Retiree RxCare

2024 Five 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. 24416 Version 16

This formulary was updated on September 23, 2024. We have made no changes to this formulary since 9/23/2024. For more recent information or other questions, please contact Retiree RxCare Contact Center at 1-855-693-3921 or f or TTY users, 1-855-693 -3921, 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 October 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 October 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 Center 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?
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 when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money, or we can ensure your safety.

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 60 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 60-day supply of the drug. 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. The enclosed formulary is current as of October 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.

\ **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 124. 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 zolpidem tartrate 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 may be required from you or your physician to make the 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?" below 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 31-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 day a week. TTY users should call 1-877-486-2048. Or visit 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 124.

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

TIER	Drug Type
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

Abbreviation	Definition
PA Prior Authorization	Prior Authorization is required to determine if your drug is covered under the plan. Additional information may be required from you or your physician to make the 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.
B/D Medicare Part B	This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information may be required from you or your physician to make the 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.
QL Quantity Limits	This medication has restrictions or a Quantity Limit to the number of doses that may be covered for a specific day supply. Quantity limits are for your own safety and to ensure proper use of the drug. If your prescriber requests a quantity greater than the specific limit, you may request an authorization for the plan to cover the prescribed amount.

(List of Covered Drugs)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
diclofenac-misoprost 50-0.2 mg	2	QL (120 PER 30 DAYS)
ec-naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)
ec-naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)
etodolac (400 mg tablet, 500 mg tablet)	2	QL (60 PER 30 DAYS)
etodolac 200 mg capsule	2	QL (150 PER 30 DAYS)
etodolac 300 mg capsule	2	QL (90 PER 30 DAYS)
etodolac er (400 mg tablet, 500 mg tablet)	2	QL (60 PER 30 DAYS)
etodolac er 600 mg tablet	2	QL (30 PER 30 DAYS)
FELDENE 10 MG CAPSULE	4	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	4	QL (30 PER 30 DAYS)
flurbiprofen 100 mg tablet	2	QL (90 PER 30 DAYS)
ibu 400 mg tablet	1	QL (240 PER 30 DAYS)
ibu 600 mg tablet	1	QL (150 PER 30 DAYS)
ibu 800 mg tablet	1	QL (120 PER 30 DAYS)
ibuprofen 100 mg/5 ml susp	2	
ibuprofen 400 mg tablet	1	QL (240 PER 30 DAYS)
ibuprofen 600 mg tablet	1	QL (150 PER 30 DAYS)
ibuprofen 800 mg tablet	1	QL (120 PER 30 DAYS)
indomethacin 25 mg capsule	2	QL (240 PER 30 DAYS)
indomethacin 50 mg capsule	2	QL (120 PER 30 DAYS)
meloxicam 15 mg tablet	1	QL (30 PER 30 DAYS)
meloxicam 7.5 mg tablet	1	QL (60 PER 30 DAYS)
nabumetone 500 mg tablet	2	QL (120 PER 30 DAYS)
nabumetone 750 mg tablet	2	QL (60 PER 30 DAYS)
naproxen (500 mg kit, 500 mg tablet)	1	QL (90 PER 30 DAYS)
naproxen 125 mg/5 ml suspen	2	QL (1800 PER 30 DAYS)
naproxen 250 mg tablet	1	QL (180 PER 30 DAYS)
naproxen 375 mg tablet	1	QL (120 PER 30 DAYS)
naproxen dr 375 mg tablet	2	QL (120 PER 30 DAYS)
naproxen dr 500 mg tablet	2	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
naproxen sodium 275 mg tab	2	QL (150 PER 30 DAYS)
naproxen sodium 550 mg tab	2	QL (90 PER 30 DAYS)
oxaprozin (600 mg caplet, 600 mg tablet)	2	QL (90 PER 30 DAYS)
piroxicam 10 mg capsule	2	QL (60 PER 30 DAYS)
piroxicam 20 mg capsule	2	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	2	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	2	QL (60 PER 30 DAYS)
sulindac	2	QL (60 PER 30 DAYS)
Opioid Analgesics, Long-acting		
BELBUCA	4	PA, QL (60 PER 30 DAYS)
buprenorphine	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
fentanyl	2	PA, QL (15 PER 30 DAYS)
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)	2	PA, QL (60 PER 30 DAYS)
levorphanol tartrate	5	QL (120 PER 30 DAYS)
methadone hcl 10 mg tablet	2	QL (360 PER 30 DAYS)
methadone hcl 5 mg tablet	2	QL (180 PER 30 DAYS)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	2	PA, QL (90 PER 30 DAYS)
tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)	2	PA, QL (30 PER 30 DAYS)
Opioid Analgesics, Short-acting		
acetaminophen-cod #4 tablet	2	QL (180 PER 30 DAYS)
acetaminophen-codeine (#2 tablet, #3 tablet)	2	QL (360 PER 30 DAYS)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)	1	QL (2700 PER 30 DAYS)
butorphanol 1 mg/ml vial	3	
butorphanol 10 mg/ml spray	2	QL (48 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
butorphanol tartrate (2 mg/ml vial, 4 mg/2 ml vial)	2	
codeine sulfate (15 mg tablet, 60 mg tablet)	4	QL (180 PER 30 DAYS)
codeine sulfate 30 mg tablet	2	QL (180 PER 30 DAYS)
DURAMORPH	2	PA
endocet (2.5-325 mg tablet, 5-325 mg tablet)	2	QL (360 PER 30 DAYS)
endocet 10-325 mg tablet	2	QL (180 PER 30 DAYS)
endocet 7.5-325 mg tablet	2	QL (240 PER 30 DAYS)
fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)	5	PA, QL (120 PER 30 DAYS)
fentanyl citrate otfc 200 mcg	2	PA, QL (120 PER 30 DAYS)
hydrocodone-acetaminophen (5-300 mg, 5-325 mg)	2	QL (240 PER 30 DAYS)
hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)	2	QL (180 PER 30 DAYS)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)	2	QL (2700 PER 30 DAYS)
hydrocodone-ibuprofen (7.5-200, 10-200)	2	QL (150 PER 30 DAYS)
hydrocodone-ibuprofen 5-200 mg	4	QL (150 PER 30 DAYS)
hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)	2	QL (1440 PER 30 DAYS)
hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)	2	QL (180 PER 30 DAYS)
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)	2	PA
morphine sulf 100 mg/5 ml conc	2	QL (270 PER 30 DAYS)
morphine sulf 20 mg/5 ml soln	2	QL (1350 PER 30 DAYS)
morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)	2	QL (2700 PER 30 DAYS)
morphine sulfate (5 mg/10 ml vial, 10 mg/10 ml vial)	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
morphine sulfate ir 15 mg tab	4	QL (360 PER 30 DAYS)
morphine sulfate ir 30 mg tab	4	QL (180 PER 30 DAYS)
oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)	2	QL (180 PER 30 DAYS)
oxycodone hcl (ir) 5 mg tablet	2	QL (360 PER 30 DAYS)
oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)	2	QL (360 PER 30 DAYS)
oxycodone-acetaminophen 10-325	2	QL (180 PER 30 DAYS)
oxycodone-acetaminophn 7.5-325	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
tramadol hcl 50 mg tablet	1	QL (240 PER 30 DAYS)
tramadol hcl-acetaminophen	2	QL (240 PER 30 DAYS)
Anesthetics		
Local Anesthetics		
dermacinrx lidocan	2	PA, QL (90 PER 30 DAYS)
glydo	2	PA, QL (150 PER 30 DAYS)
lidocaine 5% ointment	2	PA, QL (100 PER 30 DAYS)
lidocaine 5% patch	2	PA, QL (90 PER 30 DAYS)
lidocaine hcl (2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution)	2	PA, QL (150 PER 30 DAYS)
lidocaine hcl (20 mg/2 ml, 20 mg/2 ml vl, 50 mg/5 ml, 50 mg/5 ml vl, 100 mg/10 ml, 300 mg/30 ml, ampul, vial)	1	
lidocaine hcl laryngotracheal 4% solution	2	PA, QL (150 PER 30 DAYS)
lidocaine hcl viscous	2	
lidocaine-prilocaine	2	PA, QL (60 PER 30 DAYS)
LIDOCAN II	2	PA, QL (90 PER 30 DAYS)
lidocan iii	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tridacaine ii	2	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	4	
XYLOCAINE-MPF (AMPUL, VIAL)	4	
ZTLIDO	4	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
acamprosate calcium	2	
disulfiram	2	
Opioid Dependence		
buprenorphine hcl (2 mg tablet, 8 mg tablet)	2	QL (90 PER 30 DAYS)
buprenorphine-nalox 8-2 mg tab	2	QL (90 PER 30 DAYS)
buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)	2	QL (120 PER 30 DAYS)
buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg flm)	2	QL (60 PER 30 DAYS)
naltrexone 50 mg tablet	2	
SUBLOCADE	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	3	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	3	QL (120 PER 30 DAYS)
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	4	
naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)	2	
NARCAN	4	
Smoking Cessation Agents		
bupropion hcl sr 150 mg tablet	2	
NICOTROL	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NICOTROL NS	4	
varenicline tartrate	2	
Antibacterials		
Aminoglycosides		
amikacin sulfate	2	
gentamicin sulfate (ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)	2	
gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)	4	
gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)	2	
HUMATIN	5	
neomycin sulfate	2	
paromomycin sulfate	2	
streptomycin sulfate	3	
tobramycin 10 mg/ml vial	3	
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)	2	
Antibacterials, Other		
AZACTAM	4	
aztreonam	2	
chloramphenicol sod succinate	3	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN)	4	
CLEOCIN T 1% LOTION	4	
clindacin etz	2	
clindacin p	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clindamycin (pediatric)	4	
clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)	1	
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)	2	
clindamycin phosphate-d5w	2	
clindamycin-0.9% nacl	2	
colistimethate	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
daptomycin 500 mg vial	2	
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
linezolid (100 mg/5 ml susp, 600 mg tablet)	2	PA
linezolid-0.9% nacl	2	
linezolid-d5w	2	
methenamine hippurate	2	
METRO IV	2	
metronidazole (250 mg tablet, 500 mg tablet)	1	
metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)	2	
neomycin-polymyxin b	3	
nitrofurantoin (50 mg cap, 100 mg cap)	2	
nitrofurantoin mono-macro	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
tigecycline	2	
trimethoprim 100 mg tablet	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYGACIL	5	
vancomycin 750 mg/150 ml bag	4	
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)	2	
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)	4	
vancomycin hcl 125 mg capsule	2	QL (120 PER 30 DAYS)
vancomycin hcl 250 mg capsule	2	QL (240 PER 30 DAYS)
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%)	4	
vancomycin hcl-d5w	4	
VANDAZOLE	3	
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	5	PA
ZYVOX 200 MG/100 ML-D5W	5	
ZYVOX 600 MG/300 ML-D5W	4	
Beta-lactam, Cephalosporins		
cefaclor (250 mg capsule, 500 mg capsule)	2	
cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)	2	
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)	2	
cefazolin sodium-dextrose (1 g/50, 2 g/50)	2	
cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)	2	
cefepime	2	
cefepime hcl (1 gm vial, 2 gram vial)	2	
cefepime-dextrose	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cefixime 400 mg capsule	2	
cefoxitin	2	
cefoxitin sodium	2	
cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)	2	
cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)	2	
ceftazidime	2	
ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial)	2	
ceftriaxone 250 mg vial	1	
cefuroxime	2	
cefuroxime sodium (1.5 gm vial, 750 mg vial)	2	
cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)	2	
cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)	1	
SUPRAX (100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE)	4	
tazicef	2	
TEFLARO 400 MG VIAL	4	
TEFLARO 600 MG VIAL	5	
Beta-lactam, Penicillins		
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)	1	
amoxicillin-clavulanate pot er	4	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Carbapenems		
ertapenem	2	
imipenem-cilastatin 250 mg vl	4	
imipenem-cilastatin 500 mg vl	2	
INVANZ	4	
meropenem (iv 1 gm vial, iv 500 mg vial)	2	
meropenem-0.9% nacl	2	
Macrolides		
azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)	2	
azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)	1	
azithromycin 1 gm pwd packet	4	
clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)	4	
clarithromycin (250 mg tablet, 500 mg tablet)	2	
clarithromycin er	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
ery	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	4	
erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)	2	
erythromycin dr 250 mg cap	4	
erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
erythromycin lactobionate	2	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	4	
ZITHROMAX TRI-PAK	4	
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
ciprofloxacin	2	
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	1	
ciprofloxacin hcl 100 mg tab	4	
ciprofloxacin-d5w	2	
levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)	2	
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	1	
levofloxacin-d5w	2	
moxifloxacin 400 mg/250 ml bag	4	
moxifloxacin hcl 400 mg tablet	2	
ofloxacin 400 mg tablet	2	
Sulfonamides		
BACTRIM	4	
BACTRIM DS	4	
sulfadiazine	2	
sulfamethoxazole-trimethoprim (20 ml cup, iv vial, susp)	2	
sulfamethoxazole-trimethoprim (ds tablet, ss tablet)	1	
Tetracyclines		
avidoxy	2	
demeclocycline hcl	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
doxy 100	2	
doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)	2	
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)	2	
minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)	2	
mondoxyne nl 100 mg capsule	2	
NUZYRA (100 MG VIAL, 150 MG TABLET)	5	
tetracycline hcl (250 mg capsule, 500 mg capsule)	2	
VIBRAMYCIN 100 MG CAPSULE	4	

Anticonvulsants

Anticonvulsants, Other

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	3	
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 500 MG/5 ML VIAL, 750 MG TABLET, 1,000 MG TABLET)	4	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	4	
LAMICTAL (BLUE)	4	
lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
lamotrigine (5 mg disper tablet, 25 mg disper tab)	2	
lamotrigine (blue)	2	
lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
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)	2	
levetiracetam er	2	
levetiracetam-nacl (500 mg/100, 1,000mg/100, 1,500mg/100)	2	
roweepra 500 mg tablet	2	
SPRITAM	4	
subvenite	1	
subvenite (blue)	2	
topiramate (15 mg cap, 25 mg cap)	2	
topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)	1	
valproate sodium	2	
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)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	
XCOPRI 12.5-25 MG TITRATION PK	4	
Calcium Channel Modifying Agents		
CELONTIN	4	
ethosuximide (250 mg capsule, 250 mg/5 ml soln)	2	
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
methsuximide	2	
pregabalin (225 mg capsule, 300 mg capsule)	2	QL (60 PER 30 DAYS)
pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)	2	QL (90 PER 30 DAYS)
pregabalin 20 mg/ml solution	2	QL (900 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam (10 mg tablet, 20 mg tablet)	2	PA, QL (60 PER 30 DAYS)
clobazam 2.5 mg/ml suspension	2	PA, QL (480 PER 30 DAYS)
diazepam (10 mg gel, 20 mg gel)	2	QL (5 PER 30 DAYS)
diazepam 2.5 mg rectal gel sys	4	QL (5 PER 30 DAYS)
gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)	2	QL (2160 PER 30 DAYS)
gabapentin 100 mg capsule	1	QL (1080 PER 30 DAYS)
gabapentin 300 mg capsule	1	QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
gabapentin 400 mg capsule	1	QL (270 PER 30 DAYS)
gabapentin 600 mg tablet	2	QL (180 PER 30 DAYS)
gabapentin 800 mg tablet	2	QL (135 PER 30 DAYS)
GABITRIL (2 MG TABLET, 4 MG TABLET, 12 MG TABLET)	4	
GABITRIL 16 MG TABLET	5	
LIBERVANT	5	QL (10 PER 30 DAYS)
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	4	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
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)	2	
phenobarbital sodium	2	
primidone (50 mg tablet, 250 mg tablet)	2	
primidone 125 mg tablet	4	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	4	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
tiagabine hcl	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
vigabatrin	5	QL (180 PER 30 DAYS)
vigadrone	5	QL (180 PER 30 DAYS)
VIGAFYDE	5	QL (750 PER 30 DAYS)
vigpoder	5	QL (180 PER 30 DAYS)
ZTALMY	5	
Sodium Channel Agents		
APTIOM	5	
BANZEL (40 MG/ML SUSPENSION, 400 MG TABLET)	5	
BANZEL 200 MG TABLET	4	
carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)	2	
carbamazepine er	2	
CARBATROL	4	
DILANTIN	4	
DILANTIN-125	4	
epitol	2	
fosphenytoin sodium	2	
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)	2	
lacosamide (100 mg tablet, 150 mg tablet, 200 mg tablet)	4	
oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)	2	
PHENYTEK	2	
phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)	2	
phenytoin sodium extended	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
rufinamide (40 mg/ml suspension, 400 mg tablet)	5	
rufinamide 200 mg tablet	2	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET, 600 MG TABLET)	4	
TRILEPTAL 300 MG/5 ML SUSP	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT (50 MG TABLET, 200 MG/20 ML VIAL)	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)	2	
Antidementia Agents		
Cholinesterase Inhibitors		
ADLARITY	4	
ARICEPT (5 MG TABLET, 10 MG TABLET)	4	
donepezil hcl	1	
donepezil hcl odt	2	
EXELON	4	
galantamine er	2	
galantamine hbr	2	
galantamine hydrobromide	4	
rivastigmine	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet)	2	PA
memantine hcl er	2	PA
NAMENDA	4	PA
Antidepressants		
Antidepressants, Other		
AUVELITY	5	QL (60 PER 30 DAYS)
bupropion hcl 100 mg tablet	2	QL (120 PER 30 DAYS)
bupropion hcl 75 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 100 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	2	QL (30 PER 30 DAYS)
mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)	2	QL (30 PER 30 DAYS)
mirtazapine (7.5 mg tablet, 30 mg tablet, 45 mg tablet)	1	QL (30 PER 30 DAYS)
mirtazapine 15 mg tablet	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	5	PA, QL (16 PER 28 DAYS)
SPRAVATO 84 MG DOSE PACK	5	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)
Monoamine Oxidase Inhibitors		
EMSAM	5	PA, QL (30 PER 30 DAYS)
MARPLAN	4	
NARDIL	4	
PARNATE	4	
phenelzine sulfate	2	
tranylcypromine sulfate	2	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibito		
CELEXA (10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
citalopram hbr (10 mg tablet, 20 mg tablet)	1	QL (45 PER 30 DAYS)
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	2	QL (600 PER 30 DAYS)
citalopram hbr 40 mg tablet	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
desvenlafaxine succinate er	2	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE DR 30 MG CAP	4	QL (90 PER 30 DAYS)
duloxetine hcl (dr 20 mg cap, dr 60 mg cap)	2	QL (60 PER 30 DAYS)
duloxetine hcl dr 30 mg cap	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
escitalopram 20 mg tablet	1	QL (30 PER 30 DAYS)
escitalopram oxalate (5 mg tablet, 10 mg tablet)	1	QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
escitalopram oxalate 5 mg/5 ml	2	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
fluoxetine dr	4	QL (4 PER 28 DAYS)
fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)	2	QL (600 PER 30 DAYS)
fluoxetine hcl 10 mg capsule	1	QL (90 PER 30 DAYS)
fluoxetine hcl 10 mg tablet	2	QL (90 PER 30 DAYS)
fluoxetine hcl 20 mg capsule	1	QL (120 PER 30 DAYS)
fluoxetine hcl 20 mg tablet	2	QL (120 PER 30 DAYS)
fluoxetine hcl 40 mg capsule	1	QL (60 PER 30 DAYS)
fluvoxamine maleate (25 mg tab, 50 mg tab)	2	QL (30 PER 30 DAYS)
fluvoxamine maleate 100 mg tab	2	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	4	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)	3	
nefazodone hcl (50 mg tablet, 250 mg tablet)	4	
paroxetine cr (25 mg tablet, 37.5 mg tablet)	2	QL (60 PER 30 DAYS)
paroxetine cr 12.5 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine er (25 mg tablet, 37.5 mg tablet)	2	QL (60 PER 30 DAYS)
paroxetine er 12.5 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine hcl (10 mg tablet, 40 mg tablet)	2	QL (45 PER 30 DAYS)
paroxetine hcl 10 mg/5 ml susp	2	QL (900 PER 30 DAYS)
paroxetine hcl 20 mg tablet	2	QL (30 PER 30 DAYS)
paroxetine hcl 30 mg tablet	2	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	4	QL (60 PER 30 DAYS)
sertraline 20 mg/ml oral conc	2	QL (300 PER 30 DAYS)
sertraline hcl (25 mg tablet, 50 mg tablet)	1	QL (45 PER 30 DAYS)
sertraline hcl 100 mg tablet	1	QL (60 PER 30 DAYS)
trazodone 300 mg tablet	2	
trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
venlafaxine besylate er	4	QL (60 PER 30 DAYS)
venlafaxine hcl	2	QL (90 PER 30 DAYS)
venlafaxine hcl er 150 mg cap	2	QL (30 PER 30 DAYS)
venlafaxine hcl er 37.5 mg cap	1	QL (60 PER 30 DAYS)
venlafaxine hcl er 75 mg cap	2	QL (90 PER 30 DAYS)
VIIBRYD	4	QL (30 PER 30 DAYS)
vilazodone hcl	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)	2	
amoxapine	2	
clomipramine hcl	2	
desipramine hcl	2	
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)	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
imipramine hcl	2	
NORPRAMIN	4	
nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)	2	
protriptyline hcl	2	
trimipramine maleate	2	

