



Retiree RxCare Formulario de terapia escalonada de cuatro niveles para 2025 (Lista de Medicamentos Cubiertos)

**POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN
ACERCA DE ALGUNOS DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

ID del formulario No. 25485, Versión 16

Este formulario se actualizó el 08/01/2025. No hemos realizado cambios a este formulario Desde el 08/01/2025. Esta no es una lista completa de medicamentos cubiertos por nuestro plan. Para una listado u otras preguntas, comuníquese con el Centro de Atención al Cliente de RxCare para Jubilados al 1- 855-693-3921 Los usuarios de TTY deben llamar al 711, 24 horas al día, 7 días a la semana, o visitar <http://retireerxcarepdp.com>.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor, revise este documento para asegurarse de que todavía contiene los medicamentos que toma.

Cuando esta lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa Retiree RxCare. Cuando se refiere a "plan" o "nuestro plan", significa Retiree RxCare.

Este documento incluye una lista parcial de los medicamentos (formulario) para nuestro plan que está vigente al 08/01/2025. Para obtener un formulario actualizado completo, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha en que actualizamos el formulario por última vez, aparece en las portadas y contraportadas.

Debe usar nerviosamente las farmacias de la red para usar su beneficio de medicamentos recetados. Beneficios. El formulario, la red de farmacias y/o los copagos/coseguros pueden cambiar el 1 de Enero de 2025 y de vez en cuando durante el año.

Retiree RxCare es un Plan de Medicamentos Recetados (PDP) con un contrato de Medicare. La inscripción en Retiree RxCare depende de la renovación del contrato.

Esta información está disponible gratuitamente en otros idiomas. Por favor, llame a nuestro número de Atención al Cliente arriba. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando sea necesario.

¿Qué es el formulario para jubilados de RxCare?

Un formulario es una lista de medicamentos cubiertos seleccionados por Retiree RxCare en consulta con un equipo de proveedores de atención médica, que representa las terapias recetadas que se consideran una parte necesaria de un programa de tratamiento de calidad. Retiree RxCare cubrirá

generosamente los medicamentos enumerados en nuestro formulario siempre y cuando el medicamento sea médicamente necesario, la receta se surta en una farmacia de la red Retiree RxCare y se sigan otras reglas del plan. Para obtener más información sobre cómo surtir sus recetas, revise su Evidencia de cobertura.

¿Puede cambiar el formulario (lista de medicamentos)?

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1 de Enero, pero Retiree RxCare puede agregar o eliminar medicamentos en la Lista de medicamentos durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

Cambios que pueden afectarlo este año: En los siguientes casos, se verá afectado por los cambios de cobertura durante el año:

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

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

Cambios que no le afectarán si actualmente está tomando el medicamento. En general, si está tomando un medicamento en nuestro formulario 2025 que estaba cubierto a principios de año, no suspendemos ni reduciremos la cobertura del medicamento durante el año de cobertura 2025, excepto como se describe anteriormente. Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen por el resto del año de cobertura. No recibirá aviso directo este año sobre cambios que no lo afecten. Sin embargo, el 1 de enero del próximo año, tales cambios lo afectarían, y es importante verificar la Lista de medicamentos para el nuevo año de beneficios para cualquier cambio en los medicamentos.

El formulario adjunto está actualizado a partir del 08/01/2025, para obtener información actualizada sobre la red de medicamentos de Retiree RxCare, comuníquese con nosotros. Nuestra información de contacto aparece en las portadas y contraportadas. Si hay algún cambio en este formulario a mediados de año, enviaremos a los miembros un aviso de cambio.

¿Cómo uso el formulario?

Hay dos maneras de encontrar su medicamento dentro del formulario:

Dolencia

El formulario comienza en la página 1. Los medicamentos en este formulario se agrupan en categorías dependiendo del tipo de condiciones médicas que se utilizan para tratar. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran en la categoría "Cardiovascular, hipertensión / lípidos". Si sabe para qué se usa su medicamento, busque el nombre de la categoría y en la lista que comienza en la página 1. Luego busque debajo del nombre de la categoría de su medicamento.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice que comienza en la página 113. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Si usted es residente de un centro de atención a largo plazo, le permitiremos volver a surtir su receta hasta que le hayamos proporcionado un suplemento de transición de 30 días, consistente con el incremento de dispensación, (a menos que tenga una receta escrita por menos días). Después de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si ha sido miembro del

plan menos de 90 días. Si necesita un medicamento que no está en nuestro formulario o si su capacidad para obtener sus medicamentos es limitada, pero ha pasado los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 30 días de ese medicamento (a menos que tenga una receta por menos días) mientras busca una excepción de fórmula.

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

Ejemplos de cambios en el nivel de atención pueden incluir:

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

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

Para más información

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

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

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

Formulario de Retiree RxCare

El formulario que comienza en la página 1 proporciona información de cobertura sobre los medicamentos cubiertos por Retiree RxCare. Si tiene problemas para encontrar su medicamento en la lista, vaya al Índice que comienza en la página 113.

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

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

Respetar los requisitos/límites

Nivel	Nombre
1	Genéricas preferidas
2	Marcas preferidas
3	Medicamentos no preferidos
4	Medicamentos de Especialidad

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

CY25 AMWINS 4-TIER (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Analgesics, Other		
<i>butalbital-acetaminophen-caffe</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen 50-325</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
<i>tencon</i>	3	QL (180 PER 30 DAYS)
ZEBUTAL	1	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	3	QL (120 PER 30 DAYS)
ARTHROTEC 75	3	QL (90 PER 30 DAYS)
CELEBREX (50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE)	3	QL (60 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	3	QL (30 PER 30 DAYS)
<i>celecoxib (50 mg capsule, 100 mg capsule, 200 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	1	QL (30 PER 30 DAYS)
DAYPRO	3	QL (90 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	1	PA
<i>diclofenac pot 50 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 25 mg tab, ec 25 mg tab)</i>	1	QL (240 PER 30 DAYS)
<i>diclofenac sodium (dr 50 mg tab, ec 50 mg tab)</i>	1	QL (120 PER 30 DAYS)
<i>diclofenac sodium (dr 75 mg tab, ec 75 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	1	
<i>diclofenac sodium er</i>	1	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol (75-0.2 mg, 75-0.2 tb)</i>	1	QL (90 PER 30 DAYS)

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

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

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>	1	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>sulindac</i>	1	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

BELBUCA	2	PA, QL (60 PER 30 DAYS)
<i>buprenorphine</i>	1	PA, QL (4 PER 28 DAYS)
BUTRANS	3	PA, QL (4 PER 28 DAYS)
<i>fentanyl</i>	1	PA, QL (15 PER 30 DAYS)
<i>hydrocodone bitartrate er (er 10 mg capsule, er 15 mg capsule, er 20 mg capsule, er 30 mg capsule, er 40 mg capsule, er 50 mg capsule)</i>	1	PA, QL (60 PER 30 DAYS)
<i>levorphanol tartrate</i>	4	QL (120 PER 30 DAYS)
<i>methadone hcl 10 mg tablet</i>	1	QL (360 PER 30 DAYS)
<i>methadone hcl 5 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>tramadol hcl er (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)

Opioid Analgesics, Short-acting

<i>acetaminophen-cod #4 tablet</i>	1	QL (180 PER 30 DAYS)
<i>acetaminophen-codeine (#2 tablet, #3 tablet)</i>	1	QL (360 PER 30 DAYS)
<i>acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5)</i>	1	QL (2700 PER 30 DAYS)
<i>butorphanol 10 mg/ml spray</i>	1	QL (48 PER 30 DAYS)
<i>codeine sulfate (15 mg tablet, 60 mg tablet)</i>	3	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>endocet (2.5-325 mg tablet, 5-325 mg tablet)</i>	1	QL (360 PER 30 DAYS)

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

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

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	3	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	4	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	1	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocain</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	1	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	1	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl laryngotracheal 4% solution</i>	1	
<i>lidocaine hcl viscous</i>	1	
<i>lidocaine-prilocaine</i>	1	PA, QL (60 PER 30 DAYS)
LIDOCAN II	1	PA, QL (90 PER 30 DAYS)
<i>lidocan iii</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocan iv</i>	1	PA, QL (90 PER 30 DAYS)
<i>lidocan v</i>	1	PA, QL (90 PER 30 DAYS)
LIDODERM	4	PA, QL (90 PER 30 DAYS)
ZTLIDO	3	PA, QL (90 PER 30 DAYS)

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-nalox 8-2 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 2-0.5mg tb)</i>	1	QL (120 PER 30 DAYS)

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

Opioid Reversal Agents

KLOXXADO	3	
<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>	1	
NARCAN	3	
OPVEE	3	

Smoking Cessation Agents

<i>bupropion hcl sr 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
NICOTROL	3	
NICOTROL NS	3	
<i>varenicline tartrate</i>	1	

Antibacterials

Aminoglycosides

<i>amikacin sulfate</i>	1	
ARIKAYCE	4	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	1	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	3	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	1	
HUMATIN	4	

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>	1	
<i>streptomycin sulfate</i>	3	
<i>tobramycin 20 mg/2 ml vial</i>	2	
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	1	
Antibacterials, Other		
AZACTAM	3	
<i>aztreonam 1 gm vial</i>	1	
<i>aztreonam 2 gm vial</i>	4	
CLEOCIN 2% VAGINAL CREAM	3	
CLEOCIN HCL	3	
CLEOCIN PHOSPHATE (9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL)	3	
CLEOCIN T 1% LOTION	3	
<i>clindacin etz</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin (pediatric)</i>	1	
<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>	1	
<i>clindamycin phosphate-d5w</i>	1	
<i>clindamycin-0.9% nacl</i>	1	
<i>colistimethate</i>	1	
CUBICIN	4	
CUBICIN RF	4	
DALVANCE	4	
<i>daptomycin 500 mg vial</i>	1	

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	3	
IMPAVIDO	4	
<i>linezolid 100 mg/5 ml susp</i>	4	PA
<i>linezolid 600 mg tablet</i>	1	PA
<i>linezolid-0.9% nacl</i>	1	
<i>linezolid-d5w</i>	1	
<i>methenamine hippurate</i>	1	
METRO IV	1	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 375 mg capsule, 500 mg tablet, 500 mg/100 ml)</i>	1	
<i>nitrofurantoin (50 mg cap, 100 mg cap)</i>	1	
<i>nitrofurantoin mono-macro</i>	1	
SIVEXTRO 200 MG TABLET	4	PA
SIVEXTRO 200 MG VIAL	4	
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	
<i>trimethoprim 100 mg tablet</i>	1	
TYGACIL	4	
<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>	1	
<i>vancomycin hcl (1.75 vial, 2 vial)</i>	3	
<i>vancomycin hcl 125 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	1	QL (240 PER 30 DAYS)
ZYVOX (100 MG/5 ML SUSPENSION, 600 MG TABLET)	4	PA
ZYVOX 600 MG/300 ML-D5W	3	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	1	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	1	

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>cefazolin 1 g/50 ml-dextrose</i>	1	
<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>	1	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	1	
<i>cefepime</i>	1	
<i>cefepime hcl (1 gm vial, 2 gram vial)</i>	1	
<i>cefepime-dextrose</i>	1	
<i>cefixime 400 mg capsule</i>	1	
<i>cefoxitin</i>	1	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg tablet, 100 mg/5 ml susp, 200 mg tablet)</i>	1	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	1	
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	1	
<i>ceftriaxone (1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 250 mg vial, 500 mg vial)</i>	1	
<i>cefuroxime</i>	1	
<i>cefuroxime sodium (1.5 gm vial, 750 mg vial)</i>	1	
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg/5 ml susp, 500 mg capsule, 750 mg capsule)</i>	1	
<i>tazicef</i>	1	
TEFLARO	4	

Beta-lactam, Penicillins

<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	1	
---	---	--

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>amoxicillin-clavulanate pot er</i>	3	
<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>	1	
<i>ampicillin 500 mg capsule</i>	1	
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial, 10 gm bottle, 10 gm vial)</i>	1	
<i>ampicillin-sulbactam (ampicillin-sulb 3 gm add vial, ampicillin-sulbactam 3 gm vial)</i>	1	
BICILLIN L-A	3	
<i>dicloxacillin sodium</i>	1	
EXTENCILLINE	3	
<i>lentocilin s</i>	3	
<i>nafcillin</i>	1	
<i>nafcillin sodium</i>	1	
<i>pen g k 2 million unit/50 ml</i>	2	
<i>pen g k 3 million unit/50 ml</i>	3	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	1	
<i>pfizerpen</i>	3	
<i>piperacillin-tazobactam (piperacil-tazo 2.25 gm add vl, piperacil-tazo 3.375 gm add vl, piperacil-tazo 4.5 gm add vial, piperacil-tazobact 2.25 gm vl, piperacil-tazobact 3.375 gm vl, piperacil-tazobact 4.5 gm vial)</i>	1	
ZOSYN 2.25 GM/50 ML GALAXY BAG	3	

Carbapenems

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

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
Quinolones		
CIPRO (5% SUSPENSION, 10% SUSPENSION, 250 MG TABLET, 500 MG TABLET)	3	
<i>ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)</i>	1	
<i>ciprofloxacin-d5w</i>	1	
<i>levofloxacin (25 mg/ml solution, 250 mg tablet, 500 mg tablet, 750 mg tablet)</i>	1	
<i>levofloxacin-d5w</i>	1	
<i>moxifloxacin 400 mg/250 ml bag</i>	3	
<i>moxifloxacin hcl 400 mg tablet</i>	1	
<i>ofloxacin 400 mg tablet</i>	1	
Sulfonamides		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	4	
<i>sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, ss tablet, susp)</i>	1	
Tetracyclines		
<i>avidoxy</i>	1	
<i>demeclocycline hcl</i>	1	
<i>doxy 100</i>	1	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	1	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	1	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	1	
<i>mondoxyne nl 100 mg capsule</i>	1	

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
NUZYRA	4	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	1	

Anticonvulsants

Anticonvulsants, Other

BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	4	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	4	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLE	3	
DIACOMIT	4	
<i>divalproex sodium</i>	1	
<i>divalproex sodium er</i>	1	
EPIDIOLEX	4	PA
EPRONTIA	3	
<i>felbamate (400 mg tablet, 600 mg tablet, 600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	1	
FINTEPLA	4	PA, QL (360 PER 30 DAYS)
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	QL (30 PER 30 DAYS)
FYCOMPA 0.5 MG/ML ORAL SUSP	4	QL (680 PER 28 DAYS)
FYCOMPA 2 MG TABLET	3	QL (30 PER 30 DAYS)
KEPPRA (100 MG/ML ORAL SOLN, 250 MG TABLET, 500 MG TABLET, 750 MG TABLET)	3	
KEPPRA 1,000 MG TABLET	4	
LAMICTAL (25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
LAMICTAL (5 MG DISPER TABLET, 25 MG TABLET)	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LAMICTAL (BLUE)	3	
<i>lamotrigine</i>	1	
<i>lamotrigine (blue)</i>	1	
<i>lamotrigine er (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	1	
<i>levetiracetam er</i>	1	
<i>perampanel (4 mg tablet, 6 mg tablet, 8 mg tablet, 10 mg tablet, 12 mg tablet)</i>	4	QL (30 PER 30 DAYS)
<i>perampanel 2 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>roweepra 500 mg tablet</i>	1	
SPRITAM	3	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	1	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	1	

Calcium Channel Modifying Agents

CELONTIN	3	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	1	
<i>methsuximide</i>	1	
ZARONTIN 250 MG CAPSULE	3	

