....	50,51
divalproex sodium.....	15	efavirenz-emtric-tenofovir disop.....	51
divalproex sodium er.....	15	efavirenz-lamivudine-tenofovir disop.....	51
DIVIGEL.....	93	EFFEXOR XR.....	22
docetaxel.....	32	EFUDEX.....	81
dofetilide.....	67	ELAPRASE.....	89
dolishale.....	95	ELELYSO.....	89
donepezil hcl.....	20	ELIDEL.....	80
donepezil hcl odt.....	20	ELIGARD.....	101
dorzolamide hcl.....	113	elinest.....	95
dorzolamide-timolol.....	111	ELIQUIS.....	62
dotti.....	93	ELITEK.....	42
DOVATO.....	50	eluryng.....	95
doxazosin mesylate.....	65	EMCYT.....	30
doxepin hcl.....	24,80,119	EMEND.....	25

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

EXFORGE	71	fluconazole	25
EXFORGE HCT	71	fluconazole-nacl	25
EXJADE	84	flucytosine	26
EXKIVITY	36	fludarabine phosphate	32
EYSUVIS	112	fludrocortisone acetate	92
ezetimibe	74	flunisolide	114
ezetimibe-simvastatin	74	fluocinolone acetonide	80
		fluocinolone acetonide oil	114
<b>F</b>		fluocinonide	80
FABRAZYME	89	fluocinonide-e	80
falmina	96	fluorometholone	112
famciclovir	55	fluorouracil	31,81
famotidine	88	fluoxetine dr	22
FANAPT	46	fluoxetine hcl	22
FARESTON	30	fluphenazine decanoate	45
FARXIGA	57	fluphenazine hcl	45
FARYDAK	36	flurbiprofen	3
FASENRA	118	flurbiprofen sodium	112
FASENRA PEN	118	fluticasone propionate	80,114
FASLODEX	30	fluticasone propionate hfa	114
felbamate	15	fluticasone-salmeterol	118
FELDENE	3	fluvastatin sodium	73
felodipine er	68	fluvoxamine maleate	22
FEMARA	34	FML	112
femynor	96	FOCALIN	76
fenofibrate	73	FOLOTYN	31
fenofibric acid	73	fomepizole	85
fentanyl	4	fondaparinux sodium	62
fentanyl citrate	5	FORTEO	109
fesoterodine fumarate er	90	FOSAMAX	109
FETZIMA	22	fosamprenavir calcium	53
FINACEA	79	fosaprepitant dimeglumine	25
finasteride	91	fosinopril sodium	66
fingolimod	77	fosinopril-hydrochlorothiazide	71
FINTEPLA	15	fosphenytoin sodium	19
FIRAZYR	102	FOSRENOL	85
FIRMAGON	101	FOTIVDA	36
flac otic oil	114	FRUZAQLA	36
FLAGYL	9	FULPHILA	64
flecainide acetate	67	fulvestrant	30
FLOMAX	91	furosemide	72

FUZEON.....	52	glipizide er.....	57
FYCOMPA.....	15	glipizide xl.....	57
<b>G</b>		glipizide-metformin.....	57
gabapentin.....	17	GLUCAGEN.....	60
GABITRIL.....	17	glucagon emergency kit.....	60
galantamine er.....	20	glucose in water.....	85
galantamine hbr.....	20	GLUCOTROL XL.....	57,58
galantamine hydrobromide.....	20	glyburide.....	58
GAMMAGARD LIQUID.....	103	glyburide micronized.....	58
GAMMAGARD S-D.....	103	glyburide-metformin hcl.....	58
GAMMAPLEX.....	103	glycopyrrolate.....	87
GAMUNEX-C.....	103	glydo.....	6
ganciclovir sodium.....	54	GLYXAMBI.....	58
GARDASIL 9.....	107	GOLYTELY.....	87
GATTEX.....	87	granisetron hcl.....	25
gauze pads & dressings - pads 2 x 2.....	57	GRANIX.....	64
gavilyte-c.....	87	griseofulvin.....	26
gavilyte-g.....	87	griseofulvin ultramicrosized.....	26
gavilyte-n.....	87	guanfacine hcl.....	65
GAVRETO.....	36	guanfacine hcl er.....	76
GAZYVA.....	41	GVOKE.....	60
gefitinib.....	36	GVOKE HYPOPEN 1-PACK.....	60
gemcitabine hcl.....	32	GVOKE HYPOPEN 2-PACK.....	60
gemfibrozil.....	73	GVOKE PFS 1-PACK SYRINGE.....	60
gemmily.....	96	GVOKE PFS 2-PACK SYRINGE.....	60
GEMTESA.....	90	<b>H</b>	
generlac.....	86	HAEGARDA.....	103
gengraf.....	105	hailey.....	96
gentamicin sulfate.....	8,82,111	hailey 24 fe.....	96
gentamicin sulfate in ns.....	8	hailey fe.....	96
GENVOYA.....	50	HALAVEN.....	32
GEODON.....	46	HALDOL DECANOATE 100.....	45
GILENYA.....	77	HALDOL DECANOATE 50.....	45
GILOTRIF.....	36	halobetasol propionate.....	80
glatiramer acetate.....	78	haloette.....	96
glatopa.....	78	haloperidol.....	45
GLEEVEC.....	36,37	haloperidol decanoate.....	45
GLEOSTINE.....	29	haloperidol decanoate 100.....	45
glimepiride.....	57	haloperidol lactate.....	45
glipizide.....	57	HARVONI.....	54



