

*Aetna Medicare Rx offered by SilverScript*

## 2023 Formulary (List of Covered Drugs)

### 5T Comprehensive+ Formulary

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

This formulary was updated on 03/20/2023. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if your plan has a deductible that you haven't paid. Call Customer Care for more information.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if your plan has a deductible that you haven't paid.

Formulary ID Number: 23021

**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 SilverScript® Insurance Company. When it refers to "plan" or "our plan," it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of March 20, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

## What is the Aetna Medicare Rx offered by SilverScript Formulary?

A formulary is a list of covered drugs selected by Aetna Medicare Rx offered by SilverScript 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. Aetna Medicare Rx offered by SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare Rx offered by SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

**Please note:** Aetna Medicare Rx offered by SilverScript may provide additional coverage for prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care, or refer to your *Evidence of Coverage*.

## Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

**New generic drugs.** When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that 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 the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

**Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

**Other changes.** We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 Drug List for the new benefit year for any changes to drugs.

This formulary is current as of March 20, 2023. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. 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. 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.

### **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.” 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.

## **What are generic drugs?**

Our plan covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

## **Are there any restrictions on my coverage?**

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

**Prior Authorization (PA):** Some drugs require you or your physician to get prior authorization. You must get an approval from us before you can get your prescription filled. If you don't get approval, we may not cover the drug.

**Quantity Limits (QL):** For certain drugs, there is a quantity limit in the amount of the drug that we will cover. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.

**Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if

Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare Rx offered by SilverScript will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may 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 Aetna Medicare Rx offered by SilverScript 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 Aetna Medicare Rx offered by SilverScript Formulary?” 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 Customer Care and ask if your drug is covered.

If you learn that our plan does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us 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 Aetna Medicare Rx offered by SilverScript Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the Specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan 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, we will only approve your request for an exception if the alternative drug is included on the plan’s formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

**What do I do before I can talk to my doctor about changing my drugs or requesting an exception?**

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer than 30 days, we’ll allow refills to provide up to a maximum 30-day supply of medication. 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 first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan’s exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

**Drug Tier Copay Levels**

This comprehensive formulary is a listing of brand-name and generic drugs. This formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Please refer to your 2023 *Evidence of Coverage* for copay information specific to your plan.

<i>Formulary Name</i>	<i>5T Comprehensive+ Formulary</i>
<b>Tier 1</b>	Preferred Generic
<b>Tier 2</b>	Generic
<b>Tier 3</b>	Preferred Brand
<b>Tier 4</b>	Non-Preferred Brand
<b>Tier 5</b>	Specialty

You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care, and out-of-network pharmacy pricing, in your *Evidence of Coverage*.

### For more information

For more detailed information about your Aetna Medicare Rx offered by SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us at the number on the back of your member ID card. 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 Part D 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 [www.medicare.gov](http://www.medicare.gov).

### Aetna Medicare Rx offered by SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

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., *levothyroxine*).

The information in the Requirements/Limits column tells you if Aetna Medicare Rx offered by SilverScript has any special requirements for coverage of your drug.

<b>PA</b>	Prior Authorization
<b>QL</b>	Drug has Quantity Limits
<b>ST</b>	Step Therapy required
<b>MO</b>	Available at our mail-order pharmacies
<b>LA</b>	Limited Access. This prescription may be available only at certain pharmacies.
<b>B/D</b>	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol sodium inj</i>	2	
ALLOPURINOL TABS 200MG	4	MO
<i>allopurinol tabs 100mg, 300mg</i>	1	MO
ALOPRIM	4	
COLCHICINE CAPS	3	QL (60 EA per 30 days) MO
<i>colchicine tabs</i>	2	QL (120 EA per 30 days) MO
COLCRYS	4	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
GLOPERBA	4	QL (300 ML per 30 days) PA MO
KRYSTEXXA	5	QL (2 ML per 28 days) PA LA
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
ULORIC	4	ST MO
ZYLOPRIM	4	MO
<b>MISCELLANEOUS</b>		
<i>acetaminophen inj</i>	2	
ALLZITAL	4	QL (180 EA per 30 days) PA MO
<i>bupap</i>	2	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen/caffeine</i>	2	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen caps</i>	2	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tabs 325mg; 25mg</i>	2	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen tabs 325mg; 50mg</i>	2	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tabs 300mg; 50mg</i>	5	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	2	QL (180 EA per 30 days) PA MO
<i>clonidine hcl inj 100mcg/ml, 500mcg/ml</i>	2	
DURACLON	4	
ESGIC TABS	4	QL (180 EA per 30 days) PA MO
<i>esgic caps</i>	2	QL (180 EA per 30 days) PA
FIORICET	4	QL (180 EA per 30 days) PA MO
PRIALT INJ 500MCG/20ML, 500MCG/5ML	4	B/D
PRIALT INJ 100MCG/ML	5	B/D
<i>tencon</i>	2	QL (180 EA per 30 days) PA
<i>vtol lq</i>	5	QL (2700 ML per 30 days) PA
<i>zebutal</i>	2	QL (180 EA per 30 days) PA
<b>NSAIDS</b>		
ARTHROTEC 50	4	QL (120 EA per 30 days) MO
ARTHROTEC 75	4	QL (90 EA per 30 days) MO
CALDOLOR	4	
<i>cataflam</i>	2	QL (120 EA per 30 days)
CELEBREX CAPS 400MG	4	QL (30 EA per 30 days) ST MO
CELEBREX CAPS 100MG, 200MG, 50MG	4	QL (60 EA per 30 days) ST MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>celecoxib caps 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
DAYPRO	4	QL (90 EA per 30 days) MO
<i>diclofenac potassium caps 25mg</i>	2	QL (120 EA per 30 days) PA MO
<i>diclofenac potassium tabs 50mg</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac potassium tabs 25mg</i>	5	QL (120 EA per 30 days) PA MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	2	QL (90 EA per 30 days) MO
<i>diflunisal</i>	2	QL (90 EA per 30 days) MO
DUEXIS	5	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tbec 375mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	2	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	2	QL (90 EA per 30 days) MO
FELDENE CAPS 20MG	4	QL (30 EA per 30 days) MO
FELDENE CAPS 10MG	4	QL (60 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS	4	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tabs</i>	2	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg, susp 100mg/5ml</i>	2	MO
<i>ibuprofen/famotidine</i>	2	QL (90 EA per 30 days) PA MO
INDOCIN	5	PA MO
<i>indomethacin</i>	2	PA MO
<i>indomethacin er</i>	2	PA MO
<i>ketoprofen er</i>	2	QL (30 EA per 30 days) MO
<i>ketoprofen caps 25mg</i>	5	QL (120 EA per 30 days) MO
<i>ketoprofen caps 50mg</i>	5	QL (180 EA per 30 days)
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	2	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine nasal soln 15.75mg/spray</i>	5	QL (5 EA per 30 days) PA
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
LODINE	4	QL (90 EA per 30 days) ST MO
<i>lofena</i>	5	QL (120 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	2	QL (120 EA per 30 days) MO
<i>mefenamic acid</i>	2	MO
<i>meloxicam caps 10mg</i>	2	MO
<i>meloxicam caps 5mg</i>	5	MO
<i>meloxicam tabs</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MOBIC	4	MO
<i>nabumetone</i>	2	MO
NALFON TABS	4	QL (150 EA per 30 days) ST MO
NALFON CAPS	4	QL (240 EA per 30 days) ST MO
NAPRELAN TB24 375MG	4	QL (120 EA per 30 days) ST MO
NAPRELAN TB24 500MG	4	QL (90 EA per 30 days) ST MO
NAPRELAN TB24 750MG	5	QL (60 EA per 30 days) ST MO
NAPROXEN SODIUM CR	4	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TB24 375MG	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er tb24 500mg</i>	5	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	QL (60 EA per 30 days) PA MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen susp</i>	2	MO
<i>naproxen tbec 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	2	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	2	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	2	QL (60 EA per 30 days) MO
<i>relafen</i>	2	
RELAFEN DS	5	QL (60 EA per 30 days) ST MO
<i>salsalate tabs 750mg</i>	2	QL (120 EA per 30 days) MO
<i>salsalate tabs 500mg</i>	2	QL (180 EA per 30 days) MO
SPRIX	5	QL (5 EA per 30 days) PA
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
VIMOVO	5	QL (60 EA per 30 days) PA MO
VIVLODEX CAPS 5MG	4	ST MO
VIVLODEX CAPS 10MG	5	ST MO
ZIPSOR	5	QL (120 EA per 30 days) PA MO
ZORVOLEX	4	QL (90 EA per 30 days) MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BELBUCA	4	QL (60 EA per 30 days) PA MO
<i>buprenorphine transdermal patch</i>	2	QL (4 EA per 28 days) PA MO
BUTRANS	4	QL (4 EA per 28 days) PA MO
CONZIP CP24 100MG, 300MG	4	QL (30 EA per 30 days) PA MO
CONZIP CP24 200MG	5	QL (30 EA per 30 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	2	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tabs</i>	2	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate er caps</i>	2	QL (60 EA per 30 days) PA MO
<i>hydromorphone hcl er tabs 32mg</i>	5	QL (30 EA per 30 days) PA MO
<i>hydromorphone hcl er tabs 8mg, 12mg, 16mg</i>	2	QL (30 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	2	QL (90 ML per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	2	QL (90 EA per 30 days) PA MO
METHADOSE	4	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE	4	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	2	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er (generic Kadian) cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	2	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
MS CONTIN TBCR 30MG	4	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	4	QL (90 EA per 30 days) PA MO
MS CONTIN TBCR 100MG, 200MG, 60MG	5	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 50MG	4	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 100MG, 150MG, 200MG, 250MG	5	QL (60 EA per 30 days) PA MO
OXYCODONE HCL ER T12A 15MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA
OXYCODONE HCL ER T12A 10MG, 20MG, 40MG, 80MG	4	QL (60 EA per 30 days) PA MO
OXYCONTIN	4	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er</i>	2	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er tb12 40mg</i>	5	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CP24	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	2	QL (30 EA per 30 days) PA MO
<i>tramadol hydrochloride er</i>	2	QL (30 EA per 30 days) PA MO
XTAMPZA ER C12A 36MG	4	QL (240 EA per 30 days) PA MO
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 9MG	4	QL (60 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/caffeine/dihydrocodeine tabs</i>	2	QL (300 EA per 30 days)
<i>acetaminophen/caffeine/dihydrocodeine caps</i>	2	QL (300 EA per 30 days) MO
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO
ACTIQ	5	QL (120 EA per 30 days) PA MO
APADAZ	4	QL (168 EA per 30 days)
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days) PA MO
BENZHYDROCODONE/ACETAMINOPHEN	4	QL (168 EA per 30 days)
BUPRENEX	5	MO
<i>buprenorphine hcl inj 0.3mg/ml</i>	2	MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO
<i>butorphanol tartrate nasal soln</i>	2	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>butorphanol tartrate inj 2mg/ml</i>	2	MO
CODEINE SULFATE	4	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/ML, 75MG/ML	4	PA
DEMEROL INJ 100MG/ML, 50MG/ML	4	PA MO
DILAUDID INJ	4	B/D
DILAUDID LIQD	4	QL (600 ML per 30 days) MO
DILAUDID TABS 2MG, 4MG	4	QL (180 EA per 30 days) MO
DILAUDID TABS 8MG	5	QL (180 EA per 30 days) MO
DURAMORPH	4	B/D
<i>endocet</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	2	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE TABS	5	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE PREFILLED SYRINGE 100MCG/2ML, 50MCG/ML	4	
FENTANYL CITRATE INJ 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	4	B/D
<i>fentanyl citrate inj cartridge 100mcg/2ml</i>	2	B/D
FENTORA	5	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	5	QL (180 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	2	QL (2700 ML per 30 days) MO
<i>hydrocodone/ibuprofen</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liqd</i>	2	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	2	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride inj 50mg/5ml</i>	2	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	2	B/D MO
INFUMORPH 200	4	B/D
INFUMORPH 500	4	B/D
LAZANDA	5	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate</i>	5	QL (180 EA per 30 days) MO
LORTAB	4	QL (2040 ML per 30 days) MO
<i>meperidine hcl inj</i>	2	PA MO
<i>meperidine hcl oral soln</i>	2	QL (3600 ML per 30 days) PA MO
<i>meperidine hcl tabs</i>	5	QL (120 EA per 30 days) PA MO
<i>mitigo</i>	2	B/D

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tabs</i>	2	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJ 10MG/ML PF VIAL IV OR IM, 4 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM	4	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml iv only vial and carpupject, 1mg/ml vial, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpupject</i>	2	B/D
<i>morphine sulfate inj 1mg/ml pf vial</i>	2	B/D MO
<i>morphine sulfate oral soln 20mg/ml</i>	2	QL (180 ML per 30 days) MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate supp 5mg</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate supp 10mg, 20mg</i>	2	QL (60 EA per 30 days) MO
<i>morphine sulfate supp 30mg</i>	5	QL (60 EA per 30 days)
<i>nalbuphine hcl</i>	2	MO
<i>nalocet</i>	5	QL (180 EA per 30 days)
NUCYNTA TABS 50MG, 75MG	4	QL (180 EA per 30 days) MO
NUCYNTA TABS 100MG	5	QL (180 EA per 30 days) MO
OXAYDO TABS 5MG	4	QL (180 EA per 30 days) MO
OXAYDO TABS 7.5MG	5	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN TABS 7.5MG; 300MG	5	QL (180 EA per 30 days) PA MO
OXYCODONE HYDROCHLORIDE/ACETAMINOPHEN SOLN 325MG/5ML; 5MG/5ML	4	QL (1800 ML per 30 days) MO
<i>oxycodone hydrochloride/acetaminophen soln 300mg/5ml; 10mg/5ml</i>	5	QL (900 ML per 30 days) PA
<i>oxycodone hydrochloride caps</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride conc</i>	2	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride soln</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 300mg; 2.5mg</i>	5	QL (180 EA per 30 days)
<i>oxycodone/acetaminophen tabs 300mg; 10mg</i>	5	QL (180 EA per 30 days) PA
<i>oxycodone/acetaminophen tabs 300mg; 5mg</i>	5	QL (180 EA per 30 days) PA MO
<i>oxymorphone hydrochloride</i>	2	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	2	QL (360 EA per 30 days) PA MO
PERCOCET TABS 325MG; 2.5MG	4	QL (180 EA per 30 days) MO
PERCOCET TABS 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	5	QL (180 EA per 30 days) MO
PROLATE SOLN	5	QL (900 ML per 30 days) PA
PROLATE TABS 300MG; 10MG	5	QL (180 EA per 30 days) PA
PROLATE TABS 300MG; 5MG, 300MG; 7.5MG	5	QL (180 EA per 30 days) PA MO
ROXICODONE TABS 15MG, 5MG	4	QL (180 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ROXICODONE TABS 30MG	5	QL (120 EA per 30 days) MO
ROXYBOND	5	QL (180 EA per 30 days)
SEGLENTIS	4	QL (120 EA per 30 days) PA MO
SUBSYS LIQD 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	5	QL (120 EA per 30 days) PA MO
SUBSYS LIQD 1200MCG	5	QL (240 EA per 30 days) PA
SUBSYS LIQD 1600MCG	5	QL (240 EA per 30 days) PA MO
<i>tramadol hcl tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (240 EA per 30 days) MO
<i>trezix</i>	2	QL (300 EA per 30 days)
ULTRACET	4	QL (240 EA per 30 days) MO
ULTRAM	4	QL (240 EA per 30 days) MO

**ANESTHETICS****LOCAL ANESTHETICS**

<i>bupivacaine hcl inj 0.25%</i>	2	
<i>bupivacaine hcl inj 0.5%</i>	2	MO
<i>bupivacaine hydrochloride pf inj 0.25%, 0.75%</i>	2	
<i>bupivacaine hydrochloride pf inj 0.5%</i>	2	MO
<i>bupivacaine/epinephrine inj 0.25%; 1:200000, 0.5%; 1:200000 pf</i>	2	
<i>bupivacaine/epinephrine inj 0.5%; 1:200000</i>	2	MO
EXPAREL	4	
<i>lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%</i>	2	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	2	
<i>lidocaine/epinephrine</i>	2	
MARCAINE/EPINEPHRINE INJ 0.25%; 1:200000	4	
MARCAINE/EPINEPHRINE INJ 0.5%; 1:200000	4	MO
MARCAINE INJ 0.25%, 0.75%	4	
MARCAINE INJ 0.5%	4	MO
NAROPIN	4	
<i>ropivacaine hydrochloride</i>	2	
<i>sensorcaine-mpf</i>	2	
SENSORCAINE-MPF/EPINEPHRINE INJ 0.5%; 1:200000, 0.75%; 1:200000	4	
<i>sensorcaine-mpf/epinephrine inj 0.25%; 1:200000</i>	2	
<i>sensorcaine/epinephrine</i>	2	
SENSORCAINE INJ 0.25%	4	
SENSORCAINE INJ 0.5%	4	MO
XYLOCAINE	4	
XYLOCAINE-MPF	4	
XYLOCAINE-MPF/EPINEPHRINE	4	
XYLOCAINE/EPINEPHRINE	4	

**ANTI-INFECTIVES**

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
AEMCOLO	4	MO
<i>albendazole</i>	5	MO
ALBENZA	4	MO
<i>amikacin sulfate</i>	2	MO
ARIKAYCE	5	PA LA
<i>atovaquone</i>	5	PA MO
AZACTAM	4	
<i>aztreonam inj 1gm</i>	2	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>bacitracin inj 50000unit</i>	2	
BACTRIM	4	MO
BACTRIM DS	4	MO
BENZNIDAZOLE	4	PA
BETHKIS	5	QL (224 ML per 56 days) PA LA
BILTRICIDE	5	MO
CAYSTON	5	PA LA
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN PEDIATRIC GRANULES	4	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 9GM/60ML	4	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	4	MO
CLEOCIN CAPS 150MG, 300MG, 75MG	4	MO
<i>clindamycin hcl caps 150mg, 75mg</i>	2	MO
<i>clindamycin hcl caps 300mg</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
COLY-MYCIN M	4	PA MO
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>dapsone tabs 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
DARAPRIM	5	QL (90 EA per 30 days) PA MO
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	2	MO
FIRVANQ ORAL SOLN 25MG/ML	4	QL (1800 ML per 180 days)
FIRVANQ ORAL SOLN 50MG/ML	4	QL (1800 ML per 180 days) MO
FLAGYL	4	MO
<i>fosfomycin tromethamine</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate pediatric</i>	2	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	2	MO
<i>gentamicin sulfate inj 40mg/ml</i>	2	MO
HIPREX	4	MO
HUMATIN	5	MO
<i>imipenem/cilastatin</i>	2	MO
IMPAVIDO	5	QL (90 EA per 30 days) PA MO
INVANZ	4	MO
<i>isotonic gentamicin</i>	2	MO
<i>ivermectin tabs 3mg</i>	2	QL (12 EA per 90 days) PA MO
KIMYRSA	5	
KITABIS PAK	5	QL (280 ML per 56 days) PA LA
LAMPIT	4	PA
LINCOCIN	4	MO
<i>lincomycin hcl</i>	2	
<i>linezolid tabs</i>	2	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	2	PA
MACROBID	4	MO
MACRODANTIN	4	MO
<i>me/naphos/mb/hyo 1</i>	2	MO
MEPRON	5	PA MO
<i>meropenem</i>	2	MO
MEROPENEM/SODIUM CHLORIDE	4	
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>metronidazole caps 375mg</i>	2	MO
<i>metronidazole inj 500mg/100ml</i>	2	
<i>metronidazole tabs 250mg, 500mg</i>	2	MO
MONUROL	4	MO
NEBUPENT	4	B/D MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate/macrocrystals</i>	2	MO
<i>nitrofurantoin oral susp</i>	5	MO
ORBACTIV	5	MO
<i>paromomycin sulfate</i>	2	MO
PENTAM 300	4	MO
<i>pentamidine isethionate inhalation soln</i>	2	B/D MO
<i>pentamidine isethionate inj</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>polymyxin b sulfate inj</i>	2	
<i>praziquantel</i>	2	MO
PRIMAXIN IV	4	MO
<i>pyrimethamine</i>	5	QL (90 EA per 30 days) PA MO
RECARBRIO	5	PA
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
SOLOSEC	4	MO
<i>streptomycin sulfate</i>	5	MO
STROMECTOL	4	QL (12 EA per 90 days) PA MO
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	2	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
TOBI	5	QL (280 ML per 56 days) PA LA
TOBI PODHALER	5	QL (224 EA per 56 days) PA LA
<i>tobramycin sulfate inj 10mg/ml, 2gm/50ml</i>	2	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin nebu 300mg/4ml</i>	5	QL (224 ML per 56 days) PA
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	
<i>uro-458</i>	2	MO
UROGESIC-BLUE	4	MO
VABOMERE	5	PA
VANCOCCIN CAPS 125MG	5	QL (120 EA per 30 days) MO
VANCOCCIN CAPS 250MG	5	QL (240 EA per 30 days) MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	2	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLN	4	QL (1800 ML per 180 days) MO
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	2	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	2	
<i>vancomycin hydrochloride inj 500mg</i>	2	MO
VIBATIV	5	PA
XENLETA INJ	4	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
XENLETA TABS	5	PA
XIFAXAN TABS 200MG	5	QL (9 EA per 30 days) PA MO
ZEMDRI	5	PA
ZYVOX INJ	4	PA
ZYVOX ORAL SUSP	4	QL (1800 ML per 30 days) PA MO
ZYVOX TABS	5	QL (56 EA per 28 days) PA MO
<b>ANTIFUNGALS</b>		
ABELCET	4	B/D
AMBISOME	5	B/D MO
<i>amphotericin b</i>	2	B/D MO
<i>amphotericin b liposome</i>	5	B/D
ANCOBON CAPS 250MG	5	
ANCOBON CAPS 500MG	5	MO
CANCIDAS INJ 50MG	5	
CANCIDAS INJ 70MG	5	MO
<i>caspofungin acetate inj 70mg</i>	2	
<i>caspofungin acetate inj 50mg</i>	5	
CRESEMBA INJ	5	QL (34 EA per 30 days)
CRESEMBA CAPS	5	QL (70 EA per 30 days) MO
DIFLUCAN ORAL SUSP	4	MO
DIFLUCAN TABS 100MG, 150MG, 50MG	4	MO
DIFLUCAN TABS 200MG	5	MO
ERAXIS	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in sodium chloride inj 200mg; 100ml, 400mg; 100ml</i>	2	
<i>fluconazole/sodium chloride inj 100mg/50ml</i>	2	
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	MO
<i>itraconazole caps</i>	2	PA MO
<i>itraconazole soln</i>	5	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO
<i>micafungin</i>	5	
NOXAFIL INJ	5	
NOXAFIL PACK	5	QL (32 EA per 30 days)
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
NOXAFIL TBEC	5	QL (93 EA per 30 days) MO
<i>nystatin tabs 500000unit</i>	2	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
SPORANOX	5	PA MO
SPORANOX PULSEPAK	5	PA MO
<i>terbinafine hcl</i>	2	QL (90 EA per 365 days) MO
TOLSURA	5	PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VFEND IV	5	PA
VFEND ORAL SUSP	5	PA MO
VFEND TABS 200MG	4	QL (120 EA per 30 days) MO
VFEND TABS 50MG	5	QL (480 EA per 30 days) MO
VIVJOA	4	QL (18 EA per 84 days) PA
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	2	QL (480 EA per 30 days) MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	2	MO
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
KRINTAFEL	4	PA
MALARONE	4	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	
QUALAQUIN	4	PA MO
<i>quinine sulfate</i>	2	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	2	MO
APRETUDE	5	QL (21 ML per 365 days) LA MO
APTIVUS	5	MO
<i>atazanavir sulfate</i>	2	MO
EDURANT	5	MO
<i>efavirenz</i>	2	MO
<i>emtricitabine</i>	2	MO
EMTRIVA	4	MO
EPIVIR	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK, TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	2	MO
<i>lamivudine tabs 150mg, 300mg</i>	2	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>maraviroc</i>	5	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine immediate release tabs, oral susp</i>	2	MO
<i>nevirapine er tb24 100mg</i>	2	
<i>nevirapine er tb24 400mg</i>	2	MO
NORVIR	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
RETROVIR CAPS, ORAL SYRUP	4	MO
RETROVIR IV INFUSION	4	
REYATAZ PACK	4	MO
REYATAZ CAPS	5	MO
<i>ritonavir</i>	2	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	MO
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>stavudine</i>	2	MO
SUNLENCA INJ	5	QL (3 ML per 180 days) LA MO
SUNLENCA TBPK (5 TAB PACK) 300MG	5	QL (10 EA per 365 days) LA MO
SUNLENCA TBPK (4 TAB PACK) 300MG	5	QL (8 EA per 365 days) LA MO
SUSTIVA TABS	5	MO
SUSTIVA CAPS 50MG	4	MO
SUSTIVA CAPS 200MG	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY PD	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT	5	MO
VIRAMUNE XR	5	MO
VIREAD	5	MO
ZIAGEN	4	MO
<i>zidovudine</i>	2	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	2	MO
BIKTARVY	5	MO
CABENUVA INJ 400MG/2ML; 600MG/2ML	5	QL (4 ML per 30 days) MO
CABENUVA INJ 600MG/3ML; 900MG/3ML	5	QL (6 ML per 30 days) MO
CIMDUO	5	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
COMBIVIR	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EPZICOM	5	MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA SOLN	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	2	MO
<i>lopinavir/ritonavir soln</i>	2	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	2	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
TRUVADA	5	QL (30 EA per 30 days) MO
<b>ANTITUBERCULAR AGENTS</b>		
CAPASTAT SULFATE	4	
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	2	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid inj</i>	2	
<i>isoniazid syrp</i>	2	MO
MYAMBUTOL	4	MO
MYCOBUTIN	5	MO
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide</i>	2	MO
<i>rifabutin</i>	2	MO
RIFADIN	4	
<i>rifampin inj</i>	2	
<i>rifampin caps</i>	2	MO
SIRTURO	5	PA LA
TRECATOR	4	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium inj</i>	2	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	2	QL (30 EA per 30 days) MO
BARACLUDE TABS	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	5	QL (630 ML per 30 days) MO
<i>cidofovir</i>	2	
<i>entecavir</i>	2	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>foscarnet sodium</i>	5	PA
<i>ganciclovir</i>	2	B/D
HARVONI	5	PA
HEPSERA	5	QL (30 EA per 30 days) ST MO
<i>lamivudine tabs 100mg</i>	2	MO
LEDIPASVIR/SOFOSBUVIR	5	PA
LIVTENCITY	5	QL (120 EA per 30 days) PA LA MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	2	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS INJ	5	
PREVYMIS TABS	5	QL (28 EA per 28 days) PA MO
RAPIVAB	5	
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin</i>	2	
<i>rimantadine hydrochloride</i>	2	MO
SITAVIG	5	QL (2 EA per 30 days) MO
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI TABS	5	QL (28 EA per 28 days) PA
SOVALDI PACK 150MG	5	QL (28 EA per 28 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SOVALDI PACK 200MG	5	QL (56 EA per 28 days) PA
TAMIFLU ORAL SUSP	4	QL (1080 ML per 365 days) MO
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hcl tabs 500mg</i>	2	MO
VALCYTE	5	MO
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	2	MO
VALTREX TABS 500MG	4	MO
VALTREX TABS 1GM	5	MO
VEKLURY	5	QL (4 EA per 30 days) PA
VEMLIDY	5	MO
VIEKIRA PAK	5	QL (112 EA per 28 days) PA
VOSEVI	5	PA
XOFLUZA	4	QL (1 EA per 180 days) MO
ZEPATIER	5	PA
ZOVIRAX SUSP 200MG/5ML	4	MO
<b>CEPHALOSPORINS</b>		
AVYCAZ	5	PA
<i>cefactor</i>	2	MO
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium inj 1gm iv</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO
CEFAZOLIN/DEXTROSE INJ 1GM/50ML;4%, 2GM/50ML;3%	4	
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefazolin inj 2gm</i>	2	
<i>cefdinir</i>	2	MO
CEFEPIME HYDROCHLORIDE INJ 100GM	4	
CEFEPIME/DEXTROSE	4	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	4	
<i>cefepime inj 1gm, 2gm</i>	2	MO
<i>cefixime</i>	2	MO
CEFOTAN	4	
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	2	
CEFOTETAN/DEXTROSE	4	
CEFOXITIN SODIUM INJ 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	2	
<i>ceftazidime inj 1gm, 2gm</i>	2	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	2	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium inj 1gm iv</i>	2	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	2	MO
CEFTRIAZONE/DEXTROSE	4	
<i>cefuroxime axetil tabs</i>	2	MO
<i>cefuroxime sodium inj 1.5gm</i>	2	
<i>cefuroxime sodium inj 750mg</i>	2	MO
<i>cephalexin</i>	2	MO
FETROJA	5	
FORTAZ INJ 2GM, 500MG	4	
FORTAZ INJ 1GM	4	MO
SUPRAX CAPS	4	MO
SUPRAX CHEW 100MG	4	
SUPRAX CHEW 200MG	4	MO
SUPRAX ORAL SUSP 500MG/5ML	3	
SUPRAX ORAL SUSP 100MG/5ML, 200MG/5ML	4	MO
<i>tazicef</i>	2	
TEFLARO	5	
ZERBAXA	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	3	MO
<i>azithromycin inj, oral susp, tabs</i>	2	MO
<i>clarithromycin er tabs</i>	2	MO
<i>clarithromycin immediate release tabs, oral susp</i>	2	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
<i>e.e.s. 400</i>	2	MO
E.E.S. GRANULES	4	MO
<i>ery-tab</i>	2	
ERYPED 200	5	MO
ERYPED 400	5	MO
ERYTHROCIN LACTOBIONATE INJ	5	
<i>erythrocin stearate</i>	2	MO
<i>erythromycin base tabs 250mg, 500mg</i>	2	MO
<i>erythromycin dr tabs</i>	2	MO
<i>erythromycin ethylsuccinate tabs</i>	2	MO
<i>erythromycin ethylsuccinate oral susp 200mg/5ml</i>	2	MO
<i>erythromycin ethylsuccinate oral susp 400mg/5ml</i>	5	MO
<i>erythromycin lactobionate inj</i>	5	
<i>erythromycin stearate</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin dr caps 250mg</i>	2	MO
ZITHROMAX INJ, POWDER PACK, ORAL SUSP, TABS	4	MO
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
<b>FLUOROQUINOLONES</b>		
BAXDELA INJ	5	PA
BAXDELA TABS	5	PA MO
CIPRO	4	MO
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	MO
<i>ofloxacin tabs 300mg, 400mg</i>	2	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>ampicillin caps</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	2	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO
<i>ampicillin-sulbactam</i>	2	
AUGMENTIN	4	MO
AUGMENTIN ES-600	4	MO
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	MO
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	2	MO
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 2gm</i>	2	MO
<i>nafcillin sodium inj 10gm, 2gm iv</i>	5	
NAFCILLIN INJ 5%; 1GM/50ML	4	
NAFCILLIN INJ 5%; 2GM/100ML	5	
OXACILLIN SODIUM INJ 1GM/50ML, 2GM/50ML	4	
<i>oxacillin sodium inj 10gm, 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g potassium inj 2000000unit</i>	2	MO
<i>penicillin g potassium inj 5000000unit</i>	5	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen inj 20000000unit</i>	2	
<i>pfizerpen inj 5000000unit</i>	2	MO
<i>piperacillin sodium/tazobactam sodium</i>	2	
UNASYN INJ BULK PACK 10GM;5GM	4	
UNASYN INJ 1GM; 0.5GM	4	
UNASYN INJ 2GM; 1GM	4	MO
ZOSYN	4	
<b>TETRACYCLINES</b>		
ACTICLATE	4	ST MO
<i>demeclocycline hcl</i>	2	MO
DORYX MPC TBEC 120MG	4	ST MO
DORYX MPC TBEC 60MG	5	ST
DORYX TBEC 50MG	4	ST MO
DORYX TBEC 80MG	5	ST
DORYX TBEC 200MG	5	ST MO
<i>doxy 100 inj</i>	2	MO
<i>doxycycline hyclate tabs, caps, inj</i>	2	MO
<i>doxycycline hyclate dr tbec 100mg, 150mg, 200mg, 50mg, 75mg</i>	2	MO
<i>doxycycline hyclate dr tbec 80mg</i>	5	MO
<i>doxycycline monohydrate</i>	2	MO
<i>doxycycline oral susp 25mg/5ml</i>	2	MO
MINOCIN	5	
<i>minocycline hcl caps 75mg</i>	2	MO
<i>minocycline hcl tabs 100mg, 50mg, 75mg</i>	2	ST MO
<i>minocycline hcl caps 100mg, 50mg</i>	2	MO
<i>minocycline hydrochloride er</i>	2	ST MO
MINOLIRA	4	ST MO
<i>mondoxyne nl</i>	2	
NUZYRA	5	LA
SEYSARA	5	QL (30 EA per 30 days) PA MO
SOLODYN TB24 80MG	4	ST MO
SOLODYN TB24 105MG, 115MG, 55MG, 65MG	5	ST MO
<i>targadox</i>	2	
<i>tetracycline hydrochloride</i>	2	MO
<i>tigecycline</i>	5	
TYGACIL	5	
VIBRAMYCIN	4	ST MO
XERAVA INJ 50MG	4	

