



Retiree RxCare 2025 Five Tier Step-Therapy Formulary (List of Covered Drugs or “Drug List”)

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

Formulary ID No. 25485, Version 12

This formulary was updated on 06/01/2025. We have made no changes to this formulary since 06/01/2025. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit <http://retireerxcarepdp.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 MG Insurance Company. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial Drug List (formulary) for our plan which is current as of 06/01/2025.

For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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 January 1, 2025, and from time to time during the year.

What is the Retiree RxCare Abridged formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. 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.

This document is a partial formulary and includes only some of the drugs covered by Retiree RxCare. For a complete listing of all prescription drugs covered by Retiree RxCare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we Retiree RxCare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <http://retireerxcarepdp.com>.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Retiree RxCare’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 06/01/2025. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 114. 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more

complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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 prescriber] 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.
- **Prior Authorization B/D:** This drug requires a Prior Authorization to determine if the drug is covered under Medicare Part B or Medicare Part D. Additional information is required from you or your Physician to make a determination before you may get your prescription filled. If you do not get approval, Retiree RxCare may not cover the medication and you will be responsible for the full cost of the drug, or for submitting the drug to your Medicare health plan.
- **Quantity Limits:** For certain drugs, Retiree RxCare limits the amount of the drug that Retiree RxCare will cover. For example, Retiree RxCare provides 30 per prescription for Zolpidem Tartrate 10mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Retiree RxCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Retiree RxCare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Retiree RxCare will then cover Drug B.

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 website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Retiree RxCare’s formulary?” on page 5 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 Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Retiree RxCare may cover your drug. For more information, 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 learn that Retiree RxCare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Retiree RxCare. When you receive the list, show it to your doctor and ask them 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit 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, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and 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 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug while you pursue a formulary exception.

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

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

Examples of level-of-care changes may include:

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

For more information

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

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

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

Retiree RxCare Formulary

The abridged formulary that begins on the next page provides coverage information some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

Remember: This is only a partial list of drugs covered by Retiree RxCare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages. The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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

Understanding the requirements/limits

Coverage Tier	Definition
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

Abbreviation	Program Name	Definition
PA	Prior Authorization	Approval is required before your plan will cover this medication.
PA B/D	Medicare Part B vs. Part D	Coverage may be available under Medicare Part B or Part.
QL	Quantity Limit	There is a limit to the amount that can be filled per prescription or over a period of time.
ST	Step Therapy	You must try a preferred treatment alternative before coverage is available for this medication.

CY25 AMWINS 5-TIER (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
<i>butalbital-acetaminophen-caffe</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen 50-325</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
<i>tencon</i>	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	2	QL (30 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	2	PA
<i>diclofenac pot 50 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	2	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	2	
<i>diclofenac sodium er</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	2	QL (90 PER 30 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	3	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	2	PA, QL (4 PER 28 DAYS)
BUTRANS	4	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	2	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	2	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	5	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	2	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	2	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol 10 mg/ml spray</i>	2	QL (48 PER 30 DAYS)
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	4	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	2	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
<i>endocet 10-325 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>fentanyl citrate (400 mcg, 600 mcg, 800 mcg, cit 1,200 mcg, cit 1,600 mcg)</i>	5	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate otfc 200 mcg</i>	2	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen (5-300 mg, 5-325 mg)</i>	2	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen (7.5-300, 7.5-325, 10-300 mg, 10-325 mg)</i>	2	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamn 7.5-325/15)</i>	2	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen (7.5-200, 10-200)</i>	2	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen 5-200 mg</i>	4	QL (150 PER 30 DAYS)
<i>hydromorphone hcl (1 mg/ml solution, 5 mg/5 ml soln)</i>	2	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl (10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)</i>	2	PA
<i>hydromorphone hcl (2 mg tablet, 4 mg tablet, 8 mg tablet)</i>	2	QL (180 PER 30 DAYS)
<i>morphine sulf 100 mg/5 ml conc</i>	2	QL (270 PER 30 DAYS)
<i>morphine sulf 20 mg/5 ml soln</i>	2	QL (1350 PER 30 DAYS)
<i>morphine sulfate (10 mg/5 ml cup, 10 mg/5 ml soln)</i>	2	QL (2700 PER 30 DAYS)
<i>morphine sulfate ir 15 mg tab</i>	3	QL (360 PER 30 DAYS)
<i>morphine sulfate ir 30 mg tab</i>	3	QL (180 PER 30 DAYS)
<i>oxycodone hcl ((ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophn 2.5-325)</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen 10-325</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophn 7.5-325</i>	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
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocaine</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	2	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	2	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	2	
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine-prilocaine</i>	2	PA, QL (60 PER 30 DAYS)
LIDOCAN II	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine iii</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine iv</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine v</i>	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)
ZTLIDO	4	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	2	QL (120 PER 30 DAYS)

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

Opioid Reversal Agents

KLOXXADO	4	
<i>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)</i>	2	
NARCAN	4	
OPVEE	4	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	2	

Antibacterials

Aminoglycosides

<i>amikacin sulfate</i>	2	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	2	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	4	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	2	
HUMATIN	5	

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
<i>neomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	4	
<i>tobramycin 20 mg/2 ml vial</i>	3	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	2	
Antibacterials, Other		
AZACTAM	4	
<i>aztreonam 1 gm vial</i>	2	
<i>aztreonam 2 gm vial</i>	5	
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)	4	
CLEOCIN T 1% LOTION	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl (75 mg capsule, 150 mg capsule, 300 mg capsule)</i>	1	
<i>clindamycin phosphate (1% gel, ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion)</i>	2	
<i>clindamycin phosphate-d5w</i>	2	
<i>clindamycin-0.9% nacl</i>	2	
<i>colistimethate</i>	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>daptomycin 500 mg vial</i>	2	

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
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
<i>linezolid 100 mg/5 ml susp</i>	5	PA
<i>linezolid 600 mg tablet</i>	2	PA
<i>linezolid-0.9% nacl</i>	2	
<i>linezolid-d5w</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	2	
<i>metronidazole (250 mg tablet, 500 mg tablet)</i>	1	
<i>metronidazole (vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml)</i>	2	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	2	
<i>nitrofurantoin mono-macro</i>	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
<i>tigecycline</i>	2	
<i>tinidazole</i>	2	
<i>trimethoprim 100 mg tablet</i>	2	
TYGACIL	5	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 5 gm vial, 10 gm vial, 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	2	
<i>vancomycin hcl (1.75 vial, 2 vial)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	2	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	5	PA
ZYVOX 600 MG/300 ML-D5W	4	
Beta-lactam, Cephalosporins		
<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	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
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	2	
<i>cefazolin 1 g/50 ml-dextrose</i>	2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	2	
<i>cefepime</i>	2	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	2	
<i>cefepime-dextrose</i>	2	
<i>cefixime 400 mg capsule</i>	2	
<i>cefoxitin</i>	2	
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	2	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	2	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	2	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial)</i>	2	
<i>ceftriaxone 250 mg vial</i>	1	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	2	
<i>cephalexin (125 mg/5 ml susp, 250 mg/5 ml susp)</i>	2	
<i>cephalexin (250 mg capsule, 500 mg capsule, 750 mg capsule)</i>	1	
<i>tazicef</i>	2	
TEFLARO	5	

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
Beta-lactam, Penicillins		
<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
<i>amoxicillin-clavulanate pot er</i>	4	
<i>amoxicillin-clavulanate potass (200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	2	
<i>ampicillin 500 mg capsule</i>	2	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	2	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	2	
<i>BICILLIN L-A</i>	4	
<i>dicloxacillin sodium</i>	2	
<i>EXTENCILLINE</i>	4	
<i>lentocilin s</i>	4	
<i>nafcillin</i>	2	
<i>nafcillin sodium</i>	2	
<i>pen g k 2 million unit/50 ml</i>	3	
<i>pen g k 3 million unit/50 ml</i>	4	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg/5 ml soln)</i>	2	
<i>penicillin v potassium (250 mg tablet, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	4	

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
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	2	
ZOSYN 2.25 GM/50 ML GALAXY BAG	4	
Carbapenems		
<i>ertapenem</i>	2	
<i>imipenem-cilastatin 250 mg vl</i>	3	
<i>imipenem-cilastatin 500 mg vl</i>	2	
INVANZ	4	
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	2	
<i>meropenem-0.9% nacl</i>	2	
Macrolides		
<i>azithromycin (100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial)</i>	2	
<i>azithromycin (250 mg tablet, 500 mg tablet, 600 mg tablet)</i>	1	
<i>azithromycin 1 gm pwd packet</i>	3	
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4	
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	2	
<i>clarithromycin er</i>	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
<i>ery</i>	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	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
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>erythromycin lactobionate</i>	2	
ZITHROMAX (100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL)	4	
ZITHROMAX TRI-PAK	4	

Quinolones

CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	4	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w</i>	2	
<i>levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>levofloxacin 25 mg/ml solution</i>	2	
<i>levofloxacin-d5w</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl 400 mg tablet</i>	2	
<i>ofloxacin 400 mg tablet</i>	2	

Sulfonamides

BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	5	
<i>sulfamethoxazole-trimethoprim (20 ml cup, susp)</i>	2	
<i>sulfamethoxazole-trimethoprim (ds tablet, ss tablet)</i>	1	

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
Tetracyclines		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA	5	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	2	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)</i>	2	
<i>divalproex sodium er</i>	2	

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
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	2	
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	5	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	4	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	4	
KEPPRA 1,000 MG TABLET	5	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	4	
LAMICTAL (BLUE)	4	
<i>lamotrigine (25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>lamotrigine (5 mg disper tablet, 25 mg disper tab)</i>	2	
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	2	
<i>levetiracetam er</i>	2	
<i>roweepra 500 mg tablet</i>	2	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	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
<i>topiramate (15 mg cap, 25 mg cap)</i>	2	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	2	

Calcium Channel Modifying Agents

CELONTIN	4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	2	
<i>methsuximide</i>	2	
ZARONTIN 250 MG CAPSULE	4	

Gamma-aminobutyric Acid (GABA) Modulating Agents

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

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
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	4	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	2	
<i>pregabalin (225 mg capsule, 300 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
<i>primidone 125 mg tablet</i>	4	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	2	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	4	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5	QL (180 PER 30 DAYS)
VIGAFYDE	5	QL (750 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
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
<i>dilantin (, 30 mg capsule, 100 mg capsule)</i>	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>lacosamide (10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg tablet, 100 mg/10 ml cup, 150 mg tablet, 150 mg/15 ml cup, 200 mg tablet, 200 mg/20 ml cup)</i>	2	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	2	
PHENYTEK	2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	5	
<i>rufinamide 200 mg tablet</i>	2	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET)	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
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT 50 MG TABLET	4	
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	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

Antidementia Agents

Cholinesterase Inhibitors

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

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

<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet, 10 mg/5 ml cup)</i>	2	PA
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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
<i>memantine hcl er</i>	2	PA
NAMENDA	4	PA

Antidepressants

Antidepressants, Other

AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (15 mg odt, 30 mg odt, 45 mg odt)</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine (7.5 mg tablet, 30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