Gamma-aminobutyric Acid (GABA) Modulating Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	1	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	1	QL (5 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>diazepam 2.5mg rectal gel(2pk)</i>	3	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	1	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	1	QL (135 PER 30 DAYS)
LIBERVANT	4	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	3	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	3	QL (90 PER 30 DAYS)
LYRICA 20 MG/ML ORAL SOLUTION	3	QL (900 PER 30 DAYS)
MYSOLINE	4	
NAYZILAM	3	QL (10 PER 30 DAYS)
NEURONTIN (250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION)	3	QL (2160 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	3	QL (1080 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	3	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	3	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	4	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	4	QL (135 PER 30 DAYS)
ONFI (10 MG TABLET, 20 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	4	PA, QL (480 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	1	
<i>pregabalin (225 mg capsule, 300 mg capsule)</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
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	1	QL (900 PER 30 DAYS)
<i>primidone (50 mg tablet, 250 mg tablet)</i>	1	
<i>primidone 125 mg tablet</i>	3	
SABRIL	4	QL (180 PER 30 DAYS)
SYMPAZAN (10 MG FILM, 20 MG FILM)	4	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	3	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	1	
VALTOCO (5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY)	3	QL (10 PER 30 DAYS)
VALTOCO 20 MG NASAL SPRAY	4	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	4	QL (180 PER 30 DAYS)
<i>vigadrone</i>	4	QL (180 PER 30 DAYS)
VIGAFYDE	4	QL (750 PER 30 DAYS)
<i>vigpoder</i>	4	QL (180 PER 30 DAYS)
ZTALMY	4	PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	4	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	4	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	4	
<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>	1	
<i>carbamazepine er</i>	1	
CARBATROL	3	
<i>dilantin (, 30 mg capsule, 100 mg capsule)</i>	3	
DILANTIN-125	3	
<i>epitol</i>	1	
<i>eslicarbazepine acetate (200 mg tablet, 400 mg tablet)</i>	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>eslicarbazepine acetate (600 mg tablet, 800 mg tablet)</i>	4	QL (60 PER 30 DAYS)
<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>	1	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	1	
PHENYTEK	1	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>	4	
<i>rufinamide 200 mg tablet</i>	1	
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	3	
TEGRETOL XR	3	
TRILEPTAL (150 MG TABLET, 300 MG TABLET)	3	
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	4	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	4	
VIMPAT 50 MG TABLET	3	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	4	
XCOPRI 12.5-25 MG TITRATION PK	3	
ZONEGRAN 100 MG CAPSULE	4	
ZONEGRAN 25 MG CAPSULE	3	
ZONISADE	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	1	

Antidementia Agents

Cholinesterase Inhibitors

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

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

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

Antidepressants

Antidepressants, Other

AUVELITY	4	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>bupropion hcl xl 150 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>bupropion hcl xl 300 mg tablet</i>	1	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mirtazapine (7.5 mg tablet, 15 mg odt, 30 mg odt, 30 mg tablet, 45 mg odt, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
REMERON (15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB)	3	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	3	QL (45 PER 30 DAYS)
WELLBUTRIN SR (150 MG TABLET, 200 MG TABLET)	3	QL (60 PER 30 DAYS)
WELLBUTRIN SR 100 MG TABLET	3	QL (90 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	4	QL (30 PER 30 DAYS)
ZURZUVAE (20 MG CAPSULE, 25 MG CAPSULE)	4	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	4	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

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

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

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

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>paroxetine cr 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine er (25 mg tablet, 37.5 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>paroxetine er 12.5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl (10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	1	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	1	QL (60 PER 30 DAYS)
PAXIL (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	3	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	3	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	3	QL (60 PER 30 DAYS)
PRISTIQ	3	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	3	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	3	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	4	QL (60 PER 30 DAYS)
RALDESY	3	QL (1200 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	1	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone hcl</i>	1	
TRINTELLIX	3	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	3	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	1	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	1	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	1	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	3	QL (45 PER 30 DAYS)

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
ZOLOFT 100 MG TABLET	3	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	3	QL (300 PER 30 DAYS)

Tricyclics

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

Antiemetics

Antiemetics, Other

<i>chlorpromazine hcl (10 mg tablet, 25 mg tablet, 30 mg/ml conc, 50 mg tablet, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)</i>	1	PA
<i>compro</i>	1	
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	1	
<i>perphenazine</i>	1	PA
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
<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>	1	PA
<i>promethegan (12.5 mg suppos, 25 mg suppository)</i>	1	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>scopolamine</i>	1	PA
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	1	PA
<i>dronabinol</i>	1	PA
EMEND (80 MG CAPSULE, TRIPACK)	3	PA
<i>granisetron hcl 1 mg tablet</i>	1	PA
<i>ondansetron hcl (4 mg tablet, 4 mg/5 ml soln cup, 4 mg/5 ml solution, 8 mg tablet)</i>	1	
<i>ondansetron odt (4 mg tablet, 8 mg tablet)</i>	1	
Antifungals		
AMBISOME	4	PA
<i>amphotericin b</i>	3	PA
<i>amphotericin b liposome</i>	4	PA
CANCIDAS	4	
<i>caspofungin acetate</i>	1	
<i>ciclodan 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	1	
<i>ciclopirox 8% solution</i>	1	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	1	
CRESEMBA	4	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)	3	
<i>econazole nitrate</i>	1	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	1	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	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
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	1	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	1	
<i>itraconazole 100 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	1	
<i>klayesta</i>	1	
LOPROX 1% SHAMPOO	3	
<i>micafungin</i>	1	
<i>micafungin-0.9% nacl</i>	3	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	4	PA
NOXAFIL 300 MG/16.7 ML VIAL	3	PA
<i>nyamyc</i>	1	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	1	
<i>nystop</i>	1	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	4	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	1	PA
SPORANOX 100 MG CAPSULE	4	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	1	
VFEND IV	3	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	1	PA
<i>voriconazole 40 mg/ml susp</i>	4	PA

Antigout Agents

<i>allopurinol (100 mg tablet, 300 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>colchicine 0.6 mg tablet</i>	1	
COLCRYS	3	
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

Antimigraine Agents

<i>dihydroergotamine 4 mg/ml spray</i>	4	PA, QL (8 PER 28 DAYS)
<i>ergotamine-caffeine</i>	1	
MIGRANAL	4	PA, QL (8 PER 28 DAYS)

Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists

AIMOVIG 140 MG/ML AUTOINJECTOR	2	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	2	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	2	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	2	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	2	PA, QL (3 PER 30 DAYS)
NURTEC ODT	2	PA, QL (16 PER 30 DAYS)
UBRELVI	2	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

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

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>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	1	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	1	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

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

Antimycobacterials

Antimycobacterials, Other

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	1
MYCOBUTIN	3
<i>rifabutin</i>	1

Antituberculars

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	1	PA
<i>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	2	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)	3	
GLEOSTINE 100 MG CAPSULE	4	
LEUKERAN	4	
MATULANE	4	PA
VALCHLOR	4	PA, QL (60 PER 30 DAYS)
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	4	PA, QL (120 PER 30 DAYS)
<i>abirtega</i>	1	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	1	
CASODEX	3	
ERLEADA 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	4	PA, QL (120 PER 30 DAYS)
EULEXIN	4	
NILANDRON	4	
<i>nilutamide</i>	4	
NUBEQA	4	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
YONSA	4	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	4	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)

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
POMALYST	4	PA, QL (21 PER 28 DAYS)
THALOMID (150 MG CAPSULE, 200 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
THALOMID (50 MG CAPSULE, 100 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
Antiestrogens/Modifiers		
FARESTON	4	
ORSERDU 345 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	4	PA, QL (90 PER 30 DAYS)
SOLTAMOX	4	
<i>tamoxifen citrate</i>	1	
<i>toremifene citrate</i>	4	
Antimetabolites		
<i>mercaptopurine 20 mg/ml suspen</i>	4	
<i>mercaptopurine 50 mg tablet</i>	1	
PURIXAN	4	
TABLOID	4	
Antineoplastics, Other		
AVMAPKI-FAKZYNJA	4	PA, QL (66 PER 28 DAYS)
HYDREA	3	
<i>hydroxyurea</i>	1	
INQOVI	4	PA, QL (5 PER 28 DAYS)
KISQALI FEMARA 200 MG CO-PACK	4	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	4	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	4	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>	1	
LONSURF 15 MG-6.14 MG TABLET	4	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	4	PA, QL (80 PER 28 DAYS)
LYSODREN	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
NIPENT	4	
ONUREG	4	PA, QL (14 PER 28 DAYS)
ORGOVYX	4	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	4	PA, QL (8 PER 28 DAYS)
XPOVIO (40 MG, 60 MG)	4	PA, QL (4 PER 28 DAYS)
XPOVIO 40 MG ONCE WEEKLY	4	PA, QL (16 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	4	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	4	PA, QL (32 PER 28 DAYS)
ZOLINZA	4	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

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

Enzyme Inhibitors

IWILFIN	4	PA, QL (240 PER 30 DAYS)
---------	---	--------------------------

Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AKEEGA	4	PA, QL (60 PER 30 DAYS)
ALECENSA	4	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	4	PA, QL (120 PER 30 DAYS)

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
AUGTYRO 160 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	4	PA, QL (240 PER 30 DAYS)
AYVAKIT	4	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	4	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	4	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	4	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	4	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	4	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
BRUKINSA	4	PA, QL (120 PER 30 DAYS)
CABOMETYX	4	PA, QL (30 PER 30 DAYS)
CALQUENCE	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	4	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	4	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	4	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	4	PA, QL (84 PER 28 DAYS)
COPIKTRA	4	PA, QL (56 PER 28 DAYS)
COTELLIC	4	PA, QL (63 PER 28 DAYS)
DANZITEN	4	PA, QL (112 PER 28 DAYS)
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
ERIVEDGE	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)

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>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	4	PA, QL (90 PER 30 DAYS)
EXKIVITY	4	PA, QL (120 PER 30 DAYS)
FOTIVDA	4	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	4	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	4	PA, QL (21 PER 28 DAYS)
GAVRETO	4	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	4	PA, QL (30 PER 30 DAYS)
GILOTRIF	4	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	4	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	4	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	4	PA, QL (84 PER 28 DAYS)
IBRANCE	4	PA, QL (21 PER 28 DAYS)
IBTROZI	4	PA, QL (90 PER 30 DAYS)
ICLUSIG	4	PA, QL (30 PER 30 DAYS)
IDHIFA	4	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	4	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	4	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	4	PA, QL (324 PER 30 DAYS)
IMKELDI	4	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	4	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	4	PA, QL (120 PER 30 DAYS)
INREBIC	4	PA, QL (120 PER 30 DAYS)

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
IRESSA	4	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	4	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	4	PA, QL (30 PER 30 DAYS)
JAKAFI	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	4	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	4	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	4	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	4	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	4	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
KRAZATI	4	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	4	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	4	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	4	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	4	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	4	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TABLET	4	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	4	PA, QL (90 PER 30 DAYS)
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)

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
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
NINLARO	4	PA, QL (3 PER 28 DAYS)
ODOMZO	4	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	4	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	4	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	4	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	4	PA, QL (96 PER 28 DAYS)
OJJAARA	4	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	4	PA, QL (120 PER 30 DAYS)
PEMAZYRE	4	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	4	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	4	PA, QL (30 PER 30 DAYS)
QINLOCK	4	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	4	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TABLET	4	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	4	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	4	PA, QL (240 PER 30 DAYS)
REZLIDHIA	4	PA, QL (60 PER 30 DAYS)
ROMVIMZA	4	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	4	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
ROZLYTREK 200 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)
RYDAPT	4	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	4	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	4	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	4	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	4	PA, QL (90 PER 30 DAYS)
STIVARGA	4	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	4	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
TABRECTA	4	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	4	PA, QL (840 PER 28 DAYS)
TAGRISSE	4	PA, QL (30 PER 30 DAYS)
TALZENNA	4	PA, QL (30 PER 30 DAYS)
TASIGNA	4	PA, QL (120 PER 30 DAYS)
TAZVERIK	4	PA, QL (240 PER 30 DAYS)
TEPMETKO	4	PA, QL (60 PER 30 DAYS)
TIBSOVO	4	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	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
TRUQAP	4	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	4	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	4	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	4	PA, QL (120 PER 30 DAYS)
TYKERB	4	PA, QL (180 PER 30 DAYS)
VANFLYTA	4	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	4	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	4	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	4	PA, QL (42 PER 28 DAYS)
VERZENIO	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	4	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	4	PA, QL (180 PER 30 DAYS)
VIZIMPRO	4	PA, QL (30 PER 30 DAYS)
VONJO	4	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	4	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	4	PA, QL (30 PER 30 DAYS)
VOTRIENT	4	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	4	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	4	PA, QL (180 PER 30 DAYS)
XOSPATA	4	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

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
Monoclonal Antibody/Antibody-Drug Conjugate		
KANJINTI	4	PA
MVASI	4	PA
ONTRUZANT	4	PA
RIABNI	4	PA
RUXIENCE	4	PA
TRAZIMERA	4	PA
ZIRABEV	4	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	4	PA
PANRETIN	4	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	4	PA
<i>tretinoin 10 mg capsule</i>	4	PA
Treatment Adjuncts		
<i>mesna 400 mg tablet</i>	4	
MESNEX 400 MG TABLET	4	
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	1	
<i>benznidazole</i>	3	
BILTRICIDE	3	
<i>ivermectin 3 mg tablet</i>	1	PA
<i>praziquantel</i>	1	
STROMECTOL	3	PA
Antiprotozoals		
<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	

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
COARTEM	3	
DARAPRIM	4	PA
<i>hydroxychloroquine sulfate</i>	1	
LAMPIT	3	
MALARONE	3	
<i>mefloquine hcl</i>	1	
NEBUPENT	3	PA
<i>nitazoxanide 500 mg tablet</i>	4	QL (20 PER 30 OVER TIME)
PENTAM 300	3	
<i>pentamidine 300 mg inhal powdr</i>	1	PA
<i>pentamidine 300 mg inject vial</i>	1	
PLAQUENIL	3	
<i>primaquine</i>	1	
<i>pyrimethamine 25 mg tablet</i>	4	PA
<i>quinine sulfate</i>	1	PA

Antiparkinson Agents

Antiparkinson Agents, Other

<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	1	
<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	1	PA
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
TASMAR	4	
<i>tolcapone</i>	4	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	1	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
Dopamine Agonists		
APOKYN	4	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	4	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	1	
NEUPRO	3	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	1	
<i>ropinirole hcl</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	1	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa er</i>	1	
INBRIJA	4	PA, QL (300 PER 30 DAYS)
RYTARY	2	
SINEMET	3	
SINEMET 10-100	3	
SINEMET 25-100	3	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT 0.5 MG TABLET	3	
AZILECT 1 MG TABLET	4	
<i>rasagiline mesylate</i>	1	
<i>selegiline hcl</i>	1	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine 2.5 mg/ml vial</i>	3	PA
<i>fluphenazine decanoate</i>	1	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA

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

2nd Generation/Atypical

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

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>asenapine maleate</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA	4	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	3	PA, QL (56 PER 28 DAYS)
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	4	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	4	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	3	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	3	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	4	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	4	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	4	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	4	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	4	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	3	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	4	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	4	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	4	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	4	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	4	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	4	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LYBALVI	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
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	1	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	4	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	4	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
PERSERIS	4	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	2	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	1	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	1	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	3	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	3	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	3	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	4	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	3	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
<i>risperidone 1 mg/ml solution</i>	1	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	1	QL (2 PER 28 DAYS)
<i>risperidone er 50 mg vial</i>	4	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	1	PA, QL (60 PER 30 DAYS)
SAPHRIS	3	PA, QL (60 PER 30 DAYS)
SECUADO	4	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	3	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	3	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	4	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	4	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	4	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	4	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	4	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	4	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	4	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	4	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	1	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	1	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	PA, QL (45 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA 10 MG VIAL	3	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	3	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	3	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	4	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	3	PA, QL (30 PER 30 DAYS)

