



Retiree RxCare Formulario 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 17

Este formulario se actualizó el 09/01/2025. No hemos realizado cambios a este formulario Desde el 09/01/2025. 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 documentopara 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 09/01/2025. 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 immeditarlo 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 suspenderemos 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 09/01/2025, 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 2. 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 114. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se enumeran en el Índice. Busque en el índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

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

¿Hay alguna restricción en mi cobertura?

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

Autorización previa: Retiree RxCare requiere que usted o su médico obtengan información previa Autorización para ciertos medicamentos. Esto significa que deberá obtener la aprobación de Retiree

RxCare antes de surtir sus recetas. Si no obtiene la aprobación, es posible que Retiree RxCare no cubra el medicamento

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

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

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

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

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

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

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

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

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

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

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

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

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

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 114.

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
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.

(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-acetaminophn 50-325</i>	1	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine cp</i>	1	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	1	QL (180 PER 30 DAYS)
<i>tencon</i>	3	QL (180 PER 30 DAYS)
ZEBUTAL	1	QL (180 PER 30 DAYS)
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 otfc 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 lidocan</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 flm)</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 carpupject, 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)		
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)	3	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	
<i>fidaxomicin</i>	4	QL (20 PER 10 OVER TIME)
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)		
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>mondoxylene 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)	3	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)		

You 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>	3	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, 25 mg/ml solution, 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

APTOM (200 MG TABLET, 400 MG TABLET)	4	QL (30 PER 30 DAYS)
APTOM (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>		
<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>		
<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)	2	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)		
<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)	3	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>	3	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 (hpbcd)</i>	1	PA
<i>voriconazole 40 mg/ml susp</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
Antigout Agents		
<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	1	
<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 spry</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)
UBRELVY	2	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	3	QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
MAXALT	3	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	3	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	1	QL (18 PER 30 DAYS)

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

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

Antimyasthenic Agents

Parasympathomimetics

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIRTURO	4	
TRECTOR	3	

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)		
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiangiogenic Agents		
<i>lenalidomide (15 mg capsule, 20 mg capsule, 25 mg capsule)</i>	3	PA, QL (21 PER 28 DAYS)
<i>lenalidomide (2.5 mg capsule, 5 mg capsule, 10 mg capsule)</i>	4	PA, QL (30 PER 30 DAYS)
POMALYST	4	PA, QL (21 PER 28 DAYS)
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)

You 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>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>		
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	
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DAURISMO 100 MG TABLET	4	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	4	PA, QL (60 PER 30 DAYS)
ERIVEDGE	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	4	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	4	PA, QL (90 PER 30 DAYS)
EXKIVITY	4	PA, QL (120 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LYNPARZA	4	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	4	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	4	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	4	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	4	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	4	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	4	PA, QL (30 PER 30 DAYS)
MEKTOVI	4	PA, QL (180 PER 30 DAYS)
NERLYNX	4	PA, QL (180 PER 30 DAYS)
NEXAVAR	4	PA, QL (120 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
ROZLYTREK 200 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	4	PA, QL (336 PER 28 DAYS)
RUBRACA	4	PA, QL (120 PER 30 DAYS)
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)
TAGRISO	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)	1	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZELBORAF	4	PA, QL (240 PER 30 DAYS)
ZYDELIG	4	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	4	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

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	
STROMEKTOL	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
Antiprotozoals		
<i>atovaquone</i>	1	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate</i>	1	
COARTEM	3	
DARAPRIM	4	PA
<i>hydroxychloroquine 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	

You 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>tolcapone</i>	4	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	1	PA
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

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

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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ARISTADA ER 882 MG/3.2 ML SYRN	4	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	4	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	1	PA, QL (60 PER 30 DAYS)
CAPLYTA	4	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	3	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	3	PA, QL (8 PER 28 OVER TIME)
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)	2	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)	3	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)

You 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>lurasidone hcl 80 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
LYBALVI	4	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	4	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	1	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	1	PA, QL (90 PER 30 DAYS)
<i>olanzapine odt</i>	1	PA, QL (30 PER 30 DAYS)
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)

You 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 0.25 mg odt</i>	3	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	1	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	3	PA, QL (45 PER 30 DAYS)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antispasticity Agents		
<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	1	
DANTRIUM 25 MG CAPSULE	3	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>		
<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)	1	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)

You 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>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)
<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- rilpivirine-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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamivudine 150 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	1	QL (60 PER 30 DAYS)
ODEFSEY	4	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	3	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	3	QL (180 PER 30 DAYS)
<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)

You 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-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	4	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	1	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	4	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	4	QL (30 PER 30 DAYS)
EVOTAZ	4	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	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)	2	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)	3	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>		
<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
<i>unifine pentips</i>	2	PA
<i>unifine pentips plus</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)	1	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)

You 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>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)
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 1 mg/ml suspension</i>	1	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tablet</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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FULPHILA	4	PA
GRANIX	4	PA
LEUKINE	4	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	4	PA
NIVESTYM 300 MCG/0.5 ML SYRING	2	PA
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
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

<i>tranexamic acid 650 mg tablet</i>	1
--------------------------------------	---

Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	1
BRILINTA	2
CABLIVI	4
<i>cilostazol</i>	1
<i>clopidogrel 75 mg tablet</i>	1
<i>dipyridamole (25 mg tablet, 50 mg tablet, 75 mg tablet)</i>	1
PLAVIX	3
<i>prasugrel hcl</i>	1
<i>ticagrelor</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
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	1	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	4	PA
<i>guanfacine hcl</i>	1	
<i>midodrine hcl</i>	1	
NORTHERA	4	PA
Alpha-adrenergic Blocking Agents		
CARDURA	3	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	1	QL (60 PER 30 DAYS)
<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)

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

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

Angiotensin-converting Enzyme (ACE) Inhibitors

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)		
VASOTEC 20 MG TABLET	4	
ZESTRIL	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
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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOPRESSOR (50 MG TABLET, 100 MG TABLET)		
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	1	
<i>nebivolol hcl</i>	1	
<i>pindolol</i>	1	
<i>propranolol hcl (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	

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

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

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

You 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>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)
<i>methazolamide</i>	1	
<i>metoprolol-hydrochlorothiazide</i>	1	
<i>metyrosine</i>	4	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	2	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZESTORETIC	3	
ZIAC	3	
Diuretics, Loop		
<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	1	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet, 40 mg/4 ml 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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	3	QL (30 PER 30 DAYS)
<i>fluvastatin 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)	2	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	3	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	3	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	3	QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	1	
<i>cholestyramine light (packet, powder)</i>	1	
COLESTID 1 GM TABLET	3	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</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>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
<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	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	3	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>isosorbide mononitrate er</i>	1	
NITRO-BID	3	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	1	
<i>nitroglycerin patch</i>	1	
NITROLINGUAL	3	
NITROSTAT	3	
RECTIV	3	
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)

You 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>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)
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>tingolimod</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)
<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	
-----------------	---	--

You 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>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	
<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	
-------------------	---	--

You 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>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)
<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)

You 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>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)
<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

You 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>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	

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	
----------------------------------	---	--

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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	

You 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>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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)	3	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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	
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)		
CYTOTEC	3	
<i>misoprostol</i>	1	
<i>sucralfate (1 gm tablet, 1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	1	
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	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	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	3	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	3	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</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
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	
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>		
<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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	1	QL (30 PER 30 DAYS)
DETROL	3	QL (60 PER 30 DAYS)
DETROL LA	3	QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	1	QL (30 PER 30 DAYS)
GEMTESA	3	QL (30 PER 30 DAYS)
MYRBETRIQ (ER 25 MG TABLET, ER 50 MG TABLET)	1	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)

You 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>tolterodine tartrate er</i>	1	QL (30 PER 30 DAYS)
TOVIAZ	3	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)
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	