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Drug Name	Drug Tier	Requirements/Limits
XERAVA INJ 100MG	5	
XIMINO	4	ST MO
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
ALKERAN TABS	4	B/D MO
ALKERAN INJ	5	
BENDAMUSTINE HYDROCHLORIDE INJ 100MG/4ML	5	
<i>bendamustine hydrochloride inj 100mg, 25mg</i>	5	
BENDEKA	5	LA
BICNU	5	
<i>busulfan</i>	5	
BUSULFEX	5	
<i>carboplatin</i>	2	
<i>carmustine</i>	5	
<i>cisplatin</i>	2	
CYCLOPHOSPHAMIDE INJ 2GM/10ML	4	
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	2	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	5	
<i>cyclophosphamide inj 1gm</i>	2	
<i>cyclophosphamide inj 2gm, 500mg</i>	5	
EVOMELA	5	
GLEOSTINE CAPS 10MG, 40MG	4	
GLEOSTINE CAPS 100MG	5	
IFEX	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	2	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj</i>	5	
<i>melphalan tabs</i>	2	B/D MO
<i>oxaliplatin inj 100mg/20ml, 200mg/40ml, 50mg/10ml</i>	2	
<i>oxaliplatin inj 100mg, 50mg</i>	5	
<i>paraplatin</i>	2	
TEMODAR	5	
TEPADINA	5	
<i>thiotepa</i>	5	
TREANDA	5	LA
YONDELIS	5	PA
ZANOSAR	4	
ZEPZELCA	5	PA LA
<b>ANTIBIOTICS</b>		
<i>adriamycin</i>	2	B/D
<i>bleomycin sulfate</i>	2	B/D
COSMEGEN	5	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	2	
DOXIL	5	
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hydrochloride</i>	2	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
ELLENC	5	
IDAMYCIN PFS	5	
<i>idarubicin hcl</i>	2	
<i>mitomycin inj 5mg</i>	2	
<i>mitomycin inj 20mg, 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	2	
<i>mutamycin inj 40mg</i>	5	
<i>valrubicin</i>	5	
VALSTAR	5	
<b>ANTIMETABOLITES</b>		
ALIMTA	5	
ARRANON	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
CLOLAR	5	
<i>cytarabine</i>	2	B/D
<i>cytarabine aqueous</i>	2	B/D
DACOGEN	5	
<i>decitabine</i>	5	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	2	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
INFUGEM	5	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA LA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium inj pf 50mg/2ml</i>	2	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	2	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO
<i>nelarabine</i>	5	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ONUREG	5	QL (14 EA per 28 days) PA LA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	
<i>pemetrexed inj 1000mg, 100mg, 500mg, 750mg</i>	5	
PURIXAN	5	
TABLOID	4	MO
VIDAZA	5	LA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
ARIMIDEX	5	MO
AROMASIN	5	MO
<i>bicalutamide</i>	2	MO
CASODEX	5	MO
ELIGARD	4	PA
EMCYT	5	MO
ERLEADA	5	PA LA
EULEXIN	5	MO
<i>exemestane</i>	2	MO
FARESTON	5	PA MO
FASLODEX	5	
FEMARA	4	MO
FIRMAGON INJ 80MG	4	PA
FIRMAGON INJ 120MG/VIAL	5	PA
<i>flutamide</i>	2	MO
<i>fulvestrant</i>	5	
<i>hydroxyprogesterone caproate inj 1.25gm/5ml</i>	5	
<i>letrozole</i>	2	MO
LEUPROLIDE ACETATE INJ 22.5MG	5	PA
<i>leuprolide acetate inj 1mg/0.2ml</i>	2	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LUPRON DEPOT (4-MONTH)	5	PA
LUPRON DEPOT (6-MONTH)	5	PA
LYSODREN	5	MO
<i>megestrol acetate tabs 20mg, 40mg</i>	2	MO
NILANDRON	5	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	5	PA MO
TRELSTAR MIXJECT	5	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
XTANDI	5	PA LA
YONSA	5	PA LA
ZOLADEX	4	
ZYTIGA	5	PA LA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide caps 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA LA
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA LA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
CAMPTOSAR	4	
<i>dacarbazine</i>	2	
HYCAMTIN	5	
HYDREA	4	MO
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
<i>irinotecan hcl inj 500mg/25ml</i>	2	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	2	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	2	
NIPENT	5	
ONCASPAR	5	PA
ONIVYDE	5	PA LA
RYLAZE	5	PA LA
SYNRIBO	5	PA
TARGRETIN CAPS 75MG	5	PA
TICE BCG	4	
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
TRISENOX	5	
VYXEOS	5	PA
WELIREG	5	QL (90 EA per 30 days) PA LA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	5	LA
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	2	
ETOPOPHOS	5	
<i>etoposide</i>	2	
HALAVEN	5	PA
IXEMPRA KIT	5	PA
JEVTANA	5	PA LA
MARQIBO	5	PA
<i>paclitaxel</i>	2	
<i>paclitaxel protein-bound particles</i>	5	
<i>toposar</i>	2	
<i>vinblastine sulfate</i>	2	B/D
<i>vincristine sulfate</i>	2	B/D
<i>vinorelbine tartrate</i>	2	
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
AFINITOR TABS	5	QL (30 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALIQOPA	5	QL (3 EA per 28 days) PA LA
ALUNBRIG TBPK	5	PA LA MO
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA MO
ALYMSYS	5	PA
ARZERRA	5	PA LA
AVASTIN	5	PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BAVENCIO	5	PA LA
BELEODAQ	5	PA LA
BESPONSA	5	PA LA
BLENREP	5	PA LA
BLINCYTO	5	PA
BORTEZOMIB INJ 1MG, 2.5MG, 3.5MG	5	PA
<i>bortezomib inj 3.5mg</i>	5	PA
BOSULIF TABS 100MG	5	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
BRAFTOVI	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 28 days) PA LA
CYRAMZA	5	PA LA
DARZALEX	5	PA LA
DARZALEX FASPRO	5	PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
EMPLICITI	5	PA LA
ENHERTU	5	PA LA
ERBITUX	5	PA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA LA MO
FYARRO	5	PA LA
GAVRETO	5	QL (120 EA per 30 days) PA LA
GAZYVA	5	PA LA
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
HERCEPTIN	5	PA LA
HERCEPTIN HYLECTA	5	PA LA
HERZUMA	5	PA LA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 15MG, 45MG	5	QL (30 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA ORAL SUSP	5	QL (216 ML per 27 days) PA LA MO
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
IMFINZI	5	PA LA
IMJUDO	5	PA LA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	5	
JAKAFI	5	QL (60 EA per 30 days) PA LA
JAYPIRCA TABS 50MG	5	QL (30 EA per 30 days) PA LA
JAYPIRCA TABS 100MG	5	QL (60 EA per 30 days) PA LA
JEMPERLI	5	PA LA
KADCYLA	5	LA
KANJINTI	5	PA LA
KEYTRUDA	5	PA LA
KIMMTRAK	5	PA LA
KISQALI	5	PA
KOSELUGO	5	PA LA
KRAZATI	5	QL (180 EA per 30 days) PA LA MO
KYPROLIS	5	PA LA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LUNSUMIO	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
LYTGOBI TBPK 16MG	5	QL (112 EA per 28 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
LYTGOBI TBPK 20MG	5	QL (140 EA per 28 days) PA LA
LYTGOBI TBPK 12MG	5	QL (84 EA per 28 days) PA LA
MARGENZA	5	PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MVASI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
OGIVRI	5	PA LA
ONTRUZANT	5	PA LA
OPDIVO	5	PA LA
OPDUALAG	5	PA
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PERJETA	5	PA LA
PHEGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA LA
PORTRAZZA	5	PA LA
POTELIGEO	5	PA LA
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
REZLIDHIA	5	QL (60 EA per 30 days) PA LA MO
RIABNI	5	PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
<i>romidepsin</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYBREVANT	5	PA LA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SCEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA LA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSE	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	5	QL (90 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	PA LA
TECVAYLI	5	PA LA
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TIVDAK	5	PA LA
TORISEL	5	
TRAZIMERA	5	PA
TRODELVY	5	PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG DAILY DOSE	5	QL (21 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 125MG DAILY DOSE, 50MG DAILY DOSE	5	QL (42 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 75MG DAILY DOSE	5	QL (63 EA per 28 days) PA LA
TRUXIMA	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
TYKERB	5	QL (180 EA per 30 days) PA LA
UKONIQ	5	QL (120 EA per 30 days) PA LA MO
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VONJO	5	QL (120 EA per 30 days) PA LA MO
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG ONCE WEEKLY (40MG TABS), 60MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO TBPK 40MG TWICE WEEKLY (40MG TABS), 80MG ONCE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA LA
ZALTRAP	5	PA LA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
ZYNLONTA	5	PA LA
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane inj 500mg</i>	2	
<i>dexrazoxane inj 250mg</i>	5	
ELITEK	5	
KEPIVANCE	5	
KHAPZORY	5	B/D LA
<i>leucovorin calcium inj</i>	2	
<i>leucovorin calcium tabs</i>	2	MO
<i>levoleucovorin calcium inj 50mg</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	2	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>mesna</i>	2	
MESNEX INJ	4	
MESNEX TABS	5	MO

**CARDIOVASCULAR****ACE INHIBITOR COMBINATIONS**

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ACCURETIC	4	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	4	MO
LOTREL	4	QL (30 EA per 30 days) MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC	4	MO
ZESTORETIC	4	MO
<b>ACE INHIBITORS</b>		
ACCUPRIL	4	MO
ALTACE	4	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>enalapril maleate soln</i>	5	MO
<i>enalaprilat inj</i>	2	
EPANED	5	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	4	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
QBRELIS	5	MO
<i>quinapril hcl tabs 20mg, 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC TABS 10MG, 2.5MG, 5MG	4	MO
VASOTEC TABS 20MG	5	MO
ZESTRIL	4	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE	4	MO
CAROSPIR	4	MO
<i>eplerenone</i>	2	MO
INSPRA	4	MO
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<b>ALPHA BLOCKERS</b>		
CARDURA TABS 2MG, 4MG, 8MG	4	MO
CARDURA TABS 1MG	5	MO
<i>doxazosin mesylate</i>	2	MO
MINIPRESS	4	MO
<i>prazosin hydrochloride</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
AVALIDE TABS 12.5MG; 300MG	4	QL (30 EA per 30 days) ST MO
AVALIDE TABS 12.5MG; 150MG	4	QL (60 EA per 30 days) ST MO
AZOR	4	QL (30 EA per 30 days) ST MO
BENICAR HCT	4	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
EXFORGE	4	QL (30 EA per 30 days) ST MO
EXFORGE HCT	4	QL (30 EA per 30 days) ST MO
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	4	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABS 12.5MG; 80MG	4	QL (60 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
TRIBENZOR	4	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND TABS 32MG	4	QL (30 EA per 30 days) ST MO
ATACAND TABS 16MG, 4MG, 8MG	4	QL (60 EA per 30 days) ST MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AVAPRO	4	QL (30 EA per 30 days) ST MO
BENICAR TABS 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
BENICAR TABS 5MG	4	QL (60 EA per 30 days) ST MO
<i>candesartan cilexetil tabs 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABS 100MG	4	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	4	QL (60 EA per 30 days) ST MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
MICARDIS	4	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
VALSARTAN SOLN	5	QL (2400 ML per 30 days) PA
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml</i>	2	
<i>amiodarone hydrochloride tabs</i>	2	MO
BETAPACE	5	MO
BETAPACE AF	4	MO
<i>disopyramide phosphate</i>	2	PA MO
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML VIALS	4	
<i>lidocaine hcl inj 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	2	
<i>mexiletine hcl</i>	2	MO
MULTAQ	4	MO
NEXTERONE	4	
NORPACE CR	4	MO
NORPACE CAPS 100MG	4	PA MO
NORPACE CAPS 150MG	5	PA MO
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl tabs</i>	2	MO
<i>propafenone hydrochloride er caps</i>	2	MO
<i>quinidine gluconate cr</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate er</i>	2	MO
<i>quinidine sulfate</i>	2	MO
RYTHMOL SR CP12 225MG	4	MO
RYTHMOL SR CP12 325MG, 425MG	5	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
SOTYLIZE	5	MO
TIKOSYN	4	ST
<b>ANTILIPEMICS, FIBRATES</b>		
ANTARA	4	MO
<i>fenofibrate tabs</i>	2	MO
FENOFIBRATE MICRONIZED CAPS 30MG, 90MG	4	MO
<i>fenofibrate micronized caps 150mg, 134mg, 130mg, 200mg, 67mg, 50mg, 43mg</i>	2	MO
<i>fenofibric acid dr</i>	2	MO
FENOGLIDE	4	MO
<i>gemfibrozil</i>	2	MO
LIPOFEN	4	MO
LOPID	4	MO
TRICOR	4	MO
TRILIPIX	4	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV	5	QL (30 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	4	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	4	QL (30 EA per 30 days) ST MO
FLOLIPID	4	QL (300 ML per 30 days) ST MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	4	QL (30 EA per 30 days) ST MO
LIPITOR	4	QL (30 EA per 30 days) ST MO
LIVALO	4	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ZOCOR	4	QL (30 EA per 30 days) ST MO
ZYPITAMAG	4	QL (30 EA per 30 days) ST MO
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam hydrochloride</i>	2	MO
COLESTID	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
COLESTID FLAVORED	4	MO
<i>colestipol hcl</i>	2	MO
EVKEEZA	5	PA LA MO
<i>ezetimibe</i>	2	MO
EZETIMIBE/ROSUVASTATIN	4	QL (30 EA per 30 days) ST MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID	5	PA LA
LEQVIO	4	PA MO
LOVAZA	4	QL (120 EA per 30 days) MO
NEXLETOL	4	QL (30 EA per 30 days) PA MO
NEXLIZET	4	QL (30 EA per 30 days) PA MO
<i>niacin er tbc 1000mg, 750mg</i>	2	MO
<i>niacin er tbc 500mg</i>	2	QL (60 EA per 30 days) MO
<i>niacin immediate release tabs 500mg</i>	2	MO
<i>niacor</i>	2	MO
<i>omega-3-acid ethyl esters</i>	2	QL (120 EA per 30 days) MO
PRALUENT	3	PA
<i>prevalite</i>	2	MO
QUESTRAN	4	MO
QUESTRAN LIGHT	4	MO
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
ROSZET	4	QL (30 EA per 30 days) ST MO
VASCEPA	4	MO
VYTORIN	4	QL (30 EA per 30 days) ST MO
WELCHOL	4	MO
ZETIA	4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	2	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO
TENORETIC 100	4	MO
TENORETIC 50	4	MO
ZIAC TABS 10MG; 6.25MG, 5MG; 6.25MG	4	MO
ZIAC TABS 2.5MG; 6.25MG	5	MO
<b>BETA-BLOCKERS</b>		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	2	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate er caps</i>	2	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
COREG CR CAPS	4	QL (30 EA per 30 days) MO
COREG TABS	4	MO
CORGARD	4	MO
HEMANGEOL	4	MO
INDERAL LA	5	MO
INDERAL XL	5	MO
INNOPRAN XL	5	MO
KAPSPARGO SPRINKLE	4	ST MO
<i>labetalol hydrochloride tabs, inj 5mg/ml</i>	2	MO
LABETALOL HYDROCHLORIDE/DEXTROSE	4	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	4	
LOPRESSOR	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	2	
<i>nadolol</i>	2	MO
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	2	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	2	MO
<i>propranolol hcl er caps 60mg, 80mg</i>	2	MO
<i>propranolol hcl tabs</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln</i>	2	MO
TENORMIN	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	4	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i>	1	MO
CALAN SR	4	MO
CARDENE IV	4	
CARDIZEM CD CP24 180MG, 300MG	4	MO
CARDIZEM CD CP24 120MG, 240MG, 360MG	5	MO
CARDIZEM LA	4	MO
CARDIZEM TABS 120MG, 30MG	4	MO
CARDIZEM TABS 60MG	5	MO
<i>cartia xt</i>	2	
CONJUPRI	4	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd caps</i>	2	MO
<i>diltiazem hcl er caps 12hr, er caps 24hr, er tabs</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl inj 25mg/5ml</i>	2	
<i>diltiazem hcl immediate release tabs</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
KATERZIA	4	MO
LEVAMLODIPINE	4	
<i>matzim la</i>	2	MO
<i>nicardipine hcl caps</i>	2	MO
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE 40MG/200ML; 0.9%	4	
NICARDIPINE HYDROCHLORIDE INJ 20MG/200ML; 0.9%	4	
<i>nicardipine hydrochloride inj 2.5mg/ml</i>	2	
<i>nifedipine caps</i>	2	PA MO
<i>nifedipine er tabs</i>	2	MO
<i>nimodipine</i>	5	MO
<i>nisoldipine er</i>	2	MO
NORLIQVA	5	MO
NORVASC	4	MO
NYMALIZE	5	
PROCARDIA XL	4	MO
SULAR	5	MO
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
TIAZAC	4	MO
<i>verapamil hcl er tbc 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl immediate release tabs 40mg, 80mg</i>	1	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>verapamil hcl immediate release tabs 120mg</i>	1	MO
<i>verapamil hydrochloride inj</i>	2	MO
VERELAN	4	MO
VERELAN PM	4	MO
<b>DIURETICS</b>		
<i>acetazolamide er caps</i>	2	MO
<i>acetazolamide sodium inj</i>	2	
<i>acetazolamide tabs</i>	2	MO
ALDACTAZIDE TABS 50MG; 50MG	4	
ALDACTAZIDE TABS 25MG; 25MG	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide</i>	2	MO
BUMEX	4	MO
<i>chlorothiazide sodium</i>	2	
<i>chlorthalidone</i>	2	MO
<i>dichlorphenamide</i>	5	QL (120 EA per 30 days) PA LA
DIURIL ORAL SUSP	4	MO
DYRENIUM	4	MO
EDECIN TABS	5	MO
<i>ethacrynate sodium inj</i>	5	
<i>ethacrynic acid tabs</i>	5	MO
FUROSCIX	5	
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
KEYEYIS	5	QL (120 EA per 30 days) PA LA
LASIX	4	MO
MANNITOL INJ 20%	4	
<i>mannitol inj 25%</i>	2	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
<i>methazolamide</i>	2	MO
<i>metolazone</i>	2	MO
OSMITROL VIAFLEX	4	
SOAANZ	4	MO
SODIUM DIURIL INJ	4	
SODIUM EDECIN INJ	4	
<i>spironolactone/hydrochlorothiazide</i>	2	MO
THALITONE	4	QL (390 EA per 30 days) MO
<i>toremide</i>	2	MO
<i>triamterene</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<b>MISCELLANEOUS</b>		
ADRENALIN INJ 30MG/30ML	4	
ADRENALIN INJ 1MG/ML	4	MO
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
ASPRUZYO SPRINKLE	4	QL (60 EA per 30 days) PA MO
BIDIL	4	MO
CADUET	4	MO
CAMZYOS	5	QL (30 EA per 30 days) PA LA
CATAPRES-TTS-1	4	QL (8 EA per 28 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
CATAPRES-TTS-2	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-3	5	QL (8 EA per 28 days) MO
<i>clonidine hcl patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA MO
DIBENZYLINE	5	MO
<i>digitek</i>	2	QL (30 EA per 30 days)
<i>digox tabs 0.25mg</i>	2	QL (30 EA per 30 days)
<i>digoxin inj, oral soln</i>	2	MO
<i>digoxin tabs 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>dobutamine hcl inj 250mg/20ml</i>	2	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	4	B/D
DOPAMINE HYDROCHLORIDE INJ 40MG/ML	4	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE	4	B/D
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine inj 1mg/ml, 30mg/30ml</i>	2	
<i>guanfacine hcl</i>	2	PA MO
<i>guanfacine hydrochloride tabs 2mg</i>	2	PA MO
<i>hydralazine hcl</i>	2	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	MO
LANOXIN PEDIATRIC	4	
LANOXIN INJ	4	MO
LANOXIN TABS 125MCG, 250MCG	4	QL (30 EA per 30 days) MO
LANOXIN TABS 62.5MCG	4	QL (90 EA per 30 days) MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	2	MO
<i>milrinone lactate in dextrose</i>	2	B/D
<i>milrinone lactate inj 10mg/10ml, 50mg/50ml</i>	2	B/D
<i>milrinone lactate inj 20mg/20ml</i>	5	B/D
<i>minoxidil</i>	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
<i>phenoxybenzamine hydrochloride</i>	5	MO
RANEXA	4	MO
<i>ranolazine er</i>	2	MO
TEKTURNA	4	MO
TEKTURNA HCT	4	MO
VECAMYL	5	QL (300 EA per 30 days) PA
VERQUVO	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
VYNDAMAX	5	QL (30 EA per 30 days) PA LA
VYNDAQEL	5	QL (120 EA per 30 days) PA LA
<b>NITRATES</b>		
GONITRO	4	MO
ISORDIL TITRADOSE TABS 5MG	4	MO
ISORDIL TITRADOSE TABS 40MG	5	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate er tabs 30mg, 60mg, 120mg</i>	2	MO
<i>isosorbide mononitrate immediate release tabs 10mg, 20mg</i>	1	MO
NITRO-BID	3	MO
NITRO-DUR PT24 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	4	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	5	MO
NITROGLYCERIN IN DEXTROSE 5%	4	
<i>nitroglycerin lingual spray</i>	2	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin sublingual tabs</i>	2	MO
NITROLINGUAL PUMPSPRAY	4	MO
NITROSTAT	4	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	5	PA
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	2	B/D LA
FLOLAN INJ 0.5MG	4	B/D LA
FLOLAN INJ 1.5MG	5	B/D LA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORENITRAM TBCR 0.125MG	4	PA LA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA LA
REMODULIN	5	PA LA
REVATIO INJ	5	QL (1125 ML per 30 days) PA
REVATIO ORAL SUSP	5	QL (224 ML per 30 days) PA
REVATIO TABS	5	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil oral susp</i>	5	QL (224 ML per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	5	PA
TADLIQ	5	QL (300 ML per 30 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
TRACLEER ORAL TABLET SOLUBLE	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 62.5MG	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	5	QL (60 EA per 30 days) PA LA
<i>treprostinil</i>	5	PA LA
TYVASO	5	PA LA
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA LA
TYVASO DPI MAINTENANCE KIT POWD 32MCG; 48MCG	5	QL (224 EA per 28 days) PA LA
TYVASO DPI TITRATION KIT POWD 16MCG; 32MCG	5	QL (196 EA per 28 days) PA LA
TYVASO DPI TITRATION KIT POWD 16MCG; 32MCG; 48MCG	5	QL (252 EA per 28 days) PA LA
TYVASO REFILL	5	PA
TYVASO STARTER	5	PA
UPTRAVI TITRATION PACK	5	PA LA
UPTRAVI INJ	5	QL (60 EA per 30 days) PA LA MO
UPTRAVI TABS 800MCG	5	QL (120 EA per 30 days) PA LA
UPTRAVI TABS 600MCG	5	QL (150 EA per 30 days) PA LA
UPTRAVI TABS 400MCG	5	QL (240 EA per 30 days) PA LA
UPTRAVI TABS 200MCG	5	QL (480 EA per 30 days) PA LA
UPTRAVI TABS 1200MCG, 1400MCG, 1600MCG	5	QL (60 EA per 30 days) PA LA
UPTRAVI TABS 1000MCG	5	QL (90 EA per 30 days) PA LA
VELETRI	5	B/D LA
VENTAVIS	5	PA LA

**CENTRAL NERVOUS SYSTEM****ANTI-ANXIETY**

<i>alprazolam er tb24 0.5mg</i>	2	MO
<i>alprazolam er tb24 1mg</i>	2	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	2	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	2	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam odt tbdp 0.25mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam odt tbdp 0.5mg, 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
ALPRAZOLAM XR TB24 1MG	4	QL (30 EA per 30 days) MO
ALPRAZOLAM XR TB24 3MG	4	QL (60 EA per 30 days) MO
ALPRAZOLAM XR TB24 2MG	4	QL (90 EA per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
ATIVAN INJ 4MG/ML	4	QL (150 ML per 30 days)
ATIVAN INJ 2MG/ML	4	QL (150 ML per 30 days) MO
ATIVAN TABS 0.5MG	5	QL (120 EA per 30 days) MO
ATIVAN TABS 1MG, 2MG	5	QL (150 EA per 30 days) MO
<i>bupirone hcl</i>	2	MO
<i>chlordiazepoxide hcl</i>	2	QL (120 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>droperidol</i>	2	MO
<i>fluvoxamine maleate er caps</i>	2	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	2	MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
LOREEV XR CS24 1.5MG	5	QL (150 EA per 30 days) PA
LOREEV XR CS24 1MG, 2MG	5	QL (150 EA per 30 days) PA MO
LOREEV XR CS24 3MG	5	QL (90 EA per 30 days) PA MO
<i>meprobamate</i>	2	PA MO
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA MO
XANAX XR TB24 1MG	4	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	4	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	4	QL (90 EA per 30 days) ST MO
XANAX XR TB24 0.5MG	4	ST MO
XANAX TABS 0.25MG, 0.5MG	4	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG	4	QL (150 EA per 30 days) ST MO
XANAX TABS 2MG	5	QL (150 EA per 30 days) ST MO
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
BANZEL SUSP	5	QL (2760 ML per 30 days) PA MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	2	MO
CARBATROL	4	MO
CELONTIN	4	MO
CEREBYX INJ 500MG PE/10ML	4	MO
CEREBYX INJ 100MG PE/2ML	5	
<i>clobazam susp</i>	2	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DEPAKOTE SPRINKLES	4	MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	2	QL (1200 ML per 30 days) PA MO
<i>diazepam oral conc, inj</i>	2	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	2	MO
FELBATOL	5	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
GABITRIL	5	MO
KEPPRA XR	5	MO
KEPPRA INJ	4	
KEPPRA ORAL SOLN	5	MO
KEPPRA TABS 250MG	4	MO
KEPPRA TABS 1000MG, 500MG, 750MG	5	MO
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>lacosamide inj</i>	2	
<i>lacosamide oral soln</i>	2	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	2	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE	5	MO
LAMICTAL ODT KIT	4	MO
LAMICTAL ODT TBDP	5	MO
LAMICTAL STARTER KIT (ORANGE)	4	MO
LAMICTAL STARTER KIT (GREEN)	5	MO
LAMICTAL STARTER KIT (BLUE)	4	MO
LAMICTAL TABS	5	MO
LAMICTAL XR TB24	5	MO
LAMICTAL XR TITRATION KIT BLUE, ORANGE	4	MO
LAMICTAL XR TITRATION KIT GREEN	5	MO
<i>lamotrigine er</i>	2	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	2	MO
<i>lamotrigine odt</i>	2	MO
<i>lamotrigine odt titration kit (orange)</i>	2	MO
<i>lamotrigine starter kit/blue</i>	2	MO
<i>lamotrigine starter kit/green</i>	5	MO
<i>lamotrigine starter kit/orange</i>	2	MO
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride inj</i>	2	
<i>levetiracetam inj</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	MO
LYRICA SOLN	5	QL (900 ML per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	4	QL (120 EA per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 200MG	4	QL (90 EA per 30 days) PA MO
MYSOLINE	5	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
NEURONTIN SOLN	5	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 100MG	4	QL (180 EA per 30 days) MO
NEURONTIN CAPS 400MG	5	QL (270 EA per 30 days) MO
NEURONTIN CAPS 300MG	5	QL (360 EA per 30 days) MO
NEURONTIN TABS 600MG	5	QL (180 EA per 30 days) MO
NEURONTIN TABS 800MG	5	QL (90 EA per 30 days) MO
ONFI SUSP	5	QL (480 ML per 30 days) PA MO
ONFI TABS	5	QL (60 EA per 30 days) PA MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR TB24 150MG	4	MO
OXTELLAR XR TB24 300MG, 600MG	5	MO
<i>phenobarbital sodium inj</i>	2	PA
<i>phenobarbital tabs</i>	2	QL (120 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elix</i>	2	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin chew tabs, oral susp</i>	2	MO
<i>phenytoin sodium extended release caps</i>	2	MO
<i>phenytoin sodium inj</i>	2	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
QUDEXY XR CS24 25MG, 50MG	4	MO
QUDEXY XR CS24 100MG, 150MG, 200MG	5	MO
<i>roweepra</i>	2	
<i>rufinamide susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	2	QL (480 EA per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
SABRIL	5	QL (180 EA per 30 days) PA LA
SPRITAM	4	PA MO
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	5	
<i>subvenite starter kit/orange</i>	2	
<i>subvenite tabs</i>	2	
SYMPAZAN	5	QL (60 EA per 30 days) PA MO
TEGRETOL	4	MO
TEGRETOL-XR	4	MO
<i>tiagabine hydrochloride</i>	2	MO
TOPAMAX SPRINKLE CPSP 15MG	4	MO
TOPAMAX SPRINKLE CPSP 25MG	5	MO
TOPAMAX TABS 25MG	4	QL (90 EA per 30 days) MO
TOPAMAX TABS 100MG	5	QL (120 EA per 30 days) MO
TOPAMAX TABS 200MG	5	QL (60 EA per 30 days) MO
TOPAMAX TABS 50MG	5	QL (90 EA per 30 days) MO
<i>topiramate er caps (generic Trokendi XR)</i>	2	
<i>topiramate er sprinkle caps (generic Qudexy XR)</i>	2	MO
<i>topiramate sprinkle caps</i>	2	MO
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
TRANXENE T	4	QL (90 EA per 30 days) PA MO
TRILEPTAL SUSP	5	MO
TRILEPTAL TABS 150MG	4	MO
TRILEPTAL TABS 300MG, 600MG	5	MO
TROKENDI XR CP24 25MG, 50MG	4	MO
TROKENDI XR CP24 100MG, 200MG	5	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
VALIUM	4	QL (120 EA per 30 days) PA MO
<i>valproate sodium inj</i>	5	
<i>valproic acid caps, oral soln</i>	2	MO
VALTOCO LIQUID NASAL SPRAY	4	QL (10 EA per 30 days) PA MO
VALTOCO LIQUID THERAPY PACK	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	2	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	5	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	5	QL (56 EA per 28 days) MO
ZARONTIN	4	MO
ZONEGRAN	5	MO
ZONISADE	5	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	2	MO
ZTALMY	5	QL (1100 ML per 30 days) PA LA MO
<b>ANTIDEMENTIA</b>		
ADLARITY	4	QL (4 EA per 28 days) PA MO
ARICEPT	4	QL (30 EA per 30 days) MO
<i>donepezil hcl odt tabs</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs</i>	2	QL (30 EA per 30 days) MO
<i>ergoloid mesylates</i>	5	PA MO
EXELON	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er caps</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	2	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	2	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er caps</i>	2	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	2	QL (60 EA per 30 days) PA MO
NAMENDA	4	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	4	QL (98 EA per 365 days) PA MO
NAMENDA XR	4	PA MO
NAMZARIC	4	MO
RAZADYNE ER	4	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	2	QL (60 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine transdermal system</i>	2	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	2	MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	2	MO
<i>amoxapine</i>	2	MO
ANAFRANIL	5	PA MO
APLENZIN TB24 348MG, 522MG	5	QL (30 EA per 30 days) ST MO
APLENZIN TB24 174MG	5	QL (60 EA per 30 days) ST MO
AUVELITY	5	QL (60 EA per 30 days) PA MO
<i>bupropion hcl immediate release tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	4	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
CELEXA TABS 10MG	4	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	4	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	4	QL (60 EA per 30 days) ST MO
<i>chlordiazepoxide/amitriptyline</i>	2	PA MO
CITALOPRAM HYDROBROMIDE CAPS	4	QL (30 EA per 30 days) PA MO
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hydrochloride</i>	2	PA MO
CYMBALTA	4	QL (60 EA per 30 days) MO
<i>desipramine hydrochloride tabs</i>	2	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO
<i>doxepin hcl oral conc, caps 75mg</i>	2	MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl</i>	2	QL (60 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	4	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	4	QL (60 EA per 30 days) ST MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	2	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine dr caps 90mg</i>	2	QL (4 EA per 28 days) MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg</i>	2	MO
<i>fluoxetine hydrochloride tabs (generic Sarafem) 20mg</i>	2	QL (120 EA per 30 days) MO
<i>fluoxetine hydrochloride tabs (generic Sarafem) 10mg</i>	2	QL (30 EA per 30 days) MO
FORFIVO XL	4	QL (30 EA per 30 days) ST MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	MO
<i>imipramine hydrochloride tabs 10mg</i>	2	MO
<i>imipramine pamoate</i>	2	MO
LEXAPRO TABS 20MG	4	QL (30 EA per 30 days) MO
LEXAPRO TABS 10MG, 5MG	4	QL (45 EA per 30 days) MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
NARDIL	4	MO
<i>nefazodone hydrochloride</i>	2	MO
NORPRAMIN	4	PA MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	MO
<i>olanzapine/fluoxetine</i>	2	QL (30 EA per 30 days) MO
PAMELOR	5	MO
PARNATE	5	MO
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	2	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	2	QL (900 ML per 30 days) MO
PAXIL CR TB24 37.5MG	4	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	4	QL (90 EA per 30 days) ST MO
PAXIL SUSP	4	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG	4	QL (60 EA per 30 days) ST MO
<i>perphenazine/amitriptyline</i>	2	PA MO
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) ST MO
<i>phenelzine sulfate</i>	2	MO
PRISTIQ	4	QL (30 EA per 30 days) ST MO
<i>protriptyline hcl</i>	2	PA MO
PROZAC CAPS 10MG	4	QL (30 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
PROZAC CAPS 20MG	5	QL (120 EA per 30 days) ST MO
PROZAC CAPS 40MG	5	QL (60 EA per 30 days) ST MO
REMERON	4	QL (30 EA per 30 days) MO
REMERON SOLTAB	4	QL (30 EA per 30 days) MO
<i>sertraline oral conc</i>	2	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
SERTRALINE HYDROCHLORIDE CAPS	4	QL (30 EA per 30 days) ST MO
<i>sertraline hcl tabs 100mg</i>	1	QL (60 EA per 30 days) MO
SYMBYAX	4	QL (30 EA per 30 days) MO
<i>tranylcypromine sulfate</i>	2	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	2	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	2	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	2	QL (60 EA per 30 days) PA MO
TRINTELLIX	4	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER	4	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride immediate release tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO
<i>venlafaxine hcl er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 37.5mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
<i>vilazodone hydrochloride</i>	2	QL (30 EA per 30 days) MO
WELLBUTRIN SR	4	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	5	QL (30 EA per 30 days) ST MO
ZOLOFT ORAL CONC	4	QL (300 ML per 30 days) MO
ZOLOFT TABS 25MG	4	QL (30 EA per 30 days) ST MO
ZOLOFT TABS 100MG, 50MG	4	QL (60 EA per 30 days) ST MO
ZULRESSO	5	B/D LA
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl soln, tabs</i>	2	MO
<i>amantadine hcl caps</i>	2	QL (120 EA per 30 days) MO
APOKYN	5	QL (60 ML per 30 days) PA LA
<i>apomorphine hydrochloride</i>	5	QL (60 ML per 30 days) PA
AZILECT	5	MO
<i>benztropine mesylate inj</i>	2	MO
<i>benztropine mesylate tabs</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	2	MO
<i>carbidopa tabs</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	2	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	4	MO
COGENTIN	4	
COMTAN	5	MO
DHIVY	4	MO
DUOPA	5	B/D LA
<i>entacapone</i>	2	MO
GOCOVRI CP24 68.5MG	5	QL (30 EA per 30 days) LA
GOCOVRI CP24 137MG	5	QL (60 EA per 30 days) LA
INBRIJA	5	QL (300 EA per 30 days) PA LA
KYNMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
LODOSYN	5	MO
MIRAPEX ER TB24 0.75MG, 2.25MG, 3.75MG, 3MG, 4.5MG	4	QL (30 EA per 30 days) ST MO
MIRAPEX ER TB24 0.375MG, 1.5MG	5	QL (30 EA per 30 days) ST MO
NEUPRO	4	MO
NOURIANZ	5	QL (30 EA per 30 days) PA LA
ONGENTYS CAPS 50MG	4	QL (30 EA per 30 days) PA MO
ONGENTYS CAPS 25MG	5	QL (30 EA per 30 days) PA MO
OSMOLEX ER	4	QL (30 EA per 30 days) ST LA
PARLODEL	4	MO
<i>pramipexole dihydrochloride er</i>	2	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tb24 6mg</i>	2	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	2	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	2	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	2	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	2	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.25mg, 3mg</i>	2	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
RYTARY	4	ST MO
<i>selegiline hcl tabs, caps</i>	2	MO
SINEMET	4	MO
STALEVO 100	5	ST MO
STALEVO 125	5	ST MO
STALEVO 150	5	ST MO
STALEVO 200	5	ST MO
STALEVO 50	5	ST MO
STALEVO 75	5	ST MO

