



MASS ADVANTAGE

2024 Formulary
List of Covered Drugs

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

Formulary ID 24404, Version 20

This formulary was updated on 12/01/2024.

For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711),

October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week;

April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday,
or visit www.massadvantage.com.

H7670_241114_C

H9904_241116_C

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 Mass Advantage. When it refers to “plan” or “our plan,” it means Mass Advantage Basic (HMO), Mass Advantage Plus (HMO), and Mass Advantage Premiere (PPO).

This document includes the list of the drugs (formulary) for our plan which is current as of 12/01/2024. 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 Mass Advantage Formulary?

A formulary is a list of covered drugs selected by Mass Advantage 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. Mass Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mass Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review 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 the 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.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it 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 Mass Advantage 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 will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary, or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits 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 also find information in the section below entitled “How do I request an exception to the Mass Advantage Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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.

The enclosed formulary is current as of 12/01/2024. To get updated information about the drugs covered by Mass Advantage please contact us. Our contact information appears on the front and back cover pages. If we update our printed formulary with non-maintenance formulary changes, we will send you a notice that includes this information.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 10. 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 Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 131. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Mass Advantage 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:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for zolpidem tartrate. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Mass Advantage formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Mass Advantage.
- 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 Mass Advantage 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 lower cost-sharing level unless the drug is on the specialty tier (Tier 5).
- 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, our plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 us for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, 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 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 level of care, including being admitted to, or discharged from, a hospital or long-term care facility, we will cover a 31-day emergency supply of a drug that is either not on our formulary or has requirements or limits while you pursue a formulary exception.

For more information

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

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

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

Mass Advantage Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by Mass Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 131.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., ELIQUIS and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium*).

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

Tier descriptions for the Mass Advantage Formulary

Tier	Description	Additional information
1	Preferred Generic Drugs	This tier includes preferred generic drugs and is the lowest tier.
2	Generic Drugs	This tier includes most generic drugs.
3	Preferred Brand Drugs	This tier includes brand name drugs that are preferred and some generic drugs.
4	Non-Preferred Drugs	This tier includes non-preferred brand and non-preferred generic drugs.
5	Specialty Drugs	This tier includes high-cost brand and generic drugs that meet the CMS-defined cost-threshold of \$950 per 30-day supply. Drugs on this tier are not eligible for exceptions for payment at a lower tier. This is the highest tier.

Symbols used in the Mass Advantage Formulary

Symbol	Name	Description
EX	Excluded Drug	This prescription drug is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.
GAP	Gap Coverage	We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
PA	Prior Authorization	You (or your physician) are required to get our approval before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
VAC	\$0 Dollar Vaccine	\$0 Member Copay for Vaccine

Additional coverage notes for the Mass Advantage Formulary

Tier 5 Drugs

The first time you fill a drug that is covered on Tier 5, the Specialty Drug tier, your prescription will be limited to a 30-day supply. After you fill a 30-day supply, you can then fill up to a 90-day supply.

Insulin

Although all of the insulins covered by our plan are on Tier 3, what you pay is lower than our plan's Tier 3 copay. You pay \$35 for a one-month supply of insulin, regardless of the Part D coverage stage you are in. This applies to insulin when it is covered under Part D, but also when it is covered under Part B (when used in an insulin pump).

Vaccines

You pay \$0 for your vaccines that are covered under Part B (e.g. flu vaccine, COVID vaccine) and most vaccines that are covered under Part D (e.g. Shingrix). The drug list that follows only contains vaccines that are covered under Part D, but you can receive both Part B and Part D vaccines at our network pharmacies. If you receive a \$0 Part D vaccine at a pharmacy (as designated with the "VAC" symbol in the drug list), you pay \$0. If you receive a Part D vaccine in your provider's office, your provider will bill you for the vaccine and its administration. After you pay your provider, you can submit a request for reimbursement to the following address: Mass Advantage, ATTN: MPD-1000UR, P.O. Box 64806, St. Paul, MN 55164-0811

Member cost-sharing by coverage stage

There are four (4) coverage stages of the Part D prescription drug benefit. Below outlines what you pay for your Part D drugs in each coverage stage. Different out-of-pocket costs may apply for people who have limited incomes, live in long-term care facilities or have access to Indian/tribal/urban (Indian health service) providers. Monthly we send you an Explanation of Benefits (EOB) that summarizes what you paid for your prescription drugs the previous month. This document tells you which coverage stage you were in at the end of that month. You may also contact Member Services at the phone number listed on the cover of this document for more up-to-date information about which coverage stage you are in.