HAVRIX.....	107	hydrocodone bitartrate er.....	4
heather.....	100	hydrocodone-acetaminophen.....	5
HEMADY.....	92	hydrocodone-ibuprofen.....	5
heparin sodium.....	63	hydrocortisone.....	80,92,109
heparin sodium-d5w.....	62	hydrocortisone butyrate.....	80,81
HEPLISAV-B.....	107	hydrocortisone valerate.....	81
HERCEPTIN.....	41	hydrocortisone-acetic acid.....	114
HERCEPTIN HYLECTA.....	41	hydromorphone hcl.....	5
HERZUMA.....	41	hydroxychloroquine sulfate.....	43
HETLIOZ.....	119	hydroxyprogesterone caproate.....	100
HIBERIX.....	107	hydroxyurea.....	31
hidex.....	92	hydroxyzine hcl.....	56
HUMALOG.....	60	hydroxyzine pamoate.....	56
HUMALOG JUNIOR KWIKPEN.....	60	HYZAAR.....	71
HUMALOG KWIKPEN U-100.....	60		
HUMALOG KWIKPEN U-200.....	60		
HUMALOG MIX 50-50.....	60	ibandronate sodium.....	110
HUMALOG MIX 50-50 KWIKPEN.....	60	IBRANCE.....	37
HUMALOG MIX 75-25.....	60	ibu.....	3
HUMALOG MIX 75-25 KWIKPEN.....	60	ibuprofen.....	3
HUMALOG TEMPO PEN U-100.....	61	icatibant.....	103
HUMIRA.....	105	iclevia.....	96
HUMIRA PEN.....	105	ICLUSIG.....	37
HUMIRA PEN CROHN'S-UC-HS.....	105	icosapent ethyl.....	74
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	105	idarubicin hcl.....	32
HUMIRA(CF).....	105	IDHIFA.....	37
HUMIRA(CF) PEDIATRIC CROHN'S.....	105	IFEX.....	32
HUMIRA(CF) PEN.....	105	ifosfamide.....	32
HUMIRA(CF) PEN CROHN'S-UC-HS.....	105	ILARIS.....	103
HUMIRA(CF) PEN PEDIATRIC UC.....	105	ILEVRO.....	112
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	105	imatinib mesylate.....	37
HUMULIN 70-30.....	61	IMBRUVICA.....	37
HUMULIN 70/30 KWIKPEN.....	61	IMFINZI.....	41
HUMULIN N.....	61	imipenem-cilastatin sodium.....	12
HUMULIN N KWIKPEN.....	61	imipramine hcl.....	24
HUMULIN R.....	61	imiquimod.....	81
HUMULIN R U-500.....	61	IMITREX.....	27
HUMULIN R U-500 KWIKPEN.....	61	IMLYGIC.....	32
hydralazine hcl.....	75	IMOVAX RABIES VACCINE.....	107
HYDREA.....	31	IMPAVIDO.....	9
hydrochlorothiazide.....	73	IMURAN.....	105