Antiemetics

Antiemetics, Other

chlorpromazine hcl (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml vial, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 50 mg/2 ml vial, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	2	PA
compro	2	
meclizine hcl (12.5 mg tablet, 25 mg tablet)	2	
perphenazine	2	PA
prochlorperazine	2	
prochlorperazine 10 mg/2 ml vl	2	
prochlorperazine maleate	2	
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)	2	PA
promethegan (12.5 mg suppos, 25 mg suppository)	2	PA
scopolamine	2	PA

Emetogenic Therapy Adjuncts

aprepitant	2	PA
dronabinol	2	PA
EMEND (80 MG CAPSULE, TRIPACK)	4	PA
fosaprepitant dimeglumine	2	
granisetron hcl (1 mg/ml vial, 4 mg/4 ml vial)	2	
granisetron hcl 1 mg tablet	2	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	2	
ondansetron odt (4 mg tablet, 8 mg tablet)	2	
palonosetron hcl	5	
Antifungals		
AMBISOME	4	PA
amphotericin b	4	PA
amphotericin b liposome	5	PA
CANCIDAS	5	
caspofungin acetate	2	
ciclodan 8% solution	2	QL (6.6 PER 30 DAYS)
ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)	2	
ciclopirox 8% solution	2	QL (6.6 PER 30 DAYS)
clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)	2	
CRESEMBA	5	PA
DIFLUCAN (10 MG/ML SUSPENSION, 40 MG/ML SUSPENSION, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
econazole nitrate	2	
fluconazole (10 mg/ml susp, 40 mg/ml susp)	2	
fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)	1	
fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)	2	
flucytosine (250 mg capsule, 500 mg capsule)	5	
griseofulvin 125 mg/5 ml susp	2	
griseofulvin micro 500 mg tab	4	
griseofulvin ultramicrosize	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
itraconazole 100 mg capsule	2	QL (120 PER 30 DAYS)
ketoconazole (2% cream, 2% shampoo, 200 mg tablet)	2	
klayesta	2	
LOPROX 1% SHAMPOO	4	
micafungin 100 mg vial	5	
micafungin 50 mg vial	2	
micafungin 50 mg/50ml-0.9%nacl	4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	5	PA
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
nyamyc	2	
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)	2	
nystop	2	
posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)	5	PA
posaconazole 300 mg/16.7 ml vl	2	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
terbinafine hcl 250 mg tablet	1	QL (30 PER 30 DAYS)
terconazole (0.4% cream, 0.8% cream, 80 mg suppository)	2	
VFEND IV	4	PA
voriconazole (40 mg/ml susp, 50 mg tablet, 200 mg tablet, 200 mg vial)	2	PA

Antigout Agents

allopurinol (100 mg tablet, 300 mg tablet)	1	
allopurinol sodium	2	
ALOPRIM	4	
colchicine 0.6 mg tablet	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)	2	QL (18 PER 30 DAYS)
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)	2	QL (6 PER 30 DAYS)
zolmitriptan odt	2	QL (12 PER 30 DAYS)
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)	2	
pyridostigmine bromide er	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone (25 mg tablet, 100 mg tablet)	2	
MYCOBUTIN	5	
rifabutin	2	
Antituberculars		
cycloserine	5	
ethambutol hcl	2	
isoniazid (100 mg tablet, 300 mg tablet)	1	
isoniazid 100 mg/ml vial	3	
isoniazid 50 mg/5 ml solution	2	
PRIFTIN	4	
pyrazinamide	2	
RIFADIN IV 600 MG VIAL	5	
rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)	2	
SIRTURO	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRECATOR	4	
Antineoplastics		
Alkylating Agents		
busulfan	5	
CYCLOPHOSPHAMIDE (1 GM VIAL, 1 GM/2 ML VL, 1 GM/5 ML VL, 2 GM VIAL, 2 GM/10 ML VL, 2 GM/4 ML VL, 500 MG VIAL, 500 MG/2.5 ML, 500 MG/ML VL)	5	
cyclophosphamide (25 mg capsule, 50 mg capsule)	2	PA
cyclophosphamide (25 mg tablet, 50 mg tablet)	3	PA
EVOMELA	5	
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	4	
MATULANE	5	PA
melphalan hcl	5	
TEMODAR 100 MG VIAL	5	
VALCHLOR	5	
YONDELIS	5	PA
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate 250 mg tab	5	PA, QL (120 PER 30 DAYS)
bicalutamide	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nilutamide	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)	5	PA, QL (21 PER 28 DAYS)
lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)	5	PA, QL (30 PER 30 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS)
REVLIMID (15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE)	5	PA, QL (21 PER 28 DAYS)
REVLIMID (2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
ZALTRAP	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FARESTON	5	
FASLODEX	5	PA
fulvestrant	5	PA
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
tamoxifen citrate	2	
toremifene citrate	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimetabolites		
fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial)	2	PA
FOLOTYN	5	PA
HYDREA	4	
hydroxyurea	2	
mercaptopurine	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
ABRAXANE	5	PA
adriamycin (10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 200 mg/100 ml vial)	2	PA
adriamycin 10 mg vial	4	PA
ALIMTA	5	PA
ARRANON	5	PA
arsenic trioxide 10 mg/10ml vl	2	
arsenic trioxide 12 mg/6 ml vl	5	
ASPARLAS	5	
azacitidine	5	
bendamustine hcl (25 mg vial, 100 mg vial)	5	
BENDEKA	5	
BICNU	4	
bleomycin sulfate	2	PA
BLINCYTO 35MCG VL W-STABILIZER	5	PA
carboplatin (50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial)	2	
carmustine 100 mg vial	2	
cisplatin (50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
cladribine	5	PA
clofarabine	5	
CLOLAR	5	
COSMEGEN	5	
cytarabine	2	PA
dacarbazine 100 mg vial	4	
dacarbazine 200 mg vial	2	
dactinomycin	5	
daunorubicin 20 mg/4 ml vial	2	
daunorubicin 50 mg/10 ml vial	4	
decitabine	5	
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)	5	
doxorubicin 10 mg vial	4	PA
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)	2	PA
doxorubicin hcl liposome	5	PA
eribulin mesylate	5	PA
fludarabine phosphate (50 mg vial, 50 mg/2 ml vial)	2	
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)	2	
HALAVEN	5	PA
idarubicin hcl	5	
IFEX 3 GM VIAL	4	
ifosfamide (1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial)	2	
ifosfamide 3 gm vial	4	
IMLYGIC 1 MILLION PFU/ML VIAL	4	
IMLYGIC 100 MILLION PFU/ML VL	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INQOVI	5	PA, QL (5 PER 28 DAYS)
ISTODAX	5	PA
IXEMPRA	5	
kemoplat	2	
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	PA, QL (91 PER 28 DAYS)
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)	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
mitomycin (20 mg vial, 40 mg vial)	5	
mitomycin 5 mg vial	2	
mitoxantrone hcl	2	
MUTAMYCIN (20 MG VIAL, 40 MG VIAL)	5	
MUTAMYCIN 5 MG VIAL	2	
nelarabine	5	PA
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	
ONCASPAR	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
oxaliplatin (50 mg vial, 50 mg/10 ml vial, 100 mg vial, 100 mg/20 ml vial, 200 mg/40 ml vial)	5	
paclitaxel	2	
paraplatin	2	
pemetrexed (100 mg vial, 500 mg vial)	5	PA
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)	5	PA
romidepsin (10 mg kit, 10 mg vial, 27.5 mg/5.5 ml vial)	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RYLAZE	5	
SYNRIBO	5	PA
thiotepa	5	
TREANDA	5	
TRISENOX	5	
vinblastine sulfate	3	PA
vincasar pfs	4	PA
vincristine sulfate	4	PA
vinorelbine tartrate	2	
VYXEOS	5	PA
WELIREG	5	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZANOSAR	4	
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
anastrozole 1 mg tablet	1	
ARIMIDEX	4	
AROMASIN	5	
exemestane	2	
FEMARA	4	
letrozole	1	
Enzyme Inhibitors		
ETOPOPHOS	4	
etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)	2	
irinotecan hcl (40 mg/2 ml vial, 100 mg/5 ml vl, 500 mg/25 ml vl)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IWILFIN	5	PA, QL (240 PER 30 DAYS)
ONIVYDE	5	PA
toposar	2	
topotecan hcl (4 mg vial, 4 mg/4 ml vial)	2	
Molecular Target Inhibitors		
AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALIQOPA	5	PA
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUGTYRO	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BELEODAQ	5	PA
bortezomib (1 mg vial, 2.5 mg vial)	4	PA
bortezomib (3.5 mg iv vial, 3.5 mg vial)	5	PA
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
imatinib mesylate 100 mg tab	2	PA, QL (90 PER 30 DAYS)
imatinib mesylate 400 mg tab	2	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JEVTANA	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
KYPROLIS	5	PA
lapatinib	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
pazopanib hcl	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
sorafenib	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)	5	PA, QL (30 PER 30 DAYS)
sunitinib malate 12.5 mg cap	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSO	5	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TARCEVA (100 MG TABLET, 150 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
temsirolimus	5	
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
TORISEL	5	
torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)	5	PA, QL (30 PER 30 DAYS)
torpenz 5 mg tablet	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VELCADE	5	PA
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLET, 50 MG PELLET, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLET	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZEJULA 100 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Monoclonal Antibody/Antibody-Drug Conjugate		
ADCETRIS	5	PA
ALYMSYS	5	PA
ARZERRA	5	PA
AVASTIN	5	PA
BAVENCIO	5	PA
BESPONSA	5	PA
BLENREP	5	PA
DANYELZA	5	PA
DARZALEX	5	PA
DARZALEX FASPRO	5	PA
EMPLICITI	5	PA
ENHERTU	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HERZUMA	5	PA
IMFINZI	5	PA
JEMPERLI	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
MYLOTARG	5	PA
OGIVRI	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
PADCEV	5	PA
PERJETA	5	PA
PHESGO	5	PA
POLIVY	5	PA
PORTRAZZA	5	PA
POTELIGEO	5	PA
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRUXIMA	5	PA
UNITUXIN	5	PA
VECTIBIX	5	PA
VEGZELMA	5	PA
YERVOY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
bexarotene (1% gel, 75 mg capsule)	5	PA
PANRETIN	5	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	PA
tretinoin 10 mg capsule	5	PA
Treatment Adjuncts		
COSELA	5	
dexrazoxane	5	
ELITEK	5	
mesna	2	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
albendazole 200 mg tablet	2	
benznidazole	4	
BILTRICIDE	4	
ivermectin 3 mg tablet	2	PA
praziquantel	2	
STROMECTOL	4	PA
Antiprotozoals		
atovaquone	2	PA, QL (600 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
atovaquone-proguanil hcl	2	
chloroquine phosphate	2	
COARTEM	4	
DARAPRIM	5	PA
hydroxychloroquine 200 mg tab	2	
MALARONE	4	
mefloquine hcl	2	
NEBUPENT	4	PA
nitazoxanide 500 mg tablet	2	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
pentamidine 300 mg inhal powdr	2	PA
pentamidine 300 mg inject vial	2	
PLAQUENIL	4	
primaquine	2	
pyrimethamine 25 mg tablet	5	PA
quinine sulfate	3	PA

Antiparkinson Agents

Antiparkinson Agents, Other

amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)	2	
benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)	2	PA
carbidopa-levodopa-entacapone	2	
COMTAN	4	
entacapone	2	
TASMAR	5	
tolcapone	5	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dopamine Agonists		
APOKYN	5	PA, QL (60 PER 30 DAYS)
apomorphine hcl	5	PA, QL (60 PER 30 DAYS)
bromocriptine mesylate	2	
NEUPRO	4	
pramipexole dihydrochloride	1	
ropinirole er	2	
ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)	2	
ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa	2	
carbidopa-levodopa	2	
carbidopa-levodopa er	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET 10-100	4	
SINEMET 25-100	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	4	
rasagiline mesylate	2	
selegiline hcl	2	
Antipsychotics		
1st Generation/Typical		
fluphenazine 2.5 mg/ml vial	4	PA
fluphenazine decanoate	2	PA
fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)	2	PA