Annual Deductible Stage

During this stage you pay the full cost of your drugs that are on Tiers 3, 4 and 5. For drugs on Tiers 1 and 2, you pay the copays listed in the Initial Coverage Limit Stage. Once you meet your annual deductible, you will move to the Initial Coverage Limit Stage.

	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Annual Deductible <i>(applies to drugs on Tiers 3, 4 and 5 ONLY)</i>	\$200	\$0	\$250

Initial Coverage Limit Stage

After you have met your annual deductible, you pay the cost-shares listed below until your total yearly drug costs paid by both you and Mass Advantage reach \$5,030. The copays shown below are for a 30-day supply/60- and 90-day supply (e.g. "\$4/\$8 copayment" means you pay \$4 for a 30-day supply and \$8 for both a 60-day supply and a 90-day supply). These cost-shares apply to prescriptions filled at both retail and mail order pharmacies in our network.

Drug Tier	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Tier 1 <i>Preferred Generic</i>	\$0/\$0 copayment	\$0/\$0 copayment	\$2/\$4 copayment
Tier 2 <i>Generic</i>	\$4/\$8 copayment	\$4/\$8 copayment	\$6/\$12 copayment
Tier 3 <i>Preferred Brand</i>	\$47/\$94 copayment	\$47/\$94 copayment	\$42/\$84 copayment
Tier 4 <i>Non-Preferred Drug</i>	\$100/\$200 copayment	\$100/\$200 copayment	\$95/\$190 copayment
Tier 5 <i>Specialty</i>	30% coinsurance	33% coinsurance	29% coinsurance

Coverage Gap Stage

Mass Advantage provides coverage of drugs on Tiers 1 and 2 during the Coverage Gap Stage. You pay the cost-shares listed below until you (and others on your behalf, including the drug manufactures through the Coverage Gap Discount Program) have paid a total of \$8,000 for your Part D drugs. The copays shown below are for a 30-day supply/60- and 90-day supply (e.g. “\$4/\$8 copayment” means you pay \$4 for a 30-day supply and \$8 for both a 60-day supply and a 90-day supply). These cost-shares apply to prescriptions filled at both retail and mail order pharmacies in our network.

Drug Tier	Mass Advantage Basic (HMO)	Mass Advantage Plus (HMO)	Mass Advantage Premiere (PPO)
Tier 1 <i>Preferred Generic</i>	\$0/\$0 copayment	\$0/\$0 copayment	\$2/\$4 copayment
Tier 2 <i>Generic</i>	\$4/\$8 copayment	\$4/\$8 copayment	\$6/\$12 copayment
Tier 3 <i>Preferred Brand</i> Tier 4 <i>Non-Preferred Drug</i> Tier 5 <i>Specialty</i>	You pay 25% of the cost for both brand and generic medications (plus a portion of the dispensing fee). Drug manufacturers pay 70% of the cost of brand name drugs through the Coverage Gap Discount Program. This amount counts toward the \$8,000 out-of-pocket limit, after which you move to the last coverage stage.		

