



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

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

Formulary ID No. 25485, Version 17

This formulary was updated on 09/01/2025. We have made no changes to this formulary since 09/01/2025. For more recent information or other questions, please contact Retiree RxCare Customer Care Center at 1-855-693-3921 (TTY users should call 711), 24 hours a day, 7 days a week, or visit <http://retireerxcarepdp.com>.

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means MG Insurance Company. When it refers to “plan” or “our plan,” it means Retiree RxCare.

This document includes a partial Drug List (formulary) for our plan which is current as of 09/01/2025. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

What is the Retiree RxCare Abridged formulary?

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

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

Can the formulary change?

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

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

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

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

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

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

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

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

change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

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

The enclosed formulary is current as of 09/01/2025. To get updated information about the drugs covered by Retiree RxCare please contact us. Our contact information appears on the front and back cover pages. If there are any changes to this formulary mid-year, we will send members a notice of change.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 115. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Retiree RxCare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

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

Are there any restrictions on my coverage?

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

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

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

You can ask Retiree RxCare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Retiree RxCare’s formulary?” on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs,

so Retiree RxCare may cover your drug. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

How do I request an exception to the Retiree RxCare's Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Retiree RxCare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Retiree RxCare will only approve your request for an exception if the alternative drugs included on the plan's formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up

to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the 90 days of membership in our plan, we will cover a 31 day emergency supply of that drug while you pursue a formulary exception.

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

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

Examples of level-of-care changes may include:

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

For more information

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

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

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

Retiree RxCare Formulary

The abridged formulary that begins on the next page provides coverage information some of the drugs covered by Retiree RxCare. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

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

Understanding the requirements/limits

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

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

(List of Covered Drugs)

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

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

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

You 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 dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

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

Opioid Analgesics, Short-acting

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

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

You 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>oxycodone-acetaminophn 7.5-325</i>	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

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

Anti-Addiction/ Substance Abuse Treatment Agents

Alcohol Deterrents/ Anti-craving

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

Opioid Dependence

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

You 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 (2-0.5mg fm, 2-0.5mg tb)</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 8-2mg film, 12-3mg film)</i>	2	QL (60 PER 30 DAYS)
<i>naltrexone 50 mg tablet</i>	2	
SUBLOCADE	5	
SUBOXONE (4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM)	4	QL (60 PER 30 DAYS)
SUBOXONE 2 MG-0.5 MG SL FILM	4	QL (120 PER 30 DAYS)
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	4	
<i>naloxone hcl (0.4 mg/ml carpject, 0.4 mg/ml syringe, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg nasal spray, 4 mg/10 ml vial)</i>	2	
NARCAN	4	
OPVEE	4	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	2	
ARIKAYCE	5	PA, QL (235.2 PER 28 DAYS)
<i>gentamicin sulfate (80 mg/2 ml vial, 800 mg/20 ml vial)</i>	2	
<i>gentamicin sulfate in ns (iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml)</i>	4	
<i>gentamicin sulfate in ns (iso 120 mg/100 ml, isoton 60 mg/50 ml)</i>	2	

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

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

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>erythromycin (2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp)</i>	2	
<i>erythromycin lactobionate</i>	2	
<i>fidaxomicin</i>	5	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	4	

Quinolones

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

Sulfonamides

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tetracyclines		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl)</i>	2	
<i>doxycycline monohydrate (50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet)</i>	2	
<i>minocycline hcl (50 mg capsule, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg capsule, 100 mg tablet)</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA	5	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	2	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	QL (60 PER 30 DAYS)
BRIVIACT 10 MG/ML ORAL SOLN	5	QL (600 PER 30 DAYS)
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sod dr 125 mg tab</i>	1	
<i>divalproex sodium (dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab)</i>	2	
<i>divalproex sodium er</i>	2	

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

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	2	
<i>topiramate (15 mg sprinkle cap, 25 mg sprinkle cap, 25 mg/ml solution)</i>	2	
<i>topiramate (25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet)</i>	1	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	2	

Calcium Channel Modifying Agents

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

Gamma-aminobutyric Acid (GABA) Modulating Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	PA, QL (480 PER 30 DAYS)
<i>diazepam (10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk))</i>	2	QL (5 PER 30 DAYS)
<i>diazepam 2.5mg rectal gel(2pk)</i>	4	QL (5 PER 30 DAYS)
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (135 PER 30 DAYS)
LIBERVANT	5	QL (10 PER 30 DAYS)
LYRICA (225 MG CAPSULE, 300 MG CAPSULE)	4	QL (60 PER 30 DAYS)
LYRICA (25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE)	4	QL (90 PER 30 DAYS)

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VIGAFYDE	5	QL (750 PER 30 DAYS)
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	PA, QL (1100 PER 30 DAYS)

Sodium Channel Agents

APTIOM (200 MG TABLET, 400 MG TABLET)	5	QL (30 PER 30 DAYS)
APTIOM (600 MG TABLET, 800 MG TABLET)	5	QL (60 PER 30 DAYS)
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5	
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
<i>dilantin (, 30 mg capsule, 100 mg capsule)</i>	4	
DILANTIN-125	4	
<i>epitol</i>	2	
<i>eslicarbazepine acetate (200 mg tablet, 400 mg tablet)</i>	5	QL (30 PER 30 DAYS)
<i>eslicarbazepine acetate (600 mg tablet, 800 mg tablet)</i>	5	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>	2	
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 300 mg/5 ml cup, 300 mg/5 ml susp, 600 mg tablet)</i>	2	
PHENYTEK	2	
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide (40 mg/ml suspension, 400 mg tablet)</i>		
<i>rufinamide 200 mg tablet</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEGRETOL (100 MG/5 ML SUSP, 200 MG TABLET)	4	
TEGRETOL XR	4	
TRILEPTAL (150 MG TABLET, 300 MG TABLET)	4	
TRILEPTAL (300 MG/5 ML SUSP, 600 MG TABLET)	5	
VIMPAT (10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5	
VIMPAT 50 MG TABLET	4	
XCOPRI (25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)	5	
XCOPRI 12.5-25 MG TITRATION PK	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide (25 mg capsule, 50 mg capsule, 100 mg capsule)</i>	2	

Antidementia Agents

Cholinesterase Inhibitors

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
<i>memantine hcl (2 mg/ml solution, 5 mg tablet, 5-10 mg titration pk, 10 mg tablet, 10 mg/5 ml cup)</i>	2	PA
<i>memantine hcl er</i>	2	PA
NAMENDA	4	PA

Antidepressants

Antidepressants, Other

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

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

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

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	5	QL (60 PER 30 DAYS)
RALDESY	4	QL (1200 PER 30 DAYS)
<i>sertraline 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl (25 mg tablet, 50 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>trazodone 300 mg tablet</i>	2	
<i>trazodone hcl (50 mg tablet, 100 mg tablet, 150 mg tablet)</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	2	QL (90 PER 30 DAYS)
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	3	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT (25 MG TABLET, 50 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

Tricyclics

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

You 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>imipramine hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	

Antiemetics

Antiemetics, Other

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

Emetogenic Therapy Adjuncts

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antifungals		
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
<i>amphotericin b liposome</i>	5	PA
CANCIDAS	5	
<i>caspofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole (1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche)</i>	2	
CRESEMBA	5	PA
DIFLUCAN (40 MG/ML SUSPENSION, 100 MG TABLET, 200 MG TABLET)		
<i>econazole nitrate</i>	2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp)</i>	2	
<i>fluconazole (50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	1	
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	2	
<i>flucytosine (250 mg capsule, 500 mg capsule)</i>	5	PA
<i>griseofulvin (125 mg/5 ml susp, micro 500 mg tab)</i>	2	
<i>griseofulvin ultramicrosize (125 mg tab, 250 mg tab)</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	2	
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	4	
<i>micafungin</i>	2	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>micafungin-0.9% nacl</i>	4	
NOXAFIL (40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP)	4	PA
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
<i>nyamyc</i>	2	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	2	
<i>nystop</i>	2	
<i>posaconazole (dr 100 mg tablet, 200 mg/5 ml susp)</i>	4	PA
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>terbinafine hcl 250 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	2	
VFEND IV	4	PA
<i>voriconazole (50 mg tablet, 200 mg tablet, 200 mg vial)</i>	2	PA
<i>voriconazole (hpbcd)</i>	2	PA
<i>voriconazole 40 mg/ml susp</i>	5	PA

Antigout Agents

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

Antimigraine Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIGRANAL	5	PA, QL (8 PER 28 DAYS)
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG 140 MG/ML AUTOINJECTOR	3	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	3	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	3	PA, QL (2 PER 30 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	3	PA, QL (3 PER 30 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)
Serotonin (5-HT) Receptor Agonist		
IMITREX (25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	4	QL (18 PER 30 DAYS)
IMITREX (4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT)	4	QL (6 PER 30 DAYS)
IMITREX (6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT)	5	QL (6 PER 30 DAYS)
MAXALT	4	QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	QL (18 PER 30 DAYS)
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj)</i>	2	QL (6 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antimyasthenic Agents		
Parasympathomimetics		
MESTINON (60 MG TABLET, 60 MG/5 ML SOLUTION, 180 MG TIMESPAN)	5	
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet)</i>	2	
<i>pyridostigmine er 180 mg tab</i>	2	
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone (25 mg tablet, 100 mg tablet)</i>	2	
MYCOBUTIN	4	
<i>rifabutin</i>	2	
Antituberculars		
<i>cycloserine</i>	5	
<i>ethambutol hcl</i>	2	
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1	
<i>isoniazid 50 mg/5 ml solution</i>	2	
PRETOMANID	4	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
<i>rifampin (150 mg capsule, 300 mg capsule, iv 600 mg vial)</i>	2	
SIRTURO	5	
TRECTOR	4	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide (25 mg capsule, 50 mg capsule)</i>	2	PA

You 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>cyclophosphamide (25 mg tablet, 50 mg tablet)</i>	3	PA
GLEOSTINE (10 MG CAPSULE, 40 MG CAPSULE)		
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	5	
MATULANE	5	PA
VALCHLOR	5	PA, QL (60 PER 30 DAYS)

Antiandrogens

<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>abirtega</i>	2	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	
<i>nilutamide</i>	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI (40 MG CAPSULE, 40 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)

Antiangiogenic Agents

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

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiestrogens/Modifiers		
FARESTON	5	
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
<i>mercaptopurine 20 mg/ml suspen</i>	5	
<i>mercaptopurine 50 mg tablet</i>	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
AVMAPKI-FAKZYNJA	5	PA, QL (66 PER 28 DAYS)
HYDREA	4	
<i>hydroxyurea</i>	2	
INQOVI	5	PA, QL (5 PER 28 DAYS)
KISQALI FEMARA 200 MG CO-PACK	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA 400 MG CO-PACK	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA 600 MG CO-PACK	5	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab)</i>		
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
LYSODREN	5	
NIPENT	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
XPOVIO (40 MG TWICE, 80 MG ONCE, 100 MG ONCE)	5	PA, QL (8 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XPOVIO (40 MG, 60 MG)	5	PA, QL (4 PER 28 DAYS)
XPOVIO 40 MG ONCE WEEKLY	5	PA, QL (16 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZOLINZA	5	PA, QL (120 PER 30 DAYS)

Aromatase Inhibitors, 3rd Generation

<i>anastrozole 1 mg tablet</i>	1	
ARIMIDEX	5	
AROMASIN	5	
<i>exemestane</i>	2	
FEMARA	4	
<i>letrozole</i>	1	

Enzyme Inhibitors

IWILFIN	5	PA, QL (240 PER 30 DAYS)
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Molecular Target Inhibitors

AFINITOR (2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ (2 MG TABLET, 5 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALUNBRIG (90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUGTYRO 160 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF (100 MG CAPSULE, 100 MG TABLET)	5	PA, QL (180 PER 30 DAYS)
BOSULIF (400 MG TABLET, 500 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
DANZITEN	5	PA, QL (112 PER 28 DAYS)
<i>dasatinib (50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>dasatinib 20 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl (100 mg tablet, 150 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2 mg tab for susp, 5 mg tab for susp, 5 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
GOMEKLI (1 MG CAPSULE, 1 MG TABLET FOR SUSP)	5	PA, QL (168 PER 28 DAYS)
GOMEKLI 2 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
IBTROZI	5	PA, QL (90 PER 30 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	5	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	5	PA, QL (60 PER 30 DAYS)
IMBRUVICA (70 MG CAPSULE, 420 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
IMKELDI	5	PA, QL (280 PER 28 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
ITOVEBI 3 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ITOVEBI 9 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
<i>lapatinib</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA (12 MG DAILY, 18 MG DAILY, 24 MG DAILY)	5	PA, QL (90 PER 30 DAYS)
LENVIMA (4 MG CAPSULE, 10 MG DAILY DOSE)	5	PA, QL (30 PER 30 DAYS)
LENVIMA (8 MG DAILY, 14 MG DAILY, 20 MG DAILY)	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 240 MG TABLET	5	PA, QL (120 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
NINLARO	5	PA, QL (3 PER 28 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO (100 MG TABLET, 150 MG TABLET)	5	PA, QL (56 PER 28 DAYS)
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA (100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE))	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY (250 MG DAILY PACK, 300 MG DAILY PACK)	5	PA, QL (60 PER 30 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO (80 MG TABLET, 120 MG TABLET, 160 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 110 MG TABLET	5	PA, QL (120 PER 30 DAYS)
REVUFORJ 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REVUFORJ 25 MG TABLET	5	PA, QL (240 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROMVIMZA	5	PA, QL (8 PER 28 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLET PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL (50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)
<i>sunitinib malate (25 mg capsule, 37.5 mg cap, 50 mg capsule)</i>	5	PA, QL (30 PER 30 DAYS)
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
SUTENT (25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
<i>torpenz (2.5 mg tablet, 7.5 mg tablet, 10 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
VENCLEXTA 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
VENCLEXTA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VENCLEXTA STARTING PACK	5	PA, QL (42 PER 28 DAYS)
VERZENIO	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 100 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
VITRAKVI 20 MG/ML SOLUTION	5	PA, QL (300 PER 30 DAYS)
VITRAKVI 25 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
VIZIMPRO	5	PA, QL (30 PER 30 DAYS)
VONJO	5	PA, QL (120 PER 30 DAYS)
VORANIGO 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
VORANIGO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
VOTRIENT	5	PA, QL (120 PER 30 DAYS)
XALKORI (20 MG PELLETT, 50 MG PELLETT, 200 MG CAPSULE, 250 MG CAPSULE)	5	PA, QL (120 PER 30 DAYS)
XALKORI 150 MG PELLETT	5	PA, QL (180 PER 30 DAYS)
XOSPATA	5	PA, QL (90 PER 30 DAYS)
ZEJULA (100 MG TABLET, 200 MG TABLET, 300 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZELBORAF	5	PA, QL (240 PER 30 DAYS)
ZYDELIG	5	PA, QL (60 PER 30 DAYS)
ZYKADIA 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)