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)	3	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
haloperidol	2	PA
haloperidol decanoate	2	PA
haloperidol decanoate 100	2	PA
haloperidol lactate	2	PA
loxapine	2	PA
molindone hcl	4	PA
pimozide	4	PA
thioridazine hcl	2	PA
thiothixene	2	PA
trifluoperazine hcl	2	PA
2nd Generation/Atypical		
ABILIFY (10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ABILIFY (2 MG TABLET, 5 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)	2	PA, QL (30 PER 30 DAYS)
aripiprazole (2 mg tablet, 5 mg tablet)	2	PA, QL (45 PER 30 DAYS)
aripiprazole 1 mg/ml solution	2	PA, QL (750 PER 30 DAYS)
aripiprazole odt	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
asenapine maleate	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)	5	PA, QL (30 PER 30 DAYS)
lurasidone hcl 80 mg tablet	5	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
olanzapine (15 mg tablet, 20 mg tablet)	2	PA, QL (30 PER 30 DAYS)
olanzapine (2.5 mg tablet, 5 mg tablet)	1	PA, QL (45 PER 30 DAYS)
olanzapine (7.5 mg tablet, 10 mg tablet)	2	PA, QL (45 PER 30 DAYS)
olanzapine 10 mg vial	2	PA, QL (90 PER 30 DAYS)
olanzapine odt	2	PA, QL (30 PER 30 DAYS)
paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)	2	PA, QL (30 PER 30 DAYS)
paliperidone er 6 mg tablet	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
quetiapine 150 mg tablet	4	PA, QL (150 PER 30 DAYS)
quetiapine fumarate (300 mg tab, 400 mg tab)	2	PA, QL (60 PER 30 DAYS)
quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)	2	PA, QL (120 PER 30 DAYS)
quetiapine fumarate 25 mg tab	1	PA, QL (120 PER 30 DAYS)
quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)	2	PA, QL (30 PER 30 DAYS)
quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)	2	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)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)	1	PA, QL (60 PER 30 DAYS)
risperidone 0.25 mg odt	4	PA, QL (60 PER 30 DAYS)
risperidone 1 mg/ml solution	2	PA, QL (480 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
risperidone 4 mg odt	2	PA, QL (120 PER 30 DAYS)
risperidone 4 mg tablet	1	PA, QL (120 PER 30 DAYS)
risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)	2	QL (2 PER 28 DAYS)
risperidone er 50 mg vial	5	QL (2 PER 28 DAYS)
risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	QL (28 PER 28 DAYS)
ziprasidone hcl (20 mg capsule, 40 mg capsule)	2	QL (90 PER 30 DAYS)
ziprasidone hcl (60 mg capsule, 80 mg capsule)	2	QL (60 PER 30 DAYS)
ziprasidone mesylate	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (15 MG TABLET, 20 MG TABLET)	4	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS	4	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
clozapine (25 mg tablet, 50 mg tablet)	2	PA, QL (90 PER 30 DAYS)
clozapine 100 mg tablet	2	PA, QL (270 PER 30 DAYS)
clozapine 200 mg tablet	2	PA, QL (120 PER 30 DAYS)
clozapine odt (25 mg tablet, 100 mg tablet)	2	PA, QL (270 PER 30 DAYS)
clozapine odt 12.5 mg tablet	4	PA, QL (90 PER 30 DAYS)
clozapine odt 150 mg tablet	2	PA, QL (180 PER 30 DAYS)
clozapine odt 200 mg tablet	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	5	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	
DANTRIUM 25 MG CAPSULE	4	
dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)	2	
tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)	2	
tizanidine hcl (2 mg tablet, 4 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	5	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	5	QL (6 PER 28 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	3	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
efavirenz 200 mg capsule	2	QL (120 PER 30 DAYS)
efavirenz 50 mg capsule	2	QL (90 PER 30 DAYS)
efavirenz 600 mg tablet	2	QL (30 PER 30 DAYS)
efavirenz-emtric-tenofov disop	5	QL (30 PER 30 DAYS)
efavirenz-lamivu-tenofov disop	5	QL (30 PER 30 DAYS)
etravirine 100 mg tablet	2	QL (60 PER 30 DAYS)
etravirine 200 mg tablet	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
nevirapine 200 mg tablet	2	QL (60 PER 30 DAYS)
nevirapine 50 mg/5 ml susp	2	QL (1200 PER 30 DAYS)
nevirapine er 100 mg tablet	4	QL (90 PER 30 DAYS)
nevirapine er 400 mg tablet	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir 20 mg/ml solution	2	QL (960 PER 30 DAYS)
abacavir 300 mg tablet	2	QL (60 PER 30 DAYS)
abacavir-lamivudine	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
emtricitabine	2	QL (30 PER 30 DAYS)
emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)	5	QL (30 PER 30 DAYS)
emtricitabine-tenofv 200-300mg	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
lamivudine 10 mg/ml oral soln	2	QL (960 PER 30 DAYS)
lamivudine 150 mg tablet	2	QL (60 PER 30 DAYS)
lamivudine 300 mg tablet	2	QL (30 PER 30 DAYS)
lamivudine-zidovudine	2	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
stavudine	3	QL (60 PER 30 DAYS)
tenofovir disoproxil fumarate	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRIZIVIR	5	QL (60 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	4	QL (60 PER 30 DAYS)
zidovudine 100 mg capsule	2	QL (180 PER 30 DAYS)
zidovudine 300 mg tablet	2	QL (60 PER 30 DAYS)
zidovudine 50 mg/5 ml syrup	2	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS)
maraviroc 150 mg tablet	5	QL (60 PER 30 DAYS)
maraviroc 300 mg tablet	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TROGARZO	5	QL (18.62 PER 28 DAYS)
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
atazanavir sulfate (150 mg cap, 300 mg cap)	2	QL (30 PER 30 DAYS)
atazanavir sulfate 200 mg cap	2	QL (60 PER 30 DAYS)
darunavir 600 mg tablet	5	QL (60 PER 30 DAYS)
darunavir 800 mg tablet	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
fosamprenavir calcium	2	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	4	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
lopinavir-ritonavir 80-20mg/ml	2	QL (480 PER 30 DAYS)
lopinavir-ritonavr 100-25mg tb	2	QL (300 PER 30 DAYS)
lopinavir-ritonavr 200-50mg tb	2	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
ritonavir	2	QL (360 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)
Anti-cytomegalovirus (CMV) Agents		
cidofovir 375 mg/5 ml vial	5	
ganciclovir 500 mg vial	2	PA
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
valganciclovir hcl (50 mg/ml, 450 mg tablet)	2	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	2	
BARACLUDE (0.05 MG/ML SOLUTION, 0.5 MG TABLET, 1 MG TABLET)	5	
entecavir	2	
lamivudine 100 mg tablet	2	
lamivudine hbv	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
ledipasvir-sofosbuvir	5	PA
ribavirin (200 mg capsule, 200 mg tablet)	2	
sofosbuvir-velpatasvir	5	PA
SOVALDI	5	PA
VOSEVI	5	PA
ZEPATIER	5	PA
Anti-influenza Agents		
oseltamivir 6 mg/ml suspension	2	QL (1080 PER 365 OVER TIME)
oseltamivir phos 30 mg capsule	2	QL (168 PER 365 OVER TIME)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
oseltamivir phosphate (45 mg capsule, 75 mg capsule)	2	QL (84 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)	1	
acyclovir 200 mg/5 ml susp	2	
acyclovir 5% ointment	2	PA
acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)	2	PA
famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)	2	
valacyclovir	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	PA
Anxiolytics		
alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)
alprazolam 2 mg tablet	1	QL (150 PER 30 DAYS)
buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)	2	
buspirone hcl 7.5 mg tablet	1	
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)	2	QL (90 PER 30 DAYS)
clonazepam (0.5 mg tablet, 1 mg tablet)	1	QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clonazepam 2 mg odt	2	QL (300 PER 30 DAYS)
clonazepam 2 mg tablet	1	QL (300 PER 30 DAYS)
clorazepate 15 mg tablet	2	PA, QL (180 PER 30 DAYS)
clorazepate 3.75 mg tablet	2	PA, QL (120 PER 30 DAYS)
clorazepate 7.5 mg tablet	2	PA, QL (360 PER 30 DAYS)
diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)	1	PA, QL (120 PER 30 DAYS)
diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)	2	PA, QL (1200 PER 30 DAYS)
diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)	2	PA, QL (240 PER 30 DAYS)
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)	2	PA
hydroxyzine pamoate (25 mg cap, 50 mg cap)	2	PA
lorazepam (0.5 mg tablet, 1 mg tablet)	1	PA, QL (120 PER 30 DAYS)
lorazepam 2 mg tablet	1	PA, QL (150 PER 30 DAYS)
lorazepam 2 mg/ml oral concent	2	PA, QL (150 PER 30 DAYS)
lorazepam intensol	2	PA, QL (150 PER 30 DAYS)
oxazepam	2	PA, QL (120 PER 30 DAYS)
Bipolar Agents		
lithium carbonate	1	
lithium carbonate er	2	
lithium citrate	2	
LITHOBID	4	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose 100 mg tablet	2	QL (90 PER 30 DAYS)
acarbose 25 mg tablet	2	QL (360 PER 30 DAYS)
acarbose 50 mg tablet	2	QL (180 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ACTOS (30 MG TABLET, 45 MG TABLET)	4	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
BYETTA	4	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)
gauze pads & dressings - pads 2 x 2	3	
glimepiride 1 mg tablet	1	QL (240 PER 30 DAYS)
glimepiride 2 mg tablet	1	QL (120 PER 30 DAYS)
glimepiride 4 mg tablet	1	QL (60 PER 30 DAYS)
glipizide 10 mg tablet	1	QL (120 PER 30 DAYS)
glipizide 2.5 mg tablet	4	QL (480 PER 30 DAYS)
glipizide 5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide er 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide er 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide xl 10 mg tablet	1	QL (60 PER 30 DAYS)
glipizide xl 2.5 mg tablet	1	QL (240 PER 30 DAYS)
glipizide xl 5 mg tablet	1	QL (120 PER 30 DAYS)
glipizide-metformin (2.5-500 mg, 5-500 mg)	1	QL (120 PER 30 DAYS)
glipizide-metformin 2.5-250 mg	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
glyburid-metformin 1.25-250 mg	2	QL (240 PER 30 DAYS)
glyburide 1.25 mg tablet	2	QL (480 PER 30 DAYS)
glyburide 2.5 mg tablet	2	QL (240 PER 30 DAYS)
glyburide 5 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micro 1.5 mg tab	2	QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
glyburide micro 3 mg tablet	2	QL (120 PER 30 DAYS)
glyburide micro 6 mg tablet	2	QL (60 PER 30 DAYS)
glyburide-metformin hcl (2.5-500 mg, 5-500 mg)	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
isopropyl alcohol 0.7 ml/ml medicated pad	3	
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-1,000 MG TABLET, 50-500 MG TABLET)	3	QL (60 PER 30 DAYS)
JANUMET XR 100-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA 100 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	3	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR (5-1,000 MG TAB, 5-500 MG TABLET)	4	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	QL (60 PER 30 DAYS)
metformin hcl 1,000 mg tablet	1	QL (75 PER 30 DAYS)
metformin hcl 500 mg tablet	1	QL (150 PER 30 DAYS)
metformin hcl 850 mg tablet	1	QL (90 PER 30 DAYS)
metformin hcl er 500 mg tablet	1	QL (120 PER 30 DAYS)
metformin hcl er 750 mg tablet	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
nateglinide 120 mg tablet	2	QL (90 PER 30 DAYS)
nateglinide 60 mg tablet	2	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	4	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	4	QL (30 PER 30 DAYS)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
diazoxide 50 mg/ml oral susp	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)
glucagon emergency kit (, 1 mg kit)	2	QL (4 PER 30 DAYS)
GVOKE	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	4	QL (0.8 PER 30 DAYS)
GVOKE PFS 1PK 0.5MG/0.1 ML SYR	4	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	4	QL (0.8 PER 30 DAYS)
GVOKE PFS 2PK 0.5MG/0.1 ML SYR	4	QL (0.4 PER 30 DAYS)
PROGLYCEM	4	
Insulins		
HUMALOG	3	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
v-go 20	3	
v-go 30	3	
v-go 40	3	
vgo 20	3	
vgo 30	3	
vgo 40	3	
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate (75 mg cap, 150 mg cp)	2	QL (60 PER 30 DAYS)
dabigatran etexilate 110 mg cp	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
enoxaparin 30 mg/0.3 ml syr	2	QL (9 PER 90 OVER TIME)
enoxaparin 40 mg/0.4 ml syr	2	QL (12 PER 90 OVER TIME)
enoxaparin 60 mg/0.6 ml syr	2	QL (18 PER 90 OVER TIME)
enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial)	2	QL (30 PER 90 OVER TIME)
enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)	2	QL (24 PER 90 OVER TIME)
fondaparinux 10 mg/0.8 ml syr	5	QL (24 PER 90 OVER TIME)
fondaparinux 2.5 mg/0.5 ml syr	2	QL (15 PER 90 OVER TIME)
fondaparinux 5 mg/0.4 ml syr	5	QL (12 PER 90 OVER TIME)
fondaparinux 7.5 mg/0.6 ml syr	5	QL (18 PER 90 OVER TIME)
heparin 20,000 unit/500 ml-d5w	4	

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

Blood Products and Modifiers, Other

AGRYLIN	4	
anagrelide hcl	2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FULPHILA	5	PA
GRANIX (300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	5	PA
GRANIX 300 MCG/ML VIAL	3	PA
LEUKINE	5	PA
MOZOBIL	5	
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
plerixafor	5	
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA
Hemostasis Agents		
CYKLOKAPRON	4	
tranexamic acid (650 mg tablet, 1,000 mg/10 ml)	2	
Platelet Modifying Agents		
aspirin-dipyridamole er	2	
BRILINTA	3	
CABLIVI	5	
cilostazol	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
clopidogrel 75 mg tablet	1	
dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)	2	
PLAVIX	4	
prasugrel hcl	2	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	2	
clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)	1	
droxidopa	5	PA
guanfacine hcl	2	
midodrine hcl	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
CARDURA	4	QL (60 PER 30 DAYS)
doxazosin mesylate	2	QL (60 PER 30 DAYS)
MINIPRESS	4	
phenoxybenzamine hcl	5	
prazosin hcl	2	
terazosin 1 mg capsule	1	QL (90 PER 30 DAYS)
terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	QL (60 PER 30 DAYS)

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

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL	4	
ALTACE	4	
benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
captopril	1	
enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)	1	
fosinopril sodium	1	
lisinopril	1	
LOTENSIN	4	
moexipril hcl	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
perindopril erbumine	1	
quinapril hcl	1	
ramipril	1	
trandolapril	1	
VASOTEC	4	
ZESTRIL	4	
Antiarrhythmics		
amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)	2	
dofetilide	2	
flecainide acetate	2	
lidocaine hcl (abboject, syringe)	4	
mexiletine hcl	2	
MULTAQ	3	
pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)	2	
propafenone hcl	2	
propafenone hcl er	2	
quinidine gluc er 324 mg tab	2	
quinidine sulfate	2	
RYTHMOL SR (225 MG CAPSULE, 325 MG CAPSULE)	4	
RYTHMOL SR 425 MG CAPSULE	5	
sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)	2	
sorine 80 mg tablet	1	
sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)	2	
sotalol 80 mg tablet	1	
sotalol af (120 mg tablet, 160 mg tablet)	2	
sotalol af 80 mg tablet	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
acebutolol hcl	2	
atenolol	1	
betaxolol hcl (10 mg tablet, 20 mg tablet)	2	
bisoprolol fumarate (5 mg tab, 10 mg tab)	2	
BYSTOLIC	4	
carvedilol	1	
carvedilol er	2	
COREG CR	4	
CORGARD (20 MG TABLET, 40 MG TABLET)	4	
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	
labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)	2	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	4	
metoprolol succinate	1	
metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)	1	
nadolol	2	
nebivolol hcl	2	
pindolol	2	
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)	2	
propranolol hcl er	2	
TENORMIN	4	
timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOPROL XL	4	
Calcium Channel Blocking Agents, Dihydropyridines		
amlodipine besylate	1	
felodipine er	2	
isradipine	2	
nicardipine hcl (20 mg capsule, 30 mg capsule)	2	
nifedipine er	2	
nimodipine	2	
nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)	2	
nisoldipine er 25.5 mg tablet	3	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM	4	
CARDIZEM CD	4	
CARDIZEM LA	4	
cartia xt	2	
dilt-xr	2	
diltiazem 12hr er	2	
diltiazem 24hr er	2	
diltiazem 24hr er (cd)	2	
diltiazem 24hr er (la)	2	
diltiazem 24hr er (xr)	2	
diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)	2	
matzim la	2	
taztia xt	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tiadylt er	2	
TIAZAC	4	
verapamil er	2	
verapamil er pm	4	
verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)	1	
verapamil sr	2	
VERELAN	4	
VERELAN PM	4	
Cardiovascular Agents, Other		
ACCURETIC (10-12.5 MG TABLET, 20-12.5 MG TABLET)	4	
acetazolamide	2	
acetazolamide er	2	
ALDACTAZIDE 25-25 TABLET	4	
aliskiren	2	QL (30 PER 30 DAYS)
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	2	
amlodipine-olmesartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan	1	QL (30 PER 30 DAYS)
amlodipine-valsartan-hctz	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
atenolol-chlorthalidone	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
benazepril-hydrochlorothiazide	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
bisoprolol-hydrochlorothiazide	1	
candesartan-hydrochlorothiazid	2	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
digitek	2	QL (30 PER 30 DAYS)
digox	2	QL (30 PER 30 DAYS)
digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)	2	QL (30 PER 30 DAYS)
digoxin 0.05 mg/ml solution	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
enalapril-hydrochlorothiazide	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
HYZAAR	4	QL (30 PER 30 DAYS)
irbesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
ivabradine hcl	2	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	4	QL (30 PER 30 DAYS)
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	4	
MAXZIDE	4	
MAXZIDE-25 MG	4	
methazolamide	2	
metoprolol-hydrochlorothiazide	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metyrosine	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
olmesartan-amlodipine-hctz	2	QL (30 PER 30 DAYS)
olmesartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
pentoxifylline	2	
quinapril-hydrochlorothiazide	1	
ranolazine er	2	QL (60 PER 30 DAYS)
spironolactone-hctz	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
telmisartan-amlodipine	2	QL (30 PER 30 DAYS)
telmisartan-hctz 80-12.5 mg tb	1	QL (60 PER 30 DAYS)
telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)	1	QL (30 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	
trandolapril-verapamil er	1	
triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
valsartan-hydrochlorothiazide	1	QL (30 PER 30 DAYS)
VASERETIC	4	
VERQUVO	3	QL (30 PER 30 DAYS)
ZESTORETIC	4	
ZIAC	4	

Diuretics, Loop

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)	2	
furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml syring, 100 mg/10 ml vial)	2	
LASIX	4	
torsemide	1	
Diuretics, Potassium-sparing		
ALDACTONE	4	
amiloride hcl	2	
eplerenone	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
Diuretics, Thiazide		
chlorthalidone	2	
hydrochlorothiazide	1	
indapamide	1	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)	2	QL (60 PER 30 DAYS)
fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)	2	QL (30 PER 30 DAYS)
fenofibric acid dr 135 mg cap	2	QL (30 PER 30 DAYS)
fenofibric acid dr 45 mg cap	2	QL (60 PER 30 DAYS)
gemfibrozil	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	QL (30 PER 30 DAYS)
fluvastatin sodium	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	QL (30 PER 30 DAYS)
lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	QL (60 PER 30 DAYS)
pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)	1	QL (45 PER 30 DAYS)
pravastatin sodium 80 mg tab	1	QL (30 PER 30 DAYS)
rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)	1	QL (45 PER 30 DAYS)
rosuvastatin calcium 40 mg tab	1	QL (30 PER 30 DAYS)
simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)	1	QL (45 PER 30 DAYS)
simvastatin 20 mg tablet	1	QL (60 PER 30 DAYS)
simvastatin 80 mg tablet	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	QL (60 PER 30 DAYS)
Dyslipidemics, Other		
cholestyramine (packet, powder)	2	
cholestyramine light (packet, powder)	2	
COLESTID (1 GM TABLET, FLAVORED GRANULES, GRANULES, GRANULES PACKET)	4	
colestipol hcl (1 gm tablet, granules, granules packet)	2	
ezetimibe	2	QL (30 PER 30 DAYS)
ezetimibe-simvastatin	1	QL (30 PER 30 DAYS)
icosapent ethyl (0.5 gm capsule, 500 mg capsule)	2	QL (240 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
icosapent ethyl 1 gram capsule	3	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA
LOVAZA	4	
niacin er (750 mg tablet, 1,000 mg tablet)	2	QL (60 PER 30 DAYS)
niacin er 500 mg tablet	2	QL (30 PER 30 DAYS)
omega-3 acid ethyl esters	2	
prevalite (packet, powder)	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
triklo	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)
Vasodilators, Direct-acting Arterial		
hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)	1	
minoxidil (2.5 mg tablet, 10 mg tablet)	2	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	4	
isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)	2	
isosorbide mononit 10 mg tab	2	
isosorbide mononit 20 mg tab	1	
isosorbide mononit er 120 mg	2	
isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)	1	
NITRO-BID	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)	2	
nitroglycerin patch	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	4	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	4	QL (90 PER 30 DAYS)
dextroamp-amphetamin 20 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine 10 mg tab	2	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine er 5 mg cap	2	QL (90 PER 30 DAYS)
dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)	2	QL (120 PER 30 DAYS)
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)	2	QL (30 PER 30 DAYS)
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)	2	QL (60 PER 30 DAYS)
lisdexamfetamine dimesylate (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)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	3	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zenzedi 10 mg tablet	2	QL (180 PER 30 DAYS)
zenzedi 5 mg tablet	2	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)	2	QL (60 PER 30 DAYS)
atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)	2	QL (30 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	2	QL (120 PER 30 DAYS)
dexmethylphenidate hcl	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
guanfacine hcl er	2	QL (30 PER 30 DAYS)
methylphenidate 10 mg/5 ml sol	2	PA, QL (900 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	2	PA, QL (450 PER 30 DAYS)
methylphenidate er 20 mg tab	2	PA, QL (90 PER 30 DAYS)
methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)	2	PA, QL (90 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
riluzole	2	
tetrabenazine 12.5 mg tablet	2	PA, QL (240 PER 30 DAYS)
tetrabenazine 25 mg tablet	5	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	5	PA
AVONEX (30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT)	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
dalfampridine er	2	PA
dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)	2	PA, QL (60 PER 30 DAYS)
dimethyl fumarate 30d start pk	5	PA, QL (60 PER 30 DAYS)
fingolimod	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
glatiramer 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)
glatiramer 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
glatopa 20 mg/ml syringe	5	PA, QL (30 PER 30 DAYS)
glatopa 40 mg/ml syringe	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
MAYZENT (1 MG TABLET, 2 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	4	PA, QL (12 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
TYSABRI	5	PA
VUMERITY	5	PA, QL (120 PER 30 DAYS)
Dental and Oral Agents		
cevimeline hcl	2	
chlorhexidine gluconate (15 ml cup, rinse)	1	
KEPIVANCE	5	
kourzeq	2	
oralone	2	
periogard	1	
pilocarpine hcl (5 mg tablet, 7.5 mg tablet)	2	
SALAGEN	4	
triamcinolone 0.1% paste	2	
Dermatological Agents		
Acne and Rosacea Agents		
accutane	2	
acitretin	2	
amnesteem	2	
AVITA	2	PA
azelaic acid 15% gel	2	
AZELEX	4	
BENZAMYCIN	4	
claravis	2	
clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)	2	
doxycycline ir-dr	2	
erythromycin-benzoyl peroxide	2	
FINACEA 15% FOAM	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FINACEA 15% GEL	4	
isotretinoin	2	
KLARON	4	
myorisan	2	
ORACEA	3	
RETIN-A	4	PA
sulfacetamide sodium (sod top susp, sodium lotn)	2	
tazarotene (0.05% gel, 0.1% cream, 0.1% gel)	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)	2	PA
zenatane	2	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	1	
ala-cort 2.5% cream	1	QL (454 PER 30 DAYS)
alclometasone dipropionate	2	QL (120 PER 30 DAYS)
ammonium lactate	2	
betamethasone diprop augmented (crm, oin)	2	QL (200 PER 28 DAYS)
betamethasone dipropionate (crm, oint)	2	QL (135 PER 30 DAYS)
betamethasone dp 0.05% lot	2	QL (120 PER 30 DAYS)
betamethasone dp aug 0.05% gel	3	QL (200 PER 28 DAYS)
betamethasone dp aug 0.05% lot	2	QL (210 PER 30 DAYS)
betamethasone va 0.1% lotion	2	QL (120 PER 30 DAYS)
betamethasone valerate (va cream, valer ointm)	2	QL (135 PER 30 DAYS)
clobetasol 0.05% shampoo	2	QL (236 PER 30 DAYS)
clobetasol emollient 0.05% crm	2	QL (210 PER 28 DAYS)
clobetasol propionate (cream, gel, ointment)	2	QL (210 PER 28 DAYS)
clobetasol propionate (prop foam, solution)	2	QL (200 PER 28 DAYS)