Antipsychotics, Other

COBENFY	4	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	4	PA, QL (56 PER 28 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	1	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	3	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	3	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	4	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	3	PA, QL (120 PER 30 DAYS)
VERSACLOZ	3	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
---	---	--

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

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

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

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

DELSTRIGO	4	QL (30 PER 30 DAYS)
EDURANT	4	QL (30 PER 30 DAYS)
EDURANT PED	4	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	4	QL (30 PER 30 DAYS)
<i>etravirine</i>	4	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	4	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	3	QL (120 PER 30 DAYS)

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>nevirapine 200 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	1	QL (1200 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	1	QL (30 PER 30 DAYS)
PIFELTRO	4	QL (30 PER 30 DAYS)
SYMFI	4	QL (30 PER 30 DAYS)
SYMFI LO	4	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	1	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	1	QL (30 PER 30 DAYS)
CIMDUO	4	QL (30 PER 30 DAYS)
COMPLERA	4	QL (30 PER 30 DAYS)
DESCOVY	4	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	1	QL (30 PER 30 DAYS)
<i>emtricitabine- rilpivirne-tenof</i>	4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	4	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	1	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	3	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	3	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	3	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	3	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	3	QL (30 PER 30 DAYS)
EPZICOM	3	QL (30 PER 30 DAYS)
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	1	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)

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
ODEFSEY	4	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	3	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	3	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	1	QL (30 PER 30 DAYS)
TRIUMEQ	4	QL (30 PER 30 DAYS)
TRIUMEQ PD	4	QL (180 PER 30 DAYS)
TRUVADA	4	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	4	QL (30 PER 30 DAYS)
VIREAD POWDER	4	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	3	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	1	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	1	QL (1920 PER 30 DAYS)

Anti-HIV Agents, Other

FUZEON	4	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	4	QL (120 PER 30 DAYS)
RUKOBIA	4	QL (60 PER 30 DAYS)
SELZENTRY (75 MG TABLET, 150 MG TABLET)	4	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	4	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	3	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	4	QL (120 PER 30 DAYS)
SUNLENCA (4- 300 MG TABLET, 300 MG TABLET)	4	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	4	QL (5 PER 28 OVER TIME)
TYBOST	2	QL (30 PER 30 DAYS)

Anti-HIV Agents, Protease Inhibitors

APTIVUS 250 MG CAPSULE	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
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	4	QL (30 PER 30 DAYS)
EVOTAZ	4	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	4	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	3	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	4	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	4	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	4	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	1	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	1	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	1	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	3	QL (360 PER 30 DAYS)
PREZCOBIX	4	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	4	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	4	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	4	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	3	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	4	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	4	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	4	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	4	QL (240 PER 30 DAYS)
<i>ritonavir</i>	1	QL (360 PER 30 DAYS)
SYMTUZA	4	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	4	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	4	QL (120 PER 30 DAYS)

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
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	4	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	4	QL (30 PER 30 DAYS)
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	4	
<i>valganciclovir 450 mg tablet</i>	1	
<i>valganciclovir hcl 50 mg/ml</i>	4	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	1	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	4	
BARACLUDE 0.05 MG/ML SOLUTION	3	
<i>entecavir</i>	1	
<i>lamivudine 100 mg tablet</i>	1	
<i>lamivudine hbv</i>	1	
Anti-hepatitis C (HCV) Agents		
MAVYRET	4	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	1	
ZEPATIER	4	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	1	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	1	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	1	QL (84 PER 365 OVER TIME)
RELENZA	3	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	3	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	3	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	3	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	3	QL (4 PER 365 OVER TIME)

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
XOFLUZA 80 MG TABLET	3	QL (2 PER 365 OVER TIME)
Antitherpetic Agents		
<i>acyclovir (200 mg capsule, 200 mg/5 ml susp, 200 mg/5 ml susp cup, 400 mg tablet, 800 mg tablet, 800 mg/20ml susp cup)</i>	1	
<i>acyclovir 5% ointment</i>	1	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	1	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>	1	
<i>valacyclovir</i>	1	
VALTREX	3	
ZOVIRAX 5% OINTMENT	3	PA
Antiviral, Coronavirus agents		
PAXLOVID 150-100 MG (MODERATE)	1	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	1	QL (30 PER 30 DAYS)
PAXLOVID 300/150-100MG(SEVERE)	1	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>	1	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>buspirone hcl</i>	1	
<i>chlordiazepoxide 25 mg capsule</i>	1	PA, QL (360 PER 30 DAYS)
<i>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</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>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam (2 mg odt, 2 mg tablet)</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	1	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	1	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	1	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	1	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	1	PA
<i>hydroxyzine pamoate</i>	1	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam (2 mg tablet, 2 mg/ml oral concent)</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	1	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	1	PA, QL (120 PER 30 DAYS)

Bipolar Agents

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

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	1	QL (360 PER 30 DAYS)

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>acarbose 50 mg tablet</i>	1	QL (180 PER 30 DAYS)
ACTOS (30 MG TABLET, 45 MG TABLET)	3	QL (30 PER 30 DAYS)
ACTOS 15 MG TABLET	3	QL (90 PER 30 DAYS)
BYDUREON BCISE	2	PA, QL (3.4 PER 28 DAYS)
CYCLOSET	3	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	2	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	2	QL (60 PER 30 DAYS)
<i>ft sterile pads 2" x 2"</i>	2	PA
<i>gauze pads & dressings - pads 2 x 2</i>	2	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>	3	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin 2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	3	QL (60 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	3	QL (120 PER 30 DAYS)
<i>glyburid-metformin 1.25-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	1	QL (240 PER 30 DAYS)

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>glyburide micro 3 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	1	QL (120 PER 30 DAYS)
GLYXAMBI	3	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	2	PA
JANUMET	2	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	2	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	2	QL (60 PER 30 DAYS)
JANUVIA	2	QL (30 PER 30 DAYS)
JARDIANCE	2	QL (30 PER 30 DAYS)
JENTADUETO	2	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	2	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	2	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	2	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	1	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	2	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	1	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)

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>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	2	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	1	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	1	QL (60 PER 30 DAYS)
SOLQUA 100-33	2	QL (18 PER 30 DAYS)
SYMLINPEN 120	4	
SYMLINPEN 60	4	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	2	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	2	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	2	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	2	QL (30 PER 30 DAYS)
TRADJENTA	2	QL (30 PER 30 DAYS)
TRULICITY	2	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	2	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	2	QL (60 PER 30 DAYS)

Glycemic Agents

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

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>	2	PA
<i>droplet micron 34g 3.5mm</i>	2	PA
<i>droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)</i>	2	PA
HUMALOG	2	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	2	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	2	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	2	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
HUMULIN 70-30	2	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN N	2	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	2	QL (60 PER 30 DAYS)
HUMULIN R	2	QL (60 PER 30 DAYS)
HUMULIN R U-500	2	PA
HUMULIN R U-500 KWIKPEN	2	QL (60 PER 30 DAYS)
<i>insulin pen needle</i>	2	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	2	PA
<i>insulin syringe (disp) u-100 1 ml</i>	2	PA
<i>insulin syringe (disp) u-100 1/2 ml</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>insulin syringe (syr 0.5 ml, 1ml)</i>	2	PA
LANTUS	2	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	2	QL (60 PER 30 DAYS)
LYUMJEV	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	2	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	2	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	2	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	2	PA
NOVOLIN 70-30	2	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLIN N	2	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLIN R	2	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG	2	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	2	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	2	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	2	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod classic pods (gen 3)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	2	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	2	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	2	PA, QL (10 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	2	PA
TOUJEO MAX SOLOSTAR	2	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	2	QL (60 PER 30 DAYS)
<i>true comfort safety pen needle</i>	2	PA

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	1	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	1	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	2	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	2	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	1	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	1	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	1	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	1	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	1	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	4	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	1	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	4	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	4	QL (18 PER 90 OVER TIME)
<i>heparin 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>	1	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	4	QL (30 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
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	3	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	3	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	3	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	3	QL (18 PER 90 OVER TIME)
<i>rivaroxaban</i>	1	QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	2	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	2	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	2	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	2	QL (51 PER 30 DAYS)
ZONTIVITY	3	

Blood Products and Modifiers, Other

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

Hemostasis Agents

tranexamic acid 650 mg tablet

1

Platelet Modifying Agents

aspirin-dipyridamole er

1

BRILINTA

2

CABLIVI

4

cilostazol

1

clopidogrel 75 mg tablet

1

dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)

1

PLAVIX

3

prasugrel hcl

1

ticagrelor

1

Cardiovascular Agents

Alpha-adrenergic Agonists

clonidine

1

clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)

1

droxidopa

4

PA

guanfacine hcl

1

midodrine hcl

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
NORTHERA	4	PA
Alpha-adrenergic Blocking Agents		
CARDURA	3	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	1	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	4	
<i>prazosin hcl</i>	1	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	3	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	3	QL (30 PER 30 DAYS)
AVAPRO	3	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	3	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	3	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	3	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	3	QL (30 PER 30 DAYS)
EDARBI	3	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
MICARDIS	3	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)

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>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE	3	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	3	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)	3	
VASOTEC 20 MG TABLET	4	
ZESTRIL	3	

Antiarrhythmics

<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	1	
<i>dofetilide</i>	1	
<i>flecainide acetate</i>	1	
<i>mexiletine hcl</i>	1	
MULTAQ	2	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 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>propafenone hcl</i>	1	
<i>propafenone hcl er</i>	1	
<i>quinidine gluc er 324 mg tab</i>	1	
<i>quinidine sulfate</i>	1	
<i>sorine</i>	1	
<i>sotalol</i>	1	
<i>sotalol af</i>	1	
TIKOSYN	3	

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	1	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	1	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	1	
BYSTOLIC	3	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	1	
COREG CR	3	
INDERAL LA	4	
INDERAL XL	4	
INNOPRAN XL	4	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	1	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)	3	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	

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>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>	1	
<i>propranolol hcl er</i>	1	
TENORMIN	3	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
TOPROL XL	3	

Calcium Channel Blocking Agents, Dihydropyridines

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

Calcium Channel Blocking Agents, Nondihydropyridines

CARDIZEM	3	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)	3	
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)	4	
CARDIZEM LA	3	
<i>cartia xt</i>	1	
<i>dilt-xr</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>diltiazem 12hr er</i>	1	
<i>diltiazem 24hr er</i>	1	
<i>diltiazem 24hr er (cd)</i>	1	
<i>diltiazem 24hr er (la)</i>	1	
<i>diltiazem 24hr er (xr)</i>	1	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	1	
<i>matzim la</i>	1	
<i>taztia xt</i>	1	
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>verapamil er</i>	1	
<i>verapamil er pm</i>	3	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>	1	
<i>verapamil sr</i>	1	
VERELAN	3	
VERELAN PM	3	

Cardiovascular Agents, Other

<i>acetazolamide</i>	1	
<i>acetazolamide er</i>	1	
<i>aliskiren</i>	1	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	1	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	1	QL (30 PER 30 DAYS)
ATACAND HCT	3	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	

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

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

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>methazolamide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metirosine</i>	4	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	1	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	3	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	3	
TENORETIC 50	3	
<i>trandolapril-verapamil er</i>	1	
TRIBENZOR	3	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	3	
ZESTORETIC	3	
ZIAC	3	

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1
---	---

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 (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml vial, 40 mg/5 ml soln, 80 mg tablet, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	1	
LASIX	3	
<i>torsemide</i>	1	
Diuretics, Potassium-sparing		
<i>amiloride hcl</i>	1	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	1	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>fenofibrate (67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	1	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	3	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	ST, QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	3	ST, 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 er</i>	1	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	1	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	3	ST, QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	3	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	3	ST, QL (60 PER 30 DAYS)

Dyslipidemics, Other

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

Mineralocorticoid Receptor Antagonists

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

Vasodilators, Direct-acting Arterial

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

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	

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>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	1	
<i>nitroglycerin patch</i>	1	
NITROLINGUAL	3	
NITROSTAT	3	
RECTIV	3	
VERQUVO	2	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	3	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG, 15 MG CAP)	4	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	1	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	1	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er (er 10 mg cap, er 15 mg cap)</i>	1	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	1	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	3	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>zenzedi 10 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	1	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl (10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>atomoxetine hcl (60 mg capsule, 80 mg capsule, 100 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	1	PA, QL (60 PER 30 DAYS)
FOCALIN	3	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	1	QL (30 PER 30 DAYS)
<i>methylphenidate 10 mg/5 ml sol</i>	1	PA, QL (900 PER 30 DAYS)
<i>methylphenidate 5 mg/5 ml soln</i>	1	PA, QL (450 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	1	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	PA, QL (90 PER 30 DAYS)
RITALIN	3	PA, QL (90 PER 30 DAYS)
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	3	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	3	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO (9 MG TABLET, 12 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	4	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	4	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	4	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	4	PA, QL (28 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
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	4	PA, QL (60 PER 30 DAYS)
INGREZZA 40 MG SPRINKLE CAP	4	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	4	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	4	PA, QL (30 PER 30 DAYS)
NUEDEXTA	4	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	1	
<i>tetrabenazine 12.5 mg tablet</i>	3	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
VEOZAH	3	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	4	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	4	PA, QL (120 PER 30 DAYS)

Multiple Sclerosis Agents

AMPYRA	4	PA
AVONEX (4 PACK)	4	PA, QL (1 PER 28 DAYS)
AVONEX 30 MCG/0.5 ML SYRINGE	4	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK)	4	PA, QL (1 PER 28 DAYS)
BETASERON	4	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	4	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	4	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	1	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	1	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	3	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	4	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	4	PA, QL (30 PER 30 DAYS)

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>glatopa 40 mg/ml syringe</i>	4	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	4	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	4	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	4	PA, QL (1 PER 28 DAYS)
TECFIDERA	4	PA, QL (60 PER 30 DAYS)
VUMERITY	4	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

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

Dermatological Agents

Acne and Rosacea Agents

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

Dermatitis and Pruitus Agents

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

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>clobetasol 0.05% shampoo</i>	1	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	1	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	1	QL (200 PER 28 DAYS)
<i>clodan</i>	1	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	1	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	1	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	1	QL (120 PER 30 DAYS)
DIPROLENE	3	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	1	PA
ELIDEL	3	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	1	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	1	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	1	QL (120 PER 30 DAYS)
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	1	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	1	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	1	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	1	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	1	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	1	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	3	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	1	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	1	QL (120 PER 30 DAYS)

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>pimecrolimus</i>	1	PA
PRUDOXIN	3	PA
<i>selenium sulfide 2.5% lotion</i>	1	
<i>tacrolimus (0.03%, 0.1%)</i>	1	PA
<i>triamcinolone acetonide (0.025% cream, 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	1	QL (120 PER 30 DAYS)
<i>triderm 0.5% cream</i>	1	QL (454 PER 30 DAYS)
ZONALON	3	PA

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	1	QL (120 PER 30 DAYS)
<i>calcitrene</i>	1	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	1	
<i>diclofenac sodium 3% gel</i>	1	PA
EFUDEX	2	
<i>fluorouracil (cream, topical soln)</i>	1	
<i>fluorouracil 2% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	1	PA
<i>methoxsalen</i>	4	
<i>nystatin-triamcinolone</i>	1	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	4	PA
<i>podofilox 0.5% topical soln</i>	1	
REGRANEX	4	PA, QL (15 PER 30 DAYS)
SANTYL	2	QL (180 PER 30 DAYS)
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
SSD	1	