Monoclonal Antibody/Antibody-Drug Conjugate

KANJINTI	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RIABNI	5	PA
RUXIENCE	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRAZIMERA	5	PA
ZIRABEV	5	PA
Retinoids		
<i>bexarotene (1% gel, 75 mg capsule)</i>	5	PA
PANRETIN	5	PA
TARGRETIN (1% GEL, 75 MG CAPSULE)	5	PA
<i>tretinoin 10 mg capsule</i>	5	PA
Treatment Adjuncts		
<i>mesna 400 mg tablet</i>	5	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole 200 mg tablet</i>	2	
<i>benznidazole</i>	4	
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMECTOL	4	PA
Antiprotozoals		
<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate</i>	2	
LAMPIT	4	
MALARONE	4	
<i>mefloquine hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NEBUPENT	4	PA
<i>nitazoxanide 500 mg tablet</i>	5	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine 300 mg inhal powdr</i>	2	PA
<i>pentamidine 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine 25 mg tablet</i>	5	PA
<i>quinine sulfate</i>	2	PA

Antiparkinson Agents

Antiparkinson Agents, Other

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

Dopamine Agonists

APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl (0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet)</i>	2	

You 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>ropinirole hcl (0.5 mg tablet, 2 mg tablet, 4 mg tablet)</i>		
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET	4	
SINEMET 10-100	4	
SINEMET 25-100	4	
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT 0.5 MG TABLET	4	
AZILECT 1 MG TABLET	5	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine 2.5 mg/ml vial</i>	4	PA
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl (1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA
<i>fluphenazine hcl (2.5 mg/5 ml elix, 5 mg/ml conc)</i>	2	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA

You 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>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA

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)	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
<i>aripiprazole (10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK A	4	PA, QL (56 PER 28 DAYS)
FANAPT TITRATION PACK C	4	PA, QL (8 PER 28 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GEODON (20 MG CAPSULE, 40 MG CAPSULE)	5	PA, QL (90 PER 30 DAYS)
GEODON (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
INVEGA (ER 3 MG TABLET, ER 9 MG TABLET)	3	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl (20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID (10 MG TABLET, 34 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine (15 mg tablet, 20 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine (2.5 mg tablet, 5 mg tablet)</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine (7.5 mg tablet, 10 mg tablet)</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)

You 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>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
OPIPZA (5 MG FILM, 10 MG FILM)	5	PA, QL (90 PER 30 DAYS)
OPIPZA 2 MG FILM	5	PA, QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine 150 mg tablet</i>	3	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2	PA, QL (60 PER 30 DAYS)
<i>quetiapine fumarate (50 mg tab, 100 mg tab, 200 mg tab)</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er (er 150 mg tablet, er 200 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	2	PA, QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
RISPERDAL (0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA (12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL)	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>risperidone 0.25 mg odt</i>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg odt</i>	2	PA, QL (120 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>risperidone er (12.5 mg vial, 25 mg vial, 37.5 mg vial)</i>	2	QL (2 PER 28 DAYS)

You 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 er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone odt (0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt)</i>	2	PA, QL (60 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL (25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET)	4	PA, QL (120 PER 30 DAYS)
SEROQUEL (300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
SEROQUEL XR (150 MG TABLET, 200 MG TABLET)	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR (50 MG TABLET, 300 MG TABLET, 400 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	QL (30 PER 30 DAYS)
<i>ziprasidone hcl (20 mg capsule, 40 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl (60 mg capsule, 80 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA (2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET)	4	PA, QL (45 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 20 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	PA, QL (2 PER 28 DAYS)

You 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 RELPREVV (300 MG VIAL, 300 MG VL KIT)	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV (405 MG VIAL, 405 MG VL KIT)	5	PA, QL (1 PER 28 DAYS)
ZYPREXA ZYDIS (15 MG TABLET, 20 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ZYPREXA ZYDIS (5 MG TABLET, 10 MG TABLET)	4	PA, QL (30 PER 30 DAYS)

Antipsychotics, Other

COBENFY	5	PA, QL (60 PER 30 DAYS)
COBENFY STARTER PACK	5	PA, QL (56 PER 28 DAYS)

Treatment-Resistant

<i>clozapine (25 mg tablet, 50 mg tablet)</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
CLOZARIL (25 MG TABLET, 50 MG TABLET)	4	PA, QL (90 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2	
<i>tizanidine hcl (2 mg capsule, 4 mg capsule, 6 mg capsule)</i>		

You 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>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	1	
Antivirals		
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (25 MG TABLET CHEW, 100 MG TABLET CHEW)	2	QL (180 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	QL (60 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
EDURANT PED	5	QL (180 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine</i>	5	QL (60 PER 30 DAYS)
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)

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

<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-rilpivirine-tenof</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop (100-150mg, 133-200mg, 167-250mg)</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofv 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine (10 mg/ml oral soln, 300 mg/30ml sol cup)</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET)	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 PER 30 DAYS)

Anti-HIV Agents, Other

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

Anti-HIV Agents, Protease Inhibitors

APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate (150 mg cap, 300 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)

You 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>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	5	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir 80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir 200-50mg tb</i>	2	QL (120 PER 30 DAYS)
NORVIR (100 MG POWDER PACKET, 100 MG TABLET)	3	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)

Anti-cytomegalovirus (CMV) Agents

LIVTENCITY	5	QL (120 PER 30 DAYS)
PREVYMIS (240 MG TABLET, 480 MG TABLET)	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
VALCYTE (50 MG/ML SOLUTION, 450 MG TABLET)	5	
<i>valganciclovir 450 mg tablet</i>	2	
<i>valganciclovir hcl 50 mg/ml</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDE (0.5 MG TABLET, 1 MG TABLET)	5	
BARACLUDE 0.05 MG/ML SOLUTION	4	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	
Anti-hepatitis C (HCV) Agents		
MAVYRET	5	PA
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	2	
ZEPATIER	5	PA
Anti-influenza Agents		
<i>oseltamivir 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate (45 mg capsule, 75 mg capsule)</i>	2	QL (84 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU (45 MG CAPSULE, 75 MG CAPSULE)	4	QL (84 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA (40 MG TAB (80 MG DOSE), 40 MG TABLET)	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antitherpetic Agents		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	1	
<i>acyclovir (200 mg/5 ml susp, 200 mg/5 ml susp cup, 800 mg/20ml susp cup)</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	2	PA
<i>famciclovir (125 mg tablet, 250 mg tablet, 500 mg tablet)</i>		
<i>valacyclovir</i>	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	PA
Antiviral, Coronavirus agents		
PAXLOVID 150-100 MG (MODERATE)	2	QL (20 PER 30 DAYS)
PAXLOVID 300-100 MG DOSE PACK	2	QL (30 PER 30 DAYS)
PAXLOVID 300/150-100MG(SEVERE)	2	QL (11 PER 30 OVER TIME)
Anxiolytics		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>buspirone hcl (5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet)</i>		
<i>buspirone hcl 7.5 mg tablet</i>	1	
<i>chlordiazepoxide 25 mg capsule</i>	2	PA, 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>chlordiazepoxide hcl (5 mg capsule, 10 mg capsule)</i>	2	PA, QL (120 PER 30 DAYS)
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	2	PA, QL (360 PER 30 DAYS)
<i>diazepam (2 mg tablet, 5 mg tablet, 10 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>diazepam (5 mg/5 ml oral cup, 5 mg/5 ml solution)</i>	2	PA, QL (1200 PER 30 DAYS)
<i>diazepam (5 mg/ml oral conc, 25 mg/5 ml oral conc)</i>	2	PA, QL (240 PER 30 DAYS)
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	2	PA
<i>hydroxyzine pamoate</i>	2	PA
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	PA, QL (120 PER 30 DAYS)
<i>lorazepam 2 mg tablet</i>	1	PA, QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	PA, QL (150 PER 30 DAYS)
<i>lorazepam intensol</i>	2	PA, QL (150 PER 30 DAYS)
<i>oxazepam</i>	2	PA, QL (120 PER 30 DAYS)

Bipolar Agents

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

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

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

You 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>glyburid-metformin 1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micro 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micro 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl (2.5-500 mg, 5-500 mg)</i>	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	PA
JANUMET	3	QL (60 PER 30 DAYS)
JANUMET XR (50-500 MG TABLET, 100-1,000 MG TABLET)	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA	3	QL (30 PER 30 DAYS)
JARDIANCE	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
OZEMPIC (0.25-0.5 MG/DOSE PEN, 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML))	3	PA, QL (3 PER 28 DAYS)

You 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>pioglitazone hcl (30 mg tablet, 45 mg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er (saxagliptin-metformin er 5-500, saxagliptin-metformin er 5-1000)</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er 2.5-1000</i>	2	QL (60 PER 30 DAYS)
SOLQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	
SYMLINPEN 60	5	
SYNJARDY (5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET)	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR (5-1,000 MG TABLET, 10-1,000 MG TABLET, 12.5-1,000 MG TAB)	3	QL (60 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
XIGDUO XR (10 MG-1,000 MG TAB, 10 MG-500 MG TABLET)	3	QL (30 PER 30 DAYS)
XIGDUO XR (2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET)	3	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
<i>diazoxide 50 mg/ml oral susp</i>	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)

You 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>glucagon emergency kit</i>	2	QL (4 PER 30 DAYS)
GVOKE	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	3	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2PK 0.5MG/0.1 ML	3	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	3	QL (0.8 PER 30 DAYS)
PROGLYCEM	5	

Insulins

<i>droplet insulin syringe (ins syr 1 ml 30g 8mm, ins syr 1 ml 31g 8mm, ins syr 1ml 29g 12.7mm, ins syr 1ml 30g 12.7mm)</i>	3	PA
<i>droplet micron 34g 3.5mm</i>	3	PA
<i>droplet pen needle (29g 10mm, 29g 12mm, 31g 5mm, 31g 6mm, 31g 8mm, 32g 4mm, 32g 5mm, 32g 6mm, 32g 8mm)</i>	2	PA
HUMALOG	3	QL (60 PER 30 DAYS)
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS)
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS)
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS)
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
HUMULIN 70-30	3	QL (60 PER 30 DAYS)
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS)
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS)
<i>insulin pen needle</i>	3	PA
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1 ml</i>	3	PA
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	PA
<i>insulin syringe (syr 0.5 ml, 1ml)</i>	3	PA
LANTUS	3	QL (60 PER 30 DAYS)
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS)
LYUMJEV	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS)
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS)
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS)
<i>needles, insulin disp., safety</i>	3	PA
NOVOLIN 70-30	3	QL (60 PER 30 DAYS)
NOVOLIN 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN N	3	QL (60 PER 30 DAYS)
NOVOLIN N FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLIN R	3	QL (60 PER 30 DAYS)
NOVOLIN R FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG	3	QL (60 PER 30 DAYS)
NOVOLOG FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30	3	QL (60 PER 30 DAYS)
NOVOLOG MIX 70-30 FLEXPEN	3	QL (60 PER 30 DAYS)
NOVOLOG PENFILL	3	QL (60 PER 30 DAYS)
<i>omnipod 5 (g6/libre 2 plus)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod 5 intro(g6/libre2plus)</i>	3	PA, QL (1 PER 720 OVER TIME)

You 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>omnipod classic pods (gen 3)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod dash intro kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pdm kit (gen 4)</i>	3	PA, QL (1 PER 720 OVER TIME)
<i>omnipod dash pods (gen 4)</i>	3	PA, QL (15 PER 30 DAYS)
<i>omnipod go pods</i>	3	PA, QL (10 PER 30 DAYS)
<i>pen needle (31g 5mm, 31g 8mm, 32g 4mm, 32g 6mm)</i>	2	PA
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS)
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS)
<i>true comfort safety pen needle</i>	3	PA
<i>unifine pentips</i>	3	PA
<i>unifine pentips plus</i>	3	PA

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate (75 mg cap, 150 mg cp)</i>	2	QL (60 PER 30 DAYS)
<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
ELIQUIS (5 MG TABLET, DVT-PE TREAT START 5MG)	3	QL (74 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
<i>enoxaparin 30 mg/0.3 ml syr</i>	2	QL (9 PER 90 OVER TIME)
<i>enoxaparin 40 mg/0.4 ml syr</i>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syringe, 150 mg/ml syringe)</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium (80 mg/0.8 ml syr, 120 mg/0.8 ml syr)</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)

You 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>	2	
<i>jantoven</i>	1	
LOVENOX (100 MG/ML SYRINGE, 150 MG/ML SYRINGE)	5	QL (30 PER 90 OVER TIME)
LOVENOX (80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE)	4	QL (24 PER 90 OVER TIME)
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
<i>rivaroxaban 1 mg/ml suspension</i>	2	QL (620 PER 30 DAYS)
<i>rivaroxaban 2.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	
Blood Products and Modifiers, Other		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE)	4	PA
ARANESP (100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE)	5	PA

You 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	5	PA
GRANIX	5	PA
LEUKINE	5	PA
NIVESTYM (300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL)	5	PA
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
PROCRIT (2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL, 20,000 UNIT/2 ML VIAL)	4	PA
PROCRIT (20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL)	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA

Hemostasis Agents

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Cardiovascular Agents		
Alpha-adrenergic Agonists		
<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	2	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA
Alpha-adrenergic Blocking Agents		
CARDURA	4	QL (60 PER 30 DAYS)
<i>doxazosin mesylate</i>	2	QL (60 PER 30 DAYS)
<i>phenoxybenzamine hcl</i>	5	
<i>prazosin hcl</i>	2	
<i>terazosin 1 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>terazosin hcl (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	1	QL (60 PER 30 DAYS)
Angiotensin II Receptor Antagonists		
ATACAND (4 MG TABLET, 8 MG TABLET, 16 MG TABLET)	4	QL (60 PER 30 DAYS)
ATACAND 32 MG TABLET	4	QL (30 PER 30 DAYS)
AVAPRO	4	QL (30 PER 30 DAYS)
BENICAR (20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
BENICAR 5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tb)</i>	1	QL (60 PER 30 DAYS)
<i>candesartan cilexetil 32 mg tb</i>	1	QL (30 PER 30 DAYS)
COZAAR (25 MG TABLET, 50 MG TABLET)	4	QL (60 PER 30 DAYS)
COZAAR 100 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN (40 MG TABLET, 80 MG TABLET, 160 MG TABLET)	4	QL (60 PER 30 DAYS)

You 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	4	QL (30 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium (25 mg tab, 50 mg tab)</i>	1	QL (60 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
MICARDIS	4	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil (20 mg tab, 40 mg tab)</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ALTACE	4	
<i>benazepril hcl (5 mg tablet, 10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
VASOTEC (2.5 MG TABLET, 5 MG TABLET, 10 MG TABLET)		
VASOTEC 20 MG TABLET	5	
ZESTRIL	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
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluc er 324 mg tab</i>	2	
<i>quinidine sulfate</i>	2	
<i>sorine (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>		
<i>sorine 80 mg tablet</i>	1	
<i>sotalol (120 mg tablet, 160 mg tablet, 240 mg tablet)</i>		
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af (120 mg tablet, 160 mg tablet)</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2	
<i>bisoprolol fumarate (5 mg tab, 10 mg tab)</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
COREG CR	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2	
LOPRESSOR (50 MG TABLET, 100 MG TABLET)		
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate (25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab)</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
TOPROL XL	4	

Calcium Channel Blocking Agents, Dihydropyridines

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM	4	
CARDIZEM CD (120 MG CAPSULE, 180 MG CAPSULE, 300 MG CAPSULE)	3	
CARDIZEM CD (240 MG CAPSULE, 360 MG CAPSULE)		
CARDIZEM LA	4	
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	
<i>diltiazem 12hr er</i>	2	
<i>diltiazem 24hr er</i>	2	
<i>diltiazem 24hr er (cd)</i>	2	
<i>diltiazem 24hr er (la)</i>	2	
<i>diltiazem 24hr er (xr)</i>	2	
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>		
<i>matzim la</i>	2	
<i>taztia xt</i>	2	
<i>tiadylt er</i>	2	
TIAZAC	4	
<i>verapamil er</i>	2	
<i>verapamil er pm</i>	4	
<i>verapamil hcl (40 mg tablet, 80 mg tablet, 120 mg tablet)</i>		
<i>verapamil sr</i>	2	
VERELAN	4	
VERELAN PM	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
Cardiovascular Agents, Other		
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	2	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSEER	5	
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet)</i>	1	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO (49 MG-51 MG TABLET, 97 MG-103 MG TABLET)	2	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	2	PA, QL (60 PER 30 DAYS)
LANOXIN (62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET)	3	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS HCT (40-12.5 MG TABLET, 80-25 MG TABLET)	3	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	QL (30 PER 30 DAYS)
<i>telmisartan-hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid (40-12.5 mg tb, 80-25 mg tab)</i>	1	QL (30 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	

You 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>trandolapril-verapamil er</i>	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	
ZESTORETIC	4	
ZIAC	4	

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	2	
<i>furosemide (10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet)</i>	1	
<i>furosemide (20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl)</i>	2	
LASIX	4	
<i>torsemide</i>	1	

Diuretics, Potassium-sparing

<i>amiloride hcl</i>	2	
<i>triamterene-hydrochlorothiazid (37.5-25 mg cp, 37.5-25 mg tb, 75-50 mg tab)</i>		

Diuretics, Thiazide

<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	

Dyslipidemics, Fibric Acid Derivatives

<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet)</i>	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>	2	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)

Dyslipidemics, HMG CoA Reductase Inhibitors

<i>atorvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>atorvastatin calcium (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
CRESTOR (5 MG TABLET, 10 MG TABLET, 20 MG TABLET)	3	QL (45 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>fluvastatin er</i>	2	QL (30 PER 30 DAYS)
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	QL (30 PER 30 DAYS)
<i>lovastatin (10 mg tablet, 20 mg tablet, 40 mg tablet)</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab)</i>	1	QL (45 PER 30 DAYS)
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>simvastatin (5 mg tablet, 10 mg tablet, 40 mg tablet)</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR (10 MG TABLET, 40 MG TABLET)	4	QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	QL (60 PER 30 DAYS)

Dyslipidemics, Other

<i>cholestyramine (packet, powder)</i>	2	
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cholestyramine light (packet, powder)</i>	2	
COLESTID 1 GM TABLET	4	
<i>colestipol hcl (1 gm tablet, granules, granules packet)</i>		
<i>ezetimibe</i>	2	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl (0.5 gm capsule, 500 mg capsule)</i>	4	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	4	QL (120 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE)	5	PA
<i>niacin er (750 mg tablet, 1,000 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>niacin er 500 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	2	
<i>prevalite (packet, powder)</i>	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	2	
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)

Mineralocorticoid Receptor Antagonists

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

You 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		
<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2	
<i>isosorbide mononit 10 mg tab</i>	2	
<i>isosorbide mononit 20 mg tab</i>	1	
<i>isosorbide mononit er 120 mg</i>	2	
<i>isosorbide mononitrate er (er 30 mg tb, er 60 mg tb)</i>	1	
NITRO-BID	4	
<i>nitroglycerin (0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray)</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	
VERQUVO	3	QL (30 PER 30 DAYS)

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE (10 MG, 15 MG, 15 MG CAP)	5	QL (120 PER 30 DAYS)
<i>dextroamp-amphetamin 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>dextroamphetamine 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine er 5 mg cap</i>	2	QL (90 PER 30 DAYS)

You 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 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>	2	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine (dextroamp-amphetam 7.5 mg tab, dextroamp-amphetam 12.5 mg tab, dextroamp-amphetamin 10 mg tab, dextroamp-amphetamin 15 mg tab, dextroamp-amphetamin 30 mg tab, dextroamp-amphetamine 5 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule)</i>	2	QL (30 PER 30 DAYS)
VYVANSE (10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE)	4	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
STRATTERA (10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE)	4	QL (60 PER 30 DAYS)
STRATTERA (60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE)	4	QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO (9 MG TABLET, 12 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR (12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITR KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
INGREZZA 40 MG SPRINKLE CAP	5	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PK(TARDIV)	5	PA, QL (28 PER 28 DAYS)
INGREZZA SPRINKLE (60 MG CAP, 80 MG CAP)	5	PA, QL (30 PER 30 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	4	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
VEOZAH	4	PA, QL (30 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)

Multiple Sclerosis Agents

AMPYRA	5	PA
AVONEX (4 PACK)	5	PA, QL (1 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AVONEX 30 MCG/0.5 ML SYRINGE	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN (4 PACK)	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	2	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	4	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteam</i>	2	
AVITA	2	PA
<i>azelaic acid 15% gel</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	
<i>clind ph-benzoyl perox 1.2-5%</i>	2	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	2	
<i>doxycycline ir-dr</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	4	
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
<i>neuac</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium (sod top susp, sodium lotn)</i>	2	
<i>tazarotene (0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel)</i>	2	PA
TAZORAC (0.05% CREAM, 0.05% GEL, 0.1% GEL)	4	PA
<i>tretinoin (0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream)</i>	2	PA

You 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>zenatane</i>	2	
Dermatitis and Pruitus Agents		
ALA-CORT 1% CREAM	1	
<i>alclometasone dipropionate</i>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented (crm, oin)</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone dipropionate (crm, oint)</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone dp aug 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone dp aug 0.05% lot</i>	2	QL (210 PER 30 DAYS)
<i>betamethasone va 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate (va cream, valer ointm)</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (cream, gel, ointment)</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate (prop foam, solution)</i>	2	QL (200 PER 28 DAYS)
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide (cream, ointment)</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone (0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment)</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin 5% cream</i>	2	PA
ELIDEL	4	PA
<i>fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinolone acetonide (body oil, scalp oil)</i>	2	QL (118.28 PER 30 DAYS)
<i>fluocinonide (cream, gel, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.1% cream</i>	2	QL (240 PER 28 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)

You 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 propionate (0.005% oint, 0.05% cream)</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate (cream, ointmnt)</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone (cream, ointment)</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyr 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate (hydrocort buty lipid crm, hydrocort buty lipo cream, hydrocortisone buty cream, hydrocortisone butyr oint)</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
<i>mometasone furoate (cream, oint)</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
PRUDOXIN	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	2	PA
<i>triamcinolone 0.025% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% lotion, 0.1% lotion, 0.5% ointment)</i>	2	QL (120 PER 30 DAYS)
<i>triamcinolone acetonide (0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream)</i>	2	QL (454 PER 30 DAYS)
<i>triderm 0.5% cream</i>	2	QL (454 PER 30 DAYS)
ZONALON	4	PA

Dermatological Agents, Other

<i>calcipotriene (cream, ointment, solution)</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	

You 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>fluorouracil (cream, topical soln)</i>	2	
<i>fluorouracil 2% topical soln</i>	3	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA (10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET)	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	2	PA
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	
SOOLANTRA	4	PA
Topical Anti-infectives		
<i>gentamicin sulfate (cream, ointment)</i>	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole (0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel)</i>	2	
<i>mupirocin</i>	2	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Electrolytes/Minerals/ Metals/ Vitamins		
Electrolyte/Mineral Replacement		
<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>glucose 5%-0.9% nacl</i>	2	
<i>kcl 20 meq/l in d5w solution</i>	2	
<i>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>magnesium sulfate (1 g/2 ml, 5 g/10ml, 10g/20ml, 25g/50ml, syringe)</i>	2	

You 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>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet)</i>	2	
<i>potassium chloride in d5lr</i>	3	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium citrate er</i>	2	
<i>sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial)</i>	2	
<i>sodium chloride 0.9%-water</i>	2	

Electrolyte/Mineral/Metal Modifiers

CHEMET	4	
<i>deferasirox (90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp)</i>	4	PA
<i>deferasirox 125 mg tb for susp</i>	4	PA
<i>deferasirox 90 mg tablet</i>	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan (15 mg tablet, 30 mg tablet)</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>dextrose 10%-water iv solution</i>	1	
<i>dextrose in water (50 ml, 100 ml, 250 ml, 1,000 ml, iv soln)</i>	2	
<i>glucose in water (50 ml, 100 ml)</i>	2	
INTRALIPID 20% IV FAT EMUL	4	PA
NUTRILIPID	4	PA
TRAVASOL	4	PA
TROPHAMINE	4	PA

Potassium Binders

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

Gastrointestinal Agents

Anti-Constipation Agents

<i>constulose</i>	2	
<i>enulose</i>	2	
<i>generlac</i>	2	
<i>lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)
MOVANTIK	3	QL (30 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	4	PA, 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
RELISTOR 150 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	PA, QL (12 PER 30 DAYS)
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atrop 2.5-0.025</i>	2	PA
<i>loperamide 2 mg capsule</i>	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl (10 mg capsule, 10 mg/5 ml soln, 20 mg tablet)</i>	2	PA
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	2	
<i>methscopolamine bromide</i>	2	
Gastrointestinal Agents, Other		
<i>bismuth-metronidazole-tetracyc</i>	2	
<i>chenodal</i>	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MOVIPREP	4	
MYALEPT	5	PA
OCALIVA	5	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte solution</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>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	4	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol (250 mg tablet, 300 mg capsule, 500 mg tablet)</i>	2	
VOWST	5	PA, QL (12 PER 56 OVER TIME)
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)

Histamine2 (H2) Receptor Antagonists

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

Protectants

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

Proton Pump Inhibitors

<i>esomeprazole magnesium (dr 2.5 mg packet, dr 5 mg packet, dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	2	QL (30 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)
NEXIUM (DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET)	4	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
NEXIUM (DR 2.5 MG PACKET, DR 5 MG PACKET)	4	QL (30 PER 30 DAYS)
<i>omeprazole (dr 20 mg capsule, dr 40 mg capsule)</i>	1	QL (60 PER 30 DAYS)
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sod dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)

Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment

<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR (1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET)	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	
CYSTAGON	4	PA
ELELYSO	5	PA
ENDARI	5	PA
KUVAN	5	PA
<i>l-glutamine 5 gram powder pkt</i>	5	PA
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup)</i>		
<i>levocarnitine sf</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>miglustat</i>	5	PA, QL (180 PER 30 DAYS)
<i>nitisinone</i>	5	
ORFADIN (2 MG CAPSULE, 4 MG/ML SUSPENSION, 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE)	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
PYRUKYND (20-5 MG PACK, 50-20 MG PACK)	5	PA, QL (14 PER 28 DAYS)
PYRUKYND (5 MG TABLET, 20 MG TABLET, 20 MG TAPER PACK, 50 MG TABLET, 50 MG TAPER PACK)	5	PA, QL (56 PER 28 DAYS)
PYRUKYND 5 MG TAPER PACK	5	PA, QL (7 PER 28 DAYS)
REVCovi	5	
<i>sapropterin dihydrochloride</i>	5	PA
<i>sodium phenylbutyrate (500mg tb, powder)</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
WELIREG	5	PA, QL (90 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (180 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

Genitourinary Agents

Antispasmodics, Urinary

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

Benign Prostatic Hypertrophy Agents

<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
<i>dutasteride 0.5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tadalafil (2.5 mg tablet, 5 mg tablet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)