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
triamcinolone 0.025% cream	1	QL (454 PER 30 DAYS)
triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)	2	QL (120 PER 30 DAYS)
triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)	2	QL (454 PER 30 DAYS)
triderm	2	QL (454 PER 30 DAYS)
ZONALON	4	PA
Dermatological Agents, Other		
calcipotriene (cream, ointment, solution)	2	QL (120 PER 30 DAYS)
calcitrene	2	QL (120 PER 30 DAYS)
clotrimazole-betamethasone (crm, lot)	2	
diclofenac sodium 3% gel	2	PA
EFUDEX	3	
fluorouracil (cream, topical soln)	2	
fluorouracil 0.5% cream	5	
fluorouracil 2% topical soln	3	
imiquimod 5% cream packet	2	PA
methoxsalen	5	
nystatin-triamcinolone	2	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA
podofilox 0.5% topical soln	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
silver sulfadiazine	2	
SSD	2	
Pediculicides/Scabicides		
ivermectin 1% cream	2	PA
lindane	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
malathion	2	
OVIDE	4	
permethrin	2	
SOOLANTRA	3	PA
Topical Anti-infectives		
gentamicin sulfate (cream, ointment)	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)	2	
mupirocin	2	QL (30 PER 30 OVER TIME)
rosadan	2	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
aqua care sodium chloride	2	
CARBAGLU	5	PA
carglumic acid	5	PA
dextrose 2.5%-0.45% nacl	2	
dextrose 5%-0.2% nacl	1	
dextrose 5%-0.225% nacl	1	
dextrose 5%-0.3% nacl	1	
dextrose 5%-0.33% nacl	1	
dextrose 5%-0.45% nacl	2	
dextrose 5%-0.9% nacl	2	
dextrose in lactated ringers	2	
kcl 20 meq in d5w-lact ringer	3	
kcl 20 meq/l in d5w solution	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
kcl-d5w-0.2% nacl	2	
kcl-d5w-0.225% nacl (10meq/500ml-d5w-0.225%nacl, 20 meq/l-d5w-0.225% nacl)	2	
kcl-d5w-0.45% nacl	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
klor-con m10	2	
KLOR-CON M15	2	
klor-con m20	2	
lactated ringers injection	2	
magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)	2	
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)	2	
potassium chloride proamp	2	
potassium chloride-0.45% nacl	2	
potassium citrate er	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	2	
sodium chloride-water	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	4	
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)	5	PA
deferasirox (90 mg tablet, 125 mg tb for susp)	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
tolvaptan	5	PA
trientine hcl 250 mg capsule	5	PA, QL (240 PER 30 DAYS)
dextrose 10%-water iv solution	1	
dextrose in water (50 ml, 100 ml, iv soln)	2	
fomepizole	5	
glucose in water	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
sterile water for irrigation	2	
TRAVASOL	4	PA
TROPHAMINE	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Phosphate Binders		
AURYXIA	5	PA, QL (360 PER 30 DAYS)
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	2	
FOSRENOL (750 MG POWDER PACKET, 750 MG TABLET CHEW)	5	QL (180 PER 30 DAYS)
FOSRENOL (MG POWDER PACK, MG TABLET CHEW)	5	QL (120 PER 30 DAYS)
FOSRENOL 500 MG TABLET CHEW	5	QL (90 PER 30 DAYS)
lanthanum carb 1,000 mg tb chw	4	QL (120 PER 30 DAYS)
lanthanum carb 500 mg tab chew	4	QL (90 PER 30 DAYS)
lanthanum carb 750 mg tab chew	5	QL (180 PER 30 DAYS)
RENVELA 0.8 GM POWDER PACKET	5	QL (270 PER 30 DAYS)
RENVELA 2.4 GM POWDER PACKET	4	QL (90 PER 30 DAYS)
RENVELA 800 MG TABLET	5	
sevelamer 0.8 gm powder packet	2	QL (270 PER 30 DAYS)
sevelamer 2.4 gm powder packet	2	QL (90 PER 30 DAYS)
sevelamer carbonate 800 mg tab	2	
VELPHORO	5	QL (180 PER 30 DAYS)
Potassium Binders		
kionex	2	
sodium polystyrene sulf powder	2	
SPS	2	
VELTASSA	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
constulose	2	
enulose	2	
generlac	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	2	
LINZESS	3	QL (30 PER 30 DAYS)
lubiprostone 24 mcg capsule	2	QL (60 PER 30 DAYS)
lubiprostone 8 mcg capsule	2	QL (120 PER 30 DAYS)
MOVANTIK	3	
RELISTOR (8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET)	5	PA
Anti-Diarrheal Agents		
alosetron hcl 0.5 mg tablet	2	PA, QL (60 PER 30 DAYS)
alosetron hcl 1 mg tablet	5	PA, QL (60 PER 30 DAYS)
diphenoxylate-atrop 2.5-0.025	2	PA
loperamide 2 mg capsule	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)	2	PA
glycopyrrolate (1 mg tablet, 2 mg tablet)	2	
methscopolamine bromide	2	PA
Gastrointestinal Agents, Other		
bismuth-metronidazole-tetracyc	2	
CHENODAL	5	PA
GATTEX	5	PA
gavilyte-c	2	
gavilyte-g	1	
gavilyte-n	1	
GOLYTELY	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
metoclopramide hcl (5 mg tablet, 10 mg tablet)	1	
metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial)	2	
MOVIPREP	4	
MYALEPT	5	PA
NULYTELY	4	
OCALIVA	5	PA, QL (30 PER 30 DAYS)
peg 3350-electrolyte solution	1	
peg-3350 and electrolytes	1	
peg3350-sod sul-nacl-kcl-asb-c	1	
PYLERA	3	
REGLAN	4	
sod sulf-potass sulf-mag sulf	2	
SUPREP	4	
SUTAB	4	
ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)	2	
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)	2	
famotidine (20 mg tablet, 20 mg/2 ml vial, 40 mg tablet)	1	
famotidine (40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial)	2	
nizatidine 150 mg capsule	4	
nizatidine 300 mg capsule	2	
Protectants		
CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	4	
CYTOTEC	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
misoprostol	2	
sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)	2	
Proton Pump Inhibitors		
esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)	2	QL (30 PER 30 DAYS)
esomeprazole sodium 40 mg vial	2	
lansoprazole (dr 15 mg capsule, dr 30 mg capsule)	2	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
NEXIUM I.V.	4	
omeprazole (dr 20 mg capsule, dr 40 mg capsule)	1	QL (60 PER 30 DAYS)
omeprazole dr 10 mg capsule	1	QL (30 PER 30 DAYS)
pantoprazole sod dr 20 mg tab	1	QL (30 PER 30 DAYS)
pantoprazole sod dr 40 mg tab	1	QL (60 PER 30 DAYS)
pantoprazole sodium 40 mg vial	2	
PREVACID DR 30 MG CAPSULE	4	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	QL (60 PER 30 DAYS)
rabeprazole sod dr 20 mg tab	2	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	
betaine anhydrous	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
cromolyn 100 mg/5 ml oral conc	2	
CRYSVITA	5	PA
CYSTADANE	5	
CYSTAGON	4	PA
ELAPRASE	5	
ELELYSO	5	PA
ENDARI	5	PA
FABRAZYME	5	
javygtor (100 mg powder packet, 500 mg powder packet)	5	PA
javygtor 100 mg tablet	2	PA
KUVAN	5	PA
l-glutamine 5 gram powder pkt	5	PA
levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)	2	
levocarnitine sf	2	
LUMIZYME	5	
miglustat	5	PA, QL (90 PER 30 DAYS)
NAGLAZYME	5	
nitisinone	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCOVI	5	
sapropterin 100 mg tablet	2	PA
sapropterin dihydrochloride (100 mg powder pkt, 500 mg powder pkt)	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium phenylbutyrate (500mg tb, powder)	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
yargesa	5	PA, QL (90 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin er	2	QL (30 PER 30 DAYS)
DETROL	4	QL (60 PER 30 DAYS)
DETROL LA	4	QL (30 PER 30 DAYS)
fesoterodine fumarate er	2	QL (30 PER 30 DAYS)
GEMTESA	3	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
oxybutynin 5 mg tablet	2	QL (120 PER 30 DAYS)
oxybutynin chloride (5 mg/5 ml solution, 5 mg/5 ml syrup)	2	QL (600 PER 30 DAYS)
oxybutynin cl er 10 mg tablet	2	QL (90 PER 30 DAYS)
oxybutynin cl er 15 mg tablet	2	QL (60 PER 30 DAYS)
oxybutynin cl er 5 mg tablet	2	QL (30 PER 30 DAYS)
solifenacin succinate	2	QL (30 PER 30 DAYS)
tolterodine tartrate	2	QL (60 PER 30 DAYS)
tolterodine tartrate er	2	QL (30 PER 30 DAYS)
TOVIAZ	4	QL (30 PER 30 DAYS)
trospium chloride	2	QL (60 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
trospium chloride er	2	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
dutasteride 0.5 mg capsule	2	QL (30 PER 30 DAYS)
dutasteride-tamsulosin	2	QL (30 PER 30 DAYS)
finasteride 5 mg tablet	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
silodosin	2	QL (30 PER 30 DAYS)
tamsulosin hcl	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA	4	
SKYLA	4	
Genitourinary Agents, Other		
bethanechol chloride	2	
DEPEN	5	
methylergonovine 0.2 mg tablet	5	
penicillamine 250 mg tablet	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	
decadron (0.75 mg tablet, 4 mg tablet, 6 mg tablet)	2	
decadron 0.5 mg tablet	1	

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	

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

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

Androgens

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

Estrogens

DEPO-ESTRADIOL	4	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	4	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dotti	2	
ESTRACE 0.01% CREAM	4	
estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)	2	
estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)	1	
estradiol (once weekly)	2	
estradiol (twice weekly)	2	
estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)	2	
ESTRING	4	
lyllana	2	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
VAGIFEM	4	
yuvafem	2	

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

afirmelle	2	
altavera	2	
alyacen	2	
amabelz	2	
amethia	2	
amethyst	2	
apri	2	
aranelle	2	
ashlyna	2	
aubra	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
aubra eq	2	
aurovela	2	
aurovela 24 fe	2	
aurovela fe	2	
aviane	2	
ayuna	2	
azurette	2	
balziva	2	
blisovi 24 fe	2	
blisovi fe	2	
briellyn	2	
camrese	2	
camrese lo	2	
chateal	2	
chateal eq	2	
COMBIPATCH	4	
cryselle	2	
cyred	2	
cyred eq	2	
dasetta	2	
daysee	2	
desogestr-eth estrad eth estra	2	
desogestrel-ethinyl estradiol	2	
dolishale	2	
drospirenone-eth estra-levomef	2	
drospirenone-ethinyl estradiol	2	
elinest	2	
eluryng	2	
emoquette	2	
enpresse	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
enskyce	2	
estarylla	2	
estradiol-norethindrone acetat	2	
ethynodiol-ethinyl estradiol	2	
etonogestrel-ethinyl estradiol	2	
falmina	2	
femynor	2	
gemmily	2	
hailey	2	
hailey 24 fe	2	
hailey fe	2	
haloette	2	
iclevia	2	
introvale	2	
isibloom	2	
jaimiess	2	
jasmiel	2	
jolessa	2	
juleber	2	
junel	2	
junel fe	2	
junel fe 24	2	
kaitlib fe	2	
kalliga	2	
kariva	2	
kelnor 1-35	2	
kelnor 1-50	2	
kurvelo	2	
larin	2	
larin 24 fe	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
larin fe	2	
larissia	2	
LAYOLIS FE	2	
leena	2	
lessina	2	
levonest	2	
levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)	2	
levonorgestrel-eth estradiol	2	
levora-28	2	
lillow	2	
lo-zumandimine	2	
LOESTRIN	2	
LOESTRIN FE	2	
lojaimiess	2	
loryna	2	
LOSEASONIQUE	4	
low-ogestrel	2	
lutera	2	
marlissa	2	
merzee	2	
microgestin	2	
microgestin 24 fe	2	
microgestin fe	2	
mili	2	
mimvey	2	
MIRCETTE	4	
mono-linyah	2	
necon	2	
nikki	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norethin-eth estra-ferrous fum	2	
norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg)	2	
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)	2	
norgestimate-ethinyl estradiol	2	
nortrel	2	
NUVARING	4	
nylia	2	
nymyo	2	
ocella	2	
orsythia	2	
philith	2	
pimtrea	2	
pirmella	2	
portia	2	
PREMPHASE	3	
PREMPRO	3	
previfem	2	
reclipsen	2	
SEASONIQUE	4	
setlakin	2	
simliya	2	
simpesse	2	
sprintec	2	
sronyx	2	
syeda	2	
tarina 24 fe	2	
tarina fe	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tarina fe 1-20 eq	2	
tilia fe	2	
tri femynor	2	
tri-estarylla	2	
tri-legest fe	2	
tri-linyah	2	
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	2	
tri-nymyo	2	
tri-previfem	2	
tri-sprintec	2	
tri-vylibra	2	
tri-vylibra lo	2	
trivora-28	2	
TYBLUME	3	
tydemy	2	
velivet	2	
vestura	2	
vienva	2	
viorele	2	
volnea	2	
vyfemla	2	
vylibra	2	
wera	2	
wymzya fe	2	
YASMIN 28	4	
YAZ	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zarah	2	
zovia 1-35	2	
zumandimine	2	
enilloring	2	
taysofy	2	
turqoz	2	
Progestins		
AYGESTIN	4	
camila	2	
deblitane	2	
DEPO-PROVERA (150 MG/ML SYRINGE, 150 MG/ML VIAL)	4	
DEPO-SUBQ PROVERA 104	4	
emzahh	2	
errin	2	
heather	2	
hydroxyprogesterone 1.25 g/5ml	5	
incassia	2	
jencycla	2	
lyleq	2	
lyza	2	
medroxyprogesterone 150 mg/ml	2	
medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)	1	
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)	2	
nora-be	2	
norethindrone	2	
norethindrone ac (lupaneta)	2	
norethindrone acetate	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
norlyda	2	
progesterone (100 mg capsule, 200 mg capsule)	2	
PROVERA	4	
sharobel	2	
tulana	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
EVISTA	4	
raloxifene hcl	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
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)	1	
LEVOXYL	1	
liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal)		
KORLYM	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
mifepristone 300 mg tablet	5	PA, QL (120 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Suppressant (Pituitary)		
cabergoline	2	
ELIGARD	4	PA
FIRMAGON	4	
leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)	2	PA
leuprolide depot	4	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (LUPANETA)	5	PA
LUPRON DEPOT-PED	5	PA
octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)	5	PA
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)	2	PA
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole	1	
propylthiouracil	2	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 30 DAYS)
icatibant	5	PA, QL (18 PER 30 DAYS)
sajazir	5	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
SYNAGIS	5	
THYMOGLOBULIN	5	PA
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA (120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL)	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ILARIS	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KINERET	5	PA
NULOJIX	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	5	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	5	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA
TREMFYA	5	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA
XELJANZ XR	5	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
INTRON A	3	
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	PA
AZASAN	2	PA
azathioprine	2	PA
azathioprine sodium	3	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
CELLCEPT 500 MG VIAL	4	PA
cyclosporine (25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul)	2	PA
cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)	2	PA
CYLTEZO(CF)	5	PA
CYLTEZO(CF) PEN	5	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
everolimus (0.25 mg tablet, 0.5 mg tablet)	2	PA
everolimus (0.75 mg tablet, 1 mg tablet)	5	PA
gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)	2	PA
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
leflunomide (10 mg tablet, 20 mg tablet)	2	
methotrexate (1 gm vial, 2.5 mg tablet)	2	
methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)	1	
methotrexate sodium	1	
mycophenolate mofetil (200 mg/ml susp, 250 mg capsule, 500 mg tablet, 500 mg vial)	2	PA
mycophenolic acid	2	PA
MYFORTIC 180 MG TABLET	4	PA
MYHIBBIN	5	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	4	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE)	4	PA
PROGRAF 5 MG CAPSULE	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA
RENFLEXIS	5	PA
SANDIMMUNE (25 MG CAPSULE, 50 MG/ML AMPUL, 100 MG CAPSULE, 100 MG/ML SOLN)	4	PA
SIMULECT	5	PA
sirolimus (0.5 mg tablet, 1 mg tablet, 1 mg/ml solution, 2 mg tablet)	2	PA
tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))	2	PA
XATMEP	4	PA
ZORTRESS	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vaccines		
ABRYSVO	3	
ACTHIB	3	
ADACEL TDAP	3	
AREXVY	3	
BCG VACCINE (TICE STRAIN)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
DAPTACEL DTAP	3	
DENGVAXIA	3	
DIPHTHERIA-TETANUS TOXOIDS-PED	3	
ENGERIX-B ADULT	3	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA
ERVEBO (NATIONAL STOCKPILE)	5	
GARDASIL 9	3	
HAVRIX	3	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	3	PA
HIBERIX	3	
IMOVAX RABIES VACCINE	3	PA
INFANRIX DTAP	3	
IPOL	3	
IXCHIQ	3	
IXIARO	3	
JYNNEOS	3	PA
JYNNEOS (NATIONAL STOCKPILE)	3	PA
KINRIX	3	
M-M-R II VACCINE	3	
MENACTRA	3	
MENQUADFI	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	3	
MRESVIA	3	
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	
PENTACEL	3	
PREHEVBRIO	3	PA
PRIORIX	3	
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	PA
RECOMBIVAX HB	3	PA
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 PER 999 OVER TIME)
STAMARIL	3	
TDVAX	3	PA
TENIVAC	3	PA
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	4	QL (120 PER 30 DAYS)