INBRIJA.....	44	isoniazid.....	28
incassia.....	100	isopropyl alcohol 0.7 ml/ml medicated pad.....	58
INCRELEX.....	92	ISORDIL TITRADOSE.....	75
INCRUSE ELLIPTA.....	115	isosorbide dinitrate.....	75
indapamide.....	73	isosorbide mononitrate.....	75
INDERAL LA.....	68	isosorbide mononitrate er.....	75
INDERAL XL.....	68	isotretinoin.....	79
indomethacin.....	3	isradipine.....	69
INFANRIX DTAP.....	107	ISTALOL.....	113
INLYTA.....	37	ISTODAX.....	33
INNOPRAN XL.....	68	itraconazole.....	26
inpen (for humalog).....	61	ivermectin.....	43,82
inpen (for novolog or fiasp).....	61	IWILFIN.....	35
INQOVI.....	32	IXCHIQ.....	107
INREBIC.....	37	IXEMPRA.....	33
INSPIRA.....	73	IXIARO.....	107
insulin pen needle.....	61		
insulin syringe (disp) u-100 0.3 ml.....	61	<b>J</b>	
insulin syringe (disp) u-100 1 ml.....	61	JADENU.....	84
insulin syringe (disp) u-100 1/2 ml.....	61	JADENU SPRINKLE.....	84
insulin syringe u-500.....	61	jaimiess.....	96
INTELENCE.....	51	JAKAFI.....	37
INTRALIPID.....	85	jantoven.....	63
INTRON A.....	104	JANUMET.....	58
introvale.....	96	JANUMET XR.....	58
INVANZ.....	12	JANUVIA.....	58
INVEGA.....	46	JARDIANCE.....	58
INVEGA HAFYERA.....	46	jasmiel.....	96
INVEGA SUSTENNA.....	46,47	javygtor.....	89
INVEGA TRINZA.....	47	JAYPIRCA.....	37
INVELTYS.....	112	JEMPERLI.....	41
IPOL.....	107	jencycla.....	100
ipratropium bromide.....	115	JENTADUETO.....	58
ipratropium-albuterol.....	118	JENTADUETO XR.....	58
irbesartan.....	66	JEVTANA.....	37
irbesartan-hydrochlorothiazide.....	71	jolessa.....	96
IRESSA.....	37	juleber.....	96
irinotecan hcl.....	34	JULUCA.....	50
ISENTRESS.....	50	junel.....	96
ISENTRESS HD.....	50	junel fe.....	96
isibloom.....	96	junel fe 24.....	96

JUXTAPID.....	74
JYNNEOS.....	107
JYNNEOS (NATIONAL STOCKPILE).....	107

## K

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

kurvelo.....	96
KUVAN.....	89
KYPROLIS.....	37

## L

labetalol hcl.....	68
lacosamide.....	19
LACRISERT.....	111
lactated ringers.....	83
lactulose.....	86
LAGEVRIO (COMMERCIAL).....	118
LAGEVRIO (USG DIST.).....	118
LAMICTAL.....	15
LAMICTAL (BLUE).....	15
lamivudine.....	52,54
lamivudine hbv.....	54
lamivudine-zidovudine.....	52
lamotrigine.....	15
lamotrigine (blue).....	15
lamotrigine er.....	16
LANOXIN.....	71
lansoprazole.....	88
lanthanum carbonate.....	85
LANTUS.....	61
LANTUS SOLOSTAR.....	61
lapatinib.....	37
larin.....	96
larin 24 fe.....	96
larin fe.....	96
larissia.....	96
LASIX.....	72
latanoprost.....	113
LATUDA.....	47
LAYOLIS FE.....	97
ledipasvir-sofosbuvir.....	54
leena.....	97
leflunomide.....	105
lenalidomide.....	30
LENVIMA.....	37
lessina.....	97
LETAIRIS.....	117