Catastrophic Coverage Stage

Once you reach the Catastrophic Coverage Stage, you pay \$0 for all covered Part D drugs for the remainder of the calendar year.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
<i>butalbital-acetaminophen -acetaminophn 50-325</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-acetaminophen-caffe</i>	2	QL (180 PER 30 DAYS)
<i>butalbital-aspirin-caffeine --cp</i>	2	QL (180 PER 30 DAYS)
ESGIC 50-325-40 MG CAPSULE	2	QL (180 PER 30 DAYS)
<i>tencon</i>	4	QL (180 PER 30 DAYS)
ZEBUTAL	2	QL (180 PER 30 DAYS)
Nonsteroidal Anti-inflammatory Drugs		
ARTHROTEC 50	4	QL (120 PER 30 DAYS)
ARTHROTEC 75	4	QL (90 PER 30 DAYS)
<i>cataflam</i>	2	QL (120 PER 30 DAYS)
CELEBREX 400 MG CAPSULE	4	QL (30 PER 30 DAYS)
CELEBREX 50 MG CAPSULE, 100 MG CAPSULE, 200 MG CAPSULE	4	QL (60 PER 30 DAYS)
<i>celecoxib 400 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>celecoxib 50 mg capsule, 100 mg capsule, 200 mg capsule</i>	2	QL (60 PER 30 DAYS)
DAYPRO	4	QL (90 PER 30 DAYS)
<i>diclofenac potassium 50 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium 1% gel</i>	2	
<i>diclofenac sodium dr 25 mg tab, ec 25 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>diclofenac sodium dr 50 mg tab, ec 50 mg tab</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium dr 75 mg tab, ec 75 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium er</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -50-0.2 mg</i>	2	QL (120 PER 30 DAYS)
<i>diclofenac sodium-misoprostol -75-0.2 mg, -75-0.2 tb</i>	2	QL (90 PER 30 DAYS)
<i>ec-naproxen -dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ec-naproxen -dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 200 mg capsule</i>	2	QL (150 PER 30 DAYS)
<i>etodolac 300 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>etodolac 400 mg tablet, 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>etodolac er 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>etodolac er er 400 mg tablet, er 500 mg tablet</i>	2	QL (60 PER 30 DAYS)
FELDENE 10 MG CAPSULE	4	QL (60 PER 30 DAYS)
FELDENE 20 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>flurbiprofen 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>ibu 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibu 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibu 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>ibuprofen 400 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>ibuprofen 600 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>ibuprofen 800 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>indomethacin 25 mg capsule</i>	2	QL (240 PER 30 DAYS)
<i>indomethacin 50 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>meloxicam 15 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>meloxicam 7.5 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>nabumetone 500 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>nabumetone 750 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>naproxen 125 mg/5 ml suspen</i>	2	QL (1800 PER 30 DAYS)
<i>naproxen 250 mg tablet</i>	1	QL (180 PER 30 DAYS)
<i>naproxen 375 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>naproxen 500 mg kit, 500 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>naproxen dr 375 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>naproxen dr 500 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>naproxen sodium 275 mg tab</i>	2	QL (150 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naproxen sodium 550 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>oxaprozin</i>	2	QL (90 PER 30 DAYS)
<i>piroxicam 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>piroxicam 20 mg capsule</i>	2	QL (30 PER 30 DAYS)
RELAFEN 500 MG TABLET	2	QL (120 PER 30 DAYS)
RELAFEN 750 MG TABLET	2	QL (60 PER 30 DAYS)
<i>sulindac</i>	2	QL (60 PER 30 DAYS)