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
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	1	PA
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
SOOLANTRA	3	PA
Topical Anti-infectives		
<i>gentamicin sulfate (cream, ointment)</i>	1	
METROCREAM	3	
METROGEL	3	
METROLOTION	3	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	1	
<i>mupirocin</i>	1	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	1	
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aqua care sodium chloride</i>	1	
CARBAGLU	4	PA
<i>carglumic acid</i>	4	PA
<i>dextrose 2.5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	1	
<i>dextrose 5%-0.9% nacl</i>	1	
<i>glucose 5%-0.9% nacl</i>	1	
<i>kcl 20 meq/l in d5w solution</i>	1	
<i>kcl-d5w-0.2% nacl</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>kcl-d5w-0.225% nacl</i>	1	
<i>kcl-d5w-0.45% nacl</i>	1	
KLOR-CON 10	1	
KLOR-CON 8	1	
<i>klor-con m10</i>	1	
KLOR-CON M15	1	
<i>klor-con m20</i>	1	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	1	
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	1	
<i>potassium chloride in d5lr</i>	2	
<i>potassium chloride proamp</i>	1	
<i>potassium chloride-0.45% nacl</i>	1	
<i>potassium citrate er</i>	1	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	1	
<i>sodium chloride 0.9%-water</i>	1	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	4	PA
<i>deferasirox 125 mg tb for susp</i>	3	PA
<i>deferasirox 90 mg tablet</i>	1	PA
EXJADE	4	PA
JADENU	4	PA
JADENU SPRINKLE	4	PA
SAMSCA	4	PA
SYPRINE	4	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	4	PA
<i>trientine hcl 250 mg capsule</i>	4	PA, QL (240 PER 30 DAYS)
<i>dextrose in water (5%-water 100 ml, 5%-water 1,000 ml, 5%-water 250 ml, 5%-water 50 ml, 5%-water iv soln, 10%-water iv solution)</i>	1	
<i>glucose in water (50 ml, 100 ml)</i>	1	
INTRALIPID 20% IV FAT EMUL	3	PA
NUTRILIPID	3	PA
TRAVASOL	3	PA
TROPHAMINE	3	PA

Potassium Binders

<i>kionex</i>	1	
<i>sodium polystyrene sulf powder</i>	1	
SPS	1	
VELTASSA	2	

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	1	
<i>enulose</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>generlac</i>	1	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	1	
LINZESS	2	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	1	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	1	QL (120 PER 30 DAYS)
MOVANTIK	2	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	4	PA, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	4	PA, QL (12 PER 30 DAYS)

Anti-Diarrheal Agents

<i>alosetron hcl 0.5 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	1	PA
<i>loperamide 2 mg capsule</i>	1	
LOTRONEX	4	PA, QL (60 PER 30 DAYS)
VIBERZI	4	PA, QL (60 PER 30 DAYS)
XERMELO	4	PA, QL (90 PER 30 DAYS)

Antispasmodics, Gastrointestinal

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

Gastrointestinal Agents, Other

<i>bismuth-metronidazole-tetracyc</i>	1	
<i>chenodal</i>	4	PA
GATTEX	4	PA
<i>gavilyte-c</i>	1	
<i>gavilyte-g</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>gavilyte-n</i>	1	
GOLYTELY	3	
<i>metoclopramide hcl (5 mg tablet, 5 mg/5 ml soln, 10 mg tablet, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	1	
MOVIPREP	3	
MYALEPT	4	PA
OICALIVA	4	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	3	
REGLAN	3	
<i>sod sulf-potass sulf-mag sulf</i>	1	
SUPREP	3	
SUTAB	3	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	1	
VOWST	4	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

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

Protectants

CARAFATE (1 GM TABLET, 1 GM/10 ML SUSP)	3	
CYTOTEC	3	
<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	

You can find information on what the symbols and abbreviations 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>	1	QL (30 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	3	ST, QL (30 PER 30 DAYS)
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	3	QL (30 PER 30 DAYS)
<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	3	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
<i>betaine anhydrous</i>	4	
BUPHENYL 500 MG TABLET	4	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	3	
CARNITOR SF	3	
CEREZYME	4	PA
CREON	2	
<i>cromolyn 100 mg/5 ml oral conc</i>	1	
CRYSVITA	4	PA
CYSTADANE	4	

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	3	PA
ELELYSO	4	PA
ENDARI	4	PA
KUVAN	4	PA
<i>l-glutamine 5 gram powder pkt</i>	4	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>	1	
<i>levocarnitine sf</i>	1	
<i>miglustat</i>	4	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	4	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	4	
PALYNZIQ	4	PA
PROLASTIN C	4	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	4	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	4	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	4	PA, QL (7 PER 28 DAYS)
REVCovi	4	
<i>sapropterin dihydrochloride</i>	4	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	4	PA
STRENSIQ	4	PA
VPRIV	4	PA
VYNDAMAX	4	PA, QL (30 PER 30 DAYS)
VYNDAQEL	4	PA, QL (120 PER 30 DAYS)
WELIREG	4	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	4	PA, QL (180 PER 30 DAYS)
ZENPEP	2	
ZOKINVY	4	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
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin er</i>	1	QL (30 PER 30 DAYS)
DETROL	3	ST, QL (60 PER 30 DAYS)
DETROL LA	3	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)
GEMTESA	3	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	2	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	2	QL (300 PER 28 DAYS)
<i>oxybutynin 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>oxybutynin chloride (5 mg/5 ml soln cup, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	1	QL (600 PER 30 DAYS)
<i>oxybutynin cl er 10 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>oxybutynin cl er 15 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>oxybutynin cl er 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	1	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	1	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	1	QL (30 PER 30 DAYS)
TOVIAZ	3	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	1	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	1	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	3	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	1	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	3	QL (60 PER 30 DAYS)

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	3	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	3	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	1	
INCRELEX	4	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	4	PA
PREGNYL	3	PA

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

Androgens

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

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>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	1	PA
<i>testosterone enanthate</i>	2	PA

Estrogens

DEPO-ESTRADIOL	3	
DIVIGEL (0.25 MG GEL PACKET, 0.5 MG GEL PACKET, 0.75 MG GEL PACKET, 1 MG GEL PACKET, 1.25 MG GEL PACKET)	3	
<i>dotti</i>	1	
ESTRACE 0.01% CREAM	3	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	1	
<i>estradiol (once weekly)</i>	1	
<i>estradiol (twice weekly)</i>	1	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>	1	
ESTRING	3	
<i>lyllana</i>	1	
MENEST	3	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	2	
VAGIFEM	3	
<i>yuvaferm</i>	1	
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</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>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe</i>	1	
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	
<i>blisovi fe</i>	1	
<i>briellyn</i>	1	
<i>camrese</i>	1	
<i>camrese lo</i>	1	
<i>chateal</i>	1	
<i>chateal eq</i>	1	
COMBIPATCH	3	
<i>cryselle</i>	1	
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta</i>	1	
<i>daysee</i>	1	
<i>desogestr-eth estrad eth estra</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	
<i>drospirenone-eth estra-levomef</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>drospirenone-ethinyl estradiol</i>	1	
<i>elinest</i>	1	
<i>eluryng</i>	1	
<i>enilloring</i>	1	
<i>enpresse</i>	1	
<i>enskyce</i>	1	
<i>estarylla</i>	1	
<i>estradiol-norethindrone acetat</i>	1	
<i>ethynodiol-ethinyl estradiol</i>	1	
<i>etonogestrel-ethinyl estradiol</i>	1	
<i>falmina</i>	1	
<i>feirza</i>	1	
<i>femynor</i>	1	
<i>fyavolv 1 mg-5 mcg tablet</i>	1	
<i>galbriela</i>	1	
<i>gemmily</i>	1	
<i>hailey</i>	1	
<i>hailey 24 fe</i>	1	
<i>hailey fe</i>	1	
<i>haloette</i>	1	
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jinteli</i>	1	
<i>jolessa</i>	1	
<i>juleber</i>	1	
<i>junel</i>	1	
<i>junel fe</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>june fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
LAYOLIS FE	1	
<i>leena</i>	1	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	1	
<i>levonorgestrel-eth estradiol</i>	1	
<i>levora-28</i>	1	
<i>lo-zumandimine</i>	1	
LOESTRIN	1	
LOESTRIN FE	1	
<i>lojaimiess</i>	1	
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	
<i>marlissa</i>	1	
<i>merzee</i>	1	
<i>microgestin</i>	1	
<i>microgestin 24 fe</i>	1	
<i>microgestin fe</i>	1	

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>mili</i>	1	
<i>mimvey</i>	1	
<i>mono-lynyah</i>	1	
<i>necon</i>	1	
<i>nikki</i>	1	
<i>norelgestromin-eth estradiol</i>	1	
<i>norethin-eth estra-ferrous fum</i>	1	
<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>	1	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	1	
<i>norgestimate-ethinyl estradiol</i>	1	
<i>nortrel</i>	1	
NUVARING	3	
<i>nylia</i>	1	
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia</i>	1	
PREMPHASE	2	
PREMPRO	2	
<i>reclipsen</i>	1	
<i>setlakin</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	
<i>sprintec</i>	1	
<i>sronyx</i>	1	
<i>syeda</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>tarina 24 fe</i>	1	
<i>tarina fe</i>	1	
<i>tarina fe 1-20 eq</i>	1	
<i>taysofy</i>	1	
<i>tilia fe</i>	1	
<i>tri-estarylla</i>	1	
<i>tri-legest fe</i>	1	
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	
<i>turqoz</i>	1	
TYBLUME	2	
<i>tydemy</i>	1	
<i>valtya</i>	1	
<i>velivet</i>	1	
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	
<i>volnea</i>	1	
<i>vyfemla</i>	1	
<i>vylibra</i>	1	
<i>wera</i>	1	

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>wymzya fe</i>	1	
<i>xarah fe</i>	1	
<i>xelria fe</i>	1	
<i>xulane</i>	1	
YASMIN 28	3	
YAZ	3	
<i>zafemy</i>	1	
<i>zovia 1-35</i>	1	
<i>zumandimine</i>	1	

Progestins

<i>camila</i>	1	
<i>deblitane</i>	1	
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	2	
<i>emzahh</i>	1	
<i>errin</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	
<i>incassia</i>	1	
<i>jencycla</i>	1	
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab, 150 mg/ml)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	1	
<i>meleya</i>	1	
<i>nora-be</i>	1	
<i>norethindrone</i>	1	
<i>norethindrone ac (lupaneta)</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>norethindrone acetate</i>	1	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	1	
PROVERA	3	
<i>sharobel</i>	1	

Selective Estrogen Receptor Modifying Agents

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

Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)

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

Hormonal Agents, Suppressant (Adrenal or Pituitary)

<i>cabergoline</i>	1	
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)	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
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	3	PA
FIRMAGON	3	
KORLYM	4	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	1	PA
<i>leuprolide depot</i>	4	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	4	PA
LUPRON DEPOT 3.75MG (LUPANETA)	4	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	4	PA
<i>mifepristone 300 mg tablet</i>	4	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	4	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	1	PA
<i>octreotide acetate er</i>	4	PA
SANDOSTATIN LAR DEPOT	4	PA
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA
SOMATULINE DEPOT	4	PA
SOMAVERT	4	PA
SYNAREL	4	
TRELSTAR	3	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

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	4	PA, QL (20 PER 30 DAYS)
FIRAZYR	4	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	4	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	4	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	4	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	4	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	4	PA
GAMMAGARD LIQUID	4	PA
GAMMAGARD S-D	4	PA
GAMMAPLEX	4	PA
GAMUNEX-C	4	PA
THYMOGLOBULIN	4	PA
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	4	PA
ACTEMRA ACTPEN	4	PA
ARCALYST	4	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	PA
COSENTYX (2 SYRINGES)	4	PA
COSENTYX SENSOREADY (2 PENS)	4	PA
COSENTYX SENSOREADY PEN	4	PA
COSENTYX SYRINGE	4	PA
COSENTYX UNOREADY PEN	4	PA
DUPIXENT PEN	4	PA
DUPIXENT SYRINGE	4	PA
ENTYVIO PEN	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
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA
ORENCIA CLICKJECT	4	PA
RIDAURA	4	
RINVOQ	4	PA
RINVOQ LQ	4	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	4	PA
SKYRIZI PEN	4	PA
STELARA	4	PA
STEQEYMA 45 MG/0.5 ML SYRINGE	3	PA
STEQEYMA 90 MG/ML SYRINGE	4	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	4	PA
TREMFYA 200 MG/2 ML PEN	4	PA
TREMFYA ONE-PRESS	4	PA
TREMFYA PEN INDUCTION PK-CROHN	4	PA
TYENNE 162 MG/0.9 ML SYRINGE	4	PA
TYENNE AUTOINJECTOR	4	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	4	PA

Immunostimulants

ACTIMMUNE	4	PA
BESREMI	4	PA, QL (2 PER 28 DAYS)
PEGASYS	4	PA

Immunosuppressants

ASTAGRAF XL	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
AZASAN	1	PA
<i>azathioprine</i>	1	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	4	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	1	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	1	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	4	PA
ENBREL MINI	4	PA
ENBREL SURECLICK	4	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	3	PA
ENVARUSUS XR 4 MG TABLET	4	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>everolimus 0.25 mg tablet</i>	1	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	1	PA
HADLIMA	4	PA
HADLIMA PUSHTOUCH	4	PA
HADLIMA(CF)	4	PA
HADLIMA(CF) PUSHTOUCH	4	PA
HUMIRA	4	PA
HUMIRA PEN	4	PA
HUMIRA(CF)	4	PA
HUMIRA(CF) PEN	4	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	4	PA
HUMIRA(CF) PEN PEDIATRIC UC	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA
IMURAN	3	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	1	

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>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate 200 mg/ml susp</i>	4	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	1	PA
<i>mycophenolic acid</i>	1	PA
MYFORTIC 180 MG TABLET	3	PA
MYHIBBIN	4	PA
NEORAL (25 MG GELATIN CAPSULE, 100 MG GELATIN CAPSULE, 100 MG/ML SOLUTION)	3	PA
PROGRAF (0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET)	3	PA
PROGRAF 5 MG CAPSULE	4	PA
RAPAMUNE 1 MG/ML ORAL SOLN	4	PA
RENFLEXIS	4	PA
REZUROCK	4	PA, QL (30 PER 30 DAYS)
SANDIMMUNE (25 MG CAPSULE, 100 MG CAPSULE, 100 MG/ML SOLN)	3	PA
SIMLANDI(CF)	4	PA
SIMLANDI(CF) AUTOINJECTOR	4	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>	1	PA
<i>sirolimus (1 mg/ml oral soln, 1 mg/ml solution)</i>	3	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	1	PA
XATMEP	3	PA
ZORTRESS (0.5 MG TABLET, 0.75 MG TABLET, 1 MG TABLET)	4	PA
ZORTRESS 0.25 MG TABLET	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
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	
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	
IPOLE	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	

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
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	
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	

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
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	3	QL (120 PER 30 DAYS)
AZULFIDINE	3	
<i>balsalazide disodium</i>	1	
CANASA	4	
COLAZAL	4	
DELZICOL	3	QL (180 PER 30 DAYS)
DIPENTUM	4	
LIALDA	3	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	1	
<i>mesalamine 800 mg dr tablet</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	1	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	1	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	1	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	3	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	3	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	3	
SFROWASA	3	
<i>sulfasalazine</i>	1	
<i>sulfasalazine dr</i>	1	
Glucocorticoids		
<i>budesonide dr</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	1	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	4	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	1	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)

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>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	3	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	1	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	1	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	1	PA
<i>cinacalcet hcl 90 mg tablet</i>	4	PA
FORTEO	4	PA
FOSAMAX	3	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	1	
PROLIA	3	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	1	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	1	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	1	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)	3	
SENSIPAR (60 MG TABLET, 90 MG TABLET)	4	PA
SENSIPAR 30 MG TABLET	3	PA
TERIPARATIDE (560 MCG/2.24 ML, 560MCG/2.24ML PEN)	4	PA
TYMLOS	4	PA
XGEVA	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
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate (drop, drops)</i>	1	
<i>brimonidine tartrate-timolol</i>	1	
COMBIGAN	2	
COSOPT	3	
CYSTADROPS	4	PA
CYSTARAN	4	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	3	
MIEBO	2	PA, QL (12 PER 30 DAYS)
<i>neo-polycin hc</i>	1	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	1	
RESTASIS	2	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	2	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	1	
TOBRADEX (DROPS, OINTMENT)	3	
<i>tobramycin-dexamethasone</i>	1	
XDEMZY	4	PA
XIIDRA	2	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	2	
<i>bacitracin-polymyxin</i>	1	
BESIVANCE	2	
<i>ciprofloxacin 0.3% eye drop</i>	1	
<i>erythromycin 0.5% eye ointment</i>	1	