You 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>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)		
<i>methylprednisolone</i>	1	
<i>prednisolone (15 mg/5 ml soln, 15 mg/5 ml syrup, 15mg/5ml soln cup)</i>	1	
<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)	2	PA
PREGNYL	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
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)
<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)		
<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>		

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)		
VAGIFEM	3	
<i>yuvaferm</i>	1	
<i>abigale lo</i>	1	
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen</i>	1	
<i>amabelz</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	
<i>ashlyna</i>	1	
<i>aubra</i>	1	
<i>aubra eq</i>	1	
<i>aurovela</i>	1	
<i>aurovela 24 fe</i>	1	
<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	

You 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>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	
<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	

You 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>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	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1-35</i>	1	
<i>kelnor 1-50</i>	1	
<i>kurvelo</i>	1	
<i>larin</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe</i>	1	
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>		

You 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>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	
<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	

You 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>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	
<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	

You 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>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	
<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	

You 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>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	
<i>norethindrone acetate</i>	1	
<i>orquidea</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	

You 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>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)	3	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	1	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)	2	PA
LUPRON DEPOT 3.75MG (LUPANETA)	4	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	3	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

You 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>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	

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	3	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
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	3	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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)	3	PA

Immunostimulants

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

Immunosuppressants

ASTAGRAF XL	3	PA
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

You 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 (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	4	PA
<i>everolimus 0.25 mg tablet</i>	1	PA
<i>engraf (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	
<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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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

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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOL	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
PENMENVY MEN A-B-C-W-Y	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	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)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mesalamine 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)
<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)

You 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>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)		
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)	3	PA
TYMLOS	4	PA
XGEVA	4	PA

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 (neomycin-polym-dexamet ointm, neomycin-polym-dexameth drop)</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
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	
XDEMVY	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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	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	
<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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ISTALOL	3	
<i>levobunolol hcl</i>	1	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% eye drops, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	

Ophthalmic Intraocular Pressure Lowering Agents, Other

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

Ophthalmic Prostaglandin and Prostanoid Analogs

<i>bimatoprost 0.03% eye drops</i>	1	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ciprofloxacin-dexamethasone</i>	1	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc ear susp</i>	1	
<i>neomycin-polymyxin-hydrocort</i>	1	
<i>ofloxacin 0.3% ear drops</i>	1	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA	2	QL (30 PER 30 DAYS)
ASMANEX	2	QL (1 PER 30 DAYS)
ASMANEX HFA	2	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	1	PA
<i>flunisolide</i>	1	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	2	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	2	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	2	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	1	QL (34 PER 30 DAYS)
QVAR REDHALER 40 MCG	2	QL (10.6 PER 30 DAYS)
QVAR REDHALER 80 MCG	2	QL (21.2 PER 30 DAYS)
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 syrp)</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>desloratadine 5 mg tablet</i>	1	
<i>levocetirizine 5 mg tablet</i>	1	
<i>olopatadine 665 mcg nasal spray</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
SPIRIVA HANDIHALER	3	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	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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)
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)

You 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>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)
<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>breyna</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)

You 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>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	

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)

You 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>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	AFINITOR DISPERZ	30
abacavir-lamivudine	46	afirmelle	88
abigale lo	88	AGRYLIN	58
ABILIFY	40	AIMOVIG AUTOINJECTOR	26
ABILIFY ASIMTUFII	40	AKEEGA	31
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	75
ACCOLATE	109	ALDACTONE	69
accutane	73	ALECENSA	31
acebutolol hcl	62	alendronate sodium	103
acetaminophen-codeine	4	alfuzosin hcl er	85
acetazolamide	64	aliskiren	64
acetazolamide er	64	allopurinol	26
acetic acid	107	alosetron hcl	80
acetylcysteine	111	ALPHAGAN P	107
acitretin	74	alprazolam	50
ACTEMRA	97	alprazolam er	50
ACTEMRA ACTPEN	97	alprazolam xr	50
ACTHAR	85	ALTACE	61
ACTHAR SELFJECT	85	altavera	88
ACTHIB	100	ALUNBRIG	31
ACTIMMUNE	98	alyacen	88
ACTOS	52	amabelz	88
ACULAR	106	amantadine	38
ACULAR LS	106	AMBISOME	24
acyclovir	50	ambrisentan	111
acyclovir sodium	50	amethia	88
ADACEL TDAP	100	amethyst	88
ADCIRCA	110	amikacin sulfate	7
ADDERALL XR	70	amiloride hcl	67
adefovir dipivoxil	49	amiloride-hydrochlorothiazide	65
ADEMPAS	110	amiodarone hcl	62
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	111	amlodipine besylate	63
AFINITOR	30	amlodipine besylate-benazepril	65

amlodipine-atorvastatin	65	AROMASIN	30
amlodipine-olmesartan	65	ARTHROTEC 50	2
amlodipine-valsartan	65	ARTHROTEC 75	2
amlodipine-valsartan-hctz	65	asenapine maleate	41
ammonium lactate	75	ashlyna	88
amnestem	74	ASMANEX	108
amoxapine	23	ASMANEX HFA	108
amoxicillin	10	aspirin-dipyridamole er	59
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	98
amoxicillin-clavulanate potass	11	ATACAND	60
amphotericin b	24	ATACAND HCT	65
amphotericin b liposome	24	atazanavir sulfate	48
ampicillin sodium	11	ATELVIA	103
ampicillin trihydrate	11	atenolol	62
ampicillin-sulbactam	11	atenolol-chlorthalidone	65
AMPYRA	72	ATGAM	96
anagrelide hcl	58	atomoxetine hcl	71
anastrozole	30	atorvastatin calcium	68
ANDROGEL	87	atovaquone	38
ANORO ELLIPTA	111	atovaquone-proguanil hcl	38
APOKYN	39	atropine sulfate	104
apomorphine hcl	39	ATROVENT HFA	109
aprepitant	24	aubra	88
apri	88	aubra eq	88
APRISO	102	AUGTYRO	31
APTIOM	17	aurovela	88
APTIVUS	48	aurovela 24 fe	88
aqua care sodium chloride	77	aurovela fe	88
aranelle	88	AUSTEDO	72
ARANESP	58	AUSTEDO XR	72
ARCALYST	97	AUSTEDO XR TITRATION KT(WK1-4)	72
AREXVY	100	AUVELITY	19
ARICEPT	19	AVALIDE	65
ARIKAYCE	7	AVAPRO	60
ARIMIDEX	30	aviane	88
aripiprazole	40	avidoxy	13
aripiprazole odt	40	AVITA	74
ARISTADA	40,41	AVMAPKI-FAKZYNJA	29
ARISTADA INITIO	41	AVODART	85
armodafinil	113	AVONEX	72
ARNUITY ELLIPTA	108	AVONEX (4 PACK)	72