letrozole.....	34	liothyronine sodium.....	101
leucovorin calcium.....	33	LIPITOR.....	73
LEUKERAN.....	29	lisdexamfetamine dimesylate.....	76
LEUKINE.....	64	lisinopril.....	66
leuprolide acetate.....	102	lisinopril-hydrochlorothiazide.....	71
leuprolide depot.....	102	lithium carbonate.....	56
levetiracetam.....	16	lithium carbonate er.....	56
levetiracetam er.....	16	lithium citrate.....	56
levetiracetam-nacl.....	16	LITHOBID.....	56
LEVO-T.....	101	lo-zumandimine.....	97
levobunolol hcl.....	113	LOCOID LIPOCREAM.....	81
levocarnitine.....	89	LOESTRIN.....	97
levocarnitine sf.....	89	LOESTRIN FE.....	97
levocetirizine dihydrochloride.....	115	lojaimiess.....	97
levofloxacin.....	14	LONSURF.....	33
levofloxacin-d5w.....	14	loperamide.....	86
levonest.....	97	LOPID.....	73
levonorg-eth estrad eth estrad.....	97	lopinavir-ritonavir.....	53
levonorgestrel-eth estradiol.....	97	LOPRESSOR.....	68
levora-28.....	97	LOPROX.....	26
levorphanol tartrate.....	4	lorazepam.....	56
levothyroxine sodium.....	101	lorazepam intensol.....	56
LEVOXYL.....	101	LORBRENA.....	38
LEXAPRO.....	22	loryna.....	97
LEXIVA.....	53	losartan potassium.....	66
LIALDA.....	108	losartan-hydrochlorothiazide.....	71
LIBTAYO.....	41	LOSEASONIQUE.....	97
lidocaine.....	6	LOTENSIN.....	66
lidocaine hcl.....	6,67	LOTENSIN HCT.....	71
lidocaine hcl laryngotracheal 4% solution.....	6	LOTRONEX.....	86
lidocaine hcl viscous.....	6	lovastatin.....	73
lidocaine-prilocaine.....	6	LOVAZA.....	74
LIDOCAN II.....	6	LOVENOX.....	63
lidocan iii.....	6	low-ogestrel.....	97
LIDODERM.....	6	loxapine.....	45
lillow.....	97	lubiprostone.....	86
lindane.....	82	LUMAKRAS.....	38
linezolid.....	9	LUMIGAN.....	114
linezolid-0.9% nacl.....	9	LUMIZYME.....	89
linezolid-d5w.....	9	LUMOXITI.....	41
LINZESS.....	86	LUPRON DEPOT.....	102

LUPRON DEPOT (LUPANETA).....	102	meloxicam.....	3
LUPRON DEPOT-PED.....	102	melphalan hcl.....	29
lurasidone hcl.....	47	memantine hcl.....	20
lutra.....	97	memantine hcl er.....	20
LYBALVI.....	47	MENACTRA.....	107
lyleq.....	100	MENEST.....	94
lyllana.....	94	MENQUADFI.....	107
LYNPARZA.....	38	MENVEO A-C-Y-W-135-DIP.....	107
LYRICA.....	16	mercaptopurine.....	31
LYSODREN.....	101	meropenem.....	12
LYTGOBI.....	38	meropenem-0.9% nacl.....	12
LYUMJEV.....	61	merzee.....	97
LYUMJEV KWIKPEN U-100.....	61	mesalamine.....	108
LYUMJEV KWIKPEN U-200.....	61	mesalamine dr.....	108
LYUMJEV TEMPO PEN U-100.....	61	mesalamine er.....	108
lyza.....	100	mesna.....	43
<b>M</b>		MESNEX.....	43
M-M-R II VACCINE.....	107	MESTINON.....	28
magnesium sulfate.....	83	metformin hcl.....	58
MALARONE.....	43	metformin hcl er.....	58,59
malathion.....	82	methadone hcl.....	4
maraviroc.....	52	methazolamide.....	71
MARGENZA.....	41	methenamine hippurate.....	9
marlissa.....	97	methimazole.....	102
MARPLAN.....	21	methocarbamol.....	118
MATULANE.....	29	methotrexate.....	105
matzim la.....	69	methotrexate sodium.....	105
MAXALT.....	27	methoxsalen.....	81
MAXALT MLT.....	27	methscopolamine bromide.....	87
MAXITROL.....	111	methsuximide.....	17
MAXZIDE.....	71	methylergonovine maleate.....	91
MAXZIDE-25 MG.....	71	methylphenidate er.....	77
MAYZENT.....	78	methylphenidate hcl.....	77
meclizine hcl.....	24	methylprednisolone.....	92
MEDROL.....	92	methylprednisolone sodium succ.....	92
medroxyprogesterone acetate.....	100	methyltestosterone.....	93
mefloquine hcl.....	43	metoclopramide hcl.....	87
megestrol acetate.....	100	metolazone.....	73
MEKINIST.....	38	metoprolol succinate.....	68
MEKTOVI.....	38	metoprolol tartrate.....	68
		metoprolol-hydrochlorothiazide.....	71