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>gatifloxacin</i>	1	
<i>gentamicin 0.3% eye drop</i>	1	
<i>moxifloxacin (drops, drp-visc)</i>	1	
NATACYN	3	
<i>neo-polycin</i>	1	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	2	
OCUFLOX	3	
<i>ofloxacin 0.3% eye drops</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	1	
<i>tobramycin 0.3% eye drop</i>	1	
<i>trifluridine</i>	2	
VIGAMOX	3	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl 0.05% drops</i>	1	
<i>cromolyn 4% eye drops</i>	1	
<i>epinastine hcl</i>	1	

Ophthalmic Anti-inflammatories

ACULAR	3	
ACULAR LS	3	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	1	
<i>dexamethasone 0.1% eye drop</i>	1	
<i>diclofenac 0.1% eye drops</i>	1	
<i>difluprednate</i>	1	
DUREZOL	3	
EYSUVIS	2	PA
<i>fluorometholone</i>	1	

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>flurbiprofen sodium</i>	1	
FML	3	
ILEVRO	3	
INVELTYS	2	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	1	
PRED FORTE	3	
PRED MILD	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sod 1% eye drop</i>	2	
PROLENSA	2	

Ophthalmic Beta-Adrenergic Blocking Agents

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

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P	2	
AZOPT	3	
<i>brimonidine tartrate (0.15% drp, 0.2% eye drop)</i>	1	
<i>brimonidine tartrate 0.1% drop</i>	2	
<i>brinzolamide</i>	1	
<i>dorzolamide hcl</i>	1	

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>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	1	
RHOPRESSA	2	QL (15 PER 75 OVER TIME)
ROCKLATAN	2	QL (15 PER 75 OVER TIME)
SIMBRINZA	2	

Ophthalmic Prostaglandin and Prostamide Analogs

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

Otic Agents

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

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	2	QL (30 PER 30 DAYS)
ASMANEX	2	QL (1 PER 30 DAYS)
ASMANEX HFA	2	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	PA

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>flunisolide</i>	1	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	2	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	2	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	2	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	2	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	2	QL (21.2 PER 30 DAYS)
XHANCE	3	QL (32 PER 30 DAYS)

Antihistamines

<i>azelastine 0.1% (137 mcg) spry</i>	1	QL (60 PER 30 DAYS)
<i>cetirizine hcl (1 mg/ml soln, 1 mg/ml syrup)</i>	1	
<i>clemastine fum 2.68 mg tablet</i>	3	PA
<i>cyproheptadine hcl (2 mg/5 ml soln, 2 mg/5 ml syrup, 4 mg tablet, 4 mg/10 ml syr)</i>	1	PA
<i>desloratadine 5 mg tablet</i>	1	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spry</i>	1	QL (30.5 PER 30 DAYS)

Antileukotrienes

ACCOLATE	3	
<i>montelukast sodium</i>	1	
SINGULAIR	3	
<i>zafirlukast</i>	1	

Bronchodilators, Anticholinergic

ATROVENT HFA	3	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	2	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	1	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	1	QL (45 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	1	PA

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
SPIRIVA HANDIHALER	3	ST, QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	2	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	1	QL (30 PER 30 DAYS)

Bronchodilators, Sympathomimetic

<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	1	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	1	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>	1	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	1	PA
<i>epinephrine 0.15 mg auto-inject</i>	2	
<i>epinephrine 0.3 mg auto-inject</i>	1	
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	2	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	1	
VENTOLIN HFA	2	QL (36 PER 30 DAYS)
XOPENEX HFA	3	QL (30 PER 30 DAYS)

Cystic Fibrosis Agents

CAYSTON	4	PA
KALYDECO	4	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	4	PA, QL (60 PER 30 DAYS)
PULMOZYME	4	PA
<i>tobramycin 300 mg/5 ml ampule</i>	4	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	4	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
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	4	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	1	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	3	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	1	PA, QL (30 PER 30 DAYS)
THEO-24	3	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	1	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	1	
Pulmonary Antihypertensives		
ADCIRCA	4	PA, QL (60 PER 30 DAYS)
ADEMPAS	4	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	4	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	4	PA, QL (60 PER 30 DAYS)
LETAIRIS	4	PA, QL (30 PER 30 DAYS)
OPSUMIT	4	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	1	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	4	PA, QL (120 PER 30 DAYS)
VENTAVIS	4	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET (267 MG CAPSULE, 267 MG TABLET)	4	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	4	PA, QL (90 PER 30 DAYS)
OFEV	4	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	4	PA, QL (270 PER 30 DAYS)

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>pirfenidone 801 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	1	PA
ADVAIR HFA	2	QL (12 PER 30 DAYS)
ANORO ELLIPTA	2	QL (60 PER 30 DAYS)
BREO ELLIPTA	2	QL (60 PER 30 DAYS)
<i>breyana</i>	1	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	2	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	1	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
DULERA	2	QL (39 PER 30 DAYS)
FASENRA	4	PA
FASENRA PEN	4	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	1	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	2	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	1	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	3	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	2	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	2	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	1	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
<i>carisoprodol 350 mg tablet</i>	1	
<i>chlorzoxazone 500 mg tablet</i>	1	
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	1	
<i>vanadom</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
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	2	PA, QL (30 PER 30 DAYS)
DAYVIGO	2	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	1	QL (30 PER 30 DAYS)
HETLIOZ	4	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	1	QL (30 PER 30 DAYS)
ROZEREM	3	QL (30 PER 30 DAYS)
SILENOR	3	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	4	PA, QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	1	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil</i>	1	PA, QL (30 PER 30 DAYS)
LUMRYZ	4	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	4	PA, QL (28 PER 28 DAYS)
<i>modafinil (100 mg tablet, 200 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
NUVIGIL (150 MG TABLET, 200 MG TABLET, 250 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
NUVIGIL 50 MG TABLET	3	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	4	PA, QL (540 PER 30 DAYS)

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

Alphabetical Listing

A

abacavir	46	afirmelle	87
abacavir-lamivudine	46	AGRYLIN	58
ABILIFY	40	AIMOVIG AUTOINJECTOR	26
ABILIFY ASIMTUFII	40	AKEEGA	30
ABILIFY MAINTENA	40	ALA-CORT	74
abiraterone acetate	28	albendazole	37
abirtega	28	albuterol hfa 90 mcg inhaler (generic proair hfa)	109
ABRYSVO	100	albuterol hfa 90 mcg inhaler (generic proventil hfa)	109
acamprosate calcium	6	albuterol sulfate	109
acarbose	51,52	alclometasone dipropionate	74
ACCOLATE	108	ALDACTONE	69
accutane	73	ALECENSA	30
acebutolol hcl	62	alendronate sodium	103
acetaminophen-codeine	4	alfuzosin hcl er	84
acetazolamide	64	aliskiren	64
acetazolamide er	64	allopurinol	25
acetic acid	107	alosetron hcl	80
acetylcysteine	111	ALPHAGAN P	106
acitretin	73	alprazolam	50
ACTEMRA	96	alprazolam er	50
ACTEMRA ACTPEN	96	alprazolam xr	50
ACTHAR	85	ALTACE	61
ACTHAR SELFJECT	85	altavera	87
ACTHIB	100	ALUNBRIG	30
ACTIMMUNE	97	alyacen	87
ACTOS	52	amabelz	87
ACULAR	105	amantadine	38
ACULAR LS	105	AMBISOME	24
acyclovir	50	ambrisentan	110
acyclovir sodium	50	amethia	87
ADACEL TDAP	100	amethyst	88
ADCIRCA	110	amikacin sulfate	7
ADDERALL XR	70	amiloride hcl	67
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	64
ADEMPAS	110	amiodarone hcl	61
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	63
AFINITOR	30	amlodipine besylate-benazepril	64
AFINITOR DISPERZ	30	amlodipine-atorvastatin	64

amlodipine-olmesartan.....	64	ARTHROTEC 50.....	2
amlodipine-valsartan.....	64	ARTHROTEC 75.....	2
amlodipine-valsartan-hctz.....	64	asenapine maleate.....	41
ammonium lactate.....	74	ashlyna.....	88
amnesteam.....	73	ASMANEX.....	107
amoxapine.....	23	ASMANEX HFA.....	107
amoxicillin.....	10	aspirin-dipyridamole er.....	59
amoxicillin-clavulanate pot er.....	11	ASTAGRAF XL.....	97
amoxicillin-clavulanate potass.....	11	ATACAND.....	60
amphotericin b.....	24	ATACAND HCT.....	64
amphotericin b liposome.....	24	atazanavir sulfate.....	48
ampicillin sodium.....	11	ATELVIA.....	103
ampicillin trihydrate.....	11	atenolol.....	62
ampicillin-sulbactam.....	11	atenolol-chlorthalidone.....	64
AMPYRA.....	72	ATGAM.....	96
anagrelide hcl.....	58	atomoxetine hcl.....	71
anastrozole.....	30	atorvastatin calcium.....	67
ANDROGEL.....	86	atovaquone.....	37
ANORO ELLIPTA.....	111	atovaquone-proguanil hcl.....	37
APOKYN.....	39	atropine sulfate.....	104
apomorphine hcl.....	39	ATROVENT HFA.....	108
aprepitant.....	24	aubra.....	88
apri.....	88	aubra eq.....	88
APRISO.....	102	AUGTYRO.....	31
APTIOM.....	17	aurovela.....	88
APTIVUS.....	47	aurovela 24 fe.....	88
aqua care sodium chloride.....	77	aurovela fe.....	88
aranelle.....	88	AUSTEDO.....	71
ARANESP.....	58	AUSTEDO XR.....	71
ARCALYST.....	96	AUSTEDO XR TITRATION KT(WK1-4).....	71
AREXVY.....	100	AUVELITY.....	19
ARICEPT.....	19	AVALIDE.....	65
ARIKAYCE.....	7	AVAPRO.....	60
ARIMIDEX.....	30	aviane.....	88
aripiprazole.....	40	avidoxy.....	13
aripiprazole odt.....	40	AVITA.....	73
ARISTADA.....	40	AVMAPKI-FAKZYNJA.....	29
ARISTADA INITIO.....	40	AVODART.....	84
armodafinil.....	112	AVONEX.....	72
ARNUITY ELLIPTA.....	107	AVONEX (4 PACK).....	72
AROMASIN.....	30	AVONEX PEN (4 PACK).....	72

ayuna	88
AYVAKIT	31
AZACTAM	8
AZASAN	98
azathioprine	98
azelaic acid	73
azelastine hcl	105,108
AZELEX	73
AZILECT	39
azithromycin	12
AZOPT	106
AZOR	65
aztreonam	8
AZULFIDINE	102
azurette	88

B

bacitracin	104
bacitracin-polymyxin	104
baclofen	44
BACTRIM	13
BACTRIM DS	13
balsalazide disodium	102
BALVERSA	31
balziva	88
BANZEL	17
BAQSIMI	54
BARACLUDE	49
BCG VACCINE (TICE STRAIN)	100
BELBUCA	4
BELSOMRA	112
benazepril hcl	61
benazepril-hydrochlorothiazide	65
BENICAR	60
BENICAR HCT	65
BENLYSTA	96
BENZAMYCIN	73
benznidazole	37
benztropine mesylate	38
BESIVANCE	104
BESREMI	97

betaine anhydrous	82
betamethasone diprop augmented	74
betamethasone dipropionate	74
betamethasone valerate	74
BETASERON	72
betaxolol hcl	62,106
bethanechol chloride	85
BETOPTIC S	106
bexarotene	37
BEXSERO	100
bicalutamide	28
BICILLIN L-A	11
BIKTARVY	45
BILTRICIDE	37
bimatoprost	107
bismuth-metronidazole-tetracyc	80
bisoprolol fumarate	62
bisoprolol-hydrochlorothiazide	65
blisovi 24 fe	88
blisovi fe	88
BOOSTRIX TDAP	100
bosentan	110
BOSULIF	31
BRAFTOVI	31
BREO ELLIPTA	111
breynd	111
BREZTRI AEROSPHERE	111
briellyn	88
BRILINTA	59
brimonidine tartrate	106
brimonidine tartrate-timolol	104
brinzolamide	106
BRIVIACT	14
bromfenac sodium	105
bromocriptine mesylate	39
BRUKINSA	31
budesonide	107
budesonide dr	102
budesonide ec	102
budesonide er	102
budesonide-formoterol fumarate	111

bumetanide.....	66	CARBATROL.....	17
BUPHENYL.....	82	carbidopa.....	39
buprenorphine.....	4	carbidopa-levodopa.....	39
buprenorphine hcl.....	6	carbidopa-levodopa er.....	39
buprenorphine-naloxone.....	6,7	carbidopa-levodopa-entacapone.....	38
bupropion hcl.....	19	CARDIZEM.....	63
bupropion hcl sr.....	7,19	CARDIZEM CD.....	63
bupropion hcl sr 150mg tablet.....	19	CARDIZEM LA.....	63
bupropion xl.....	19	CARDURA.....	60
buspirone hcl.....	50	carglumic acid.....	77
butalbital-acetaminophen.....	2	carisoprodol.....	111
butalbital-acetaminophen-caffe.....	2	CARNITOR.....	82
butalbital-aspirin-caffeine.....	2	CARNITOR SF.....	82
butorphanol tartrate.....	4	carteolol hcl.....	106
BUTRANS.....	4	cartia xt.....	63
BYDUREON BCISE.....	52	carvedilol.....	62
BYSTOLIC.....	62	carvedilol er.....	62
C		CASODEX.....	28
cabergoline.....	94	caspofungin acetate.....	24
CABLIVI.....	59	CAYSTON.....	109
CABOMETYX.....	31	cefaclor.....	9
calcipotriene.....	76	cefadroxil.....	9
calcitonin-salmon.....	103	cefazolin sodium.....	10
calcitrene.....	76	cefazolin sodium-dextrose.....	10
calcitriol.....	103	cefdinir.....	10
CALQUENCE.....	31	cefepime.....	10
camila.....	93	cefepime hcl.....	10
camrese.....	88	cefepime-dextrose.....	10
camrese lo.....	88	cefixime.....	10
CANASA.....	102	cefoxitin.....	10
CANCIDAS.....	24	cefoxitin sodium.....	10
candesartan cilexetil.....	60	cefpodoxime proxetil.....	10
candesartan-hydrochlorothiazid.....	65	cefprozil.....	10
CAPLYTA.....	41	ceftazidime.....	10
CAPRELSA.....	31	ceftriaxone.....	10
captopril.....	61	cefuroxime.....	10
CARAFATE.....	81	cefuroxime sodium.....	10
CARBAGLU.....	77	CELEBREX.....	2
carbamazepine.....	17	celecoxib.....	2
carbamazepine er.....	17	CELEXA.....	20
		CELLCEPT.....	98