AVONEX PEN (4 PACK).....	72	BESREMI.....	98
ayuna.....	88	betaine anhydrous.....	83
AYVAKIT.....	31	betamethasone diprop augmented.....	75
AZACTAM.....	8	betamethasone dipropionate.....	75
AZASAN.....	98	betamethasone valerate.....	75
azathioprine.....	98	BETASERON.....	72
azelaic acid.....	74	betaxolol hcl.....	62,106
azelastine hcl.....	106,108	bethanechol chloride.....	85
AZELEX.....	74	BETOPTIC S.....	106
AZILECT.....	39	bexarotene.....	37
azithromycin.....	12	BEXSERO.....	100
AZOPT.....	107	bicalutamide.....	28
AZOR.....	65	BICILLIN L-A.....	11
aztreonam.....	8	BIKTARVY.....	45
AZULFIDINE.....	102	BILTRICIDE.....	37
azurette.....	88	bimatoprost.....	107
B		bismuth-metronidazole-tetracyc.....	81
bacitracin.....	105	bisoprolol fumarate.....	62
bacitracin-polymyxin.....	105	bisoprolol-hydrochlorothiazide.....	65
baclofen.....	45	blisovi 24 fe.....	88
BACTRIM.....	13	blisovi fe.....	88
BACTRIM DS.....	13	BOOSTRIX TDAP.....	100
balsalazide disodium.....	102	bosentan.....	111
BALVERSA.....	31	BOSULIF.....	31
balziva.....	88	BRAFTOVI.....	31
BANZEL.....	17	BREO ELLIPTA.....	111
BAQSIMI.....	54	brey-na.....	111
BARACLUDE.....	49	BREZTRI AEROSPHERE.....	111
BCG VACCINE (TICE STRAIN).....	100	briellyn.....	88
BELBUCA.....	4	BRILINTA.....	59
BELSOMRA.....	112	brimonidine tartrate.....	107
benazepril hcl.....	61	brimonidine tartrate-timolol.....	104
benazepril-hydrochlorothiazide.....	65	brinzolamide.....	107
BENICAR.....	60	BRIVIACT.....	14
BENICAR HCT.....	65	bromfenac sodium.....	106
BENLYSTA.....	97	bromocriptine mesylate.....	39
BENZAMYCIN.....	74	BRUKINSA.....	31
benznidazole.....	37	budesonide.....	108
benztropine mesylate.....	38	budesonide dr.....	103
BESIVANCE.....	105	budesonide ec.....	103
		budesonide er.....	103

budesonide-formoterol fumarate	111	carbamazepine er	17
bumetanide	67	CARBATROL	17
BUPHENYL	83	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	64
bupropion hcl sr	7,19	CARDIZEM CD	64
bupropion hcl sr 150mg tablet	19	CARDIZEM LA	64
bupropion xl	19	CARDURA	60
buspirone hcl	50	carglumic acid	78
butalbital-acetaminophen	2	carisoprodol	112
butalbital-acetaminophen-caffe	2	CARNITOR	83
butalbital-aspirin-caffeine	2	CARNITOR SF	83
butorphanol tartrate	4	carteolol hcl	106
BUTRANS	4	cartia xt	64
BYDUREON BCISE	52	carvedilol	62
BYSTOLIC	62	carvedilol er	62
C		CASODEX	28
cabergoline	95	caspofungin acetate	24
CABLIVI	59	CAYSTON	110
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	89	cefepime-dextrose	10
camrese lo	89	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	82	cefuroxime sodium	10
CARBAGLU	78	CELEBREX	2
carbamazepine	17	celecoxib	2
		CELEXA	20

CELLCEPT	98	clindacin p	8
CELONTIN	15	clindamycin (pediatric)	8
cephalexin	10	clindamycin hcl	8
CEREZYME	83	clindamycin phos-benzoyl perox	74
cetirizine hcl	108	clindamycin phosphate	8
cevimeline hcl	73	clindamycin phosphate-d5w	8
chateal	89	clindamycin-0.9% nacl	8
chateal eq	89	clindamycin-benzoyl peroxide	74
CHEMET	79	clobazam	15
chenodal	81	clobetasol emollient	75
chlordiazepoxide hcl	50	clobetasol propionate	75
chlorhexidine gluconate	73	clodan	75
chloroquine phosphate	38	clomipramine hcl	23
chlorpromazine hcl	23	clonazepam	51
chlorthalidone	67	clonidine	60
chlorzoxazone	112	clonidine hcl	60
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	82	CLOZARIL	44
cinacalcet hcl	103	COARTEM	38
CINRYZE	96	COBENFY	44
CIPRO	13	COBENFY STARTER PACK	44
CIPRODEX	107	codeine sulfate	4
ciprofloxacin hcl	13,105	COLAZAL	102
ciprofloxacin-d5w	13	colchicine	26
ciprofloxacin-dexamethasone	108	COLCRYS	26
citalopram hbr	20	COLESTID	68
claravis	74	colestipol hcl	68
clarithromycin	12	colistimethate	8
clarithromycin er	12	COMBIGAN	104
clemastine fumarate	108	COMBIPATCH	89
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

constulose	80	dalfampridine er	73
COPAXONE	72,73	DALIRESP	110
COPIKTRA	31	DALVANCE	8
COREG CR	62	danazol	87
CORLANOR	65	DANTRIUM	45
CORTEF	85	dantrolene sodium	45
COSENTYX (2 SYRINGES)	97	DANZITEN	31
COSENTYX SENSOREADY (2 PENS)	97	dapsone	27
COSENTYX SENSOREADY PEN	97	DAPTACEL DTAP	100
COSENTYX SYRINGE	97	daptomycin	8
COSENTYX UNOREADY PEN	97	DARAPRIM	38
COSOPT	104	darifenacin er	84
COTELLIC	31	darunavir	48
COZAAR	60	dasatinib	31
CREON	83	dasetta	89
CRESEMBA	24	DAURISMO	32
CRESTOR	68	DAYPRO	2
cromolyn sodium	83,106,110	daysee	89
cryselle	89	DAYVIGO	112
CRYSVITA	83	DDAVP	86
CUBICIN	8	deblitane	93
CUBICIN RF	8	deferasirox	79
cyclobenzaprine hcl	112	DELSTRIGO	45
cyclophosphamide	28	DELZICOL	102
cycloserine	27	demeclocycline hcl	13
CYCLOSET	52	DEMSE	65
cyclosporine	98	DENG VAXIA	100
cyclosporine modified	98	DEPAKOTE	14
CYMBALTA	20	DEPAKOTE ER	14
cyproheptadine hcl	108	DEPAKOTE SPRINKLE	14
cyred	89	DEPEN	85
cyred eq	89	DEPO-ESTRADIOL	87
CYSTADANE	83	DEPO-PROVERA	93
CYSTADROPS	104	DEPO-SUBQ PROVERA 104	93
CYSTAGON	83	DEPO-TESTOSTERONE	87
CYSTARAN	104	dermacinrx lidocan	6
CYTOMEL	94	DESCOVY	46
CYTOTEC	82	desipramine hcl	23
		desloratadine	109
D		desmopressin acetate	86
dabigatran etexilate	57	desogestr-eth estrad eth estra	89

desogestrel-ethinyl estradiol	89	diltiazem 24hr er (la)	64
desonide	75	diltiazem 24hr er (xr)	64
desoximetasone	75	diltiazem hcl	64
desvenlafaxine succinate er	21	dimethyl fumarate	73
DETROL	84	DIOVAN	60,61
DETROL LA	84	DIOVAN HCT	65
dexamethasone	86	DIPENTUM	102
dexamethasone sodium phosphate	106	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	70,71	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	78	DIVIGEL	87
dextrose 5%-0.2% nacl	78	dofetilide	62
dextrose 5%-0.225% nacl	78	dolishale	89
dextrose 5%-0.45% nacl	78	donepezil hcl	19
dextrose 5%-0.9% nacl	78	donepezil hcl odt	19
dextrose in water	79	dorzolamide hcl	107
DIACOMIT	14	dorzolamide-timolol	104
diazepam	15,16,51	dotti	87
diazoxide	54	DOVATO	45
diclofenac potassium	2	doxazosin mesylate	60
diclofenac sodium	2,76,106	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	81	doxycycline monohydrate	13
DIFICID	12	DRIZALMA SPRINKLE	21
DIFLUCAN	24	dronabinol	24
difluprednate	106	droplet insulin syringe	55
digitek	65	droplet micron pen needle	55
digoxin	65	droplet pen needle	55
dihydroergotamine mesylate	26	drospirenone-eth estra-levomef	89
dilantin	17	drospirenone-ethinyl estradiol	89
DILANTIN-125	17	droxidopa	60
dilt-xr	64	DUAVEE	94
diltiazem 12hr er	64	DULERA	111
diltiazem 24hr er	64	duloxetine hcl	21
diltiazem 24hr er (cd)	64	DUPIXENT PEN	97