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Drug Name	Drug Tier	Requirements/Limits
TASMAR	5	MO
<i>tolcapone</i>	5	MO
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO
XADAGO	5	QL (30 EA per 30 days) ST MO
ZELAPAR	5	QL (60 EA per 30 days) MO
<b>ANTIPSYCHOTICS</b>		
ABILIFY	5	QL (30 EA per 30 days) MO
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
ABILIFY MYCITE	5	QL (30 EA per 30 days) PA
ABILIFY MYCITE MAINTENANCE KIT	5	QL (30 EA per 30 days) PA
ABILIFY MYCITE STARTER KIT	5	QL (30 EA per 30 days) PA
<i>aripiprazole odt</i>	2	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	2	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	2	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	2	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl inj 25mg/ml</i>	2	MO
<i>chlorpromazine hydrochloride oral conc 100mg/ml, 30mg/ml</i>	2	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	2	PA
<i>clozapine odt tbdp 100mg</i>	2	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	2	QL (270 EA per 30 days)
CLOZARIL TABS 25MG, 50MG	4	
CLOZARIL TABS 200MG	5	QL (120 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days)
FANAPT	5	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	4	PA MO
<i>fluphenazine decanoate inj</i>	2	MO
<i>fluphenazine hcl oral conc, tabs, inj</i>	2	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
GEODON INJ	4	QL (6 EA per 3 days) MO
GEODON CAPS	5	QL (60 EA per 30 days) MO
HALDOL DECANOATE 100	4	MO

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Drug Name	Drug Tier	Requirements/Limits
HALDOL DECANOATE 50	4	MO
<i>haloperidol tabs, oral conc</i>	2	MO
<i>haloperidol decanoate inj</i>	2	MO
<i>haloperidol lactate inj</i>	2	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	5	QL (30 EA per 30 days) MO
INVEGA TB24 6MG	5	QL (60 EA per 30 days) MO
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine</i>	2	MO
<i>lurasidone hydrochloride tabs 120mg, 20mg, 40mg, 60mg</i>	5	QL (30 EA per 30 days)
<i>lurasidone hydrochloride tabs 80mg</i>	5	QL (60 EA per 30 days)
LYBALVI	5	QL (30 EA per 30 days) PA MO
<i>molindone hydrochloride</i>	2	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	2	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days) MO
<i>perphenazine</i>	2	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	2	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	2	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOLN	4	QL (480 ML per 30 days) MO
RISPERDAL TABS 1MG	4	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.5MG	4	QL (90 EA per 30 days) MO
RISPERDAL TABS 4MG	5	QL (120 EA per 30 days) MO
RISPERDAL TABS 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL TABS 3MG	5	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO	5	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	4	QL (30 EA per 30 days) PA MO
SEROQUEL XR TB24 50MG	4	QL (60 EA per 30 days) PA MO
SEROQUEL XR TB24 300MG, 400MG	5	QL (60 EA per 30 days) PA MO
SEROQUEL TABS 200MG	4	QL (120 EA per 30 days) MO
SEROQUEL TABS 25MG	4	QL (180 EA per 30 days) MO
SEROQUEL TABS 300MG	4	QL (60 EA per 30 days) MO
SEROQUEL TABS 100MG, 50MG	4	QL (90 EA per 30 days) MO
SEROQUEL TABS 400MG	5	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	2	PA MO
<i>thiothixene</i>	2	MO
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAPSULE THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	2	QL (6 EA per 3 days) MO
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
ZYPREXA ZYDIS	5	QL (30 EA per 30 days) MO
ZYPREXA INJ	4	QL (3 EA per 1 days) MO
ZYPREXA TABS 7.5MG	4	QL (30 EA per 30 days) MO
ZYPREXA TABS 2.5MG, 5MG	4	QL (60 EA per 30 days) MO
ZYPREXA TABS 10MG, 15MG, 20MG	5	QL (30 EA per 30 days) MO
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL XR	4	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	4	QL (60 EA per 30 days) MO
ADDERALL TABS 20MG	4	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	4	QL (30 EA per 30 days) MO
<i>amphetamine sulfate</i>	2	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20 mg</i>	2	QL (90 EA per 30 days) MO
APTENSIO XR	4	QL (30 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	2	QL (120 EA per 30 days) MO
<i>atomoxetine caps 18mg</i>	2	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	2	QL (60 EA per 30 days) MO
AZSTARYS	4	QL (30 EA per 30 days) MO
<i>clonidine hcl er tabs</i>	2	MO
CONCERTA	4	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	4	QL (30 EA per 30 days) MO
DAYTRANA	4	QL (30 EA per 30 days) MO
DESOXYN	5	QL (150 EA per 30 days) MO
DEXEDRINE CP24 5MG	4	QL (120 EA per 30 days) MO
DEXEDRINE CP24 10MG, 15MG	5	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 20mg, 35mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs</i>	2	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er caps</i>	2	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	2	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tabs 15mg</i>	2	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 20mg</i>	2	QL (90 EA per 30 days) MO
DYANAVAL XR SUER	4	QL (240 ML per 30 days) MO
DYANAVAL XR CHER 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO
DYANAVAL XR CHER 5MG	4	QL (60 EA per 30 days) MO
EVEKEO	4	QL (180 EA per 30 days) MO
EVEKEO ODT	4	QL (60 EA per 30 days) MO
FOCALIN	4	QL (60 EA per 30 days) MO
FOCALIN XR	4	QL (30 EA per 30 days) MO
<i>guanfacine er tabs 2mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tb24 1mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tb24 3mg</i>	2	QL (60 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
INTUNIV TB24 1MG, 2MG, 4MG	4	QL (30 EA per 30 days) PA MO
INTUNIV TB24 3MG	4	QL (60 EA per 30 days) PA MO
JORNAY PM	4	QL (30 EA per 30 days) MO
KAPVAY	4	MO
<i>methamphetamine hcl</i>	5	QL (150 EA per 30 days) MO
METHYLIN SOLN 5MG/5ML	4	QL (1800 ML per 30 days) MO
METHYLIN SOLN 10MG/5ML	4	QL (900 ML per 30 days) MO
<i>methylphenidate</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	2	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg</i>	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG, 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew tabs</i>	2	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tabs</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	2	QL (900 ML per 30 days) MO
MYDAYIS	4	QL (30 EA per 30 days) MO
<i>procentra</i>	5	QL (1800 ML per 30 days)
QELBREE CP24 100MG	4	QL (30 EA per 30 days) PA MO
QELBREE CP24 150MG	4	QL (60 EA per 30 days) PA MO
QELBREE CP24 200MG	4	QL (90 EA per 30 days) PA MO
QUILLICHEW ER CHER 40MG	4	QL (30 EA per 30 days) MO
QUILLICHEW ER CHER 30MG	4	QL (60 EA per 30 days) MO
QUILLICHEW ER CHER 20MG	4	QL (90 EA per 30 days) MO
QUILLIVANT XR	4	QL (360 ML per 30 days) MO
RELEXXII	4	QL (30 EA per 30 days) MO
RITALIN LA CP24 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) MO
RITALIN LA CP24 30MG	4	QL (60 EA per 30 days) MO
RITALIN TABS	4	QL (90 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG	4	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	4	QL (60 EA per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
XELSTRYM	4	QL (30 EA per 30 days)
<i>zenzedi tabs 15mg</i>	2	QL (120 EA per 30 days)
<i>zenzedi tabs 10mg, 5mg</i>	2	QL (180 EA per 30 days)
<i>zenzedi tabs 2.5mg</i>	2	QL (180 EA per 30 days) MO
<i>zenzedi tabs 7.5mg</i>	2	QL (240 EA per 30 days) MO
<i>zenzedi tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>zenzedi tabs 20mg</i>	2	QL (90 EA per 30 days)
<b>HYPNOTICS</b>		
AMBIEN	4	QL (30 EA per 30 days) PA MO
AMBIEN CR	4	QL (30 EA per 30 days) PA MO
BELSOMRA	4	QL (30 EA per 30 days) MO
DAYVIGO	4	QL (30 EA per 30 days) PA MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO
EDLUAR SUBL 10MG	4	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	4	QL (60 EA per 30 days) PA MO
<i>estazolam</i>	2	QL (30 EA per 30 days) PA MO
<i>eszopiclone</i>	2	QL (30 EA per 30 days) PA MO
<i>flurazepam hcl</i>	2	QL (30 EA per 30 days) MO
HALCION	4	QL (60 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA LA MO
LUNESTA	4	QL (30 EA per 30 days) PA MO
<i>midazolam hcl inj</i>	2	
<i>midazolam hcl syrup</i>	2	QL (300 ML per 30 days)
<i>midazolam hydrochloride</i>	2	
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	2	
QUVIVIQ	4	QL (30 EA per 30 days) PA MO
<i>ramelteon</i>	2	QL (30 EA per 30 days) MO
RESTORIL CAPS 22.5MG	4	QL (30 EA per 30 days) PA MO
RESTORIL CAPS 15MG, 30MG, 7.5MG	5	QL (30 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	4	QL (30 EA per 30 days) MO
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA
<i>temazepam</i>	2	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	2	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate tabs, sub</i>	2	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate er</i>	2	QL (30 EA per 30 days) PA MO
ZOLPIMIST	4	QL (9 ML per 30 days) PA MO
<b>MIGRAINE</b>		
AIMOVIG	3	QL (1 ML per 30 days) PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
AJOVY AUTO-INJECTOR 225MG/1.5ML	4	QL (1.5 ML per 28 days) PA
AJOVY PREFILLED SYRINGE 225MG/1.5ML	4	QL (4.5 ML per 90 days) PA
<i>almotriptan malate</i>	2	QL (8 EA per 30 days) MO
AMERGE TABS 1MG	4	QL (9 EA per 30 days) ST MO
AMERGE TABS 2.5MG	5	QL (9 EA per 30 days) ST MO
CAMBIA	5	PA MO
D.H.E. 45	4	PA MO
<i>diclofenac potassium pack 50mg</i>	5	PA
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
ELYXYB	5	QL (28.8 ML per 21 days) PA MO
EMGALITY INJ 120MG/ML	3	QL (2 ML per 30 days) PA
EMGALITY INJ 100MG/ML	3	QL (3 ML per 30 days) PA
ERGOMAR	5	
<i>ergotamine tartrate/caffeine</i>	2	QL (40 EA per 28 days) PA MO
FROVA	5	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJ 4MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	5	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 6MG/0.5ML	5	QL (4 ML per 30 days) ST MO
IMITREX NASAL SPRAY	4	QL (12 EA per 30 days) ST MO
IMITREX TABS 25MG	4	QL (9 EA per 30 days) ST MO
IMITREX TABS 100MG	5	QL (12 EA per 30 days) ST MO
IMITREX TABS 50MG	5	QL (9 EA per 30 days) ST MO
MAXALT	4	QL (12 EA per 30 days) ST MO
MAXALT-MLT	4	QL (12 EA per 30 days) ST MO
<i>migergot</i>	5	QL (20 EA per 28 days) PA MO
MIGRANAL	5	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
NURTEC	3	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	5	QL (16 EA per 30 days) ST MO
QULIPTA	5	QL (30 EA per 30 days) PA MO
RELPAX TABS 20MG	4	QL (12 EA per 30 days) MO
RELPAX TABS 40MG	5	QL (12 EA per 30 days) MO
REYVOW	5	QL (8 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	2	QL (4 ML per 30 days) MO
<i>sumatriptan succinate inj</i>	2	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan/naproxen sodium</i>	2	QL (9 EA per 30 days) MO
TOSYMRA	5	QL (12 EA per 30 days) ST MO
TREXIMET	5	QL (9 EA per 30 days) ST MO
TRUDHESA	5	QL (12 ML per 28 days) PA
UBRELVY	5	QL (16 EA per 30 days) PA MO
VYEPTI	5	QL (1 ML per 90 days) PA LA
ZEMBRACE SYMTOUCH	5	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	2	QL (6 EA per 30 days) MO
ZOLMITRIPTAN NASAL SPRAY	4	QL (12 EA per 30 days) ST MO
<i>zolmitriptan tabs</i>	2	QL (6 EA per 30 days) MO
ZOMIG TABS	5	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 2.5MG	4	QL (12 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 5MG	5	QL (12 EA per 30 days) ST MO
<b>MISCELLANEOUS</b>		
AMONDYS 45	5	PA MO
AMVUTTRA	5	QL (0.5 ML per 90 days) PA LA
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
ENSPRYNG	5	PA LA
EQUETRO	4	MO
EVRYSDI	5	QL (80 ML per 12 days) PA LA
EXONDYS 51	5	PA
EXSERVAN	5	QL (60 EA per 30 days) LA MO
FIRDAPSE	5	PA LA
<i>flumazenil</i>	2	
GRALISE TABS 300MG	4	QL (180 EA per 30 days) MO
GRALISE TABS 600MG	4	QL (90 EA per 30 days) MO
HORIZANT	4	QL (60 EA per 30 days) MO
INGREZZA THERAPY PACK	5	QL (28 EA per 28 days) PA LA
INGREZZA CAPS	5	QL (30 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er tabs</i>	2	MO
LITHIUM ORAL SOLN	4	MO
LITHOBID	5	MO
LYRICA CR TB24 330MG	4	QL (60 EA per 30 days) PA MO
LYRICA CR TB24 165MG, 82.5MG	4	QL (90 EA per 30 days) PA MO
MESTINON IMMEDIATE RELEASE TABS, ORAL SOLN	5	MO
MESTINON TIMESPAN	5	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>paroxetine</i>	2	PA MO
<i>pregabalin er tb24 330mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide immediate release tabs, oral soln</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
RADICAVA	5	QL (2800 ML per 28 days) PA LA
RADICAVA ORS	5	QL (50 ML per 28 days) PA LA
RADICAVA ORS STARTER KIT	5	QL (140 ML per 365 days) PA LA
REGONOL	5	
RELYVRIO	5	QL (56 EA per 28 days) PA
RILUTEK	5	MO
<i>riluzole</i>	2	MO
RUZURGI	5	PA LA
SAVELLA	4	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	4	QL (110 EA per 365 days) PA MO
TEGSEDI	5	QL (6 ML per 28 days) PA LA
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
TIGLUTIK	5	QL (600 ML per 30 days) LA
UPLIZNA	5	PA LA
VILTEPSO	5	PA
VYONDYS 53	5	PA
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	5	PA LA
AUBAGIO	5	QL (30 EA per 30 days) PA LA
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA LA
BETASERON	5	QL (14 EA per 28 days) PA
BRIUMVI	5	QL (42 ML per 365 days) PA LA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA LA
<i>dimethyl fumarate cpdr 120mg</i>	5	QL (14 EA per 7 days) PA LA
<i>dimethyl fumarate cpdr 240mg</i>	5	QL (60 EA per 30 days) PA LA
EXTAVIA	5	QL (15 EA per 30 days) PA
<i>fingolimod</i>	5	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA LA
LEMTRADA	5	QL (6 ML per 365 days) PA LA
MAVENCLAD TBPK (4 TAB PACK) 10MG	5	QL (16 EA per 999 days) PA LA
MAVENCLAD TBPK (5 TAB PACK) 10MG	5	QL (20 EA per 999 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD TBPK (6 TAB PACK) 10MG	5	QL (24 EA per 999 days) PA LA
MAVENCLAD TBPK (7 TAB PACK) 10MG	5	QL (28 EA per 999 days) PA LA
MAVENCLAD TBPK (8 TAB PACK) 10MG	5	QL (32 EA per 999 days) PA LA
MAVENCLAD TBPK (9 TAB PACK) 10MG	5	QL (36 EA per 999 days) PA LA
MAVENCLAD TBPK (10 TAB PACK) 10MG	5	QL (40 EA per 999 days) PA LA
MAYZENT STARTER PACK TBPK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	4	QL (14 EA per 365 days) PA LA
MAYZENT STARTER PACK TBPK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	5	QL (24 EA per 365 days) PA LA
MAYZENT TABS 0.25MG	5	QL (112 EA per 28 days) PA LA
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA LA
OCREVUS	5	QL (20 ML per 180 days) PA LA
PLEGRIDY STARTER PACK	5	QL (2 ML per 365 days) PA LA
PLEGRIDY INTRAMUSCULAR INJ 125MCG/0.5ML	5	QL (0.5 ML per 14 days) PA LA
PLEGRIDY SUBCUTANEOUS INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA LA
PONVORY	5	QL (30 EA per 30 days) PA LA
PONVORY 14-DAY STARTER PACK	5	QL (28 EA per 365 days) PA LA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TASCENSO ODT TBDP 0.5MG	5	QL (30 EA per 30 days) PA LA
TASCENSO ODT TBDP 0.25MG	5	QL (30 EA per 30 days) PA LA MO
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
TYSABRI	5	PA LA
VUMERITY	5	QL (120 EA per 30 days) PA LA
ZEPOSIA	5	QL (30 EA per 30 days) PA LA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA LA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
AMRIX	5	QL (30 EA per 30 days) PA MO
<i>baclofen tabs</i>	2	MO
BACLOFEN INJ 50MCG/ML	4	B/D
<i>baclofen inj 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	2	B/D
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
<i>carisoprodol</i>	2	QL (84 EA per 30 days) PA MO
CHLORZOXAZONE TABS 250MG	5	QL (120 EA per 30 days) PA
<i>chlorzoxazone tabs 375mg, 750mg</i>	2	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride er caps</i>	5	QL (30 EA per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DANTRIUM	4	MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	MO
DYSPORT	4	PA
<i>fexmid</i>	2	QL (90 EA per 30 days) PA
FLEQSUVY	5	QL (480 ML per 30 days) PA MO
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
LIORESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML, 10MG/5ML	4	B/D
LIORESAL INTRATHECAL INJ 40MG/20ML	5	B/D
LORZONE TABS 375MG	4	QL (120 EA per 30 days) PA
<i>lorzone tabs 750mg</i>	2	QL (120 EA per 30 days) PA
LYVISPAH PACK 10MG	4	QL (120 EA per 30 days) PA MO
LYVISPAH PACK 5MG	4	QL (360 EA per 30 days) PA
LYVISPAH PACK 20MG	5	QL (120 EA per 30 days) PA
<i>metaxalone</i>	2	QL (120 EA per 30 days) PA MO
<i>methocarbamol inj</i>	2	PA
<i>methocarbamol tabs 750mg</i>	2	QL (240 EA per 30 days) PA MO
<i>methocarbamol tabs 500mg</i>	2	QL (360 EA per 30 days) PA MO
<i>methocarbamol tabs 1000mg</i>	5	QL (120 EA per 30 days) PA
MYOBLOC	4	PA
<i>norgesic</i>	5	QL (120 EA per 30 days) PA
NORGESIC FORTE	5	QL (120 EA per 30 days) PA
<i>orphenadrine citrate er tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>orphenadrine citrate inj</i>	2	PA
<i>orphenadrine/aspirin/caffeine</i>	5	QL (120 EA per 30 days) PA
<i>orphengesic forte</i>	2	QL (120 EA per 30 days) PA
ROBAXIN	4	PA MO
SKELAXIN	5	QL (120 EA per 30 days) PA MO
SOMA TABS 250MG	4	QL (84 EA per 30 days) PA MO
SOMA TABS 350MG	5	QL (84 EA per 30 days) PA MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	2	MO
XEOMIN	4	PA LA
ZANAFLEX TABS	4	MO
ZANAFLEX CAPS 2MG, 4MG	4	MO
ZANAFLEX CAPS 6MG	5	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	2	QL (60 EA per 30 days) PA MO
NUVIGIL TABS 50MG	4	QL (60 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TABS 150MG, 200MG, 250MG	5	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 100MG	5	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	5	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA LA
SUNOSI TABS 150MG	4	QL (30 EA per 30 days) PA MO
SUNOSI TABS 75MG	5	QL (30 EA per 30 days) PA MO
WAKIX	5	QL (60 EA per 30 days) PA LA
XYREM	5	QL (540 ML per 30 days) PA LA
XYWAV	5	QL (540 ML per 30 days) PA LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	2	MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tabs</i>	2	MO
KLOXXADO	4	MO
LUCEMYRA	5	QL (224 EA per 14 days) PA MO
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride liqd nasal spray</i>	2	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	2	MO
NARCAN	4	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
SUBLOCADE	5	QL (1.5 ML per 30 days) PA
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
VARENICLINE TARTRATE	4	PA MO
VIVITROL	5	
ZIMHI	4	
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) MO
ZUBSOLV SUBL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	4	QL (60 EA per 30 days) MO
ZUBSOLV SUBL 0.7MG; 0.18MG	4	QL (90 EA per 30 days) MO

**Dermatological Agents****Topical Anti-infectives**

EPSOLAY	4	QL (30 GM per 30 days) PA MO
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Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
ANDRODERM	4	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP (1.62%)	5	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM (1.62%)	5	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM (1%)	5	QL (300 GM per 30 days) PA MO
AVEED	4	LA
DEPO-TESTOSTERONE	4	PA MO
FORTESTA	4	QL (120 GM per 30 days) PA MO
JATENZO CAPS 158MG, 198MG	4	QL (120 EA per 30 days) PA MO
JATENZO CAPS 237MG	5	QL (60 EA per 30 days) PA MO
METHITEST	4	PA
<i>methyltestosterone</i>	5	PA MO
NATESTO	4	QL (21.96 GM per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	2	QL (60 EA per 30 days) PA MO
TESTIM	4	QL (300 GM per 30 days) PA MO
TESTOPEL	4	PA
<i>testosterone cypionate inj</i>	2	MO
<i>testosterone enanthate inj</i>	2	PA MO
<i>testosterone pump gel 1.62%</i>	2	QL (150 GM per 30 days) MO
<i>testosterone pump gel 1%</i>	2	QL (300 GM per 30 days) MO
<i>testosterone gel 2% (10mg/act) pump</i>	2	QL (120 GM per 30 days) MO
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm (1.62%)</i>	2	QL (150 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm (1%)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone soln</i>	2	QL (180 ML per 30 days) MO
TLANDO	4	QL (120 EA per 30 days) PA MO
VOGELXO	4	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	4	QL (300 GM per 30 days) PA MO
XYOSTED	4	PA MO
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG	4	ST MO
ADMELOG SOLOSTAR	4	ST MO
AFREZZA	4	MO
BD ALCOHOL SWABS	3	MO
APIDRA	4	ST MO
APIDRA SOLOSTAR	4	ST MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BD/NOVO PEN NEEDLE ULTRA-FINE	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMALOG	4	ST MO
HUMALOG JUNIOR KWIKPEN	4	ST MO
HUMALOG KWIKPEN INJ 100UNIT/ML	4	ST MO
HUMALOG KWIKPEN INJ 200UNIT/ML	5	ST MO
HUMALOG MIX 50/50	5	ST MO
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 KWIKPEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N KWIKPEN	4	ST MO
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
INSULIN ASPART FLEXPEN	4	ST MO
INSULIN ASPART INJ 100UNIT/ML	4	ST MO
INSULIN ASPART PENFILL	4	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART 70/30 FLEXPEN	4	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 70/30	4	ST MO
INSULIN DEGLUDEC	4	ST MO
INSULIN DEGLUDEC FLEXTOUCH	4	ST MO
INSULIN GLARGINE SOLOSTAR	4	ST
INSULIN GLARGINE INJ 100UNIT/ML VIALS	4	ST
INSULIN GLARGINE INJ 100UNIT/ML PREFILL PEN	4	ST MO
INSULIN LISPRO	4	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	4	ST MO
INSULIN LISPRO KWIKPEN	4	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO INJ 75/25 KWIKPEN	4	ST MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	MO
LEVEMIR FLEXTOUCH	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYUMJEV	4	ST MO
LYUMJEV KWIKPEN	4	ST MO
MYXREDLIN	4	ST
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 FLEXPEN	3	MO
NOVOLIN 70/30 FLEXPEN RELION	4	ST MO
NOVOLIN 70/30 RELION	4	ST MO
NOVOLIN N	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N FLEXPEN RELION	4	ST MO
NOVOLIN N RELION	4	ST MO
NOVOLIN R	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R FLEXPEN RELION	4	ST MO
NOVOLIN R RELION	4	ST MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG FLEXPEN RELION	4	ST MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	ST MO
NOVOLOG MIX 70/30 RELION	4	ST MO
NOVOLOG PENFILL	3	MO
NOVOLOG RELION	4	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	MO
OMNIPOD 5 G6 PODS (GEN 5)	4	MO
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	MO
OMNIPOD CLASSIC PODS (GEN 3)	4	MO
OMNIPOD DASH INTRO KIT (GEN 4)	4	MO
OMNIPOD DASH PODS (GEN 4)	4	MO
SEMGLEE	4	ST MO
SOLIQUA 100/33	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
V-GO 20	4	QL (30 EA per 30 days) MO
V-GO 30	4	QL (30 EA per 30 days) MO
V-GO 40	4	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	4	QL (90 EA per 30 days) MO
ACTOS	4	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
ADLYXIN	4	QL (6 ML per 28 days) ST MO
ADLYXIN STARTER PACK	4	QL (6 ML per 28 days) ST MO
ALOGLIPTIN	4	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	4	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	4	QL (30 EA per 30 days) ST MO
AMARYL TABS 4MG	4	QL (60 EA per 30 days) MO
AMARYL TABS 1MG, 2MG	4	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
CYCLOSET	4	QL (180 EA per 30 days) PA MO
DUETACT	4	QL (30 EA per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TB24 10MG	4	QL (60 EA per 30 days) MO
GLUCOTROL XL TB24 2.5MG, 5MG	4	QL (90 EA per 30 days) MO
GLUMETZA TB24 500MG	5	QL (120 EA per 30 days) PA MO
GLUMETZA TB24 1000MG	5	QL (60 EA per 30 days) PA MO
<i>glyburide</i>	2	PA MO
<i>glyburide micronized</i>	2	PA MO
<i>glyburide/metformin hydrochloride</i>	2	PA MO
GLYNASE	4	PA MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
INVOKAMET XR TB24 50MG; 500MG	4	QL (120 EA per 30 days) ST MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	4	QL (60 EA per 30 days) ST MO
INVOKAMET TABS 50MG; 500MG	4	QL (120 EA per 30 days) ST MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	4	QL (60 EA per 30 days) ST MO
INVOKANA TABS 300MG	4	QL (30 EA per 30 days) ST MO
INVOKANA TABS 100MG	4	QL (60 EA per 30 days) ST MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
KAZANO	4	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	4	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	QL (60 EA per 30 days) ST MO
<i>metformin hydrochloride er (generic glucophage xr) tb24 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tb24 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tb24 500mg</i>	2	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tb24 1000mg</i>	5	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride soln</i>	2	MO
METFORMIN HYDROCHLORIDE TABS 625MG	5	QL (120 EA per 30 days) PA
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	2	QL (90 EA per 30 days) MO
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	4	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 2.5MG/0.5ML	4	QL (4 ML per 365 days) PA MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
NESINA	4	QL (30 EA per 30 days) ST MO
ONGLYZA	4	QL (30 EA per 30 days) ST MO
OSENI	4	QL (30 EA per 30 days) ST MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE), 2MG/3ML	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
PRECOSE	4	QL (90 EA per 30 days) MO
QTERN	4	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	4	MO
RYBELSUS	3	QL (30 EA per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
SEGLUROMET TABS 2.5MG; 500MG	4	QL (120 EA per 30 days) ST MO
SEGLUROMET TABS 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	4	QL (60 EA per 30 days) ST MO
STEGLATRO TABS 15MG	4	QL (30 EA per 30 days) ST MO
STEGLATRO TABS 5MG	4	QL (60 EA per 30 days) ST MO
STEGLUJAN	4	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<b>CALCIUM REGULATORS</b>		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	4	QL (12 EA per 84 days) ST MO
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
ATELVIA	4	QL (4 EA per 28 days) ST MO
BINOSTO	4	QL (4 EA per 28 days) ST MO
<i>calcitonin salmon inj</i>	5	PA MO
<i>calcitonin-salmon nasal spray</i>	2	MO
EVENITY	5	QL (2.34 ML per 28 days) PA
FORTEO	5	PA
FOSAMAX	4	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	2	QL (3 ML per 90 days) MO
MIACALCIN	5	PA MO
NATPARA	5	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PROLIA	4	QL (1 ML per 180 days)
RECLAST	4	
<i>risedronate sodium dr tab 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	2	
<b>CHELATING AGENTS</b>		
CHEMET	4	MO
CUPRIMINE	5	
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	2	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	2	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	PA LA
<i>deferoxamine mesylate</i>	2	B/D
DEPEN TITRATABS	5	
DESFERAL	5	B/D
EXJADE	5	PA LA
FERRIPROX	5	PA LA
FERRIPROX TWICE-A-DAY	5	PA LA
JADENU	5	PA LA
JADENU SPRINKLE PACK 90MG	4	PA LA
JADENU SPRINKLE PACK 180MG, 360MG	5	PA LA
LOKELMA PACK 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
SYPRINE	5	PA
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	3	QL (30 EA per 30 days) MO
VELTASSA PACK 8.4GM	3	QL (90 EA per 30 days) MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>amethyst</i>	2	
ANNOVERA	4	QL (1 EA per 365 days) MO
<i>apri</i>	2	
<i>aranelle</i>	2	MO
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
BALCOLTRA	4	MO
<i>balziva</i>	2	
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-PROVERA CONTRACEPTIVE	4	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO
<i>elinest</i>	2	
ELLA	3	
<i>eluryng</i>	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>gemmily</i>	2	
GENERESS FE	4	MO
GIANVI	3	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	2	
<i>heather</i>	2	
<i>iclevia</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	MO
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
JOLESSA	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	MO
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
KYLEENA	4	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
LAYOLIS FE	4	
LEENA	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
LILETTA	4	
<i>lillow</i>	2	
LO LOESTRIN FE	4	MO
<i>lo-zumandimine</i>	2	MO
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
LOSEASONIQUE	4	MO
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	MO
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	MO
<i>merzee</i>	2	MO
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
MINASTRIN 24 FE	4	MO
MIRCETTE	4	MO
MIRENA	4	
<i>mono-linyah</i>	2	
NATAZIA	4	MO
<i>necon 0.5/35-28</i>	2	
NEXPLANON	4	
NEXTSTELLIS	4	MO
<i>nikki</i>	2	
NORA-BE	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps, chew tabs, tabs</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
NUVARING	4	MO
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	MO
<i>nymyo</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	4	
PHEXXI	4	MO
<i>philith</i>	2	
<i>pimtreea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
QUARTETTE	4	MO
<i>reclipsen</i>	2	
RIVELSA	3	
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
SKYLA	4	
SLYND	3	MO
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	MO
TAYTULLA	4	MO
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<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	MO
<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	MO
TYBLUME	4	MO
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	MO
YASMIN 28	4	MO
YAZ	4	MO
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol caps</i>	2	MO
ORILISSA TABS 150MG	5	QL (28 EA per 28 days) PA MO
ORILISSA TABS 200MG	5	QL (56 EA per 28 days) PA MO
SYNAREL	5	MO
<b>ESTROGENS</b>		
ACTIVELLA	4	MO
<i>amabelz</i>	2	MO
ANGELIQ	4	MO