CELONTIN.....	15	clindamycin (pediatric).....	8
cephalexin.....	10	clindamycin hcl.....	8
CEREZYME.....	82	clindamycin phos-benzoyl perox.....	73
cetirizine hcl.....	108	clindamycin phosphate.....	8
cevimeline hcl.....	73	clindamycin phosphate-d5w.....	8
chateal.....	88	clindamycin-0.9% nacl.....	8
chateal eq.....	88	clindamycin-benzoyl peroxide.....	73
CHEMET.....	78	clobazam.....	15
chenodal.....	80	clobetasol emollient.....	75
chlordiazepoxide hcl.....	50	clobetasol propionate.....	75
chlorhexidine gluconate.....	73	clodan.....	75
chloroquine phosphate.....	37	clomipramine hcl.....	23
chlorpromazine hcl.....	23	clonazepam.....	51
chlorthalidone.....	67	clonidine.....	59
chlorzoxazone.....	111	clonidine hcl.....	59
cholestyramine.....	68	clonidine hcl er.....	71
cholestyramine light.....	68	clopidogrel.....	59
CHORIONIC GONADOTROPIN.....	86	clorazepate dipotassium.....	51
ciclodan.....	24	clotrimazole.....	24
ciclopirox.....	24	clotrimazole-betamethasone.....	76
cilostazol.....	59	clozapine.....	44
CIMDUO.....	46	clozapine odt.....	44
cimetidine.....	81	CLOZARIL.....	44
cinacalcet hcl.....	103	COARTEM.....	38
CINRYZE.....	96	COBENFY.....	44
CIPRO.....	13	COBENFY STARTER PACK.....	44
CIPRODEX.....	107	codeine sulfate.....	4
ciprofloxacin hcl.....	13,104	COLAZAL.....	102
ciprofloxacin-d5w.....	13	colchicine.....	26
ciprofloxacin-dexamethasone.....	107	COLCRYS.....	26
citalopram hbr.....	20	COLESTID.....	68
claravis.....	73	colestipol hcl.....	68
clarithromycin.....	12	colistimethate.....	8
clarithromycin er.....	12	COMBIGAN.....	104
clemastine fumarate.....	108	COMBIPATCH.....	88
CLEOCIN.....	8	COMBIVENT RESPIMAT.....	111
CLEOCIN HCL.....	8	COMETRIQ.....	31
CLEOCIN PHOSPHATE.....	8	COMPLERA.....	46
CLEOCIN T.....	8	compro.....	23
clindacin etz.....	8	COMTAN.....	38
clindacin p.....	8	constulose.....	79

COPAXONE.....	72	DALIRESP.....	110
COPIKTRA.....	31	DALVANCE.....	8
COREG CR.....	62	danazol.....	86
CORLANOR.....	65	DANTRIUM.....	45
CORTEF.....	85	dantrolene sodium.....	45
COSENTYX (2 SYRINGES).....	96	DANZITEN.....	31
COSENTYX SENSOREADY (2 PENS).....	96	dapsone.....	27
COSENTYX SENSOREADY PEN.....	96	DAPTACEL DTAP.....	100
COSENTYX SYRINGE.....	96	daptomycin.....	8
COSENTYX UNOREADY PEN.....	96	DARAPRIM.....	38
COSOPT.....	104	darifenacin er.....	84
COTELLIC.....	31	darunavir.....	48
COZAAR.....	60	dasatinib.....	31
CREON.....	82	dasetta.....	88
CRESEMBA.....	24	DAURISMO.....	31
CRESTOR.....	67	DAYPRO.....	2
cromolyn sodium.....	82,105,110	daysee.....	88
cryselle.....	88	DAYVIGO.....	112
CRYSVITA.....	82	DDAVP.....	86
CUBICIN.....	8	deblitane.....	93
CUBICIN RF.....	8	deferasirox.....	79
cyclobenzaprine hcl.....	111	DELSTRIGO.....	45
cyclophosphamide.....	28	DELZICOL.....	102
cycloserine.....	27	demeclocycline hcl.....	13
CYCLOSET.....	52	DEMSE.....	65
cyclosporine.....	98	DENGVAIA.....	100
cyclosporine modified.....	98	DEPAKOTE.....	14
CYMBALTA.....	20	DEPAKOTE ER.....	14
cyproheptadine hcl.....	108	DEPAKOTE SPRINKLE.....	14
cyred.....	88	DEPEN.....	85
cyred eq.....	88	DEPO-ESTRADIOL.....	87
CYSTADANE.....	82	DEPO-PROVERA.....	93
CYSTADROPS.....	104	DEPO-SUBQ PROVERA 104.....	93
CYSTAGON.....	83	DEPO-TESTOSTERONE.....	86
CYSTARAN.....	104	dermacinrx lidocan.....	6
CYTOMEL.....	94	DESCOVY.....	46
CYTOTEC.....	81	desipramine hcl.....	23
D		desloratadine.....	108
dabigatran etexilate.....	57	desmopressin acetate.....	86
dalfampridine er.....	72	desogestr-eth estrad eth estra.....	88
		desogestrel-ethinyl estradiol.....	88

desonide.....	75	diltiazem 24hr er (xr).....	64
desoximetasone.....	75	diltiazem hcl.....	64
desvenlafaxine succinate er.....	21	dimethyl fumarate.....	72
DETROL.....	84	DIOVAN.....	60
DETROL LA.....	84	DIOVAN HCT.....	65
dexamethasone.....	85	DIPENTUM.....	102
dexamethasone sodium phosphate.....	105	diphenoxylate-atropine.....	80
DEXEDRINE.....	70	DIPHThERIA-TETANUS TOXOIDS-PED.....	100
dexmethylphenidate hcl.....	71	DIPROLENE.....	75
dextroamphetamine sulfate.....	70	dipyridamole.....	59
dextroamphetamine sulfate er.....	70	disulfiram.....	6
dextroamphetamine-amphet er.....	70	divalproex sodium.....	14
dextroamphetamine-amphetamine.....	70	divalproex sodium er.....	14
dextrose 2.5%-0.45% nacl.....	77	DIVIGEL.....	87
dextrose 5%-0.2% nacl.....	77	dofetilide.....	61
dextrose 5%-0.225% nacl.....	77	dolishale.....	88
dextrose 5%-0.45% nacl.....	77	donepezil hcl.....	19
dextrose 5%-0.9% nacl.....	77	donepezil hcl odt.....	19
dextrose in water.....	79	dorzolamide hcl.....	106
DIACOMIT.....	14	dorzolamide-timolol.....	104
diazepam.....	15,16,51	dotti.....	87
diazoxide.....	54	DOVATO.....	45
diclofenac potassium.....	2	doxazosin mesylate.....	60
diclofenac sodium.....	2,76,105	doxepin hcl.....	23,75,112
diclofenac sodium er.....	2	doxy 100.....	13
diclofenac sodium-misoprostol.....	2,3	doxycycline hyclate.....	13
dicloxacillin sodium.....	11	doxycycline ir-dr.....	74
dicyclomine hcl.....	80	doxycycline monohydrate.....	13
DIFICID.....	12	DRIZALMA SPRINKLE.....	21
DIFLUCAN.....	24	dronabinol.....	24
difluprednate.....	105	droplet insulin syringe.....	55
digitek.....	65	droplet micron pen needle.....	55
digoxin.....	65	droplet pen needle.....	55
dihydroergotamine mesylate.....	26	drospirenone-eth estra-levomef.....	88
dilantin.....	17	drospirenone-ethinyl estradiol.....	89
DILANTIN-125.....	17	droxidopa.....	59
dilt-xr.....	63	DUAVEE.....	94
diltiazem 12hr er.....	64	DULERA.....	111
diltiazem 24hr er.....	64	duloxetine hcl.....	21
diltiazem 24hr er (cd).....	64	DUPIXENT PEN.....	96
diltiazem 24hr er (la).....	64	DUPIXENT SYRINGE.....	96

DUREZOL.....	105
dutasteride.....	84
dutasteride-tamsulosin.....	84

E

E.E.S. 200.....	12	enilloring.....	89
ec-naproxen.....	3	enoxaparin sodium.....	57
econazole nitrate.....	24	enpresse.....	89
EDARBI.....	60	enskyce.....	89
EDARBYCLOR.....	65	entacapone.....	38
EDURANT.....	45	entecavir.....	49
EDURANT PED.....	45	ENTRESTO.....	65
efavirenz.....	45	ENTRESTO SPRINKLE.....	65
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	45	ENTYVIO PEN.....	96
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	enulose.....	79
EFFEXOR XR.....	21	ENVARUSUS XR.....	98
EFUDEX.....	76	EPIDIOLEX.....	14
ELELYSO.....	83	epinastine hcl.....	105
ELIDEL.....	75	epinephrine.....	109
ELIGARD.....	94,95	epitol.....	17
elinest.....	89	EPIVIR.....	46
ELIQUIS.....	57	eplerenone.....	69
eluryng.....	89	EPRONTIA.....	14
EMEND.....	24	EPZICOM.....	46
EMGALITY PEN.....	26	ergotamine-caffeine.....	26
EMGALITY SYRINGE.....	26	ERIVEDGE.....	31
EMSAM.....	20	ERLEADA.....	28
emtricitabine.....	46	erlotinib hcl.....	31
emtricitabine-rilpivirine-tenofovir disoproxil fumarate.....	46	errin.....	93
emtricitabine-tenofovir disoproxil fumarate.....	46	ertapenem.....	11
EMTRIVA.....	46	ery.....	12
emzahn.....	93	ERY-TAB.....	12
enalapril maleate.....	61	ERYPED 200.....	12
enalapril-hydrochlorothiazide.....	65	ERYPED 400.....	12
ENBREL.....	98	ERYTHROCIN LACTOBIONATE.....	12
ENBREL MINI.....	98	erythromycin.....	12,104
ENBREL SURECLICK.....	98	erythromycin ethylsuccinate.....	12
ENDARI.....	83	erythromycin lactobionate.....	12
endocet.....	4,5	erythromycin-benzoyl peroxide.....	74
ENGERIX-B ADULT.....	100	ESBRIET.....	110
ENGERIX-B PEDIATRIC-ADOLESCENT.....	100	escitalopram oxalate.....	21
		ESGIC.....	2
		eslicarbazepine acetate.....	17,18
		esomeprazole magnesium.....	82
		estarylla.....	89
		ESTRACE.....	87

estradiol	87	felodipine er	63
estradiol (once weekly)	87	FEMARA	30
estradiol (twice weekly)	87	femynor	89
estradiol valerate	87	fenofibrate	67
estradiol-norethindrone acetat	89	fenofibric acid	67
ESTRING	87	fentanyl	4
eszopiclone	112	fentanyl citrate	5
ethambutol hcl	27	fesoterodine fumarate er	84
ethosuximide	15	FETZIMA	21
ethynodiol-ethinyl estradiol	89	FINACEA	74
etodolac	3	finasteride	84
etodolac er	3	fingolimod	72
etonogestrel-ethinyl estradiol	89	FINTEPLA	14
etravirine	45	FIRAZYR	96
EULEXIN	28	FIRMAGON	95
EUTHYROX	94	flac otic oil	107
everolimus	32,98	FLAGYL	9
EVISTA	94	flecainide acetate	61
EVOTAZ	48	FLOMAX	84
EXELON	19	fluconazole	24
exemestane	30	fluconazole-nacl	24
EXFORGE	65	flucytosine	24
EXFORGE HCT	65	fludrocortisone acetate	85
EXJADE	79	flunisolide	108
EXKIVITY	32	fluocinolone acetonide	75
EXTENCILLINE	11	fluocinolone acetonide oil	107
EYSUVIS	105	fluocinonide	75
ezetimibe	68	fluocinonide-e	75
ezetimibe-simvastatin	68	fluorometholone	105
F		fluorouracil	76
falmina	89	fluoxetine dr	21
famciclovir	50	fluoxetine hcl	21
famotidine	81	fluphenazine decanoate	39
FANAPT	41	fluphenazine hcl	39,40
FARESTON	29	flurbiprofen	3
FARXIGA	52	flurbiprofen sodium	106
FASENRA	111	fluticasone propionate	75,108
FASENRA PEN	111	fluticasone propionate hfa	108
feirza	89	fluticasone-salmeterol	111
felbamate	14	fluvastatin er	68
		fluvastatin sodium	68

fluvoxamine maleate	21
FML	106
FOCALIN	71
fondaparinux sodium	57
FORTEO	103
FOSAMAX	103
fosamprenavir calcium	48
fosinopril sodium	61
fosinopril-hydrochlorothiazide	65
FOTIVDA	32
FRUZAQLA	32
FULPHILA	58
furosemide	67
FUZEON	47
fyavolv	89
FYCOMPA	14

G

gabapentin	16	gengraf	98
galantamine er	19	gentamicin sulfate	7,77,105
galantamine hbr	19	gentamicin sulfate in ns	7
galantamine hydrobromide	19	GENVOYA	45
galbriela	89	GEODON	41
gallifrey	93	GILENYA	72
GAMMAGARD LIQUID	96	GILOTRIF	32
GAMMAGARD S-D	96	glatiramer acetate	72
GAMMAPLEX	96	glatopa	72,73
GAMUNEX-C	96	GLEEVEC	32
GARDASIL 9	100	GLEOSTINE	28
gatifloxacin	105	glimepiride	52
GATTEX	80	glipizide	52
gauze pads & dressings - pads 2 x 2	52	glipizide er	52
gavilyte-c	80	glipizide xl	52
gavilyte-g	80	glipizide-metformin	52
gavilyte-n	81	GLUCAGEN	54
GAVRETO	32	glucagon emergency kit	54
gefitinib	32	glucose 5%-0.9% nacl	77
gemfibrozil	67	glucose in water	79
gemmily	89	GLUCOTROL XL	52
GEMTESA	84	glyburide	52
generlac	80	glyburide micronized	52,53
		glyburide-metformin hcl	52,53
		glycopyrrolate	80
		GLYXAMBI	53
		GOLYTELY	81
		GOMEKLI	32
		granisetron hcl	24
		GRANIX	58
		griseofulvin	25
		griseofulvin ultramicrosize	25
		guanfacine hcl	59
		guanfacine hcl er	71
		GVOKE	54
		GVOKE HYPOPEN 1-PACK	54
		GVOKE HYPOPEN 2-PACK	54,55
		GVOKE PFS 1-PACK SYRINGE	55
		GVOKE PFS 2-PACK SYRINGE	55

H

HADLIMA	98
HADLIMA PUSHTOUCH	98
HADLIMA(CF)	98
HADLIMA(CF) PUSHTOUCH	98
HAEGARDA	96
hailey	89
hailey 24 fe	89
hailey fe	89
HALDOL DECANOATE 100	40
HALDOL DECANOATE 50	40
halobetasol propionate	75
haloette	89
haloperidol	40
haloperidol decanoate	40
haloperidol decanoate 100	40
haloperidol lactate	40
HAVRIX	100
heather	93
HEMADY	85
heparin sodium	57
HEPLISAV-B	100
HETLIOZ	112
HIBERIX	100
hidex	85
HUMALOG	55
HUMALOG JUNIOR KWIKPEN	55
HUMALOG KWIKPEN U-100	55
HUMALOG KWIKPEN U-200	55
HUMALOG MIX 50-50 KWIKPEN	55
HUMALOG MIX 75-25	55
HUMALOG MIX 75-25 KWIKPEN	55
HUMALOG TEMPO PEN U-100	55
HUMATIN	7
HUMIRA	98
HUMIRA PEN	98
HUMIRA(CF)	98
HUMIRA(CF) PEN	98
HUMIRA(CF) PEN CROHN'S-UC-HS	98
HUMIRA(CF) PEN PEDIATRIC UC	98