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

Glucocorticoids

budesonide dr	2	PA, QL (90 PER 30 DAYS)
budesonide ec	2	PA, QL (90 PER 30 DAYS)
budesonide er	5	PA, QL (30 PER 30 DAYS)
hydrocortisone 100 mg/60 ml	2	
hydrocortisone 2.5% cream	1	QL (454 PER 30 DAYS)
procto-med hc	1	QL (454 PER 30 DAYS)
procto-pak	1	
proctosol-hc	1	QL (454 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
proctozone-hc	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
alendronate sodium (35 mg tab, 70 mg tab)	1	QL (4 PER 28 DAYS)
alendronate sodium 10 mg tab	1	QL (120 PER 30 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	2	
calcitonin-salmon 400 unit/2ml	5	
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)	2	
calcitriol (1 mcg/ml ampul, 1 mcg/ml vial)	4	
cinacalcet hcl (30 mg tablet, 60 mg tablet)	2	PA
cinacalcet hcl 90 mg tablet	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
ibandronate sodium (3 mg/3 ml syringe, 3 mg/3 ml vial)	2	
ibandronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
MIACALCIN	5	
NATPARA	5	PA, QL (2 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule, 2 mcg/ml vial, 4 mcg capsule, 5 mcg/ml vial, 10 mcg/2 ml vial)	2	
PROLIA	4	PA
risedronate sodium (5 mg tablet, 30 mg tab)	2	QL (30 PER 30 DAYS)
risedronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
risedronate sodium 35 mg tab	2	QL (4 PER 28 DAYS)
risedronate sodium dr	2	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	4	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	PA
SENSIPAR 30 MG TABLET	4	PA

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
teriparatide (600 mcg/2.4ml pen, 620 mcg/2.48 ml)	5	PA
TYMLOS	5	PA
XGEVA	5	PA
ZEMPLAR (2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL)	4	
zoledronic acid (4 mg/5 ml vial, 5 mg/100 ml)	2	
Ophthalmic Agents		
Ophthalmic Agents, Other		
atropine 1% eye drops	3	
brimonidine tartrate-timolol	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
dorzolamide-timolol eye drops	1	
MAXITROL EYE OINTMENT	4	
neo-polycin hc	2	
neomycin-bacitracin-poly-hc	2	
neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
sulfacetamide-prednisolone	2	
TOBRADEX (DROPS, OINTMENT)	4	
tobramycin-dexamethasone	2	
Ophthalmic Anti-Infectives		
ak-poly-bac	2	
bacitracin 500 unit/gm ophth	3	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bacitracin-polymyxin	2	
BESIVANCE	3	
ciprofloxacin 0.3% eye drop	2	
erythromycin 0.5% eye ointment	2	
gentamicin 0.3% eye drop	2	
LACRISERT	4	
MOXEZA	4	
moxifloxacin (drops, drp-visc)	2	
NATACYN	4	
neo-polycin	2	
neomycin-bacitracin-polymyxin	2	
neomycin-polymyxin-gramicidin	3	
OCUFLOX	4	
ofloxacin 0.3% eye drops	2	
polycin	2	
polymyxin b sul-trimethoprim	1	
sulfacetamide 10% eye drops	2	
sulfacetamide 10% eye ointment	3	
tobramycin 0.3% eye drop	2	
trifluridine	3	
VIGAMOX	4	
Ophthalmic Anti-allergy Agents		
azelastine hcl 0.05% drops	2	
cromolyn 4% eye drops	2	
epinastine hcl	2	
olopatadine hcl (0.1% drops, 0.2% drop)	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
bromfenac sodium (0.07% drp, 0.09% drp)	2	
dexamethasone 0.1% eye drop	2	
diclofenac 0.1% eye drops	2	
difluprednate	2	
DUREZOL	4	
EYSUVIS	3	PA
fluorometholone	2	
flurbiprofen sodium	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
ketorolac tromethamine (0.4% solution, 0.5% solution)	2	
PRED FORTE	4	
PRED MILD	4	
prednisolone acetate	3	
prednisolone sod 1% eye drop	3	
PROLENSA	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl 0.5% eye drop	2	
BETOPTIC S	4	
carteolol hcl	2	
ISTALOL	4	
levobunolol hcl	2	
timolol maleate (0.25% drop, 0.5% drops)	1	
timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P	3	
AZOPT	4	
brimonidine tartrate (0.15% drp, 0.2% eye drop)	2	
brimonidine tartrate 0.1% drop	3	
brinzolamide	2	
dorzolamide hcl	2	
pilocarpine hcl (1% drops, 2% drops, 4% drops)	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost 0.03% eye drops	2	QL (15 PER 75 OVER TIME)
latanoprost 0.005% eye drops	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
travoprost	2	QL (15 PER 75 OVER TIME)
Otic Agents		
acetic acid 2% ear solution	2	
CIPRODEX	4	
ciprofloxacin-dexamethasone	2	
flac otic oil	2	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	2	
neomycin-polymyxin-hc ear susp	2	
neomycin-polymyxin-hydrocort	2	
ofloxacin 0.3% ear drops	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)	2	PA
flunisolide	2	QL (75 PER 30 DAYS)
fluticasone prop 50 mcg spray	2	QL (16 PER 30 DAYS)
fluticasone prop hfa 110 mcg	3	QL (12 PER 30 DAYS)
fluticasone prop hfa 220 mcg	3	QL (24 PER 30 DAYS)
fluticasone prop hfa 44 mcg	3	QL (10.6 PER 30 DAYS)
mometasone furoate 50 mcg spry	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
Antihistamines		
azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)	2	QL (60 PER 30 DAYS)
clemastine fum 2.68 mg tab	4	PA
cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)	2	PA
desloratadine 5 mg tablet	2	
diphenhydramine hcl (50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial)	2	
levocetirizine 5 mg tablet	1	
olopatadine 665 mcg nasal spry	2	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE	4	
montelukast sod 10 mg tablet	1	

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
montelukast sodium (4 mg granules, 4 mg tab chew, 5 mg tab chew)	2	
SINGULAIR	4	
zafirlukast	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
ipratropium 0.03% spray	2	QL (60 PER 30 DAYS)
ipratropium 0.06% spray	2	QL (45 PER 30 DAYS)
ipratropium br 0.02% soln	2	PA
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
albuterol hfa 90 mcg inhaler (generic proair hfa)	2	QL (36 PER 30 DAYS)
albuterol hfa 90 mcg inhaler (generic proventil hfa)	2	QL (36 PER 30 DAYS)
albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)	2	
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)	2	PA
epinephrine 0.15 mg auto-injct	3	
epinephrine 0.3 mg auto-inject	2	
PROAIR HFA	4	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
terbutaline sulfate (2.5 mg tab, 5 mg tab)	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cystic Fibrosis Agents		
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	PA
tobramycin 300 mg/5 ml ampule	2	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
cromolyn 20 mg/2 ml neb soln	2	PA
Phosphodiesterase Inhibitors, Airways Disease		
caffeine cit 60 mg/3 ml oral	2	
DALIRESP	4	PA, QL (30 PER 30 DAYS)
roflumilast	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
theophylline anhydrous (er 300 mg tab, er 450 mg tab)	2	
theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)	2	
Pulmonary Antihypertensives		
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
alyq	5	PA, QL (60 PER 30 DAYS)
ambrisentan	2	PA, QL (30 PER 30 DAYS)
bosentan	2	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
REMODULIN	5	PA
sildenafil 20 mg tablet	2	PA, QL (90 PER 30 DAYS)
tadalafil 20 mg tablet	5	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
treprostinil	5	PA
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
pirfenidone (267 mg capsule, 267 mg tablet)	5	PA, QL (270 PER 30 DAYS)
pirfenidone 801 mg tablet	5	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
acetylcysteine (10% vial, 20% vial)	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
breyna	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
budesonide-formoterol fumarate	2	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
fluticasone-salmeterol (100-50, 250-50, 500-50)	2	QL (60 PER 30 DAYS)
fluticasone-salmeterol (55-14, 113-14, 232-14)	3	QL (1 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ipratropium-albuterol	2	PA
LAGEVRIO (COMMERCIAL)	5	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	4	
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK	3	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK	3	QL (30 PER 30 OVER TIME)
ribavirin 6 gm inhalation vial	5	
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
wixela inhub	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)	2	
methocarbamol (500 mg tablet, 750 mg tablet)	2	
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
doxepin hcl (3 mg tablet, 6 mg tablet)	2	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
ramelteon	2	QL (30 PER 30 DAYS)
ROZEREM	4	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
tasimelteon	5	PA, QL (30 PER 30 DAYS)
temazepam (15 mg capsule, 30 mg capsule)	1	QL (30 PER 30 DAYS)
zaleplon 10 mg capsule	2	QL (60 PER 30 DAYS)
zaleplon 5 mg capsule	2	QL (30 PER 30 DAYS)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
zolpidem tartrate (5 mg tablet, 10 mg tablet)	2	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
armodafinil	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
modafinil (100 mg tablet, 200 mg tablet)	2	PA, QL (30 PER 30 DAYS)
NUVIGIL	4	PA, QL (30 PER 30 DAYS)
sodium oxybate	5	PA, QL (540 PER 30 DAYS)

Alphabetical Listing

A

abacavir . . . 53
abacavir-lamivudine . . . 53
ABILIFY . . . 47
ABILIFY ASIMTUFII . . . 47
ABILIFY MAINTENA . . . 47
abiraterone acetate . . . 30
ABRAXANE . . . 32
ABRYSVO . . . 110
acamprosate calcium . . . 7
acarbose . . . 58
ACCOLATE . . . 118
ACCUPRIL . . . 68
ACCURETIC . . . 72
accutane . . . 81
acebutolol hcl . . . 70
acetaminophen-codeine . . . 4
acetazolamide . . . 72
acetazolamide er . . . 72
acetic acid . . . 117
acetylcysteine . . . 121
acitretin . . . 81
ACTHAR . . . 94
ACTHAR SELFJECT . . . 94
ACTHIB . . . 110
ACTIMMUNE . . . 107
ACTOS . . . 59
ACULAR . . . 115
ACULAR LS . . . 115
acyclovir . . . 57
acyclovir sodium . . . 57
ADACEL TDAP . . . 110
ADCETRIS . . . 42
ADCIRCA . . . 120
ADDERALL XR . . . 78
adefovir dipivoxil . . . 56
ADEMPAS . . . 120
ADLARITY . . . 20
adriamycin . . . 32
ADVAIR HFA . . . 121
AFINITOR . . . 36
AFINITOR DISPERZ . . . 36
afirmelle . . . 97
AGRYLIN . . . 65
AIMOVIG AUTOINJECTOR . . . 28
ak-poly-bac . . . 114
AKEEGA . . . 36
ALA-CORT . . . 82
ala-cort . . . 82
albendazole . . . 44
albuterol hfa 90 mcg inhaler (generic proair hfa) . . . 119
albuterol hfa 90 mcg inhaler (generic proventil hfa) . . . 119
albuterol sulfate . . . 119
alclometasone dipropionate . . . 82
ALDACTAZIDE . . . 72
ALDACTONE . . . 75
ALDURAZYME . . . 91
ALECENSA . . . 36
alendronate sodium . . . 113
alfuzosin hcl er . . . 94
ALIMTA . . . 32
ALIQOPA . . . 36
aliskiren . . . 72
allopurinol . . . 27
allopurinol sodium . . . 27
ALOPRIM . . . 27
alosetron hcl . . . 89
ALPHAGAN P . . . 117
alprazolam . . . 57
ALTACE . . . 68
altavera . . . 97
ALUNBRIG . . . 36
alyacen . . . 97
ALYMSYS . . . 42
alyq . . . 120
amabelz . . . 97
amantadine . . . 45
AMBISOME . . . 26
ambrisentan . . . 120

amethia 97
amethyst 97
amikacin sulfate 8
amiloride hcl 75
amiloride-hydrochlorothiazide 72
amiodarone hcl 69
amitriptyline hcl 24
amlodipine besylate 71
amlodipine besylate-benazepril 72
amlodipine-atorvastatin 72
amlodipine-olmesartan 72
amlodipine-valsartan 72
amlodipine-valsartan-hctz 72
ammonium lactate 82
amnesteem 81
amoxapine 24
amoxicillin 11
amoxicillin-clavulanate pot er 11
amoxicillin-clavulanate potass 12
amphotericin b 26
amphotericin b liposome 26
ampicillin sodium 12
ampicillin trihydrate 12
ampicillin-sulbactam 12
AMPYRA 80
anagrelide hcl 65
anastrozole 35
ANDROGEL 96
ANORO ELLIPTA 121
APOKYN 46
apomorphine hcl 46
aprepitant 25
apri 97
APRISO 111
APTIOM 19
APTIVUS 55
aqua care sodium chloride 85
aranelle 97
ARANESP 65
ARCALYST 106
AREXVY 110
ARICEPT 20
ARIMIDEX 35
aripiprazole 47
aripiprazole odt 47
ARISTADA 47
ARISTADA INITIO 47
armodafinil 123
ARNUITY ELLIPTA 118
AROMASIN 35
ARRANON 32
arsenic trioxide 32
ARTHROTEC 50 2
ARTHROTEC 75 2
ARZERRA 42
ASACOL HD 112
asenapine maleate 48
ashlyna 97
ASMANEX 118
ASMANEX HFA 118
ASPARLAS 32
aspirin-dipyridamole er 66
ASTAGRAF XL 107
ATACAND 67
ATACAND HCT 72
atazanavir sulfate 55
ATELVIA 113
atenolol 70
atenolol-chlorthalidone 72
ATGAM 106
atomoxetine hcl 79
atorvastatin calcium 75
atovaquone 44
atovaquone-proguanil hcl 45
atropine sulfate 114
ATROVENT HFA 119
aubra 97
aubra eq 98
AUGMENTIN 12
AUGTYRO 36
aurovela 98
aurovela 24 fe 98

aurovela fe 98
AURYXIA 88
AUSTEDO 79
AUSTEDO XR 79
AUSTEDO XR TITRATION KT(WK1-4) 79
AUVELITY 21
AVALIDE 72
AVAPRO 67
AVASTIN 42
aviane 98
avidoxy 14
AVITA 81
AVODART 94
AVONEX 80
AVONEX PEN 80
AYGESTIN 103
ayuna 98
AYVAKIT 36
azacitidine 32
AZACTAM 8
AZASAN 107
azathioprine 107
azathioprine sodium 107
azelaic acid 81
azelastine hcl 115,118
AZELEX 81
AZILECT 46
azithromycin 13
AZOPT 117
AZOR 72
aztreonam 8
AZULFIDINE 112
azurette 98

B

bacitracin 114
bacitracin-polymyxin 115
baclofen 51
BACTRIM 14
BACTRIM DS 14
balsalazide disodium 112
BALVERSA 36
balziva 98
BANZEL 19
BAQSIMI 62
BARACLUDE 56
BAVENCIO 42
BCG VACCINE (TICE STRAIN) 110
BELBUCA 4
BELEODAQ 36
BELSOMRA 122
benazepril hcl 68
benazepril-hydrochlorothiazide 72
bendamustine hcl 32
BENDEKA 32
BENICAR 67
BENICAR HCT 72
BENLYSTA 106
BENZAMYCIN 81
benznidazole 44
benztropine mesylate 45
BESIVANCE 115
BESPONSA 42
BESREMI 107
betaine anhydrous 91
betamethasone diprop augmented 82
betamethasone dipropionate 82
betamethasone valerate 82
BETASERON 80
betaxolol hcl 70,116
bethanechol chloride 94
BETOPTIC S 116
bexarotene 44
BEXSERO 110
bicalutamide 30
BICILLIN L-A 12
BICNU 32
BIKTARVY 52
BILTRICIDE 44
bimatoprost 117
bismuth-metronidazole-tetracyc 89
bisoprolol fumarate 70

bisoprolol-hydrochlorothiazide . . . 72
BLENREP . . . 42
bleomycin sulfate . . . 32
BLINCYTO . . . 32
blisovi 24 fe . . . 98
blisovi fe . . . 98
BOOSTRIX TDAP . . . 110
bortezomib . . . 36
bosentan . . . 120
BOSULIF . . . 36
BRAFTOVI . . . 36
BREO ELLIPTA . . . 121
breyna . . . 121
BREZTRI AEROSPHERE . . . 121
briellyn . . . 98
BRILINTA . . . 66
brimonidine tartrate . . . 117
brimonidine tartrate-timolol . . . 114
brinzolamide . . . 117
BRIVIACT . . . 15
bromfenac sodium . . . 116
bromocriptine mesylate . . . 46
BRUKINSA . . . 37
budesonide . . . 118
budesonide dr . . . 112
budesonide ec . . . 112
budesonide er . . . 112
budesonide-formoterol fumarate . . . 121
bumetanide . . . 74
BUPHENYL . . . 91
buprenorphine . . . 4
buprenorphine hcl . . . 7
buprenorphine-naloxone . . . 7
bupropion hcl . . . 21
bupropion hcl sr . . . 7,21
bupropion hcl sr 150mg tablet . . . 21
bupropion xl . . . 21
buspirone hcl . . . 57
busulfan . . . 30
butalbital-acetaminophen . . . 2
butalbital-acetaminophen-caffe . . . 2
butalbital-aspirin-caffeine . . . 2
butorphanol tartrate . . . 4,5
BUTRANS . . . 4
BYDUREON BCISE . . . 59
BYETTA . . . 59
BYSTOLIC . . . 70

C

CABENUVA . . . 52
cabergoline . . . 105
CABLIVI . . . 66
CABOMETYX . . . 37
caffeine citrate . . . 120
calcipotriene . . . 84
calcitonin-salmon . . . 113
calcitrene . . . 84
calcitriol . . . 113
calcium acetate . . . 88
CALQUENCE . . . 37
camila . . . 103
camrese . . . 98
camrese lo . . . 98
CANASA . . . 112
CANCIDAS . . . 26
candesartan cilexetil . . . 68
candesartan-hydrochlorothiazid . . . 72
CAPLYTA . . . 48
CAPRELSA . . . 37
captopril . . . 68
CARAFATE . . . 90
CARBAGLU . . . 85
carbamazepine . . . 19
carbamazepine er . . . 19
CARBATROL . . . 19
carbidopa . . . 46
carbidopa-levodopa . . . 46
carbidopa-levodopa er . . . 46
carbidopa-levodopa-entacapone . . . 45
carboplatin . . . 32
CARDIZEM . . . 71
CARDIZEM CD . . . 71