EMSAM	5	PA, QL (30 PER 30 DAYS)
MARPLAN	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
NARDIL	4	
PARNATE	4	
<i>phenelzine sulfate</i>	2	
<i>tranylcypromine sulfate</i>	2	

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

CELEXA (10 MG TABLET, 20 MG TABLET)	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>citalopram hbr (10 mg tablet, 20 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)</i>	2	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA (20 MG CAPSULE, 60 MG CAPSULE)	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	2	QL (30 PER 30 DAYS)
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)
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>escitalopram 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 10 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate (5 mg/5 ml, 10 mg/10 ml cup)</i>	2	QL (600 PER 30 DAYS)
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	QL (30 PER 30 DAYS)

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
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
<i>fluoxetine dr</i>	4	QL (4 PER 28 DAYS)
<i>fluoxetine hcl (20 mg/5 ml soln cup, 20 mg/5 ml solution)</i>	2	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate (25 mg tab, 50 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 PER 30 DAYS)
LEXAPRO (5 MG TABLET, 10 MG TABLET)	4	QL (45 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
<i>nefazodone hcl (100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	3	
<i>nefazodone hcl (50 mg tablet, 250 mg tablet)</i>	4	
<i>paroxetine cr (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine cr 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	2	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	2	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)

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
PROZAC 40 MG PULVULE	5	QL (60 PER 30 DAYS)
RALDESY	4	QL (1200 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone 300 mg tablet</i>	2	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	2	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

<i>amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	2	
<i>imipramine hcl</i>	2	
NORPRAMIN	4	

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
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	

Antiemetics

Antiemetics, Other

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

Emetogenic Therapy Adjuncts

<i>aprepitant</i>	2	PA
<i>dronabinol</i>	2	PA
EMEND (80 MG CAPSULE, TRIPACK)	4	PA
<i>granisetron hcl 1 mg tablet</i>	2	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</i>	2	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	2	

Antifungals

AMBISOME	5	PA
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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
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
CANCIDAS	5	
<i>caspofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	2	
CRESEMBA	5	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	4	
<i>econazole nitrate</i>	2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	2	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	2	
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	4	
<i>micafungin</i>	2	
<i>micafungin-0.9% nacl</i>	4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	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
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
<i>nyamyc</i>	2	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	2	
<i>nystop</i>	2	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	5	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	2	
VFEND IV	4	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	2	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA

Antigout Agents

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

Antimigraine Agents

<i>dihydroergotamine 4 mg/ml spry</i>	5	PA, QL (8 PER 28 DAYS)
<i>ergotamine-cafeine</i>	2	
MIGRANAL	5	PA, QL (8 PER 28 DAYS)

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
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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
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 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)
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	ST, QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	4	ST, QL (6 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	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	ST, QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	2	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

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
<i>pyridostigmine bromide er</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	2	
MYCOBUTIN	4	
<i>rifabutin</i>	2	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hcl</i>	2	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	2	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	2	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	3	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	4	
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	5	
MATULANE	5	PA
VALCHLOR	5	PA, 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
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>abirtega</i>	2	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	
<i>nilutamide</i>	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	5	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS)
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)
Antiestrogens/Modifiers		
FARESTON	5	
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	

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
Antimetabolites		
<i>mercaptopurine 20 mg/ml suspen</i>	5	
<i>mercaptopurine 50 mg tablet</i>	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
HYDREA	4	
<i>hydroxyurea</i>	2	
INQOVI	5	PA, QL (5 PER 28 DAYS)
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
LYSODREN	5	
NIPENT	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
ORGOVYX	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 40 MG ONCE WEEKLY	5	PA, QL (16 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)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	5	

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
AROMASIN	5	
<i>exemestane</i>	2	
FEMARA	4	
<i>letrozole</i>	1	

Enzyme Inhibitors

IWILFIN	5	PA, QL (240 PER 30 DAYS)
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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)
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 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	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)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)

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
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)
DANZITEN	5	PA, QL (112 PER 28 DAYS)
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)

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)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	5	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	5	PA, QL (84 PER 28 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)
<i>imatinib mesylate 100 mg tab</i>	5	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5	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)
IMKELDI	5	PA, QL (280 PER 28 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)
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	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)
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)
<i>lapatinib</i>	5	PA, QL (180 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
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)
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 240 MG TABLET	5	PA, QL (120 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)
NINLARO	5	PA, QL (3 PER 28 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)

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
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO (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)
REVUFORJ 110 MG TABLET	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	5	PA, QL (240 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROMVIMZA	5	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)
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)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)

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
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	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)
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)

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
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)
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 PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
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

KANJINTI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RIABNI	5	PA
RUXIENCE	5	PA
TRAZIMERA	5	PA
ZIRABEV	5	PA

Retinoids

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

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
Treatment Adjuncts		
<i>mesna 400 mg tablet</i>	5	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	2	
<i>benznidazole</i>	4	
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMECTOL	4	PA
Antiprotozoals		
<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate</i>	2	
MALARONE	4	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	PA
<i>nitazoxanide 500 mg tablet</i>	5	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine 300 mg inhal powdr</i>	2	PA
<i>pentamidine 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	PA

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
<i>quinine sulfate</i>	2	PA
Antiparkinson Agents		
Antiparkinson Agents, Other		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	2	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	PA
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
<i>entacapone</i>	2	
TASMAR	5	
<i>tolcapone</i>	5	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	2	PA
Dopamine Agonists		
APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)</i>	2	
<i>ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)

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
RYTARY	3	
SINEMET	4	
SINEMET 10-100	4	
SINEMET 25-100	4	

Monoamine Oxidase B (MAO-B) Inhibitors

AZILECT 0.5 MG TABLET	4	
AZILECT 1 MG TABLET	5	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	

Antipsychotics

1st Generation/Typical

<i>fluphenazine 2.5 mg/ml vial</i>	4	PA
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	2	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	3	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA
<i>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA

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
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)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	5	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 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)

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
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)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine (7.5 mg tablet, 10 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	3	PA, QL (150 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
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	2	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	2	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)

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
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)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (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 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	5	PA, QL (30 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 (15 MG TABLET, 20 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 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
Antipsychotics, Other		
COBENFY	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5	PA, QL (56 PER 28 DAYS)
Treatment-Resistant		
<i>clozapine (25 mg tablet, 50 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)
Antispasticity Agents		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>	2	
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	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
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)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine</i>	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)

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
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
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)
<i>zidovudine 100 mg capsule</i>	2	QL (180 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
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5	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 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)

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
<i>lopinavir-ritonavir 200-50mg tb</i>	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)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

LIVTENCITY	5	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	5	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
<i>valganciclovir 450 mg tablet</i>	2	
<i>valganciclovir hcl 50 mg/ml</i>	5	

Anti-hepatitis B (HBV) Agents

<i>adefovir dipivoxil</i>	2	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	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
<i>lamivudine hbv</i>	2	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
ZEPATIER	5	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	2	QL (84 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)
Antitherpetic Agents		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir (200 mg/5 ml susp, 200 mg/5 ml susp cup, 800 mg/20ml susp cup)</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	2	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	2	
<i>valacyclovir</i>	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	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
Antiviral, Coronavirus agents		
PAXLOVID 150-100 MG (MODERATE)	2	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 DAYS)
PAXLOVID 300/150-100MG(SEVERE)	2	QL (11 PER 30 OVER TIME)
Anxiolytics		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>	2	
<i>buspirone hcl 7.5 mg tablet</i>	1	
<i>chlordiazepoxide 25 mg capsule</i>	2	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	PA, QL (120 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	2	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)

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
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	2	PA
<i>hydroxyzine pamoate</i>	2	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	2	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	2	PA, QL (120 PER 30 DAYS)

Bipolar Agents

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

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	4	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
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)

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
<i>ft sterile pads 2" x 2"</i>	3	PA
<i>gauze pads & dressings - pads 2 x 2</i>	3	PA
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	4	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
JANUMET	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
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	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)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	2	QL (60 PER 30 DAYS)

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
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)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)

Glycemic Agents

BAQSIMI	4	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)
<i>glucagon emergency kit</i>	2	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
PROGLYCEM	5	

Insulins

<i>droplet insulin syringe (ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)</i>	3	PA
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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
<i>droplet micron 34g 3.5mm</i>	3	PA
<i>droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)</i>	3	PA
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 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	PA
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS)
<i>insulin pen needle</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA
<i>insulin syringe (syr 0.5 ml, 1ml)</i>	3	PA
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)

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
<i>needles, insulin disp., safety</i>	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN N	3	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN R	3	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG	3	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	3	PA, QL (10 PER 30 DAYS)
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	3	PA
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS)
<i>true comfort safety pen needle</i>	3	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
Blood Products and Modifiers		
Anticoagulants		
<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	2	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	2	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)
<i>heparin sodium (sod 1,000 unit/ml vial, 2,000 unit/2 ml vial, 5,000 unit/ml carpuct, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 10,000 unit/10 ml vial, sod 10,000 unit/ml vl, sod 20,000 unit/ml vl, 30,000 unit/30 ml vial, 40,000 unit/4 ml vial, 50,000 unit/10 ml vial, 50,000 unit/5 ml vial)</i>	2	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	5	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	4	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 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)

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
<i>rivaroxaban</i>	2	QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	

Blood Products and Modifiers, Other

AGRYLIN	4	
<i>anagrelide hcl</i>	2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA
FULPHILA	5	PA
GRANIX	5	PA
LEUKINE	5	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRINGE	3	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 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

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
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA

Hemostasis Agents

<i>tranexamic acid 650 mg tablet</i>	2	
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Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	
<i>cilostazol</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	2	
PLAVIX	4	
<i>prasugrel hcl</i>	2	
<i>ticagrelor 90 mg tablet</i>	2	

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	2	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA

Alpha-adrenergic Blocking Agents

CARDURA	4	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	2	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	5	

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
<i>prazosin hcl</i>	2	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)

Angiotensin II Receptor Antagonists

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Angiotensin-converting Enzyme (ACE) Inhibitors		
ALTACE	4	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	4	
VASOTEC 20 MG TABLET	5	
ZESTRIL	4	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluc er 324 mg tab</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quinidine sulfate</i>	2	
<i>sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sorine 80 mg tablet</i>	1	
<i>sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>	2	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af (120 mg tablet, 160 mg tablet)</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	

Beta-adrenergic Blocking Agents

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

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
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
TOPROL XL	4	

Calcium Channel Blocking Agents, Dihydropyridines

<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	2	
<i>nifedipine (10 mg capsule, 20 mg capsule)</i>	2	
<i>nifedipine er</i>	2	
<i>nimodipine 30 mg capsule</i>	2	
<i>nisoldipine (er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet)</i>	2	
<i>nisoldipine er 25.5 mg tablet</i>	3	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	4	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)	4	
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)	5	
CARDIZEM LA	4	
<i>cartia xt</i>	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
<i>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2	
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
TIAZAC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	4	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	4	

Cardiovascular Agents, Other

<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	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
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	3	QL (60 PER 30 DAYS)
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	2	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	4	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	