Opioid Analgesics, Long-acting

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

Opioid Analgesics, Short-acting

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>codeine sulfate 15 mg tablet, 60 mg tablet</i>	4	QL (180 PER 30 DAYS)
<i>codeine sulfate 30 mg tablet</i>	2	QL (180 PER 30 DAYS)
DURAMORPH	2	BVD
<i>endocet 10-325 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>endocet 2.5-325 mg tablet, 5-325 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>endocet 7.5-325 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>fentanyl citrate cit 1,200 mcg, cit 1,600 mcg, citrate 400 mcg, citrate 600 mcg, citrate 800 mcg</i>	5	PA, QL (120 PER 30 DAYS)
<i>fentanyl citrate ofc 200 mcg</i>	2	PA, QL (120 PER 30 DAYS)
<i>hydrocodone-acetaminophen -10-300 mg, -10-325 mg, -7.5-300, -7.5-325</i>	2	QL (180 PER 30 DAYS)
<i>hydrocodone-acetaminophen -5-300 mg, -5-325 mg</i>	2	QL (240 PER 30 DAYS)
<i>hydrocodone-acetaminophen -acetamin 2.5-108/5, -acetamin 5-217/10, -acetamin 7.5-325/15</i>	2	QL (2700 PER 30 DAYS)
<i>hydrocodone-ibuprofen -10-200, -7.5-200</i>	2	QL (150 PER 30 DAYS)
<i>hydrocodone-ibuprofen -5-200 mg</i>	4	QL (150 PER 30 DAYS)
<i>hydromorphone hcl 1 mg/ml solution, 5 mg/5 ml soln</i>	2	QL (1440 PER 30 DAYS)
<i>hydromorphone hcl 2 mg tablet, 4 mg tablet, 8 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>hydromorphone hcl 2 mg/ml carpject, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, hcl 2 mg/ml amp, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl</i>	2	BVD
<i>morphine sulfate 10 mg/5 ml cup, 10 mg/5 ml soln</i>	2	QL (2700 PER 30 DAYS)
<i>morphine sulfate 100 mg/5 ml conc</i>	2	QL (270 PER 30 DAYS)
<i>morphine sulfate 20 mg/5 ml soln</i>	2	QL (1350 PER 30 DAYS)
<i>morphine sulfate 5 mg/10 ml vial, 10 mg/10 ml vial</i>	2	BVD
<i>morphine sulfate ir 15 mg tab</i>	4	QL (360 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>morphine sulfate ir 30 mg tab</i>	4	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone hcl (ir) 5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen -10-325</i>	2	QL (180 PER 30 DAYS)
<i>oxycodone-acetaminophen -acetaminophen 5-325, -acetaminophen 2.5-325</i>	2	QL (360 PER 30 DAYS)
<i>oxycodone-acetaminophen -acetaminophen 7.5-325</i>	2	QL (240 PER 30 DAYS)
ROXICODONE 15 MG TABLET	4	QL (180 PER 30 DAYS)
ROXICODONE 30 MG TABLET	5	QL (180 PER 30 DAYS)
<i>tramadol hcl 50 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>tramadol hcl-acetaminophen</i>	2	QL (240 PER 30 DAYS)