CARDIZEM LA....71
CARDURA....67
carglumic acid....85
carmustine....32
CARNITOR....91
CARNITOR SF....92
carteolol hcl....116
cartia xt....71
carvedilol....70
carvedilol er....70
CASODEX....30
caspofungin acetate....26
cataflam....2
cefaclor....10
cefadroxil....10
cefazolin sodium....10
cefazolin sodium-dextrose....10
cefdinir....10
cefepime....10
cefepime hcl....10
cefepime-dextrose....10
cefixime....11
cefoxitin....11
cefoxitin sodium....11
cefpodoxime proxetil....11
cefprozil....11
ceftazidime....11
ceftriaxone....11
cefuroxime....11
cefuroxime sodium....11
CELEBREX....2
celecoxib....2
CELEXA....22
CELLCEPT....108
CELONTIN....17
cephalexin....11
CEREZYME....92
cevimeline hcl....81
chateal....98
chateal eq....98
CHEMET....87
CHENODAL....89
chloramphenicol sod succinate....8
chlorhexidine gluconate....81
chloroquine phosphate....45
chlorpromazine hcl....25
chlorthalidone....75
cholestyramine....76
cholestyramine light....76
CHORIONIC GONADOTROPIN....95
ciclodan....26
ciclopirox....26
cidofovir....56
cilostazol....66
CIMDUO....53
cimetidine....90
cinacalcet hcl....113
CINRYZE....106
CIPRO....14
CIPRODEX....117
ciprofloxacin....14
ciprofloxacin hcl....14,115
ciprofloxacin-d5w....14
ciprofloxacin-dexamethasone....117
cisplatin....32
citalopram hbr....22
cladribine....33
claravis....81
clarithromycin....13
clarithromycin er....13
clemastine fumarate....118
CLEOCIN....8
CLEOCIN HCL....8
CLEOCIN PHOSPHATE....8
CLEOCIN T....8
clindacin etz....8
clindacin p....8
clindamycin (pediatric)....9
clindamycin hcl....9
clindamycin phosphate....9
clindamycin phosphate-d5w....9
clindamycin-0.9% nacl....9

clindamycin-benzoyl peroxide 81
clobazam 17
clobetasol emollient 82
clobetasol propionate 82
clodan 83
clofarabine 33
CLOLAR 33
clomipramine hcl 24
clonazepam 57,58
clonidine 67
clonidine hcl 67
clonidine hcl er 79
clopidogrel 67
clorazepate dipotassium 58
clotrimazole 26
clotrimazole-betamethasone 84
clozapine 51
clozapine odt 51
CLOZARIL 51
COARTEM 45
codeine sulfate 5
COLAZAL 112
colchicine 27
COLCRYS 28
COLESTID 76
colestipol hcl 76
colistimethate 9
COMBIGAN 114
COMBIPATCH 98
COMBIVENT RESPIMAT 121
COMETRIQ 37
COMPLERA 53
compro 25
COMTAN 45
constulose 88
COPAXONE 80
COPIKTRA 37
COREG CR 70
CORGARD 70
CORLANOR 73
CORTEF 94
COSELA 44
COSENTYX (2 SYRINGES) 106
COSENTYX SENSOREADY (2 PENS) 106
COSENTYX SENSOREADY PEN 106
COSENTYX SYRINGE 106
COSENTYX UNOREADY PEN 106
COSMEGEN 33
COSOPT 114
COTELLIC 37
COZAAR 68
CREON 92
CRESEMBA 26
CRESTOR 76
cromolyn sodium 92,115,120
cryselle 98
CRYSVITA 92
CUBICIN 9
CUBICIN RF 9
cyclobenzaprine hcl 122
CYCLOPHOSPHAMIDE 30
cyclophosphamide 30
cycloserine 29
CYCLOSET 59
cyclosporine 108
cyclosporine modified 108
CYKLOKAPRON 66
CYLTEZO(CF) 108
CYLTEZO(CF) PEN 108
CYLTEZO(CF) PEN CROHN'S-UC-HS 108
CYLTEZO(CF) PEN PSORIASIS-UV 108
CYMBALTA 22
cyproheptadine hcl 118
CYRAMZA 37
cyred 98
cyred eq 98
CYSTADANE 92
CYSTADROPS 114
CYSTAGON 92
CYSTARAN 114
cytarabine 33
CYTOMEL 104

CYTOTEC . . . 90

D

dabigatran etexilate . . . 64
dacarbazine . . . 33
dactinomycin . . . 33
dalfampridine er . . . 80
DALIRESP . . . 120
DALVANCE . . . 9
danazol . . . 96
DANTRIUM . . . 51
dantrolene sodium . . . 51
DANYELZA . . . 42
dapsone . . . 29
DAPTACEL DTAP . . . 110
daptomycin . . . 9
DARAPRIM . . . 45
darifenacin er . . . 93
darunavir . . . 55
DARZALEX . . . 42
DARZALEX FASPRO . . . 42
dasetta . . . 98
daunorubicin hcl . . . 33
DAURISMO . . . 37
DAYPRO . . . 2
daysee . . . 98
DAYVIGO . . . 122
DDAVP . . . 95
deblitane . . . 103
decadron . . . 94
decitabine . . . 33
deferasirox . . . 87
DELSTRIGO . . . 52
DELZICOL . . . 112
demeclocycline hcl . . . 14
DEMSER . . . 73
DENGVAXIA . . . 110
DEPAKOTE . . . 15
DEPAKOTE ER . . . 15
DEPAKOTE SPRINKLE . . . 15
DEPEN . . . 94
DEPO-ESTRADIOL . . . 96
DEPO-PROVERA . . . 103
DEPO-SUBQ PROVERA 104 . . . 103
DEPO-TESTOSTERONE . . . 96
dermacinrx lidocan . . . 6
DESCOVY . . . 53
desipramine hcl . . . 24
desloratadine . . . 118
desmopressin acetate . . . 96
desogestr-eth estrad eth estra . . . 98
desogestrel-ethinyl estradiol . . . 98
desonide . . . 83
desoximetasone . . . 83
desvenlafaxine succinate er . . . 22
DETROL . . . 93
DETROL LA . . . 93
dexamethasone . . . 95
dexamethasone sodium phosphate . . . 95,116
DEXEDRINE . . . 78
dexmethylphenidate hcl . . . 79
dexrazoxane . . . 44
dextroamphetamine sulfate . . . 78
dextroamphetamine sulfate er . . . 78
dextroamphetamine-amphet er . . . 78
dextroamphetamine-amphetamine . . . 78
dextrose 2.5%-0.45% nacl . . . 85
dextrose 5%-0.2% nacl . . . 85
dextrose 5%-0.225% nacl . . . 85
dextrose 5%-0.3% nacl . . . 85
dextrose 5%-0.33% nacl . . . 85
dextrose 5%-0.45% nacl . . . 85
dextrose 5%-0.9% nacl . . . 85
dextrose in lactated ringers . . . 85
dextrose in water . . . 87
DIACOMIT . . . 15
diazepam . . . 17,58
diazoxide . . . 62
diclofenac potassium . . . 2
diclofenac sodium . . . 2,84,116
diclofenac sodium er . . . 2
diclofenac sodium-misoprostol . . . 2,3

dicloxacillin sodium 12
dicyclomine hcl 89
DIFICID 13
DIFLUCAN 26
difluprednate 116
digitek 73
digox 73
digoxin 73
dihydroergotamine mesylate 28
DILANTIN 19
DILANTIN-125 19
dilt-xr 71
diltiazem 12hr er 71
diltiazem 24hr er 71
diltiazem 24hr er (cd) 71
diltiazem 24hr er (la) 71
diltiazem 24hr er (xr) 71
diltiazem hcl 71
dimethyl fumarate 80
DIOVAN 68
DIOVAN HCT 73
DIPENTUM 112
diphenhydramine hcl 118
diphenoxylate-atropine 89
DIPHTHERIA-TETANUS TOXOIDS-PED 110
DIPROLENE 83
dipyridamole 67
disulfiram 7
divalproex sodium 15
divalproex sodium er 15
DIVIGEL 96
docetaxel 33
dofetilide 69
dolishale 98
donepezil hcl 20
donepezil hcl odt 20
dorzolamide hcl 117
dorzolamide-timolol 114
dotti 97
DOVATO 52
doxazosin mesylate 67
doxepin hcl 24,83,122
doxorubicin hcl 33
doxorubicin hcl liposome 33
doxy 100 15
doxycycline hyclate 15
doxycycline ir-dr 81
doxycycline monohydrate 15
DRIZALMA SPRINKLE 22
dronabinol 25
drospirenone-eth estra-levomef 98
drospirenone-ethinyl estradiol 98
droxidopa 67
DUAVEE 104
DULERA 121
duloxetine hcl 22
DUPIXENT PEN 106
DUPIXENT SYRINGE 106
DURAMORPH 5
DUREZOL 116
dutasteride 94
dutasteride-tamsulosin 94

E

E.E.S. 200 13
ec-naproxen 3
econazole nitrate 26
EDARBI 68
EDARBYCLOR 73
EDURANT 52
efavirenz 52
efavirenz-emtric-tenofov disop 52
efavirenz-lamivu-tenofov disop 52
EFFEXOR XR 22
EFUDEX 84
ELAPRASE 92
ELELYSO 92
ELIDEL 83
ELIGARD 105
elinest 98
ELIQUIS 64
ELITEK 44

eluryng 98
EMCYT 31
EMEND 25
EMGALITY PEN 28
EMGALITY SYRINGE 28
emoquette 98
EMPLICITI 42
EMSAM 22
emtricitabine 53
emtricitabine-tenofovir disop 53
EMTRIVA 53
emzahh 103
enalapril maleate 68
enalapril-hydrochlorothiazide 73
ENBREL 108
ENBREL MINI 108
ENBREL SURECLICK 108
ENDARI 92
endocet 5
ENGERIX-B ADULT 110
ENGERIX-B PEDIATRIC-ADOLESCENT 110
ENHERTU 42
enilloring 103
enoxaparin sodium 64
enpresse 98
enskyce 99
entacapone 45
entecavir 56
ENTRESTO 73
ENTRESTO SPRINKLE 73
enulose 88
EPCLUSA 56
EPIDIOLEX 15
epinastine hcl 115
epinephrine 119
epitol 19
EPIVIR 53
eplerenone 75
EPRONTIA 15
EPZICOM 53
ERBITUX 42
ergotamine-caffeine 28
eribulin mesylate 33
ERIVEDGE 37
ERLEADA 30
erlotinib hcl 37
errin 103
ertapenem 13
ERVEBO (NATIONAL STOCKPILE) 110
ery 13
ERY-TAB 13
ERYPED 200 13
ERYPED 400 13
ERYTHROCIN LACTOBIONATE 13
ERYTHROCIN STEARATE 13
erythromycin 13,115
erythromycin ethylsuccinate 13
erythromycin lactobionate 14
erythromycin-benzoyl peroxide 81
ESBRIET 121
escitalopram oxalate 22,23
ESGIC 2
esomeprazole magnesium 91
esomeprazole sodium 91
estarylla 99
ESTRACE 97
estradiol 97
estradiol (once weekly) 97
estradiol (twice weekly) 97
estradiol valerate 97
estradiol-norethindrone acetat 99
ESTRING 97
ethambutol hcl 29
ethosuximide 17
ethynodiol-ethinyl estradiol 99
etodolac 3
etodolac er 3
etonogestrel-ethinyl estradiol 99
ETOPOPHOS 35
etoposide 35
etravirine 52
EULEXIN 30

EUTHYROX....104
everolimus....37,108
EVISTA....104
EVOMELA....30
EVOTAZ....55
EXELON....20
exemestane....35
EXFORGE....73
EXFORGE HCT....73
EXJADE....87
EXKIVITY....37
EXTENCILLINE....12
EYSUVIS....116
ezetimibe....76
ezetimibe-simvastatin....76

F

FABRAZYME....92
falmina....99
famciclovir....57
famotidine....90
FANAPT....48
FARESTON....31
FARXIGA....59
FARYDAK....37
FASENRA....121
FASENRA PEN....121
FASLODEX....31
felbamate....15
FELDENE....3
felodipine er....71
FEMARA....35
femynor....99
fenofibrate....75
fenofibric acid....75
fentanyl....4
fentanyl citrate....5
fesoterodine fumarate er....93
FETZIMA....23
FINACEA....81,82
finasteride....94
fingolimod....80
FINTEPLA....16
FIRAZYR....106
FIRMAGON....105
flac otic oil....117
FLAGYL....9
flecainide acetate....69
FLOMAX....94
fluconazole....26
fluconazole-nacl....26
flucytosine....26
fludarabine phosphate....33
fludrocortisone acetate....95
flunisolide....118
fluocinolone acetonide....83
fluocinolone acetonide oil....117
fluocinonide....83
fluocinonide-e....83
fluorometholone....116
fluorouracil....32,84
fluoxetine dr....23
fluoxetine hcl....23
fluphenazine decanoate....46
fluphenazine hcl....46,47
flurbiprofen....3
flurbiprofen sodium....116
fluticasone propionate....83,118
fluticasone propionate hfa....118
fluticasone-salmeterol....121
fluvastatin sodium....76
fluvoxamine maleate....23
FML....116
FOCALIN....79
FOLOTYN....32
fomepizole....87
fondaparinux sodium....64
FORTEO....113
FOSAMAX....113
fosamprenavir calcium....55
fosaprepitant dimeglumine....25
fosinopril sodium....68

fosinopril-hydrochlorothiazide 73
fosphenytoin sodium 19
FOSRENOL 88
FOTIVDA 37
FRUZAQLA 37
FULPHILA 66
fulvestrant 31
furosemide 74,75
FUZEON 54
FYCOMPA 16

G

gabapentin 17,18
GABITRIL 18
galantamine er 20
galantamine hbr 20
galantamine hydrobromide 20
GAMMAGARD LIQUID 106
GAMMAGARD S-D 106
GAMMAPLEX 106
GAMUNEX-C 106
ganciclovir sodium 56
GARDASIL 9 110
GATTEX 89
gauze pads & dressings - pads 2 x 2 59
gavilyte-c 89
gavilyte-g 89
gavilyte-n 89
GAVRETO 37
GAZYVA 42
gefitinib 37
gemcitabine hcl 33
gemfibrozil 75
gemmily 99
GEMTESA 93
generlac 88
gengraf 108
gentamicin sulfate 8,85,115
gentamicin sulfate in ns 8
GENVOYA 52
GEODON 48
GILENYA 80
GILOTRIF 37
glatiramer acetate 80
glatopa 80
GLEEVEC 37,38
GLEOSTINE 30
glimepiride 59
glipizide 59
glipizide er 59
glipizide xl 59
glipizide-metformin 59
GLUCAGEN 62
glucagon emergency kit 62
glucose in water 87
GLUCOTROL XL 59
glyburide 59
glyburide micronized 59,60
glyburide-metformin hcl 59,60
glycopyrrolate 89
glydo 6
GLYXAMBI 60
GOLYTELY 89
granisetron hcl 25
GRANIX 66
griseofulvin 26
griseofulvin ultramicrosize 26
guanfacine hcl 67
guanfacine hcl er 79
GVOKE 62
GVOKE HYPOPEN 1-PACK 62
GVOKE HYPOPEN 2-PACK 62
GVOKE PFS 1-PACK SYRINGE 62
GVOKE PFS 2-PACK SYRINGE 62

H

HADLIMA 108
HADLIMA PUSHTOUCH 108
HADLIMA(CF) 108
HADLIMA(CF) PUSHTOUCH 108
HAEGARDA 106
hailey 99

hailey 24 fe . . . 99
hailey fe . . . 99
HALAVEN . . . 33
HALDOL DECANOATE 100 . . . 47
HALDOL DECANOATE 50 . . . 47
halobetasol propionate . . . 83
haloette . . . 99
haloperidol . . . 47
haloperidol decanoate . . . 47
haloperidol decanoate 100 . . . 47
haloperidol lactate . . . 47
HARVONI . . . 56
HAVRIX . . . 110
heather . . . 103
HEMADY . . . 95
heparin sodium . . . 65
heparin sodium-d5w . . . 64
HEPLISAV-B . . . 110
HERCEPTIN . . . 42
HERCEPTIN HYLECTA . . . 42
HERZUMA . . . 43
HETLIOZ . . . 122
HIBERIX . . . 110
hidex . . . 95
HUMALOG . . . 62
HUMALOG JUNIOR KWIKPEN . . . 62
HUMALOG KWIKPEN U-100 . . . 62
HUMALOG KWIKPEN U-200 . . . 62
HUMAL OG MIX 50-50 . . . 62
HUMALOG MIX 50-50 KWIKPEN . . . 62
HUMALOG MIX 75-25 . . . 62
HUMALOG MIX 75-25 KWIKPEN . . . 62
HUMALOG TEMPO PEN U-100 . . . 62
HUMATIN . . . 8
HUMIRA . . . 108
HUMIRA PEN . . . 108
HUMIRA PEN CROHN'S-UC-HS . . . 108
HUMIRA PEN PSOR-UVEITS-ADOL HS . . . 108
HUMIRA(CF) . . . 108
HUMIRA(CF) PEDIATRIC CROHN'S . . . 108
HUMIRA(CF) PEN . . . 108
HUMIRA(CF) PEN CROHN'S-UC-HS . . . 108
HUMIRA(CF) PEN PEDIATRIC UC . . . 109
HUMIRA(CF) PEN PSOR-UV-ADOL HS . . . 109
HUMULIN 70-30 . . . 62
HUMULIN 70/30 KWIKPEN . . . 62
HUMULIN N . . . 62
HUMULIN N KWIKPEN . . . 62
HUMULIN R . . . 63
HUMULIN R U-500 . . . 63
HUMULIN R U-500 KWIKPEN . . . 63
hydralazine hcl . . . 77
HYDREA . . . 32
hydrochlorothiazide . . . 75
hydrocodone bitartrate er . . . 4
hydrocodone-acetaminophen . . . 5
hydrocodone-ibuprofen . . . 5
hydrocortisone . . . 83,95,112
hydrocortisone butyrate . . . 83
hydrocortisone valerate . . . 83
hydrocortisone-acetic acid . . . 117
hydromorphone hcl . . . 5
hydroxychloroquine sulfate . . . 45
hydroxyprogesterone caproate . . . 103
hydroxyurea . . . 32
hydroxyzine hcl . . . 58
hydroxyzine pamoate . . . 58
HYZAAR . . . 73

I

ibandronate sodium . . . 113
IBRANCE . . . 38
ibu . . . 3
ibuprofen . . . 3
icatibant . . . 106
iclevia . . . 99
ICLUSIG . . . 38
icosapent ethyl . . . 76,77
idarubicin hcl . . . 33
IDHIFA . . . 38
IFEX . . . 33
ifosfamide . . . 33