DUPIXENT SYRINGE.....	97
DUREZOL.....	106
dutasteride.....	85
dutasteride-tamsulosin.....	85

E

E.E.S. 200.....	12	ENERGIX-B PEDIATRIC-ADOLESCENT.....	100
ec-naproxen.....	3	enilloring.....	89
econazole nitrate.....	24	enoxaparin sodium.....	57
EDARBI.....	61	enpresse.....	89
EDARBYCLOR.....	65	enskyce.....	89
EDURANT.....	45	entacapone.....	38
EDURANT PED.....	45	entecavir.....	49
efavirenz.....	45	ENTRESTO.....	65
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	45	ENTRESTO SPRINKLE.....	65
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	45	ENTYVIO PEN.....	97
EFFEXOR XR.....	21	enulose.....	80
EFUDEX.....	76	ENVARUSUS XR.....	98
ELELYSO.....	83	EPIDIOLEX.....	14
ELIDEL.....	75	epinastine hcl.....	106
ELIGARD.....	95	epinephrine.....	109
elinest.....	89	epitol.....	17
ELIQUIS.....	57	EPIVIR.....	46
eluryng.....	89	eplerenone.....	69
EMEND.....	24	EPRONTIA.....	14
EMGALITY PEN.....	26	EPZICOM.....	46
EMGALITY SYRINGE.....	26	ergotamine-caffeine.....	26
EMSAM.....	20	ERIVEDGE.....	32
emtricitabine.....	46	ERLEADA.....	28
emtricitabine- rilpivirine-tenofovir disoproxil fumarate.....	46	erlotinib hcl.....	32
emtricitabine-tenofovir disoproxil fumarate.....	46	errin.....	94
EMTRIVA.....	46	ertapenem.....	11
emzahn.....	93	ery.....	12
enalapril maleate.....	61	ERY-TAB.....	12
enalapril-hydrochlorothiazide.....	65	ERYPED 200.....	12
ENBREL.....	98	ERYPED 400.....	12
ENBREL MINI.....	98	ERYTHROCIN LACTOBIONATE.....	12
ENBREL SURECLICK.....	98	erythromycin.....	12,105
ENDARI.....	83	erythromycin ethylsuccinate.....	12
endocet.....	4,5	erythromycin lactobionate.....	12
ENERGIX-B ADULT.....	100	erythromycin-benzoyl peroxide.....	74
		ESBRIET.....	111
		escitalopram oxalate.....	21
		ESGIC.....	2
		eslicarbazepine acetate.....	17,18
		esomeprazole magnesium.....	82
		estarylla.....	89

ESTRACE.....	87	felbamate.....	14
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.....	88	fentanyl.....	4
eszopiclone.....	112	fentanyl citrate.....	5
ethambutol hcl.....	27	fesoterodine fumarate er.....	84
ethosuximide.....	15	FETZIMA.....	21
ethynodiol-ethinyl estradiol.....	89	fidaxomicin.....	12
etodolac.....	3	FINACEA.....	74
etodolac er.....	3	finasteride.....	85
etonogestrel-ethinyl estradiol.....	89	fingolimod.....	73
etravirine.....	46	FINTEPLA.....	14
EULEXIN.....	28	FIRAZYR.....	96
EUTHYROX.....	94	FIRMAGON.....	95
everolimus.....	32,99	flac otic oil.....	108
EVISTA.....	94	FLAGYL.....	9
EVOTAZ.....	48	flecainide acetate.....	62
EXELON.....	19	FLOMAX.....	85
exemestane.....	30	fluconazole.....	24
EXFORGE.....	65	fluconazole-nacl.....	24
EXFORGE HCT.....	65	flucytosine.....	24
EXJADE.....	79	fludrocortisone acetate.....	86
EXKIVITY.....	32	flunisolide.....	108
EXTENCILLINE.....	11	fluocinolone acetonide.....	75
EYSUVIS.....	106	fluocinolone acetonide oil.....	108
ezetimibe.....	69	fluocinonide.....	75
ezetimibe-simvastatin.....	69	fluocinonide-e.....	75
F		fluorometholone.....	106
falmina.....	89	fluorouracil.....	76
famciclovir.....	50	fluoxetine dr.....	21
famotidine.....	82	fluoxetine hcl.....	21
FANAPT.....	41	fluphenazine decanoate.....	39
FARESTON.....	29	fluphenazine hcl.....	39,40
FARXIGA.....	52	flurbiprofen.....	3
FASENRA.....	111	flurbiprofen sodium.....	106
FASENRA PEN.....	111	fluticasone propionate.....	75,108
feirza.....	89	fluticasone propionate hfa.....	108
		fluticasone-salmeterol.....	111,112

fluvastatin er	68	GEMTESA	84
fluvastatin sodium	68	generlac	80
fluvoxamine maleate	21	gengraf	99
FML	106	gentamicin sulfate	7,77,105
FOCALIN	71	gentamicin sulfate in ns	7
fondaparinux sodium	57	GENVOYA	45
FORTEO	103	GEODON	41
FOSAMAX	103	GILENYA	73
fosamprenavir calcium	48	GILOTRIF	32
fosinopril sodium	61	glatiramer acetate	73
fosinopril-hydrochlorothiazide	66	glatopa	73
FOTIVDA	32	GLEEVEC	32
FRUZAQLA	32	GLEOSTINE	28
FULPHILA	59	glimepiride	52
furosemide	67	glipizide	52
FUZEON	47	glipizide er	52
fyavolv	89	glipizide xl	52
FYCOMPA	14	glipizide-metformin	52
G		GLUCAGEN	54
gabapentin	16	glucagon emergency kit	54
galantamine er	19	glucose 5%-0.9% nacl	78
galantamine hbr	19	glucose in water	79
galantamine hydrobromide	19	GLUCOTROL XL	52
galbriela	89	glyburide	52
gallifrey	94	glyburide micronized	52,53
GAMMAGARD LIQUID	96	glyburide-metformin hcl	52,53
GAMMAGARD S-D	97	glycopyrrolate	81
GAMMAPLEX	97	GLYXAMBI	53
GAMUNEX-C	97	GOLYTELY	81
GARDASIL 9	100	GOMEKLI	32
gatifloxacin	105	granisetron hcl	24
GATTEX	81	GRANIX	59
gauze pads & dressings - pads 2 x 2	52	griseofulvin	25
gavilyte-c	81	griseofulvin ultramicrosize	25
gavilyte-g	81	guanfacine hcl	60
gavilyte-n	81	guanfacine hcl er	71
GAVRETO	32	GVOKE	54
gefitinib	32	GVOKE HYPOPEN 1-PACK	54
gemfibrozil	67	GVOKE HYPOPEN 2-PACK	54,55
gemmily	89	GVOKE PFS 1-PACK SYRINGE	55
		GVOKE PFS 2-PACK SYRINGE	55