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Drug Name	Drug Tier	Requirements/Limits
BIJUVA	4	QL (30 EA per 30 days) MO
CLIMARA	4	QL (4 EA per 28 days) MO
CLIMARA PRO	4	QL (4 EA per 28 days) MO
COMBIPATCH	4	QL (8 EA per 28 days) MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DIVIGEL	4	MO
<i>dotti</i>	2	QL (8 EA per 28 days)
DUAVEE	4	MO
ELESTRIN	4	MO
ESTRACE	4	MO
<i>estradiol valerate inj inj 10mg/ml</i>	2	
<i>estradiol valerate inj inj 20mg/ml, 40mg/ml</i>	2	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol vaginal crea, topical gel, oral tabs, vaginal tabs</i>	2	MO
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
ESTRING	4	QL (1 EA per 90 days) MO
ESTROGEL	4	MO
EVAMIST	4	QL (16.2 ML per 30 days) MO
FEMRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
IMVEXXY MAINTENANCE PACK	4	PA MO
IMVEXXY STARTER PACK	4	PA MO
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 EA per 28 days)
MENEST TABS 2.5MG	4	
MENEST TABS 0.3MG, 0.625MG, 1.25MG	4	MO
MENOSTAR	4	QL (4 EA per 28 days) MO
<i>mimvey</i>	2	
MINIVELLE	4	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREFEST	4	MO
PREMARIN	4	MO
PREMPHASE	4	MO
PREMPRO	4	MO
VAGIFEM	4	MO
VIVELLE-DOT	4	QL (8 EA per 28 days) MO
<i>yuvafem</i>	2	
<b>GLUCOCORTICOIDS</b>		
ALKINDI SPRINKLE	5	PA LA
<i>betamethasone sodium phosphate/betamethasone acetate inj</i>	2	MO
CELESTONE-SOLUSPAN	4	MO

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Drug Name	Drug Tier	Requirements/Limits
CORTEF	4	MO
CORTISONE ACETATE	4	
DEPO-MEDROL	4	B/D MO
DEXABLISS	4	
<i>dexamethasone 10-day dose pack</i>	2	MO
<i>dexamethasone 13-day dose pack</i>	2	MO
<i>dexamethasone 6-day dose pack</i>	2	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml vial, 10mg/ml pf prefilled syringe</i>	2	
<i>dexamethasone sodium phosphate vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO
DXEVO 11-DAY	4	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	MO
HEMADY	4	
HEXATRIONE	4	
<i>hidex 6-day</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO
KENALOG-10	4	MO
KENALOG-40	4	MO
KENALOG-80	4	MO
MEDROL	4	B/D MO
MEDROL DOSEPAK	4	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 40mg, 125mg</i>	2	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	2	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO
MILLIPRED	5	B/D MO
ORAPRED ODT	4	B/D MO
PEDIAPRED	4	B/D MO
<i>prednisolone sodium phosphate odt</i>	2	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISON INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone therapy pack</i>	1	MO
RAYOS	5	B/D MO
SOLU-CORTEF	4	MO
SOLU-MEDROL INJ 2GM	4	B/D
SOLU-MEDROL INJ 1000MG, 125MG, 40MG, 500MG	4	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
<i>taperdex 12-day</i>	2	
<i>taperdex 6-day</i>	2	MO
<i>taperdex 7-day</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	MO
ZCORT 7-DAY	4	
ZILRETTA	4	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI ONE PACK	4	MO
BAQSIMI TWO PACK	4	MO
<i>diazoxide oral susp</i>	5	MO
GLUCAGEN HYPOKIT	4	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	4	
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE KIT	3	MO
GVOKE PFS	3	MO
PROGLYCEM	5	MO
ZEGALOGUE	4	MO
<b>MISCELLANEOUS</b>		
ACETADOTE	4	
<i>acetylcysteine inj 200mg/ml</i>	2	
ACTHAR	5	QL (1.5 ML per 1 days) PA LA
ALDURAZYME	5	PA LA
<i>betaine anhydrous</i>	5	LA MO
BUPHENYL	5	PA LA
<i>cabergoline</i>	2	MO
CARBAGLU	5	PA LA MO
<i>carglumic acid</i>	5	PA LA MO
CARNITOR	4	MO
CARNITOR SF	4	MO
CERDELGA	5	PA LA
CEREZYME	5	PA LA
CHORIONIC GONADOTROPIN	4	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CORTROPHIN	5	QL (1.5 ML per 1 days) PA LA
CRYSVITA	5	PA LA
CYSTADANE	5	LA
CYSTAGON	4	PA LA
DDAVP	5	MO
<i>desmopressin acetate nasal soln, tabs</i>	2	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
DOJOLVI	5	PA LA
EGRIFTA SV	5	QL (30 EA per 30 days) PA LA
ELAPRASE	5	PA LA
ELELYSO	5	PA LA
EVISTA	4	MO
FABRAZYME	5	PA LA
FENSOLVI	5	PA LA
<i>fomepizole</i>	5	
GALAFOLD	5	QL (14 EA per 28 days) PA LA
GENOTROPIN CARTRIDGE 12MG, 5MG	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE	5	PA
INCRELEX	5	PA LA
ISTURISA TABS 10MG	5	QL (180 EA per 30 days) PA LA
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA LA
ISTURISA TABS 5MG	5	QL (60 EA per 30 days) PA LA
<i>javygtor</i>	5	PA LA
JYNARQUE TABS	5	PA LA
JYNARQUE THERAPY PACK 30MG; 15MG, 45MG; 15MG, 60MG; 30MG, 90MG; 30MG	5	PA LA
JYNARQUE THERAPY PACK 15MG	5	PA LA MO
KANUMA	5	PA LA
KORLYM	5	PA LA
KUVAN	5	PA LA
LANREOTIDE ACETATE	5	PA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	2	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
MEPSEVII	5	PA
<i>methergine</i>	2	
<i>methylergonovine maleate tabs</i>	5	MO
<i>mifepristone</i>	2	
<i>miglustat</i>	5	QL (90 EA per 30 days) PA LA
MYALEPT	5	QL (30 EA per 30 days) PA LA
MYCAPSSA	5	QL (112 EA per 28 days) PA LA
MYFEMBREE	5	QL (28 EA per 28 days) PA MO
NAGLAZYME	5	PA LA
NEXVIAZYME	5	PA LA

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Drug Name	Drug Tier	Requirements/Limits
<i>nitisinone</i>	5	PA
NITYR	5	PA LA
NOCDURNA	4	QL (30 EA per 30 days) PA MO
NORDITROPIN FLEXPRO	5	PA
NOVAREL	4	PA
NULIBRY	5	PA MO
NUTROPIN AQ NUSPIN 10	5	PA LA
NUTROPIN AQ NUSPIN 20	5	PA LA
NUTROPIN AQ NUSPIN 5	5	PA LA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
OMNITROPE	5	PA LA
ORFADIN	5	PA LA
ORIAHNN	5	QL (56 EA per 28 days) PA MO
OSPHENA	4	QL (30 EA per 30 days) PA MO
PALYNZIQ	5	PA LA
PHEBURANE	5	PA LA MO
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA
PROCYSBI PACK	5	PA LA
PROCYSBI CPDR 25MG	5	QL (120 EA per 30 days) PA LA
PROCYSBI CPDR 75MG	5	QL (810 EA per 30 days) PA LA
<i>raloxifene hydrochloride</i>	2	MO
RAVICTI	5	PA LA
RECORLEV	5	QL (240 EA per 30 days) PA LA MO
REVCOVI	5	PA LA
SAIZEN	5	PA LA
SAIZENPREP RECONSTITUTIONKIT	5	PA LA
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA LA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA LA
SANDOSTATIN	5	PA
SANDOSTATIN LAR DEPOT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SENSIPAR TABS 30MG	4	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
SEROSTIM	5	PA LA
SIGNIFOR	5	PA LA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA LA
SKYTROFA	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA LA
SOMAVERT	5	PA LA
STRENSIQ	5	PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
TEPEZZA	5	PA LA
<i>tolvaptan tabs 15mg</i>	5	QL (30 EA per 30 days) PA LA
<i>tolvaptan tabs 30mg</i>	5	QL (60 EA per 30 days) PA LA
TRIPTODUR	5	PA
<i>vasopressin</i>	2	
VASOSTRIC	4	
VIJOICE TBPB 125MG, 50MG	5	QL (28 EA per 28 days) PA LA
VIJOICE TBPB 250MG	5	QL (56 EA per 28 days) PA LA
VIMIZIM	5	PA LA
VISTOGARD	5	QL (20 EA per 166 days)
VOXZOGO	5	QL (30 EA per 30 days) PA LA
VPRIV	5	PA LA
XENPOZYME	5	PA LA
XIAFLEX	5	PA
XURIDEN	5	QL (120 EA per 30 days) PA
ZAVESCA	5	QL (90 EA per 30 days) PA LA
ZOKINVY	5	QL (120 EA per 30 days) PA MO
ZOMACTON	4	PA
ZORBTIVE	5	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	5	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	2	QL (360 EA per 30 days) MO
FOSRENOL	5	MO
<i>lanthanum carbonate</i>	5	MO
PHOSLYRA	4	MO
RENAGEL	5	ST MO
REVELA TABS	5	QL (540 EA per 30 days) ST MO
REVELA PACK 2.4GM	5	QL (180 EA per 30 days) ST MO
REVELA PACK 0.8GM	5	QL (540 EA per 30 days) ST MO
<i>sevelamer carbonate (generic Renvela) tabs 800mg</i>	2	QL (540 EA per 30 days) MO
<i>sevelamer carbonate pack 2.4gm</i>	5	QL (180 EA per 30 days) MO
<i>sevelamer carbonate pack 0.8gm</i>	5	QL (540 EA per 30 days) MO
<i>sevelamer hydrochloride</i>	2	MO
VELPHORO	5	QL (180 EA per 30 days) MO
<b>PROGESTINS</b>		
AYGESTIN	4	MO
CRINONE	4	PA MO
<i>hydroxyprogesterone caproate inj 250mg/ml</i>	5	
MAKENA	5	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	2	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone</i>	2	MO
PROMETRIUM	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PROVERA	4	MO
<b>THYROID AGENTS</b>		
ARMOUR THYROID	4	MO
CYTOMEL	4	MO
ERMEZA	4	
<i>euthyrox</i>	1	MO
LEVO-T	4	
LEVOTHYROXINE SODIUM CAPS	4	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ 100MCG/ML, 200MCG/5ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJ 100MCG/5ML	5	
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	5	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	2	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	1	MO
<i>np thyroid 120</i>	2	MO
<i>np thyroid 15</i>	2	MO
<i>np thyroid 30</i>	2	MO
<i>np thyroid 60</i>	2	MO
<i>np thyroid 90</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	4	MO
THYQUIDITY	4	MO
TIROSINT	4	MO
TIROSINT-SOL SOLN 37.5MCG/ML, 44MCG/ML	4	
TIROSINT-SOL SOLN 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	4	MO
TRIOSTAT	5	
UNITHROID	3	
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	MO
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	2	MO
HECTOROL	4	
<i>paricalcitol</i>	2	MO
RAYALDEE	5	MO
ROCALTROL	4	MO
ZEMPLAR CAPS	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR INJ 2MCG/ML	4	MO
ZEMPLAR INJ 5MCG/ML	5	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
AKYNZEO CAPS	5	QL (4 EA per 30 days) B/D
AKYNZEO INJ 235MG; 0.25MG	4	MO
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	5	MO
ALOXI	4	
ANTIVERT	4	PA
ANZEMET	4	B/D
<i>aprepitant caps therapy pack, caps 40mg, caps 80mg</i>	2	B/D MO
<i>aprepitant caps 125mg</i>	5	B/D MO
BONJESTA	4	QL (60 EA per 30 days) MO
CINVANTI	4	PA
<i>compro</i>	2	MO
DICLEGIS	4	QL (120 EA per 30 days) MO
DIMENHYDRINATE INJ	4	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL (120 EA per 30 days) MO
<i>dronabinol</i>	2	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	4	B/D MO
EMEND CAPS	4	B/D MO
EMEND INJ	4	MO
EMEND ORAL SUSP	5	B/D MO
<i>fosaprepitant dimeglumine</i>	2	MO
GIMOTI	5	QL (9.8 ML per 28 days) PA
<i>granisetron hcl inj</i>	2	MO
<i>granisetron hcl tabs</i>	2	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	2	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron hydrochloride inj</i>	2	MO
<i>ondansetron odt</i>	2	B/D MO
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	4	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
PHENERGAN	4	PA MO
<i>prochlorperazine edisylate inj</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine rectal supp</i>	2	MO
<i>promethazine hcl tabs 12.5mg, inj, supp</i>	2	PA MO
<i>promethazine hcl plain syrup 6.25mg/5ml</i>	2	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO
PROMETHEGAN SUPP 50MG	2	PA MO
<i>promethegan supp 12.5mg</i>	2	PA
<i>promethegan supp 25mg</i>	2	PA MO
REGLAN	4	MO
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	2	QL (10 EA per 30 days) PA MO
SUSTOL	4	
SYNDROS	5	PA MO
TIGAN	5	PA MO
TRANSDERM-SCOP	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	2	PA MO
VARUBI	5	QL (4 EA per 30 days) B/D MO
<b>ANTISPASMODICS</b>		
ANASPAZ	4	PA MO
ATROPINE SULFATE INJ 0.25MG/5ML, 8MG/20ML	4	PA
ATROPINE SULFATE INJ 1MG/10ML	4	PA MO
<i>atropine sulfate inj 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml</i>	2	PA
<i>atropine sulfate inj 0.4mg/ml</i>	2	PA MO
BELLADONNA/OPIUM	4	PA MO
BENTYL	4	PA MO
CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	5	QL (240 EA per 30 days) PA MO
CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	5	QL (240 EA per 30 days) PA MO
CUVPOSA	4	QL (1350 ML per 30 days) MO
DARTISLA ODT	4	QL (120 EA per 30 days) MO
<i>dicyclomine hcl oral soln</i>	2	MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	MO
<i>dicyclomine hydrochloride inj</i>	2	PA MO
<i>ed-spaz</i>	2	PA
GLYCATE	4	MO
<i>glycopyrrolate oral soln</i>	2	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	2	MO
GLYCOPYRROLATE TABS 1.5MG	4	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>hyoscyamine sulfate odt</i>	2	PA MO
<i>hyoscyamine sulfate elix, sub, tabs</i>	2	PA MO
<i>hyoscyamine sulfate soln</i>	5	PA MO
LEVSIN/SL	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
LEVSIN INJ	4	PA
LEVSIN TABS	4	PA MO
LIBRAX	5	QL (240 EA per 30 days) PA MO
<i>methscopolamine bromide tabs</i>	2	PA MO
<i>nulev</i>	2	PA MO
<i>oscimin tabs</i>	2	PA
<i>oscimin subl</i>	2	PA MO
ROBINUL	4	MO
ROBINUL FORTE	4	MO
<b>GLUCOCORTICOIDS</b>		
TARPEYO	5	QL (120 EA per 30 days) PA LA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine hcl</i>	2	MO
<i>cimetidine hydrochloride oral soln</i>	2	MO
<i>cimetidine tabs</i>	2	MO
<i>famotidine premixed inj</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine oral susp, tabs</i>	2	MO
<i>nizatidine</i>	2	MO
PEPCID TABS 20MG	4	MO
PEPCID TABS 40MG	5	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	4	QL (120 EA per 30 days) MO
ASACOL HD	5	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tabs 9mg</i>	5	MO
<i>budesonide dr caps 3mg</i>	2	MO
CANASA	5	MO
COLAZAL	5	MO
CORTENEMA	4	MO
DELZICOL	4	MO
DIPENTUM	5	MO
ENTOCORT EC	5	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
LIALDA	5	MO
<i>mesalamine</i>	2	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	2	MO
<i>mesalamine er caps 0.375gm</i>	2	QL (120 EA per 30 days) MO
<i>mesalamine er caps 500mg</i>	5	QL (240 EA per 30 days) MO
ORTIKOS	5	MO
PENTASA CPCR 500MG	5	QL (240 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
PENTASA CPR 250MG	5	QL (480 EA per 30 days) MO
ROWASA	5	MO
SFROWASA	5	QL (1680 ML per 28 days) MO
<i>sulfasalazine</i>	2	MO
UCERIS FOAM	4	QL (66.8 GM per 28 days) MO
UCERIS TB24	5	MO
<b>LAXATIVES</b>		
CLENPIQ	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
LACTULOSE PACK	5	PA MO
<i>lactulose soln</i>	2	MO
MOVIPREP	4	MO
NULYTELY	3	MO
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	5	QL (60 EA per 30 days) PA MO
AMITIZA	4	QL (60 EA per 30 days) PA MO
BYLVAY (PELLETS) CPSP 600MCG	5	QL (300 EA per 30 days) PA LA MO
BYLVAY (PELLETS) CPSP 200MCG	5	QL (900 EA per 30 days) PA LA MO
BYLVAY CAPS 1200MCG	5	QL (150 EA per 30 days) PA LA MO
BYLVAY CAPS 400MCG	5	QL (450 EA per 30 days) PA LA MO
CARAFATE	4	MO
CHENODAL	5	PA MO
CHOLBAM	5	PA LA

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Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium oral conc 100mg/5ml</i>	2	MO
CYTOTEC	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate tabs</i>	2	MO
<i>diphenoxylate/atropine oral soln</i>	2	MO
GASTROCROM	5	MO
GATTEX	5	PA LA
HELIDAC THERAPY	5	QL (448 EA per 365 days)
IBSRELA	5	QL (60 EA per 30 days) PA MO
<i>lansoprazole/amoxicillin/clarithromycin</i>	2	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
LIVMARLI	5	QL (90 ML per 30 days) PA LA MO
LOMOTIL	4	MO
<i>loperamide hcl caps</i>	2	MO
LOTRONEX	5	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	4	QL (60 EA per 30 days) PA MO
<i>misoprostol tabs</i>	2	MO
MOTTEGRITY	4	QL (30 EA per 30 days) PA MO
MOTOFEN	4	QL (240 EA per 30 days) ST MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO
MYTESI	5	PA
OCALIVA	5	QL (30 EA per 30 days) PA LA
OMECLAMOX-PAK	4	QL (160 EA per 365 days) MO
<i>opium tincture</i>	2	MO
PYLERA	5	MO
REBYOTA	5	PA LA
RELISTOR INJ	5	PA MO
RELISTOR TABS	5	QL (90 EA per 30 days) PA MO
RELTONE	5	PA
SUCRAID	5	LA
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
SYMPROIC	4	MO
TALICIA	4	QL (336 EA per 365 days) MO
TRULANCE	4	QL (30 EA per 30 days) MO
URSO 250	4	MO
URSO FORTE	4	MO
URSODIOL CAPS 200MG, 400MG	4	PA
<i>ursodiol caps 300mg</i>	2	MO
<i>ursodiol tabs</i>	2	MO
VIBERZI	5	QL (60 EA per 30 days) PA MO
VOQUEZNA DUAL PAK	4	QL (224 EA per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (224 EA per 365 days)
XERMELO	5	QL (84 EA per 28 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN TABS 550MG	5	PA MO
<b>PANCREATIC ENZYMES</b>		
CREON	3	MO
PANCREAZE CPEP 2600UNIT, 4200UNIT, 10500UNIT	4	MO
PANCREAZE CPEP 16800UNIT, 21000UNIT, 37000UNIT	5	MO
PERTZYE CPEP 4000UNIT, 8000UNIT	4	MO
PERTZYE CPEP 16000UNIT, 24000UNIT	5	MO
VIOKACE TABS 10440UNIT	4	MO
VIOKACE TABS 20880UNIT	5	MO
ZENPEP	4	MO
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX	4	QL (30 EA per 30 days) MO
DEXILANT	4	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps, oral packet</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole cpdr 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole cpdr 30mg</i>	2	QL (42 EA per 30 days) MO
<i>lansoprazole tbdd 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole tbdd 30mg</i>	2	QL (42 EA per 30 days) MO
NEXIUM	4	QL (30 EA per 30 days) MO
NEXIUM I.V.	4	PA
<i>omeprazole</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	5	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium pack</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID	4	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TBDD 15MG	4	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TBDD 30MG	4	QL (42 EA per 30 days) MO
PRILOSEC PACK 10MG	4	QL (120 EA per 30 days) MO
PRILOSEC PACK 2.5MG	4	QL (90 EA per 30 days) MO
PROTONIX INJ	4	
PROTONIX PACK	4	QL (30 EA per 30 days) MO
PROTONIX TBEC 20MG	4	QL (30 EA per 30 days) MO
PROTONIX TBEC 40MG	4	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	2	QL (30 EA per 30 days) MO
ZEGERID	5	QL (30 EA per 30 days) PA MO
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
AVODART	4	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TB24 8MG	4	QL (30 EA per 30 days) MO
CARDURA XL TB24 4MG	4	QL (60 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL (30 EA per 30 days) MO
ENTADFI	4	QL (30 EA per 30 days) PA
<i>finasteride tabs</i>	1	QL (30 EA per 30 days) MO
FLOMAX	4	QL (60 EA per 30 days) MO
JALYN	4	QL (30 EA per 30 days) MO
PROSCAR	4	QL (30 EA per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days) MO
<i>silodosin</i>	2	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
UROXATRAL	4	QL (30 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetic acid 0.25% irrigation soln</i>	2	MO
<i>bethanechol chloride</i>	2	MO
ELMIRON	5	QL (90 EA per 30 days) MO
<i>flavoxate hcl</i>	2	MO
INTRAROSA	4	QL (28 EA per 28 days) PA MO
LITHOSTAT	5	MO
<i>neomycin/polymyxin b sulfates irrigation soln</i>	2	MO
ORACIT	4	MO
OXLUMO	5	PA LA MO
<i>potassium citrate er tabs</i>	2	MO
<i>potassium citrate/citric acid oral soln</i>	2	MO
<i>potassium citrate/sodium citrate/citric acid oral soln</i>	2	MO
RENACIDIN	4	MO
RIMSO-50	5	MO
<i>sodium citrate/citric acid</i>	2	MO
SORBITOL IRRIGATION SOLN	4	
THIOLA	5	LA MO
THIOLA EC	5	MO
<i>tiopronin</i>	5	
<i>tricitrates</i>	2	MO
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide er</i>	2	QL (30 EA per 30 days) MO
DETROL	4	QL (60 EA per 30 days) ST MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
DITROPAN XL TB24 5MG	4	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG	4	QL (60 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	2	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
GELNIQUE	4	QL (30 GM per 30 days) MO
GEMTESA	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIX ORAL SUSP	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride immediate release tabs 5mg</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO
OXYTROL	4	QL (8 EA per 28 days) MO
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate er caps</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	2	QL (60 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) ST MO
<i>tropium chloride er caps</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tab</i>	2	QL (60 EA per 30 days) MO
VESICARE	4	QL (30 EA per 30 days) ST MO
VESICARE LS	4	QL (300 ML per 30 days) ST
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CREA 2%	4	MO
CLEOCIN SUPP 100MG	4	MO
<i>clindamycin phosphate vaginal cre 2%</i>	2	MO
CLINDESSE	4	QL (5 GM per 30 days) MO
GYNAZOLE-1	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole 3</i>	2	MO
NUVESSA	4	MO
<i>terconazole</i>	2	MO
VANDAZOLE	4	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
ARGATROBAN	4	
ARIXTRA INJ 2.5MG/0.5ML	4	MO
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	MO
<i>dabigatran etexilate</i>	2	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	2	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
FRAGMIN INJ 2500UNIT/ML	4	
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO

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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/DEXTROSE	4	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
LOVENOX INJ 300MG/3ML, 30MG/0.3ML	4	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	5	MO
PRADAXA CAPS 110MG	4	QL (120 EA per 30 days) MO
PRADAXA CAPS 150MG, 75MG	4	QL (60 EA per 30 days) MO
SAVAYSA	4	QL (30 EA per 30 days) ST MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	4	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML	5	QL (4 ML per 28 days) PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	QL (12 ML per 28 days) PA
EPOGEN INJ 20000UNIT/ML	5	QL (12 ML per 28 days) PA
FULPHILA	5	PA
FYLNETRA	5	PA LA
GRANIX	5	PA
LEUKINE	5	PA
MOZOBIL	5	PA LA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
NEUPOGEN	5	PA
NIVESTYM	5	PA
NPLATE	5	PA
NYVEPRIA	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
RELEUKO	5	PA LA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ROLVEDON	5	PA LA
UDENYCA	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA
<b>MISCELLANEOUS</b>		
ADAKVEO	5	PA
AGRYLIN	4	MO
AMICAR	5	MO
<i>aminocaproic acid inj</i>	2	
<i>aminocaproic acid oral soln, tabs</i>	5	MO
<i>anagrelide hydrochloride</i>	2	MO
BERINERT	5	QL (24 EA per 30 days) PA LA
CABLIVI	5	PA LA
<i>cilostazol</i>	1	MO
CINRYZE	5	QL (20 EA per 30 days) PA LA
CYKLOKAPRON	4	
DOPTELET	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
EMPAVELI	5	QL (200 ML per 30 days) PA LA MO
ENDARI	5	PA LA
ENJAYMO	5	PA LA
FIRAZYR	5	QL (27 ML per 30 days) PA
GIVLAARI	5	PA LA
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
KALBITOR	5	QL (12 ML per 30 days) PA LA
MULPLETA	5	QL (14 EA per 365 days) PA
ORLADEYO	5	QL (28 EA per 28 days) PA LA MO
OXBRYTA SOLUBLE TABS	5	QL (150 EA per 30 days) PA LA
OXBRYTA TABS 300MG	5	QL (90 EA per 30 days) PA
OXBRYTA TABS 500MG	5	QL (90 EA per 30 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
<i>pentoxifylline er</i>	2	MO
PROMACTA PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
PYRUKYND TABS	5	QL (56 EA per 28 days) PA LA MO
PYRUKYND TAPER PACK TBPK 20MG; 5MG, 50MG; 20MG	5	QL (14 EA per 14 days) PA LA MO
PYRUKYND TAPER PACK TBPK 5MG	5	QL (7 EA per 7 days) PA LA MO
REBLOZYL	5	PA LA
RUCONEST	5	QL (12 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA LA MO
SIKLOS TABS 100MG	4	PA MO
SIKLOS TABS 1000MG	5	PA MO
SOLIRIS	5	PA LA
TAKHZYRO	5	QL (4 ML per 28 days) PA LA
TAVALISSE	5	QL (60 EA per 30 days) PA LA
TAVNEOS	5	QL (180 EA per 30 days) PA LA MO
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	MO
ULTOMIRIS	5	PA LA
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole er</i>	2	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	2	PA MO
EFFIENT	4	MO
PLAVIX	4	QL (30 EA per 30 days) ST MO
<i>prasugrel</i>	2	MO
ZONTIVITY	4	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ACTEMRA ACTPEN	5	QL (3.6 ML per 28 days) PA LA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA LA
ADBRY	5	QL (56 ML per 365 days) PA LA
AVSOLA	5	PA LA
CIBINQO	5	QL (30 EA per 30 days) PA
CIMZIA	5	QL (2 EA per 28 days) PA
CIMZIA STARTER KIT	5	QL (6 EA per 365 days) PA
COSENTYX SENSOREADY PEN	5	QL (32 ML per 365 days) PA LA
COSENTYX INJ 150MG/ML	5	QL (32 ML per 365 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 75MG/0.5ML	5	QL (8 ML per 365 days) PA LA
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENTYVIO	5	QL (8 EA per 365 days) PA LA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILUMYA	5	PA LA
INFLECTRA	5	PA LA
INFLIXIMAB	5	PA LA
KEVZARA	5	QL (2.28 ML per 28 days) PA
KINERET	5	QL (18.76 ML per 28 days) PA
OLUMIANT	5	QL (30 EA per 30 days) PA LA
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
ORENCIA INJ 250MG	5	PA
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TABLET THERAPY PACK	5	QL (110 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
REMICADE	5	PA LA
RENFLEXIS	5	PA LA
RINVOQ	5	QL (30 EA per 30 days) PA
SILIQ	5	QL (4.5 ML per 28 days) PA
SIMPONI ARIA	5	PA
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SIMPONI INJ 100MG/ML	5	QL (3 ML per 28 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
SOTYKTU	5	QL (30 EA per 30 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
SPEVIGO	5	PA LA MO
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	5	QL (0.5 ML per 28 days) PA
STELARA INJ 45MG/0.5ML VIAL	5	QL (0.5 ML per 28 days) PA LA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
STELARA INJ 130MG/26ML	5	QL (104 ML per 365 days) PA LA
TALTZ	5	QL (3 ML per 28 days) PA LA
TREMFYA	5	QL (1 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ ORAL SOLN	5	QL (480 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ARAVA	5	QL (30 EA per 30 days) MO
HYDROXYCHLOROQUINE SULFATE TABS 100MG, 300MG, 400MG	4	MO
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	1	MO
OTREXUP	4	QL (1.6 ML per 28 days)
PLAQUENIL	4	MO
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days)
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days)
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days)
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days)
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days)
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days)
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days)
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days)
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days)
REDITREX INJ 7.5MG/0.3ML	4	QL (1.2 ML per 28 days)
REDITREX INJ 10MG/0.4ML	4	QL (1.6 ML per 28 days)
REDITREX INJ 12.5MG/0.5ML	4	QL (2 ML per 28 days)
REDITREX INJ 15MG/0.6ML	4	QL (2.4 ML per 28 days)
REDITREX INJ 17.5MG/0.7ML	4	QL (2.8 ML per 28 days)
REDITREX INJ 20MG/0.8ML	4	QL (3.2 ML per 28 days)
REDITREX INJ 22.5MG/0.9ML	4	QL (3.6 ML per 28 days)
REDITREX INJ 25MG/ML	4	QL (4 ML per 28 days)
RIDAURA	5	MO
TREXALL	4	MO
XATMEP	4	MO
<b>IMMUNOGLOBULINS</b>		
ASCENIV	5	PA
BIVIGAM	5	PA LA
CUTAQUIG	5	PA LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CUVITRU	5	PA LA
CYTOGAM	5	
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D LA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA LA
GAMUNEX-C	5	PA
HEPAGAM B	4	
HIZENTRA	5	PA LA
HYPERHEP B	4	
HYPERRAB INJ 300UNIT/ML	4	
HYPERRAB INJ 1500UNIT/5ML, 900UNIT/3ML	5	
HYPERRHO S/D	4	
HYPERRHO S/D MINI-DOSE	4	
HYPERTET	4	
HYQVIA	5	PA LA
IMOGAM RABIES-HT	4	
KEDRAB INJ 300UNIT/2ML	4	
KEDRAB INJ 1500UNIT/10ML	5	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	4	
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
VARIZIG	5	
WINRHO SDF	4	
XEMBIFY	5	PA LA
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA LA
GRASTEK	4	QL (30 EA per 30 days) PA MO
ILARIS	5	QL (2 ML per 28 days) PA LA
INTRON A	5	LA
ODACTRA	4	QL (30 EA per 30 days) PA MO
ORALAIR	4	QL (30 EA per 30 days) PA LA
RAGWITEK	4	QL (30 EA per 30 days) PA MO
SYNAGIS	5	
VYVGART	5	QL (240 ML per 28 days) PA LA
ZINPLAVA	5	PA
<b>IMMUNOSUPPRESSANTS</b>		

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Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CP24 5MG	5	B/D MO
ATGAM	5	B/D
<i>azasan</i>	2	B/D
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	2	B/D MO
BENLYSTA	5	PA LA
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT ORAL SUSP, CAPS, TABS	5	B/D MO
<i>cyclosporine modified</i>	2	B/D MO
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D MO
<i>cyclosporine inj 50mg/ml</i>	2	B/D MO
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D MO
ENVARUSUS XR TB24 4MG	5	B/D MO
<i>everolimus tabs 0.25mg</i>	2	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraf caps</i>	2	B/D
<i>engraf soln</i>	2	B/D MO
IMURAN	4	B/D MO
LUPKYNIS	5	QL (180 EA per 30 days) PA LA MO
<i>mycohenolic acid tabs dr</i>	2	B/D MO
<i>mycophenolate mofetil caps, inj, tabs</i>	2	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
MYFORTIC TBEC 180MG	4	B/D MO
MYFORTIC TBEC 360MG	5	B/D MO
NEORAL	4	B/D MO
NULOJIX	5	B/D
PROGRAF INJ	4	B/D
PROGRAF GRANULES	4	B/D MO
PROGRAF CAPS 0.5MG, 1MG	4	B/D MO
PROGRAF CAPS 5MG	5	B/D MO
RAPAMUNE SOLN	5	B/D MO
RAPAMUNE TABS 0.5MG	4	B/D MO
RAPAMUNE TABS 1MG, 2MG	5	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE INJ	4	B/D
SANDIMMUNE ORAL SOLN	4	B/D MO
SANDIMMUNE CAPS 25MG	4	B/D MO
SANDIMMUNE CAPS 100MG	5	B/D MO
SAPHNELO	5	QL (2 ML per 28 days) PA LA MO
SIMULECT	5	B/D
<i>sirolimus soln</i>	5	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D MO
THYMOGLOBULIN	5	B/D
ZORTRESS	5	B/D MO
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	B/D
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	