ILARIS . . . 106
ILEVRO . . . 116
imatinib mesylate . . . 38
IMBRUVICA . . . 38
IMFINZI . . . 43
imipenem-cilastatin sodium . . . 13
imipramine hcl . . . 25
imiquimod . . . 84
IMITREX . . . 28
IMLYGIC . . . 33
IMOVAX RABIES VACCINE . . . 110
IMPAVIDO . . . 9
IMURAN . . . 109
INBRIJA . . . 46
incassia . . . 103
INCRELEX . . . 96
INCRUSE ELLIPTA . . . 119
indapamide . . . 75
INDERAL LA . . . 70
INDERAL XL . . . 70
indomethacin . . . 3
INFANRIX DTAP . . . 110
INLYTA . . . 38
INNOPRAN XL . . . 70
inpen (for humalog) . . . 63
inpen (for novolog or fiasp) . . . 63
INQOVI . . . 34
INREBIC . . . 38
INSPRA . . . 75
insulin pen needle . . . 63
insulin syringe (disp) u-100 0.3 ml . . . 63
insulin syringe (disp) u-100 1 ml . . . 63
insulin syringe (disp) u-100 1/2 ml . . . 63
insulin syringe u-500 . . . 63
INTELENCE . . . 52,53
INTRALIPID . . . 87
INTRON A . . . 107
introvale . . . 99
INVANZ . . . 13
INVEGA . . . 48
INVEGA HAFYERA . . . 48
INVEGA SUSTENNA . . . 48
INVEGA TRINZA . . . 48
INVELTYS . . . 116
IPOL . . . 110
ipratropium bromide . . . 119
ipratropium-albuterol . . . 122
irbesartan . . . 68
irbesartan-hydrochlorothiazide . . . 73
IRESSA . . . 38
irinotecan hcl . . . 35
ISENTRESS . . . 52
ISENTRESS HD . . . 52
isibloom . . . 99
isoniazid . . . 29
isopropyl alcohol 0.7 ml/ml medicated pad . . . 60
ISORDIL TITRADOSE . . . 77
isosorbide dinitrate . . . 77
isosorbide mononitrate . . . 77
isosorbide mononitrate er . . . 77
isotretinoin . . . 82
isradipine . . . 71
ISTALOL . . . 116
ISTODAX . . . 34
itraconazole . . . 27
ivabradine hcl . . . 73
ivermectin . . . 44,84
IWILFIN . . . 36
IXCHIQ . . . 110
IXEMPRA . . . 34
IXIARO . . . 110

J

JADENU . . . 87
JADENU SPRINKLE . . . 87
jaimiess . . . 99
JAKAFI . . . 38
jantoven . . . 65
JANUMET . . . 60
JANUMET XR . . . 60
JANUVIA . . . 60
JARDIANCE . . . 60

jasmiel 99
javygtor 92
JAYPIRCA 38
JEMPERLI 43
jencycla 103
JENTADUETO 60
JENTADUETO XR 60
JEVTANA 38
jolessa 99
juleber 99
JULUCA 52
junel 99
junel fe 99
junel fe 24 99
JUXTAPID 77
JYNNEOS 110
JYNNEOS (NATIONAL STOCKPILE) 110

K

KADCYLA 43
kaitlib fe 99
KALETRA 55
kalliga 99
KALYDECO 120
KANJINTI 43
kariva 99
kcl-d5w-0.2% nacl 86
kcl-d5w-0.225% nacl 86
kcl-d5w-0.45% nacl 86
kelnor 1-35 99
kelnor 1-50 99
kemoplat 34
KEPIVANCE 81
KEPPRA 16
KERENDIA 75
KESIMPTA PEN 80
ketoconazole 27
ketorolac tromethamine 116
KEYTRUDA 43
KINERET 107
KINRIX 110
kionex 88
KISQALI 38
KISQALI FEMARA CO-PACK 34
KLARON 82
klayesta 27
KLOR-CON 10 86
KLOR-CON 8 86
klor-con m10 86
KLOR-CON M15 86
klor-con m20 86
KLOXXADO 7
KOMBIGLYZE XR 60
KORLYM 104
KOSELUGO 38
kourzeq 81
KRAZATI 38
kurvelo 99
KUVAN 92
KYPROLIS 38

L

l-glutamine 92
labetalol hcl 70
lacosamide 19
LACRISERT 115
lactated ringers 86
lactulose 89
LAGEVRIO (COMMERCIAL) 122
LAGEVRIO (USG DIST.) 122
LAMICTAL 16
LAMICTAL (BLUE) 16
lamivudine 53,56
lamivudine hbv 56
lamivudine-zidovudine 53
lamotrigine 16
lamotrigine (blue) 16
lamotrigine er 16
LANOXIN 73
lansoprazole 91
lanthanum carbonate 88
LANTUS 63

LANTUS SOLOSTAR 63
lapatinib 38
larin 99
larin 24 fe 99
larin fe 100
larissia 100
LASIX 75
latanoprost 117
LATUDA 48
LAYOLIS FE 100
LAZCLUZE 38
ledipasvir-sofosbuvir 56
leena 100
leflunomide 109
lenalidomide 31
lentocilin s 12
LENVIMA 38,39
lessina 100
LETAIRIS 120
letrozole 35
leucovorin calcium 34
LEUKERAN 30
LEUKINE 66
leuprolide acetate 105
leuprolide depot 105
levetiracetam 16
levetiracetam er 16
levetiracetam-nacl 16
LEVO-T 104
levobunolol hcl 116
levocarnitine 92
levocarnitine sf 92
levocetirizine dihydrochloride 118
levofloxacin 14
levofloxacin-d5w 14
levonest 100
levonorg-eth estrad eth estrad 100
levonorgestrel-eth estradiol 100
levora-28 100
levorphanol tartrate 4
levothyroxine sodium 104
LEVOXYL 104
LEXAPRO 23
LEXIVA 55
LIALDA 112
LIBERVANT 18
LIBTAYO 43
lidocaine 6
lidocaine hcl 6,69
lidocaine hcl laryngotracheal 4% solution 6
lidocaine hcl viscous 6
lidocaine-prilocaine 6
LIDOCAN II 6
lidocan iii 6
LIDODERM 6
LILETTA 94
lillow 100
lindane 84
linezolid 9
linezolid-0.9% nacl 9
linezolid-d5w 9
LINZESS 89
liothyronine sodium 104
LIPITOR 76
lisdexamfetamine dimesylate 78
lisinopril 68
lisinopril-hydrochlorothiazide 73
lithium carbonate 58
lithium carbonate er 58
lithium citrate 58
LITHOBID 58
lo-zumandimine 100
LOCOID LIPOCREAM 83
LOESTRIN 100
LOESTRIN FE 100
lojaimiess 100
LONSURF 34
loperamide 89
LOPID 75
lopinavir-ritonavir 55
LOPRESSOR 70
LOPROX 27

lorazepam . . . 58
lorazepam intensol . . . 58
LORBRENA . . . 39
loryna . . . 100
losartan potassium . . . 68
losartan-hydrochlorothiazide . . . 73
LOSEASONIQUE . . . 100
LOTENSIN . . . 68
LOTENSIN HCT . . . 73
LOTRONEX . . . 89
lovastatin . . . 76
LOVAZA . . . 77
LOVENOX . . . 65
low-ogestrel . . . 100
loxapine . . . 47
lubiprostone . . . 89
LUMAKRAS . . . 39
LUMIGAN . . . 117
LUMIZYME . . . 92
LUMOXITI . . . 43
LUMRYZ . . . 123
LUPRON DEPOT . . . 105
LUPRON DEPOT (LUPANETA) . . . 105
LUPRON DEPOT-PED . . . 105
lurasidone hcl . . . 48
lutera . . . 100
LYBALVI . . . 48
lyleq . . . 103
lyllana . . . 97
LYNPARZA . . . 39
LYRICA . . . 17
LYSODREN . . . 104
LYTGOBI . . . 39
LYUMJEV . . . 63
LYUMJEV KWIKPEN U-100 . . . 63
LYUMJEV KWIKPEN U-200 . . . 63
LYUMJEV TEMPO PEN U-100 . . . 63
lyza . . . 103

M

M-M-R II VACCINE . . . 110
magnesium sulfate . . . 86
MALARONE . . . 45
malathion . . . 85
maraviroc . . . 54
MARGENZA . . . 43
marlissa . . . 100
MARPLAN . . . 22
MATULANE . . . 30
matzim la . . . 71
MAXALT . . . 28
MAXALT MLT . . . 28
MAXITROL . . . 114
MAXZIDE . . . 73
MAXZIDE-25 MG . . . 73
MAYZENT . . . 80
meclizine hcl . . . 25
MEDROL . . . 95
medroxyprogesterone acetate . . . 103
mefloquine hcl . . . 45
megestrol acetate . . . 103
MEKINIST . . . 39
MEKTOVI . . . 39
meloxicam . . . 3
melphalan hcl . . . 30
memantine hcl . . . 21
memantine hcl er . . . 21
MENACTRA . . . 110
MENEST . . . 97
MENQUADFI . . . 110
MENVEO A-C-Y-W-135-DIP . . . 111
mercaptopurine . . . 32
meropenem . . . 13
meropenem-0.9% nacl . . . 13
merzee . . . 100
mesalamine . . . 112
mesalamine dr . . . 112
mesalamine er . . . 112
mesna . . . 44
MESNEX . . . 44
MESTINON . . . 29
metformin hcl . . . 60

metformin hcl er 60
methadone hcl 4
methazolamide 73
methenamine hippurate 9
methimazole 105
methocarbamol 122
methotrexate 109
methotrexate sodium 109
methoxsalen 84
methscopolamine bromide 89
methsuximide 17
methylergonovine maleate 94
methylphenidate er 79
methylphenidate hcl 79
methylprednisolone 95
methylprednisolone sodium succ 95
methyltestosterone 96
metoclopramide hcl 90
metolazone 75
metoprolol succinate 70
metoprolol tartrate 70
metoprolol-hydrochlorothiazide 73
METRO IV 9
METROCREAM 85
METROGEL 85
METROLOTION 85
metronidazole 9,85
metyrosine 74
mexiletine hcl 69
MIACALCIN 113
micafungin 27
micafungin-0.9% nacl 27
MICARDIS 68
MICARDIS HCT 74
microgestin 100
microgestin 24 fe 100
microgestin fe 100
midodrine hcl 67
mifepristone 104
miglustat 92
MIGRANAL 28
mili 100
mimvey 100
MINIPRESS 67
minocycline hcl 15
minoxidil 77
MIRCETTE 100
mirtazapine 21
misoprostol 91
mitomycin 34
mitoxantrone hcl 34
modafinil 123
moexipril hcl 68
molindone hcl 47
mometasone furoate 83,118
mondoxyne nl 15
MONJUVI 43
mono-linyah 100
montelukast sodium 118,119
morphine sulfate 5,6
morphine sulfate er 4
MOUNJARO 60
MOVANTIK 89
MOVIPREP 90
MOXEZA 115
moxifloxacin 14,115
moxifloxacin hcl 14
MOZOBIL 66
MRESVIA 111
MULTAQ 69
mupirocin 85
MUTAMYCIN 34
MVASI 43
MYALEPT 90
MYCOBUTIN 29
mycophenolate mofetil 109
mycophenolic acid 109
MYFORTIC 109
MYHIBBIN 109
MYLOTARG 43
myorisan 82
MYRBETRIQ 93

MYSOLINE . . . 18

N

nabumetone . . . 3
nadolol . . . 70
nafcillin . . . 12
nafcillin sodium . . . 12
NAGLAZYME . . . 92
naloxone hcl . . . 7
naltrexone hcl . . . 7
NAMENDA . . . 21
naproxen . . . 3
naproxen sodium . . . 4
naratriptan hcl . . . 28
NARCAN . . . 7
NARDIL . . . 22
NATACYN . . . 115
nateglinide . . . 60
NATPARA . . . 113
NAYZILAM . . . 18
nebivolol hcl . . . 70
NEBUPENT . . . 45
necon . . . 100
needles, insulin disp., safety . . . 63
nefazodone hcl . . . 23
nelarabine . . . 34
neo-polycin . . . 115
neo-polycin hc . . . 114
neomycin sulfate . . . 8
neomycin-bacitracin-poly-hc . . . 114
neomycin-bacitracin-polymyxin . . . 115
neomycin-polymyxin b . . . 9
neomycin-polymyxin-dexameth . . . 114
neomycin-polymyxin-gramicidin . . . 115
neomycin-polymyxin-hc . . . 117
neomycin-polymyxin-hydrocort . . . 117
NEORAL . . . 109
NERLYNX . . . 39
NEUPRO . . . 46
NEURONTIN . . . 18
nevirapine . . . 53
nevirapine er . . . 53
NEXAVAR . . . 39
NEXIUM . . . 91
NEXIUM I.V. . . . 91
niacin er . . . 77
nicardipine hcl . . . 71
NICOTROL . . . 7
NICOTROL NS . . . 8
nifedipine er . . . 71
nikki . . . 100
NILANDRON . . . 30
nilutamide . . . 31
nimodipine . . . 71
NINLARO . . . 34
NIPENT . . . 34
nisoldipine . . . 71
nitazoxanide . . . 45
nitisinone . . . 92
NITRO-BID . . . 77
nitrofurantoin . . . 9
nitrofurantoin mono-macro . . . 9
nitroglycerin . . . 78
nitroglycerin patch . . . 78
NITROLINGUAL . . . 78
NITROSTAT . . . 78
NIVESTYM . . . 66
nizatidine . . . 90
nora-be . . . 103
norethin-eth estra-ferrous fum . . . 101
norethindron-ethinyl estradiol . . . 101
norethindrone . . . 103
norethindrone ac (lupaneta) . . . 103
norethindrone acetate . . . 103
norethindrone-e.estradiol-iron . . . 101
norgestimate-ethinyl estradiol . . . 101
norlyda . . . 104
NORPRAMIN . . . 25
NORTHERA . . . 67
nortrel . . . 101
nortriptyline hcl . . . 25
NORVASC . . . 71

NORVIR . . . 55
novopen echo . . . 63
NOXAFIL . . . 27
NUBEQA . . . 31
NUEDEXTA . . . 79
NULOJIX . . . 107
NULYTELY . . . 90
NUPLAZID . . . 49
NURTEC ODT . . . 28
NUTRILIPID . . . 87
NUVARING . . . 101
NUVIGIL . . . 123
NUZYRA . . . 15
nyamyc . . . 27
nylia . . . 101
nymyo . . . 101
nystatin . . . 27
nystatin-triamcinolone . . . 84
nystop . . . 27

O

OCALIVA . . . 90
ocella . . . 101
octreotide acetate . . . 105
OCUFLOX . . . 115
ODEFSEY . . . 54
ODOMZO . . . 39
OFEV . . . 121
ofloxacin . . . 14,115,117
OGIVRI . . . 43
OGSIVEO . . . 39
OJEMDA . . . 39
OJJAARA . . . 39
olanzapine . . . 49
olanzapine odt . . . 49
olmesartan medoxomil . . . 68
olmesartan-amlodipine-hctz . . . 74
olmesartan-hydrochlorothiazide . . . 74
olopatadine hcl . . . 115,118
omega-3 acid ethyl esters . . . 77
omeprazole . . . 91
omnipod 5 g6 intro kit (gen 5) . . . 63
omnipod 5 g6 pods (gen 5) . . . 63
omnipod 5 g6-g7 intro kt(gen5) . . . 63
omnipod 5 g6-g7 pods (gen 5) . . . 63
omnipod classic pdm kit(gen 3) . . . 63
omnipod classic pods (gen 3) . . . 63
omnipod dash intro kit (gen 4) . . . 63
omnipod dash pdm kit (gen 4) . . . 63
omnipod dash pods (gen 4) . . . 63
omnipod go pods . . . 63
OMNITROPE . . . 96
ONCASPAR . . . 34
ondansetron hcl . . . 26
ondansetron odt . . . 26
ONFI . . . 18
ONGLYZA . . . 60
ONIVYDE . . . 36
ONTRUZANT . . . 43
ONUREG . . . 34
OPDIVO . . . 43
OPSUMIT . . . 120
ORACEA . . . 82
ORALAIR . . . 122
oralone . . . 81
ORENCIA . . . 107
ORENCIA CLICKJECT . . . 107
ORFADIN . . . 92
ORGOVYX . . . 105
ORKAMBI . . . 120
ORSERDU . . . 31
orsythia . . . 101
oseltamivir phosphate . . . 56,57
OTEZLA . . . 84
OVIDE . . . 85
oxaliplatin . . . 34
oxaprozin . . . 4
oxazepam . . . 58
oxcarbazepine . . . 19
oxybutynin chloride . . . 93
oxybutynin chloride er . . . 93
oxycodone hcl . . . 6

oxycodone-acetaminophen . . . 6
OZEMPIC . . . 61

P

pacerone . . . 69
paclitaxel . . . 34
PADCEV . . . 43
paliperidone er . . . 49
palonosetron hcl . . . 26
PALYNZIQ . . . 92
PANRETIN . . . 44
pantoprazole sodium . . . 91
paraplatin . . . 34
paricalcitol . . . 113
PARNATE . . . 22
paromomycin sulfate . . . 8
paroxetine cr . . . 23
paroxetine er . . . 23
paroxetine hcl . . . 23
PAXIL . . . 23,24
PAXLOVID . . . 122
pazopanib hcl . . . 39
PEDIARIX . . . 111
PEDVAXHIB . . . 111
peg 3350-electrolyte . . . 90
peg-3350 and electrolytes . . . 90
peg3350-sod sul-nacl-kcl-asb-c . . . 90
PEGASYS . . . 107
PEMAZYRE . . . 39
pemetrexed . . . 34
pemetrexed disodium . . . 34
PENBRAYA . . . 111
penicillamine . . . 94
penicillin g potassium . . . 12
penicillin g sodium . . . 12
penicillin gk-iso-osm dextrose . . . 12
penicillin v potassium . . . 12
PENTACEL . . . 111
PENTAM 300 . . . 45
pentamidine isethionate . . . 45
PENTASA . . . 112
pentoxifylline . . . 74
perindopril erbumine . . . 69
periogard . . . 81
PERJETA . . . 43
permethrin . . . 85
perphenazine . . . 25
PERSERIS . . . 49
pfizerpen . . . 12
phenelzine sulfate . . . 22
phenobarbital . . . 18
phenobarbital sodium . . . 18
phenoxybenzamine hcl . . . 67
PHENYTEK . . . 19
phenytoin . . . 19
phenytoin sodium extended . . . 19
PHESGO . . . 43
philith . . . 101
PIFELTRO . . . 53
pilocarpine hcl . . . 81,117
pimecrolimus . . . 83
pimozide . . . 47
pimtrea . . . 101
pindolol . . . 70
pioglitazone hcl . . . 61
pioglitazone-glimepiride . . . 61
pioglitazone-metformin . . . 61
piperacillin-tazobactam . . . 12
PIQRAY . . . 39
pirfenidone . . . 121
pirmella . . . 101
piroxicam . . . 4
PLAQUENIL . . . 45
PLAVIX . . . 67
PLEGRIDY . . . 80
PLEGRIDY PEN . . . 80
plerixafor . . . 66
podofilox . . . 84
POLIVY . . . 43
polycin . . . 115
polymyxin b sul-trimethoprim . . . 115
POMALYST . . . 31

portia . . . 101
PORTRAZZA . . . 43
posaconazole . . . 27
potassium chloride . . . 86
potassium chloride in d5lr . . . 85
potassium chloride proamp . . . 86
potassium chloride-0.45% nacl . . . 86
potassium chloride-dextrose 5% . . . 85
potassium citrate er . . . 86
POTELIGEO . . . 43
PRADAXA . . . 65
pramipexole dihydrochloride . . . 46
prasugrel hcl . . . 67
pravastatin sodium . . . 76
praziquantel . . . 44
prazosin hcl . . . 67
PRED FORTE . . . 116
PRED MILD . . . 116
prednicarbate . . . 83
prednisolone . . . 95
prednisolone acetate . . . 116
prednisolone sodium phosphate . . . 95,116
prednisone . . . 95
pregabalin . . . 17
PREGNYL . . . 96
PREHEVBRIO . . . 111
PREMARIN . . . 97
PREMPHASE . . . 101
PREMPRO . . . 101
PREVACID . . . 91
prevalite . . . 77
previfem . . . 101
PREVYMIS . . . 56
PREZCOBIX . . . 55
PREZISTA . . . 55
PRIFTIN . . . 29
primaquine . . . 45
primidone . . . 18
PRIORIX . . . 111
PRISTIQ . . . 24
PROAIR HFA . . . 119
PROAIR RESPICLICK . . . 119
probenecid . . . 28
probenecid-colchicine . . . 28
PROCARDIA XL . . . 71
prochlorperazine . . . 25
prochlorperazine edisylate . . . 25
prochlorperazine maleate . . . 25
PROCRIT . . . 66
procto-med hc . . . 112
procto-pak . . . 112
proctosol-hc . . . 112
proctozone-hc . . . 113
progesterone . . . 104
PROGLYCEM . . . 62
PROGRAF . . . 109
PROLASTIN C . . . 92
PROLENSA . . . 116
PROLIA . . . 113
PROMACTA . . . 66
promethazine hcl . . . 25
promethegan . . . 25
propafenone hcl . . . 69
propafenone hcl er . . . 69
propranolol hcl . . . 70
propranolol hcl er . . . 70
propylthiouracil . . . 105
PROQUAD . . . 111
PROSCAR . . . 94
PROTONIX . . . 91
protriptyline hcl . . . 25
PROVERA . . . 104
PROZAC . . . 24
PRUDOXIN . . . 83
PULMOZYME . . . 120
PURIXAN . . . 32
PYLERA . . . 90
pyrazinamide . . . 29
pyridostigmine bromide . . . 29
pyridostigmine bromide er . . . 29
pyrimethamine . . . 45