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
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	
<i>trandolapril-verapamil er</i>	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	
ZESTORETIC	4	
ZIAC	4	

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	2
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1

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
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	2	
LASIX	4	
<i>torsemide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>fluvastatin er</i>	2	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
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	4	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	ST, QL (60 PER 30 DAYS)

Dyslipidemics, Other

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

Mineralocorticoid Receptor Antagonists

ALDACTONE	4	
<i>eplerenone</i>	2	
INSPRA	4	
KERENDIA	3	PA, QL (30 PER 30 DAYS)
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononit 10 mg tab</i>	2	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>	1	

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
NITRO-BID	4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	
VERQUVO	3	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG)	5	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	2	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	2	QL (30 PER 30 DAYS)

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
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	2	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	2	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	QL (30 PER 30 DAYS)

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)

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
AUSTEDO XR TITR KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	4	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
VEOZAH	4	PA, QL (30 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 (4 PACK)	5	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK)	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	2	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 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
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

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

Dermatological Agents

Acne and Rosacea Agents

<i>acutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteam (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	2	
AVITA	2	PA
<i>azelaic acid 15% gel</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	
<i>clind ph-benzoyl perox 1.2-5%</i>	2	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	2	
<i>doxycycline ir-dr</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	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
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	2	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)</i>	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	2	PA
<i>zenatane</i>	2	

Dermatitis and Pruitus Agents

ALA-CORT 1% CREAM	1	
<i>alclometasone dipropionate</i>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented (crm, oin)</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	2	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	2	QL (200 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	2	PA
ELIDEL	4	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	2	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	2	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
PRUDOXIN	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	2	PA

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

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

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	
<i>fluorouracil (cream, topical soln)</i>	2	
<i>fluorouracil 2% topical soln</i>	3	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	

Pediculicides/Scabicides

<i>ivermectin 1% cream</i>	2	PA
<i>malathion</i>	2	
OVIDE	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>permethrin</i>	2	
SOOLANTRA	4	PA

Topical Anti-infectives

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

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>glucose 5%-0.9% nacl</i>	2	
<i>kcl 20 meq/l in d5w solution</i>	2	
<i>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	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
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	2	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	2	
<i>potassium chloride in d5lr</i>	3	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium citrate er</i>	2	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	2	
<i>sodium chloride 0.9%-water</i>	2	

Electrolyte/Mineral/Metal Modifiers

CHEMET	4	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	5	PA
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 90 mg tablet</i>	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
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>dextrose 10%-water iv solution</i>	1	
<i>dextrose in water (50 ml, 100 ml, 250 ml, 1,000 ml, iv soln)</i>	2	
<i>glucose in water (50 ml, 100 ml)</i>	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
TRAVASOL	4	PA
TROPHAMINE	4	PA

Potassium Binders

<i>kionex</i>	2	
<i>sodium polystyrene sulf powder</i>	2	
SPS	2	
VELTASSA	3	

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	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
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	5	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	PA, QL (12 PER 30 DAYS)

Anti-Diarrheal Agents

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

Antispasmodics, Gastrointestinal

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

Gastrointestinal Agents, Other

<i>bismuth-metronidazole-tetracyc</i>	2	
<i>chenodal</i>	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	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
MOVIPREP	4	
MYALEPT	5	PA
OALIVA	5	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	4	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
VOWST	5	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

<i>cimetidine (200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet)</i>	2	
<i>famotidine (20 mg tablet, 40 mg tablet)</i>	1	
<i>famotidine 40 mg/5 ml susp</i>	2	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Proton Pump Inhibitors		
<i>esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	

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
CYSTAGON	4	PA
ELELYSO	5	PA
ENDARI	5	PA
KUVAN	5	PA
<i>l-glutamine 5 gram powder pkt</i>	5	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	2	
<i>levocarnitine sf</i>	2	
<i>miglustat</i>	5	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCovi	5	
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
WELIREG	5	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (180 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

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

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	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
Contraceptives, Other		
LILETTA	3	
NEXPLANON	3	
SKYLA	4	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
DEPEN	5	
<i>penicillamine 250 mg tablet</i>	5	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	
<i>dexamethasone (0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb)</i>	2	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>fludrocortisone acetate</i>	2	
HEMADY	4	
<i>hidex</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
MEDROL (4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	
<i>methylprednisolone</i>	2	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>	2	
<i>prednisolone sodium phosphate (5 mg/5 ml soln, sod ph 25 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	1	

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
<i>prednisone 5 mg/5 ml solution</i>	2	
<i>taperdex 6 day 1.5 mg tablet</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	2	
INCRELEX	5	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 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	4	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone 10 mg cap</i>	5	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	2	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	2	PA
<i>testosterone enanthate</i>	3	PA

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
Estrogens		
DEPO-ESTRADIOL	4	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	4	
<i>dotti</i>	2	
ESTRACE 0.01% CREAM	4	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)</i>	2	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	2	
ESTRING	4	
<i>lyllana</i>	2	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	3	
VAGIFEM	4	
<i>yuvaferm</i>	2	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	

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
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
COMBIPATCH	4	
<i>cryselle</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	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
<i>eluryng</i>	2	
<i>enilloring</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>feirza</i>	2	
<i>femynor</i>	2	
<i>fyavolv 1 mg-5 mcg tablet</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	

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
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lo-zumandimine</i>	2	
LOESTRIN	2	
LOESTRIN FE	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-linyah</i>	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
<i>necon</i>	2	
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	2	
<i>norethin-eth estra-ferrous fum</i>	2	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	2	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>nylia</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia</i>	2	
PREMPHASE	3	
PREMPRO	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	

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
<i>taysofy</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TYBLUME	3	
<i>tydemy</i>	2	
<i>valtya</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	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
<i>xulane</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zafemy</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	

Progestins

<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	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
PROVERA	4	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	2	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	5	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	4	PA
FIRMAGON	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
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	2	PA
<i>leuprolide depot</i>	5	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	5	PA
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	5	PA
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	5	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	2	PA
<i>octreotide acetate er</i>	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

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
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 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
THYMOGLOBULIN	5	PA
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	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
ENTYVIO PEN	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

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
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	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 (100 MG/ML INJECTOR, 100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	5	PA
TREMFYA 200 MG/2 ML PEN	5	PA
TREMFYA PEN INDUCTION PK-CROHN	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)
PEGASYS	5	PA

Immunosuppressants

ASTAGRAF XL	4	PA
AZASAN	2	PA
<i>azathioprine</i>	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	2	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	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
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	4	PA
ENVARUSUS XR 4 MG TABLET	5	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA
<i>everolimus 0.25 mg tablet</i>	2	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	2	PA
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA	5	PA
HUMIRA PEN	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	2	
<i>methotrexate (1 gm vial, 2.5 mg tablet)</i>	2	
<i>methotrexate (50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate 200 mg/ml susp</i>	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	2	PA
<i>mycophenolic acid</i>	2	PA
MYFORTIC 180 MG TABLET	4	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
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)	4	PA
PROGRAF 5 MG CAPSULE	5	PA
RAPAMUNE 1 MG/ML ORAL SOLN	5	PA
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	4	PA
SIMLANDI(CF)	5	PA
SIMLANDI(CF) AUTOINJECTOR	5	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	2	PA
<i>sirolimus (1 mg/ml oral soln, 1 mg/ml solution)</i>	4	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	2	PA
XATMEP	4	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	5	PA
ZORTRESS 0.25 MG TABLET	4	PA

Vaccines

ABRYSVO	1	QL (1 PER 365 OVER TIME)
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	

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
DENGVAXIA	1	
DIPHTHERIA-TETANUS TOXOIDS-PED	1	
ENGRIX-B ADULT	1	PA
ENGRIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	PA
PRIORIX	1	
PROQUAD	1	
QUADRACEL DTAP-IPV	1	

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
RABAVERT	1	PA
RECOMBIVAX HB	1	PA
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	4	QL (120 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	5	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	2	

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
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	

Glucocorticoids

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

Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	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
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	2	
PROLIA	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	2	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	4	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	PA
SENSIPAR 30 MG TABLET	4	PA
TERIPARATIDE 620 MCG/2.48 ML	5	PA
TYMLOS	5	PA
XGEVA	5	PA

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate (drop, drops)</i>	2	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	4	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	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
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX (DROPS, OINTMENT)	4	
<i>tobramycin-dexamethasone</i>	2	
XDEMZY	5	PA

Ophthalmic Anti-Infectives

<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
<i>moxifloxacin (drops, drp-visc)</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	2	
<i>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	3	
VIGAMOX	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 Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	2	
<i>dexamethasone 0.1% eye drop</i>	2	
<i>diclofenac 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	3	
PROLENSA	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	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
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	1	
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	

Ophthalmic Intraocular Pressure Lowering Agents, Other

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

Ophthalmic Prostaglandin and Prostanamide Analogs

<i>bimatoprost 0.03% eye drops</i>	2	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	2	QL (15 PER 75 OVER TIME)

Otic Agents

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

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	2	PA
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR 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

<i>azelastine 0.1% (137 mcg) spry</i>	2	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	2	
<i>clemastine fum 2.68 mg tablet</i>	4	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syrp)</i>	2	PA

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
<i>desloratadine 5 mg tablet</i>	2	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spray</i>	2	QL (30.5 PER 30 DAYS)

Antileukotrienes

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

Bronchodilators, Anticholinergic

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

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, 4 mg tab, 8 mg/20 ml syrup cup)</i>	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
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA
<i>epinephrine 0.15 mg auto-inject</i>	3	
<i>epinephrine 0.3 mg auto-inject</i>	2	
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)

Cystic Fibrosis Agents

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

Mast Cell Stabilizers

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

DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	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
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	2	
Pulmonary Antihypertensives		
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	2	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)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>breynga</i>	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (30.9 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
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>carisoprodol 350 mg tablet</i>	2	
<i>chlorzoxazone 500 mg tablet</i>	2	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>vanadom</i>	2	

Sleep Disorder Agents

Sleep Promoting Agents

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

Wakefulness Promoting Agents

<i>armodafinil</i>	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	5	PA, QL (28 PER 28 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	5	PA, QL (540 PER 30 DAYS)