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Drug Name	Drug Tier	Requirements/Limits
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b>ELECTROLYTES/MINERALS, INJECTABLE</b>		
CALCIUM GLUCONATE	4	MO
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
<i>dextrose 5%/nacl 0.3%</i>	2	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
<i>hyperlyte-cr</i>	2	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	2	
<i>magnesium sulfate in d5w 1gm/100ml</i>	2	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	2	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM ACETATE	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	2	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	2	MO
<i>potassium phosphate</i>	2	
RINGERS INJECTION	3	
SODIUM ACETATE INJ 2MEQ/ML	4	
<i>sodium acetate inj 4meq/ml</i>	2	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	MO
<i>sodium chloride 0.45%</i>	2	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	2	MO
<i>sodium phosphate</i>	2	
<i>sodium phosphates</i>	2	
TPN ELECTROLYTES	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>adc/fluoride drops</i>	2	MO
C-NATE DHA	3	MO
CITRANATAL 90 DHA	3	MO
CITRANATAL B-CALM	3	MO
CITRANATAL BLOOM	3	MO
CITRANATAL HARMONY	3	MO
CITRANATAL MEDLEY	3	
CITRANATAL RX	3	
COMPLETENATE	3	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
DUET DHA 400	3	MO
DUET DHA BALANCED	3	MO
EFFER-K TBEF 0.84GM; 1GM, 1.68GM; 2GM	4	MO
<i>effe-r-k tbe-f 25meq</i>	2	MO
ELITE-OB	3	MO
ENBRACE HR	3	MO
FLORIVA	4	MO
<i>fluoride chew</i>	2	MO
<i>fluoritab</i>	2	
FOLIVANE-OB	3	MO
K-TAB	4	MO
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	2	
<i>klor-con/ef 25meq</i>	2	MO
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride chew</i>	2	MO
<i>multi-vitamin/fluoride drops</i>	2	MO
<i>multi-vitamin/fluoride/iron drops</i>	2	MO
NATACHEW	3	MO
NEONATAL 19	3	
NEONATAL COMPLETE	3	MO
NEONATAL FE	3	
NEONATAL PLUS	3	MO
NESTABS	3	MO
NESTABS ONE	3	MO
NIVA-PLUS	3	MO
OB COMPLETE	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE/DHA	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
PNV TABS 29-1	3	MO
<i>pnv-dha</i>	2	MO
PNV-DHA+DOCUSATE	3	MO
PNV-OMEGA	3	MO
<i>pnv-select</i>	2	MO
POLY-VI-FLOR	4	MO
POLY-VI-FLOR/IRON	4	MO
<i>poly-vitamin/fluoride drops</i>	2	
<i>potassium chloride er caps</i>	2	MO
<i>potassium chloride er tabs 15meq</i>	2	
<i>potassium chloride er tabs 10meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride pack 20meq</i>	2	MO
<i>potassium chloride oral soln 10%, 20%</i>	2	MO
PRENAISSANCE	3	MO
PRENAISSANCE PLUS	3	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE DHA	3	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
PRENATE ELITE	3	MO
PRENATE ENHANCE	3	MO
PRENATE ESSENTIAL	3	MO
PRENATE MINI	3	MO
PRENATE PIXIE	3	MO
PRENATE RESTORE	3	MO
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PREPLUS	3	MO
PRETAB	3	MO
PRIMACARE	3	MO
PROVIDA OB	3	MO
QUFLORA FE CHEW	4	
QUFLORA FE PEDIATRIC DROPS	4	
QUFLORA GUMMIES	4	MO
QUFLORA PEDIATRIC CHEW	4	MO
QUFLORA PEDIATRIC SOLN W/FLUORIDE 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN W/FLUORIDE 0.25MG/ML	4	MO
SE-NATAL 19	3	MO
SELECT-OB CHEW 29MG-1MG	3	
SELECT-OB CHEW 26MG-0.6MG-0.4MG	3	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	MO
<i>sodium fluoride oral soln 0.5mg/ml</i>	2	MO
TARON-C DHA	3	MO
THRIVITE RX	3	MO
TRI-VI-FLOR	4	MO
<i>tri-vite/fluoride drops</i>	2	MO
TRICARE PRENATAL TABS	3	MO
TRINATAL RX 1	3	MO
TRISTART DHA	3	MO
TRISTART FREE	3	
TRISTART ONE	3	
VIRT-C DHA	3	MO
VIRT-NATE DHA	3	MO
VIRT-PN DHA	3	MO
VIRT-PN PLUS	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL STRIPS	3	
VITAFOL ULTRA	3	MO
VITAFOL-NANO	3	MO
VITAFOL-OB	3	MO
VITAFOL-ONE	3	MO
VITAMEDMD ONE RX/QUATREFOLIC	3	MO
VP-PNV-DHA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
WESCAP-C DHA	3	MO
WESCAP-PN DHA	3	MO
WESNATE DHA	3	MO
WESTAB PLUS	3	MO
WESTGEL DHA	3	MO
<b>IV NUTRITION</b>		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
CLINIMIX E 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	2	
DEXTROSE 25%	4	B/D
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20GM/100ML	3	B/D
INTRALIPID INJ 30GM/100ML	4	B/D
KABIVEN	4	B/D
NUTRILIPID	3	B/D
OMEGAVEN	5	B/D
PERIKABIVEN	4	B/D
<i>plenamine</i>	2	B/D
POTASSIUM PHOSPHATES	4	
PREMASOL	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

**OPHTHALMIC**

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
BLEPHAMIDE S.O.P. OINT	4	MO
BLEPHAMIDE SUSP	4	MO
MAXITROL	4	MO
<i>neo-polycin hc oint</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
PRED-G S.O.P. OINT	4	MO
PRED-G SUSP	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX ST SUSP	3	MO
TOBRADEX OINT	3	MO
TOBRADEX SUSP	4	MO
<i>tobramycin dexamethasone susp</i>	2	MO
ZYLET	3	MO
<b>ANTI-INFECTIVES</b>		
<i>ak-poly-bac oint</i>	2	
AZASITE	4	MO
<i>bacitracin/polymyxin b oint</i>	2	MO
<i>bacitracin oint 500unit/gm</i>	2	MO
BESIVANCE	3	MO
BETADINE OPHTHALMIC PREP	4	MO
BLEPH-10 SOLN	4	QL (90 ML per 30 days) MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
CILOXAN SOLN	4	QL (30 ML per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	2	QL (20 ML per 30 days) MO
<i>gentak oint</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 1.5%</i>	2	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO
MOXEZA	4	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin oint</i>	2	
<i>neomycin/bacitracin/polymyxin oint</i>	2	MO
<i>neomycin/polymyxin/gramicidin soln</i>	2	MO
OCUFLOX	4	QL (60 ML per 30 days) MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin oint</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln</i>	1	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
POLYTRIM	4	MO
<i>sulfacetamide sodium oint 10%</i>	2	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	2	QL (30 ML per 30 days) MO
TOBREX OINT	4	MO
TOBREX SOLN	4	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate soln</i>	1	MO
VIGAMOX	4	QL (12 ML per 30 days) MO
ZIRGAN	4	MO
ZYMAXID	4	QL (20 ML per 30 days) MO
<b>ANTI-INFLAMMATORIES</b>		
ACULAR	4	MO
ACULAR LS	4	MO
ACUVAIL	4	MO
ALREX	3	MO
<i>bromfenac</i>	2	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
DEXYCU	5	LA
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	2	MO
DUREZOL	3	MO
EYSUVIS	4	PA MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
FML FORTE SUSP	4	MO
FML LIQUIFILM	4	MO
FML OINT	4	MO
ILEVRO	3	MO
INVELTYS	4	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX SM GEL 0.38%	3	MO
LOTEMAX OINT	3	MO
LOTEMAX GEL 0.5%, SUSP	4	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	4	MO
NEVANAC	4	MO
OZURDEX	5	
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate ophthalmic susp</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
TRIESENCE	4	MO
XIPERE	5	PA LA MO
YUTIQ	5	LA
<b>ANTIALLERGICS</b>		
ALOCRIAL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	MO
<i>bepotastine besilate</i>	2	MO
BEPREVE	4	MO
<i>cromolyn sodium soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
LASTACRAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	2	MO
ZERVIAE	4	MO
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOLN 0.1%	3	MO
ALPHAGAN P SOLN 0.15%	4	MO
<i>apraclonidine</i>	2	MO
AZOPT	4	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETIMOL	4	MO
BETOPTIC-S	3	MO
<i>bimatoprost</i>	2	MO
<i>brimonidine tartrate/timolol maleate</i>	2	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
COSOPT PF	4	MO
<i>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	2	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	MO
DURYSTA	5	PA
IOPIDINE	5	MO
ISTALOL	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	2	MO
RHOPRESSA	3	MO
ROCKLATAN	4	MO
SIMBRINZA	3	MO
<i>tafluprost</i>	2	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate (generic Istalol and Timoptic Ocudose) soln 0.25%, 0.5%</i>	2	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	2	MO
TRUSOPT	4	MO
VUITY	4	PA MO
VYZULTA	4	MO
XALATAN	4	MO
XELPROS	4	ST
ZIOPTAN	4	ST MO
<b>MISCELLANEOUS</b>		
ALCAINE	4	MO
<i>atropine sulfate oint 1%</i>	2	MO
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO
BEOVU	5	PA LA
BYOOVIZ	5	PA LA
CEQUA	4	QL (60 EA per 30 days) PA MO
CIMERLI SOLN 0.5MG/0.05ML	5	PA
CIMERLI SOLN 0.3MG/0.05ML	5	PA LA
CYCLOGYL	4	MO
<i>cyclopentolate hcl soln 0.5%, 1%, 2%</i>	2	MO
<i>cyclosporine emul 0.05%</i>	2	QL (60 EA per 30 days) MO
CYSTADROPS	5	PA LA
CYSTARAN	5	PA LA
EYLEA	5	PA LA
ISOPTO ATROPINE	3	MO
LACRISERT	4	MO
LUCENTIS INJ	5	PA LA
LUCENTIS SOSY PREFILLED SYRINGE 0.5MG/0.05ML	5	PA
LUCENTIS SOSY PREFILLED SYRINGE 0.3MG/0.05ML	5	PA LA
OXERVATE	5	QL (28 ML per 28 days) PA LA
PHENYLEPHRINE HCL SOLN 10%	4	
PHENYLEPHRINE HCL SOLN 2.5%	4	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
SUSVIMO	5	PA LA
TETRACAINE HYDROCHLORIDE	4	MO
TYRVAYA	4	QL (8.4 ML per 30 days) MO
VABYSMO	5	PA LA
VERKAZIA	5	QL (120 EA per 30 days) PA MO
XIIDRA	3	QL (60 EA per 30 days) MO
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic soln 2%</i>	2	MO
CETRAXAL	4	MO
CIPRO HC	4	MO
CIPRODEX	4	MO
CIPROFLOXACIN OTIC SOLN 0.2%	3	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	4	MO
CORTISPORIN-TC	4	MO
DERMOTIC	4	QL (20 ML per 30 days) MO
<i>flac otic oil</i>	2	QL (20 ML per 30 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	2	MO
<i>neomycin/polymyxin/hc otic soln</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO
OTOVEL	4	MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	4	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	2	B/D MO
STIOLTO RESPIMAT	4	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
LONHALA MAGNAIR REFILL KIT	4	QL (60 ML per 30 days) MO
SPIRIVA HANDIHALER	4	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	4	QL (4 GM per 30 days) MO
TUDORZA PRESSAIR	4	QL (1 EA per 30 days) ST MO
YUPELRI	5	QL (90 ML per 30 days) PA MO
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hydrochloride/fluticasone propionate</i>	2	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	4	MO
DYMISTA	4	QL (23 GM per 30 days) MO
<i>promethazine vc</i>	2	PA MO
RYALTRIS	4	QL (29 GM per 30 days) MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	2	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	2	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	2	QL (300 ML per 30 days) MO
CLARINEX	4	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRP	5	QL (1800 ML per 30 days) PA
<i>clemastine fumarate tabs</i>	2	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	2	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	2	PA MO
<i>desloratadine odt tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>desloratadine tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	2	MO
<i>diphenhydramine hcl elix</i>	2	PA
<i>hydroxyzine hcl tabs</i>	2	PA MO
<i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i>	2	PA MO
<i>hydroxyzine pamoate caps</i>	2	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	2	MO
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (30.5 GM per 30 days) MO
PATANASE	4	QL (30.5 GM per 30 days) MO
QUZYTTIR	5	PA MO
<i>ryclora</i>	2	PA MO
RYVENT	4	PA MO
VISTARIL	4	PA MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp, tabs</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ARFORMOTEROL TARTRATE	4	QL (120 ML per 30 days) PA MO
BROVANA	5	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	5	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hydrochloride</i>	2	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
PERFOROMIST	5	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	4	QL (2 EA per 30 days) PA MO
PROAIR HFA	4	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	4	QL (2 EA per 30 days) MO
PROVENTIL HFA	4	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	2	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOPENEX CONCENTRATE	4	B/D MO
XOPENEX HFA	4	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML	4	B/D MO
XOPENEX NEBU 1.25MG/3ML	5	B/D MO
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE	4	QL (60 EA per 30 days) MO
<i>montelukast sodium</i>	2	QL (30 EA per 30 days) MO
SINGULAIR	4	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	2	QL (60 EA per 30 days) MO
<i>zileuton er</i>	5	QL (120 EA per 30 days) MO
ZYFLO	5	QL (120 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	2	
ARALAST NP	5	PA LA
AUVI-Q INJ 0.1MG/0.1ML	5	QL (2 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	5	QL (2 EA per 30 days) ST MO
BRONCHITOL	5	QL (560 EA per 28 days) PA LA
BRONCHITOL TOLERANCE TEST	5	QL (560 EA per 28 days) PA LA
CINQAIR	5	PA LA
COCAINE HYDROCHLORIDE	4	PA
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	4	MO
<i>elixophyllin</i>	2	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
EIPEN 2-PAK	4	QL (2 EA per 30 days) MO
EIPEN-JR 2-PAK	4	QL (2 EA per 30 days) MO
ESBRIET CAPS	5	QL (270 EA per 30 days) PA LA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA LA
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA LA
FASENRA	5	QL (1 ML per 28 days) PA LA
FASENRA PEN	5	QL (1 ML per 28 days) PA LA
GLASSIA	5	PA LA
GOPRELTO	4	PA
KALYDECO PACK	5	QL (56 EA per 28 days) PA LA
KALYDECO TABS	5	QL (60 EA per 30 days) PA LA
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA LA
NUCALA VIAL INJ 100MG	5	QL (3 EA per 28 days) PA LA
NUCALA INJ 100MG/ML PREFILLED SYRINGE, AUTO INJECTOR	5	QL (3 ML per 28 days) PA LA
NUMBRINO	4	PA
OFEV	5	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA LA
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA LA
ORKAMBI PACK 94MG; 75MG	5	QL (56 EA per 28 days) PA LA MO
<i>pirfenidone caps</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>roflumilast</i>	2	MO
SYMDEKO	5	QL (56 EA per 28 days) PA LA
SYMJEPI	4	QL (2 EA per 30 days) MO
TEZSPIRE	5	QL (1.91 ML per 28 days) PA LA
THEO-24	4	MO
<i>theophylline er tabs</i>	2	MO
<i>theophylline oral soln</i>	2	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA LA MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
<b>NASAL STEROIDS</b>		
BECONASE AQ	4	QL (50 GM per 30 days) MO
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
QNASL	4	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	4	QL (6.8 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA MO
ZETONNA	4	QL (6.1 GM per 30 days) MO
<b>STEROID INHALANTS</b>		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



Drug Name	Drug Tier	Requirements/Limits
ALVESCO	4	QL (12.2 GM per 30 days) ST MO
ARMONAIR DIGIHALER	4	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
ASMANEX HFA	4	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days) ST MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	4	B/D MO
PULMICORT SUSP 1MG/2ML	5	B/D MO
QVAR REDIHALER	4	QL (21.2 GM per 30 days) ST MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	4	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	4	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 55/14	4	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	4	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	4	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	4	QL (1 EA per 30 days) ST MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	3	QL (10.2 GM per 30 days) MO
DULERA	4	QL (13 GM per 30 days) ST MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	4	QL (60 EA per 30 days) PA MO
FLUTICASONE PROPIONATE/SALMETEROL	4	QL (1 EA per 30 days) ST MO
FLUTICASONE PROPIONATE/SALMETEROL DISKUS	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
ABSORICA	5	PA
ABSORICA LD	5	
ACANYA	4	MO
<i>accutane</i>	2	PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
ACZONE	4	QL (90 GM per 30 days) MO
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	2	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	2	QL (70 GM per 30 days) PA MO
ADAPALENE SOLN	4	QL (60 ML per 30 days) PA
<i>adapalene crea, gel</i>	2	QL (45 GM per 30 days) PA MO
<i>adapalene pads</i>	5	QL (28 EA per 28 days) PA
AKLIEF	4	QL (45 GM per 30 days) PA MO
ALTRENO	4	QL (45 GM per 30 days) PA MO
<i>amnesteem</i>	2	PA
AMZEEQ	4	QL (30 GM per 30 days) MO
ARAZLO	4	MO
ATRALIN	4	QL (45 GM per 30 days) PA MO
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
AZELEX	4	QL (50 GM per 30 days) MO
BENZAACLIN	4	MO
BENZAACLIN WITH PUMP	4	MO
BENZAMYCIN	4	MO
<i>claravis</i>	2	PA
CLEOCIN-T	4	QL (60 ML per 30 days) MO
<i>clindacin etz pledgets</i>	2	MO
<i>clindacin-p</i>	2	MO
CLINDAGEL	5	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 1.2-2.5%, 1.2-5%</i>	2	MO
<i>clindamycin phosphate/tretinoin</i>	2	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	2	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 1-5%</i>	2	MO
<i>dapsone gel 5%, 7.5%</i>	2	QL (90 GM per 30 days) MO
DIFFERIN CREA, GEL	4	QL (45 GM per 30 days) PA MO
DIFFERIN LOTN	4	QL (59 ML per 30 days) PA MO
EPIDUO	4	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	4	QL (70 GM per 30 days) PA MO
<i>ery pad 2%</i>	2	MO
ERYGEL	4	QL (60 GM per 30 days) MO
<i>erythromycin/benzoyl peroxide</i>	2	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
EVOCLIN	4	QL (100 GM per 30 days) MO
FABIOR	4	QL (100 GM per 30 days) MO
<i>isotretinoin</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
KLARON	4	MO
<i>myorisan</i>	2	PA
<i>neuac</i>	2	
ONEXTON	4	MO
RETIN-A	4	QL (45 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.06%, 0.1%	5	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.04%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.08%, 0.1%	5	QL (50 GM per 30 days) PA MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMULSION	4	QL (355 ML per 30 days) MO
<i>sodium sulfacetamide/sulfur susp</i>	2	QL (473 ML per 30 days) MO
<i>sulfacetamide sodium lotn 10%</i>	2	MO
<i>sulfacleanse 8/4</i>	2	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	4	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL PUMP 0.04%, 0.1%	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL (45 GM per 30 days) PA MO
TWYNEO	4	QL (30 GM per 30 days) PA MO
VELTIN	4	QL (60 GM per 30 days) PA MO
WINLEVI	4	QL (60 GM per 30 days) PA MO
<i>zenatane</i>	2	PA
ZIANA	4	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	4	QL (30 GM per 30 days) MO
CENTANY	4	QL (30 GM per 30 days) MO
<i>gentamicin sulfate crea 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</i>	2	MO
<i>mupirocin</i>	2	QL (30 GM per 30 days) MO
NEO-SYNALAR	5	QL (60 GM per 30 days) MO
SILVADENE	4	MO
<i>silver sulfadiazine cream</i>	2	MO
SSD	3	
SULFAMYLON	4	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclodan</i>	2	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer</i>	2	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine crea 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	2	QL (45 GM per 30 days) MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole crea 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	2	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
EXELDERM SOLN	4	QL (30 ML per 30 days) MO
EXELDERM CREA	4	QL (60 GM per 30 days) MO
EXTINA	5	QL (100 GM per 30 days) MO
JUBLIA	5	QL (8 ML per 30 days) PA MO
KERYDIN	5	QL (10 ML per 30 days) PA MO
<i>ketoconazole crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	2	QL (100 GM per 30 days) MO
<i>ketodan</i>	2	QL (100 GM per 30 days)
LOPROX SHAMPOO	4	QL (120 ML per 30 days) MO
LOPROX SUSP	4	QL (60 ML per 30 days) MO
LOPROX CREA	4	QL (90 GM per 30 days) MO
LULICONAZOLE	4	QL (60 GM per 30 days) ST MO
LUZU	4	QL (60 GM per 30 days) ST MO
MENTAX	5	QL (30 GM per 30 days) MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	4	QL (50 GM per 30 days) PA MO
<i>naftifine hcl cream 1%</i>	2	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride gel</i>	2	QL (90 GM per 30 days) MO
NAFTIN GEL 2%	4	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	4	QL (90 GM per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin/triamcinolone crea, oint</i>	2	QL (60 GM per 30 days) MO
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days)
<i>oxiconazole nitrate</i>	5	QL (90 GM per 30 days) MO
OXISTAT LOTN	4	QL (60 ML per 30 days) MO
OXISTAT CREA	4	QL (90 GM per 30 days) MO
<i>tavaborole</i>	5	QL (10 ML per 30 days) PA MO
VUSION	4	QL (50 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	2	PA MO
CALCIPOTRIENE FOAM	4	QL (120 GM per 30 days) PA
<i>calcipotriene crea, oint</i>	2	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	2	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
DOVONEX	5	QL (120 GM per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen caps</i>	5	MO
SORILUX	5	QL (120 GM per 30 days) PA MO
<i>tazarotene crea 0.1%</i>	2	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	2	QL (100 GM per 30 days) PA MO
TAZORAC GEL	4	QL (100 GM per 30 days) PA MO
TAZORAC CREA	4	QL (60 GM per 30 days) PA MO
VECTICAL	5	QL (800 GM per 28 days) PA MO
VTAMA	5	QL (60 GM per 30 days) PA MO
ZORYVE	4	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole sham 2%</i>	2	MO
<i>selenium sulfide lotn</i>	2	MO
<i>selenium sulfide sham</i>	2	QL (180 ML per 30 days) MO
XOLEGEL	5	QL (45 GM per 30 days) MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
ALA-SCALP	4	MO
<i>alclometasone dipropionate</i>	2	MO
AMCINONIDE OINT	4	QL (60 GM per 30 days) MO
<i>amcinonide crea</i>	2	QL (60 GM per 30 days) MO
<i>amcinonide lotn</i>	2	QL (60 ML per 30 days) MO
APEXICON E	5	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate augmented crea, gel, oint</i>	2	MO
<i>betamethasone dipropionate augmented lotn</i>	2	QL (60 ML per 30 days) MO
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	2	QL (100 GM per 30 days) MO
BRYHALI	4	QL (100 GM per 30 days) MO
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP	5	QL (120 GM per 30 days) PA MO
<i>calcipotriene/betamethasone dipropionate oint</i>	2	QL (400 GM per 28 days) PA MO
CAPEX	4	QL (120 ML per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	2	QL (60 GM per 30 days) MO
<i>clobetasol propionate emulsion foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	2	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	2	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	2	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	2	QL (60 GM per 30 days) MO
CLOBEX LOTN, SHAM	4	QL (118 ML per 30 days) MO
CLOBEX LIQD	5	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	4	QL (90 GM per 30 days) MO
<i>clodan</i>	2	QL (118 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CLODERM	4	QL (90 GM per 30 days) MO
CORDRAN CREA	4	QL (120 GM per 30 days) MO
CORDRAN TAPE	5	MO
CORDRAN LOTN	5	QL (120 ML per 30 days) MO
CORDRAN OINT	5	QL (60 GM per 30 days) MO
CUTIVATE	4	QL (120 ML per 30 days) MO
DERMA-SMOOTH/FS BODY	4	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	4	QL (118.28 ML per 30 days) MO
<i>desonide lotn</i>	2	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	2	QL (60 GM per 30 days) MO
DESOWEN	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	2	QL (100 GM per 30 days) MO
<i>desoximetasone spray liquid</i>	2	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	2	QL (60 GM per 30 days) MO
<i>desrx</i>	2	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	2	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
DIPROLENE	4	MO
DIPROLENE AF	4	MO
DUOBRII	4	QL (200 GM per 28 days) PA MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
EPIFOAM	4	QL (10 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	2	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.1%</i>	5	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	2	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	2	QL (60 ML per 30 days) MO
<i>flurandrenolide crea</i>	2	QL (120 GM per 30 days) MO
<i>flurandrenolide lotn</i>	2	QL (120 ML per 30 days) MO
<i>flurandrenolide oint</i>	5	QL (60 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	2	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halcinonide</i>	5	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	5	QL (100 GM per 30 days) MO
<i>halobetasol propionate crea, oint</i>	2	QL (50 GM per 30 days) MO
HALOG CREA, OINT	4	QL (60 GM per 30 days) MO
HALOG SOLN	5	QL (120 ML per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate (lipophilic)</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	2	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	2	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone oint 1%</i>	2	QL (30 GM per 30 days) MO
IMPEKLO	4	QL (68 GM per 30 days) MO
KENALOG AEROSOL SOLN	4	MO
LEXETTE	5	QL (100 GM per 30 days) MO
LOCOID	4	QL (118 ML per 30 days) MO
LOCOID LIPOCREAM	4	QL (60 GM per 30 days) MO
LUXIQ	4	QL (100 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln 0.1%</i>	2	MO
<i>nolix crea</i>	2	QL (120 GM per 30 days) MO
<i>nolix lotn</i>	2	QL (120 ML per 30 days)
OLUX	4	QL (100 GM per 30 days) MO
OLUX-E	5	QL (100 GM per 30 days) MO
PANDEL	5	QL (80 GM per 30 days) MO
<i>prednicarbate</i>	2	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	2	
PSORCON	4	QL (60 GM per 30 days)
SERNIVO	5	QL (120 ML per 30 days) MO
SYNALAR CREA, OINT	4	QL (120 GM per 30 days) MO
SYNALAR SOLN	4	QL (90 ML per 30 days) MO
TACLONEX SUSP	5	QL (120 GM per 30 days) PA MO
TACLONEX OINT	5	QL (400 GM per 28 days) PA MO
TEMOVATE OINT	4	QL (60 GM per 30 days) MO
TEMOVATE CREA	5	QL (60 GM per 30 days) MO
TEXACORT	4	MO
TOPICORT CREA, OINT	4	QL (100 GM per 30 days) MO
TOPICORT SPRAY LIQUID	4	QL (100 ML per 30 days) MO
TOPICORT GEL	5	QL (60 GM per 30 days) MO
<i>tovet</i>	2	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers 0.147mg/gm</i>	2	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamcinolone acetonide oint 0.05%</i>	2	QL (430 GM per 30 days) MO
<i>trianex</i>	2	QL (430 GM per 30 days)
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)
<i>tritocin</i>	2	QL (430 GM per 30 days)
ULTRAVATE	5	QL (60 ML per 30 days) MO
VANOS	5	QL (120 GM per 30 days) MO
VERDESO	5	QL (100 GM per 30 days) MO
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>glydo</i>	2	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl jelly</i>	2	QL (30 ML per 30 days) PA MO
<i>lidocaine hcl gel prefilled syringe 2%</i>	2	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl external soln 4%</i>	2	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) MO
<i>lidocaine patch 5%</i>	2	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	2	QL (35.44 GM per 30 days) PA MO
LIDODERM PATCH 5%	5	QL (3 EA per 1 days) PA MO
PLIAGLIS	4	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	5	QL (1 EA per 90 days) PA LA MO
QUTENZA KIT 8% (2-PATCH)	5	QL (2 EA per 90 days) PA LA
QUTENZA KIT 8% (4-PATCH)	5	QL (4 EA per 90 days) PA LA
SYNERA	4	QL (10 EA per 30 days) PA MO
ZTLIDO	4	QL (3 EA per 1 days) PA MO
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ACYCLOVIR CREA 5%	5	QL (5 GM per 30 days) MO
<i>acyclovir oint 5%</i>	2	QL (30 GM per 30 days) MO
ALDARA	4	QL (24 EA per 30 days) MO
<i>ammonium lactate</i>	2	MO
ANUSOL-HC	4	MO
<i>azelaic acid gel</i>	2	QL (50 GM per 30 days) MO
BENSAL HP	5	QL (30 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA
<i>brimonidine tartrate gel 0.33%</i>	2	MO
CARAC	5	QL (30 GM per 30 days) PA MO
CONDYLOX	4	QL (7 GM per 28 days) MO
CORTIFOAM	4	QL (15 GM per 30 days) MO
DENAVIR	5	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE PATCH	4	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	2	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO
<i>diclofenac sodium external soln 1.5%</i>	2	QL (300 ML per 28 days) PA MO
<i>diclofenac sodium external soln 2%</i>	5	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Tier	Requirements/Limits
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
EFUDEX	4	QL (40 GM per 30 days) PA MO
ELIDEL	4	QL (100 GM per 30 days) ST MO
EUCRISA	4	QL (60 GM per 30 days) ST MO
FINACEA	4	QL (50 GM per 30 days) MO
FLECTOR	4	QL (60 EA per 30 days) PA MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	2	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
HYFTOR	5	QL (20 GM per 25 days) PA LA MO
IMIQUIMOD PUMP	5	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days) MO
KLISYRI	5	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	4	QL (6 EA per 30 days)
LICART	5	PA MO
METROCREAM	4	MO
METROGEL	4	MO
METROLOTION	4	MO
<i>metronidazole crea 0.75%</i>	2	MO
<i>metronidazole gel 0.75%, 1%</i>	2	MO
<i>metronidazole lotn 0.75%</i>	2	MO
MIRVASO	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
OPZELURA	5	QL (60 GM per 28 days) PA MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
<i>penciclovir</i>	5	QL (5 GM per 30 days) MO
PENNSAID	5	QL (224 GM per 28 days) PA MO
<i>pimecrolimus</i>	2	QL (100 GM per 30 days) ST MO
PODOCON-25	4	QL (15 ML per 30 days)
<i>podofilox</i>	2	MO
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	MO
PROCTOCORT	4	MO
PROCTOFOAM HC	4	QL (10 GM per 30 days) MO
<i>proctozone-hc</i>	2	
PROTOPIC	4	QL (60 GM per 30 days) ST MO
PRUDOXIN	4	QL (45 GM per 30 days) PA MO
QBREXZA	4	QL (30 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
RECTIV	4	QL (30 GM per 30 days) MO
RHOFADE	4	QL (60 GM per 30 days) PA MO
<i>rosadan</i>	2	
<i>salicylic acid wart remover film forming liquid 27.5%</i>	2	QL (10 ML per 30 days) MO
SALICYLIC ACID OINT	4	QL (30 GM per 30 days) MO
<i>salicylic acid soln</i>	2	QL (10 ML per 30 days) MO
<i>salicylic acid sham</i>	2	QL (177 ML per 30 days) MO
SILVER NITRATE	4	QL (960 ML per 30 days) MO
SOOLANTRA	4	QL (45 GM per 30 days) MO
<i>tacrolimus oint 0.03%, 0.1%</i>	2	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
VEREGEN	5	QL (30 GM per 28 days) MO
VIRASAL	4	QL (10 ML per 30 days) MO
XERESE	5	QL (5 GM per 30 days) MO
ZILXI	4	QL (30 GM per 30 days) PA MO
ZONALON	4	QL (45 GM per 30 days) PA MO
ZOVIRAX CREA 5%	5	QL (5 GM per 30 days) MO
ZOVIRAX OINT 5%	4	QL (30 GM per 30 days) MO
ZYCLARA	5	QL (28 EA per 28 days) MO
ZYCLARA PUMP CREA 3.75%	5	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 GM per 28 days) MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan</i>	5	QL (237 GM per 30 days)
<i>ivermectin lotn 0.5%</i>	2	QL (117 GM per 30 days) MO
<i>lindane</i>	2	MO
<i>malathion</i>	2	MO
NATROBA	4	QL (120 ML per 30 days) MO
OVIDE	4	MO
<i>permethrin cream 5%</i>	2	MO
SPINOSAD	4	QL (120 ML per 30 days) MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
LACTATED RINGERS IRRIGATION	4	
PHYSIOLYTE	4	
REGRANEX	5	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	4	
SANTYL	4	MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
TIS-U-SOL	4	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
ARESTIN	5	PA
<i>cevimeline hydrochloride</i>	2	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clinpro 5000</i>	2	MO
<i>clotrimazole troc 10mg</i>	2	MO
<i>denta 5000 plus crea 1.1% (2-pack)</i>	2	QL (51 GM per 30 days)
<i>denta 5000 plus crea 1.1%</i>	2	QL (51 GM per 30 days) MO
<i>dentagel</i>	2	MO
<i>EVOXAC</i>	4	MO
<i>fluoridex daily defense</i>	2	
<i>fluoridex sensitivity relief/sls free</i>	2	
<i>fluorimax 5000</i>	2	
<i>fluorimax 5000 sensitive</i>	2	
<i>just right 5000</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	MO
<i>nystatin susp 100000unit/ml</i>	2	MO
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>perio gard</i>	1	
<i>pilocarpine hydrochloride tabs</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
PREVIDENT 5000 ENAMEL PROTECT	4	MO
PREVIDENT 5000 PLUS	4	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE GEL	4	MO
PREVIDENT RINSE	4	MO
SALAGEN	4	MO
<i>sf 5000 plus</i>	2	QL (51 GM per 30 days) MO
<i>sf gel</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm sensitive gel</i>	2	MO
<i>sodium fluoride 5000 ppm pste</i>	2	MO
<i>sodium fluoride 5000 ppm crea</i>	2	QL (51 GM per 30 days)
<i>sodium fluoride gel 1.1%</i>	2	MO
<i>sodium fluoride mouth/throat soln 0.2%</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