Contraceptives, Other

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
CHORIONIC GONADOTROPIN	4	PA
DDAVP (0.1 MG TABLET, 0.2 MG TABLET)	4	
<i>desmopressin acetate (0.01% solution, 0.01% spray, 0.1 mg tb, 0.2 mg tb, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial)</i>	2	
INCRELEX	5	
OMNITROPE (5 MG/1.5 ML CRTG, 5.8 MG VIAL, 10 MG/1.5 ML CRTG)	3	PA
PREGNYL	4	PA
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Androgens		
ANDROGEL 1.62% GEL PUMP	4	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone 10 mg cap</i>	5	PA
<i>testosterone ((2.5 g) pkt, gel pump)</i>	2	PA, QL (150 PER 30 DAYS)
<i>testosterone (1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate (100 mg/ml, 200 mg/ml, 500 mg/2.5 ml, 500 mg/5 ml, 1,000 mg/10ml, 1,000 mg/5 ml, 2,000 mg/10ml, 6,000 mg/30ml)</i>	2	PA
<i>testosterone enanthate</i>	3	PA
Estrogens		
DEPO-ESTRADIOL	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
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>	2	
ESTRACE 0.01% CREAM	4	
<i>estradiol (0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt)</i>	2	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet)</i>		
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
<i>estradiol valerate (50 mg/5 ml, 100 mg/5 ml, 200 mg/5 ml)</i>		
ESTRING	4	
<i>lyllana</i>	2	
MENEST	4	
PREMARIN (0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)		
VAGIFEM	4	
<i>yuvaferm</i>	2	
<i>abigale lo</i>	2	
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>feirza</i>	2	
<i>femynor</i>	2	
<i>fyavolv 1 mg-5 mcg tablet</i>	2	
<i>galbriela</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad (levono-e 0.15-0.03-0.01, levonor-e 0.1-0.02-0.01)</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lo-zumandimine</i>	2	
LOESTRIN	2	
LOESTRIN FE	2	
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
<i>mono-lynyah</i>	2	
<i>necon</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nikki</i>	2	
<i>norelgestromin-eth estradiol</i>	2	
<i>norethin-eth estra-ferrous fum</i>	2	
<i>norethindron-ethinyl estradiol (norethin-ee 1.5-0.03 mg(21) tb, norethin-eth estrad 1 mg-5 mcg, norethind-eth estrad 1-0.02 mg)</i>	2	
<i>norethindrone-e.estradiol-iron (1 mg/20-30-35 mcg, 1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1.5-0.03mg(21)-75)</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>nylia</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>portia</i>	2	
PREMPHASE	3	
PREMPRO	3	
<i>reclipsen</i>	2	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>taysofy</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tilia fe</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>turqoz</i>	2	
TYBLUME	3	
<i>tydemy</i>	2	
<i>valtya</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>vioarele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xarah fe</i>	2	
<i>xelria fe</i>	2	
<i>xulane</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
YASMIN 28	4	
YAZ	4	
<i>zafemy</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	
Progestins		
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA	4	
DEPO-SUBQ PROVERA 104	3	
<i>emzahh</i>	2	
<i>errin</i>	2	
<i>gallifrey</i>	2	
<i>heather</i>	2	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	2	
<i>meleya</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>orquidea</i>	2	
<i>progesterone (100 mg capsule, 200 mg capsule)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROVERA	4	
<i>sharobel</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	1	
LEVOXYL	1	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
<i>cabergoline</i>	2	
ELIGARD (22.5 MG SYRINGE B, 22.5 MG SYRINGE KIT, 30 MG SYRINGE B, 30 MG SYRINGE KIT, 45 MG SYRINGE B, 45 MG SYRINGE KIT)	4	PA
ELIGARD (7.5 MG SYRINGE B, 7.5 MG SYRINGE KIT)	1	PA
FIRMAGON	4	

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DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KORLYM	5	PA, QL (120 PER 30 DAYS)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	2	PA
<i>leuprolide depot</i>	5	PA
LUPRON DEPOT (3.75 MG KIT, -4 MONTH KIT, 7.5 MG KIT)	2	PA
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG 3MO, 45 MG 6MO KIT)	4	PA
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
<i>octreotide acetate (500 mcg/ml amp, 500 mcg/ml vl)</i>	5	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	2	PA
<i>octreotide acetate er</i>	5	PA
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunological Agents		
Angioedema Agents		
CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 28 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 28 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)
Immunoglobulins		
ATGAM	5	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
THYMOGLOBULIN	5	PA
Immunological Agents, Other		
ACTEMRA 162 MG/0.9 ML SYRINGE	5	PA
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	4	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ENTYVIO PEN	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE, 250 MG VIAL)	4	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI (150 MG/ML SYRINGE, 600 MG/10 ML VIAL)	4	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA
STEQEYMA 45 MG/0.5 ML SYRINGE	4	PA
STEQEYMA 90 MG/ML SYRINGE	5	PA
TREMFYA (100 MG/ML SYRINGE, 200 MG/2 ML SYRINGE)	4	PA
TREMFYA 200 MG/2 ML PEN	5	PA
TREMFYA ONE-PRESS	5	PA
TREMFYA PEN INDUCTION PK-CROHN	5	PA
TYENNE 162 MG/0.9 ML SYRINGE	5	PA
TYENNE AUTOINJECTOR	5	PA
XOLAIR (75 MG/0.5 ML AUTOINJECT, 75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML AUTOINJECTOR, 150 MG/ML SYRINGE, 300 MG/2 ML AUTOINJECT, 300 MG/2 ML SYRINGE)	5	PA

Immunostimulants

ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
PEGASYS	5	PA

Immunosuppressants

ASTAGRAF XL	4	PA
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You can find information on what the symbols and abbreviations on this table mean by going to page 1.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZASAN	2	PA
<i>azathioprine</i>	2	PA
CELLCEPT (200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET)	5	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	2	PA
<i>cyclosporine modified (25 mg, 50 mg, 100 mg, 100mg/ml)</i>	2	PA
ENBREL (25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
ENVARUSUS XR (0.75 MG TABLET, 1 MG TABLET)	4	PA
ENVARUSUS XR 4 MG TABLET	5	PA
<i>everolimus (0.5 mg tablet, 0.75 mg tablet, 1 mg tablet)</i>	5	PA
<i>everolimus 0.25 mg tablet</i>	2	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	2	PA
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA	5	PA
HUMIRA PEN	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	PA
<i>leflunomide (10 mg tablet, 20 mg tablet)</i>	2	

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

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

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Vaccines		
ABRYSVO	1	QL (1 PER 365 OVER TIME)
ACTHIB	1	
ADACEL TDAP	1	
AREXVY	1	QL (1 PER 999 OVER TIME)
BCG VACCINE (TICE STRAIN)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL DTAP	1	
DENGVAXIA	1	
DIPHThERIA-TETANUS TOXOIDS-PED	1	
ENGRIX-B ADULT	1	PA
ENGRIX-B PEDIATRIC-ADOLESCENT	1	PA
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B 20 MCG/0.5 ML SYRNG	1	PA
HIBERIX	1	
IMOVAX RABIES VACCINE	1	PA
INFANRIX DTAP	1	
IPOLE	1	
IXCHIQ	1	
IXIARO	1	
JYNNEOS	1	PA
JYNNEOS (NATIONAL STOCKPILE)	1	PA
KINRIX	1	
M-M-R II VACCINE	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO A-C-Y-W-135-DIP (1 VIAL-A-C-Y-W-135-DIP, A-C-Y-W KIT (2 VIALS))	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MRESVIA	1	QL (0.5 PER 999 DAYS)
PEDIARIX	1	
PEDVAXHIB	1	
PENBRAYA	1	
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	
SHINGRIX	1	QL (2 PER 999 OVER TIME)
STAMARIL	1	
TDVAX	1	PA
TENIVAC	1	PA
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX VACCINE	1	
VAXCHORA VACCINE	1	
VIMKUNYA	1	
VIVOTIF	1	
YF-VAX	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO	4	QL (120 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	5	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine (4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp)</i>	2	
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	
Glucocorticoids		
<i>budesonide dr</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	5	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)

Metabolic Bone Disease Agents

<i>alendronate sodium (35 mg tab, 70 mg tab)</i>	1	QL (4 PER 28 DAYS)
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
ATELVIA	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon 200 unit spr</i>	2	
<i>calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution)</i>	2	
<i>cinacalcet hcl (30 mg tablet, 60 mg tablet)</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>paricalcitol (1 mcg capsule, 2 mcg capsule, 4 mcg capsule)</i>	2	
PROLIA	4	PA
<i>risedronate sodium (5 mg tablet, 30 mg tab)</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium dr</i>	2	QL (4 PER 28 DAYS)
ROCALTROL (0.25 MCG CAPSULE, 0.5 MCG CAPSULE, 1 MCG/ML ORAL SOLN)		
SENSIPAR (60 MG TABLET, 90 MG TABLET)	5	PA
SENSIPAR 30 MG TABLET	4	PA
TERIPARATIDE (560 MCG/2.24 ML, 560MCG/2.24ML PEN)	4	PA
TYMLOS	5	PA
XGEVA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Agents		
Ophthalmic Agents, Other		
<i>atropine sulfate (drop, drops)</i>	2	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol eye drops</i>	1	
MAXITROL EYE OINTMENT	4	
MIEBO	3	PA, QL (12 PER 30 DAYS)
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX (DROPS, OINTMENT)	4	
<i>tobramycin-dexamethasone</i>	2	
XDEMZY	5	PA
XIIDRA	3	PA, QL (60 PER 30 DAYS)
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	3	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gatifloxacin</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
<i>moxifloxacin (drops, drp-visc)</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium (drops, ointment)</i>	2	
<i>tobramycin 0.3% eye drop</i>	2	
<i>trifluridine</i>	3	
VIGAMOX	4	

Ophthalmic Anti-allergy Agents

<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	

Ophthalmic Anti-inflammatories

ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium (0.07% drp, 0.09% drp)</i>	2	
<i>dexamethasone 0.1% eye drop</i>	2	
<i>diclofenac 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	3	
PROLENSA	3	

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate (0.25% eye drop, 0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	2	
<i>timolol maleate 0.5% eye drops</i>	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	

Ophthalmic Intraocular Pressure Lowering Agents, Other

ALPHAGAN P	3	
AZOPT	4	
<i>brimonidine 0.2% eye drop</i>	1	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate 0.15% drp</i>	2	
<i>brinzolamide</i>	2	

You 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>dorzolamide hcl</i>	2	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	

Ophthalmic Prostaglandin and Prostamide Analogs

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

Otic Agents

<i>acetic acid 2% ear solution</i>	2	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc ear susp</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin 0.3% ear drops</i>	2	

Respiratory Tract/ Pulmonary Agents

Anti-inflammatories, Inhaled Corticosteroids

ARNUIITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone prop hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone prop hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone prop hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)

Antihistamines

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

Antileukotrienes

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

Bronchodilators, Anticholinergic

ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium 0.03% spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium 0.06% spray</i>	2	QL (45 PER 30 DAYS)

You 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>ipratropium br 0.02% soln</i>	2	PA
SPIRIVA HANDIHALER	4	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
<i>tiotropium bromide</i>	2	QL (30 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, 2 mg/5 ml syrup cup, sulf 2 mg/5 ml syrup, 4 mg tab, 8 mg/20 ml syrup cup)</i>	2	
<i>albuterol sulfate (sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA
<i>epinephrine 0.15 mg auto-inject</i>	3	
<i>epinephrine 0.3 mg auto-inject</i>	2	
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
CAYSTON	5	PA
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (120 PER 30 DAYS)
ORKAMBI (75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	PA
<i>tobramycin 300 mg/5 ml ampule</i>	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA (80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT)	5	PA, QL (60 PER 30 DAYS)

Mast Cell Stabilizers

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

DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
<i>theophylline anhydrous (er 300 mg tab, er 450 mg tab)</i>	2	
<i>theophylline er (300 mg tablet, 400 mg tablet, 450 mg tablet, 600 mg tablet)</i>	2	

Pulmonary Antihypertensives

ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan (62.5 mg tablet, 125 mg tablet)</i>	5	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
<i>sildenafil 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
TRACLEER (62.5 MG TABLET, 125 MG TABLET)	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)

Pulmonary Fibrosis Agents

ESBRIET (267 MG CAPSULE, 267 MG TABLET)	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OFEV	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone (267 mg capsule, 267 mg tablet)</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)

Respiratory Tract Agents, Other

<i>acetylcysteine (10% vial, 20% vial)</i>	2	PA
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>breyna</i>	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol (55-14, 113-14, 232-14)</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	PA
ORALAIR (300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB)	4	PA, QL (30 PER 30 DAYS)
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

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

You 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>methocarbamol (500 mg tablet, 750 mg tablet)</i>	2	
<i>vanadom</i>	2	