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

Alphabetical Listing

A

abacavir	46	AIMOVIG AUTOINJECTOR	26,27
abacavir-lamivudine	47	AKEEGA	31
ABILIFY	41	ALA-CORT	75
ABILIFY ASIMTUFII	41	albendazole	38
ABILIFY MAINTENA	41	albuterol hfa 90 mcg inhaler (generic proair hfa)	109
abiraterone acetate	29	albuterol hfa 90 mcg inhaler (generic proventil hfa)	109
abirtega	29	albuterol sulfate	109,110
ABRYSVO	100	alclometasone dipropionate	75
acamprosate calcium	6	ALDACTONE	70
acarbose	52	ALECENSA	31
ACCOLATE	109	alendronate sodium	103
accutane	74	alfuzosin hcl er	85
acebutolol hcl	63	aliskiren	65
acetaminophen-codeine	4	allopurinol	26
acetazolamide	65	alosetron hcl	81
acetazolamide er	65	ALPHAGAN P	107
acetic acid	107	alprazolam	51
acetylcysteine	111	alprazolam er	51
acitretin	74	alprazolam xr	51
ACTHAR	86	ALTACE	62
ACTHAR SELFJECT	86	altavera	88
ACTHIB	100	ALUNBRIG	31
ACTIMMUNE	98	alyacen	88
ACTOS	52	amabelz	88
ACULAR	106	amantadine	39
ACULAR LS	106	AMBISOME	24
acyclovir	50	ambrisentan	111
acyclovir sodium	50	amethia	88
ADACEL TDAP	100	amethyst	88
ADCIRCA	111	amikacin sulfate	7
ADDERALL XR	71	amiloride hcl	68
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	65
ADEMPAS	111	amiodarone hcl	62
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	64
AFINITOR	31	amlodipine besylate-benazepril	65
AFINITOR DISPERZ	31	amlodipine-atorvastatin	65
afirmelle	88	amlodipine-olmesartan	65
AGRYLIN	59	amlodipine-valsartan	65

amlodipine-valsartan-hctz	65	asenapine maleate	41
ammonium lactate	75	ashlyna	89
amnestem	74	ASMANEX	108
amoxapine	23	ASMANEX HFA	108
amoxicillin	11	aspirin-dipyridamole er	60
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	98
amoxicillin-clavulanate potass	11	ATACAND	61
amphotericin b	25	ATACAND HCT	65
amphotericin b liposome	25	atazanavir sulfate	48
ampicillin sodium	11	ATELVIA	103
ampicillin trihydrate	11	atenolol	63
ampicillin-sulbactam	11	atenolol-chlorthalidone	66
AMPYRA	73	ATGAM	97
anagrelide hcl	59	atomoxetine hcl	72
anastrozole	30	atorvastatin calcium	68
ANDROGEL	87	atovaquone	38
ANORO ELLIPTA	111	atovaquone-proguanil hcl	38
APOKYN	39	atropine sulfate	104
apomorphine hcl	39	ATROVENT HFA	109
aprepitant	24	aubra	89
apri	88	aubra eq	89
APRISO	102	AUGTYRO	31
APTIOM	18	aurovela	89
APTIVUS	48	aurovela 24 fe	89
aqua care sodium chloride	78	aurovela fe	89
aranelle	89	AUSTEDO	72
ARANESP	59	AUSTEDO XR	72
ARCALYST	97	AUSTEDO XR TITRATION KT(WK1-4)	73
AREXVY	100	AUVELITY	20
ARICEPT	19	AVALIDE	66
ARIKAYCE	7	AVAPRO	61
ARIMIDEX	30	aviane	89
aripiprazole	41	avidoxy	14
aripiprazole odt	41	AVITA	74
ARISTADA	41	AVODART	85
ARISTADA INITIO	41	AVONEX	73
armodafinil	113	AVONEX (4 PACK)	73
ARNUITY ELLIPTA	108	AVONEX PEN (4 PACK)	73
AROMASIN	31	ayuna	89
ARTHROTEC 50	2	AYVAKIT	31
ARTHROTEC 75	2	AZACTAM	8

AZASAN	98
azathioprine	98
azelaic acid	74
azelastine hcl	106,108
AZELEX	74
AZILECT	40
azithromycin	12
AZOPT	107
AZOR	66
aztreonam	8
AZULFIDINE	102
azurette	89

B

bacitracin	105
bacitracin-polymyxin	105
baclofen	45
BACTRIM	13
BACTRIM DS	13
balsalazide disodium	102
BALVERSA	31
balziva	89
BANZEL	18
BAQSIMI	55
BARACLUDE	49
BCG VACCINE (TICE STRAIN)	100
BELBUCA	4
BELSOMRA	112
benazepril hcl	62
benazepril-hydrochlorothiazide	66
BENICAR	61
BENICAR HCT	66
BENLYSTA	97
BENZAMYCIN	74
benznidazole	38
benztropine mesylate	39
BESIVANCE	105
BESREMI	98
betaine anhydrous	83
betamethasone diprop augmented	75
betamethasone dipropionate	75

betamethasone valerate	75
BETASERON	73
betaxolol hcl	63,106
bethanechol chloride	86
BETOPTIC S	106
bexarotene	37
BEXSERO	100
bicalutamide	29
BICILLIN L-A	11
BIKTARVY	45
BILTRICIDE	38
bimatoprost	107
bismuth-metronidazole-tetracyc	81
bisoprolol fumarate	63
bisoprolol-hydrochlorothiazide	66
blisovi 24 fe	89
blisovi fe	89
BOOSTRIX TDAP	100
bosentan	111
BOSULIF	31
BRAFTOVI	31
BREO ELLIPTA	111
breynd	111
BREZTRI AEROSPHERE	111
briellyn	89
BRILINTA	60
brimonidine tartrate	107
brimonidine tartrate-timolol	104
brinzolamide	107
BRIVIACT	14
bromfenac sodium	106
bromocriptine mesylate	39
BRUKINSA	31
budesonide	108
budesonide dr	103
budesonide ec	103
budesonide er	103
budesonide-formoterol fumarate	111
bumetanide	67
BUPHENYL	83
buprenorphine	4

buprenorphine hcl.....	6	carbidopa-levodopa er.....	39
buprenorphine-naloxone.....	6,7	carbidopa-levodopa-entacapone.....	39
bupropion hcl.....	20	CARDIZEM.....	64
bupropion hcl sr.....	7,20	CARDIZEM CD.....	64
bupropion hcl sr 150mg tablet.....	20	CARDIZEM LA.....	64
bupropion xl.....	20	CARDURA.....	60
buspirone hcl.....	51	carglumic acid.....	78
butalbital-acetaminophen.....	2	carisoprodol.....	112
butalbital-acetaminophen-caffe.....	2	CARNITOR.....	83
butalbital-aspirin-caffeine.....	2	CARNITOR SF.....	83
butorphanol tartrate.....	4	carteolol hcl.....	106
BUTRANS.....	4	cartia xt.....	64
BYDUREON BCISE.....	52	carvedilol.....	63
BYSTOLIC.....	63	carvedilol er.....	63
C		CASODEX.....	29
cabergoline.....	95	caspofungin acetate.....	25
CABLIVI.....	60	CAYSTON.....	110
CABOMETYX.....	32	cefaclor.....	9
calcipotriene.....	77	cefadroxil.....	10
calcitonin-salmon.....	103	cefazolin sodium.....	10
calcitrene.....	77	cefazolin sodium-dextrose.....	10
calcitriol.....	103	cefdinir.....	10
CALQUENCE.....	32	cefepime.....	10
camila.....	94	cefepime hcl.....	10
camrese.....	89	cefepime-dextrose.....	10
camrese lo.....	89	cefixime.....	10
CANASA.....	102	cefoxitin.....	10
CANCIDAS.....	25	cefoxitin sodium.....	10
candesartan cilexetil.....	61	cefpodoxime proxetil.....	10
candesartan-hydrochlorothiazid.....	66	cefprozil.....	10
CAPLYTA.....	41	ceftazidime.....	10
CAPRELSA.....	32	ceftriaxone.....	10
captopril.....	62	cefuroxime.....	10
CARAFATE.....	82	cefuroxime sodium.....	10
CARBAGLU.....	78	CELEBREX.....	2
carbamazepine.....	18	celecoxib.....	2
carbamazepine er.....	18	CELEXA.....	21
CARBATROL.....	18	CELLCEPT.....	98
carbidopa.....	39	CELONTIN.....	16
carbidopa-levodopa.....	39	cephalexin.....	10
		CEREZYME.....	83

cetirizine hcl.....	108	clindamycin phosphate.....	8
cevimeline hcl.....	74	clindamycin phosphate-d5w.....	8
chateal.....	89	clindamycin-0.9% nacl.....	8
chateal eq.....	89	clindamycin-benzoyl peroxide.....	74
CHEMET.....	79	clobazam.....	16
chenodal.....	81	clobetasol emollient.....	75
chlordiazepoxide hcl.....	51	clobetasol propionate.....	75
chlorhexidine gluconate.....	74	clodan.....	76
chloroquine phosphate.....	38	clomipramine hcl.....	23
chlorpromazine hcl.....	24	clonazepam.....	51
chlorthalidone.....	68	clonidine.....	60
chlorzoxazone.....	112	clonidine hcl.....	60
cholestyramine.....	69	clonidine hcl er.....	72
cholestyramine light.....	69	clopidogrel.....	60
CHORIONIC GONADOTROPIN.....	87	clorazepate dipotassium.....	51
ciclodan.....	25	clotrimazole.....	25
ciclopirox.....	25	clotrimazole-betamethasone.....	77
cilostazol.....	60	clozapine.....	45
CIMDUO.....	47	clozapine odt.....	45
cimetidine.....	82	CLOZARIL.....	45
cinacalcet hcl.....	103	COARTEM.....	38
CINRYZE.....	97	COBENFY.....	45
CIPRO.....	13	COBENFY STARTER PACK.....	45
CIPRODEX.....	107	codeine sulfate.....	4
ciprofloxacin hcl.....	13,105	COLAZAL.....	102
ciprofloxacin-d5w.....	13	colchicine.....	26
ciprofloxacin-dexamethasone.....	108	COLCRYS.....	26
citalopram hbr.....	21	COLESTID.....	69
claravis.....	74	colestipol hcl.....	69
clarithromycin.....	12	colistimethate.....	8
clarithromycin er.....	12	COMBIGAN.....	104
clemastine fumarate.....	108	COMBIPATCH.....	89
CLEOCIN.....	8	COMBIVENT RESPIMAT.....	112
CLEOCIN HCL.....	8	COMETRIQ.....	32
CLEOCIN PHOSPHATE.....	8	COMPLERA.....	47
CLEOCIN T.....	8	compro.....	24
clindacin etz.....	8	COMTAN.....	39
clindacin p.....	8	constulose.....	80
clindamycin (pediatric).....	8	COPAXONE.....	73
clindamycin hcl.....	8	COPIKTRA.....	32
clindamycin phos-benzoyl perox.....	74	COREG CR.....	63