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<i>ayuna</i>	69	<i>benazepril hcl</i>	30
AYVAKIT	24	<i>benazepril hcl/hydrochlorothiazide</i>	30
<i>azacitidine</i>	21	<i>benazepril hydrochloride</i>	30
AZACTAM	8	<i>benazepril hydrochloride/hydrochlorothiazide</i>	30
<i>azasan</i>	95	<i>bendamustine hydrochloride</i>	20
AZASITE	102	BENDAMUSTINE HYDROCHLORIDE	20
azathioprine	95	BENDEKA	20
<i>azelaic acid</i>	117	BENICAR	32
<i>azelastine hcl</i>	104, 107	BENICAR HCT	31
<i>azelastine hydrochloride</i>	107	BENLYSTA	95
<i>azelastine hydrochloride/fluticasone propionate</i>	107	BENSAL HP	117
AZELEX	111	BENTYL	82
AZILECT	48	BENZAACLIN	111
<i>azithromycin</i>	17	BENZAACLIN WITH PUMP	111
AZITHROMYCIN	17	BENZAMYCIN	111
AZOPT	104	BENZHYDROCODONE/ACETAMINOPHEN	4
AZOR	31	BENZNIDAZOLE	8
AZSTARYS	53	<i>benztropine mesylate</i>	48
<i>aztreonam</i>	8	BEOVU	105
AZULFIDINE	83	<i>bepotastine besilate</i>	104
AZULFIDINE EN-TABS	83	BEPREVE	104
<i>bacitracin</i>	8, 102	BERINERT	90
<i>bacitracin/polymyxin b</i>	102	BESIVANCE	102
<i>baclofen</i>	59	BESPONSA	24
BACLOFEN	59	BESREMI	23
BACTRIM	8	BETADINE OPHTHALMIC PREP	102
BACTRIM DS	8	<i>betaine anhydrous</i>	76
BAFIERTAM	58	<i>betamethasone dipropionate</i>	114
BALCOLTRA	69	<i>betamethasone dipropionate augmented</i>	114
<i>balsalazide disodium</i>	83	<i>betamethasone sodium phosphate/betamethasone acetate</i>	74
BALVERSA	24	<i>betamethasone valerate</i>	114
<i>balziva</i>	69	BETAPACE	32
BANZEL	41	BETAPACE AF	32
BAQSIMI ONE PACK	76	BETASERON	58
BAQSIMI TWO PACK	76	<i>betaxolol hcl</i>	34, 104
BARACLUDE	15	<i>bethanechol chloride</i>	87
BASAGLAR KWIKPEN	62	BETHKIS	8
BAVENCIO	24	BETIMOL	104
BAXDELA	18	BETOPTIC-S	104
BCG VACCINE	96	BEVESPI AEROSPHERE	106
BD ALCOHOL SWABS	62	<i>bexarotene</i>	23, 117
BD INSULIN SYRINGE	62, 63	BEXSERO	96
BD/NOVO PEN NEEDLE	63	BEYAZ	69

<i>bicalutamide</i>	22	<i>budesonide er</i>	83
BICILLIN C-R	18	BUDESONIDE/FORMOTEROL FUMARATE	
BICILLIN L-A	18	DIHYDRATE	110
BICNU	20	<i>bumetanide</i>	37
BIDIL	37	BUMEX	37
BIJUVA	74	<i>bupap</i>	1
BIKTARVY	13	BUPHENYL	76
BILTRICIDE	8	<i>bupivacaine hcl</i>	7
<i>bimatoprost</i>	104	<i>bupivacaine hydrochloride</i>	7
BINOSTO	67	<i>bupivacaine/epinephrine</i>	7
<i>bisoprolol fumarate</i>	34	BUPRENEX	4
<i>bisoprolol fumarate/hydrochlorothiazide</i>	34	<i>buprenorphine</i>	3
BIVIGAM	93	<i>buprenorphine hcl</i>	4, 61
BLENREP	24	<i>buprenorphine hcl/naloxone hcl</i>	61
<i>bleomycin sulfate</i>	20	<i>buprenorphine hydrochloride/naloxone</i>	
BLEPH-10	102	<i>hydrochloride</i>	61
BLEPHAMIDE	102	<i>bupropion hcl</i>	46
BLEPHAMIDE S.O.P. OINT	102	<i>bupropion hydrochloride er</i>	61
BLINCYTO	24	<i>bupropion hydrochloride er (sr)</i>	46
<i>blisovi 24 fe</i>	69	<i>bupropion hydrochloride er (xl)</i>	46
<i>blisovi fe 1.5/30</i>	69	BUPROPION HYDROCHLORIDE ER (XL)	46
<i>blisovi fe 1/20</i>	69	<i>buspirone hcl</i>	40
BONJESTA	81	<i>busulfan</i>	20
BOOSTRIX	96	BUSULFEX	20
<i>bortezomib</i>	24	<i>butalbital/acetaminophen</i>	1
BORTEZOMIB	24	<i>butalbital/acetaminophen/caffeine</i>	1, 4
<i>bosentan</i>	39	<i>butalbital/acetaminophen/caffeine/codeine</i>	4
BOSULIF	24	<i>butalbital/aspirin/caffeine</i>	1, 4
BOTOX	59	<i>butalbital/aspirin/caffeine/codeine</i>	4
BRAFTOVI	25	<i>butorphanol tartrate</i>	4, 5
BREO ELLIPTA	110	BUTRANS	3
BREZTRI AEROSPHERE	106	BYDUREON BCISE	65
<i>briellyn</i>	69	BYETTA	65
BRILINTA	91	BYLVAY	84
<i>brimonidine tartrate</i>	104, 117	BYOOVIZ	105
BRIMONIDINE TARTRATE	104	BYSTOLIC	34
<i>brimonidine tartrate/timolol maleate</i>	104	CABENUVA	13
<i>brinzolamide</i>	104	<i>cabergoline</i>	76
BRIUMVI	58	CABLIVI	90
BRIVIACT	41	CABOMETYX	25
<i>bromfenac</i>	103	CADUET	37
<i>bromocriptine mesylate</i>	48	CALAN SR	35
BROMSITE	103	<i>calcipotriene</i>	113
BRONCHITOL	108	CALCIPOTRIENE	113
BROVANA	108	<i>calcipotriene/betamethasone dipropionate</i>	114
BRUKINSA	25	CALCIPOTRIENE/BETAMETHASONE	
BRYHALI	114	DIPROPIONATE	114
<i>budesonide</i>	110	<i>calcitonin salmon</i>	67
<i>budesonide dr</i>	83	<i>calcitonin-salmon</i>	67

<i>calcitrene</i>	113	<i>cartia xt</i>	35
<i>calcitriol</i>	80	<i>carvedilol</i>	35
CALCITRIOL	113	<i>carvedilol phosphate er</i>	35
<i>calcium acetate</i>	79	CASODEX	22
CALCIUM GLUCONATE	97	<i>caspofungin acetate</i>	11
CALDOLOR	1	<i>cataflam</i>	1
CALQUENCE	25	CATAPRES-TTS-1	37
CAMBIA	56	CATAPRES-TTS-2	38
<i>camila</i>	69	CATAPRES-TTS-3	38
CAMPTOSAR	23	CAYSTON	8
CAMRESE	69	<i>caziant</i>	69
CAMRESE LO	69	<i>cefaclor</i>	16
CAMZYOS	37	CEFACLOR ER	16
CANASA	83	<i>cefadroxil</i>	16
CANCIDAS	11	<i>cefazolin</i>	16
<i>candesartan cilexetil</i>	32	CEFAZOLIN	16
<i>candesartan cilexetil/hydrochlorothiazide</i>	31	<i>cefazolin sodium</i>	16
CAPASTAT SULFATE	14	CEFAZOLIN SODIUM	16
CAPEX	114	CEFAZOLIN/DEXTROSE	16
CAPLYTA	50	<i>cefdinir</i>	16
CAPRELSA	25	<i>cefepime</i>	16
<i>captopril</i>	30	CEFEPIME	16
CARAC	117	CEFEPIME HYDROCHLORIDE	16
CARAFATE	84	CEFEPIME/DEXTROSE	16
CARBAGLU	76	<i>cefixime</i>	16
<i>carbamazepine</i>	41	CEFOTAN	16
<i>carbamazepine er</i>	41	<i>cefotetan</i>	16
CARBATROL	41	CEFOTETAN/DEXTROSE	16
<i>carbidopa</i>	48	<i>cefoxitin sodium</i>	16
<i>carbidopa/levodopa</i>	49	CEFOXITIN SODIUM	16
<i>carbidopa/levodopa er</i>	49	<i>cefpodoxime proxetil</i>	16
<i>carbidopa/levodopa odt</i>	49	<i>cefprozil</i>	16
CARBIDOPA/LEVODOPA/ENTACAPONE	49	<i>ceftazidime</i>	17
<i>carbinoxamine maleate</i>	107	CEFTAZIDIME/DEXTROSE	17
CARBINOXAMINE MALEATE	107	<i>ceftriaxone in iso-osmotic dextrose</i>	17
<i>carboplatin</i>	20	<i>ceftriaxone sodium</i>	17
CARDENE IV	35	CEFTRIAZONE SODIUM	17
CARDIZEM	35	CEFTRIAZONE/DEXTROSE	17
CARDIZEM CD	35	<i>cefuroxime axetil</i>	17
CARDIZEM LA	35	<i>cefuroxime sodium</i>	17
CARDURA	31, 87	CELEBREX	1
CARDURA XL	87	<i>celecoxib</i>	2
<i>carglumic acid</i>	76	CELESTONE-SOLUSPAN	74
<i>carisoprodol</i>	59	CELEXA	46
<i>carmustine</i>	20	CELLCEPT	95
CARNITOR	76	CELONTIN	41
CARNITOR SF	76	CENTANY	112
CAROSPIR	30	<i>cephalexin</i>	17
<i>carteolol hcl</i>	104	CEQUA	105

CERDELGA	76	CINRYZE	90
CEREBYX	41	CINVANTI	81
CEREZYME	76	CIPRO	18, 106
<i>cetirizine hydrochloride</i>	107	CIPRO HC	106
CETRALAX	106	CIPRODEX	106
<i>cevimeline hydrochloride</i>	119	CIPROFLOXACIN	106
<i>charlotte 24 fe</i>	69	<i>ciprofloxacin hcl</i>	18
<i>chateal</i>	69	<i>ciprofloxacin hydrochloride</i>	18, 102
<i>chateal eq</i>	69	<i>ciprofloxacin i.v.-in d5w</i>	18
CHEMET	68	<i>ciprofloxacin/dexamethasone</i>	106
CHENODAL	84	CIPROFLOXACIN/FLUOCINOLONE	
<i>chloramphenicol sodium succinate</i>	8	ACETONIDE PF	106
<i>chlordiazepoxide hcl</i>	40, 82	<i>cisplatin</i>	20
CHLORDIAZEPOXIDE HCL/CLIDINIUM		<i>citalopram hydrobromide</i>	46
BROMIDE	82	CITALOPRAM HYDROBROMIDE	46
<i>chlordiazepoxide hydrochloride</i>	82	CITRANATAL 90 DHA	98
CHLORDIAZEPOXIDE		CITRANATAL B-CALM	98
HYDROCHLORIDE/CLIDINIUM BROMIDE		CITRANATAL BLOOM	98
	82	CITRANATAL HARMONY	98
<i>chlordiazepoxide/amitriptyline</i>	46	CITRANATAL MEDLEY	98
<i>chlorhexidine gluconate</i>	119	CITRANATAL RX	98
<i>chloroquine phosphate</i>	12	<i>cladribine</i>	21
<i>chlorothiazide sodium</i>	37	<i>claravis</i>	111
<i>chlorpromazine hcl</i>	50	CLARINEX	107
<i>chlorpromazine hydrochloride</i>	50	CLARINEX-D	107
<i>chlorthalidone</i>	37	<i>clarithromycin</i>	17
<i>chlorzoxazone</i>	59	<i>clarithromycin er</i>	17
CHLORZOAZONE	59	<i>clemastine fumarate</i>	107
CHOLBAM	84	CLEMASTINE FUMARATE	107
<i>cholestyramine</i>	33	CLENPIQ	84
<i>cholestyramine light</i>	33	CLEOCIN	8, 88
CHORIONIC GONADOTROPIN	76	CLEOCIN PEDIATRIC	8
CIBINQO	91	CLEOCIN PHOSPHATE	8
<i>ciclodan</i>	112	CLEOCIN-T	111
<i>ciclopirox</i>	112	CLIMARA	74
<i>ciclopirox nail lacquer</i>	112	CLIMARA PRO	74
<i>ciclopirox olamine</i>	112	<i>clindacin etz pledgets</i>	111
<i>cidofovir</i>	15	<i>clindacin-p</i>	111
<i>cilostazol</i>	90	CLINDAGEL	111
CILOXAN	102	<i>clindamycin hcl</i>	8
CIMDUO	13	<i>clindamycin palmitate hcl</i>	8
CIMERLI	105	<i>clindamycin phosphate</i>	8, 88, 111
<i>cimetidine</i>	83	<i>clindamycin phosphate/benzoyl peroxide</i>	111
<i>cimetidine hcl</i>	83	<i>clindamycin phosphate/dextrose</i>	8
<i>cimetidine hydrochloride</i>	83	<i>clindamycin phosphate/tretinoin</i>	111
CIMZIA	91	<i>clindamycin/benzoyl peroxide</i>	111
CIMZIA STARTER KIT	91	CLINDAMYCIN/SODIUM CHLORIDE	8
<i>cinacalcet hydrochloride</i>	76	CLINDESSE	88
CINQAIR	108	CLINIMIX 4.25%/DEXTROSE 10%	101

CLINIMIX 4.25%/DEXTROSE 5%	101	<i>colesevelam hydrochloride</i>	33
CLINIMIX 5%/DEXTROSE 15%	101	COLESTID	33, 34
CLINIMIX 5%/DEXTROSE 20%	101	COLESTID FLAVORED	34
CLINIMIX 6/5	101	<i>colestipol hcl</i>	34
CLINIMIX 8/10	101	<i>colistimethate sodium</i>	8
CLINIMIX 8/14	101	COLY-MYCIN M	8
CLINIMIX E 2.75%/DEXTROSE 5%	101	COMBIGAN	104
CLINIMIX E 4.25%/DEXTROSE 10%	101	COMBIPATCH	74
CLINIMIX E 4.25%/DEXTROSE 5%	101	COMBIVENT RESPIMAT	106
CLINIMIX E 5%/DEXTROSE 15%	101	COMBIVIR	14
CLINIMIX E 5%/DEXTROSE 20%	101	COMETRIQ	25
CLINIMIX E 8/10	101	COMPLERA	14
CLINIMIX E 8/14	101	COMPLETENATE	98
<i>clinisol sf 15%</i>	101	<i>compro</i>	81
CLINOLIPID	101	COMTAN	49
<i>clinpro 5000</i>	120	CONCEPT DHA	98
<i>clobazam</i>	41	CONCEPT OB	98
<i>clobetasol propionate</i>	114	CONCERTA	53
<i>clobetasol propionate e</i>	114	CONDYLOX	117
CLOBEX	114	CONJUPRI	35
CLOCORTOLONE PIVALATE	114	<i>constulose</i>	84
<i>clodan</i>	114	CONZIP	3
CLODERM	115	COPAXONE	58
<i>clofarabine</i>	21	COPIKTRA	25
CLOLAR	21	CORDRAN	115
<i>clomipramine hydrochloride</i>	46	COREG	35
<i>clonazepam</i>	41	COREG CR	35
<i>clonazepam odt</i>	41	CORGARD	35
<i>clonidine hcl</i>	1, 38	CORLANOR	38
<i>clonidine hcl er</i>	53	CORTEF	75
<i>clonidine hydrochloride</i>	38	CORTENEMA	83
<i>clopidogrel</i>	91	CORTIFOAM	117
<i>clorazepate dipotassium</i>	41	CORTISONE ACETATE	75
<i>clotrimazole</i>	113	CORTISPORIN-TC	106
<i>clotrimazole troc</i>	120	CORTROPHIN	76
<i>clotrimazole/betamethasone dipropionate</i>	112	COSENTYX	91, 92
<i>clozapine</i>	50	COSENTYX SENSOREADY PEN	91
<i>clozapine odt</i>	50	COSMEGEN	20
CLOZAPINE ODT	50	COSOPT	104
CLOZARIL	50	COSOPT PF	104
C-NATE DHA	98	COTELIC	25
COARTEM	12	COTEMPLA XR-ODT	53
COCAINE HYDROCHLORIDE	108	COZAAR	32
CODEINE SULFATE	5	CREON	86
COGENTIN	49	CRESEMBA	11
COLAZAL	83	CRESTOR	33
<i>colchicine</i>	1	CRINONE	79
COLCHICINE	1	<i>cromolyn sodium</i>	85, 104, 108
COLCRYS	1	<i>crotan</i>	119

<i>cryselle-28</i>	69	DAPTOMYCIN	8
CRYSVITA	76	DARAPRIM	8
CUBICIN	8	<i>darifenacin hydrobromide er</i>	87
CUBICIN RF	8	DARTISLA ODT	82
CUPRIMINE	68	DARZALEX	25
CURITY GAUZE PADS 2	63	DARZALEX FASPRO	25
CUTAQUIG	93	<i>dasetta 1/35</i>	69
CUTIVATE	115	<i>dasetta 7/7/7</i>	69
CUVITRU	94	<i>daunorubicin hydrochloride</i>	21
CUVPOSA	82	DAUNORUBICIN HYDROCHLORIDE	21
<i>cyclobenzaprine hydrochloride</i>	59	DAURISMO	25
<i>cyclobenzaprine hydrochloride er</i>	59	DAYPRO	2
CYCLOGYL	105	<i>daysee</i>	69
<i>cyclopentolate hcl</i>	105	DAYTRANA	53
<i>cyclophosphamide</i>	20	DAYVIGO	55
CYCLOPHOSPHAMIDE	20	DDAVP	76
<i>cycloserine</i>	14	<i>deblitane</i>	69
CYCLOSET	65	<i>decitabine</i>	21
<i>cyclosporine</i>	95, 105	<i>deferasirox</i>	68
<i>cyclosporine modified</i>	95	<i>deferiprone</i>	68
CYKLOKAPRON	90	<i>deferoxamine mesylate</i>	68
CYMBALTA	46	DELESTROGEN	74
<i>cyproheptadine hcl</i>	107	DELSTRIGO	14
CYRAMZA	25	<i>delyla</i>	69
<i>cyred</i>	69	DELZICOL	83
<i>cyred eq</i>	69	<i>demeclocycline hcl</i>	19
CYSTADANE	76	DEMEROL	5
CYSTADROPS	105	DEMSEER	38
CYSTAGON	76	DENAVIR	117
CYSTARAN	105	DENGVAXIA	96
<i>cytarabine</i>	21	<i>denta 5000 plus</i>	120
<i>cytarabine aqueous</i>	21	<i>dentagel</i>	120
CYTOGAM	94	DEPAKOTE	41, 42
CYTOMEL	80	DEPAKOTE ER	41
CYTOTEC	85	DEPAKOTE SPRINKLES	42
D.H.E. 45	56	DEPEN TITRATABS	68
<i>dabigatran etexilate</i>	88	DEPO-ESTRADIOL	74
<i>dacarbazine</i>	23	DEPO-MEDROL	75
DACOGEN	21	DEPO-PROVERA CONTRACEPTIVE	69
<i>dactinomycin</i>	21	DEPO-SUBQ PROVERA	69
<i>dalfampridine er</i>	58	DEPO-TESTOSTERONE	62
DALIRESP	108	DERMA-SMOOTH/FS BODY	115
DALVANCE	8	DERMA-SMOOTH/FS SCALP	115
<i>danazol</i>	73	DERMOTIC	106
DANTRIUM	60	DESCOVY	14
<i>dantrolene sodium</i>	60	DESFERAL	68
<i>dapsone</i>	8, 111	<i>desipramine hydrochloride</i>	46
DAPTACEL	96	<i>desloratadine</i>	107
<i>daptomycin</i>	8	<i>desmopressin acetate</i>	76, 77



<i>desogestrel/ethinyl estradiol</i>	69	DIAZEPAM RECTAL GEL	42
<i>desonide</i>	115	<i>diazoxide</i>	76
DESOWEN	115	DIBENZYLINE	38
<i>desoximetasone</i>	115	<i>dichlorphenamide</i>	37
DESOXYN	53	DICLEGIS	81
<i>desrx</i>	115	DICLOFENAC EPOLAMINE	117
<i>desvenlafaxine er</i>	46	<i>diclofenac potassium</i>	2, 56
DETROL	87	<i>diclofenac sodium</i>	103, 117
DETROL LA	87	<i>diclofenac sodium dr</i>	2
DEXABLISS	75	<i>diclofenac sodium er</i>	2
<i>dexamethasone</i>	75	<i>diclofenac sodium external</i>	117
<i>dexamethasone 10-day dose pack</i>	75	<i>diclofenac sodium/misoprostol</i>	2
<i>dexamethasone 13-day dose pack</i>	75	<i>dicloxacillin sodium</i>	18
<i>dexamethasone 6-day dose pack</i>	75	<i>dicyclomine hcl</i>	82
DEXAMETHASONE INTENSOL	75	<i>dicyclomine hydrochloride</i>	82
<i>dexamethasone sodium phosphate</i>	75, 103	DIFFERIN	111
DEXEDRINE	53	DIFICID	17
DEXILANT	86	<i>diflorasone diacetate</i>	115
<i>dexlansoprazole</i>	86	DIFLUCAN	11
<i>dexmethylphenidate hcl</i>	53	<i>diflunisal</i>	2
<i>dexmethylphenidate hcl er</i>	53	<i>difluprednate</i>	103
<i>dexmethylphenidate hydrochloride</i>	53	<i>digitek</i>	38
<i>dexmethylphenidate hydrochloride er</i>	53	<i>digox</i>	38
<i>dextrazoxane</i>	29	<i>digoxin</i>	38
<i>dextroamphetamine sulfate</i>	53	<i>dihydroergotamine mesylate</i>	56
<i>dextroamphetamine sulfate er</i>	53	DILANTIN	42
DEXTROSE 10%/NACL 0.45%	97	DILANTIN INFATABS	42
DEXTROSE 5% /ELECTROLYTE #48		DILANTIN-125	42
VIAFLEX	97	DILAUDID	5
<i>dextrose 10%</i>	97, 101	<i>diltiazem hcl</i>	36
DEXTROSE 10%/NACL 0.2%	97	DILTIAZEM HCL	36
DEXTROSE 2.5%/NACL 0.45%	97	<i>diltiazem hcl cd</i>	35
DEXTROSE 25%	101	<i>diltiazem hcl er</i>	35
<i>dextrose 5%</i>	97, 101	<i>diltiazem hcl inj</i>	36
DEXTROSE 5%/LACTATED RINGERS	97	<i>dilt-xr</i>	35
DEXTROSE 5%/NACL 0.2%	97	DIMENHYDRINATE	81
DEXTROSE 5%/NACL 0.225%	97	<i>dimethyl fumarate</i>	58
<i>dextrose 5%/nacl 0.3%</i>	97	<i>dimethyl fumarate starterpack</i>	58
DEXTROSE 5%/NACL 0.33%	97	DIOVAN	32
DEXTROSE 5%/NACL 0.45%	97	DIOVAN HCT	31
DEXTROSE 5%/NACL 0.9%	97	DIPENTUM	83
DEXTROSE 50%	101	<i>diphenhydramine hcl</i>	107
DEXTROSE 70%	101	<i>diphenoxylate hydrochloride/atropine sulfate</i>	85
DEXYCU	103	<i>diphenoxylate/atropine</i>	85
DHIVY	49	DIPHThERIA/TETANUS TOXOIDS	
DIACOMIT	42	ADSORBED PEDIATRIC	96
DIASSTAT ACUDIAL	42	DIPROLENE	115
DIASSTAT PEDIATRIC	42	DIPROLENE AF	115
<i>diazepam</i>	42	<i>dipyridamole</i>	91

<i>disopyramide phosphate</i>	32	<i>drospirenone/ethinyl estradiol/levomefolate</i>	
<i>disulfiram</i>	61	<i>calcium</i>	69
DITROPAN XL	87	DROXIA	90
DIURIL	37	<i>droxidopa</i>	38
<i>divalproex sodium</i>	42	DUAKLIR PRESSAIR	106
<i>divalproex sodium dr</i>	42	DUAVEE	74
<i>divalproex sodium er</i>	42	DUET DHA 400	98
DIVIGEL	74	DUET DHA BALANCED	98
<i>dobutamine hcl</i>	38	DUETACT	65
DOBUTAMINE		DUEXIS	2
HYDROCHLORIDE/DEXTROSE 5%	38	DULERA	110
<i>docetaxel</i>	24	<i>duloxetine hcl</i>	46
DOCETAXEL	24	DUOBRII	115
<i>dofetilide</i>	32	DUOPA	49
DOJOLVI	77	DUPIXENT	92
<i>dolishale</i>	69	DURACLON	1
<i>donepezil hcl</i>	45	DURAMORPH	5
<i>donepezil hcl odt</i>	45	DUREZOL	103
DOPAMINE HYDROCHLORIDE	38	DURYSTA	104
DOPAMINE HYDROCHLORIDE/DEXTROSE	38	<i>dutasteride</i>	87
		<i>dutasteride/tamsulosin hydrochloride</i>	87
DOPTELET	90	DXEVO 11-DAY	75
DORYX	19	DYANAVEL XR	53
<i>doxolamide hcl/timolol maleate</i>	104	DYMISTA	107
<i>doxolamide hydrochloride</i>	104	DYRENIUM	37
<i>doxolamide hydrochloride/timolol maleate pf</i>	104	DYSPORT	60
<i>dotti</i>	74	<i>e.e.s. 400</i>	17
DOVATO	14	E.E.S. GRANULES	17
DOVONEX	113	<i>ec-naproxen</i>	2
<i>doxazosin mesylate</i>	31	<i>econazole nitrate</i>	113
<i>doxepin hcl</i>	46	EDARBI	32
<i>doxepin hydrochloride</i>	46, 55	EDARBYCLOR	31
DOXEPIN HYDROCHLORIDE	117	EDECIN	37
<i>doxercalciferol</i>	80	EDLUAR	55
DOXIL	21	<i>ed-spaz</i>	82
<i>doxorubicin hcl</i>	21	EDURANT	12
<i>doxorubicin hydrochloride</i>	21	<i>efavirenz</i>	12, 14
<i>doxorubicin hydrochloride liposomal</i>	21	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	
<i>doxy 100</i>	19	<i>fumarate</i>	14
<i>doxycycline</i>	19	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	
DOXYCYCLINE	118	<i>fumarate</i>	14
<i>doxycycline hyclate</i>	19	<i>effe-k</i>	98
<i>doxycycline hyclate dr</i>	19	EFFER-K	98
<i>doxycycline monohydrate</i>	19	EFFEXOR XR	46
<i>doxylamine succinate/pyridoxine hydrochloride</i>	81	EFFIENT	91
DRIZALMA	46	EFUDEX	118
<i>dronabinol</i>	81	EGRIFTA SV	77
<i>droperidol</i>	41	ELAPRASE	77
<i>drospirenone/ethinyl estradiol</i>	69	ELELYSO	77

ELESTRIN	74	ENTOCORT EC	83
<i>eletriptan hydrobromide</i>	56	ENTRESTO	31
ELIDEL	118	ENTYVIO	92
ELIGARD	22	<i>enulose</i>	84
<i>elinest</i>	69	ENVARBUS XR	95
ELIQUIS	88	EPANED	30
ELIQUIS STARTER PACK	88	EPCLUSA	15
ELITEK	29	EPIDIOLEX	42
ELITE-OB	98	EPIDUO	111
<i>elixophyllin</i>	108	EPIDUO FORTE	111
ELLA	69	EPIFOAM	115
ELLEENCE	21	<i>epinastine hcl</i>	104
ELMIRON	87	<i>epinephrine</i>	38, 108
<i>eluryng</i>	69	EPIPEN	108
ELYXYB	56	EPIPEN-JR	108
EMCYT	22	<i>epitol</i>	42
EMEND	81	EPIVIR	12, 15
EMEND TRIPACK	81	EPIVIR HBV	15
EMFLAZA	75	<i>eplerenone</i>	30
EMGALITY	56	EPOGEN	89
<i>emoquette</i>	70	<i>epoprostenol sodium</i>	39
EMPAVELI	90	EPRONTIA	42
EMPLICITI	25	EPSOLAY	61
EMSAM	46	EPZICOM	14
<i>emtricitabine</i>	12, 14	EQUETRO	57
<i>emtricitabine/tenofovir disoproxil</i>	14	ERAXIS	11
<i>emtricitabine/tenofovir disoproxil fumarate</i>	14	ERBITUX	25
EMTRIVA	12	<i>ergoloid mesylates</i>	45
EMVERM	8	ERGOMAR	56
<i>enalapril maleate</i>	30	<i>ergotamine tartrate/caffeine</i>	56
<i>enalapril maleate/hydrochlorothiazide</i>	30	ERIVEDGE	25
<i>enalaprilat</i>	30	ERLEADA	22
ENBRACE HR	98	<i>erlotinib hydrochloride</i>	25
ENBREL	92	ERMEZA	80
ENBREL MINI	92	<i>errin</i>	70
ENBREL SURECLICK	92	ERTACZO	113
ENDARI	90	<i>ertapenem</i>	8
<i>endocet</i>	5	<i>ery</i>	111
ENGERIX-B	96	ERYGEL	111
ENHERTU	25	ERYPED 200	17
ENJAYMO	90	ERYPED 400	17
<i>enoxaparin sodium</i>	88	<i>ery-tab</i>	17
<i>enpresse-28</i>	70	ERYTHROCIN LACTOBIONATE	17
<i>enskyce</i>	70	<i>erythrocine stearate</i>	17
ENSPRYNG	57	<i>erythromycin</i>	102, 111
ENSTILAR	115	<i>erythromycin base</i>	17
<i>entacapone</i>	49	<i>erythromycin dr</i>	17, 18
ENTADFI	87	<i>erythromycin ethylsuccinate</i>	17
<i>entecavir</i>	15	<i>erythromycin lactobionate</i>	17

<i>erythromycin stearate</i>	17	EXKIVITY	25
<i>erythromycin/benzoyl peroxide</i>	111	EXONDYS 51	57
ESBRIET	109	EXPAREL	7
<i>escitalopram oxalate</i>	46	EXSERVAN	57
<i>esgic</i>	1	EXTAVIA	58
ESGIC	1	EXTINA	113
<i>esomeprazole magnesium</i>	86	EYLEA	105
<i>esomeprazole sodium</i>	86	EYSUVIS	103
<i>estarylla</i>	70	EZALLOR SPRINKLE	33
<i>estazolam</i>	55	<i>ezetimibe</i>	34
ESTRACE	74	EZETIMIBE/ROSUVASTATIN	34
<i>estradiol</i>	74	<i>ezetimibe/simvastatin</i>	34
<i>estradiol valerate</i>	74	FABIOR	111
<i>estradiol/norethindrone acetate</i>	74	FABRAZYME	77
ESTRING	74	<i>falmina</i>	70
ESTROGEL	74	<i>famciclovir</i>	15
<i>eszopiclone</i>	55	<i>famotidine</i>	83
<i>ethacrynate sodium</i>	37	<i>famotidine premixed</i>	83
<i>ethacrynic acid</i>	37	FANAPT	50
<i>ethambutol hydrochloride</i>	14	FANAPT TITRATION PACK	50
<i>ethosuximide</i>	42	FARESTON	22
<i>ethynodiol diacetate/ethinyl estradiol</i>	70	FARXIGA	65
<i>etodolac</i>	2	FARYDAK	25
<i>etodolac er</i>	2	FASENRA	109
ETONOGESTREL/ETHINYL ESTRADIOL	70	FASENRA PEN	109
ETOPOPHOS	24	FASLODEX	22
<i>etoposide</i>	24	<i>fayosim</i>	70
<i>etravirine</i>	12	<i>febuxostat</i>	1
EUCRISA	118	<i>felbamate</i>	42
EULEXIN	22	FELBATOL	42
<i>euthyrox</i>	80	FELDENE	2
EVAMIST	74	<i>felodipine er</i>	36
EVEKEO	53	FEMARA	22
EVEKEO ODT	53	FEMRING	74
EVENITY	67	<i>femynor</i>	70
<i>everolimus</i>	25, 95	<i>fenofibrate</i>	33
EVISTA	77	FENOFIBRATE MICRONIZED	33
EVKEEZA	34	<i>fenofibric acid dr</i>	33
EVOCLIN	111	FENOGLIDE	33
EVOMELA	20	<i>fenopropfen calcium</i>	2
EVOTAZ	14	FENOPROFEN CALCIUM	2
EVOXAC	120	FENSOLVI	77
EVRYSDI	57	<i>fentanyl</i>	3, 5
EXELDERM	113	<i>fentanyl citrate</i>	5
EXELON	45	FENTANYL CITRATE	5
<i>exemestane</i>	22	FENTORA	5
EXFORGE	31	FERRIPROX	68
EXFORGE HCT	31	FERRIPROX TWICE-A-DAY	68
EXJADE	68	<i>fesoterodine fumarate er</i>	87