H

HADLIMA.....	99	HUMIRA(CF) PEN PSOR-UV-ADOL HS...	99
HADLIMA PUSHTOUCH.....	99	HUMULIN 70-30.....	55
HADLIMA(CF).....	99	HUMULIN 70/30 KWIKPEN.....	55
HADLIMA(CF) PUSHTOUCH.....	99	HUMULIN N.....	55
HAEGARDA.....	96	HUMULIN N KWIKPEN.....	55
hailey.....	90	HUMULIN R.....	55
hailey 24 fe.....	90	HUMULIN R U-500.....	55
hailey fe.....	90	HUMULIN R U-500 KWIKPEN.....	55
HALDOL DECANOATE 100.....	40	hydralazine hcl.....	69
HALDOL DECANOATE 50.....	40	HYDREA.....	29
halobetasol propionate.....	75	hydrochlorothiazide.....	67
haloette.....	90	hydrocodone bitartrate er.....	4
haloperidol.....	40	hydrocodone-acetaminophen.....	5
haloperidol decanoate.....	40	hydrocodone-ibuprofen.....	5
haloperidol decanoate 100.....	40	hydrocortisone.....	76,86,103
haloperidol lactate.....	40	hydrocortisone butyrate.....	76
HAVRIX.....	101	hydrocortisone valerate.....	76
heather.....	94	hydrocortisone-acetic acid.....	108
HEMADY.....	86	hydromorphone hcl.....	5
heparin sodium.....	58	hydroxychloroquine sulfate.....	38
HEPLISAV-B.....	101	hydroxyurea.....	29
HETLIOZ.....	112	hydroxyzine hcl.....	51
HIBERIX.....	101	hydroxyzine pamoate.....	51
hidex.....	86	HYZAAR.....	66
HUMALOG.....	55		
HUMALOG JUNIOR KWIKPEN.....	55	ibandronate sodium.....	103
HUMALOG KWIKPEN U-100.....	55	IBRANCE.....	32
HUMALOG KWIKPEN U-200.....	55	IBTROZI.....	32
HUMALOG MIX 50-50 KWIKPEN.....	55	ibu.....	3
HUMALOG MIX 75-25.....	55	ibuprofen.....	3
HUMALOG MIX 75-25 KWIKPEN.....	55	icatibant.....	96
HUMALOG TEMPO PEN U-100.....	55	iclevia.....	90
HUMATIN.....	7	ICLUSIG.....	32
HUMIRA.....	99	icosapent ethyl.....	69
HUMIRA PEN.....	99	IDHIFA.....	32
HUMIRA(CF).....	99	ILEVRO.....	106
HUMIRA(CF) PEN.....	99	imatinib mesylate.....	32
HUMIRA(CF) PEN CROHN'S-UC-HS.....	99	IMBRUVICA.....	32,33
HUMIRA(CF) PEN PEDIATRIC UC.....	99	imipenem-cilastatin sodium.....	11
		imipramine hcl.....	23

imiquimod	76	irbesartan	61
IMITREX	26	irbesartan-hydrochlorothiazide	66
IMKELDI	33	IRESSA	33
IMOVAX RABIES VACCINE	101	ISENTRESS	45
IMPAVIDO	9	ISENTRESS HD	45
IMURAN	99	isibloom	90
INBRIJA	39	isoniazid	27
incassia	94	isopropyl alcohol 0.7 ml/ml medicated pad	53
INCRELEX	86	ISORDIL TITRADOSE	70
INCRUSE ELLIPTA	109	isosorbide dinitrate	70
indapamide	67	isosorbide mononitrate	70
INDERAL LA	62	isosorbide mononitrate er	70
INDERAL XL	62	isotretinoin	74
indomethacin	3	isradipine	63
indomethacin er	3	ISTALOL	107
INFANRIX DTAP	101	ITOVEBI	33
INGREZZA	72	itraconazole	25
INGREZZA INITIATION PK(TARDIV)	72	ivabradine hcl	66
INGREZZA SPRINKLE	72	ivermectin	37,77
INLYTA	33	IWILFIN	30
INNOPRAN XL	62	IXCHIQ	101
INQOVI	29	IXIARO	101
INREBIC	33		
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	90
insulin syringe (disp) u-100 1 ml	55	JAKAFI	33
insulin syringe (disp) u-100 1/2 ml	55	jantoven	58
INTELENCE	46	JANUMET	53
INTRALIPID	79	JANUMET XR	53
introvale	90	JANUVIA	53
INVANZ	12	JARDIANCE	53
INVEGA	41	jasmiel	90
INVEGA HAFYERA	41	JAYPIRCA	33
INVEGA SUSTENNA	41	jencycla	94
INVEGA TRINZA	41	JENTADUETO	53
INVELTYS	106	JENTADUETO XR	53
IPOL	101	jinteli	90
ipratropium bromide	109	jolessa	90
ipratropium-albuterol	112	juleber	90

JULUCA	45
junel	90
junel fe	90
junel fe 24	90
JUXTAPID	69
JYNNEOS	101
JYNNEOS (NATIONAL STOCKPILE)	101

K

kaitlib fe	90
KALETRA	48
kalliga	90
KALYDECO	110
KANJINTI	37
kariva	90
kcl-d5w-0.2% nacl	78
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	101
kionex	80
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	46,47,49
lamivudine hbv	49
lamivudine-zidovudine	47
lamotrigine	15
lamotrigine (blue)	15
lamotrigine er	15
LAMPIT	38
LANOXIN	66
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	99
lenalidomide	29
lentocilin s	11
LENVIMA	33
lessina	90
LETAIRIS	111
letrozole	30
leucovorin calcium	30
LEUKERAN	28
LEUKINE	59

leuprolide acetate	95	lisinopril-hydrochlorothiazide	66
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	107	LIVTENCITY	49
levocarnitine	83	lo-zumandimine	91
levocarnitine sf	83	LOCOID LIPOCREAM	76
levocetirizine dihydrochloride	109	LOESTRIN	91
levofloxacin	13	LOESTRIN FE	91
levofloxacin-d5w	13	lojaimiess	91
levonest	90	LONSURF	30
levonorg-eth estrad eth estrad	90	loperamide	80
levonorgestrel-eth estradiol	91	LOPID	67
levora-28	91	lopinavir-ritonavir	48
levorphanol tartrate	4	LOPRESSOR	63
levothyroxine sodium	95	LOPROX	25
LEVOXYL	95	lorazepam	51
LEXAPRO	21	lorazepam intensol	51
LEXIVA	48	LORBRENA	33
LIALDA	102	loryna	91
LIBERVANT	16	losartan potassium	61
lidocaine	6	losartan-hydrochlorothiazide	66
lidocaine hcl	6	LOTENSIN	61
lidocaine hcl laryngotracheal 4% solution	6	LOTRONEX	80
lidocaine hcl viscous	6	lovastatin	68
lidocaine-prilocaine	6	LOVENOX	58
LIDOCAN II	6	low-ogestrel	91
lidocan iii	6	loxapine	40
lidocan iv	6	lubiprostone	80
lidocan v	6	LUMAKRAS	33
LIDODERM	6	LUMIGAN	107
LILETTA	85	LUMRYZ	113
linezolid	9	LUMRYZ STARTER PACK	113
linezolid-0.9% nacl	9	LUPRON DEPOT	95
linezolid-d5w	9	LUPRON DEPOT (LUPANETA)	95
LINZESS	80	LUPRON DEPOT-PED	95
liothyronine sodium	95	lurasidone hcl	41,42
LIPITOR	68	lurbipr	3
lisdexamphetamine dimesylate	71	lutera	91
lisinopril	61	LYBALVI	42

lyleq	94
lyllana	88
LYNPARZA	34
LYRICA	16
LYSODREN	30
LYTGOBI	34
LYUMJEV	56
LYUMJEV KWIKPEN U-100	56
LYUMJEV KWIKPEN U-200	56
LYUMJEV TEMPO PEN U-100	56
lyza	94