CORLANOR.....	66	DANTRIUM.....	45
CORTEF.....	86	dantrolene sodium.....	45
COSENTYX (2 SYRINGES).....	97	DANZITEN.....	32
COSENTYX SENSOREADY (2 PENS).....	97	dapsone.....	28
COSENTYX SENSOREADY PEN.....	97	DAPTACEL DTAP.....	100
COSENTYX SYRINGE.....	97	daptomycin.....	8
COSENTYX UNOREADY PEN.....	97	DARAPRIM.....	38
COSOPT.....	104	darifenacin er.....	84
COTELLIC.....	32	darunavir.....	48
COZAAR.....	61	dasatinib.....	32
CREON.....	83	dasetta.....	89
CRESEMBA.....	25	DAURISMO.....	32
CRESTOR.....	68	DAYPRO.....	2
cromolyn sodium.....	83,106,110	daysee.....	89
cryselle.....	89	DAYVIGO.....	112
CRYSVITA.....	83	DDAVP.....	87
CUBICIN.....	8	deblitane.....	94
CUBICIN RF.....	8	deferasirox.....	79
cyclobenzaprine hcl.....	112	DELSTRIGO.....	46
cyclophosphamide.....	28	DELZICOL.....	102
cycloserine.....	28	demeclocycline hcl.....	14
CYCLOSET.....	52	DEMSEER.....	66
cyclosporine.....	98	DENG VAXIA.....	101
cyclosporine modified.....	98	DEPAKOTE.....	14
CYMBALTA.....	21	DEPAKOTE ER.....	14
cyproheptadine hcl.....	108	DEPAKOTE SPRINKLE.....	14
cyred.....	89	DEPEN.....	86
cyred eq.....	89	DEPO-ESTRADIOL.....	88
CYSTADANE.....	83	DEPO-PROVERA.....	94
CYSTADROPS.....	104	DEPO-SUBQ PROVERA 104.....	94
CYSTAGON.....	84	DEPO-TESTOSTERONE.....	87
CYSTARAN.....	104	dermacinrx lidocan.....	6
CYTOMEL.....	95	DESCOVY.....	47
CYTOTEC.....	82	desipramine hcl.....	23
D		desloratadine.....	109
dabigatran etexilate.....	58	desmopressin acetate.....	87
dalfampridine er.....	73	desogestr-eth estrad eth estra.....	89
DALIRESP.....	110	desogestrel-ethinyl estradiol.....	89
DALVANCE.....	8	desonide.....	76
danazol.....	87	desoximetasone.....	76
		desvenlafaxine succinate er.....	21

DETROL.....	84	DIOVAN.....	61
DETROL LA.....	85	DIOVAN HCT.....	66
dexamethasone.....	86	DIPENTUM.....	102
dexamethasone sodium phosphate.....	106	diphenoxylate-atropine.....	81
DEXEDRINE.....	71	DIPHThERIA-TETANUS TOXOIDS-PED.....	101
dexmethylphenidate hcl.....	72	DIPROLENE.....	76
dextroamphetamine sulfate.....	71	dipyridamole.....	60
dextroamphetamine sulfate er.....	71	disulfiram.....	6
dextroamphetamine-amphet er.....	71	divalproex sodium.....	14
dextroamphetamine-amphetamine.....	71	divalproex sodium er.....	14
dextrose 2.5%-0.45% nacl.....	78	DIVIGEL.....	88
dextrose 5%-0.2% nacl.....	78	dofetilide.....	62
dextrose 5%-0.225% nacl.....	78	dolishale.....	89
dextrose 5%-0.45% nacl.....	78	donepezil hcl.....	19
dextrose 5%-0.9% nacl.....	78	donepezil hcl odt.....	19
dextrose in water.....	80	dorzolamide hcl.....	107
DIACOMIT.....	14	dorzolamide-timolol.....	104
diazepam.....	16,51,52	dotti.....	88
diazoxide.....	55	DOVATO.....	45
diclofenac potassium.....	2	doxazosin mesylate.....	60
diclofenac sodium.....	2,77,106	doxepin hcl.....	23,76,112
diclofenac sodium er.....	2	doxy 100.....	14
diclofenac sodium-misoprostol.....	2,3	doxycycline hyclate.....	14
dicloxacillin sodium.....	11	doxycycline ir-dr.....	74
dicyclomine hcl.....	81	doxycycline monohydrate.....	14
DIFICID.....	12	DRIZALMA SPRINKLE.....	21
DIFLUCAN.....	25	dronabinol.....	24
difluprednate.....	106	droplet insulin syringe.....	55
digitek.....	66	droplet micron pen needle.....	56
digoxin.....	66	droplet pen needle.....	56
dihydroergotamine mesylate.....	26	drospirenone-eth estra-levomef.....	89
dilantin.....	18	drospirenone-ethinyl estradiol.....	89
DILANTIN-125.....	18	droxidopa.....	60
dilt-xr.....	65	DUAVEE.....	95
diltiazem 12hr er.....	65	DULERA.....	112
diltiazem 24hr er.....	65	duloxetine hcl.....	21
diltiazem 24hr er (cd).....	65	DUPIXENT PEN.....	97
diltiazem 24hr er (la).....	65	DUPIXENT SYRINGE.....	97
diltiazem 24hr er (xr).....	65	DUREZOL.....	106
diltiazem hcl.....	65	dutasteride.....	85
dimethyl fumarate.....	73	dutasteride-tamsulosin.....	85

E

E.E.S. 200	12	entecavir	49
ec-naproxen	3	ENTRESTO	66
econazole nitrate	25	ENTRESTO SPRINKLE	66
EDARBI	61	ENTYVIO PEN	97
EDARBYCLOR	66	enulose	80
EDURANT	46	ENVARBUS XR	99
efavirenz	46	EPIDIOLEX	15
efavirenz-emtricitabine-tenofovir disoproxil fumarate	46	epinastine hcl	106
efavirenz-lamivudine-tenofovir disoproxil fumarate	46	epinephrine	110
EFFEXOR XR	21	epitol	18
EFUDEX	77	EPIVIR	47
ELELYSO	84	epplerenone	70
ELIDEL	76	EPRONTIA	15
ELIGARD	95	EPZICOM	47
elinest	89	ergotamine-caffeine	26
ELIQUIS	58	ERIVEDGE	32
eluryng	90	ERLEADA	29
EMEND	24	erlotinib hcl	32
EMGALITY PEN	27	errin	94
EMGALITY SYRINGE	27	ertapenem	12
EMSAM	20	ery	12
emtricitabine	47	ERY-TAB	12
emtricitabine-tenofovir disoproxil fumarate	47	ERYPED 200	12
EMTRIVA	47	ERYPED 400	12
emzahn	94	ERYTHROCIN LACTOBIONATE	12
enalapril maleate	62	erythromycin	13,105
enalapril-hydrochlorothiazide	66	erythromycin ethylsuccinate	13
ENBREL	98	erythromycin lactobionate	13
ENBREL MINI	99	erythromycin-benzoyl peroxide	74
ENBREL SURECLICK	99	ESBRIET	111
ENDARI	84	escitalopram oxalate	21
endocet	4,5	ESGIC	2
ENERGIX-B ADULT	101	esomeprazole magnesium	83
ENERGIX-B PEDIATRIC-ADOLESCENT	101	estarylla	90
enilloring	90	ESTRACE	88
enoxaparin sodium	58	estradiol	88
enpresse	90	estradiol (once weekly)	88
enskyce	90	estradiol (twice weekly)	88
entacapone	39	estradiol valerate	88
		estradiol-norethindrone acetate	90
		ESTRING	88

eszopiclone	112	fentanyl citrate	5
ethambutol hcl	28	fesoterodine fumarate er	85
ethosuximide	16	FETZIMA	21,22
ethynodiol-ethinyl estradiol	90	FINACEA	74
etodolac	3	finasteride	85
etodolac er	3	fingolimod	73
etonogestrel-ethinyl estradiol	90	FINTEPLA	15
etravirine	46	FIRAZYR	97
EULEXIN	29	FIRMAGON	95
EUTHYROX	95	flac otic oil	108
everolimus	32,99	FLAGYL	9
EVISTA	95	flecainide acetate	62
EVOTAZ	48	FLOMAX	85
EXELON	19	fluconazole	25
exemestane	31	fluconazole-nacl	25
EXFORGE	66	flucytosine	25
EXFORGE HCT	66	fludrocortisone acetate	86
EXJADE	80	flunisolide	108
EXKIVITY	32	fluocinolone acetonide	76
EXTENCILLINE	11	fluocinolone acetonide oil	108
EYSUVIS	106	fluocinonide	76
ezetimibe	69	fluocinonide-e	76
ezetimibe-simvastatin	69	fluorometholone	106
F		fluorouracil	77
falmina	90	fluoxetine dr	22
famciclovir	50	fluoxetine hcl	22
famotidine	82	fluphenazine decanoate	40
FANAPT	41	fluphenazine hcl	40
FARESTON	29	flurbiprofen	3
FARXIGA	52	flurbiprofen sodium	106
FASENRA	112	fluticasone propionate	76,108
FASENRA PEN	112	fluticasone propionate hfa	108
feirza	90	fluticasone-salmeterol	112
felbamate	15	fluvastatin er	68
felodipine er	64	fluvastatin sodium	69
FEMARA	31	fluvoxamine maleate	22
femynor	90	FML	106
fenofibrate	68	FOCALIN	72
fenofibric acid	68	fondaparinux sodium	58
fentanyl	4	FORTEO	104
		FOSAMAX	104

fosamprenavir calcium	48
fosinopril sodium	62
fosinopril-hydrochlorothiazide	66
FOTIVDA	32
FRUZAQLA	32
FULPHILA	59
furosemide	67,68
FUZEON	48
fyavolv	90
FYCOMPA	15

G

gabapentin	16
galantamine er	19
galantamine hbr	19
galantamine hydrobromide	19
gallifrey	94
GAMMAGARD LIQUID	97
GAMMAGARD S-D	97
GAMMAPLEX	97
GAMUNEX-C	97
GARDASIL 9	101
gatifloxacin	105
GATTEX	81
gauze pads & dressings - pads 2 x 2	53
gavilyte-c	81
gavilyte-g	81
gavilyte-n	81
GAVRETO	32
gefitinib	32
gemfibrozil	68
gemmily	90
GEMTESA	85
generlac	80
gengraf	99
gentamicin sulfate	7,78,105
gentamicin sulfate in ns	7
GENVOYA	45
GEODON	41
GILENYA	73
GILOTRIF	32

glatiramer acetate	73
glatopa	73
GLEEVEC	32,33
GLEOSTINE	28
glimepiride	53
glipizide	53
glipizide er	53
glipizide xl	53
glipizide-metformin	53
GLUCAGEN	55
glucagon emergency kit	55
glucose 5%-0.9% nacl	78
glucose in water	80
GLUCOTROL XL	53
glyburide	53
glyburide micronized	53
glyburide-metformin hcl	53
glycopyrrolate	81
GLYXAMBI	53
GOLYTELY	81
GOMEKLI	33
granisetron hcl	24
GRANIX	59
griseofulvin	25
griseofulvin ultramicrosize	25
guanfacine hcl	60
guanfacine hcl er	72
GVOKE	55
GVOKE HYPOPEN 1-PACK	55
GVOKE HYPOPEN 2-PACK	55
GVOKE PFS 1-PACK SYRINGE	55
GVOKE PFS 2-PACK SYRINGE	55