Sleep Disorder Agents

Sleep Promoting Agents

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

Wakefulness Promoting Agents

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

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

Alphabetical Listing

A

abacavir	47	AFINITOR DISPERZ	31
abacavir-lamivudine	47	afirmelle	89
abigale lo	89	AGRYLIN	59
ABILIFY	41	AIMOVIG AUTOINJECTOR	27
ABILIFY ASIMTUFII	41	AKEEGA	31
ABILIFY MAINTENA	41	ALA-CORT	76
abiraterone acetate	29	albendazole	38
abirtega	29	albuterol hfa 90 mcg inhaler (generic proair hfa)	111
ABRYSVO	102	albuterol hfa 90 mcg inhaler (generic proventil hfa)	111
acamprosate calcium	6	albuterol sulfate	111
acarbose	53	alclometasone dipropionate	76
ACCOLATE	110	ALDACTONE	70
accutane	75	ALECENSA	31
acebutolol hcl	63	alendronate sodium	105
acetaminophen-codeine	4	alfuzosin hcl er	86
acetazolamide	66	aliskiren	66
acetazolamide er	66	allopurinol	26
acetic acid	109	alosetron hcl	82
acetylcysteine	113	ALPHAGAN P	108
acitretin	75	alprazolam	51
ACTEMRA	98	alprazolam er	51
ACTEMRA ACTPEN	98	alprazolam xr	51
ACTHAR	87	ALTACE	62
ACTHAR SELFJECT	87	altavera	89
ACTHIB	102	ALUNBRIG	31
ACTIMMUNE	99	alyacen	89
ACTOS	53	amabelz	89
ACULAR	107	amantadine	39
ACULAR LS	107	AMBISOME	25
acyclovir	51	ambrisentan	112
acyclovir sodium	51	amethia	89
ADACEL TDAP	102	amethyst	89
ADCIRCA	112	amikacin sulfate	7
ADDERALL XR	71	amiloride hcl	68
adefovir dipivoxil	50	amiloride-hydrochlorothiazide	66
ADEMPAS	112	amiodarone hcl	63
ADLARITY	19	amitriptyline hcl	23
ADVAIR HFA	113	amlodipine besylate	64
AFINITOR	31	amlodipine besylate-benazepril	66

amlodipine-atorvastatin	66	AROMASIN	31
amlodipine-olmesartan	66	ARTHROTEC 50	2
amlodipine-valsartan	66	ARTHROTEC 75	2
amlodipine-valsartan-hctz	66	asenapine maleate	41
ammonium lactate	76	ashlyna	89
amnestem	75	ASMANEX	109
amoxapine	23	ASMANEX HFA	109
amoxicillin	11	aspirin-dipyridamole er	60
amoxicillin-clavulanate pot er	11	ASTAGRAF XL	99
amoxicillin-clavulanate potass	11	ATACAND	61
amphotericin b	25	ATACAND HCT	66
amphotericin b liposome	25	atazanavir sulfate	48
ampicillin sodium	11	ATELVIA	105
ampicillin trihydrate	11	atenolol	63
ampicillin-sulbactam	11	atenolol-chlorthalidone	66
AMPYRA	73	ATGAM	98
anagrelide hcl	59	atomoxetine hcl	72
anastrozole	31	atorvastatin calcium	69
ANDROGEL	88	atovaquone	38
ANORO ELLIPTA	113	atovaquone-proguanil hcl	38
APOKYN	39	atropine sulfate	106
apomorphine hcl	39	ATROVENT HFA	110
aprepitant	24	aubra	90
apri	89	aubra eq	90
APRISO	104	AUGTYRO	31
APTIOM	18	aurovela	90
APTIVUS	48	aurovela 24 fe	90
aqua care sodium chloride	79	aurovela fe	90
aranelle	89	AUSTEDO	73
ARANESP	59	AUSTEDO XR	73
ARCALYST	98	AUSTEDO XR TITRATION KT(WK1-4)	73
AREXVY	102	AUVELITY	20
ARICEPT	19	AVALIDE	66
ARIKAYCE	7	AVAPRO	61
ARIMIDEX	31	aviane	90
aripiprazole	41	avidoxy	14
aripiprazole odt	41	AVITA	75
ARISTADA	41	AVMAPKI-FAKZYNJA	30
ARISTADA INITIO	41	AVODART	86
armodafinil	114	AVONEX	74
ARNUITY ELLIPTA	109	AVONEX (4 PACK)	73

AVONEX PEN (4 PACK).....	74	BESREMI.....	99
ayuna.....	90	betaine anhydrous.....	84
AYVAKIT.....	31	betamethasone diprop augmented.....	76
AZACTAM.....	8	betamethasone dipropionate.....	76
AZASAN.....	100	betamethasone valerate.....	76
azathioprine.....	100	BETASERON.....	74
azelaic acid.....	75	betaxolol hcl.....	63,108
azelastine hcl.....	107,110	bethanechol chloride.....	87
AZELEX.....	75	BETOPTIC S.....	108
AZILECT.....	40	bexarotene.....	38
azithromycin.....	12	BEXSERO.....	102
AZOPT.....	108	bicalutamide.....	29
AZOR.....	66	BICILLIN L-A.....	11
aztreonam.....	8	BIKTARVY.....	46
AZULFIDINE.....	104	BILTRICIDE.....	38
azurette.....	90	bimatoprost.....	109
B		bismuth-metronidazole-tetracyc.....	82
bacitracin.....	106	bisoprolol fumarate.....	63
bacitracin-polymyxin.....	106	bisoprolol-hydrochlorothiazide.....	66
baclofen.....	45	blisovi 24 fe.....	90
BACTRIM.....	13	blisovi fe.....	90
BACTRIM DS.....	13	BOOSTRIX TDAP.....	102
balsalazide disodium.....	104	bosentan.....	112
BALVERSA.....	31,32	BOSULIF.....	32
balziva.....	90	BRAFTOVI.....	32
BANZEL.....	18	BREO ELLIPTA.....	113
BAQSIMI.....	55	brey-na.....	113
BARACLUDE.....	50	BREZTRI AEROSPHERE.....	113
BCG VACCINE (TICE STRAIN).....	102	briellyn.....	90
BELBUCA.....	4	BRILINTA.....	60
BELSOMRA.....	114	brimonidine tartrate.....	108
benazepril hcl.....	62	brimonidine tartrate-timolol.....	106
benazepril-hydrochlorothiazide.....	66	brinzolamide.....	108
BENICAR.....	61	BRIVIACT.....	14
BENICAR HCT.....	66	bromfenac sodium.....	107
BENLYSTA.....	98	bromocriptine mesylate.....	39
BENZAMYCIN.....	75	BRUKINSA.....	32
benznidazole.....	38	budesonide.....	109
benztropine mesylate.....	39	budesonide dr.....	104
BESIVANCE.....	106	budesonide ec.....	104
		budesonide er.....	104

budesonide-formoterol fumarate	113	carbamazepine er	18
bumetanide	68	CARBATROL	18
BUPHENYL	84	carbidopa	40
buprenorphine	4	carbidopa-levodopa	40
buprenorphine hcl	6	carbidopa-levodopa er	40
buprenorphine-naloxone	6,7	carbidopa-levodopa-entacapone	39
bupropion hcl	20	CARDIZEM	65
bupropion hcl sr	7,20	CARDIZEM CD	65
bupropion hcl sr 150mg tablet	20	CARDIZEM LA	65
bupropion xl	20	CARDURA	61
buspirone hcl	51	carglumic acid	79
butalbital-acetaminophen	2	carisoprodol	113
butalbital-acetaminophen-caffe	2	CARNITOR	84
butalbital-aspirin-caffeine	2	CARNITOR SF	84
butorphanol tartrate	4	carteolol hcl	108
BUTRANS	4	cartia xt	65
BYDUREON BCISE	53	carvedilol	63
BYSTOLIC	63	carvedilol er	63
C		CASODEX	29
cabergoline	96	caspofungin acetate	25
CABLIVI	60	CAYSTON	111
CABOMETYX	32	cefaclor	10
calcipotriene	77	cefadroxil	10
calcitonin-salmon	105	cefazolin sodium	10
calcitrene	77	cefazolin sodium-dextrose	10
calcitriol	105	cefdinir	10
CALQUENCE	32	cefepime	10
camila	95	cefepime hcl	10
camrese	90	cefepime-dextrose	10
camrese lo	90	cefixime	10
CANASA	104	cefoxitin	10
CANCIDAS	25	cefoxitin sodium	10
candesartan cilexetil	61	cefpodoxime proxetil	10
candesartan-hydrochlorothiazid	66	cefprozil	10
CAPLYTA	41	ceftazidime	10
CAPRELSA	32	ceftriaxone	10
captopril	62	cefuroxime	10
CARAFATE	83	cefuroxime sodium	10
CARBAGLU	79	CELEBREX	2
carbamazepine	18	celecoxib	2
		CELEXA	21

CELLCEPT	100	clindacin p	8
CELONTIN	16	clindamycin (pediatric)	8
cephalexin	10	clindamycin hcl	8
CEREZYME	84	clindamycin phos-benzoyl perox	75
cetirizine hcl	110	clindamycin phosphate	8
cevimeline hcl	74	clindamycin phosphate-d5w	8
chateal	90	clindamycin-0.9% nacl	8
chateal eq	90	clindamycin-benzoyl peroxide	75
CHEMET	80	clobazam	16
chenodal	82	clobetasol emollient	76
chlordiazepoxide hcl	51,52	clobetasol propionate	76
chlorhexidine gluconate	74	clodan	76
chloroquine phosphate	38	clomipramine hcl	23
chlorpromazine hcl	24	clonazepam	52
chlorthalidone	68	clonidine	61
chlorzoxazone	113	clonidine hcl	61
cholestyramine	69	clonidine hcl er	72
cholestyramine light	70	clopidogrel	60
CHORIONIC GONADOTROPIN	88	clorazepate dipotassium	52
ciclodan	25	clotrimazole	25
ciclopirox	25	clotrimazole-betamethasone	77
cilostazol	60	clozapine	45
CIMDUO	47	clozapine odt	45
cimetidine	83	CLOZARIL	45
cinacalcet hcl	105	COARTEM	38
CINRYZE	98	COBENFY	45
CIPRO	13	COBENFY STARTER PACK	45
CIPRODEX	109	codeine sulfate	4
ciprofloxacin hcl	13,106	COLAZAL	104
ciprofloxacin-d5w	13	colchicine	26
ciprofloxacin-dexamethasone	109	COLCRYS	26
citalopram hbr	21	COLESTID	70
claravis	75	colestipol hcl	70
clarithromycin	12	colistimethate	8
clarithromycin er	12	COMBIGAN	106
clemastine fumarate	110	COMBIPATCH	90
CLEOCIN	8	COMBIVENT RESPIMAT	113
CLEOCIN HCL	8	COMETRIQ	32
CLEOCIN PHOSPHATE	8	COMPLERA	47
CLEOCIN T	8	compro	24
clindacin etz	8	COMTAN	39

constulose	81	dalfampridine er	74
COPAXONE	74	DALIRESP	112
COPIKTRA	32	DALVANCE	8
COREG CR	63	danazol	88
CORLANOR	66	DANTRIUM	45
CORTEF	87	dantrolene sodium	45
COSENTYX (2 SYRINGES)	98	DANZITEN	32
COSENTYX SENSOREADY (2 PENS)	98	dapsone	28
COSENTYX SENSOREADY PEN	98	DAPTACEL DTAP	102
COSENTYX SYRINGE	98	daptomycin	9
COSENTYX UNOREADY PEN	98	DARAPRIM	38
COSOPT	106	darifenacin er	85
COTELLIC	32	darunavir	49
COZAAR	61	dasatinib	32
CREON	84	dasetta	90
CRESEMBA	25	DAURISMO	32
CRESTOR	69	DAYPRO	2
cromolyn sodium	84,107,112	daysee	90
cryselle	90	DAYVIGO	114
CRYSVITA	84	DDAVP	88
CUBICIN	8	deblitane	95
CUBICIN RF	8	deferasirox	80
cyclobenzaprine hcl	113	DELSTRIGO	46
cyclophosphamide	28,29	DELZICOL	104
cycloserine	28	demeclocycline hcl	14
CYCLOSET	53	DEMSE	66
cyclosporine	100	DENGVAIXA	102
cyclosporine modified	100	DEPAKOTE	14
CYMBALTA	21	DEPAKOTE ER	14
cyproheptadine hcl	110	DEPAKOTE SPRINKLE	14
cyred	90	DEPEN	87
cyred eq	90	DEPO-ESTRADIOL	88
CYSTADANE	84	DEPO-PROVERA	95
CYSTADROPS	106	DEPO-SUBQ PROVERA 104	95
CYSTAGON	84	DEPO-TESTOSTERONE	88
CYSTARAN	106	dermacinrx lidocan	6
CYTOMEL	96	DESCOVY	47
CYTOTEC	83	desipramine hcl	23
		desloratadine	110
D		desmopressin acetate	88
dabigatran etexilate	58	desogestr-eth estrad eth estra	90

desogestrel-ethinyl estradiol	90	diltiazem 24hr er (la)	65
desonide	76	diltiazem 24hr er (xr)	65
desoximetasone	76	diltiazem hcl	65
desvenlafaxine succinate er	21	dimethyl fumarate	74
DETROL	85	DIOVAN	61,62
DETROL LA	85	DIOVAN HCT	66
dexamethasone	87	DIPENTUM	104
dexamethasone sodium phosphate	107	diphenoxylate-atropine	82
DEXEDRINE	71	DIPHThERIA-TETANUS TOXOIDS-PED	102
dexmethylphenidate hcl	72	DIPROLENE	76
dextroamphetamine sulfate	71	dipyridamole	60
dextroamphetamine sulfate er	71,72	disulfiram	6
dextroamphetamine-amphet er	72	divalproex sodium	14
dextroamphetamine-amphetamine	71,72	divalproex sodium er	14
dextrose 2.5%-0.45% nacl	79	DIVIGEL	89
dextrose 5%-0.2% nacl	79	dofetilide	63
dextrose 5%-0.225% nacl	79	dolishale	90
dextrose 5%-0.45% nacl	79	donepezil hcl	19
dextrose 5%-0.9% nacl	79	donepezil hcl odt	19
dextrose in water	81	dorzolamide hcl	109
DIACOMIT	14	dorzolamide-timolol	106
diazepam	16,52	dotti	89
diazoxide	55	DOVATO	46
diclofenac potassium	2	doxazosin mesylate	61
diclofenac sodium	2,77,107	doxepin hcl	23,76,114
diclofenac sodium er	2	doxy 100	14
diclofenac sodium-misoprostol	2,3	doxycycline hyclate	14
dicloxacillin sodium	11	doxycycline ir-dr	75
dicyclomine hcl	82	doxycycline monohydrate	14
DIFICID	12	DRIZALMA SPRINKLE	21
DIFLUCAN	25	dronabinol	24
difluprednate	107	droplet insulin syringe	56
digitek	66	droplet micron pen needle	56
digoxin	66	droplet pen needle	56
dihydroergotamine mesylate	26	drospirenone-eth estra-levomef	90
dilantin	18	drospirenone-ethinyl estradiol	90
DILANTIN-125	18	droxidopa	61
dilt-xr	65	DUAVEE	96
diltiazem 12hr er	65	DULERA	113
diltiazem 24hr er	65	duloxetine hcl	21
diltiazem 24hr er (cd)	65	DUPIXENT PEN	98