HUMIRA(CF) PEN PSOR-UV-ADOL HS	98
HUMULIN 70-30	55
HUMULIN 70/30 KWIKPEN	55
HUMULIN N	55
HUMULIN N KWIKPEN	55
HUMULIN R	55
HUMULIN R U-500	55
HUMULIN R U-500 KWIKPEN	55
hydralazine hcl	69
HYDREA	29
hydrochlorothiazide	67
hydrocodone bitartrate er	4
hydrocodone-acetaminophen	5
hydrocodone-ibuprofen	5
hydrocortisone	75,85,102
hydrocortisone butyrate	75
hydrocortisone valerate	75
hydrocortisone-acetic acid	107
hydromorphone hcl	5
hydroxychloroquine sulfate	38
hydroxyurea	29
hydroxyzine hcl	51
hydroxyzine pamoate	51
HYZAAR	65

ibandronate sodium	103
IBRANCE	32
IBTROZI	32
ibu	3
ibuprofen	3
icatibant	96
iclevia	89
ICLUSIG	32
icosapent ethyl	68
IDHIFA	32
ILEVRO	106
imatinib mesylate	32
IMBRUVICA	32
imipenem-cilastatin sodium	11
imipramine hcl	23

imiquimod.....	76	irbesartan.....	60
IMITREX.....	26	irbesartan-hydrochlorothiazide.....	65
IMKELDI.....	32	IRESSA.....	33
IMOVAX RABIES VACCINE.....	100	ISENTRESS.....	45
IMPAVIDO.....	9	ISENTRESS HD.....	45
IMURAN.....	98	isibloom.....	89
INBRIJA.....	39	isoniazid.....	27
incassia.....	93	isopropyl alcohol 0.7 ml/ml medicated pad.....	53
INCRELEX.....	86	ISORDIL TITRADOSE.....	69
INCRUSE ELLIPTA.....	108	isosorbide dinitrate.....	69
indapamide.....	67	isosorbide mononitrate.....	69
INDERAL LA.....	62	isosorbide mononitrate er.....	69
INDERAL XL.....	62	isotretinoin.....	74
indomethacin.....	3	isradipine.....	63
indomethacin er.....	3	ISTALOL.....	106
INFANRIX DTAP.....	100	ITOVEBI.....	33
INGREZZA.....	72	itraconazole.....	25
INGREZZA INITIATION PK(TARDIV).....	72	ivabradine hcl.....	65
INGREZZA SPRINKLE.....	72	ivermectin.....	37,77
INLYTA.....	32	IWILFIN.....	30
INNOPRAN XL.....	62	IXCHIQ.....	100
INQOVI.....	29	IXIARO.....	100
INREBIC.....	32		
INSPRA.....	69	J	
insulin pen needle.....	55	JADENU.....	79
insulin syringe.....	56	JADENU SPRINKLE.....	79
insulin syringe (disp) u-100 0.3 ml.....	55	jaimiess.....	89
insulin syringe (disp) u-100 1 ml.....	55	JAKAFI.....	33
insulin syringe (disp) u-100 1/2 ml.....	55	jantoven.....	57
INTELENCE.....	45	JANUMET.....	53
INTRALIPID.....	79	JANUMET XR.....	53
introvale.....	89	JANUVIA.....	53
INVANZ.....	12	JARDIANCE.....	53
INVEGA.....	41	jasmiel.....	89
INVEGA HAFYERA.....	41	JAYPIRCA.....	33
INVEGA SUSTENNA.....	41	jencycla.....	93
INVEGA TRINZA.....	41	JENTADUETO.....	53
INVELTYS.....	106	JENTADUETO XR.....	53
IPOL.....	100	jinteli.....	89
ipratropium bromide.....	108	jolessa.....	89
ipratropium-albuterol.....	111	juleber.....	89

JULUCA.....	45
junel.....	89
junel fe.....	89
junel fe 24.....	90
JUXTAPID.....	68
JYNNEOS.....	100
JYNNEOS (NATIONAL STOCKPILE).....	100

K

kaitlib fe.....	90
KALETRA.....	48
kalliga.....	90
KALYDECO.....	109
KANJINTI.....	37
kariva.....	90
kcl-d5w-0.2% nacl.....	77
kcl-d5w-0.225% nacl.....	78
kcl-d5w-0.45% nacl.....	78
kelnor 1-35.....	90
kelnor 1-50.....	90
KEPPRA.....	14
KERENDIA.....	69
KESIMPTA PEN.....	73
ketoconazole.....	25
ketorolac tromethamine.....	3,106
KINRIX.....	100
kionex.....	79
KISQALI.....	33
KISQALI FEMARA CO-PACK.....	29
KLARON.....	74
klayesta.....	25
KLOR-CON 10.....	78
KLOR-CON 8.....	78
klor-con m10.....	78
KLOR-CON M15.....	78
klor-con m20.....	78
KLOXXADO.....	7
KORLYM.....	95
KOSELUGO.....	33
kourzeq.....	73
KRAZATI.....	33

kurvelo.....	90
KUVAN.....	83

L

l-glutamine.....	83
labetalol hcl.....	62
lacosamide.....	18
lactulose.....	80
LAMICTAL.....	14
LAMICTAL (BLUE).....	15
lamivudine.....	46,49
lamivudine hbv.....	49
lamivudine-zidovudine.....	46
lamotrigine.....	15
lamotrigine (blue).....	15
lamotrigine er.....	15
LAMPIT.....	38
LANOXIN.....	65
lansoprazole.....	82
LANTUS.....	56
LANTUS SOLOSTAR.....	56
lapatinib.....	33
larin.....	90
larin 24 fe.....	90
larin fe.....	90
LASIX.....	67
latanoprost.....	107
LATUDA.....	41
LAYOLIS FE.....	90
LAZCLUZE.....	33
leena.....	90
leflunomide.....	98
lenalidomide.....	28
lentocilin s.....	11
LENVIMA.....	33
lessina.....	90
LETAIRIS.....	110
letrozole.....	30
leucovorin calcium.....	29
LEUKERAN.....	28
LEUKINE.....	58

leuprolide acetate.....	95	lisinopril-hydrochlorothiazide.....	65
leuprolide depot.....	95	lithium carbonate.....	51
levetiracetam.....	15	lithium carbonate er.....	51
levetiracetam er.....	15	lithium citrate.....	51
LEVO-T.....	94	LITHOBID.....	51
levobunolol hcl.....	106	LIVTENCITY.....	49
levocarnitine.....	83	lo-zumandimine.....	90
levocarnitine sf.....	83	LOCOID LIPOCREAM.....	75
levocetirizine dihydrochloride.....	108	LOESTRIN.....	90
levofloxacin.....	13	LOESTRIN FE.....	90
levofloxacin-d5w.....	13	lojaimiess.....	90
levonest.....	90	LONSURF.....	29
levonorg-eth estrad eth estrad.....	90	loperamide.....	80
levonorgestrel-eth estradiol.....	90	LOPID.....	67
levora-28.....	90	lopinavir-ritonavir.....	48
levorphanol tartrate.....	4	LOPRESSOR.....	62
levothyroxine sodium.....	94	LOPROX.....	25
LEVOXYL.....	94	lorazepam.....	51
LEXAPRO.....	21	lorazepam intensol.....	51
LEXIVA.....	48	LORBRENA.....	33
LIALDA.....	102	loryna.....	90
LIBERVANT.....	16	losartan potassium.....	60
lidocaine.....	6	losartan-hydrochlorothiazide.....	65
lidocaine hcl.....	6	LOTENSIN.....	61
lidocaine hcl laryngotracheal 4% solution.....	6	LOTRONEX.....	80
lidocaine hcl viscous.....	6	lovastatin.....	68
lidocaine-prilocaine.....	6	LOVENOX.....	57,58
LIDOCAN II.....	6	low-ogestrel.....	90
lidocan iii.....	6	loxapine.....	40
lidocan iv.....	6	lubiprostone.....	80
lidocan v.....	6	LUMAKRAS.....	33
LIDODERM.....	6	LUMIGAN.....	107
LILETTA.....	85	LUMRYZ.....	112
linezolid.....	9	LUMRYZ STARTER PACK.....	112
linezolid-0.9% nacl.....	9	LUPRON DEPOT.....	95
linezolid-d5w.....	9	LUPRON DEPOT (LUPANETA).....	95
LINZESS.....	80	LUPRON DEPOT-PED.....	95
liothyronine sodium.....	94	lurasidone hcl.....	41
LIPITOR.....	68	lurbipr.....	3
lisdexamfetamine dimesylate.....	70	lutera.....	90
lisinopril.....	61	LYBALVI.....	41

lyleq.....	93
lyllana.....	87
LYNPARZA.....	33
LYRICA.....	16
LYSODREN.....	29
LYTGOBI.....	33
LYUMJEV.....	56
LYUMJEV KWIKPEN U-100.....	56
LYUMJEV KWIKPEN U-200.....	56
LYUMJEV TEMPO PEN U-100.....	56
lyza.....	93

M

M-M-R II VACCINE.....	100	mercaptapurine.....	29
magnesium sulfate.....	78	meropenem.....	12
MALARONE.....	38	meropenem-0.9% nacl.....	12
malathion.....	77	merzee.....	90
maraviroc.....	47	mesalamine.....	102
marlissa.....	90	mesalamine dr.....	102
MARPLAN.....	20	mesalamine er.....	102
MATULANE.....	28	mesna.....	37
matzim la.....	64	MESNEX.....	37
MAVYRET.....	49	MESTINON.....	27
MAXALT.....	26	metformin hcl.....	53
MAXALT MLT.....	26	metformin hcl er.....	53
MAXITROL.....	104	methadone hcl.....	4
meclizine hcl.....	23	methazolamide.....	66
MEDROL.....	85	methenamine hippurate.....	9
medroxyprogesterone acetate.....	93	methimazole.....	95
mefloquine hcl.....	38	methocarbamol.....	111
megestrol acetate.....	93	methotrexate.....	99
MEKINIST.....	33,34	methotrexate sodium.....	99
MEKTOVI.....	34	methoxsalen.....	76
meleya.....	93	methscopolamine bromide.....	80
meloxicam.....	3	methsuximide.....	15
memantine hcl.....	19	methylphenidate er.....	71
memantine hcl er.....	19	methylphenidate hcl.....	71
MENACTRA.....	100	methylprednisolone.....	85
MENEST.....	87	methyltestosterone.....	86
MENQUADFI.....	100	metoclopramide hcl.....	81
MENVEO A-C-Y-W-135-DIP.....	100	metolazone.....	67
		metoprolol succinate.....	62
		metoprolol tartrate.....	62
		metoprolol-hydrochlorothiazide.....	66
		METRO IV.....	9
		METROCREAM.....	77
		METROGEL.....	77
		METROLOTION.....	77
		metronidazole.....	9,77
		metyrosine.....	66
		mexiletine hcl.....	61
		micafungin.....	25
		micafungin-0.9% nacl.....	25
		MICARDIS.....	60

MICARDIS HCT	66
microgestin	90
microgestin 24 fe	90
microgestin fe	90
midodrine hcl	59
MIEBO	104
mifepristone	95
miglustat	83
MIGRANAL	26
mili	91
mimvey	91
minocycline hcl	13
minoxidil	69
mirtazapine	20
misoprostol	81
modafinil	112
moexipril hcl	61
molindone hcl	40
mometasone furoate	75,108
mondoxylene nl	13
mono-lynyah	91
montelukast sodium	108
morphine sulfate	5
morphine sulfate er	4
MOUNJARO	53
MOVANTIK	80
MOVIPREP	81
moxifloxacin	13,105
moxifloxacin hcl	13
MRESVIA	101
MULTAQ	61
mupirocin	77
MVASI	37
MYALEPT	81
MYCOBUTIN	27
mycophenolate mofetil	99
mycophenolic acid	99
MYFORTIC	99
MYHIBBIN	99
myorisan	74
MYRBETRIQ	84

MYSOLINE	16
----------	----

N

nabumetone	3
nadolol	62
naftcillin	11
naftcillin sodium	11
naloxone hcl	7
naltrexone hcl	7
NAMENDA	19
naproxen	3
naproxen sodium	4
naratriptan hcl	26
NARCAN	7
NARDIL	20
NATACYN	105
nateglinide	53
NAYZILAM	16
nebivolol hcl	62
NEBUPENT	38
necon	91
needles, insulin disp., safety	56
nefazodone hcl	21
neo-polycin	105
neo-polycin hc	104
neomycin sulfate	8
neomycin-bacitracin-poly-hc	104
neomycin-bacitracin-polymyxin	105
neomycin-polymyxin-dexameth	104
neomycin-polymyxin-gramicidin	105
neomycin-polymyxin-hc	107
neomycin-polymyxin-hydrocort	107
NEORAL	99
NERLYNX	34
neuac	74
NEUPRO	39
NEURONTIN	16
nevirapine	46
nevirapine er	46
NEXAVAR	34
NEXIUM	82

NEXPLANON.....	85	NOVOLIN 70-30 FLEXPEN.....	56
niacin er.....	69	NOVOLIN N.....	56
nicardipine hcl.....	63	NOVOLIN N FLEXPEN.....	56
NICOTROL.....	7	NOVOLIN R.....	56
NICOTROL NS.....	7	NOVOLIN R FLEXPEN.....	56
nifedipine.....	63	NOVOLOG.....	56
nifedipine er.....	63	NOVOLOG FLEXPEN.....	56
nikki.....	91	NOVOLOG MIX 70-30.....	56
NILANDRON.....	28	NOVOLOG MIX 70-30 FLEXPEN.....	56
nilutamide.....	28	NOVOLOG PENFILL.....	56
nimodipine.....	63	NOXAFIL.....	25
NINLARO.....	34	NUBEQA.....	28
NIPENT.....	30	NUDEXTA.....	72
nisoldipine.....	63	NUPLAZID.....	42
nitazoxanide.....	38	NURTEC ODT.....	26
nitisinone.....	83	NUTRILIPID.....	79
NITRO-BID.....	69	NUVARING.....	91
nitrofurantoin.....	9	NUVIGIL.....	112
nitrofurantoin mono-macro.....	9	NUZYRA.....	14
nitroglycerin.....	70	nyamyc.....	25
nitroglycerin patch.....	70	nylia.....	91
NITROLINGUAL.....	70	nymyo.....	91
NITROSTAT.....	70	nystatin.....	25
NIVESTYM.....	58	nystatin-triamcinolone.....	76
nizatidine.....	81	nystop.....	25
nora-be.....	93		
norelgestromin-eth estradiol.....	91	O	
norethin-eth estra-ferrous fum.....	91	OCALIVA.....	81
norethindron-ethinyl estradiol.....	91	ocella.....	91
norethindrone.....	93	octreotide acetate.....	95
norethindrone ac (lupaneta).....	93	octreotide acetate er.....	95
norethindrone acetate.....	94	OCUFLOX.....	105
norethindrone-e.estradiol-iron.....	91	ODEFSEY.....	47
norgestimate-ethinyl estradiol.....	91	ODOMZO.....	34
NORPRAMIN.....	23	OFEV.....	110
NORTHERA.....	60	ofloxacin.....	13,105,107
nortrel.....	91	OGSIVEO.....	34
nortriptyline hcl.....	23	OJEMDA.....	34
NORVASC.....	63	OJJAARA.....	34
NORVIR.....	48	olanzapine.....	42
NOVOLIN 70-30.....	56	olanzapine odt.....	42

olmesartan medoxomil.....	60
olmesartan-amlodipine-hctz.....	66
olmesartan-hydrochlorothiazide.....	66
olopatadine hcl.....	108
omega-3 acid ethyl esters.....	69
omeprazole.....	82
omnipod 5 (g6/libre 2 plus).....	56
omnipod 5 dexg7g6 intro(gen 5).....	56
omnipod 5 dexg7g6 pods (gen 5).....	56
omnipod 5 g6-g7 intro kt(gen5).....	56
omnipod 5 g6-g7 pods (gen 5).....	56
omnipod 5 intro(g6/libre2plus).....	56
omnipod classic pods (gen 3).....	56
omnipod dash intro kit (gen 4).....	56
omnipod dash pdm kit (gen 4).....	56
omnipod dash pods (gen 4).....	56
omnipod go pods.....	56
OMNITROPE.....	86
ondansetron hcl.....	24
ondansetron odt.....	24
ONFI.....	16
ONTRUZANT.....	37
ONUREG.....	30
OPIPZA.....	42
OPSUMIT.....	110
OPVEE.....	7
ORACEA.....	74
ORALAIR.....	111
oralone.....	73
ORENCIA.....	97
ORENCIA CLICKJECT.....	97
ORFADIN.....	83
ORGOVYX.....	30
ORKAMBI.....	109
ORSERDU.....	29
oseltamivir phosphate.....	49
OTEZLA.....	76
OVIDE.....	77
oxaprozin.....	4
oxazepam.....	51
oxcarbazepine.....	18

oxybutynin chloride.....	84
oxybutynin chloride er.....	84
oxycodone hcl.....	5
oxycodone-acetaminophen.....	5
OZEMPIC.....	53