H

HADLIMA	99
HADLIMA PUSHTOUCH	99
HADLIMA(CF)	99
HADLIMA(CF) PUSHTOUCH	99
HAEGARDA	97
hailey	90
hailey 24 fe	90

hailey fe.....	90	HYDREA.....	30
HALDOL DECANOATE 100.....	40	hydrochlorothiazide.....	68
HALDOL DECANOATE 50.....	40	hydrocodone bitartrate er.....	4
halobetasol propionate.....	76	hydrocodone-acetaminophen.....	5
haloette.....	90	hydrocodone-ibuprofen.....	5
haloperidol.....	40	hydrocortisone.....	76,86,103
haloperidol decanoate.....	40	hydrocortisone butyrate.....	76
haloperidol decanoate 100.....	40	hydrocortisone valerate.....	76
haloperidol lactate.....	40	hydrocortisone-acetic acid.....	108
HAVRIX.....	101	hydromorphone hcl.....	5
heather.....	94	hydroxychloroquine sulfate.....	38
HEMADY.....	86	hydroxyurea.....	30
heparin sodium.....	58	hydroxyzine hcl.....	52
HEPLISAV-B.....	101	hydroxyzine pamoate.....	52
HETLIOZ.....	112	HYZAAR.....	66
HIBERIX.....	101		
hidex.....	86		
HUMALOG.....	56	ibandronate sodium.....	104
HUMALOG JUNIOR KWIKPEN.....	56	IBRANCE.....	33
HUMALOG KWIKPEN U-100.....	56	ibu.....	3
HUMALOG KWIKPEN U-200.....	56	ibuprofen.....	3
HUMALOG MIX 50-50 KWIKPEN.....	56	icatibant.....	97
HUMALOG MIX 75-25.....	56	iclevia.....	90
HUMALOG MIX 75-25 KWIKPEN.....	56	ICLUSIG.....	33
HUMALOG TEMPO PEN U-100.....	56	icosapent ethyl.....	69
HUMATIN.....	7	IDHIFA.....	33
HUMIRA.....	99	ILEVRO.....	106
HUMIRA PEN.....	99	imatinib mesylate.....	33
HUMIRA(CF).....	99	IMBRUVICA.....	33
HUMIRA(CF) PEN.....	99	imipenem-cilastatin sodium.....	12
HUMIRA(CF) PEN CROHN'S-UC-HS.....	99	imipramine hcl.....	23
HUMIRA(CF) PEN PEDIATRIC UC.....	99	imiquimod.....	77
HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	99	IMITREX.....	27
HUMULIN 70-30.....	56	IMKELDI.....	33
HUMULIN 70/30 KWIKPEN.....	56	IMOVAX RABIES VACCINE.....	101
HUMULIN N.....	56	IMPAVIDO.....	9
HUMULIN N KWIKPEN.....	56	IMURAN.....	99
HUMULIN R.....	56	INBRIJA.....	39
HUMULIN R U-500.....	56	incassia.....	94
HUMULIN R U-500 KWIKPEN.....	56	INCRELEX.....	87
hydralazine hcl.....	70	INCRUSE ELLIPTA.....	109

indapamide	68	isradipine	64
INDERAL LA	63	ISTALOL	107
INDERAL XL	63	ITOVEBI	33
indomethacin	3	itraconazole	25
indomethacin er	3	ivabradine hcl	66
INFANRIX DTAP	101	ivermectin	38,77
INLYTA	33	IWILFIN	31
INNOPRAN XL	63	IXCHIQ	101
INQOVI	30	IXIARO	101
INREBIC	33		
INSPRA	70	J	
insulin pen needle	56	JADENU	80
insulin syringe	56	JADENU SPRINKLE	80
insulin syringe (disp) u-100 0.3 ml	56	jaimiess	90
insulin syringe (disp) u-100 1 ml	56	JAKAFI	33
insulin syringe (disp) u-100 1/2 ml	56	jantoven	58
INTELENCE	46	JANUMET	53
INTRALIPID	80	JANUMET XR	54
introvale	90	JANUVIA	54
INVANZ	12	JARDIANCE	54
INVEGA	41	jasmiel	90
INVEGA HAFYERA	41,42	JAYPIRCA	33
INVEGA SUSTENNA	42	jencycla	94
INVEGA TRINZA	42	JENTADUETO	54
INVELTYS	106	JENTADUETO XR	54
IPOL	101	jinteli	90
ipratropium bromide	109	jolessa	90
ipratropium-albuterol	112	juleber	90
irbesartan	61	JULUCA	46
irbesartan-hydrochlorothiazide	66	junel	90
IRESSA	33	junel fe	90
ISENTRESS	46	junel fe 24	90
ISENTRESS HD	46	JUXTAPID	69
isibloom	90	JYNNEOS	101
isoniazid	28	JYNNEOS (NATIONAL STOCKPILE)	101
isopropyl alcohol 0.7 ml/ml medicated pad	53		
ISORDIL TITRADOSE	70	K	
isosorbide dinitrate	70	kaitlib fe	90
isosorbide mononitrate	70	KALETRA	48
isosorbide mononitrate er	70	kalliga	90
isotretinoin	75	KALYDECO	110

KANJINTI	37	lamotrigine	15
kariva	91	lamotrigine (blue)	15
kcl-d5w-0.2% nacl	78	lamotrigine er	15
kcl-d5w-0.225% nacl	78	LANOXIN	66
kcl-d5w-0.45% nacl	78	lansoprazole	83
kelnor 1-35	91	LANTUS	56
kelnor 1-50	91	LANTUS SOLOSTAR	56
KEPPRA	15	lapatinib	33
KERENDIA	70	larin	91
KESIMPTA PEN	73	larin 24 fe	91
ketoconazole	25	larin fe	91
ketorolac tromethamine	3,106	LASIX	68
KINRIX	101	latanoprost	107
kionex	80	LATUDA	42
KISQALI	33	LAYOLIS FE	91
KISQALI FEMARA CO-PACK	30	LAZCLUZE	34
KLARON	75	leena	91
klayesta	25	leflunomide	99
KLOR-CON 10	78	lenalidomide	29
KLOR-CON 8	78	lentocilin s	11
klor-con m10	79	LENVIMA	34
KLOR-CON M15	79	lessina	91
klor-con m20	79	LETAIRIS	111
KLOXXADO	7	letrozole	31
KORLYM	96	leucovorin calcium	30
KOSELUGO	33	LEUKERAN	28
kourzeq	74	LEUKINE	59
KRAZATI	33	leuprolide acetate	96
kurvelo	91	leuprolide depot	96
KUVAN	84	levetiracetam	15
L		levetiracetam er	15
I-glutamine	84	LEVO-T	95
labetalol hcl	63	levobunolol hcl	107
lacosamide	18	levocarnitine	84
lactulose	80	levocarnitine sf	84
LAMICTAL	15	levocetirizine dihydrochloride	109
LAMICTAL (BLUE)	15	levofloxacin	13
lamivudine	47,49	levofloxacin-d5w	13
lamivudine hbv	50	levonest	91
lamivudine-zidovudine	47	levonorg-eth estrad eth estrad	91
		levonorgestrel-eth estradiol	91

levora-28.....	91	lopinavir-ritonavir.....	48,49
levorphanol tartrate.....	4	LOPRESSOR.....	63
levothyroxine sodium.....	95	LOPROX.....	25
LEVOXYL.....	95	lorazepam.....	52
LEXAPRO.....	22	lorazepam intensol.....	52
LEXIVA.....	48	LORBRENA.....	34
LIALDA.....	102	loryna.....	91
LIBERVANT.....	16	losartan potassium.....	61
lidocaine.....	6	losartan-hydrochlorothiazide.....	67
lidocaine hcl.....	6	LOTENSIN.....	62
lidocaine hcl laryngotracheal 4% solution.....	6	LOTRONEX.....	81
lidocaine hcl viscous.....	6	lovastatin.....	69
lidocaine-prilocaine.....	6	LOVENOX.....	58
LIDOCAN II.....	6	low-ogestrel.....	91
lidocan iii.....	6	loxapine.....	40
lidocan iv.....	6	lubiprostone.....	80,81
lidocan v.....	6	LUMAKRAS.....	34
LIDODERM.....	6	LUMIGAN.....	107
LILETTA.....	86	LUMRYZ.....	113
linezolid.....	9	LUMRYZ STARTER PACK.....	113
linezolid-0.9% nacl.....	9	LUPRON DEPOT.....	96
linezolid-d5w.....	9	LUPRON DEPOT (LUPANETA).....	96
LINZESS.....	80	LUPRON DEPOT-PED.....	96
liothyronine sodium.....	95	lurasidone hcl.....	42
LIPITOR.....	69	lutra.....	91
lisdexamphetamine dimesylate.....	71	LYBALVI.....	42
lisinopril.....	62	lyleq.....	94
lisinopril-hydrochlorothiazide.....	66	lyllana.....	88
lithium carbonate.....	52	LYNPARZA.....	34
lithium carbonate er.....	52	LYRICA.....	16
lithium citrate.....	52	LYSODREN.....	30
LITHOBID.....	52	LYTGOBI.....	34
LIVTENCITY.....	49	LYUMJEV.....	56
lo-zumandimine.....	91	LYUMJEV KWIKPEN U-100.....	56
LOCOID LIPOCREAM.....	76	LYUMJEV KWIKPEN U-200.....	56
LOESTRIN.....	91	LYUMJEV TEMPO PEN U-100.....	56
LOESTRIN FE.....	91	lyza.....	94
lojaimiess.....	91		
LONSURF.....	30	M	
loperamide.....	81	M-M-R II VACCINE.....	101
LOPID.....	68	magnesium sulfate.....	79

MALARONE	38	methocarbamol	112
malathion	77	methotrexate	99
maraviroc	48	methotrexate sodium	99
marlissa	91	methoxsalen	77
MARPLAN	20	methscopolamine bromide	81
MATULANE	28	methsuximide	16
matzim la	65	methylphenidate er	72
MAVYRET	50	methylphenidate hcl	72
MAXALT	27	methylprednisolone	86
MAXALT MLT	27	methyltestosterone	87
MAXITROL	104	metoclopramide hcl	81
meclizine hcl	24	metolazone	68
MEDROL	86	metoprolol succinate	63
medroxyprogesterone acetate	94	metoprolol tartrate	63
mefloquine hcl	38	metoprolol-hydrochlorothiazide	67
megestrol acetate	94	METRO IV	9
MEKINIST	34	METROCREAM	78
MEKTOVI	34	METROGEL	78
meloxicam	3	METROLOTION	78
memantine hcl	19	metronidazole	9,78
memantine hcl er	20	metyrosine	67
MENACTRA	101	mexiletine hcl	62
MENEST	88	micafungin	25
MENQUADFI	101	micafungin-0.9% nacl	25
MENVEO A-C-Y-W-135-DIP	101	MICARDIS	61
mercaptopurine	30	MICARDIS HCT	67
meropenem	12	microgestin	91
meropenem-0.9% nacl	12	microgestin 24 fe	91
merzee	91	microgestin fe	91
mesalamine	102,103	midodrine hcl	60
mesalamine dr	103	mifepristone	96
mesalamine er	103	miglustat	84
mesna	38	MIGRANAL	26
MESNEX	38	mili	91
MESTINON	27	mimvey	91
metformin hcl	54	minocycline hcl	14
metformin hcl er	54	minoxidil	70
methadone hcl	4	mirtazapine	20
methazolamide	67	misoprostol	82
methenamine hippurate	9	modafinil	113
methimazole	96	moexipril hcl	62