M

M-M-R II VACCINE	101	mercaptapurine	29
magnesium sulfate	78	meropenem	12
MALARONE	38	meropenem-0.9% nacl	12
malathion	77	merzee	91
maraviroc	47	mesalamine	102
marlissa	91	mesalamine dr	102
MARPLAN	20	mesalamine er	103
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	86	methenamine hippurate	9
medroxyprogesterone acetate	94	methimazole	96
mefloquine hcl	38	methocarbamol	112
megestrol acetate	94	methotrexate	99
MEKINIST	34	methotrexate sodium	99
MEKTOVI	34	methoxsalen	77
meleya	94	methscopolamine bromide	81
meloxicam	3	methsuximide	15
memantine hcl	19	methylphenidate er	71
memantine hcl er	19	methylphenidate hcl	71
MENACTRA	101	methylprednisolone	86
MENEST	88	methyltestosterone	87
MENQUADFI	101	metoclopramide hcl	81
MENVEO A-C-Y-W-135-DIP	101	metolazone	67
		metoprolol succinate	63
		metoprolol tartrate	63
		metoprolol-hydrochlorothiazide	66
		METRO IV	9
		METROCREAM	77
		METROGEL	77
		METROLOTION	77
		metronidazole	9,77
		metyrosine	66
		mexiletine hcl	62
		micafungin	25
		micafungin-0.9% nacl	25
		MICARDIS	61

MICARDIS HCT	66	MYSOLINE	16
microgestin	91	N	
microgestin 24 fe	91		
microgestin fe	91	nabumetone	3
midodrine hcl	60	nadolol	63
MIEBO	104	nafcillin	11
mifepristone	95	nafcillin sodium	11
miglustat	83	naloxone hcl	7
MIGRANAL	26	naltrexone hcl	7
mili	91	NAMENDA	19
mimvey	91	naproxen	3
minocycline hcl	13	naproxen sodium	4
minoxidil	69	naratriptan hcl	26
mirtazapine	20	NARCAN	7
misoprostol	82	NARDIL	20
modafinil	113	NATACYN	105
moexipril hcl	61	nateglinide	53
molindone hcl	40	NAYZILAM	16
mometasone furoate	76,108	nebivolol hcl	63
mondoxylene nl	13	NEBUPENT	38
mono-lynyah	91	necon	91
montelukast sodium	109	needles, insulin disp., safety	56
morphine sulfate	5	nefazodone hcl	21
morphine sulfate er	4	neo-polycin	105
MOUNJARO	53	neo-polycin hc	104
MOVANTIK	80	neomycin sulfate	8
MOVIPREP	81	neomycin-bacitracin-poly-hc	104
moxifloxacin	13,105	neomycin-bacitracin-polymyxin	105
moxifloxacin hcl	13	neomycin-polymyxin-dexameth	104
MRESVIA	101	neomycin-polymyxin-gramicidin	105
MULTAQ	62	neomycin-polymyxin-hc	108
mupirocin	77	neomycin-polymyxin-hydrocort	108
MVASI	37	NEORAL	99
MYALEPT	81	NERLYNX	34
MYCOBUTIN	27	neuac	74
mycophenolate mofetil	99	NEUPRO	39
mycophenolic acid	99	NEURONTIN	16
MYFORTIC	99	nevirapine	46
MYHIBBIN	99	nevirapine er	46
myorisan	74	NEXAVAR	34
MYRBETRIQ	84	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	70	NUVARING	91
nitrofurantoin	9	NUVIGIL	113
nitrofurantoin mono-macro	9	NUZYRA	14
nitroglycerin	70	nyamyc	25
nitroglycerin patch	70	nylia	91
NITROLINGUAL	70	nymyo	92
NITROSTAT	70	nystatin	25
NIVESTYM	59	nystatin-triamcinolone	77
nizatidine	82	nystop	25
nora-be	94		
norelgestromin-eth estradiol	91	O	
norethin-eth estra-ferrous fum	91	OCALIVA	81
norethindron-ethinyl estradiol	91	ocella	92
norethindrone	94	octreotide acetate	95,96
norethindrone ac (lupaneta)	94	octreotide acetate er	96
norethindrone acetate	94	OCUFLOX	105
norethindrone-e.estradiol-iron	91	ODEFSEY	47
norgestimate-ethinyl estradiol	91	ODOMZO	34
NORPRAMIN	23	OFEV	111
NORTHERA	60	ofloxacin	13,105,108
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	61	oxcarbazepine	18
olmesartan-amlodipine-hctz	66	oxybutynin chloride	84
olmesartan-hydrochlorothiazide	66	oxybutynin chloride er	84
olopatadine hcl	109	oxycodone hcl	5
omega-3 acid ethyl esters	69	oxycodone-acetaminophen	5
omeprazole	82	OZEMPIC	53
omnipod 5 (g6/libre 2 plus)	56		
omnipod 5 dexg7g6 intro(gen 5)	56	P	
omnipod 5 dexg7g6 pods (gen 5)	56	pacerone	62
omnipod 5 g6-g7 intro kt(gen5)	56	paliperidone er	42
omnipod 5 g6-g7 pods (gen 5)	56	PALYNZIQ	83
omnipod 5 intro(g6/libre2plus)	56	PANRETIN	37
omnipod classic pods (gen 3)	56	pantoprazole sodium	82
omnipod dash intro kit (gen 4)	56	paricalcitol	104
omnipod dash pdm kit (gen 4)	56	PARNATE	20
omnipod dash pods (gen 4)	56	paroxetine cr	21,22
omnipod go pods	56	paroxetine er	22
OMNITROPE	86	paroxetine hcl	22
ondansetron hcl	24	PAXIL	22
ondansetron odt	24	PAXLOVID	50
ONFI	16	pazopanib hcl	34
ONTRUZANT	37	PEDIARIX	101
ONUREG	30	PEDVAXHIB	101
OPIPZA	42	peg 3350-electrolyte	81
OPSUMIT	111	peg-3350 and electrolytes	81
OPVEE	7	peg3350-sod sul-nacl-kcl-asb-c	81
ORACEA	74	PEGASYS	98
ORALAIR	112	PEMAZYRE	34
oralone	73	pen needle	57
ORENCIA	97	PENBRAYA	101
ORENCIA CLICKJECT	97	penicillamine	85
ORFADIN	83	penicillin g potassium	11
ORGOVYX	30	penicillin g sodium	11
ORKAMBI	110	penicillin gk-iso-osm dextrose	11
orquidea	94	penicillin v potassium	11
ORSERDU	29	PENMENVY MEN A-B-C-W-Y	101
oseltamivir phosphate	49	PENTACEL	101
OTEZLA	77	PENTAM 300	38
OVIDE	77	pentamidine isethionate	38
oxaprozin	4	PENTASA	103
oxazepam	51	pentoxifylline	66

perampanel.....	15	potassium chloride-dextrose 5%.....	78
perindopril erbumine.....	61	potassium citrate er.....	78
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.....	86
PHENYTEK.....	18	prednisolone acetate.....	106
phenytoin.....	18	prednisolone sodium phosphate.....	86,106
phenytoin sodium extended.....	18	prednisone.....	86
philith.....	92	pregabalin.....	16,17
PIFELTRO.....	46	PREGNYL.....	86
pilocarpine hcl.....	73,107	PREHEVBRIO.....	101
pimecrolimus.....	76	PREMARIN.....	88
pimozide.....	40	PREMPHASE.....	92
pimtrea.....	92	PREMPRO.....	92
pindolol.....	63	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.....	111	PRIFTIN.....	27
piroxicam.....	4	primaquine.....	38
PLAQUENIL.....	38	primidone.....	17
PLAVIX.....	59	PRIORIX.....	101
PLEGRIDY.....	73	PRISTIQ.....	22
PLEGRIDY PEN.....	73	PROAIR RESPICLICK.....	110
podofilox.....	77	probenecid.....	26
polycin.....	105	probenecid-colchicine.....	26
polymyxin b sul-trimethoprim.....	105	PROCARDIA XL.....	63
POMALYST.....	29	prochlorperazine.....	23
portia.....	92	prochlorperazine maleate.....	23
posaconazole.....	25	PROCRT.....	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