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

neo-polycin	111	nizatidine	88
neo-polycin hc	111	nora-be	100
neomycin sulfate	8	norethin-eth estra-ferrous fum	97
neomycin-bacitracin-poly-hc	111	norethindron-ethinyl estradiol	97
neomycin-bacitracin-polymyxin	111	norethindrone	100
neomycin-polymyxin b	9	norethindrone ac (lupaneta)	100
neomycin-polymyxin-dexameth	111	norethindrone acetate	100
neomycin-polymyxin-gramicidin	111	norethindrone-e.estradiol-iron	98
neomycin-polymyxin-hc	114	norgestimate-ethinyl estradiol	98
neomycin-polymyxin-hydrocort	114	norlyda	100
NEORAL	106	NORPRAMIN	24
NERLYNX	38	NORTHERA	65
NEUPRO	44	nortrel	98
NEURONTIN	17	nortriptyline hcl	24
nevirapine	51	NORVASC	69
nevirapine er	51	NORVIR	53
NEXAVAR	38	novopen echo	61
NEXIUM	88	NOXAFIL	26
NEXIUM I.V.	88	NUBEQA	30
niacin er	74	NUDEXTA	77
nicardipine hcl	69	NULOJIX	103
NICOTROL	7	NULYTELY	87
NICOTROL NS	7	NUPLAZID	47
nifedipine er	69	NURTEC ODT	27
nikki	97	NUTRILIPID	85
NILANDRON	30	NUVARING	98
nilutamide	30	NUVIGIL	119
nimodipine	69	NUZYRA	14
NINLARO	33	nyamyc	26
NIPENT	33	nylia	98
nisoldipine	69	nymyo	98
nitazoxanide	43	nystatin	26
nitisinone	89	nystatin-triamcinolone	81
NITRO-BID	75	nystop	26
nitrofurantoin	9		
nitrofurantoin mono-macro	9	<b>O</b>	
nitroglycerin	75	OCALIVA	87
nitroglycerin patch	75	ocella	98
NITROLINGUAL	75	octreotide acetate	102
NITROSTAT	75	OCUFLOX	111
NIVESTYM	64	ODEFSEY	52

ODOMZO	38	ORGOVYX	102
OFEV	117	ORKAMBI	116
ofloxacin	14,111,114	ORSERDU	30
OGIVRI	41	orsythia	98
OGSIVEO	38	oseltamivir phosphate	55
OJJAARA	38	OTEZLA	82
olanzapine	47	OVIDE	82
olanzapine odt	47	oxaliplatin	33
olmesartan medoxomil	66	oxaprozin	4
olmesartan-amlodipine-hctz	71	oxazepam	56
olmesartan-hydrochlorothiazide	71	oxcarbazepine	19
olopatadine hcl	112,115	oxybutynin chloride	90
omega-3 acid ethyl esters	74	oxybutynin chloride er	90
omeprazole	88	oxycodone hcl	6
omnipod 5 g6 intro kit (gen 5)	61	oxycodone-acetaminophen	6
omnipod 5 g6 pods (gen 5)	61	OZEMPIC	59
omnipod 5 g6-g7 intro kt(gen5)	61		
omnipod 5 g6-g7 pods (gen 5)	61	<b>P</b>	
omnipod classic pdm kit(gen 3)	61	pacerone	67
omnipod classic pods (gen 3)	61	paclitaxel	33
omnipod dash intro kit (gen 4)	61	PADCEV	41
omnipod dash pdm kit (gen 4)	62	paliperidone er	47
omnipod dash pods (gen 4)	62	palonosetron hcl	25
omnipod go pods	62	PALYNZIQ	90
OMNITROPE	93	PANRETIN	42
ONCASPAR	33	pantoprazole sodium	88
ondansetron hcl	25	paraplatin	33
ondansetron odt	25	paricalcitol	110
ONFI	18	PARNATE	21
ONGLYZA	59	paromomycin sulfate	8
ONIVYDE	35	paroxetine cr	22
ONTRUZANT	41	paroxetine er	22
ONUREG	33	paroxetine hcl	23
OPDIVO	41	PAXIL	23
OPSUMIT	117	PAXLOVID	118
ORACEA	79	pazopanib hcl	38
ORALAIR	118	PEDIARIX	107
oralone	78	PEDVAXHIB	107
ORENCIA	103	peg 3350-electrolyte	87
ORENCIA CLICKJECT	103	peg-3350 and electrolytes	87
ORFADIN	89	peg3350-sod sul-nacl-kcl-asb-c	87