Anesthetics

Local Anesthetics

<i>dermacinrx lidocaine</i>	2	PA, QL (90 PER 30 DAYS)
<i>glydo</i>	2	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	2	PA, QL (100 PER 30 DAYS)
<i>lidocaine 5% patch</i>	2	PA, QL (90 PER 30 DAYS)
<i>lidocaine hcl 1% 100 mg/10 ml, 1% 20 mg/2 ml, 1% 20 mg/2 ml vial, 1% 300 mg/30 ml, 1% 50 mg/5 ml, 1% 50 mg/5 ml vial, 1% ampul, 1% vial</i>	1	
<i>lidocaine hcl 2% jel urojet ac, 2% jelly, 2% jelly uro-jet, 4% solution</i>	2	PA, QL (150 PER 30 DAYS)
<i>lidocaine hcl viscous</i>	2	
<i>lidocaine-prilocaine</i>	2	PA, QL (60 PER 30 DAYS)
<i>lidocaine iii</i>	2	PA, QL (90 PER 30 DAYS)
LIDODERM	5	PA, QL (90 PER 30 DAYS)
XYLOCAINE 1% VIAL	4	
XYLOCAINE-MPF -1% AMPUL, -1% VIAL	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZTLIDO	4	PA, QL (90 PER 30 DAYS)
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/ Anti-craving		
<i>acamprosate calcium</i>	2	
<i>disulfiram</i>	2	
Opioid Dependence		
<i>buprenorphine hcl 2 mg tablet, 8 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone -2-fm, -2-tb</i>	2	QL (120 PER 30 DAYS)
<i>buprenorphine-naloxone -4-1mg film, -8-2mg film, -12-3mg flm</i>	2	QL (60 PER 30 DAYS)
<i>buprenorphine-naloxone -8-2 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>naltrexone hcl</i>	2	
SUBLOCADE	5	
SUBOXONE 2 MG-0.5 MG SL FILM	3	QL (120 PER 30 DAYS)
SUBOXONE 4 MG-1 MG FILM, 8 MG-2 MG FILM, 12 MG-3 MG FILM	3	QL (60 PER 30 DAYS)
VIVITROL	5	
Opioid Reversal Agents		
KLOXXADO	4	
<i>naloxone hcl</i>	2	
NARCAN	4	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	2	
NICOTROL	4	
NICOTROL NS	4	
<i>varenicline tartrate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	2	
<i>gentamicin sulfate in ns iso 100 mg/100 ml, isoton 80 mg/100 ml, isoton 80 mg/50 ml</i>	4	
<i>gentamicin sulfate in ns iso 120 mg/100 ml, isoton 60 mg/50 ml</i>	2	
<i>gentamicin sulfate ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial</i>	2	
HUMATIN	5	
<i>neomycin sulfate</i>	2	
<i>paromomycin sulfate</i>	2	
<i>streptomycin sulfate</i>	3	
<i>tobramycin sulfate 1.2 gm vial, 1.2 gram/30 ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial</i>	2	
<i>tobramycin sulfate 10 mg/ml vial</i>	3	
Antibacterials, Other		
AZACTAM	4	
<i>aztreonam</i>	2	
<i>chloramphenicol sod succinate</i>	3	
CLEOCIN 2% VAGINAL CREAM	4	
CLEOCIN HCL	4	
CLEOCIN PHOSPHATE 9 G/60 ML VIAL, 150 MG/ML VIAL, 300 MG/2 ML VIAL, 600 MG/4 ML VIAL, 900 MG/6 ML VIAL, 900 MG/6ML ADDVAN	4	
CLEOCIN T 1% LOION	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clindamycin hel</i>	1	
<i>clindamycin phosphate ph 1% gel, ph 1% solution, 2% vaginal cream, ph 9 g/60 ml vial, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% pledget, phosp 1% lotion, phosphate 1% gel</i>	2	
<i>clindamycin phosphate-d5w</i>	2	
<i>clindamycin-0.9% nacl</i>	2	
<i>colistimethate</i>	2	
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>daptomycin 500 mg vial</i>	2	
FLAGYL 375 CAPSULE	4	
IMPAVIDO	5	
<i>linezolid</i>	2	PA
<i>linezolid-0.9% nacl</i>	2	
<i>linezolid-d5w</i>	2	
<i>methenamine hippurate</i>	2	
METRO IV	2	
<i>metronidazole 250 mg tablet, 500 mg tablet</i>	1	
<i>metronidazole vaginal 0.75% gl, 375 mg capsule, 500 mg/100 ml</i>	2	
<i>neomycin-polymyxin b</i>	3	
<i>nitrofurantoin 50 mg cap, 100 mg cap</i>	2	
<i>nitrofurantoin mono-macro</i>	2	