DUPIXENT SYRINGE.....	98
DUREZOL.....	107
dutasteride.....	86
dutasteride-tamsulosin.....	86

E

E.E.S. 200.....	12	ENGERIX-B PEDIATRIC-ADOLESCENT.....	102
ec-naproxen.....	3	enilloring.....	90
econazole nitrate.....	25	enoxaparin sodium.....	58
EDARBI.....	62	enpresse.....	91
EDARBYCLOR.....	66	enskyce.....	91
EDURANT.....	46	entacapone.....	39
EDURANT PED.....	46	entecavir.....	50
efavirenz.....	46	ENTRESTO.....	66,67
efavirenz-emtricitabine-tenofovir disoproxil fumarate.....	46	ENTRESTO SPRINKLE.....	67
efavirenz-lamivudine-tenofovir disoproxil fumarate.....	46	ENTYVIO PEN.....	98
EFFEXOR XR.....	21	enulose.....	81
EFUDEX.....	77	ENVARUSUS XR.....	100
ELELYSO.....	84	EPIDIOLEX.....	15
ELIDEL.....	76	epinastine hcl.....	107
ELIGARD.....	96	epinephrine.....	111
elinest.....	90	epitol.....	18
ELIQUIS.....	58	EPIVIR.....	47
eluryng.....	90	eplerenone.....	70
EMEND.....	24	EPRONTIA.....	15
EMGALITY PEN.....	27	EPZICOM.....	47
EMGALITY SYRINGE.....	27	ergotamine-caffeine.....	26
EMSAM.....	21	ERIVEDGE.....	32
emtricitabine.....	47	ERLEADA.....	29
emtricitabine- rilpivirine-tenofovir disoproxil fumarate.....	47	erlotinib hcl.....	32
emtricitabine-tenofovir disoproxil fumarate.....	47	errin.....	95
EMTRIVA.....	47	ertapenem.....	12
emzahn.....	95	ery.....	12
enalapril maleate.....	62	ERY-TAB.....	12
enalapril-hydrochlorothiazide.....	66	ERYPED 200.....	12
ENBREL.....	100	ERYPED 400.....	12
ENBREL MINI.....	100	ERYTHROCIN LACTOBIONATE.....	12
ENBREL SURECLICK.....	100	erythromycin.....	13,106
ENDARI.....	84	erythromycin ethylsuccinate.....	13
endocet.....	5	erythromycin lactobionate.....	13
ENGERIX-B ADULT.....	102	erythromycin-benzoyl peroxide.....	75
		ESBRIET.....	112
		escitalopram oxalate.....	21
		ESGIC.....	2
		eslicarbazepine acetate.....	18
		esomeprazole magnesium.....	83
		estarylla.....	91

ESTRACE	89	felbamate	15
estradiol	89	felodipine er	64
estradiol (once weekly)	89	FEMARA	31
estradiol (twice weekly)	89	femynor	91
estradiol valerate	89	fenofibrate	68
estradiol-norethindrone acetat	91	fenofibric acid	69
ESTRING	89	fentanyl	4
eszopiclone	114	fentanyl citrate	5
ethambutol hcl	28	fesoterodine fumarate er	85
ethosuximide	16	FETZIMA	22
ethynodiol-ethinyl estradiol	91	fidaxomicin	13
etodolac	3	FINACEA	75
etodolac er	3	finasteride	86
etonogestrel-ethinyl estradiol	91	fingolimod	74
etravirine	46	FINTEPLA	15
EULEXIN	29	FIRAZYR	98
EUTHYROX	96	FIRMAGON	96
everolimus	32,100	flac otic oil	109
EVISTA	96	FLAGYL	9
EVOTAZ	49	flecainide acetate	63
EXELON	19	FLOMAX	86
exemestane	31	fluconazole	25
EXFORGE	67	fluconazole-nacl	25
EXFORGE HCT	67	flucytosine	25
EXJADE	80	fludrocortisone acetate	87
EXKIVITY	33	flunisolide	110
EXTENCILLINE	11	fluocinolone acetonide	76
EYSUVIS	107	fluocinolone acetonide oil	109
ezetimibe	70	fluocinonide	76
ezetimibe-simvastatin	70	fluocinonide-e	76
F		fluorometholone	107
falmina	91	fluorouracil	78
famciclovir	51	fluoxetine dr	22
famotidine	83	fluoxetine hcl	22
FANAPT	41	fluphenazine decanoate	40
FARESTON	30	fluphenazine hcl	40
FARXIGA	53	flurbiprofen	3
FASENRA	113	flurbiprofen sodium	108
FASENRA PEN	113	fluticasone propionate	77,110
feirza	91	fluticasone propionate hfa	110
		fluticasone-salmeterol	113

fluvastatin er	69
fluvastatin sodium	69
fluvoxamine maleate	22
FML	108
FOCALIN	72
fondaparinux sodium	58
FORTEO	105
FOSAMAX	105
fosamprenavir calcium	49
fosinopril sodium	62
fosinopril-hydrochlorothiazide	67
FOTIVDA	33
FRUZAQLA	33
FULPHILA	60
furosemide	68
FUZEON	48
fyavolv	91
FYCOMPA	15

G

gabapentin	16	GEMTESA	85
galantamine er	19	generlac	81
galantamine hbr	19	gengraf	100
galantamine hydrobromide	19	gentamicin sulfate	7,78,107
galbriela	91	gentamicin sulfate in ns	7
gallifrey	95	GENVOYA	46
GAMMAGARD LIQUID	98	GEODON	42
GAMMAGARD S-D	98	GILENYA	74
GAMMAPLEX	98	GILOTRIF	33
GAMUNEX-C	98	glatiramer acetate	74
GARDASIL 9	102	glatopa	74
gatifloxacin	107	GLEEVEC	33
GATTEX	82	GLEOSTINE	29
gauze pads & dressings - pads 2 x 2	53	glimepiride	53
gavilyte-c	82	glipizide	53
gavilyte-g	82	glipizide er	53
gavilyte-n	82	glipizide xl	53
GAVRETO	33	glipizide-metformin	53
gefitinib	33	GLUCAGEN	55
gemfibrozil	69	glucagon emergency kit	56
gemmily	91	glucose 5%-0.9% nacl	79
		glucose in water	81
		GLUCOTROL XL	53
		glyburide	54
		glyburide micronized	54
		glyburide-metformin hcl	54
		glycopyrrolate	82
		GLYXAMBI	54
		GOLYTELY	82
		GOMEKLI	33
		granisetron hcl	24
		GRANIX	60
		griseofulvin	25
		griseofulvin ultramicrosize	25
		guanfacine hcl	61
		guanfacine hcl er	72
		GVOKE	56
		GVOKE HYPOPEN 1-PACK	56
		GVOKE HYPOPEN 2-PACK	56
		GVOKE PFS 1-PACK SYRINGE	56
		GVOKE PFS 2-PACK SYRINGE	56

H

HADLIMA	100
HADLIMA PUSHTOUCH	100
HADLIMA(CF)	100
HADLIMA(CF) PUSHTOUCH	100
HAEGARDA	98
hailey	91
hailey 24 fe	91
hailey fe	91
HALDOL DECANOATE 100	40
HALDOL DECANOATE 50	40
halobetasol propionate	77
haloette	91
haloperidol	40
haloperidol decanoate	40
haloperidol decanoate 100	40
haloperidol lactate	41
HAVRIX	102
heather	95
HEMADY	87
heparin sodium	59
HEPLISAV-B	102
HETLIOZ	114
HIBERIX	102
hidex	87
HUMALOG	56
HUMALOG JUNIOR KWIKPEN	56
HUMALOG KWIKPEN U-100	56
HUMALOG KWIKPEN U-200	56
HUMALOG MIX 50-50 KWIKPEN	56
HUMALOG MIX 75-25	56
HUMALOG MIX 75-25 KWIKPEN	56
HUMALOG TEMPO PEN U-100	56
HUMATIN	8
HUMIRA	100
HUMIRA PEN	100
HUMIRA(CF)	100
HUMIRA(CF) PEN	100
HUMIRA(CF) PEN CROHN'S-UC-HS	100
HUMIRA(CF) PEN PEDIATRIC UC	100

HUMIRA(CF) PEN PSOR-UV-ADOL HS	100
HUMULIN 70-30	56
HUMULIN 70/30 KWIKPEN	56
HUMULIN N	56
HUMULIN N KWIKPEN	56
HUMULIN R	56
HUMULIN R U-500	56
HUMULIN R U-500 KWIKPEN	57
hydralazine hcl	71
HYDREA	30
hydrochlorothiazide	68
hydrocodone bitartrate er	4
hydrocodone-acetaminophen	5
hydrocodone-ibuprofen	5
hydrocortisone	77,87,104
hydrocortisone butyrate	77
hydrocortisone valerate	77
hydrocortisone-acetic acid	109
hydromorphone hcl	5
hydroxychloroquine sulfate	38
hydroxyurea	30
hydroxyzine hcl	52
hydroxyzine pamoate	52
HYZAAR	67

ibandronate sodium	105
IBRANCE	33
IBTROZI	33
ibu	3
ibuprofen	3
icatibant	98
iclevia	91
ICLUSIG	33
icosapent ethyl	70
IDHIFA	33
ILEVRO	108
imatinib mesylate	33
IMBRUVICA	33
imipenem-cilastatin sodium	12
imipramine hcl	24

imiquimod	78	irbesartan	62
IMITREX	27	irbesartan-hydrochlorothiazide	67
IMKELDI	33	IRESSA	33
IMOVAX RABIES VACCINE	102	ISENTRESS	46
IMPAVIDO	9	ISENTRESS HD	46
IMURAN	100	isibloom	91
INBRIJA	40	isoniazid	28
incassia	95	isopropyl alcohol 0.7 ml/ml medicated pad	54
INCRELEX	88	ISORDIL TITRADOSE	71
INCRUSE ELLIPTA	110	isosorbide dinitrate	71
indapamide	68	isosorbide mononitrate	71
INDERAL LA	64	isosorbide mononitrate er	71
INDERAL XL	64	isotretinoin	75
indomethacin	3	isradipine	64
indomethacin er	3	ISTALOL	108
INFANRIX DTAP	102	ITOVEBI	33
INGREZZA	73	itraconazole	25
INGREZZA INITIATION PK(TARDIV)	73	ivabradine hcl	67
INGREZZA SPRINKLE	73	ivermectin	38,78
INLYTA	33	IWILFIN	31
INNOPRAN XL	64	IXCHIQ	102
INQOVI	30	IXIARO	102
INREBIC	33		
INSPRA	70	J	
insulin pen needle	57	JADENU	80
insulin syringe	57	JADENU SPRINKLE	80
insulin syringe (disp) u-100 0.3 ml	57	jaimiess	91
insulin syringe (disp) u-100 1 ml	57	JAKAFI	33
insulin syringe (disp) u-100 1/2 ml	57	jantoven	59
INTELENCE	46	JANUMET	54
INTRALIPID	81	JANUMET XR	54
introvale	91	JANUVIA	54
INVANZ	12	JARDIANCE	54
INVEGA	42	jasmiel	91
INVEGA HAFYERA	42	JAYPIRCA	34
INVEGA SUSTENNA	42	jencycla	95
INVEGA TRINZA	42	JENTADUETO	54
INVELTYS	108	JENTADUETO XR	54
IPOL	102	jinteli	91
ipratropium bromide	110,111	jolessa	91
ipratropium-albuterol	113	juleber	91

JULUCA	46
junel	91
junel fe	91
junel fe 24	91
JUXTAPID	70
JYNNEOS	102
JYNNEOS (NATIONAL STOCKPILE)	102

K

kaitlib fe	91
KALETRA	49
kalliga	91
KALYDECO	111
KANJINTI	37
kariva	91
kcl-d5w-0.2% nacl	79
kcl-d5w-0.225% nacl	79
kcl-d5w-0.45% nacl	79
kelnor 1-35	92
kelnor 1-50	92
KEPPRA	15
KERENDIA	70
KESIMPTA PEN	74
ketoconazole	25
ketorolac tromethamine	3,108
KINRIX	102
kionex	81
KISQALI	34
KISQALI FEMARA CO-PACK	30
KLARON	75
klayesta	25
KLOR-CON 10	79
KLOR-CON 8	79
klor-con m10	79
KLOR-CON M15	79
klor-con m20	79
KLOXXADO	7
KORLYM	97
KOSELUGO	34
kourzeq	74
KRAZATI	34

kurvelo	92
KUVAN	84

L

l-glutamine	84
labetalol hcl	64
lacosamide	18
lactulose	81
LAMICTAL	15
LAMICTAL (BLUE)	15
lamivudine	47,50
lamivudine hbv	50
lamivudine-zidovudine	47
lamotrigine	15
lamotrigine (blue)	15
lamotrigine er	15
LAMPIT	38
LANOXIN	67
lansoprazole	83
LANTUS	57
LANTUS SOLOSTAR	57
lapatinib	34
larin	92
larin 24 fe	92
larin fe	92
LASIX	68
latanoprost	109
LATUDA	42
LAYOLIS FE	92
LAZCLUZE	34
leena	92
leflunomide	100
lenalidomide	29
lentocilin s	11
LENVIMA	34
lessina	92
LETAIRIS	112
letrozole	31
leucovorin calcium	30
LEUKERAN	29
LEUKINE	60

leuprolide acetate	97	lisinopril-hydrochlorothiazide	67
leuprolide depot	97	lithium carbonate	52
levetiracetam	15	lithium carbonate er	52
levetiracetam er	15	lithium citrate	52
LEVO-T	96	LITHOBID	52
levobunolol hcl	108	LIVTENCITY	49
levocarnitine	84	lo-zumandimine	92
levocarnitine sf	84	LOCOID LIPOCREAM	77
levocetirizine dihydrochloride	110	LOESTRIN	92
levofloxacin	13	LOESTRIN FE	92
levofloxacin-d5w	13	lojaimiess	92
levonest	92	LONSURF	30
levonorg-eth estrad eth estrad	92	loperamide	82
levonorgestrel-eth estradiol	92	LOPID	69
levora-28	92	lopinavir-ritonavir	49
levorphanol tartrate	4	LOPRESSOR	64
levothyroxine sodium	96	LOPROX	25
LEVOXYL	96	lorazepam	52
LEXAPRO	22	lorazepam intensol	52
LEXIVA	49	LORBRENA	34
LIALDA	104	loryna	92
LIBERVANT	16	losartan potassium	62
lidocaine	6	losartan-hydrochlorothiazide	67
lidocaine hcl	6	LOTENSIN	62
lidocaine hcl laryngotracheal 4% solution	6	LOTRONEX	82
lidocaine hcl viscous	6	lovastatin	69
lidocaine-prilocaine	6	LOVENOX	59
LIDOCAN II	6	low-ogestrel	92
lidocan iii	6	loxapine	41
lidocan iv	6	lubiprostone	81
lidocan v	6	LUMAKRAS	34
LIDODERM	6	LUMIGAN	109
LILETTA	86	LUMRYZ	114
linezolid	9	LUMRYZ STARTER PACK	114
linezolid-0.9% nacl	9	LUPRON DEPOT	97
linezolid-d5w	9	LUPRON DEPOT (LUPANETA)	97
LINZESS	81	LUPRON DEPOT-PED	97
liothyronine sodium	96	lurasidone hcl	42
LIPITOR	69	lurbipr	3
lisdexamfetamine dimesylate	72	lutera	92
lisinopril	62	LYBALVI	42

lyleq	95
lyllana	89
LYNPARZA	34
LYRICA	16,17
LYSODREN	30
LYTGOBI	34
LYUMJEV	57
LYUMJEV KWIKPEN U-100	57
LYUMJEV KWIKPEN U-200	57
LYUMJEV TEMPO PEN U-100	57
lyza	95