molindone hcl	40	NAYZILAM	17
mometasone furoate	76,108	nebivolol hcl	63
mondoxyne nl	14	NEBUPENT	38
mono-lynyah	91	necon	92
montelukast sodium	109	needles, insulin disp., safety	57
morphine sulfate	5	nefazodone hcl	22
morphine sulfate er	4	neo-polycin	105
MOUNJARO	54	neo-polycin hc	104
MOVANTIK	81	neomycin sulfate	8
MOVIPREP	82	neomycin-bacitracin-poly-hc	104
moxifloxacin	13,105	neomycin-bacitracin-polymyxin	105
moxifloxacin hcl	13	neomycin-polymyxin-dexameth	105
MRESVIA	101	neomycin-polymyxin-gramicidin	105
MULTAQ	62	neomycin-polymyxin-hc	108
mupirocin	78	neomycin-polymyxin-hydrocort	108
MVASI	37	NEORAL	100
MYALEPT	82	NERLYNX	34
MYCOBUTIN	28	neuac	75
mycophenolate mofetil	99	NEUPRO	39
mycophenolic acid	99	NEURONTIN	17
MYFORTIC	99	nevirapine	46
MYHIBBIN	100	nevirapine er	46
myorisan	75	NEXAVAR	34
MYRBETRIQ	85	NEXIUM	83
MYSOLINE	17	NEXPLANON	86
N		niacin er	69,70
nabumetone	3	nicardipine hcl	64
nadolol	63	NICOTROL	7
nafcillin	11	NICOTROL NS	7
nafcillin sodium	11	nifedipine	64
naloxone hcl	7	nifedipine er	64
naltrexone hcl	7	nikki	92
NAMENDA	20	NILANDRON	29
naproxen	3	nilutamide	29
naproxen sodium	4	nimodipine	64
naratriptan hcl	27	NINLARO	34
NARCAN	7	NIPENT	30
NARDIL	21	nisoldipine	64
NATACYN	105	nitazoxanide	38
nateglinide	54	nitisinone	84
		NITRO-BID	71

nitrofurantoin.....	9	NUVIGIL.....	113
nitrofurantoin mono-macro.....	9	NUZYRA.....	14
nitroglycerin.....	71	nyamyc.....	26
nitroglycerin patch.....	71	nylia.....	92
NITROLINGUAL.....	71	nymyo.....	92
NITROSTAT.....	71	nystatin.....	26
NIVESTYM.....	59	nystatin-triamcinolone.....	77
nizatidine.....	82	nystop.....	26
nora-be.....	94		
norelgestromin-eth estradiol.....	92	O	
norethin-eth estra-ferrous fum.....	92	OCALIVA.....	82
norethindron-ethinyl estradiol.....	92	ocella.....	92
norethindrone.....	94	octreotide acetate.....	96
norethindrone ac (lupaneta).....	94	octreotide acetate er.....	96
norethindrone acetate.....	94	OCUFLOX.....	105
norethindrone-e.estradiol-iron.....	92	ODEFSEY.....	47
norgestimate-ethinyl estradiol.....	92	ODOMZO.....	34
NORPRAMIN.....	23	OFEV.....	111
NORTHERA.....	60	ofloxacin.....	13,105,108
nortrel.....	92	OGSIVEO.....	34
nortriptyline hcl.....	24	OJEMDA.....	34
NORVASC.....	64	OJJAARA.....	35
NORVIR.....	49	olanzapine.....	42
NOVOLIN 70-30.....	57	olanzapine odt.....	42
NOVOLIN 70-30 FLEXPEN.....	57	olmesartan medoxomil.....	61
NOVOLIN N.....	57	olmesartan-amlodipine-hctz.....	67
NOVOLIN N FLEXPEN.....	57	olmesartan-hydrochlorothiazide.....	67
NOVOLIN R.....	57	olopatadine hcl.....	109
NOVOLIN R FLEXPEN.....	57	omega-3 acid ethyl esters.....	70
NOVOLOG.....	57	omeprazole.....	83
NOVOLOG FLEXPEN.....	57	omnipod 5 (g6/libre 2 plus).....	57
NOVOLOG MIX 70-30.....	57	omnipod 5 dextg7g6 intro(gen 5).....	57
NOVOLOG MIX 70-30 FLEXPEN.....	57	omnipod 5 dextg7g6 pods (gen 5).....	57
NOVOLOG PENFILL.....	57	omnipod 5 g6-g7 intro kt(gen5).....	57
NOXAFIL.....	25,26	omnipod 5 g6-g7 pods (gen 5).....	57
NUBEQA.....	29	omnipod 5 intro(g6/libre2plus).....	57
NUDEXTA.....	73	omnipod classic pods (gen 3).....	57
NUPLAZID.....	42	omnipod dash intro kit (gen 4).....	57
NURTEC ODT.....	27	omnipod dash pdm kit (gen 4).....	57
NUTRILIPID.....	80	omnipod dash pods (gen 4).....	57
NUVARING.....	92	omnipod go pods.....	57

OMNITROPE.....	87	PAXIL.....	22
ondansetron hcl.....	24	PAXLOVID.....	51
ondansetron odt.....	24	pazopanib hcl.....	35
ONFI.....	17	PEDIARIX.....	101
ONTRUZANT.....	37	PEDVAXHIB.....	101
ONUREG.....	30	peg 3350-electrolyte.....	82
OPIPZA.....	42	peg-3350 and electrolytes.....	82
OPSUMIT.....	111	peg3350-sod sul-nacl-kcl-asb-c.....	82
OPVEE.....	7	PEGASYS.....	98
ORACEA.....	75	PEMAZYRE.....	35
ORALAIR.....	112	pen needle.....	57
oralone.....	74	PENBRAYA.....	101
ORENCIA.....	97	penicillamine.....	86
ORENCIA CLICKJECT.....	98	penicillin g potassium.....	11
ORFADIN.....	84	penicillin g sodium.....	11
ORGOVYX.....	30	penicillin gk-iso-osm dextrose.....	11
ORKAMBI.....	110	penicillin v potassium.....	11
ORSERDU.....	29	PENTACEL.....	101
oseltamivir phosphate.....	50	PENTAM 300.....	38
OTEZLA.....	77	pentamidine isethionate.....	38
OVIDE.....	77	PENTASA.....	103
oxaprozin.....	4	pentoxifylline.....	67
oxazepam.....	52	perindopril erbumine.....	62
oxcarbazepine.....	18	periogard.....	74
oxybutynin chloride.....	85	permethrin.....	78
oxybutynin chloride er.....	85	perphenazine.....	24
oxycodone hcl.....	5	PERSERIS.....	42
oxycodone-acetaminophen.....	5	pfizerpen.....	11
OZEMPIC.....	54	phenelzine sulfate.....	21
P		phenobarbital.....	17
pacerone.....	62	phenoxybenzamine hcl.....	60
paliperidone er.....	42	PHENYTEK.....	18
PALYNZIQ.....	84	phenytoin.....	18
PANRETIN.....	37	phenytoin sodium extended.....	18
pantoprazole sodium.....	83	philit.....	92
paricalcitol.....	104	PIFELTRO.....	46
PARNATE.....	21	pilocarpine hcl.....	74,107
paroxetine cr.....	22	pimecrolimus.....	76
paroxetine er.....	22	pimozide.....	40
paroxetine hcl.....	22	pimtrea.....	92
		pindolol.....	64

pioglitazone hcl	54	prevalite	70
pioglitazone-glimepiride	54	PREVYMIS	49
pioglitazone-metformin	54	PREZCOBIX	49
piperacillin-tazobactam	12	PREZISTA	49
PIQRAY	35	PRIFTIN	28
pirfenidone	111	primaquine	38
piroxicam	4	primidone	17
PLAQUENIL	38	PRIORIX	101
PLAVIX	60	PRISTIQ	22
PLEGRIDY	73	PROAIR RESPICLICK	110
PLEGRIDY PEN	73	probenecid	26
podofilox	77	probenecid-colchicine	26
polycin	105	PROCARDIA XL	64
polymyxin b sul-trimethoprim	105	prochlorperazine	24
POMALYST	29	prochlorperazine maleate	24
portia	92	PROCRT	59
posaconazole	26	procto-med hc	103
potassium chloride	79	proctosol-hc	103
potassium chloride in d5lr	79	proctozone-hc	103
potassium chloride proamp	79	progesterone	94
potassium chloride-0.45% nacl	79	PROGLYCEM	55
potassium chloride-dextrose 5%	78	PROGRAF	100
potassium citrate er	79	PROLASTIN C	84
pramipexole dihydrochloride	39	PROLENSA	106
prasugrel hcl	60	PROLIA	104
pravastatin sodium	69	PROMACTA	59
praziquantel	38	promethazine hcl	24
prazosin hcl	61	promethegan	24
PRED FORTE	106	propafenone hcl	62
PRED MILD	106	propafenone hcl er	62
prednisolone	86	propranolol hcl	64
prednisolone acetate	106	propranolol hcl er	64
prednisolone sodium phosphate	86,106	propylthiouracil	96
prednisone	86,87	PROQUAD	101
pregabalin	17	PROSCAR	85
PREGNYL	87	PROTONIX	83
PREHEVBRIO	101	protriptyline hcl	24
PREMARIN	88	PROVERA	95
PREMPHASE	92	PROZAC	22,23
PREMPRO	92	PRUDOXIN	76
PREVACID	83	PULMOZYME	110

PURIXAN.....	30
PYLERA.....	82
pyrazinamide.....	28
pyridostigmine bromide.....	27
pyridostigmine bromide er.....	28
pyrimethamine.....	38

Q

QINLOCK.....	35
QUADRACEL DTAP-IPV.....	101
quetiapine fumarate.....	42,43
quetiapine fumarate er.....	43
quinapril hcl.....	62
quinapril-hydrochlorothiazide.....	67
quinidine gluconate.....	62
quinidine sulfate.....	63
quinine sulfate.....	39
QVAR REDIHALER.....	108

R

RABAVERT.....	102
rabeprazole sodium.....	83
RALDESY.....	23
raloxifene hcl.....	95
ramelteon.....	112
ramipril.....	62
ranolazine er.....	67
RAPAFLO.....	85
RAPAMUNE.....	100
rasagiline mesylate.....	40
reclipsen.....	92
RECOMBIVAX HB.....	102
RECTIV.....	71
REGLAN.....	82
REGRANEX.....	77
RELENZA.....	50
RELISTOR.....	81
REMERON.....	20
RENFLEXIS.....	100
repaglinide.....	54
REPATHA PUSHTRONEX.....	70