PEGASYS.....	104	PIQRAY.....	38
PEMAZYRE.....	38	pirfenidone.....	117
pemetrexed.....	33	pirmella.....	98
pemetrexed disodium.....	33	piroxicam.....	4
PENBRAYA.....	107	PLAQUENIL.....	43
penicillamine.....	91	PLAVIX.....	65
penicillin g potassium.....	12	PLEGRIDY.....	78
penicillin g sodium.....	12	PLEGRIDY PEN.....	78
penicillin gk-iso-osm dextrose.....	12	plerixafor.....	64
penicillin v potassium.....	12	podofilox.....	82
PENTACEL.....	107	POLIVY.....	42
PENTAM 300.....	43	polycin.....	112
pentamidine isethionate.....	43	polymyxin b sul-trimethoprim.....	112
PENTASA.....	109	POMALYST.....	30
pentoxifylline.....	71	portia.....	98
perindopril erbumine.....	67	PORTRAZZA.....	42
periogard.....	78	posaconazole.....	26
PERJETA.....	41	potassium chloride.....	84
permethrin.....	82	potassium chloride in d5lr.....	83
perphenazine.....	24	potassium chloride proamp.....	84
PERSERIS.....	47	potassium chloride-0.45% nacl.....	84
pfizerpen.....	12	potassium chloride-dextrose 5%.....	83
phenelzine sulfate.....	21	potassium citrate er.....	84
phenobarbital.....	18	POTELIGEO.....	42
phenobarbital sodium.....	18	PRADAXA.....	63
phenoxybenzamine hcl.....	65	pramipexole dihydrochloride.....	44
PHENYTEK.....	19	prasugrel hcl.....	65
phenytoin.....	19	pravastatin sodium.....	74
phenytoin sodium extended.....	19	praziquantel.....	43
PHESGO.....	42	prazosin hcl.....	65
philith.....	98	PRED FORTE.....	112
PIFELTRO.....	51	PRED MILD.....	112
pilocarpine hcl.....	78,113	prednicarbate.....	81
pimecrolimus.....	81	prednisolone.....	92
pimozide.....	45	prednisolone acetate.....	113
pimtrea.....	98	prednisolone sodium phosphate.....	92,113
pindolol.....	68	prednisone.....	92
pioglitazone hcl.....	59	pregabalin.....	17
pioglitazone-glimepiride.....	59	PREGNYL.....	93
pioglitazone-metformin.....	59	PREHEVBRIO.....	107
piperacillin-tazobactam.....	12	PREMARIN.....	94

PREMPHASE.....	98	PROSCAR.....	91
PREMPRO.....	98	PROTONIX.....	88
PREVACID.....	88	protriptyline hcl.....	24
prevalite.....	74	PROVERA.....	100
previfem.....	98	PROZAC.....	23
PREVYMIS.....	54	PRUDOXIN.....	81
PREZCOBIX.....	53	PULMOZYME.....	116
PREZISTA.....	53,54	PURIXAN.....	31
PRIFTIN.....	28	PYLERA.....	87
primaquine.....	43	pyrazinamide.....	28
primidone.....	18	pyridostigmine bromide.....	28
PRIORIX.....	107	pyridostigmine bromide er.....	28
PRISTIQ.....	23	pyrimethamine.....	43
PROAIR HFA.....	116		
PROAIR RESPICLICK.....	116	<b>Q</b>	
probenecid.....	27	QINLOCK.....	38
probenecid-colchicine.....	27	QUADRACEL DTAP-IPV.....	107
PROCARDIA XL.....	69	quetiapine fumarate.....	47
prochlorperazine.....	24	quetiapine fumarate er.....	47
prochlorperazine edisylate.....	24	quinapril hcl.....	67
prochlorperazine maleate.....	24	quinapril-hydrochlorothiazide.....	71
PROCRIT.....	64	quinidine gluconate.....	67
procto-med hc.....	109	quinidine sulfate.....	67
procto-pak.....	109	quinine sulfate.....	43
proctosol-hc.....	109	QVAR REDHALER.....	114
proctozone-hc.....	109		
progesterone.....	100	<b>R</b>	
PROGLYCEM.....	60	RABAVERT.....	107
PROGRAF.....	106	rabeprazole sodium.....	89
PROLASTIN C.....	90	raloxifene hcl.....	101
PROLENSA.....	113	ramelteon.....	119
PROLIA.....	110	ramipril.....	67
PROMACTA.....	64	ranolazine er.....	72
promethazine hcl.....	24	RAPAFLO.....	91
promethegan.....	24	RAPAMUNE.....	106
propafenone hcl.....	67	rasagiline mesylate.....	45
propafenone hcl er.....	67	reclipsen.....	98
propranolol hcl.....	68	RECOMBIVAX HB.....	107
propranolol hcl er.....	68	RECTIV.....	75
propylthiouracil.....	102	REGLAN.....	87
PROQUAD.....	107	REGRANEX.....	82