SIVEXTRO 200 MG TABLET	5	PA
SIVEXTRO 200 MG VIAL	5	
<i>tigecycline</i>	2	
<i>trimethoprim</i>	2	
TYGACIL	5	
<i>vancomycin 750 mg/150 ml bag</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>vancomycin hcl 1 gm add-van vial, 1 gm vial, hcl 1.25 gram vial, hcl 1.5 gram vial, hcl 5 gm vial, hcl 10 gm vial, hcl 100 gm smartpak, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, hcl 750 mg vial</i>	2	
<i>vancomycin hcl 1 gram/200 ml, hcl 1g/200 ml, 1.25 gm/250 ml, 1.5 gram/300 ml, 1.75 gm/350 ml, 2 gram/400 ml, 500 mg/100 ml</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	2	QL (240 PER 30 DAYS)
<i>vancomycin hcl-0.9% nacl vanco 500 mg/100 ml, vanco 750 mg/150 ml, vancomycin 1 g/200ml</i>	4	
<i>vancomycin hcl-d5w 1.25 gram/250ml, 1.5 gram/300 ml, -500 mg/100 ml</i>	4	
VANDAZOLE	3	
ZYVOX 100 MG/5 ML SUSPENSION, 600 MG TABLET	5	PA
ZYVOX 200 MG/100 ML-D5W	5	
ZYVOX 600 MG/300 ML-D5W	4	
Beta-lactam, Cephalosporins		
<i>cefaclor 250 mg capsule, 500 mg capsule</i>	2	
<i>cefadroxil</i>	2	
<i>cefazolin sodium 1 gm add-van vial, 1 gm vial, 2 gm vial, 10 gm vial, 20 gm bulk vial, sod 100 gm bulk bag, sod 300 gm bulk bag, 500 mg vial</i>	2	
<i>cefazolin sodium-dextrose 1 g/50 ml, 2 g/50 ml</i>	2	
<i>cefdinir</i>	2	
<i>cefepime</i>	2	
<i>cefepime hcl 1 gm vial, 2 gram vial</i>	2	
<i>cefepime-dextrose</i>	2	
<i>cefixime 400 mg capsule</i>	2	
<i>cefoxitin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cefoxitin sodium</i>	2	
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
<i>ceftazidime</i>	2	
<i>ceftriaxone 1 gm add-vant vial, 1 gm piggyback, 1 gm vial, 1 gm-d5w bag, 2 gm add vial, 2 gm piggyback, 2 gm vial, 2 gm-d5w bag, 10 gm vial, 100 gram bulk bag, 500 mg vial</i>	2	
<i>ceftriaxone 250 mg vial</i>	1	
<i>cefuroxime</i>	2	
<i>cefuroxime sodium 1.5 gm vial, 750 mg vial</i>	2	
<i>cephalexin 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin 250 mg capsule, 500 mg capsule, 750 mg capsule</i>	1	
SUPRAX 100 MG TABLET CHEWABLE, 200 MG TABLET CHEWABLE, 400 MG CAPSULE	4	
<i>tazicef</i>	2	
TEFLARO 400 MG VIAL	4	
TEFLARO 600 MG VIAL	5	
Beta-lactam, Penicillins		
<i>amoxicillin</i>	1	
<i>amoxicillin-clavulanate pot er</i>	4	
<i>amoxicillin-clavulanate potass</i>	2	
<i>ampicillin sodium 1 gm add-vantage vl, 1 gm vial, 2 gm add-vantage vl, 2 gm vial, 10 gm bottle, 10 gm vial, 250 mg vial, 500 mg vial</i>	2	
<i>ampicillin trihydrate 500 mg capsule</i>	2	
<i>ampicillin-sulbactam -sulb 3 gm add vial, -sulbactam 3 gm vial</i>	2	
AUGMENTIN 500-125 TABLET	4	
BICILLIN L-A	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dicloxacillin sodium</i>	2	
EXTENCILLINE	4	
<i>lentocilin s</i>	4	
<i>nafcillin</i>	2	
<i>nafcillin sodium</i>	2	
<i>penicillin g potassium</i>	2	
<i>penicillin g sodium</i>	4	
<i>penicillin gk-iso-osm dextrose 1 million unit/50 ml, 3 million unit/50 ml</i>	4	
<i>penicillin gk-iso-osm dextrose 2 million unit/50 ml</i>	3	
<i>penicillin v potassium 125 mg/5 ml soln, 250 mg/5 ml soln</i>	2	
<i>penicillin v potassium 250 mg tablet, 500 mg tablet</i>	1	
<i>pfizerpen</i>	4	
<i>piperacillin-tazobactam -tazo 2.25 gm add vl, -tazo 3.375 gm add vl, -tazo 4.5 gm add vial, -tazobact 2.25 gm vl, -tazobact 3.375 gm vl, -tazobact 4.5 gm vial</i>	2	
ZOSYN 2.25 GM/50 ML BAG, 3.375 GM/50 ML, 4.5 GM/100 ML BAG	4	