REPATHA SURECLICK.....	70
REPATHA SYRINGE.....	70
RESTASIS.....	105
RESTASIS MULTIDOSE.....	105
RETACRIT.....	59
RETEVMO.....	35
RETIN-A.....	75
RETROVIR.....	47
REVCovi.....	84
REVUFORJ.....	35
REXULTI.....	43
REYATAZ.....	49
REZLIDHIA.....	35
REZUROCK.....	100
RHOPRESSA.....	107
RIABNI.....	37
ribavirin.....	50
RIDAURA.....	98
rifabutin.....	28
rifampin.....	28
riluzole.....	73
RINVOQ.....	98
RINVOQ LQ.....	98
risedronate sodium.....	104
risedronate sodium dr.....	104
RISPERDAL.....	43
RISPERDAL CONSTA.....	43
risperidone.....	43
risperidone er.....	43
risperidone odt.....	43
RITALIN.....	72
ritonavir.....	49
rivaroxaban.....	59
rivastigmine.....	19
rizatriptan.....	27
ROCALtrol.....	104
ROCKLATAN.....	107
roflumilast.....	110
ROMVIMZA.....	35
ropinirole er.....	39
ropinirole hcl.....	39

rosadan	78	SFROWASA	103
rosuvastatin calcium	69	sharobel	95
ROTARIX	102	SHINGRIX	102
ROTATEQ	102	SIGNIFOR	96
ROWASA	103	SIGNIFOR LAR	96
roweepra	15	sildenafil citrate	111
ROXICODONE	6	SILENOR	113
ROZEREM	113	silodosin	85
ROZLYTREK	35	SILVADENE	77
RUBRACA	35	silver sulfadiazine	77
rufinamide	18	SIMBRINZA	107
RUKOBIA	48	SIMLANDI(CF)	100
RUXIENCE	37	SIMLANDI(CF) AUTOINJECTOR	100
RYBELSUS	54	simliya	92
RYDAPT	35	simpesse	92
RYTARY	40	simvastatin	69
S		SINEMET	40
SABRIL	17	SINEMET 10-100	40
sajazir	97	SINEMET 25-100	40
SALAGEN	74	SINGULAIR	109
SAMSCA	80	sirolimus	100
SANDIMMUNE	100	SIRTURO	28
SANDOSTATIN LAR DEPOT	96	SIVEXTRO	9
SANTYL	77	SKYLA	86
SAPHRIS	43	SKYRIZI	98
sapropterin dihydrochloride	84	SKYRIZI ON-BODY	98
saxagliptin hcl	54	SKYRIZI PEN	98
saxagliptin-metformin er	54	sod sulf-potass sulf-mag sulf	82
SCSEMBLIX	35	sodium chloride	79
scopolamine	24	sodium chloride-water	79
SECUADO	43	sodium oxybate	113
selegiline hcl	40	sodium phenylbutyrate	84
selenium sulfide	76	sodium polystyrene sulfonate	80
SELZENTRY	48	solifenacin succinate	85
SENSIPAR	104	SOLIQUEA 100-33	55
SEREVENT DISKUS	110	SOLTAMOX	29
SEROQUEL	43	SOMATULINE DEPOT	96
SEROQUEL XR	44	SOMAVERT	96
sertraline hcl	23	SOOLANTRA	78
setlakin	92	sorafenib	35
		sorine	63

sotalol	63	SUTAB	82
sotalol af	63	SUTENT	36
SPIRIVA HANDIHALER	109	syeda	92
SPIRIVA RESPIMAT	109	SYMFI	46
spironolactone	70	SYMFI LO	46
spironolactone-hctz	67	SYMLINPEN 120	55
SPORANOX	26	SYMLINPEN 60	55
sprintec	92	SYMPAZAN	17
SPRITAM	15	SYMTUZA	49
SPRYCEL	35	SYNAREL	96
SPS	80	SYNJARDY	55
sronyx	92	SYNJARDY XR	55
SSD	77	SYNTHROID	95
STAMARIL	102	SYPRINE	80
STELARA	98		
sterile pads	53	T	
STIOLTO RESPIMAT	112	TABLOID	30
STIVARGA	35	TABRECTA	36
STRATTERA	72	tacrolimus	76,100
STRENSIQ	84	tadalafil	85,111
streptomycin sulfate	8	TAFINLAR	36
STRIBILD	46	TAGRISSO	36
STROMECTOL	38	TALZENNA	36
SUBLOCADE	7	TAMIFLU	50
SUBOXONE	7	tamoxifen citrate	29
subvenite	15	tamsulosin hcl	85
subvenite (blue)	15	taperdex	87
sucrafate	82	TARGRETIN	37
SULAR	64	tarina 24 fe	92
sulfacetamide sodium	75,105	tarina fe	92
sulfacetamide-prednisolone	105	tarina fe 1-20 eq	92
sulfadiazine	13	TASIGNA	36
sulfamethoxazole-trimethoprim	13	tasimelteon	113
sulfasalazine	103	TASMAR	39
sulfasalazine dr	103	taysofy	93
sulindac	4	tazarotene	75
sumatriptan	27	tazicef	10
sumatriptan succinate	27	TAZORAC	75
sunitinib malate	36	taztia xt	65
SUNLENCA	48	TAZVERIK	36
SUPREP	82	TDVAX	102

TECFIDERA.....	74	tilia fe.....	93
TEFLARO.....	10	timolol maleate.....	64,107
TEGRETOL.....	18	TIMOPTIC.....	107
TEGRETOL XR.....	18	TIMOPTIC OCUDOSE.....	107
TEKTURNA.....	67	tinidazole.....	9
telmisartan.....	61	tiotropium bromide.....	109
telmisartan-amlodipine.....	67	TIROSINT.....	95
telmisartan-hydrochlorothiazid.....	67	TIROSINT-SOL.....	95
temazepam.....	113	TIVICAY.....	46
tencon.....	2	TIVICAY PD.....	46
TENIVAC.....	102	tizanidine hcl.....	45
tenofovir disoproxil fumarate.....	47	TOBRADEX.....	105
TENORETIC 100.....	67	tobramycin.....	105,110
TENORETIC 50.....	67	tobramycin sulfate.....	8
TENORMIN.....	64	tobramycin-dexamethasone.....	105
TEPMETKO.....	36	tolcapone.....	39
terazosin hcl.....	61	tolterodine tartrate.....	85
terbinafine hcl.....	26	tolterodine tartrate er.....	85
terbutaline sulfate.....	110	tolvaptan.....	80
terconazole.....	26	topiramate.....	16
TERIPARATIDE.....	104	TOPROL XL.....	64
testosterone.....	87	toremifene citrate.....	29
testosterone cypionate.....	87	torpenz.....	36
testosterone enanthate.....	87	torseamide.....	68
tetrabenazine.....	73	TOUJEO MAX SOLOSTAR.....	57
tetracycline hcl.....	14	TOUJEO SOLOSTAR.....	57
THALOMID.....	29	TOVIAZ.....	85
THEO-24.....	110	TRACLEER.....	111
theophylline anhydrous.....	110	TRADJENTA.....	55
theophylline er.....	111	tramadol hcl.....	6
thioridazine hcl.....	40	tramadol hcl er.....	4
thiothixene.....	40	tramadol hcl-acetaminophen.....	6
THYMOGLOBULIN.....	97	trandolapril.....	62
tiadylt er.....	65	trandolapril-verapamil er.....	67
tiagabine hcl.....	17	tranexamic acid.....	60
TIAZAC.....	65	tranylcypromine sulfate.....	21
TIBSOVO.....	36	TRAVASOL.....	80
ticagrelor.....	60	TRAVATAN Z.....	107
TICOVAC.....	102	travoprost.....	107
tigecycline.....	9	TRAZIMERA.....	37
TIKOSYN.....	63	trazodone hcl.....	23

VARIVAX VACCINE.....	102	VIVITROL.....	7
VASCEPA.....	70	VIVOTIF.....	102
VASERETIC.....	67	VIZIMPRO.....	37
VASOTEC.....	62	volnea.....	93
VAXCHORA VACCINE.....	102	VONJO.....	37
velivet.....	93	VORANIGO.....	37
VELTASSA.....	80	voriconazole.....	26
VENCLEXTA.....	36	VOTRIENT.....	37
VENCLEXTA STARTING PACK.....	36	VOWST.....	82
venlafaxine besylate er.....	23	VPRIV.....	84
venlafaxine hcl.....	23	VRAYLAR.....	44
venlafaxine hcl er.....	23	VUMERITY.....	74
VENTAVIS.....	111	vyfemla.....	93
VENTOLIN HFA.....	110	vylibra.....	93
VEOZAH.....	73	VYNDAMAX.....	84
verapamil er.....	65	VYNDAQEL.....	84
verapamil er pm.....	65	VYTORIN.....	70
verapamil hcl.....	65	VYVANSE.....	72
verapamil sr.....	65		
VERELAN.....	65	W	
VERELAN PM.....	65	warfarin sodium.....	59
VERQUVO.....	71	WELIREG.....	84
VERSACLOZ.....	45	WELLBUTRIN SR.....	20
VERZENIO.....	36	WELLBUTRIN XL.....	20
vestura.....	93	wera.....	93
VFEND IV.....	26	wixela inhub.....	112
VIBERZI.....	81	wymzya fe.....	93
vienva.....	93		
vigabatrin.....	17	X	
vigadrone.....	17	XALKORI.....	37
VIGAFYDE.....	17	xarah fe.....	93
VIGAMOX.....	105	XARELTO.....	59
vigpoder.....	18	XATMEP.....	100
VIIBRYD.....	23	XCOPRI.....	19
vilazodone hcl.....	23	XDEMVI.....	105
VIMKUNYA.....	102	xelria fe.....	93
VIMPAT.....	19	XENAZINE.....	73
viorele.....	93	XERMELO.....	81
VIRACEPT.....	49	XGEVA.....	104
VIREAD.....	47	XHANCE.....	108
VITRAKVI.....	36,37	XIFAXAN.....	82

XIGDUO XR.....	55
XOFLUZA.....	50
XOLAIR.....	98
XOPENEX HFA.....	110
XOSPATA.....	37
XPOVIO.....	30
XPOVIO 40 MG ONCE WEEKLY.....	30
XTANDI.....	29
xulane.....	94

Y

yargesa.....	84
YASMIN 28.....	94
YAZ.....	94
YF-VAX.....	102
YONSA.....	29
yuvaferm.....	88

Z

zafemy.....	94
zafirlukast.....	109
zaleplon.....	113
ZARONTIN.....	16
ZEBUTAL.....	2
ZEJULA.....	37
ZELBORAF.....	37
zenatane.....	75
ZENPEP.....	84
zenzedi.....	72
ZEPATIER.....	50
ZESTORETIC.....	67
ZESTRIL.....	62
ZETIA.....	70
ZIAC.....	67
ZIAGEN.....	47
zidovudine.....	47,48
ZIEXTENZO.....	60
ziprasidone hcl.....	44
ziprasidone mesylate.....	44
ZIRABEV.....	37
ZITHROMAX.....	13

ZITHROMAX TRI-PAK.....	13
ZOCOR.....	69
ZOKINVY.....	84
ZOLINZA.....	30
zolmitriptan odt.....	27
ZOLOFT.....	23
zolpidem tartrate.....	113
zolpidem tartrate er.....	113
ZONALON.....	77
ZONEGRAN.....	19
ZONISADE.....	19
zonisamide.....	19
ZONTIVITY.....	59
ZORTRESS.....	100
ZOSYN.....	12
zovia 1-35.....	94
ZOVIRAX.....	50
ZTALMY.....	18
ZTLIDO.....	6
zumandimine.....	94
ZURZUVAE.....	20
ZYDELIG.....	37
ZYKADIA.....	37
ZYPREXA.....	44
ZYPREXA RELPREVV.....	44
ZYPREXA ZYDIS.....	44
ZYVOX.....	9

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