RELAFEN	4	RITUXAN HYCELA	42
RELENZA	55	rivastigmine	20
RELISTOR	86	rizatriptan	28
REMERON	21	ROCALTROL	110
REMODULIN	117	ROCKLATAN	113
RENFLEXIS	106	roflumilast	116
REVELA	85	romidepsin	33
repaglinide	59	ropinirole er	44
REPATHA PUSHTRONEX	75	ropinirole hcl	44
REPATHA SURECLICK	75	rosadan	82
REPATHA SYRINGE	75	rosuvastatin calcium	74
RESTASIS	111	ROTARIX	107
RESTASIS MULTIDOSE	111	ROTATEQ	107
RETACRIT	64	ROWASA	109
RETEVMO	38	roweepra	16
RETIN-A	79	ROXICODONE	6
RETROVIR	52	ROZEREM	119
REVCOVI	90	ROZLYTREK	38
REVLIMID	30	RUBRACA	38
REXULTI	47	rufinamide	19
REYATAZ	54	RUKOBIA	53
REZLIDHIA	38	RUXIENCE	42
RHOPRESSA	113	RYBELSUS	59
RIABNI	42	RYBREVANT	42
ribavirin	55,118	RYDAPT	39
RIDAURA	104	RYLAZE	34
rifabutin	28	RYTARY	44
RIFADIN	28	RYTHMOL SR	67
rifampin	29		
riluzole	77	<b>S</b>	
RINVOQ	104	SABRIL	18
risedronate sodium	110	sajazir	103
risedronate sodium dr	110	SALAGEN	78
RISPERDAL	48	SAMSCA	84
RISPERDAL CONSTA	48	SANDIMMUNE	106
risperidone	48	SANDOSTATIN LAR DEPOT	102
risperidone er	48	SANTYL	82
risperidone odt	48	SAPHRIS	48
RITALIN	77	sapropterin dihydrochloride	90
ritonavir	54	SARCLISA	42
RITUXAN	42	saxagliptin hcl	59

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

subvenite.....	16	TAGRISSO.....	39
subvenite (blue).....	16	TALZENNA.....	39
sucralfate.....	88	TAMIFLU.....	55
SULAR.....	69	tamoxifen citrate.....	30
sulfacetamide sodium.....	79,112	tamsulosin hcl.....	91
sulfacetamide-prednisolone.....	111	taperdex.....	92
sulfadiazine.....	14	TARCEVA.....	39
sulfamethoxazole-trimethoprim.....	14	TARGETIN.....	42
sulfasalazine.....	109	tarina 24 fe.....	98
sulfasalazine dr.....	109	tarina fe.....	98
sulindac.....	4	tarina fe 1-20 eq.....	98
sumatriptan.....	28	TASIGNA.....	39
sumatriptan succinate.....	28	tasimelton.....	119
sunitinib malate.....	39	TASMAR.....	44
SUNLENCA.....	53	taysofy.....	100
SUPRAX.....	11	tazarotene.....	79
SUPREP.....	87	tazicef.....	11
SUTAB.....	87	TAZORAC.....	79
SUTENT.....	39	taztia xt.....	69
syeda.....	98	TAZVERIK.....	39
SYMFI.....	51	TDVAX.....	108
SYMFI LO.....	51	TECENTRIQ.....	42
SYMLINPEN 120.....	59	TECFIDERA.....	78
SYMLINPEN 60.....	59	TEFLARO.....	11
SYMPAZAN.....	18	TEGRETOL.....	19
SYMTUZA.....	54	TEGRETOL XR.....	19
SYNAGIS.....	103	TEKTURNA.....	72
SYNAREL.....	102	telmisartan.....	66
SYNERCID.....	9	telmisartan-amlodipine.....	72
SYNJARDY.....	59	telmisartan-hydrochlorothiazid.....	72
SYNJARDY XR.....	59	temazepam.....	119
SYNRIBO.....	34	TEMODAR.....	29
SYNTHROID.....	101	temsirolimus.....	39
SYPRINE.....	84	tencon.....	2
<b>T</b>			
TABLOID.....	31	TENIVAC.....	108
TABRECTA.....	39	tenofovir disoproxil fumarate.....	52
tacrolimus.....	81,106	TENORETIC 100.....	72
tadalafil.....	117	TENORETIC 50.....	72
TAFINLAR.....	39	TENORMIN.....	68
		TEPMETKO.....	39
		terazosin hcl.....	65