Carbapenems		
<i>ertapenem</i>	2	
<i>imipenem-cilastatin sodium -250 mg vl</i>	4	
<i>imipenem-cilastatin sodium -500 mg vl</i>	2	
INVANZ	4	
<i>meropenem</i>	2	
<i>meropenem-0.9% nacl</i>	2	
Macrolides		
<i>azithromycin 1 gm pwd packet</i>	4	
<i>azithromycin 100 mg/5 ml susp, 200 mg/5 ml susp, 500 mg add-van vl, i.v. 500 mg vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>azithromycin 250 mg tablet, 500 mg tablet, 600 mg tablet</i>	1	
<i>clarithromycin 125 mg/5 ml, 250 mg/5 ml</i>	4	
<i>clarithromycin 250 mg tablet, 500 mg tablet</i>	2	
<i>clarithromycin er</i>	2	
DIFICID 200 MG TABLET	5	QL (20 PER 10 OVER TIME)
DIFICID 40 MG/ML SUSPENSION	5	QL (136 PER 10 OVER TIME)
E.E.S. 200	4	
<i>ery</i>	4	
ERY-TAB	2	
ERYPED 200	4	
ERYPED 400	4	
ERYTHROCIN LACTOBIONATE	2	
ERYTHROCIN STEARATE	4	
<i>erythromycin 2% solution, 250 mg tablet, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet</i>	2	
<i>erythromycin dr 250 mg cap</i>	4	
<i>erythromycin ethylsuccinate 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin lactobionate</i>	2	
ZITHROMAX 100 MG/5 ML SUSP, 200 MG/5 ML SUSP, 250 MG TABLET, 250 MG Z-PAK TABLET, 500 MG TABLET, I.V. 500 MG VIAL	4	
ZITHROMAX TRI-PAK	4	
Quinolones		
CIPRO	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl 100 mg tab</i>	4	
<i>ciprofloxacin hcl 250 mg tab, 500 mg tab, 750 mg tab</i>	1	
<i>ciprofloxacin-d5w</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levofloxacin 25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial</i>	2	
<i>levofloxacin 250 mg tablet, 500 mg tablet, 750 mg tablet</i>	1	
<i>levofloxacin-d5w</i>	2	
<i>moxifloxacin 400 mg/250 ml bag</i>	4	
<i>moxifloxacin hcl</i>	2	
<i>ofloxacin 400 mg tablet</i>	2	
Sulfonamides		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim -20 ml cup, -iv vial, -susp</i>	2	
<i>sulfamethoxazole-trimethoprim -ds tablet, -ss tablet</i>	1	
Tetracyclines		
<i>avidoxy</i>	2	
<i>demeclocycline hcl</i>	2	
<i>doxy 100</i>	2	
<i>doxycycline hyclate 20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab, 100 mg vl</i>	2	
<i>doxycycline monohydrate 50 mg cap, 50 mg tablet, 75 mg capsule, 75 mg tablet, 100 mg cap, 100 mg tablet, 150 mg cap, 150 mg tablet</i>	2	
<i>minocycline hcl</i>	2	
<i>mondoxyne nl 100 mg capsule</i>	2	
NUZYRA 100 MG VIAL, 150 MG TABLET	5	
<i>tetracycline hcl 250 mg capsule, 500 mg capsule</i>	2	
VIBRAMYCIN 100 MG CAPSULE	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT 10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET	5	
BRIVIACT 50 MG/5 ML VIAL	4	
DEPAKOTE	4	
DEPAKOTE ER	4	
DEPAKOTE SPRINKLE	4	
DIACOMIT	5	
<i>divalproex sodium dr 125 mg cap sprnk, sod dr 250 mg tab, sod dr 500 mg tab</i>	2	
<i>divalproex sodium dr 125 mg tab</i>	1	
<i>divalproex sodium er</i>	2	
EPIDIOLEX	5	PA
EPRONTIA	4	
<i>felbamate 400 mg tablet, 600 mg tablet</i>	2	
<i>felbamate 600 mg/5 ml, 600 mg/5 ml cup</i>	5	
FINTEPLA	5	PA, QL (360 PER 30 DAYS)
FYCOMPA	3	
KEPPRA	4	
LAMICTAL (BLUE)	4	
LAMICTAL 25 MG DISPER TABLET, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	5	
LAMICTAL 5 MG DISPER TABLET, 25 MG TABLET	4	
<i>lamotrigine (blue)</i>	2	
<i>lamotrigine 25 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>lamotrigine 5 mg tablet, 25 mg tab</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lamotrigine er er 25 mg tablet, er 50 mg tablet, er 100 mg tablet, er 200 mg tablet, er 300 mg tablet</i>	2	