M

M-M-R II VACCINE	102	mercaptapurine	30
magnesium sulfate	79	meropenem	12
MALARONE	38	meropenem-0.9% nacl	12
malathion	78	merzee	92
maraviroc	48	mesalamine	104
marlissa	92	mesalamine dr	104
MARPLAN	21	mesalamine er	104
MATULANE	29	mesna	38
matzim la	65	MESNEX	38
MAVYRET	50	MESTINON	28
MAXALT	27	metformin hcl	54
MAXALT MLT	27	metformin hcl er	54
MAXITROL	106	methadone hcl	4
meclizine hcl	24	methazolamide	67
MEDROL	87	methenamine hippurate	9
medroxyprogesterone acetate	95	methimazole	97
mefloquine hcl	38	methocarbamol	114
megestrol acetate	95	methotrexate	101
MEKINIST	34	methotrexate sodium	101
MEKTOVI	34	methoxsalen	78
meleya	95	methscopolamine bromide	82
meloxicam	3	methsuximide	16
memantine hcl	20	methylphenidate er	72
memantine hcl er	20	methylphenidate hcl	72
MENACTRA	102	methylprednisolone	87
MENEST	89	methyltestosterone	88
MENQUADFI	102	metoclopramide hcl	82
MENVEO A-C-Y-W-135-DIP	102	metolazone	68
		metoprolol succinate	64
		metoprolol tartrate	64
		metoprolol-hydrochlorothiazide	67
		METRO IV	9
		METROCREAM	78
		METROGEL	78
		METROLOTION	78
		metronidazole	9,78
		metyrosine	67
		mexiletine hcl	63
		micafungin	25
		micafungin-0.9% nacl	26
		MICARDIS	62

MICARDIS HCT	67
microgestin	92
microgestin 24 fe	92
microgestin fe	92
midodrine hcl	61
MIEBO	106
mifepristone	97
miglustat	85
MIGRANAL	27
mili	92
mimvey	92
minocycline hcl	14
minoxidil	71
mirtazapine	20
misoprostol	83
modafinil	114
moexipril hcl	62
molindone hcl	41
mometasone furoate	77,110
mondoxylene nl	14
mono-lyyah	92
montelukast sodium	110
morphine sulfate	5
morphine sulfate er	4
MOUNJARO	54
MOVANTIK	81
MOVIPREP	82
moxifloxacin	13,107
moxifloxacin hcl	13
MRESVIA	103
MULTAQ	63
mupirocin	78
MVASI	37
MYALEPT	82
MYCOBUTIN	28
mycophenolate mofetil	101
mycophenolic acid	101
MYFORTIC	101
MYHIBBIN	101
myorisan	75
MYRBETRIQ	86

MYSOLINE	17
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N

nabumetone	3
nadolol	64
naftcillin	11
naftcillin sodium	11
naloxone hcl	7
naltrexone hcl	7
NAMENDA	20
naproxen	3,4
naproxen sodium	4
naratriptan hcl	27
NARCAN	7
NARDIL	21
NATACYN	107
nateglinide	54
NAYZILAM	17
nebivolol hcl	64
NEBUPENT	39
necon	92
needles, insulin disp., safety	57
nefazodone hcl	22
neo-polycin	107
neo-polycin hc	106
neomycin sulfate	8
neomycin-bacitracin-poly-hc	106
neomycin-bacitracin-polymyxin	107
neomycin-polymyxin-dexameth	106
neomycin-polymyxin-gramicidin	107
neomycin-polymyxin-hc	109
neomycin-polymyxin-hydrocort	109
NEORAL	101
NERLYNX	34
neuac	75
NEUPRO	39
NEURONTIN	17
nevirapine	46
nevirapine er	47
NEXAVAR	35
NEXIUM	83,84

NEXPLANON	86	NOVOLIN 70-30 FLEXPEN	57
niacin er	70	NOVOLIN N	57
nicardipine hcl	64	NOVOLIN N FLEXPEN	57
NICOTROL	7	NOVOLIN R	57
NICOTROL NS	7	NOVOLIN R FLEXPEN	57
nifedipine	64	NOVOLOG	57
nifedipine er	64	NOVOLOG FLEXPEN	57
nikki	93	NOVOLOG MIX 70-30	57
NILANDRON	29	NOVOLOG MIX 70-30 FLEXPEN	57
nilutamide	29	NOVOLOG PENFILL	57
nimodipine	64	NOXAFIL	26
NINLARO	35	NUBEQA	29
NIPENT	30	NUDEXTA	73
nisoldipine	64	NUPLAZID	42
nitazoxanide	39	NURTEC ODT	27
nitisinone	85	NUTRILIPID	81
NITRO-BID	71	NUVARING	93
nitrofurantoin	9	NUVIGIL	114
nitrofurantoin mono-macro	9	NUZYRA	14
nitroglycerin	71	nyamyc	26
nitroglycerin patch	71	nylia	93
NITROLINGUAL	71	nymyo	93
NITROSTAT	71	nystatin	26
NIVESTYM	60	nystatin-triamcinolone	78
nizatidine	83	nystop	26
nora-be	95		
norelgestromin-eth estradiol	93	O	
norethin-eth estra-ferrous fum	93	OCALIVA	82
norethindron-ethinyl estradiol	93	ocella	93
norethindrone	95	octreotide acetate	97
norethindrone ac (lupaneta)	95	octreotide acetate er	97
norethindrone acetate	95	OCUFLOX	107
norethindrone-e.estradiol-iron	93	ODEFSEY	47
norgestimate-ethinyl estradiol	93	ODOMZO	35
NORPRAMIN	24	OFEV	113
NORTHERA	61	ofloxacin	13,107,109
nortrel	93	OGSIVEO	35
nortriptyline hcl	24	OJEMDA	35
NORVASC	65	OJJAARA	35
NORVIR	49	olanzapine	42
NOVOLIN 70-30	57	olanzapine odt	43

olmesartan medoxomil	62	oxcarbazepine	18
olmesartan-amlodipine-hctz	67	oxybutynin chloride	86
olmesartan-hydrochlorothiazide	67	oxybutynin chloride er	86
olopatadine hcl	110	oxycodone hcl	5
omega-3 acid ethyl esters	70	oxycodone-acetaminophen	5,6
omeprazole	84	OZEMPIC	54
omnipod 5 (g6/libre 2 plus)	57		
omnipod 5 dexg7g6 intro(gen 5)	57	P	
omnipod 5 dexg7g6 pods (gen 5)	57	pacerone	63
omnipod 5 g6-g7 intro kt(gen5)	57	paliperidone er	43
omnipod 5 g6-g7 pods (gen 5)	57	PALYNZIQ	85
omnipod 5 intro(g6/libre2plus)	57	PANRETIN	38
omnipod classic pods (gen 3)	58	pantoprazole sodium	84
omnipod dash intro kit (gen 4)	58	paricalcitol	105
omnipod dash pdm kit (gen 4)	58	PARNATE	21
omnipod dash pods (gen 4)	58	paroxetine cr	22
omnipod go pods	58	paroxetine er	22
OMNITROPE	88	paroxetine hcl	22
ondansetron hcl	24	PAXIL	22
ondansetron odt	24	PAXLOVID	51
ONFI	17	pazopanib hcl	35
ONTRUZANT	37	PEDIARIX	103
ONUREG	30	PEDVAXHIB	103
OPIPZA	43	peg 3350-electrolyte	82
OPSUMIT	112	peg-3350 and electrolytes	83
OPVEE	7	peg3350-sod sul-nacl-kcl-asb-c	83
ORACEA	75	PEGASYS	99
ORALAIR	113	PEMAZYRE	35
oralone	74	pen needle	58
ORENCIA	99	PENBRAYA	103
ORENCIA CLICKJECT	99	penicillamine	87
ORFADIN	85	penicillin g potassium	11
ORGOVYX	30	penicillin g sodium	11
ORKAMBI	111	penicillin gk-iso-osm dextrose	11
orquidea	95	penicillin v potassium	11
ORSERDU	30	PENMENVY MEN A-B-C-W-Y	103
oseltamivir phosphate	50	PENTACEL	103
OTEZLA	78	PENTAM 300	39
OVIDE	78	pentamidine isethionate	39
oxaprozin	4	PENTASA	104
oxazepam	52	pentoxifylline	67

perampanel.....	15	potassium chloride-dextrose 5%.....	79
perindopril erbumine.....	62	potassium citrate er.....	80
periogard.....	74	pramipexole dihydrochloride.....	39
permethrin.....	78	prasugrel hcl.....	60
perphenazine.....	24	pravastatin sodium.....	69
PERSERIS.....	43	praziquantel.....	38
pfizerpen.....	11	prazosin hcl.....	61
phenelzine sulfate.....	21	PRED FORTE.....	108
phenobarbital.....	17	PRED MILD.....	108
phenoxybenzamine hcl.....	61	prednisolone.....	87
PHENYTEK.....	18	prednisolone acetate.....	108
phenytoin.....	18	prednisolone sodium phosphate.....	87,108
phenytoin sodium extended.....	18	prednisone.....	87
philith.....	93	pregabalin.....	17
PIFELTRO.....	47	PREGNYL.....	88
pilocarpine hcl.....	74,109	PREHEVBRIO.....	103
pimecrolimus.....	77	PREMARIN.....	89
pimozide.....	41	PREMPHASE.....	93
pimtrea.....	93	PREMPRO.....	93
pindolol.....	64	PRETOMANID.....	28
pioglitazone hcl.....	55	PREVACID.....	84
pioglitazone-glimepiride.....	55	prevalite.....	70
pioglitazone-metformin.....	55	PREVYMIS.....	49
piperacillin-tazobactam.....	12	PREZCOBIX.....	49
PIQRAY.....	35	PREZISTA.....	49
pirfenidone.....	113	PRIFTIN.....	28
piroxicam.....	4	primaquine.....	39
PLAQUENIL.....	39	primidone.....	17
PLAVIX.....	60	PRIORIX.....	103
PLEGRIDY.....	74	PRISTIQ.....	22
PLEGRIDY PEN.....	74	PROAIR RESPICLICK.....	111
podofilox.....	78	probenecid.....	26
polycin.....	107	probenecid-colchicine.....	26
polymyxin b sul-trimethoprim.....	107	PROCARDIA XL.....	65
POMALYST.....	29	prochlorperazine.....	24
portia.....	93	prochlorperazine maleate.....	24
posaconazole.....	26	PROCRT.....	60
potassium chloride.....	80	procto-med hc.....	105
potassium chloride in d5lr.....	80	proctosol-hc.....	105
potassium chloride proamp.....	80	proctozone-hc.....	105
potassium chloride-0.45% nacl.....	80	progesterone.....	95

PROGLYCEM.....	56
PROGRAF.....	101
PROLASTIN C.....	85
PROLENSA.....	108
PROLIA.....	105
PROMACTA.....	60
promethazine hcl.....	24
promethegan.....	24
propafenone hcl.....	63
propafenone hcl er.....	63
propranolol hcl.....	64
propranolol hcl er.....	64
propylthiouracil.....	97
PROQUAD.....	103
PROSCAR.....	86
PROTONIX.....	84
protriptyline hcl.....	24
PROVERA.....	96
PROZAC.....	23
PRUDOXIN.....	77
PULMOZYME.....	111
PURIXAN.....	30
PYLERA.....	83
pyrazinamide.....	28
pyridostigmine bromide.....	28
pyridostigmine bromide er.....	28
pyrimethamine.....	39
PYRUKYND.....	85

Q

QINLOCK.....	35
QUADRACEL DTAP-IPV.....	103
quetiapine fumarate.....	43
quetiapine fumarate er.....	43
quinapril hcl.....	62
quinapril-hydrochlorothiazide.....	67
quinidine gluconate.....	63
quinidine sulfate.....	63
quinine sulfate.....	39
QVAR REDIHALER.....	110