P

pacerone.....	61
paliperidone er.....	42
PALYNZIQ.....	83
PANRETIN.....	37
pantoprazole sodium.....	82
paricalcitol.....	103
PARNATE.....	20
paroxetine cr.....	21,22
paroxetine er.....	22
paroxetine hcl.....	22
PAXIL.....	22
PAXLOVID.....	50
pazopanib hcl.....	34
PEDIARIX.....	101
PEDVAXHIB.....	101
peg 3350-electrolyte.....	81
peg-3350 and electrolytes.....	81
peg3350-sod sul-nacl-kcl-asb-c.....	81
PEGASYS.....	97
PEMAZYRE.....	34
pen needle.....	57
PENBRAYA.....	101
penicillamine.....	85
penicillin g potassium.....	11
penicillin g sodium.....	11
penicillin gk-iso-osm dextrose.....	11
penicillin v potassium.....	11
PENTACEL.....	101
PENTAM 300.....	38
pentamidine isethionate.....	38
PENTASA.....	102
pentoxifylline.....	66
perampanel.....	15
perindopril erbumine.....	61

periogard	73	pramipexole dihydrochloride	39
permethrin	77	prasugrel hcl	59
perphenazine	23	pravastatin sodium	68
PERSERIS	42	praziquantel	37
pfizerpen	11	prazosin hcl	60
phenelzine sulfate	20	PRED FORTE	106
phenobarbital	16	PRED MILD	106
phenoxybenzamine hcl	60	prednisolone	85
PHENYTEK	18	prednisolone acetate	106
phenytoin	18	prednisolone sodium phosphate	86,106
phenytoin sodium extended	18	prednisone	86
philith	91	pregabalin	16,17
PIFELTRO	46	PREGNYL	86
pilocarpine hcl	73,107	PREHEVBRIO	101
pimecrolimus	76	PREMARIN	87
pimozide	40	PREMPHASE	91
pimtrea	91	PREMPRO	91
pindolol	62	PRETOMANID	27
pioglitazone hcl	53	PREVACID	82
pioglitazone-glimepiride	53	prevalite	69
pioglitazone-metformin	53	PREVYMIS	49
piperacillin-tazobactam	11	PREZCOBIX	48
PIQRAY	34	PREZISTA	48
pirfenidone	110,111	PRIFTIN	27
piroxicam	4	primaquine	38
PLAQUENIL	38	primidone	17
PLAVIX	59	PRIORIX	101
PLEGRIDY	73	PRISTIQ	22
PLEGRIDY PEN	73	PROAIR RESPICLICK	109
podofilox	76	probenecid	26
polycin	105	probenecid-colchicine	26
polymyxin b sul-trimethoprim	105	PROCARDIA XL	63
POMALYST	29	prochlorperazine	23
portia	91	prochlorperazine maleate	23
posaconazole	25	PROCRT	58,59
potassium chloride	78	procto-med hc	103
potassium chloride in d5lr	78	proctosol-hc	103
potassium chloride proamp	78	proctozone-hc	103
potassium chloride-0.45% nacl	78	progesterone	94
potassium chloride-dextrose 5%	77	PROGLYCEM	55
potassium citrate er	78	PROGRAF	99

PROLASTIN C.....	83	rabeprazole sodium.....	82
PROLENSA.....	106	RALDESY.....	22
PROLIA.....	103	raloxifene hcl.....	94
PROMACTA.....	59	ramelteon.....	112
promethazine hcl.....	23	ramipril.....	61
promethegan.....	23	ranolazine er.....	66
propafenone hcl.....	62	RAPAFLO.....	85
propafenone hcl er.....	62	RAPAMUNE.....	99
propranolol hcl.....	63	rasagiline mesylate.....	39
propranolol hcl er.....	63	reclipsen.....	91
propylthiouracil.....	95	RECOMBIVAX HB.....	101
PROQUAD.....	101	RECTIV.....	70
PROSCAR.....	85	REGLAN.....	81
PROTONIX.....	82	REGRANEX.....	76
protriptyline hcl.....	23	RELENZA.....	49
PROVERA.....	94	RELISTOR.....	80
PROZAC.....	22	REMERON.....	20
PRUDOXIN.....	76	RENFLEXIS.....	99
PULMOZYME.....	109	repaglinide.....	53,54
PURIXAN.....	29	REPATHA PUSHTRONEX.....	69
PYLERA.....	81	REPATHA SURECLICK.....	69
pyrazinamide.....	27	REPATHA SYRINGE.....	69
pyridostigmine bromide.....	27	RESTASIS.....	104
pyridostigmine bromide er.....	27	RESTASIS MULTIDOSE.....	104
pyrimethamine.....	38	RETACRIT.....	59
PYRUKYND.....	83	RETEVMO.....	34
Q		RETIN-A.....	74
QINLOCK.....	34	RETROVIR.....	47
QUADRACEL DTAP-IPV.....	101	REVCovi.....	83
quetiapine fumarate.....	42	REVUFORJ.....	34
quetiapine fumarate er.....	42	REXULTI.....	42
quinapril hcl.....	61	REYATAZ.....	48
quinapril-hydrochlorothiazide.....	66	REZLIDHIA.....	34
quinidine gluconate.....	62	REZUROCK.....	99
quinidine sulfate.....	62	RHOPRESSA.....	107
quinine sulfate.....	38	RIABNI.....	37
QVAR REDHALER.....	108	ribavirin.....	49
R		RIDAURA.....	97
RABAVERT.....	101	rifabutin.....	27
		rifampin.....	27
		riluzole.....	72

RINVOQ.....	97	SAMSCA.....	79
RINVOQ LQ.....	97	SANDIMMUNE.....	99
risedronate sodium.....	103	SANDOSTATIN LAR DEPOT.....	95
risedronate sodium dr.....	103	SANTYL.....	76
RISPERDAL.....	42	SAPHRIS.....	43
RISPERDAL CONSTA.....	42	sapropterin dihydrochloride.....	83
risperidone.....	42,43	saxagliptin hcl.....	54
risperidone er.....	43	saxagliptin-metformin er.....	54
risperidone odt.....	42,43	SCEMBLIX.....	35
RITALIN.....	71	scopolamine.....	24
ritonavir.....	48	SECUADO.....	43
rivaroxaban.....	58	selegiline hcl.....	39
rivastigmine.....	19	selenium sulfide.....	76
rizatriptan.....	26	SELZENTRY.....	47
ROCALtrol.....	103	SENSIPAR.....	103
ROCKLATAN.....	107	SEREVENT DISKUS.....	109
roflumilast.....	110	SEROQUEL.....	43
ROMVIMZA.....	34	SEROQUEL XR.....	43
ropinirole er.....	39	sertraline hcl.....	22
ropinirole hcl.....	39	setlakin.....	91
rosadan.....	77	SFROWASA.....	102
rosuvastatin calcium.....	68	sharobel.....	94
ROTARIX.....	101	SHINGRIX.....	101
ROTATEQ.....	101	SIGNIFOR.....	95
ROWASA.....	102	SIGNIFOR LAR.....	95
roweepra.....	15	sildenafil citrate.....	110
ROXICODONE.....	6	SILENOR.....	112
ROZEREM.....	112	silodosin.....	85
ROZLYTREK.....	34,35	SILVADENE.....	76
RUBRACA.....	35	silver sulfadiazine.....	76
rufinamide.....	18	SIMBRINZA.....	107
RUKOBIA.....	47	SIMLANDI(CF).....	99
RUXIENCE.....	37	SIMLANDI(CF) AUTOINJECTOR.....	99
RYBELSUS.....	54	simliya.....	91
RYDAPT.....	35	simpesse.....	91
RYTARY.....	39	simvastatin.....	68
S		SINEMET.....	39
SABRIL.....	17	SINEMET 10-100.....	39
sajazir.....	96	SINEMET 25-100.....	39
SALAGEN.....	73	SINGULAIR.....	108
		sirolimus.....	99

TAFINLAR.....	35	TERIPARATIDE.....	103
TAGRISSO.....	35	testosterone.....	86
TALZENNA.....	35	testosterone cypionate.....	87
TAMIFLU.....	49	testosterone enanthate.....	87
tamoxifen citrate.....	29	tetrabenazine.....	72
tamsulosin hcl.....	85	tetracycline hcl.....	14
taperdex.....	86	THALOMID.....	29
TARGRETIN.....	37	THEO-24.....	110
tarina 24 fe.....	92	theophylline anhydrous.....	110
tarina fe.....	92	theophylline er.....	110
tarina fe 1-20 eq.....	92	thioridazine hcl.....	40
TASIGNA.....	35	thiothixene.....	40
tasimelteon.....	112	THYMOGLOBULIN.....	96
TASMAR.....	38	tiadylt er.....	64
taysofy.....	92	tiagabine hcl.....	17
tazarotene.....	74	TIAZAC.....	64
tazicef.....	10	TIBSOVO.....	35
TAZORAC.....	74	ticagrelor.....	59
taztia xt.....	64	TICOVAC.....	101
TAZVERIK.....	35	tigecycline.....	9
TDVAX.....	101	TIKOSYN.....	62
TECFIDERA.....	73	tilia fe.....	92
TEFLARO.....	10	timolol maleate.....	63,106
TEGRETOL.....	18	TIMOPTIC.....	106
TEGRETOL XR.....	18	TIMOPTIC OCUDOSE.....	106
TEKTURNA.....	66	tinidazole.....	9
telmisartan.....	61	tiotropium bromide.....	109
telmisartan-amlodipine.....	66	TIROSINT.....	94
telmisartan-hydrochlorothiazid.....	66	TIROSINT-SOL.....	94
temazepam.....	112	TIVICAY.....	45
tencon.....	2	TIVICAY PD.....	45
TENIVAC.....	101	tizanidine hcl.....	45
tenofovir disoproxil fumarate.....	47	TOBRADEX.....	104
TENORETIC 100.....	66	tobramycin.....	105,109
TENORETIC 50.....	66	tobramycin sulfate.....	8
TENORMIN.....	63	tobramycin-dexamethasone.....	104
TEPMETKO.....	35	tolcapone.....	38
terazosin hcl.....	60	tolterodine tartrate.....	84
terbinafine hcl.....	25	tolterodine tartrate er.....	84
terbutaline sulfate.....	109	tolvaptan.....	79
terconazole.....	25	topiramate.....	15

UDENYCA.....	59
UDENYCA AUTOINJECTOR.....	59
UDENYCA ONBODY.....	59
UNITHROID.....	94
ursodiol.....	81
UZEDY.....	43

V

VAGIFEM.....	87	verapamil hcl.....	64
valacyclovir.....	50	verapamil sr.....	64
VALCHLOR.....	28	VERELAN.....	64
VALCYTE.....	49	VERELAN PM.....	64
valganciclovir hcl.....	49	VERQUVO.....	70
valproic acid.....	15	VERSACLOZ.....	44
valsartan.....	61	VERZENIO.....	36
valsartan-hydrochlorothiazide.....	66	vestura.....	92
VALTOCO.....	17	VFEND IV.....	25
VALTREX.....	50	VIBERZI.....	80
valtya.....	92	vienva.....	92
vanadom.....	111	vigabatrin.....	17
vancomycin hcl.....	9	vigadrone.....	17
VANFLYTA.....	36	VIGAFYDE.....	17
VAQTA.....	101	VIGAMOX.....	105
varenicline tartrate.....	7	vigpoder.....	17
VARIVAX VACCINE.....	101	VIIBRYD.....	22
VASCEPA.....	69	vilazodone hcl.....	22
VASERETIC.....	66	VIMKUNYA.....	101
VASOTEC.....	61	VIMPAT.....	18
VAXCHORA VACCINE.....	101	viorele.....	92
velivet.....	92	VIRACEPT.....	48
VELTASSA.....	79	VIREAD.....	47
VENCLEXTA.....	36	VITRAKVI.....	36
VENCLEXTA STARTING PACK.....	36	VIVITROL.....	7
venlafaxine besylate er.....	22	VIVOTIF.....	101
venlafaxine hcl.....	22	VIZIMPRO.....	36
venlafaxine hcl er.....	22	volnea.....	92
VENTAVIS.....	110	VONJO.....	36
VENTOLIN HFA.....	109	VORANIGO.....	36
VEOZAH.....	72	voriconazole.....	25
verapamil er.....	64	VOTRIENT.....	36
verapamil er pm.....	64	VOWST.....	81
		VPRIV.....	83
		VRAYLAR.....	43
		VUMERITY.....	73
		vyfemla.....	92
		vylibra.....	92
		VYNDAMAX.....	83
		VYNDAQEL.....	83
		VYTORIN.....	69

VYVANSE..... 70

W

warfarin sodium..... 58

WELIREG..... 83

WELLBUTRIN SR..... 20

WELLBUTRIN XL..... 20

wera..... 92

wixela inhub..... 111

wymzya fe..... 93

X

XALKORI..... 36

xarah fe..... 93

XARELTO..... 58

XATMEP..... 99

XCOPRI..... 18

XDEMVY..... 104

xelria fe..... 93

XENAZINE..... 72

XERMELO..... 80

XGEVA..... 103

XHANCE..... 108

XIFAXAN..... 81

XIGDUO XR..... 54

XIIDRA..... 104

XOFLUZA..... 49,50

XOLAIR..... 97

XOPENEX HFA..... 109

XOSPATA..... 36

XPOVIO..... 30

XPOVIO 40 MG ONCE WEEKLY..... 30

XTANDI..... 28

xulane..... 93

Y

yargesa..... 83

YASMIN 28..... 93

YAZ..... 93

YF-VAX..... 101

YONSA..... 28

yuvaferm..... 87

Z

zafemy..... 93

zafirlukast..... 108

zaleplon..... 112

ZARONTIN..... 15

ZEBUTAL..... 2

ZEJULA..... 36

ZELBORAF..... 36

zenatane..... 74

ZENPEP..... 83

zenzedi..... 71

ZEPATIER..... 49

ZESTORETIC..... 66

ZESTRIL..... 61

ZETIA..... 69

ZIAC..... 66

ZIAGEN..... 47

zidovudine..... 47

ZIEXTENZO..... 59

ziprasidone hcl..... 43

ziprasidone mesylate..... 43

ZIRABEV..... 37

ZITHROMAX..... 12

ZITHROMAX TRI-PAK..... 12

ZOCOR..... 68

ZOKINVY..... 83

ZOLINZA..... 30

zolmitriptan odt..... 27

ZOLOFT..... 22,23

zolpidem tartrate..... 112

zolpidem tartrate er..... 112

ZONALON..... 76

ZONEGRAN..... 18

ZONISADE..... 18

zonisamide..... 19

ZONTIVITY..... 58

ZORTRESS..... 99

ZOSYN..... 11

zovia 1-35..... 93

ZOVIRAX.....	50
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	93
ZURZUVAE.....	20
ZYDELIG.....	36
ZYKADIA.....	36
ZYPREXA.....	43,44
ZYPREXA RELPREVV.....	44
ZYPREXA ZYDIS.....	44
ZYVOX.....	9

Retiree RxCare

Este formulario fue actualizado el 08/01/2025. Para obtener información más reciente o Si tiene alguna pregunta, comuníquese con el Centro de atención al cliente de Retiree RxCare al 1-855-693-3921 o, para usuarios de TTY, al 711, 24 horas al día, 7 días a la semana o visite <http://retireerxcarepdp.com>.