FETROJA	17	<i>fluorimax 5000 sensitive</i>	120
FETZIMA	46	<i>fluoritab</i>	98
FETZIMA TITRATION PACK	46	FLUOROMETHOLONE	103
<i>fexmid</i>	60	FLUOROPLEX	118
FIASP	63	<i>fluorouracil</i>	21, 118
FIASP FLEXTOUCH	63	FLUOROURACIL CREA 0.5%	118
FIASP PENFILL	63	<i>fluorouracil external</i>	118
FINACEA	118	<i>fluoxetine dr</i>	47
<i>finasteride</i>	87	<i>fluoxetine hcl</i>	47
<i>finngolimod</i>	58	<i>fluoxetine hydrochloride</i>	47
FINTEPLA	42	<i>fluphenazine decanoate</i>	50
<i>finzala</i>	70	<i>fluphenazine hcl</i>	50
FIORICET	1, 5	<i>fluphenazine hydrochloride</i>	50
FIORICET/CODEINE	5	<i>flurandrenolide</i>	115
FIRAZYR	90	<i>flurazepam hcl</i>	55
FIRDAPSE	57	<i>flurbiprofen</i>	2
FIRMAGON	22	<i>flurbiprofen sodium</i>	103
FIRVANQ	8	<i>flutamide</i>	22
<i>flac otic oil</i>	106	FLUTICASONE FUROATE/VILANTEROL	
FLAGYL	8	ELLIPTA	110
FLAREX	103	<i>fluticasone propionate</i>	109, 115
<i>flavoxate hcl</i>	87	FLUTICASONE PROPIONATE HFA	110
FLEBOGAMMA DIF	94	FLUTICASONE	
<i>flecainide acetate</i>	32	PROPIONATE/SALMETEROL	110
FLECTOR	118	FLUTICASONE	
FLEQSUVY	60	PROPIONATE/SALMETEROL DISKUS	110
FLOLAN	39	<i>fluvastatin</i>	33
FLOLIPID	33	<i>fluvastatin sodium er</i>	33
FLOMAX	87	<i>fluvoxamine maleate</i>	41
FLORIVA	98	<i>fluvoxamine maleate er</i>	41
FLOVENT DISKUS	110	FML	103
FLOVENT HFA	110	FML FORTE	103
<i>fluconazole</i>	11	FML LIQUIFILM	103
<i>fluconazole in sodium chloride</i>	11	FOCALIN	53
<i>fluconazole/sodium chloride</i>	11	FOCALIN XR	53
<i>flucytosine</i>	11	FOLIVANE-OB	98
<i>fludarabine phosphate</i>	21	FOLOTYN	21
<i>fludrocortisone acetate</i>	75	<i>fomepizole</i>	77
<i>flumazenil</i>	57	<i>fondaparinux sodium</i>	88
<i>flunisolide</i>	109	FORFIVO XL	47
<i>fluocinolone acetonide</i>	106, 115	<i>formoterol fumarate</i>	108
<i>fluocinolone acetonide body</i>	115	FORTAZ	17
<i>fluocinolone acetonide scalp</i>	115	FORTEO	67
<i>fluocinonide</i>	115	FORTESTA	62
<i>fluocinonide emulsified base</i>	115	FOSAMAX	67
<i>fluoride</i>	98	FOSAMAX PLUS D	67
<i>fluoridex</i>	120	<i>fosamprenavir calcium</i>	12
<i>fluoridex sensitivity relief/sls free</i>	120	<i>fosaprepitant dimeglumine</i>	81
<i>fluorimax 5000</i>	120	<i>foscarnet sodium</i>	15

<i>fosfomycin tromethamine</i>	8	<i>generlac</i>	84
<i>fosinopril sodium</i>	30	<i>gengraf</i>	95
<i>fosinopril sodium/hydrochlorothiazide</i>	30	GENOTROPIN	77
<i>fosphenytoin sodium</i>	42	GENOTROPIN MINIQUICK	77
FOSRENOL	79	<i>gentak</i>	102
FOTIVDA	25	<i>gentamicin sulfate</i>	9, 102, 112
FRAGMIN	88, 89	<i>gentamicin sulfate pediatric</i>	9
FREAMINE III	101	<i>gentamicin sulfate/0.9% sodium chloride</i>	9
FROVA	56	GENVOYA	14
<i>frovatriptan succinate</i>	56	GEODON	50
FULPHILA	89	GIANVI	70
<i>fulvestrant</i>	22	GILENYA	58
FUROSCIX	37	GILOTRIF	25
<i>furosemide</i>	37	GIMOTI	81
FUZEON	12	GIVLAARI	90
FYARRO	25	GLASSIA	109
<i>fyavolv</i>	74	<i>glatiramer acetate</i>	58
FYCOMPA	42	<i>glatopa</i>	58
FYLNETRA	89	GLEEVEC	25
<i>gabapentin</i>	42	GLEOSTINE	20
GABITRIL	42	<i>glimepiride</i>	65
GABLOFEN	60	<i>glipizide</i>	65
GALAFOLD	77	<i>glipizide er</i>	65
<i>galantamine hydrobromide</i>	45	<i>glipizide xl</i>	65
<i>galantamine hydrobromide er</i>	45	<i>glipizide/metformin hydrochloride</i>	65
GAMASTAN	94	GLOPERBA	1
GAMMAGARD LIQUID	94	GLUCAGEN HYPOKIT	76
GAMMAGARD S/D	94	GLUCAGON EMERGENCY KIT FOR LOW	
GAMMAKED	94	BLOOD SUGAR	76
GAMMAPLEX	94	GLUCOTROL XL	65
GAMUNEX-C	94	GLUMETZA	65
<i>ganciclovir</i>	15	<i>glyburide</i>	65
GARDASIL 9	96	<i>glyburide micronized</i>	65
GASTROCROM	85	<i>glyburide/metformin hydrochloride</i>	65
<i>gatifloxacin</i>	102	GLYCATE	82
GATTEX	85	<i>glycopyrrolate</i>	82
<i>gavilyte-c</i>	84	GLYCOPYRROLATE	82
<i>gavilyte-g</i>	84	<i>glydo</i>	117
<i>gavilyte-n/flavor pack</i>	84	GLYNASE	65
GAVRETO	25	GLYXAMBI	65
GAZYVA	25	GOCOVRI	49
GELNIQUE	88	GOLYTELY	84
<i>gemcitabine hcl</i>	21	GONITRO	39
<i>gemcitabine hydrochloride</i>	21	GOPRELTO	109
GEMCITABINE HYDROCHLORIDE	21	GRALISE	57
<i>gemfibrozil</i>	33	<i>granisetron hcl</i>	81
<i>gemmily</i>	70	GRANIX	89
GEMTESA	88	GRASTEK	94
GENERESS FE	70	<i>griseofulvin microsize</i>	11

<i>griseofulvin ultramicrosize</i>	11	HIZENTRA	94
<i>guanfacine er</i>	53	HORIZANT	57
<i>guanfacine hcl</i>	38	HUMALOG	63
<i>guanfacine hydrochloride</i>	38	HUMALOG JUNIOR KWIKPEN	63
<i>guanfacine hydrochloride er</i>	53	HUMALOG KWIKPEN	63
GVOKE HYPOPEN	76	HUMALOG MIX 50/50	63
GVOKE KIT	76	HUMALOG MIX 50/50 KWIKPEN	63
GVOKE PFS	76	HUMALOG MIX 75/25	63
GYNAZOLE-1	88	HUMALOG MIX 75/25 KWIKPEN	63
HAEGARDA	90	HUMATIN	9
<i>hailey 1.5/30</i>	70	HUMATROPE	77
<i>hailey 24 fe</i>	70	HUMIRA	92
<i>hailey fe 1.5/30</i>	70	HUMIRA PEDIATRIC CROHNS DISEASE	
<i>hailey fe 1/20</i>	70	STARTER PACK	92
HALAVEN	24	HUMIRA PEN	92
<i>halcinonide</i>	115	HUMIRA PEN-PEDIATRIC UC STARTER	
HALCION	55	PACK	92
HALDOL DECANOATE 100	50	HUMULIN 70/30	63
HALDOL DECANOATE 50	51	HUMULIN 70/30 KWIKPEN	63
<i>halobetasol propionate</i>	115	HUMULIN N	63
HALOBETASOL PROPIONATE	115	HUMULIN N KWIKPEN	63
<i>haloette</i>	70	HUMULIN R	63
HALOG	115	HUMULIN R U-500 (CONCENTRATED)	63
<i>haloperidol</i>	51	HUMULIN R U-500 KWIKPEN	63
<i>haloperidol decanoate</i>	51	HYCAMTIN	23
<i>haloperidol lactate</i>	51	<i>hydralazine hcl</i>	38
HARVONI	15	HYDREA	23
HAVRIX	96	<i>hydrochlorothiazide</i>	37
<i>heather</i>	70	<i>hydrocodone bitartrate er</i>	3
HECTOROL	80	<i>hydrocodone bitartrate/acetaminophen</i>	5
HELIDAC THERAPY	85	<i>hydrocodone/ibuprofen</i>	5
HEMADY	75	<i>hydrocortisone</i>	75, 83, 116
HEMANGEOL	35	<i>hydrocortisone acetate/pramoxine</i>	118
HEPAGAM B	94	<i>hydrocortisone butyrate</i>	116
<i>heparin sodium</i>	89	<i>hydrocortisone butyrate (lipophilic)</i>	116
HEPARIN SODIUM	89	<i>hydrocortisone perianal</i>	118
HEPARIN SODIUM/DEXTROSE	89	<i>hydrocortisone valerate</i>	116
HEPARIN SODIUM/NACL 0.45%	89	<i>hydrocortisone/acetic acid</i>	106
HEPATAMINE	101	<i>hydromorphone hcl</i>	5
HEPSERA	15	HYDROMORPHONE HCL	5
HERCEPTIN	25	<i>hydromorphone hcl er</i>	3
HERCEPTIN HYLECTA	25	<i>hydromorphone hydrochloride</i>	5
HERZUMA	25	HYDROMORPHONE HYDROCHLORIDE	5
HETLIOZ	55	<i>hydroxychloroquine sulfate</i>	93
HETLIOZ LQ ORAL SUSP	55	HYDROXYCHLOROQUINE SULFATE	93
HEXATRIONE	75	<i>hydroxyprogesterone caproate</i>	22, 79
HIBERIX	96	<i>hydroxyurea</i>	23
<i>hidex 6-day</i>	75	<i>hydroxyzine hcl</i>	107
HIPREX	9	<i>hydroxyzine hydrochloride</i>	107



<i>hydroxyzine pamoate</i>	107	IMURAN	95
HYFTOR	118	IMVEXXY MAINTENANCE PACK	74
<i>hyoscyamine sulfate</i>	82	IMVEXXY STARTER PACK	74
HYPERHEP B	94	INBRIJA	49
<i>hyperlyte-cr</i>	97	<i>incassia</i>	70
HYPERRAB	94	INCRELEX	77
HYPERRHO S/D	94	INCRUSE ELLIPTA	106
HYPERRHO S/D MINI-DOSE	94	<i>indapamide</i>	37
HYPERTET	94	INDERAL LA	35
HYQVIA	94	INDERAL XL	35
HYSINGLA ER	4	INDOCIN	2
HYZAAR	31	<i>indomethacin</i>	2
<i>ibandronate sodium</i>	67	<i>indomethacin er</i>	2
IBRANCE	25	INFANRIX	96
IBSRELA	85	INFLECTRA	92
<i>ibu</i>	2	INFLIXIMAB	92
<i>ibuprofen</i>	2	INFUGEM	21
<i>ibuprofen/famotidine</i>	2	INFUMORPH 200	5
<i>icatibant acetate</i>	90	INFUMORPH 500	5
<i>iclevia</i>	70	INGREZZA	57
ICLUSIG	25	INLYTA	26
<i>icosapent ethyl</i>	34	INNOPRAN XL	35
IDAMYCIN PFS	21	INQOVI	21
<i>idarubicin hcl</i>	21	INREBIC	26
IDHIFA	25	INSPIRA	30
IFEX	20	INSULIN ASPART	63
<i>ifosfamide</i>	20	INSULIN ASPART FLEXPEN	63
IFOSFAMIDE	20	INSULIN ASPART PENFILL	63
ILARIS	94	INSULIN ASPART PROTAMINE/INSULIN	
ILEVRO	103	ASPART 70/30	63
ILUMYA	92	INSULIN DEGLUDEC	63
<i>imatinib mesylate</i>	26	INSULIN DEGLUDEC FLEXTOUCH	63
IMBRUVICA	26	INSULIN GLARGINE	63
IMFINZI	26	INSULIN GLARGINE SOLOSTAR	63
<i>imipenem/cilastatin</i>	9	INSULIN LISPRO	63
<i>imipramine hcl</i>	47	INSULIN LISPRO JUNIOR KWIKPEN	63
<i>imipramine hydrochloride</i>	47	INSULIN LISPRO KWIKPEN	63
<i>imipramine pamoate</i>	47	INSULIN LISPRO PROTAMINE/INSULIN	
<i>imiquimod</i>	118	LISPRO 75/25	63
IMIQUIMOD PUMP	118	INTELENCE	12
IMITREX	56	INTRALIPID	101
IMITREX STATDOSE REFILL	56	INTRAROSA	87
IMITREX STATDOSE SYSTEM	56	INTRON A	94
IMJUDO	26	<i>introvale</i>	70
IMLYGIC	23	INTUNIV	54
IMOGAM RABIES-HT	94	INVANZ	9
IMOVAX RABIES (H.D.C.V.)	96	INVEGA	51
IMPAVIDO	9	INVEGA HAFYERA	51
IMPEKLO	116	INVEGA SUSTENNA	51

INVEGA TRINZA	51	JARDIANCE	66
INVELTYS	103	<i>jasmiel</i>	70
INVIRASE	12	JATENZO	62
INVOKAMET	65	<i>javygtor</i>	77
INVOKAMET XR	65	JAYPIRCA	26
INVOKANA	65	JEMPERLI	26
IOPIDINE	104	<i>jencycla</i>	70
IPOL INACTIVATED IPV	96	JENTADUETO	66
<i>ipratropium bromide</i>	106	JENTADUETO XR	66
<i>ipratropium bromide nasal</i>	106	JEVTANA	24
<i>ipratropium bromide/albuterol sulfate</i>	106	<i>jinteli</i>	74
<i>irbesartan</i>	31, 32	JOLESSA	70
<i>irbesartan/hydrochlorothiazide</i>	31	JORNAY PM	54
IRESSA	26	JUBLIA	113
<i>irinotecan hcl</i>	23	<i>juleber</i>	70
<i>irinotecan hydrochloride</i>	23	JULUCA	14
ISENTRESS	12	<i>junel 1.5/30</i>	70
ISENTRESS HD	12	<i>junel 1/20</i>	70
<i>isibloom</i>	70	<i>junel fe 1.5/30</i>	70
ISOLYTE-P/DEXTROSE 5%	97	<i>junel fe 1/20</i>	70
ISOLYTE-S	97	<i>junel fe 24</i>	70
ISOLYTE-S PH 7.4	97	<i>just right 5000</i>	120
<i>isoniazid</i>	14	JUXTAPID	34
ISOPTO ATROPINE	105	JYNARQUE	77
ISORDIL	39	JYNNEOS	96
ISORDIL TITRADOSE	39	KABIVEN	101
<i>isosorbide dinitrate</i>	38, 39	KADCYLA	26
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	38	<i>kaitlib fe</i>	70
<i>isosorbide mononitrate</i>	39	KALBITOR	90
<i>isosorbide mononitrate er</i>	39	KALETRA	14
<i>isotonic gentamicin</i>	9	<i>kalliga</i>	70
<i>isotretinoin</i>	111	KALYDECO	109
<i>isradipine</i>	36	KANJINTI	26
ISTALOL	104	KANUMA	77
ISTODAX (OVERFILL)	26	KAPSPARGO SPRINKLE	35
ISTURISA	77	KAPVAY	54
<i>itraconazole</i>	11	<i>kariva</i>	70
<i>ivermectin</i>	9, 118, 119	KATERZIA	36
IXEMPRA KIT	24	KAZANO	66
IXIARO	96	KCL 0.075%/D5W/NACL 0.45%	97
JADENU	68	KCL 0.15%/D5W/NACL 0.2%	97
JADENU SPRINKLE	68	KCL 0.15%/D5W/NACL 0.45%	97
<i>jaimiess</i>	70	KCL 0.15%/D5W/NACL 0.9%	97
JAKAFI	26	KCL 0.3%/D5W/NACL 0.45%	97
JALYN	87	KCL 0.3%/D5W/NACL 0.9%	97
<i>jantoven</i>	89	KEDRAB	94
JANUMET	65, 66	<i>kelnor 1/35</i>	70
JANUMET XR	65, 66	<i>kelnor 1/50</i>	70
JANUVIA	66	KENALOG	116

KENALOG-10	75	KYNMOBI	49
KENALOG-40	75	KYPROLIS	26
KENALOG-80	75	<i>labetalol hydrochloride</i>	35
KEPIVANCE	29	LABETALOL	
KEPPRA	42	HYDROCHLORIDE/DEXTROSE	35
KEPPRA XR	42	LABETALOL HYDROCHLORIDE/SODIUM	
KERENDIA	30	CHLORIDE	35
KERYDIN	113	<i>lacosamide</i>	43
KESIMPTA	58	LACRISERT	105
<i>ketoconazole</i>	11, 113, 114	<i>lactated ringers</i>	97, 119
<i>ketodan</i>	113	LACTATED RINGERS IRRIGATION	119
<i>ketoprofen</i>	2	<i>lactulose</i>	84
<i>ketoprofen er</i>	2	LACTULOSE	84
<i>ketorolac tromethamine</i>	2, 103	LAMCITAL XR	43
KEVEYIS	37	LAMICTAL	43
KEVZARA	92	LAMICTAL ODT	43
KEYTRUDA	26	LAMICTAL STARTER KIT	43
KHAPZORY	29	LAMICTAL XR	43
KIMMTRAK	26	LAMICTAL XR TITRATION KIT	43
KIMYRSA	9	<i>lamivudine</i>	12, 15
KINERET	92	<i>lamivudine/zidovudine</i>	14
KINRIX	96	<i>lamotrigine</i>	43
KISQALI	23, 26	<i>lamotrigine er</i>	43
KISQALI FEMARA 200 DOSE	23	<i>lamotrigine odt</i>	43
KISQALI FEMARA 400 DOSE	23	<i>lamotrigine odt titration kit</i>	43
KISQALI FEMARA 600 DOSE	23	<i>lamotrigine starter kit/blue</i>	43
KITABIS PAK	9	<i>lamotrigine starter kit/green</i>	43
KLARON	112	<i>lamotrigine starter kit/orange</i>	43
KLISYRI	118	LAMPIT	9
KLONOPIN	42	LANOXIN	38
<i>klor-con</i>	99	LANOXIN PEDIATRIC	38
<i>klor-con 10</i>	98	LANREOTIDE ACETATE	77
<i>klor-con 8</i>	98	<i>lansoprazole</i>	86
<i>klor-con m10</i>	99	<i>lansoprazole/amoxicillin/clarithromycin</i>	85
<i>klor-con m15</i>	99	<i>lanthanum carbonate</i>	79
<i>klor-con m20</i>	99	LANTUS	63
<i>klor-con/ef</i>	99	LANTUS SOLOSTAR	63
KLOXXADO	61	<i>lapatinib ditosylate</i>	26
KOMBIGLYZE XR	66	<i>larin 1.5/30</i>	70
KORLYM	77	<i>larin 1/20</i>	70
KOSELUGO	26	<i>larin 24 fe</i>	70
KRAZATI	26	<i>larin fe 1.5/30</i>	71
KRINTAFEL	12	<i>larin fe 1/20</i>	71
KRISTALOSE	84	<i>larissia</i>	71
KRYSTEXXA	1	LASIX	37
K-TAB	98	LASTACAFT	104
<i>kurvelo</i>	70	<i>latanoprost</i>	104
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LEDIPASVIR/SOFOSBUVIR	15	LEVSIN/SL	82
LEENA	71	LEVULAN KERASTICK	118
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LEMTRADA	58	LEXETTE	116
<i>lenalidomide</i>	23	LEXIVA	12
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LENVIMA 10 MG DAILY DOSE	26	LIBRAX	83
LENVIMA 14 MG DAILY DOSE	26	LIBTAYO	26
LENVIMA 18 MG DAILY DOSE	26	LICART	118
LENVIMA 20 MG DAILY DOSE	26	<i>lidocaine</i>	117
LENVIMA 24 MG DAILY DOSE	26	<i>lidocaine hcl</i>	7, 32, 117
LENVIMA 8 MG DAILY DOSE	26	LIDOCAINE HCL	32
LEQVIO	34	<i>lidocaine hcl external</i>	117
LESCOL XL	33	LIDOCAINE HCL IN D5W	32
<i>lessina</i>	71	<i>lidocaine hcl jelly</i>	117
LETAIRIS	39	<i>lidocaine hcl mouth/throat</i>	120
<i>letrozole</i>	22	<i>lidocaine hydrochloride</i>	7
<i>leucovorin calcium</i>	29	<i>lidocaine patch</i>	117
LEUKERAN	20	<i>lidocaine viscous</i>	120
LEUKINE	89	<i>lidocaine/epinephrine</i>	7
<i>leuprolide acetate</i>	22	<i>lidocaine/prilocaine</i>	117
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<i>levalbuterol</i>	108	LILETTA	71
<i>levalbuterol hcl</i>	108	<i>lillow</i>	71
<i>levalbuterol hydrochloride</i>	108	LINCOCIN	9
LEVALBUTEROL TARTRATE HFA	108	<i>lincomycin hcl</i>	9
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LEVEMIR	63	<i>linezolid</i>	9
LEVEMIR FLEXPEN	63	LINEZOLID	9
LEVEMIR FLEXTOUCH	63	LINZESS	85
<i>levetiracetam</i>	43	LIORESAL INTRATHECAL	60
<i>levetiracetam er</i>	43	<i>liothyronine sodium</i>	80
<i>levetiracetam/sodium chloride</i>	43	LIPITOR	33
<i>levobunolol hcl</i>	104	LIPOFEN	33
<i>levocarnitine</i>	77	<i>lisinopril</i>	30
LEVOCARNITINE	77	<i>lisinopril/hydrochlorothiazide</i>	30
<i>levocetirizine dihydrochloride</i>	107	LITHIUM	57
<i>levofloxacin</i>	18, 102	<i>lithium carbonate</i>	57
<i>levofloxacin in d5w</i>	18	<i>lithium carbonate er</i>	57
<i>levoleucovorin calcium</i>	29	LITHOBID	57
<i>levonest</i>	71	LITHOSTAT	87
<i>levonorgestrel/ethinyl estradiol</i>	71	LIVALO	33
<i>levora</i>	71	LIVMARLI	85
<i>levorphanol tartrate</i>	5	LIVTENCITY	15
LEVO-T	80	LO LOESTRIN FE	71
<i>levothyroxine sodium</i>	80	LOCOID	116
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LODOSYN	49	LUNSUMIO	26
<i>loestrin 1.5/30-21</i>	71	LUPKYNIS	95
<i>loestrin 1/20-21</i>	71	LUPRON DEPOT (1-MONTH)	22
<i>loestrin fe 1.5/30</i>	71	LUPRON DEPOT (3-MONTH)	22
<i>loestrin fe 1/20</i>	71	LUPRON DEPOT (4-MONTH)	22
<i>lofena</i>	2	LUPRON DEPOT (6-MONTH)	22
<i>lojaimiess</i>	71	LUPRON DEPOT-PED (1-MONTH)	77
LOKELMA	68	LUPRON DEPOT-PED (3-MONTH)	77
LOMOTIL	85	<i>lurasidone hydrochloride</i>	51
LONHALA MAGNAIR	107	<i>lutera</i>	71
LONSURF	21	LUXIQ	116
<i>loperamide hcl</i>	85	LUZU	113
LOPID	33	LYBALVI	51
<i>lopinavir/ritonavir</i>	14	<i>lyleq</i>	71
LOPRESSOR	35	<i>lyllana</i>	74
LOPROX	113	LYNPARZA	26
<i>lorazepam</i>	41	LYRICA	43
<i>lorazepam intensol</i>	41	LYRICA CR	57
LORBRENA	26	LYSODREN	22
LOREEV XR	41	LYTGOBI	26, 27
LORTAB	5	LYUMJEV	64
<i>loryna</i>	71	LYUMJEV KWIKPEN	64
<i>lorzone</i>	60	LYVISPAH	60
LORZONE	60	<i>lyza</i>	71
<i>losartan potassium</i>	32	MACROBID	9
<i>losartan potassium/hydrochlorothiazide</i>	31	MACRODANTIN	9
LOSEASONIQUE	71	<i>mafenide acetate</i>	112
LOTEMAX	103	<i>magnesium sulfate</i>	97
LOTEMAX SM	103	MAGNESIUM SULFATE	97
LOTENSIN	30	<i>magnesium sulfate in d5w</i>	97
LOTENSIN HCT	30	MAKENA	79
<i>loteprednol etabonate</i>	103	MALARONE	12
LOTREL	30	<i>malathion</i>	119
LOTRONEX	85	<i>mannitol</i>	37
<i>lovastatin</i>	33	MANNITOL	37
LOVAZA	34	<i>maraviroc</i>	12
LOVENOX	89	MARCAINE	7
<i>low-ogestrel</i>	71	MARCAINE/EPINEPHRINE	7
<i>loxapine</i>	51	MARGENZA	27
<i>lo-zumandimine</i>	71	MARINOL	81
LUBIPROSTONE	85	<i>marlissa</i>	71
LUCEMYRA	61	MARPLAN	47
LUCENTIS	105	MARQIBO	24
LULICONAZOLE	113	MATULANE	23
LUMAKRAS	26	<i>matzim la</i>	36
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LUMOXITI	26	MAXALT	56
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MAXIDEX	103	METHADONE HCL INJ	4
MAXITROL	102	METHADOSE	4
MAXZIDE	37	METHADOSE SUGAR-FREE	4
MAXZIDE-25	37	<i>methamphetamine hcl</i>	54
MAYZENT	59	<i>methazolamide</i>	37
MAYZENT STARTER PACK	59	<i>methenamine hippurate</i>	9
<i>me/naphos/mb/hyo 1</i>	9	<i>methenamine mandelate</i>	9
<i>meclizine hcl</i>	81	<i>methergine</i>	77
<i>meclofenamate sodium</i>	2	<i>methimazole</i>	80
MEDROL	75	METHITEST	62
MEDROL DOSEPAK	75	<i>methocarbamol</i>	60
<i>medroxyprogesterone acetate</i>	71, 79	<i>methotrexate sodium</i>	21, 93
<i>mefenamic acid</i>	2	<i>methoxsalen</i>	114
<i>mefloquine hcl</i>	12	<i>methscopolamine bromide</i>	83
<i>megestrol acetate</i>	22, 79	<i>methylergonovine maleate</i>	77
MEKINIST	27	METHYLIN	54
MEKTOVI	27	<i>methylphenidate</i>	54
<i>meloxicam</i>	2	<i>methylphenidate hydrochloride</i>	54
<i>melphalan</i>	20	<i>methylphenidate hydrochloride cd</i>	54
<i>melphalan hydrochloride</i>	20	<i>methylphenidate hydrochloride er</i>	54
<i>memantine hcl</i>	45	METHYLPHENIDATE HYDROCHLORIDE ER	54
<i>memantine hydrochloride</i>	45		54
<i>memantine hydrochloride er</i>	45	<i>methylprednisolone</i>	75
MENACTRA	96	<i>methylprednisolone acetate</i>	75
MENEST	74	<i>methylprednisolone sodium succinate</i>	75
MENOSTAR	74	<i>methyltestosterone</i>	62
MENQUADFI	96	<i>metoclopramide hcl</i>	81
MENTAX	113	<i>metoclopramide hydrochloride</i>	81
MENVEO	96	<i>metoclopramide odt</i>	81
<i>meperidine hcl</i>	5	METOCLOPRAMIDE ODT	81
<i>meprobamate</i>	41	<i>metolazone</i>	37
MEPRON	9	<i>metoprolol succinate er</i>	35
MEPSEVII	77	<i>metoprolol tartrate</i>	35
<i>mercaptapurine</i>	21	<i>metoprolol/hydrochlorothiazide</i>	34
<i>meropenem</i>	9	METROCREAM	118
MEROPENEM/SODIUM CHLORIDE	9	METROGEL	118
<i>merzee</i>	71	METROLOTION	118
<i>mesalamine</i>	83	<i>metronidazole</i>	9, 118
<i>mesalamine dr</i>	83	<i>metronidazole vaginal</i>	88
<i>mesalamine er</i>	83	<i>metyrosine</i>	38
<i>mesna</i>	29	<i>mexiletine hcl</i>	32
MESNEX	29	MIACALCIN	67
MESTINON	57	<i>mibelas 24 fe</i>	71
MESTINON TIMESPAN	57	<i>micafungin</i>	11
<i>metaxalone</i>	60	MICARDIS	31, 32
<i>metformin hydrochloride</i>	66	MICARDIS HCT	31
METFORMIN HYDROCHLORIDE	66	<i>miconazole 3</i>	88
<i>metformin hydrochloride er</i>	66	MICONAZOLE NITRATE/ZINC	
<i>methadone hcl</i>	4	OXIDE/WHITE PETROLATUM	113

MICRHOGAM ULTRA-FILTERED PLUS	94	MONUROL	9
MICROGESTIN 1.5/30	71	<i>morphine sulfate</i>	6
MICROGESTIN 1/20	71	MORPHINE SULFATE	6
<i>microgestin 24 fe</i>	71	<i>morphine sulfate er</i>	4
MICROGESTIN FE 1.5/30	71	MORPHINE SULFATE/SODIUM CHLORIDE	4
MICROGESTIN FE 1/20	71	MOTEGRITY	85
<i>midazolam hcl</i>	55	MOTOFEN	85
<i>midazolam hydrochloride</i>	55	MOUNJARO	66
<i>midodrine hcl</i>	38	MOVANTIK	85
<i>mifepristone</i>	77	MOVIPREP	84
<i>migergot</i>	56	MOXEZA	102
<i>miglitol</i>	66	<i>moxifloxacin hydrochloride/sodium</i>	
<i>miglustat</i>	77	<i>hydrochloride</i>	18
MIGRANAL	56	<i>moxifloxacin hydrochloride</i>	18, 102
<i>mili</i>	71	MOZOBIL	89
MILLIPRED	75	MS CONTIN	4
<i>milrinone lactate</i>	38	MULPLETA	90
<i>milrinone lactate in dextrose</i>	38	MULTAQ	32
<i>mimvey</i>	74	<i>multi-vitamin/fluoride</i>	99
MINASTRIN 24 FE	71	<i>multi-vitamin/fluoride/iron</i>	99
MINIPRESS	31	<i>mupirocin</i>	112
MINIVELLE	74	<i>mutamycin</i>	21
MINOCIN	19	MVASI	27
<i>minocycline hcl</i>	19	MYALEPT	77
<i>minocycline hydrochloride er</i>	19	MYAMBUTOL	14
MINOLIRA	19	MYCAPSSA	77
<i>minoxidil</i>	38	MYCOBUTIN	14
MIRAPEX ER	49	<i>mycohpenolic acid</i>	95
MIRCETTE	71	<i>mycophenolate mofetil</i>	95
MIRENA	71	MYDAYIS	54
<i>mirtazapine</i>	47	MYFEMBREE	77
<i>mirtazapine odt</i>	47	MYFORTIC	95
MIRVASO	118	MYLOTARG	27
<i>misoprostol</i>	85	MYOBLOC	60
MITIGARE	1	<i>myorisan</i>	112
<i>mitigo</i>	5	MYRBETRIQ	88
<i>mitomycin</i>	21	MYRBETRIX	88
<i>mitoxantrone hcl</i>	23	MYSOLINE	43
M-M-R II	96	MYTESI	85
M-NATAL PLUS	99	MYXREDLIN	64
MOBIC	3	NABI-HB	94
<i>modafinil</i>	60	<i>nabumetone</i>	3
<i>moexipril hcl</i>	30	<i>nadolol</i>	35
<i>molindone hydrochloride</i>	51	NAFCILLIN	18
<i>mometasone furoate</i>	109, 116	<i>nafacillin sodium</i>	18
<i>mondoxyne nl</i>	19	<i>naftifine hcl</i>	113
MONJUVI	27	<i>naftifine hydrochloride</i>	113
<i>mono-linyah</i>	71	NAFTIN	113
<i>montelukast sodium</i>	108	NAGLAZYME	77