R

RABAVERT.....	103
rabeprazole sodium.....	84
RALDESY.....	23
raloxifene hcl.....	96
ramelteon.....	114
ramipril.....	62
ranolazine er.....	67
RAPAFLO.....	86
RAPAMUNE.....	101
rasagiline mesylate.....	40
reclipsen.....	93
RECOMBIVAX HB.....	103
RECTIV.....	71
REGLAN.....	83
REGRANEX.....	78
RELENZA.....	50
RELISTOR.....	81,82
REMERON.....	20
RENFLEXIS.....	101
repaglinide.....	55
REPATHA PUSHTRONEX.....	70
REPATHA SURECLICK.....	70
REPATHA SYRINGE.....	70
RESTASIS.....	106
RESTASIS MULTIDOSE.....	106
RETACRIT.....	60
RETEVMO.....	35
RETIN-A.....	75
RETROVIR.....	47,48
REVCovi.....	85
REVUFORJ.....	35
REXULTI.....	43
REYATAZ.....	49
REZLIDHIA.....	35
REZUROCK.....	101
RHOPRESSA.....	109
RIABNI.....	37
ribavirin.....	50
RIDAURA.....	99

rifabutin	28
rifampin	28
riluzole	73
RINVOQ	99
RINVOQ LQ	99
risedronate sodium	105
risedronate sodium dr	105
RISPERDAL	43
RISPERDAL CONSTA	43
risperidone	43
risperidone er	43,44
risperidone odt	43,44
RITALIN	72
ritonavir	49
rivaroxaban	59
rivastigmine	19
rizatriptan	27
ROCALtrol	105
ROCKLATAN	109
roflumilast	112
ROMVIMZA	35
ropinirole er	39
ropinirole hcl	39,40
rosadan	78
rosuvastatin calcium	69
ROTARIX	103
ROTATEQ	103
ROWASA	104
roweepra	15
ROXICODONE	6
ROZEREM	114
ROZLYTREK	35
RUBRACA	35
rufinamide	18
RUKOBIA	48
RUXIENCE	37
RYBELSUS	55
RYDAPT	35
RYTARY	40

S

SABRIL	17
sajazir	98
SALAGEN	74
SAMSCA	80
SANDIMMUNE	101
SANDOSTATIN LAR DEPOT	97
SANTYL	78
SAPHRIS	44
sapropterin dihydrochloride	85
saxagliptin hcl	55
saxagliptin-metformin er	55
SCSEMBLIX	36
scopolamine	24
SECUADO	44
selegiline hcl	40
selenium sulfide	77
SELZENTRY	48
SENSIPAR	105
SEREVENT DISKUS	111
SEROQUEL	44
SEROQUEL XR	44
sertraline hcl	23
setlakin	93
SFROWASA	104
sharobel	96
SHINGRIX	103
SIGNIFOR	97
SIGNIFOR LAR	97
sildenafil citrate	112
SILENOR	114
silodosin	86
SILVADENE	78
silver sulfadiazine	78
SIMBRINZA	109
SIMLANDI(CF)	101
SIMLANDI(CF) AUTOINJECTOR	101
simliya	93
simpesse	93
simvastatin	69

SINEMET.....	40	sterile pads.....	53
SINEMET 10-100.....	40	STIOLTO RESPIMAT.....	113
SINEMET 25-100.....	40	STIVARGA.....	36
SINGULAIR.....	110	STRATTERA.....	73
sirolimus.....	101	STRENSIQ.....	85
SIRTURO.....	28	streptomycin sulfate.....	8
SIVEXTRO.....	9	STRIBILD.....	46
SKYLA.....	87	STROMECTOL.....	38
SKYRIZI.....	99	SUBLOCADE.....	7
SKYRIZI ON-BODY.....	99	SUBOXONE.....	7
SKYRIZI PEN.....	99	subvenite.....	16
sod sulf-potass sulf-mag sulf.....	83	subvenite (blue).....	16
sodium chloride.....	80	sucalfate.....	83
sodium chloride-water.....	80	SULAR.....	65
sodium oxybate.....	114	sulfacetamide sodium.....	75,107
sodium phenylbutyrate.....	85	sulfacetamide-prednisolone.....	106
sodium polystyrene sulfonate.....	81	sulfadiazine.....	13
solifenacin succinate.....	86	sulfamethoxazole-trimethoprim.....	13
SOLQUA 100-33.....	55	sulfasalazine.....	104
SOLTAMOX.....	30	sulfasalazine dr.....	104
SOMATULINE DEPOT.....	97	sulindac.....	4
SOMAVERT.....	97	sumatriptan.....	27
SOOLANTRA.....	78	sumatriptan succinate.....	27
sorafenib.....	36	sunitinib malate.....	36
sorine.....	63	SUNLENCA.....	48
sotalol.....	63	SUPREP.....	83
sotalol af.....	63	SUTAB.....	83
SPIRIVA HANDIHALER.....	111	SUTENT.....	36
SPIRIVA RESPIMAT.....	111	syeda.....	93
spironolactone.....	70	SYMFI.....	47
spironolactone-hctz.....	67	SYMFI LO.....	47
SPORANOX.....	26	SYMLINPEN 120.....	55
sprintec.....	93	SYMLINPEN 60.....	55
SPRITAM.....	15	SYMPAZAN.....	17
SPRYCEL.....	36	SYMTUZA.....	49
SPS.....	81	SYNAREL.....	97
sronyx.....	93	SYNJARDY.....	55
SSD.....	78	SYNJARDY XR.....	55
STAMARIL.....	103	SYNTHROID.....	96
STELARA.....	99	SYPRINE.....	81
STEQEYMA.....	99		

T

TABLOID	30
TABRECTA	36
tacrolimus	77,101
tadalafil	86,112
TAFINLAR	36
TAGRISSO	36
TALZENNA	36
TAMIFLU	50
tamoxifen citrate	30
tamsulosin hcl	86
taperdex	87
TARGRETIN	38
tarina 24 fe	93
tarina fe	93
tarina fe 1-20 eq	93
TASIGNA	36
tasimelteon	114
TASMAR	39
taysofy	93
tazarotene	75
tazicef	10
TAZORAC	75
taztia xt	65
TAZVERIK	36
TDVAX	103
TECFIDERA	74
TEFLARO	11
TEGRETOL	19
TEGRETOL XR	19
TEKTURNA	67
telmisartan	62
telmisartan-amlodipine	67
telmisartan-hydrochlorothiazid	67
temazepam	114
tencon	2
TENIVAC	103
tenofovir disoproxil fumarate	48
TENORETIC 100	67
TENORETIC 50	67

TENORMIN	64
TEPMETKO	36
terazosin hcl	61
terbinafine hcl	26
terbutaline sulfate	111
terconazole	26
TERIPARATIDE	105
testosterone	88
testosterone cypionate	88
testosterone enanthate	88
tetrabenazine	73
tetracycline hcl	14
THALOMID	29
THEO-24	112
theophylline anhydrous	112
theophylline er	112
thioridazine hcl	41
thiothixene	41
THYMOGLOBULIN	98
tiadylt er	65
tiagabine hcl	17
TIAZAC	65
TIBSOVO	36
ticagrelor	60
TICOVAC	103
tigecycline	9
TIKOSYN	63
tilia fe	94
timolol maleate	64,108
TIMOPTIC	108
TIMOPTIC OCUDOSE	108
tinidazole	9
tiotropium bromide	111
TIROSINT	96
TIROSINT-SOL	96
TIVICAY	46
TIVICAY PD	46
tizanidine hcl	45,46
TOBRADEX	106
tobramycin	107,111
tobramycin sulfate	8

tobramycin-dexamethasone	106	tri-lo-sprintec	94
tolcapone	39	tri-mili	94
tolterodine tartrate	86	tri-nymyo	94
tolterodine tartrate er	86	tri-sprintec	94
tolvaptan	81	tri-vylibra	94
topiramate	16	tri-vylibra lo	94
TOPROL XL	64	triamcinolone acetonide	74,77
toremifene citrate	30	triamterene-hydrochlorothiazid	68
torpenz	36	TRIBENZOR	68
torsemide	68	triderm	77
TOUJEO MAX SOLOSTAR	58	trientine hcl	81
TOUJEO SOLOSTAR	58	trifluoperazine hcl	41
TOVIAZ	86	trifluridine	107
TRACLEER	112	trihexyphenidyl hcl	39
TRADJENTA	55	TRIKAFTA	112
tramadol hcl	6	triklo	70
tramadol hcl er	4	TRILEPTAL	19
tramadol hcl-acetaminophen	6	trimethoprim	9
trandolapril	62	trimipramine maleate	24
trandolapril-verapamil er	68	TRINTELLIX	23
tranexamic acid	60	TRIUMEQ	48
tranylcypromine sulfate	21	TRIUMEQ PD	48
TRAVASOL	81	trivora-28	94
TRAVATAN Z	109	TROPHAMINE	81
travoprost	109	trospium chloride	86
TRAZIMERA	38	trospium chloride er	86
trazodone hcl	23	true comfort safety pen needle	58
TRECTOR	28	TRULICITY	55
TRELEGY ELLIPTA	113	TRUMENBA	103
TRELSTAR	97	TRUQAP	36
TREMFYA	99	TRUVADA	48
TREMFYA ONE-PRESS	99	TUKYSA	36
TREMFYA PEN	99	TURALIO	36
TREMFYA PEN INDUCTION PK-CROHN	99	turqoz	94
tretinoin	38,75	TWINRIX	103
tri-estarylla	94	TYBLUME	94
tri-legest fe	94	TYBOST	48
tri-linyah	94	tydemy	94
tri-lo-estarylla	94	TYENNE	99
tri-lo-marzia	94	TYENNE AUTOINJECTOR	99
tri-lo-mili	94	TYGACIL	9

TYKERB.....	37
TYMLOS.....	105
TYPHIM VI.....	103

U

UBRELVY.....	27
UDENYCA.....	60
UDENYCA AUTOINJECTOR.....	60
UDENYCA ONBODY.....	60
unifine pentips.....	58
unifine pentips plus.....	58
UNITROID.....	96
ursodiol.....	83
UZEDY.....	44

V

VAGIFEM.....	89
valacyclovir.....	51
VALCHLOR.....	29
VALCYTE.....	50
valganciclovir hcl.....	50
valproic acid.....	16
valsartan.....	62
valsartan-hydrochlorothiazide.....	68
VALTOCO.....	17
VALTREX.....	51
valtya.....	94
vanadom.....	114
vancomycin hcl.....	9
VANFLYTA.....	37
VAQTA.....	103
varenicline tartrate.....	7
VARIVAX VACCINE.....	103
VASCEPA.....	70
VASERETIC.....	68
VASOTEC.....	62
VAXCHORA VACCINE.....	103
velivet.....	94
VELTASSA.....	81
VENCLEXTA.....	37
VENCLEXTA STARTING PACK.....	37

venlafaxine besylate er.....	23
venlafaxine hcl.....	23
venlafaxine hcl er.....	23
VENTAVIS.....	112
VENTOLIN HFA.....	111
VEOZAH.....	73
verapamil er.....	65
verapamil er pm.....	65
verapamil hcl.....	65
verapamil sr.....	65
VERELAN.....	65
VERELAN PM.....	65
VERQUVO.....	71
VERSACLOZ.....	45
VERZENIO.....	37
vestura.....	94
VFEND IV.....	26
VIBERZI.....	82
vienna.....	94
vigabatrin.....	17
vigadrone.....	17
VIGAFYDE.....	18
VIGAMOX.....	107
vigpoder.....	18
VIIBRYD.....	23
vilazodone hcl.....	23
VIMKUNYA.....	103
VIMPAT.....	19
viorele.....	94
VIRACEPT.....	49
VIREAD.....	48
VITRAKVI.....	37
VIVITROL.....	7
VIVOTIF.....	103
VIZIMPRO.....	37
volnea.....	94
VONJO.....	37
VORANIGO.....	37
voriconazole.....	26
voriconazole (hpbcd).....	26
VOTRIENT.....	37

VOWST	83
VPRIV	85
VRAYLAR	44
VUMERITY	74
vyfemla	94
vylibra	94
VYNDAMAX	85
VYNDAQEL	85
VYTORIN	70
VYVANSE	72

W

warfarin sodium	59
WELIREG	85
WELLBUTRIN SR	20
WELLBUTRIN XL	20
wera	94
wixela inhub	113
wymzya fe	94

X

XALKORI	37
xarah fe	94
XARELTO	59
XATMEP	101
XCOPRI	19
XDEMVY	106
xelria fe	94
XENAZINE	73
XERMELO	82
XGEVA	105
XHANCE	110
XIFAXAN	83
XIGDUO XR	55
XIIDRA	106
XOFLUZA	50
XOLAIR	99
XOPENEX HFA	111
XOSPATA	37
XPOVIO	30,31
XPOVIO 40 MG ONCE WEEKLY	31

XTANDI	29
xulane	94

Y

yargesa	85
YASMIN 28	95
YAZ	95
YF-VAX	103
YONSA	29
yuvafem	89

Z

zafemy	95
zafirlukast	110
zaleplon	114
ZARONTIN	16
ZEBUTAL	2
ZEJULA	37
ZELBORAF	37
zenatane	76
ZENPEP	85
zenzedi	72
ZEPATIER	50
ZESTORETIC	68
ZESTRIL	62
ZETIA	70
ZIAC	68
ZIAGEN	48
zidovudine	48
ZIEXTENZO	60
ziprasidone hcl	44
ziprasidone mesylate	44
ZIRABEV	38
ZITHROMAX	13
ZITHROMAX TRI-PAK	13
ZOCOR	69
ZOKINVY	85
ZOLINZA	31
zolmitriptan odt	27
ZOLOFT	23
zolpidem tartrate	114

zolpidem tartrate er.....	114
ZONALON.....	77
ZONEGRAN.....	19
ZONISADE.....	19
zonisamide.....	19
ZONTIVITY.....	59
ZORTRESS.....	101
ZOSYN.....	12
zovia 1-35.....	95
ZOVIRAX.....	51
ZTALMY.....	18
ZTLIDO.....	6
zumandimine.....	95
ZURZUVAE.....	20
ZYDELIG.....	37
ZYKADIA.....	37
ZYPREXA.....	44
ZYPREXA RELPREVV.....	44,45
ZYPREXA ZYDIS.....	45
ZYVOX.....	9

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