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

tri-previfem.....	99	TYKERB.....	40
tri-sprintec.....	99	TYMLOS.....	110
tri-vylibra.....	99	TYPHIM VI.....	108
tri-vylibra lo.....	99	TYSABRI.....	78
triamcinolone acetonide.....	78,81		
triamterene-hydrochlorothiazid.....	72	<b>U</b>	
TRIBENZOR.....	72	UBRELVY.....	27
triderm.....	81	UDENYCA.....	64
trientine hcl.....	85	UDENYCA AUTOINJECTOR.....	64
trifluoperazine hcl.....	45	UDENYCA ONBODY.....	64
trifluridine.....	112	UNITHROID.....	101
TRIKAFTA.....	116	UNITUXIN.....	42
triklo.....	75	ursodiol.....	87
TRILEPTAL.....	19	UZEDY.....	48,49
trimethoprim.....	9		
trimipramine maleate.....	24	<b>V</b>	
TRINTELLIX.....	23	v-go 20.....	62
TRISENOX.....	34	v-go 30.....	62
TRIUMEQ.....	52	v-go 40.....	62
TRIUMEQ PD.....	52	VAGIFEM.....	94
trivora-28.....	99	valacyclovir.....	55
TRIZIVIR.....	52	VALCHLOR.....	29
TRODELVY.....	42	VALCYTE.....	54
TROGARZO.....	53	valganciclovir hcl.....	54
TROPHAMINE.....	85	valproate sodium.....	16
trospium chloride.....	91	valproic acid.....	16
trospium chloride er.....	91	valsartan.....	66
TRULICITY.....	59	valsartan-hydrochlorothiazide.....	72
TRUMENBA.....	108	VALTOCO.....	18
TRUQAP.....	39	VALTRESX.....	55
TRUVADA.....	52	vancomycin.....	9
TRUXIMA.....	42	vancomycin hcl.....	10
TUKYSA.....	39,40	vancomycin hcl-0.9% nacl.....	10
tulana.....	101	vancomycin hcl-d5w.....	10
TURALIO.....	40	VANDAZOLE.....	10
turqoz.....	100	VANFLYTA.....	40
TWINRIX.....	108	VAQTA.....	108
TYBLUME.....	99	varenicline tartrate.....	7
TYBOST.....	53	VARIVAX VACCINE.....	108
tydemy.....	99	VASCEPA.....	75
TYGACIL.....	9	VASERETIC.....	72

VASOTEC.....	67	vincasar pfs.....	34
VECTIBIX.....	42	vincristine sulfate.....	34
VEGZELMA.....	42	vinorelbine tartrate.....	34
VELCADE.....	40	viorele.....	99
velivet.....	99	VIRACEPT.....	54
VELPHORO.....	85	VIREAD.....	52
VELTASSA.....	86	VITRAKVI.....	40
VENCLEXTA.....	40	VIVITROL.....	7
VENCLEXTA STARTING PACK.....	40	VIZIMPRO.....	40
venlafaxine besylate er.....	23	volnea.....	99
venlafaxine hcl.....	23	VONJO.....	40
venlafaxine hcl er.....	23	voriconazole.....	26
VENTAVIS.....	117	VOSEVI.....	55
VENTOLIN HFA.....	116	VOTRIENT.....	40
verapamil er.....	69	VPRIV.....	90
verapamil er pm.....	69	VRAYLAR.....	49
verapamil hcl.....	69	VUMERITY.....	78
verapamil sr.....	70	vyfemla.....	99
VERELAN.....	70	vylibra.....	99
VERELAN PM.....	70	VYNDAMAX.....	90
VERQUVO.....	72	VYNDAQEL.....	90
VERSACLOZ.....	50	VYTORIN.....	75
VERZENIO.....	40	VYVANSE.....	76
vestura.....	99	VYXEOS.....	34
VFEND IV.....	26		
vgo 20.....	62	<b>W</b>	
vgo 30.....	62	warfarin sodium.....	63
vgo 40.....	62	water.....	85
VIBERZI.....	86	WELIREG.....	34
VIBRAMYCIN.....	15	WELLBUTRIN SR.....	21
VICTOZA 2-PAK.....	60	WELLBUTRIN XL.....	21
VICTOZA 3-PAK.....	60	wera.....	99
vienva.....	99	wixela inhub.....	118
vigabatrin.....	18	wymzya fe.....	99
vigadrone.....	18		
VIGAMOX.....	112	<b>X</b>	
vigpoder.....	18	XALKORI.....	40
VIIBRYD.....	23	XARELTO.....	63
vilazodone hcl.....	23	XATMEP.....	106
VIMPAT.....	19	XCOPRI.....	16
vinblastine sulfate.....	34	XELJANZ.....	104



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

## Retiree RxCare

This formulary was updated on 4/23/2024 . For more recent information or other questions, please call Retiree RxCare at 855-693-3921(TTY 711) anytime, Monday through Friday 8:00 am to 8:00 pm, or visit <http://retireerxcare.amwins.com>.