<i>nalbuphine hcl</i>	6	<i>neo-polycin</i>	102
NALFON	3	<i>neo-polycin hc</i>	102
<i>nalocet</i>	6	NEORAL	95
<i>naloxone hcl</i>	61	NEO-SYNALAR	112
<i>naloxone hydrochloride</i>	61	NERLYNX	27
<i>naltrexone hcl</i>	61	NESINA	66
NAMENDA	45	NESTABS	99
NAMENDA TITRATION PAK	45	NESTABS ONE	99
NAMENDA XR	45	<i>neuac</i>	112
NAMZARIC	45	NEULASTA	89
NAPRELAN	3	NEULASTA ONPRO KIT	89
<i>naproxen</i>	3	NEUPOGEN	90
<i>naproxen sodium</i>	3	NEUPRO	49
NAPROXEN SODIUM	3	NEURONTIN	43
NAPROXEN SODIUM CR	3	NEVANAC	103
<i>naproxen sodium er</i>	3	<i>nevirapine</i>	13
NAPROXEN SODIUM ER	3	<i>nevirapine er</i>	13
<i>naproxen/esomeprazole magnesium</i>	3	NEXAVAR	27
<i>naratriptan hcl</i>	56	NEXIUM	86
NARCAN	61	NEXIUM I.V.	86
NARDIL	47	NEXLETOL	34
NAROPIN	7	NEXLIZET	34
NATACHEW	99	NEXPLANON	71
NATACYN	102	NEXTERONE	32
NATAZIA	71	NEXTSTELLIS	71
<i>nateglinide</i>	66	NEXVIAZYME	77
NATESTO	62	<i>niacin</i>	34
NATPARA	67	<i>niacin er</i>	34
NATROBA	119	<i>niacor</i>	34
NAYZILAM	43	<i>nicardipine hcl</i>	36
<i>nebivolol hydrochloride</i>	35	<i>nicardipine hydrochloride</i>	36
NEBUPENT	9	NICARDIPINE HYDROCHLORIDE	36
<i>necon 0.5/35-28</i>	71	NICARDIPINE HYDROCHLORIDE/SODIUM	
<i>nefazodone hydrochloride</i>	47	CHLORIDE	36
<i>nelarabine</i>	21	NICOTROL	61
NEMBUTAL SODIUM	55	NICOTROL INHALER	61
<i>neomycin sulfate</i>	9	<i>nifedipine</i>	36
<i>neomycin/bacitracin/polymyxin</i>	102	<i>nifedipine er</i>	36
<i>neomycin/polymyxin b sulfates irrigation</i>	87	<i>nikki</i>	71
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	102	NILANDRON	22
	102	<i>nilutamide</i>	22
<i>neomycin/polymyxin/dexamethasone</i>	102	<i>nimodipine</i>	36
<i>neomycin/polymyxin/gramicidin</i>	102	NINLARO	27
<i>neomycin/polymyxin/hc</i>	106	NIPENT	23
<i>neomycin/polymyxin/hydrocortisone</i>	102, 106	<i>nisoldipine er</i>	36
NEONATAL 19	99	<i>nitazoxanide</i>	9
NEONATAL COMPLETE	99	<i>nitisinone</i>	78
NEONATAL FE	99	NITRO-BID	39
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<i>nitrofurantoin</i>	9	NOVOLIN 70/30 RELION	64
<i>nitrofurantoin macrocrystals</i>	9	NOVOLIN N	64
<i>nitrofurantoin monohydrate/macrocrystals</i>	9	NOVOLIN N FLEXPEN	64
NITROGLYCERIN IN DEXTROSE 5%	39	NOVOLIN N FLEXPEN RELION	64
NITROGLYCERIN INJ	39	NOVOLIN N RELION	64
<i>nitroglycerin lingual spray</i>	39	NOVOLIN R	64
<i>nitroglycerin subl</i>	39	NOVOLIN R FLEXPEN	64
<i>nitroglycerin sublingual</i>	39	NOVOLIN R FLEXPEN RELION	64
<i>nitroglycerin transdermal</i>	39	NOVOLIN R RELION	64
NITROLINGUAL PUMPSPRAY	39	NOVOLOG	64
NITROSTAT	39	NOVOLOG FLEXPEN	64
NITYR	78	NOVOLOG FLEXPEN RELION	64
NIVA-PLUS	99	NOVOLOG MIX 70/30	64
NIVESTYM	90	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
<i>nizatidine</i>	83		64
NOCDURNA	78	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
<i>nolix</i>	116	RELION	64
NORA-BE	71	NOVOLOG MIX 70/30 RELION	64
NORDITROPIN FLEXPRO	78	NOVOLOG PENFILL	64
<i>norethindrone</i>	72	NOVOLOG RELION	64
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	72	NOXAFIL	11
<i>norethindrone acetate</i>	79	<i>np thyroid</i>	80
<i>norethindrone acetate/ethinyl estradiol</i>	72, 74	NPLATE	90
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	72	NUBEQA	22
<i>norgesic</i>	60	NUCALA	109
NORGESIC FORTE	60	NUCYNTA	4, 6
<i>norgestimate/ethinyl estradiol</i>	72	NUCYNTA ER	4
NORITATE	118	NUEDEXTA	57
NORLIQVA	36	<i>nulev</i>	83
<i>norlyda</i>	72	NULIBRY	78
<i>norlyroc</i>	72	NULOJIX	95
NORPACE	32	NULYTELY	84
NORPACE CR	32	NUMBRINO	109
NORPRAMIN	47	NUPLAZID	51
NORTHERA	38	NURTEC	56
<i>nortrel 0.5/35 (28)</i>	72	NUTRILIPID	101
<i>nortrel 1/35</i>	72	NUTROPIN AQ NUSPIN	78
<i>nortrel 7/7/7</i>	72	NUVARING	72
<i>nortriptyline hcl</i>	47	NUVESSA	88
<i>nortriptyline hydrochloride</i>	47	NUVIGIL	60, 61
NORVASC	36	NUZYRA	19
NORVIR	13	<i>nyamyc</i>	113
NOURIANZ	49	<i>nylia 1/35</i>	72
NOVAREL	78	<i>nylia 7/7/7</i>	72
NOVOLIN 70/30	64	NYMALIZE	36
NOVOLIN 70/30 FLEXPEN	64	<i>nymyo</i>	72
NOVOLIN 70/30 FLEXPEN RELION	64	<i>nystatin</i>	11, 113, 120
		<i>nystatin/triamcinolone</i>	113
		<i>nystop</i>	113

NYVEPRIA	90	ONTRUZANT	27
OB COMPLETE	99	ONUREG	22
OB COMPLETE ONE	99	ONZETRA XSAIL	56
OB COMPLETE PETITE	99	OPDIVO	27
OB COMPLETE PREMIER	99	OPDUALAG	27
OB COMPLETE/DHA	99	<i>opium tincture</i>	85
OCALIVA	85	OPSUMIT	39
OCELLA	72	OPZELURA	118
OCREVUS	59	ORACEA	118
OCTAGAM	94	ORACIT	87
<i>octreotide acetate</i>	78	ORALAIR	94
OCUFLOX	102	<i>oralone dental paste</i>	120
ODACTRA	94	ORAPRED ODT	75
ODEFSEY	14	ORBACTIV	9
ODOMZO	27	ORENCIA	92
OFEV	109	ORENCIA CLICKJECT	92
<i>ofloxacin</i>	18, 102, 106	ORENITRAM	39
OGIVRI	27	ORFADIN	78
<i>olanzapine</i>	51	ORGOVYX	22
<i>olanzapine odt</i>	51	ORIAHNN	78
<i>olanzapine/fluoxetine</i>	47	ORLISSA	73
<i>olmesartan medoxomil</i>	32	ORKAMBI	109
<i>olmesartan</i>		ORLADEYO	90
<i>  medoxomil/amlodipine/hydrochlorothiazide</i>	31	<i>orphenadrine citrate</i>	60
<i>olmesartan medoxomil/hydrochlorothiazide</i>	31	<i>orphenadrine citrate er</i>	60
<i>olopatadine hcl</i>	104, 107	<i>orphenadrine/aspirin/caffeine</i>	60
<i>olopatadine hydrochloride</i>	104	<i>orphengesic forte</i>	60
OLUMIANT	92	<i>orsythia</i>	72
OLUX	116	ORTIKOS	83
OLUX-E	116	<i>oscimin</i>	83
OMECLAMOX-PAK	85	<i>oseltamivir phosphate</i>	15
<i>omega-3-acid ethyl esters</i>	34	OSENI	66
OMEGAVEN	101	OSMITROL VIAFLEX	37
<i>omeprazole</i>	86	OSMOLEX ER	49
<i>omeprazole/sodium bicarbonate</i>	86	OSMOPREP	84
OMNARIS	109	OSPHENA	78
OMNIPOD 5	64	OTEZLA	92
OMNIPOD CLASSIC	64	OTOVEL	106
OMNIPOD DASH	64	OTREXUP	93
OMNITROPE	78	OVIDE	119
ONCASPAR	23	<i>oxacillin sodium</i>	18
<i>ondansetron hcl</i>	81	OXACILLIN SODIUM	18
<i>ondansetron hydrochloride</i>	81	<i>oxaliplatin</i>	20
<i>ondansetron odt</i>	81	<i>oxandrolone</i>	62
ONEXTON	112	<i>oxaprozin</i>	3
ONFI	43	OXAYDO	6
ONGENTYS	49	<i>oxazepam</i>	41
ONGLYZA	66	OXBRYTA	90
ONIVYDE	23	<i>oxcarbazepine</i>	43

OXERVATE	105	PASER	14
<i>oxiconazole nitrate</i>	113	PATANASE	107
OXISTAT	113	PAXIL	47
OXLUMO	87	PAXIL CR	47
OXTELLAR XR	43	PEDIAPRED	75
<i>oxybutynin chloride</i>	88	PEDIARIX	96
<i>oxybutynin chloride er</i>	88	PEDVAX HIB	96
OXYCODONE AND ACETAMINOPHEN	6	<i>peg-3350/electrolytes</i>	84
<i>oxycodone hcl</i>	4	<i>peg-3350/electrolytes/ascorbate</i>	84
OXYCODONE HCL ER	4	<i>peg-3350/nacl/na bicarbonate/kcl</i>	84
<i>oxycodone hydrochloride</i>	6	PEGASYS	15
<i>oxycodone hydrochloride/acetaminophen</i>	6	PEMAZYRE	27
OXYCODONE		<i>pemetrexed</i>	22
HYDROCHLORIDE/ACETAMINOPHEN	6	PEMETREXED	22
<i>oxycodone/acetaminophen</i>	6	<i>penciclovir</i>	118
OXYCONTIN	4	<i>penicillamine</i>	68
<i>oxymorphone hydrochloride</i>	4, 6	<i>penicillin g potassium</i>	18, 19
<i>oxymorphone hydrochloride er</i>	4	PENICILLIN G POTASSIUM IN ISO-	
OXYTROL	88	OSMOTIC DEXTROSE	18
OZEMPIC	66	PENICILLIN G PROCAINE	19
OZURDEX	103	<i>penicillin g sodium</i>	19
<i>pacerone</i>	32	<i>penicillin v potassium</i>	19
<i>paclitaxel</i>	24	PENNSAID	118
<i>paclitaxel protein-bound particles</i>	24	PENTACEL	96
PADCEV	27	PENTAM 300	9
<i>paliperidone er</i>	51	<i>pentamidine isethionate</i>	9
<i>palonosetron hydrochloride</i>	81	PENTASA	83, 84
PALONOSETRON HYDROCHLORIDE	81	<i>pentazocine/naloxone hcl</i>	6
PALYNZIQ	78	<i>pentobarbital sodium</i>	55
PAMELOR	47	<i>pentoxifylline er</i>	91
<i>pamidronate disodium</i>	67	PEPCID	83
PAMIDRONATE DISODIUM	67	PERCOCET	6
PANCREAZE	86	PERFOROMIST	108
PANDEL	116	PERIKABIVEN	101
PANRETIN	118	<i>perindopril erbumine</i>	30
<i>pantoprazole sodium</i>	86	<i>perio gard</i>	120
PANZYGA	94	PERJETA	27
PARAGARD INTRAUTERINE COPPER		<i>permethrin</i>	119
CONTRACEPTIVE	72	<i>perphenazine</i>	47, 51
<i>paraplatin</i>	20	<i>perphenazine/amitriptyline</i>	47
<i>paricalcitol</i>	80	PERSERIS	51
PARLODEL	49	PERTZYE	86
PARNATE	47	PEXEVA	47
<i>paroex</i>	120	<i>pfizerpen</i>	19
<i>paromomycin sulfate</i>	9	PHEBURANE	78
<i>paroxetine</i>	47, 57	<i>phenelzine sulfate</i>	47
<i>paroxetine hcl</i>	47	PHENERGAN	81
<i>paroxetine hcl er</i>	47	<i>phenobarbital</i>	43, 44
<i>paroxetine hydrochloride</i>	47	<i>phenobarbital sodium</i>	43

<i>phenoxybenzamine hydrochloride</i>	38	<i>polymyxin b sulfate/trimethoprim sulfate</i>	102
PHENYLEPHRINE HCL	105	POLYTRIM	103
PHENYTEK	44	POLY-VI-FLOR	99
<i>phenytoin</i>	44	POLY-VI-FLOR/IRON	99
<i>phenytoin sodium</i>	44	<i>poly-vitamin/fluoride</i>	99
<i>phenytoin sodium extended release</i>	44	POMALYST	23
PHESGO	27	PONVORY	59
PHEXXI	72	PONVORY 14-DAY STARTER PACK	59
<i>philith</i>	72	<i>portia-28</i>	72
PHOSLYRA	79	PORTRAZZA	27
PHOSPHOLINE IODIDE	105	<i>posaconazole dr</i>	11
PHYSIOLYTE	119	POTASSIUM ACETATE	97
PIFELTRO	13	<i>potassium chloride</i>	98, 99
<i>pilocarpine hcl</i>	105	POTASSIUM CHLORIDE	98
<i>pilocarpine hydrochloride</i>	120	<i>potassium chloride er</i>	99
<i>pimecrolimus</i>	118	POTASSIUM CHLORIDE/DEXTROSE	97
<i>pimozide</i>	51	POTASSIUM	
<i>pimtrea</i>	72	CHLORIDE/DEXTROSE/LACTATED	
<i>pindolol</i>	35	RINGERS	97
<i>pioglitazone hcl</i>	66	POTASSIUM	
<i>pioglitazone hcl/metformin hcl</i>	66	CHLORIDE/DEXTROSE/SODIUM	
<i>pioglitazone hcl-glimepiride</i>	66	CHLORIDE	97
<i>pioglitazone hydrochloride</i>	66	<i>potassium chloride/sodium chloride</i>	98
<i>piperacillin sodium/tazobactam sodium</i>	19	POTASSIUM CHLORIDE/SODIUM	
PIQRAY	27	CHLORIDE	97
<i>pirfenidone</i>	109	<i>potassium citrate er</i>	87
<i>pirmella 1/35</i>	72	<i>potassium citrate/citric acid</i>	87
<i>pirmella 7/7/7</i>	72	<i>potassium citrate/sodium citrate/citric acid</i>	87
<i>piroxicam</i>	3	<i>potassium phosphate</i>	98, 101
PLAQUENIL	93	POTASSIUM PHOSPHATES	101
PLASMA-LYTE A	97	POTELIGEO	27
PLASMA-LYTE-148	97	PRADAXA	89
PLAVIX	91	PRALUENT	34
PLEGRIDY	59	<i>pramipexole dihydrochloride</i>	49
PLEGRIDY STARTER PACK	59	<i>pramipexole dihydrochloride er</i>	49
<i>plenamine</i>	101	<i>prasugrel</i>	91
PLENVU	84	<i>pravastatin sodium</i>	33
PLIAGLIS	117	<i>praziquantel</i>	10
PNV	99	<i>prazosin hydrochloride</i>	31
PNV PRENATAL PLUS MULTIVITAMIN	99	PRECOSE	66
<i>pnv-dha</i>	99	PRED FORTE	103
PNV-DHA+DOCUSATE	99	PRED MILD	103
PNV-OMEGA	99	PRED-G	102
<i>pnv-select</i>	99	PRED-G S.O.P.	102
PODOCON-25	118	<i>prednicarbate</i>	116
<i>podofilox</i>	118	<i>prednisolone</i>	75, 103, 104
POLIVY	27	<i>prednisolone acetate</i>	103
<i>polycin</i>	102	<i>prednisolone sodium phosphate</i>	75
<i>polymyxin b sulfate</i>	10	<i>prednisolone sodium phosphate odt</i>	75

PREDNISOLONE SODIUM PHOSPHATE		PRIMACARE	100
OPHTHALMIC SOLN 1%	104	<i>primaquine phosphate</i>	12
<i>prednisone</i>	75	PRIMAXIN IV	10
PREDNISONO INTENSOL	75	<i>primidone</i>	44
PREFEST	74	PRIORIX	96
<i>pregabalin</i>	44	PRISTIQ	47
<i>pregabalin er</i>	57	PRIVIGEN	94
PREGNYL W/DILUENT BENZYL		PROAIR DIGIHALER	108
ALCOHOL/NAACL	78	PROAIR HFA	108
PREHEVBRIO	96	PROAIR RESPICLICK	108
PREMARIN	74	<i>probenecid</i>	1
PREMASOL	101	<i>probenecid/colchicine</i>	1
PREMPHASE	74	<i>procainamide hcl</i>	32
PREMPRO	74	PROCALAMINE	101
PRENAISSANCE	99	PROCARDIA XL	36
PRENAISSANCE PLUS	99	<i>procentra</i>	54
PRENATAL	99	<i>prochlorperazine</i>	82
PRENATAL PLUS	99	<i>prochlorperazine edisylate</i>	81
PRENATAL PLUS LOW IRON	99	<i>prochlorperazine maleate</i>	82
PRENATE	99, 100	PROCRIT	90
PRENATE AM	99	PROCTOCORT	118
PRENATE DHA	99	PROCTOFOAM HC	118
PRENATE ELITE	100	<i>procto-med hc</i>	118
PRENATE ENHANCE	100	<i>procto-pak</i>	118
PRENATE ESSENTIAL	100	<i>proctosol hc</i>	116
PRENATE MINI	100	<i>proctozone-hc</i>	118
PRENATE PIXIE	100	PROCYSBI	78
PRENATE RESTORE	100	<i>progesterone</i>	79
PRENATVITE COMPLETE	100	PROGLYCEM	76
PRENATVITE PLUS	100	PROGRAF	95
PREPLUS	100	PROLASTIN-C	109
PRETAB	100	PROLATE	6
PRETOMANID	14	PROLENSA	104
PREVACID	86	PROLIA	68
PREVACID SOLUTAB	86	PROMACTA	91
<i>prevalite</i>	34	<i>promethazine hcl</i>	82
PREVIDENT 5000 BOOSTER PLUS	120	<i>promethazine hydrochloride</i>	82
PREVIDENT 5000 DRY MOUTH	120	<i>promethazine vc</i>	107
PREVIDENT 5000 ENAMEL PROTECT	120	<i>promethegan</i>	82
PREVIDENT 5000 PLUS	120	PROMETHEGAN	82
PREVIDENT FLUORIDE	120	PROMETRIUM	79
PREVIDENT RINSE	120	<i>propafenone hcl</i>	32
<i>previfem</i>	72	<i>propafenone hydrochloride er</i>	32
PREVYMIS	15	<i>proparacaine hcl</i>	106
PREZCOBIX	14	<i>propranolol hcl</i>	35
PREZISTA	13	<i>propranolol hcl er</i>	35
PRIALT	1	<i>propylthiouracil</i>	80
PRIFTIN	14	PROQUAD	96
PRILOSEC	86	PROSCAR	87

PROSOL	101	<i>quinine sulfate</i>	12
PROTONIX	86	QULIPTA	56
PROTONIX PACK	86	QUTENZA KIT	117
PROTOPIC	118	QUVIVIQ	55
<i>protriptyline hcl</i>	47	QUZYTTIR	107
PROVENTIL HFA	108	QVAR REDIHALER	110
PROVERA	80	RABAVERT	96
PROVIDA OB	100	<i>rabeprazole sodium dr</i>	86
PROVIGIL	61	RADICAVA	58
PROZAC	47, 48	RADICAVA ORS	58
PRUDOXIN	118	RADICAVA ORS STARTER KIT	58
PSORCON	116	RAGWITEK	94
PULMICORT	110	<i>raloxifene hydrochloride</i>	78
PULMICORT FLEXHALER	110	<i>ramelteon</i>	55
PULMOZYME	109	<i>ramipril</i>	30
PURIXAN	22	RANEXA	38
PYLERA	85	<i>ranolazine er</i>	38
<i>pyrazinamide</i>	15	RAPAFLO	87
<i>pyridostigmine bromide</i>	57	RAPAMUNE	95
<i>pyridostigmine bromide er</i>	57	RAPIVAB	15
<i>pyrimethamine</i>	10	<i>rasagiline mesylate</i>	49
PYRUKYND	91	RASUVO	93
PYRUKYND TAPER PACK	91	RAVICTI	78
QBRELIS	30	RAYALDEE	80
QBREXZA	118	RAYOS	75
QELBREE	54	RAZADYNE ER	45
QINLOCK	27	REBIF	59
QNASL	109	REBIF REBIDOSE	59
QNASL CHILDRENS	109	REBIF REBIDOSE TITRATION PACK	59
QTERN	66	REBIF TITRATION PACK	59
QUADRACEL	96	REBLOZYL	91
QUALAQUIN	12	REBYOTA	85
QUARTETTE	72	RECARBRIO	10
QUDEXY XR	44	RECLAST	68
QUESTRAN	34	<i>reclipsen</i>	72
QUESTRAN LIGHT	34	RECOMBIVAX HB	96
<i>quetiapine fumarate</i>	51	RECORLEV	78
<i>quetiapine fumarate er</i>	51	RECTIV	119
QUFLORA	100	REDITREX	93
QUFLORA FE	100	REGLAN	82
QUFLORA PEDIATRIC	100	REGONOL	58
QUILLICHEW ER	54	REGRANEX	119
QUILLIVANT XR	54	<i>relafen</i>	3
<i>quinapril hcl</i>	30	RELAFEN DS	3
<i>quinapril hydrochloride</i>	30	RELENZA DISKHALER	15
<i>quinapril/hydrochlorothiazide</i>	30	RELEUKO	90
<i>quinidine gluconate cr</i>	32	RELEXXII	54
<i>quinidine gluconate er</i>	33	RELISTOR	85
<i>quinidine sulfate</i>	33	RELPAK	56



RELTONE	85	RIOMET	66
RELYVRIO	58	<i>risedronate sodium</i>	68
REMERON	48	<i>risedronate sodium dr</i>	68
REMERON SOLTAB	48	RISPERDAL	52
REMICADE	92	RISPERDAL CONSTA	51
REMODULIN	39	<i>risperidone</i>	52
RENACIDIN	87	<i>risperidone odt</i>	52
RENAGEL	79	RITALIN	54
RENFLEXIS	92	RITALIN LA	54
REVELA	79	<i>ritonavir</i>	13
REVELA PACK	79	RITUXAN	27
<i>repaglinide</i>	66	RITUXAN HYCELA	27
REPATHA	34	<i>rivastigmine tartrate</i>	45
REPATHA PUSHTRONEX SYSTEM	34	<i>rivastigmine transdermal system</i>	46
REPATHA SURECLICK	34	RIVELSA	72
RESTASIS	106	<i>rizatriptan benzoate</i>	56
RESTASIS MULTIDOSE	106	<i>rizatriptan benzoate odt</i>	56
RESTORIL	55	ROBAXIN	60
RETACRIT	90	ROBINUL	83
RETEVMO	27	ROBINUL FORTE	83
RETIN-A	112	ROCALTROL	80
RETIN-A MICRO PUMP	112	ROCKLATAN	105
RETROVIR	13	<i>roflumilast</i>	109
RETROVIR IV	13	ROLVEDON	90
REVATIO	39	<i>romidepsin</i>	27
REVCOVI	78	<i>ropinirole er</i>	49
REVLIMID	23	<i>ropinirole hcl</i>	49
REXULTI	51	<i>ropivacaine hydrochloride</i>	7
REYATAZ	13	<i>rosadan</i>	119
REYVOW	56	<i>rosuvastatin calcium</i>	33
REZLIDHIA	27	ROSZET	34
REZUROCK	95	ROTARIX	96
RHOFADE	119	ROTATEQ	96
RHOGAM ULTRA-FILTERED PLUS	94	ROWASA	84
RHOPHYLAC	94	<i>roweepra</i>	44
RHOPRESSA	105	ROXICODONE	6, 7
RIABNI	27	ROXYBOND	7
<i>ribavirin</i>	15	ROZEREM	55
RIDAURA	93	ROZLYTREK	27
<i>rifabutin</i>	15	RUBRACA	27
RIFADIN	15	RUCONEST	91
<i>rifampin</i>	15	<i>rufinamide</i>	44
RILUTEK	58	RUKOBIA	13
<i>riluzole</i>	58	RUXIENCE	27
<i>rimantadine hydrochloride</i>	15	RUZURGI	58
RIMSO-50	87	RYALTRIS	107
RINGERS INJECTION	98	RYBELSUS	66
RINGERS IRRIGATION	119	RYBREVANT	27
RINVOQ	92	<i>ryclora</i>	107

RYDAPT	27	SEROQUEL XR	52
RYLAZE	23	SEROSTIM	78
RYTARY	49	<i>sertraline hcl</i>	48
RYTHMOL SR	33	SERTRALINE HYDROCHLORIDE	48
RYVENT	107	<i>setlakin</i>	72
SABRIL	44	<i>sevelamer carbonate</i>	79
SAFYRAL	72	<i>sevelamer hydrochloride</i>	79
SAIZEN	78	SEYSARA	19
SAIZENPREP RECONSTITUTIONKIT	78	<i>sf 5000 plus</i>	120
<i>sajazir</i>	91	<i>sf gel</i>	120
SALAGEN	120	SFROWASA	84
<i>salicylic acid</i>	119	<i>sharobel</i>	72
SALICYLIC ACID	119	SHINGRIX	96
<i>salicylic acid wart remover</i>	119	SIGNIFOR	78
<i>salsalate</i>	3	SIGNIFOR LAR	78
SAMSCA	78	SIKLOS	91
SANCUSO	82	<i>sildenafil</i>	39
SANDIMMUNE	95	SILENOR	55
SANDOSTATIN	78	SILIQ	92
SANDOSTATIN LAR	78	<i>silodosin</i>	87
SANTYL	119	SILVADENE	112
SAPHNELO	95	SILVER NITRATE	119
SAPHRIS	52	<i>silver sulfadiazine</i>	112
<i>sapropterin dihydrochloride</i>	78	SIMBRINZA	105
SARCLISA	27	<i>simliya</i>	72
SAVAYSA	89	<i>simpesse</i>	72
SAVELLA	58	SIMPONI	92
SAVELLA TITRATION PACK	58	SIMPONI ARIA	92
SCSEMBLIX	27	SIMULECT	95
<i>scopolamine</i>	82	<i>simvastatin</i>	33
SEASONIQUE	72	SINEMET	49
SECUADO	52	SINGULAIR	108
SEGLENTIS	7	<i>sirolimus</i>	95, 96
SEGLUROMET	67	SIRTURO	15
SELECT-OB	100	SITAVIG	15
<i>selegiline hcl</i>	49	SIVEXTRO	10
<i>selenium sulfide</i>	114	SKELAXIN	60
SELZENTRY	13	SKYLA	72
SEMGLEE	64	SKYRIZI	92
SE-NATAL 19	100	SKYRIZI PEN	92
SENSIPAR	78	SKYTROFA	78
SENSORCAINE	7	SLYND	72
<i>sensorcaine/epinephrine</i>	7	SMOFLIPID	101
<i>sensorcaine-mpf</i>	7	SOANZ	37
<i>sensorcaine-mpf/epinephrine</i>	7	<i>sodium acetate</i>	98
SENSORCAINE-MPF/EPINEPHRINE	7	SODIUM ACETATE	98
SEREVENT DISKUS	108	<i>sodium bicarbonate</i>	98
SERNIVO	116	SODIUM BICARBONATE	98
SEROQUEL	52	<i>sodium chloride</i>	98

SODIUM CHLORIDE	98	<i>spironolactone/hydrochlorothiazide</i>	37
<i>sodium chloride 0.45%</i>	98	SPORANOX	11
<i>sodium chloride 0.9% irrigation soln</i>	119	<i>sprintec 28</i>	72
<i>sodium citrate/citric acid</i>	87	SPRITAM	44
SODIUM DIURIL	37	SPRIX	3
SODIUM EDECRIN	37	SPRYCEL	28
<i>sodium fluoride</i>	100, 120	<i>sps</i>	68
<i>sodium fluoride 5000 plus</i>	120	<i>sronyx</i>	72
<i>sodium fluoride 5000 ppm</i>	120	SSD	112
<i>sodium fluoride 5000 ppm pste</i>	120	STALEVO 100	49
<i>sodium fluoride 5000 ppm sensitive</i>	120	STALEVO 125	49
<i>sodium fluoride mouth/throat soln 0.2%</i>	120	STALEVO 150	49
SODIUM OXYBATE	61	STALEVO 200	49
<i>sodium phenylbutyrate</i>	78	STALEVO 50	49
<i>sodium phosphate</i>	98	STALEVO 75	49
<i>sodium phosphates</i>	98	<i>stavudine</i>	13
<i>sodium polystyrene sulfonate</i>	68	STEGLATRO	67
<i>sodium sulfacetamide/sulfur</i>	112	STEGLUJAN	67
SODIUM SULFACETAMIDE/SULFUR		STELARA	93
CLEANSER IN UREA EMULSION	112	<i>sterile water for irrigation</i>	119
SODIUM SULFATE/POTASSIUM		STIOLTO RESPIMAT	106
SULFATE/MAGNESIUM SULFATE	84	STIVARGA	28
SOFOSBUVIR/VELPATASVIR	15	STRATTERA	54
<i>solifenacin succinate</i>	88	STRENSIQ	78
SOLQUA 100/33	64	<i>streptomycin sulfate</i>	10
SOLIRIS	91	STRIBILD	14
SOLODYN	19	STRIVERDI RESPIMAT	108
SOLOSEC	10	STROMECTOL	10
SOLTAMOX	22	SUBLOCADE	61
SOLU-CORTEF	75	SUBOXONE	61
SOLU-MEDROL	75	SUBSYS	7
SOMA	60	<i>subvenite</i>	44
SOMATULINE DEPOT	78	<i>subvenite starter kit</i>	44
SOMAVERT	78	SUCRAID	85
SOOLANTRA	119	<i>sucralfate</i>	85
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<i>sotalol hcl</i>	33	<i>phosphate</i>	102
<i>sotalol hydrochloride (af)</i>	33	<i>sulfacleanse</i>	112
SOTYKTU	92	<i>sulfadiazine</i>	10
SOTYLIZE	33	<i>sulfamethoxazole/trimethoprim</i>	10
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<i>sumatriptan/naproxen sodium</i>	57	<i>tamsulosin hydrochloride</i>	87
<i>sunitinib malate</i>	28	<i>taperdex 12-day</i>	76
SUNLENCA	13	<i>taperdex 6-day</i>	76
SUNOSI	61	<i>taperdex 7-day</i>	76
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SUTAB	84	<i>tarina fe 1/20 eq</i>	73
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SYMBYAX	48	TASIGNA	28
SYMDEKO	109	<i>tasimelteon</i>	55
SYMFI	14	TASMAR	50
SYMFI LO	14	<i>tavaborole</i>	113
SYMJEPI	109	TAVALISSE	91
SYMLINPEN 120	67	TAVNEOS	91
SYMLINPEN 60	67	<i>taysofy</i>	73
SYMPAZAN	44	TAYTULLA	73
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SYMTUZA	14	TAZAROTENE	112
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SYNALAR	116	TAZORAC	114
SYNAREL	73	<i>taztia xt</i>	36
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TALTZ	93	<i>temsirolimus</i>	28
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<i>terazosin hydrochloride</i>	31	TIS-U-SOL	119
<i>terbinafine hcl</i>	11	TIVDAK	28
<i>terbutaline sulfate</i>	108	TIVICAY	13
<i>terconazole</i>	88	TIVICAY PD	13
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<i>testosterone</i>	62	TOBI	10
<i>testosterone cypionate</i>	62	TOBI PODHALER	10
<i>testosterone enanthate</i>	62	TOBRADEX	102
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<i>tetracycline hydrochloride</i>	19	<i>tobramycin nebu</i>	10
TEXACORT	116	<i>tobramycin sulfate</i>	10
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THALOMID	23	TOLSURA	11
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<i>theophylline er</i>	109	<i>tolvaptan</i>	79
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<i>thiothixene</i>	52	<i>topiramate er</i>	44
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THYQUIDITY	80	TOPOTECAN HCL	23
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<i>tiagabine hydrochloride</i>	44	<i>toremifene citrate</i>	22
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<i>tramadol hydrochloride/acetaminophen</i>	7	TRILEPTAL	44
<i>trandolapril</i>	30	<i>tri-linyah</i>	73
<i>trandolapril/verapamil hcl er</i>	30	TRILIPIX	33
<i>tranexamic acid</i>	91	<i>tri-lo-estarylla</i>	73
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<i>tranylcypromine sulfate</i>	48	<i>tri-lo-sprintec</i>	73
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<i>trazodone hydrochloride</i>	48	<i>trimipramine maleate</i>	48
TREANDA	20	TRINATAL RX 1	100
TRECTOR	15	TRINTELLIX	48
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<i>trezix</i>	7	TRI-VI-FLOR	100
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<i>triamterene/hydrochlorothiazide</i>	37	TRIZIVIR	14
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<i>trifluoperazine hydrochloride</i>	52	TRUSOPT	105
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TYKERB	28	VALTOCO	45
TYMLOS	68	VALTRESX	16
TYPHIM VI	97	VANCOCIN	10
TYRVAYA	106	VANCOMYCIN	10
TYSABRI	59	<i>vancomycin hcl</i>	10
TYVASO	40	VANCOMYCIN HCL	10
TYVASO DPI MAINTENANCE KIT	40	<i>vancomycin hydrochloride</i>	10
TYVASO DPI TITRATION KIT	40	VANCOMYCIN HYDROCHLORIDE	10
TYVASO REFILL	40	VANCOMYCIN	
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<i>uro-458</i>	10	VECTICAL	114
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UROXATRAL	87	VELETRI	40
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<i>ursodiol</i>	85	VELTASSA	68
URSODIOL	85	VELTIN	112
VABOMERE	10	VEMLIDY	16
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<i>verapamil hcl er</i>	36	VIRT-PN DHA	100
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<i>verapamil hydrochloride</i>	36	VISTOGARD	79
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VERELAN	36	VITAFOL ULTRA	100
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<i>vigadrone</i>	45	VPRIV	79
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# SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



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03/20/2023