Q

QINLOCK....40
QUADRACEL DTAP-IPV....111
quetiapine fumarate....49
quetiapine fumarate er....49
quinapril hcl....69
quinapril-hydrochlorothiazide....74
quinidine gluconate....69
quinidine sulfate....69
quinine sulfate....45
QVAR REDIHALER....118

R

RABAVERT....111
rabeprazole sodium....91
raloxifene hcl....104
ramelteon....122
ramipril....69
ranolazine er....74
RAPAFLO....94
RAPAMUNE....109
rasagiline mesylate....46
reclipsen....101
RECOMBIVAX HB....111
RECTIV....78
REGLAN....90
REGRANEX....84
RELAFEN....4
RELENZA....57
RELISTOR....89
REMERON....21
REMODULIN....121
RENFLEXIS....109
RENVELA....88
repaglinide....61
REPATHA PUSHTRONEX....77
REPATHA SURECLICK....77
REPATHA SYRINGE....77
RESTASIS....114
RESTASIS MULTIDOSE....114
RETACRIT....66
RETEVMO....40
RETIN-A....82
RETROVIR....54
REVCOVI....92
REVLIMID....31
REXULTI....49
REYATAZ....55
REZLIDHIA....40
RHOPRESSA....117
RIABNI....43
ribavirin....56,122
RIDAURA....107
rifabutin....29
RIFADIN....29
rifampin....29
riluzole....80
RINVOQ....107
risedronate sodium....113
risedronate sodium dr....113
RISPERDAL....49
RISPERDAL CONSTA....49
risperidone....49,50
risperidone er....50
risperidone odt....49,50
RITALIN....79
ritonavir....55
RITUXAN....43
RITUXAN HYCELA....43
rivastigmine....20
rizatriptan....28
ROCALTROL....113
ROCKLATAN....117
roflumilast....120
romidepsin....34
ropinirole er....46
ropinirole hcl....46
rosadan....85
rosuvastatin calcium....76
ROTARIX....111
ROTATEQ....111

ROWASA 112
roweepra 16
ROXICODONE 6
ROZEREM 122
ROZLYTREK 40
RUBRACA 40
rufinamide 20
RUKOBIA 54
RUXIENCE 43
RYBELSUS 61
RYBREVANT 43
RYDAPT 40
RYLAZE 35
RYTARY 46
RYTHMOL SR 69

S

SABRIL 18
sajazir 106
SALAGEN 81
SAMSCA 87
SANDIMMUNE 109
SANDOSTATIN LAR DEPOT 105
SANTYL 84
SAPHRIS 50
sapropterin dihydrochloride 92
SARCLISA 43
saxagliptin hcl 61
saxagliptin-metformin er 61
SCEMBLIX 40
scopolamine 25
SEASONIQUE 101
SECUADO 50
selegiline hcl 46
selenium sulfide 83
SELZENTRY 54
SENSIPAR 113
SEREVENT DISKUS 119
SEROQUEL 50
SEROQUEL XR 50
sertraline hcl 24
setlakin 101
sevelamer carbonate 88
SFROWASA 112
sharobel 104
SHINGRIX 111
SIGNIFOR 105
SIGNIFOR LAR 105
sildenafil citrate 121
SILENOR 122
silodosin 94
SILVADENE 84
silver sulfadiazine 84
SIMBRINZA 117
simliya 101
simpesse 101
SIMULECT 109
simvastatin 76
SINEMET 10-100 46
SINEMET 25-100 46
SINGULAIR 119
sirolimus 109
SIRTURO 29
SIVEXTRO 9
SKYLA 94
SKYRIZI 107
SKYRIZI ON-BODY 107
SKYRIZI PEN 107
sod sulf-potass sulf-mag sulf 90
sodium chloride 87
sodium chloride-water 87
sodium oxybate 123
sodium phenylbutyrate 93
sodium polystyrene sulfonate 88
sofosbuvir-velpatasvir 56
solifenacin succinate 93
SOLIQUA 100-33 61
SOLTAMOX 31
SOLU-MEDROL 95
SOMATULINE DEPOT 105
SOMAVERT 105
SOOLANTRA 85

sorafenib . . . 40
sorine . . . 69
sotalol . . . 69
sotalol af . . . 69
SOVALDI . . . 56
SPIRIVA HANDIHALER . . . 119
SPIRIVA RESPIMAT . . . 119
spironolactone . . . 75
spironolactone-hctz . . . 74
SPORANOX . . . 27
SPRAVATO . . . 21
sprintec . . . 101
SPRITAM . . . 16
SPRYCEL . . . 40
SPS . . . 88
sronyx . . . 101
SSD . . . 84
STAMARIL . . . 111
stavudine . . . 54
STELARA . . . 107
STIOLTO RESPIMAT . . . 122
STIVARGA . . . 40
STRATTERA . . . 79
STRENSIQ . . . 93
streptomycin sulfate . . . 8
STRIBILD . . . 52
STROMECTOL . . . 44
SUBLOCADE . . . 7
SUBOXONE . . . 7
subvenite . . . 16
subvenite (blue) . . . 16
sucralfate . . . 91
SULAR . . . 71
sulfacetamide sodium . . . 82,115
sulfacetamide-prednisolone . . . 114
sulfadiazine . . . 14
sulfamethoxazole-trimethoprim . . . 14
sulfasalazine . . . 112
sulfasalazine dr . . . 112
sulindac . . . 4
sumatriptan . . . 28
sumatriptan succinate . . . 28,29
sunitinib malate . . . 40
SUNLENCA . . . 54
SUPRAX . . . 11
SUPREP . . . 90
SUTAB . . . 90
SUTENT . . . 40
syeda . . . 101
SYMFI . . . 53
SYMFI LO . . . 53
SYMLINPEN 120 . . . 61
SYMLINPEN 60 . . . 61
SYMPAZAN . . . 18
SYMTUZA . . . 56
SYNAGIS . . . 106
SYNAREL . . . 105
SYNJARDY . . . 61
SYNJARDY XR . . . 61
SYNRIBO . . . 35
SYNTHROID . . . 104
SYPRINE . . . 87

T

TABLOID . . . 32
TABRECTA . . . 40
tacrolimus . . . 83,109
tadalafil . . . 121
TAFINLAR . . . 40
TAGRISSO . . . 40
TALZENNA . . . 41
TAMIFLU . . . 57
tamoxifen citrate . . . 31
tamsulosin hcl . . . 94
taperdex . . . 95
TARCEVA . . . 41
TARGRETIN . . . 44
tarina 24 fe . . . 101
tarina fe . . . 101
tarina fe 1-20 eq . . . 102
TASIGNA . . . 41
tasimelteon . . . 122

TASMAR . . . 45
taysofy . . . 103
tazarotene . . . 82
tazicef . . . 11
TAZORAC . . . 82
taztia xt . . . 71
TAZVERIK . . . 41
TDVAX . . . 111
TECENTRIQ . . . 43
TECFIDERA . . . 81
TEFLARO . . . 11
TEGRETOL . . . 20
TEGRETOL XR . . . 20
TEKTURNA . . . 74
telmisartan . . . 68
telmisartan-amlodipine . . . 74
telmisartan-hydrochlorothiazid . . . 74
temazepam . . . 122
TEMODAR . . . 30
temsirolimus . . . 41
tencon . . . 2
TENIVAC . . . 111
tenofovir disoproxil fumarate . . . 54
TENORETIC 100 . . . 74
TENORETIC 50 . . . 74
TENORMIN . . . 70
TEPMETKO . . . 41
terazosin hcl . . . 67
terbinafine hcl . . . 27
terbutaline sulfate . . . 119
terconazole . . . 27
teriparatide . . . 114
testosterone . . . 96
testosterone cypionate . . . 96
testosterone enanthate . . . 96
tetrabenazine . . . 80
tetracycline hcl . . . 15
THALOMID . . . 31
THEO-24 . . . 120
theophylline anhydrous . . . 120
theophylline er . . . 120
thioridazine hcl . . . 47
thiotepa . . . 35
thiothixene . . . 47
THYMOGLOBULIN . . . 106
tiadylt er . . . 72
tiagabine hcl . . . 18
TIAZAC . . . 72
TIBSOVO . . . 41
TICOVAC . . . 111
tigecycline . . . 9
TIKOSYN . . . 70
tilia fe . . . 102
timolol maleate . . . 70,116
TIMOPTIC . . . 116
TIMOPTIC OCUDOSE . . . 116
TIROSINT . . . 104
TIROSINT-SOL . . . 104
TIVICAY . . . 52
TIVICAY PD . . . 52
tizanidine hcl . . . 51
TOBRADEX . . . 114
tobramycin . . . 115,120
tobramycin sulfate . . . 8
tobramycin-dexamethasone . . . 114
tolcapone . . . 45
tolterodine tartrate . . . 93
tolterodine tartrate er . . . 93
tolvaptan . . . 87
topiramate . . . 16
toposar . . . 36
topotecan hcl . . . 36
TOPROL XL . . . 71
toremifene citrate . . . 31
TORISEL . . . 41
torpenz . . . 41
torsemide . . . 75
TOUJEO MAX SOLOSTAR . . . 63
TOUJEO SOLOSTAR . . . 63
TOVIAZ . . . 93
TRACLEER . . . 121
TRADJENTA . . . 61

tramadol hcl . . . 6
tramadol hcl er . . . 4
tramadol hcl-acetaminophen . . . 6
trandolapril . . . 69
trandolapril-verapamil er . . . 74
tranexamic acid . . . 66
tranylcypromine sulfate . . . 22
TRAVASOL . . . 87
TRAVATAN Z . . . 117
travoprost . . . 117
TRAZIMERA . . . 43
trazodone hcl . . . 24
TREANDA . . . 35
TRECATOR . . . 30
TRELEGY ELLIPTA . . . 122
TRELSTAR . . . 105
TREMFYA . . . 107
treprostinil . . . 121
tretinoin . . . 44,82
tri femynor . . . 102
tri-estarylla . . . 102
tri-legest fe . . . 102
tri-linyah . . . 102
tri-lo-estarylla . . . 102
tri-lo-marzia . . . 102
tri-lo-mili . . . 102
tri-lo-sprintec . . . 102
tri-mili . . . 102
tri-nymyo . . . 102
tri-previfem . . . 102
tri-sprintec . . . 102
tri-vylibra . . . 102
tri-vylibra lo . . . 102
triamcinolone acetonide . . . 81,84
triamterene-hydrochlorothiazid . . . 74
TRIBENZOR . . . 74
tridacaine ii . . . 7
triderm . . . 84
trientine hcl . . . 87
trifluoperazine hcl . . . 47
trifluridine . . . 115
TRIKAFTA . . . 120
triklo . . . 77
TRILEPTAL . . . 20
trimethoprim . . . 9
trimipramine maleate . . . 25
TRINTELLIX . . . 24
TRISENOX . . . 35
TRIUMEQ . . . 54
TRIUMEQ PD . . . 54
trivora-28 . . . 102
TRIZIVIR . . . 54
TRODELVY . . . 43
TROGARZO . . . 55
TROPHAMINE . . . 87
trospium chloride . . . 93
trospium chloride er . . . 94
TRULICITY . . . 61
TRUMENBA . . . 111
TRUQAP . . . 41
TRUVADA . . . 54
TRUXIMA . . . 44
TUKYSA . . . 41
tulana . . . 104
TURALIO . . . 41
turqoz . . . 103
TWINRIX . . . 111
TYBLUME . . . 102
TYBOST . . . 55
tydemy . . . 102
TYGACIL . . . 10
TYKERB . . . 41
TYMLOS . . . 114
TYPHIM VI . . . 111
TYSABRI . . . 81

U

UBRELVY . . . 28
UDENYCA . . . 66
UDENYCA AUTOINJECTOR . . . 66
UDENYCA ONBODY . . . 66
UNITHROID . . . 104

UNITUXIN . . . 44
ursodiol . . . 90
UZEDY . . . 50

V

v-go 20 . . . 64
v-go 30 . . . 64
v-go 40 . . . 64
VAGIFEM . . . 97
valacyclovir . . . 57
VALCHLOR . . . 30
VALCYTE . . . 56
valganciclovir hcl . . . 56
valproate sodium . . . 16
valproic acid . . . 16
valsartan . . . 68
valsartan-hydrochlorothiazide . . . 74
VALTOCO . . . 18,19
VALTREX . . . 57
vancomycin . . . 10
vancomycin hcl . . . 10
vancomycin hcl-0.9% nacl . . . 10
vancomycin hcl-d5w . . . 10
VANDAZOLE . . . 10
VANFLYTA . . . 41
VAQTA . . . 111
varenicline tartrate . . . 8
VARIVAX VACCINE . . . 111
VASCEPA . . . 77
VASERETIC . . . 74
VASOTEC . . . 69
VECTIBIX . . . 44
VEGZELMA . . . 44
VELCADE . . . 41
velivet . . . 102
VELPHORO . . . 88
VELTASSA . . . 88
VENCLEXTA . . . 41
VENCLEXTA STARTING PACK . . . 41
venlafaxine besylate er . . . 24
venlafaxine hcl . . . 24
venlafaxine hcl er . . . 24
VENTAVIS . . . 121
VENTOLIN HFA . . . 119
verapamil er . . . 72
verapamil er pm . . . 72
verapamil hcl . . . 72
verapamil sr . . . 72
VERELAN . . . 72
VERELAN PM . . . 72
VERQUVO . . . 74
VERSACLOZ . . . 51
VERZENIO . . . 41
vestura . . . 102
VFEND IV . . . 27
vgo 20 . . . 64
vgo 30 . . . 64
vgo 40 . . . 64
VIBERZI . . . 89
VIBRAMYCIN . . . 15
VICTOZA 2-PAK . . . 61
VICTOZA 3-PAK . . . 61
vienva . . . 102
vigabatrin . . . 19
vigadrone . . . 19
VIGAFYDE . . . 19
VIGAMOX . . . 115
vigpoder . . . 19
VIIBRYD . . . 24
vilazodone hcl . . . 24
VIMPAT . . . 20
vinblastine sulfate . . . 35
vincasar pfs . . . 35
vincristine sulfate . . . 35
vinorelbine tartrate . . . 35
viorele . . . 102
VIRACEPT . . . 56
VIREAD . . . 54
VITRAKVI . . . 41
VIVITROL . . . 7
VIZIMPRO . . . 41
volnea . . . 102

VONJO 41
VORANIGO 42
voriconazole 27
VOSEVI 56
VOTRIENT 42
VPRIV 93
VRAYLAR 50
VUMERITY 81
vyfemla 102
vylibra 102
VYNDAMAX 93
VYNDAQEL 93
VYTORIN 77
VYVANSE 78
VYXEOS 35

W

warfarin sodium 65
water 87
WELIREG 35
WELLBUTRIN SR 21
WELLBUTRIN XL 21
wera 102
wixela inhub 122
wymzya fe 102

X

XALKORI 42
XARELTO 65
XATMEP 109
XCOPRI 17
XELJANZ 107
XELJANZ XR 107
XENAZINE 80
XERMELO 89
XGEVA 114
XHANCE 118
XIFAXAN 90
XIGDUO XR 61
XOFLUZA 57
XOLAIR 107
XOPENEX HFA 119
XOSPATA 42
XPOVIO 35
XTANDI 31
XYLOCAINE 7
XYLOCAINE-MPF 7

Y

yargesa 93
YASMIN 28 102
YAZ 102
YERVOY 44
YF-VAX 111
YONDELIS 30
YONSA 31
yuvafem 97

Z

zafirlukast 119
zaleplon 122
ZALTRAP 31
ZANOSAR 35
zarah 103
ZARONTIN 17
ZEBUTAL 2
ZEJULA 42
ZELBORAF 42
ZEMPLAR 114
zenatane 82
ZENPEP 93
zenzedi 79
ZEPATIER 56
ZEPZELCA 30
ZESTORETIC 74
ZESTRIL 69
ZETIA 77
ZIAC 74
ZIAGEN 54
zidovudine 54
ZIEXTENZO 66
ziprasidone hcl 50

ziprasidone mesylate 50
ZIRABEV 44
ZITHROMAX 14
ZITHROMAX TRI-PAK 14
ZOCOR 76
ZOKINVY 93
zoledronic acid 114
ZOLINZA 35
zolmitriptan odt 29
ZOLOFT 24
zolpidem tartrate 123
ZONALON 84
ZONEGRAN 20
ZONISADE 20
zonisamide 20
ZONTIVITY 65
ZORTRESS 109
ZOSYN 12
zovia 1-35 103
ZOVIRAX 57
ZTALMY 19
ZTLIDO 7
zumandimine 103
ZURZUVAE 21,22
ZYDELIG 42
ZYKADIA 42
ZYLOPRIM 28
ZYNLONTA 44
ZYPREXA 50,51
ZYPREXA RELPREVV 51
ZYPREXA ZYDIS 51
ZYVOX 10

Retiree RxCare

This formulary was updated on 9/23/2024 . 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.