PROGLYCEM.....	55
PROGRAF.....	99,100
PROLASTIN C.....	83
PROLENSA.....	106
PROLIA.....	104
PROMACTA.....	59
promethazine hcl.....	23
promethegan.....	23
propafenone hcl.....	62
propafenone hcl er.....	62
propranolol hcl.....	63
propranolol hcl er.....	63
propylthiouracil.....	96
PROQUAD.....	101
PROSCAR.....	85
PROTONIX.....	82
protriptyline hcl.....	23
PROVERA.....	94
PROZAC.....	22
PRUDOXIN.....	76
PULMOZYME.....	110
PURIXAN.....	29
PYLERA.....	81
pyrazinamide.....	27
pyridostigmine bromide.....	27
pyridostigmine bromide er.....	27
pyrimethamine.....	38
PYRUKYND.....	83

Q

QINLOCK.....	34
QUADRACEL DTAP-IPV.....	101
quetiapine fumarate.....	42
quetiapine fumarate er.....	42
quinapril hcl.....	61
quinapril-hydrochlorothiazide.....	66
quinidine gluconate.....	62
quinidine sulfate.....	62
quinine sulfate.....	38
QVAR REDIHALER.....	108

R

RABAVERT.....	101
rabeprazole sodium.....	82
RALDESY.....	22
raloxifene hcl.....	94
ramelteon.....	112
ramipril.....	61
ranolazine er.....	66
RAPAFLO.....	85
RAPAMUNE.....	100
rasagiline mesylate.....	39
reclipsen.....	92
RECOMBIVAX HB.....	101
RECTIV.....	70
REGLAN.....	81
REGRANEX.....	77
RELENZA.....	49
RELISTOR.....	80
REMERON.....	20
RENFLEXIS.....	100
repaglinide.....	53,54
REPATHA PUSHTRONEX.....	69
REPATHA SURECLICK.....	69
REPATHA SYRINGE.....	69
RESTASIS.....	105
RESTASIS MULTIDOSE.....	105
RETACRIT.....	59
RETEVMO.....	34
RETIN-A.....	74
RETROVIR.....	47
REVCovi.....	84
REVUFORJ.....	34,35
REXULTI.....	42
REYATAZ.....	48
REZLIDHIA.....	35
REZUROCK.....	100
RHOPRESSA.....	107
RIABNI.....	37
ribavirin.....	49
RIDAURA.....	97

rifabutin	27
rifampin	27
riluzole	72
RINVOQ	97
RINVOQ LQ	97
risedronate sodium	104
risedronate sodium dr	104
RISPERDAL	42
RISPERDAL CONSTA	42
risperidone	42,43
risperidone er	43
risperidone odt	43
RITALIN	71
ritonavir	48
rivaroxaban	58
rivastigmine	19
rizatriptan	27
ROCALTROL	104
ROCKLATAN	107
roflumilast	110
ROMVIMZA	35
ropinirole er	39
ropinirole hcl	39
rosadan	77
rosuvastatin calcium	68
ROTARIX	101
ROTATEQ	101
ROWASA	103
roweepra	15
ROXICODONE	6
ROZEREM	112
ROZLYTREK	35
RUBRACA	35
rufinamide	18
RUKOBIA	47
RUXIENCE	37
RYBELSUS	54
RYDAPT	35
RYTARY	39

S

SABRIL	17
sajazir	96
SALAGEN	73
SAMSCA	79
SANDIMMUNE	100
SANDOSTATIN LAR DEPOT	96
SANTYL	77
SAPHRIS	43
sapropterin dihydrochloride	84
saxagliptin hcl	54
saxagliptin-metformin er	54
SCSEMBLIX	35
scopolamine	24
SECUADO	43
selegiline hcl	39
selenium sulfide	76
SELZENTRY	47
SENSIPAR	104
SEREVENT DISKUS	110
SEROQUEL	43
SEROQUEL XR	43
sertraline hcl	22
setlakin	92
SFROWASA	103
sharobel	94
SHINGRIX	102
SIGNIFOR	96
SIGNIFOR LAR	96
sildenafil citrate	111
SILENOR	112
silodosin	85
SILVADENE	77
silver sulfadiazine	77
SIMBRINZA	107
SIMLANDI(CF)	100
SIMLANDI(CF) AUTOINJECTOR	100
simliya	92
simpesse	92
simvastatin	68

SINEMET.....	39	sterile pads.....	52
SINEMET 10-100.....	39	STIOLTO RESPIMAT.....	112
SINEMET 25-100.....	39	STIVARGA.....	35
SINGULAIR.....	109	STRATTERA.....	71
sirolimus.....	100	STRENSIQ.....	84
SIRTURO.....	28	streptomycin sulfate.....	8
SIVEXTRO.....	9	STRIBILD.....	45
SKYLA.....	85	STROMECTOL.....	37
SKYRIZI.....	97	SUBLOCADE.....	7
SKYRIZI ON-BODY.....	97	SUBOXONE.....	7
SKYRIZI PEN.....	97	subvenite.....	15
sod sulf-potass sulf-mag sulf.....	81	subvenite (blue).....	15
sodium chloride.....	79	sucalfate.....	82
sodium chloride-water.....	79	SULAR.....	63
sodium oxybate.....	113	sulfacetamide sodium.....	74,105
sodium phenylbutyrate.....	84	sulfacetamide-prednisolone.....	105
sodium polystyrene sulfonate.....	80	sulfadiazine.....	13
solifenacin succinate.....	84	sulfamethoxazole-trimethoprim.....	13
SOLQUA 100-33.....	54	sulfasalazine.....	103
SOLTAMOX.....	29	sulfasalazine dr.....	103
SOMATULINE DEPOT.....	96	sulindac.....	4
SOMAVERT.....	96	sumatriptan.....	27
SOOLANTRA.....	77	sumatriptan succinate.....	27
sorafenib.....	35	sunitinib malate.....	35
sorine.....	62	SUNLENCA.....	47
sotalol.....	62	SUPREP.....	81
sotalol af.....	62	SUTAB.....	81
SPIRIVA HANDIHALER.....	109	SUTENT.....	35
SPIRIVA RESPIMAT.....	109	syeda.....	92
spironolactone.....	69	SYMFI.....	46
spironolactone-hctz.....	66	SYMFI LO.....	46
SPORANOX.....	25	SYMLINPEN 120.....	54
sprintec.....	92	SYMLINPEN 60.....	54
SPRITAM.....	15	SYMPAZAN.....	17
SPRYCEL.....	35	SYMTUZA.....	48
SPS.....	80	SYNAREL.....	96
sronyx.....	92	SYNJARDY.....	54
SSD.....	77	SYNJARDY XR.....	54
STAMARIL.....	102	SYNTHROID.....	95
STELARA.....	97	SYPRINE.....	79
STEQEYMA.....	97,98		

T

TABLOID	29
TABRECTA	35
tacrolimus	76,100
tadalafil	85,111
TAFINLAR	35
TAGRISSO	35
TALZENNA	35
TAMIFLU	49
tamoxifen citrate	29
tamsulosin hcl	85
taperdex	86
TARGRETIN	37
tarina 24 fe	92
tarina fe	92
tarina fe 1-20 eq	92
TASIGNA	35
tasimelteon	112
TASMAR	38
taysofy	92
tazarotene	74
tazicef	10
TAZORAC	74
taztia xt	64
TAZVERIK	35
TDVAX	102
TECFIDERA	73
TEFLARO	10
TEGRETOL	18
TEGRETOL XR	18
TEKTURNA	66
telmisartan	61
telmisartan-amlodipine	66
telmisartan-hydrochlorothiazid	66
temazepam	112
tencon	2
TENIVAC	102
tenofovir disoproxil fumarate	47
TENORETIC 100	66
TENORETIC 50	66

TENORMIN	63
TEPMETKO	36
terazosin hcl	60
terbinafine hcl	25
terbutaline sulfate	110
terconazole	25
TERIPARATIDE	104
testosterone	87
testosterone cypionate	87
testosterone enanthate	87
tetrabenazine	72
tetracycline hcl	14
THALOMID	29
THEO-24	110
theophylline anhydrous	110
theophylline er	110
thioridazine hcl	40
thiothixene	40
THYMOGLOBULIN	97
tiadylt er	64
tiagabine hcl	17
TIAZAC	64
TIBSOVO	36
ticagrelor	59
TICOVAC	102
tigecycline	9
TIKOSYN	62
tilia fe	92
timolol maleate	63,107
TIMOPTIC	107
TIMOPTIC OCUDOSE	107
tinidazole	9
tiotropium bromide	109
TIROSINT	95
TIROSINT-SOL	95
TIVICAY	45
TIVICAY PD	45
tizanidine hcl	45
TOBRADEX	105
tobramycin	105,110
tobramycin sulfate	8

tobramycin-dexamethasone	105	tri-lo-sprintec	92
tolcapone	39	tri-mili	92
tolterodine tartrate	84	tri-nymyo	92
tolterodine tartrate er	85	tri-sprintec	92
tolvaptan	79	tri-vylibra	92
topiramate	15	tri-vylibra lo	93
TOPROL XL	63	triamcinolone acetonide	73,76
toremifene citrate	29	triamterene-hydrochlorothiazid	67
torpenz	36	TRIBENZOR	66
torsemide	67	triderm	76
TOUJEO MAX SOLOSTAR	57	trientine hcl	79
TOUJEO SOLOSTAR	57	trifluoperazine hcl	40
TOVIAZ	85	trifluridine	105
TRACLEER	111	trihexyphenidyl hcl	39
TRADJENTA	54	TRIKAFTA	110
tramadol hcl	6	triklo	69
tramadol hcl er	4	TRILEPTAL	18
tramadol hcl-acetaminophen	6	trimethoprim	9
trandolapril	61	trimipramine maleate	23
trandolapril-verapamil er	66	TRINTELLIX	22
tranexamic acid	59	TRIUMEQ	47
tranylcypromine sulfate	20	TRIUMEQ PD	47
TRAVASOL	79	trivora-28	93
TRAVATAN Z	107	TROPHAMINE	79
travoprost	107	trospium chloride	85
TRAZIMERA	37	trospium chloride er	85
trazodone hcl	22	true comfort safety pen needle	57
TRECTOR	28	TRULICITY	54
TRELEGY ELLIPTA	112	TRUMENBA	102
TRELSTAR	96	TRUQAP	36
TREMFYA	98	TRUVADA	47
TREMFYA ONE-PRESS	98	TUKYSA	36
TREMFYA PEN	98	TURALIO	36
TREMFYA PEN INDUCTION PK-CROHN	98	turqoz	93
tretinoin	37,74	TWINRIX	102
tri-estarylla	92	TYBLUME	93
tri-legest fe	92	TYBOST	47
tri-linyah	92	tydemy	93
tri-lo-estarylla	92	TYENNE	98
tri-lo-marzia	92	TYENNE AUTOINJECTOR	98
tri-lo-mili	92	TYGACIL	9

TYKERB.....	36
TYMLOS.....	104
TYPHIM VI.....	102

U

UBRELVY.....	26
UDENYCA.....	59
UDENYCA AUTOINJECTOR.....	59
UDENYCA ONBODY.....	59
unifine pentips.....	57
unifine pentips plus.....	57
UNITROID.....	95
ursodiol.....	81
UZEDY.....	43

V

VAGIFEM.....	88
valacyclovir.....	50
VALCHLOR.....	28
VALCYTE.....	49
valganciclovir hcl.....	49
valproic acid.....	15
valsartan.....	61
valsartan-hydrochlorothiazide.....	66
VALTOCO.....	17
VALTREX.....	50
valtya.....	93
vanadom.....	112
vancomycin hcl.....	9
VANFLYTA.....	36
VAQTA.....	102
varenicline tartrate.....	7
VARIVAX VACCINE.....	102
VASCEPA.....	69
VASERETIC.....	66
VASOTEC.....	61
VAXCHORA VACCINE.....	102
velivet.....	93
VELTASSA.....	80
VENCLEXTA.....	36
VENCLEXTA STARTING PACK.....	36

venlafaxine besylate er.....	22
venlafaxine hcl.....	22
venlafaxine hcl er.....	22
VENTAVIS.....	111
VENTOLIN HFA.....	110
VEOZAH.....	72
verapamil er.....	64
verapamil er pm.....	64
verapamil hcl.....	64
verapamil sr.....	64
VERELAN.....	64
VERELAN PM.....	64
VERQUVO.....	70
VERSACLOZ.....	44
VERZENIO.....	36
vestura.....	93
VFEND IV.....	25
VIBERZI.....	80
vienna.....	93
vigabatrin.....	17
vigadrone.....	17
VIGAFYDE.....	17
VIGAMOX.....	105
vigpoder.....	17
VIIBRYD.....	22
vilazodone hcl.....	22
VIMKUNYA.....	102
VIMPAT.....	18
viorele.....	93
VIRACEPT.....	48
VIREAD.....	47
VITRAKVI.....	36
VIVITROL.....	7
VIVOTIF.....	102
VIZIMPRO.....	36
volnea.....	93
VONJO.....	36
VORANIGO.....	36
voriconazole.....	25
voriconazole (hpbcd).....	25
VOTRIENT.....	36

VOWST	81
VPRIV	84
VRAYLAR	43
VUMERITY	73
vyfemla	93
vylibra	93
VYNDAMAX	84
VYNDAQEL	84
VYTORIN	69
VYVANSE	71

W

warfarin sodium	58
WELIREG	84
WELLBUTRIN SR	20
WELLBUTRIN XL	20
wera	93
wixela inhub	112
wymzya fe	93

X

XALKORI	36
xarah fe	93
XARELTO	58
XATMEP	100
XCOPRI	18
XDEMVY	105
xelria fe	93
XENAZINE	72
XERMELO	80
XGEVA	104
XHANCE	108
XIFAXAN	81
XIGDUO XR	54
XIIDRA	105
XOFLUZA	49,50
XOLAIR	98
XOPENEX HFA	110
XOSPATA	36
XPOVIO	30
XPOVIO 40 MG ONCE WEEKLY	30

XTANDI	28
xulane	93

Y

yargesa	84
YASMIN 28	93
YAZ	93
YF-VAX	102
YONSA	28
yuvafem	88

Z

zafemy	93
zafirlukast	109
zaleplon	112
ZARONTIN	15
ZEBUTAL	2
ZEJULA	36
ZELBORAF	37
zenatane	74
ZENPEP	84
zenzedi	71
ZEPATIER	49
ZESTORETIC	67
ZESTRIL	61
ZETIA	69
ZIAC	67
ZIAGEN	47
zidovudine	47
ZIEXTENZO	59
ziprasidone hcl	43
ziprasidone mesylate	43
ZIRABEV	37
ZITHROMAX	12
ZITHROMAX TRI-PAK	12
ZOCOR	68
ZOKINVY	84
ZOLINZA	30
zolmitriptan odt	27
ZOLOFT	22,23
zolpidem tartrate	113

zolpidem tartrate er.....	113
ZONALON.....	76
ZONEGRAN.....	18
ZONISADE.....	18
zonisamide.....	19
ZONTIVITY.....	58
ZORTRESS.....	100
ZOSYN.....	11
zovia 1-35.....	93
ZOVIRAX.....	50
ZTALMY.....	17
ZTLIDO.....	6
zumandimine.....	93
ZURZUVAE.....	20
ZYDELIG.....	37
ZYKADIA.....	37
ZYPREXA.....	44
ZYPREXA RELPREVV.....	44
ZYPREXA ZYDIS.....	44
ZYVOX.....	9

Retiree RxCare

Este formulario fue actualizado el 09/01/2025. 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>