<i>levetiracetam</i>	2	
<i>levetiracetam er</i>	2	
<i>levetiracetam-nacl</i>	2	
<i>roweepra 500 mg tablet</i>	2	
SPRITAM	4	
<i>subvenite</i>	1	
<i>subvenite (blue)</i>	2	
<i>topiramate 15 mg cap, 25 mg cap</i>	2	
<i>topiramate 25 mg tablet, 50 mg tablet, 100 mg tablet, 200 mg tablet</i>	1	
<i>valproate sodium</i>	2	
<i>valproic acid</i>	2	
XCOPRI 12.5-25 MG TITRATION PK	4	
XCOPRI 25 MG TABLET, 50 MG TABLET, 50-100 MG TITRATION PAK, 100 MG TABLET, 150 MG TABLET, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK	5	
Calcium Channel Modifying Agents		
CELONTIN	4	
<i>ethosuximide</i>	2	
LYRICA 20 MG/ML ORAL SOLUTION	4	QL (900 PER 30 DAYS)
LYRICA 225 MG CAPSULE, 300 MG CAPSULE	4	QL (60 PER 30 DAYS)
LYRICA 25 MG CAPSULE, 50 MG CAPSULE, 75 MG CAPSULE, 100 MG CAPSULE, 150 MG CAPSULE, 200 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>methsuximide</i>	2	
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pregabalin 225 mg capsule, 300 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>pregabalin 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule</i>	2	QL (90 PER 30 DAYS)
ZARONTIN 250 MG CAPSULE	4	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
<i>clobazam 10 mg tablet, 20 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>clobazam 2.5 mg/ml suspension</i>	2	PA, QL (480 PER 30 DAYS)
<i>diazepam 10 mg gel syrg, 10mg gel (2pk), 20 mg gel syrg, 20mg gel (2pk)</i>	2	QL (5 PER 30 DAYS)
<i>diazepam 2.5mg rectal gel(2pk)</i>	4	QL (5 PER 30 DAYS)
<i>gabapentin 100 mg capsule</i>	1	QL (1080 PER 30 DAYS)
<i>gabapentin 250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup</i>	2	QL (2160 PER 30 DAYS)
<i>gabapentin 300 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	1	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (135 PER 30 DAYS)
GABITRIL 16 MG TABLET	5	
GABITRIL 2 MG TABLET, 4 MG TABLET, 12 MG TABLET	4	
LIBERVANT	5	QL (10 PER 30 DAYS)
MYSOLINE	5	
NAYZILAM	4	QL (10 PER 30 DAYS)
NEURONTIN 100 MG CAPSULE	4	QL (1080 PER 30 DAYS)
NEURONTIN 250 MG/5 ML SOLN, 250 MG/5 ML SOLUTION	4	QL (2160 PER 30 DAYS)
NEURONTIN 300 MG CAPSULE	4	QL (360 PER 30 DAYS)
NEURONTIN 400 MG CAPSULE	4	QL (270 PER 30 DAYS)
NEURONTIN 600 MG TABLET	5	QL (180 PER 30 DAYS)
NEURONTIN 800 MG TABLET	5	QL (135 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ONFI 10 MG TABLET, 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ONFI 2.5 MG/ML SUSPENSION	5	PA, QL (480 PER 30 DAYS)
<i>phenobarbital</i>	2	
<i>phenobarbital sodium</i>	2	
<i>primidone 125 mg tablet</i>	4	
<i>primidone 50 mg tablet, 250 mg tablet</i>	2	
SABRIL	5	QL (180 PER 30 DAYS)
SYMPAZAN 10 MG FILM	4	PA, QL (60 PER 30 DAYS)
SYMPAZAN 20 MG FILM	5	PA, QL (60 PER 30 DAYS)
SYMPAZAN 5 MG FILM	4	PA, QL (240 PER 30 DAYS)
<i>tiagabine hcl</i>	2	
VALTOCO 20 MG NASAL SPRAY	5	QL (10 PER 30 DAYS)
VALTOCO 5 MG SPRAY, 10 MG SPRAY, 15 MG SPRAY	4	QL (10 PER 30 DAYS)
<i>vigabatrin</i>	5	QL (180 PER 30 DAYS)
<i>vigadrone</i>	5	QL (180 PER 30 DAYS)
VIGAFYDE	5	QL (750 PER 30 DAYS)
<i>vigpoder</i>	5	QL (180 PER 30 DAYS)
ZTALMY	5	
Sodium Channel Agents		
APTIOM	5	
BANZEL 200 MG TABLET	4	
BANZEL 40 MG/ML SUSPENSION, 400 MG TABLET	5	
<i>carbamazepine 100 mg tab chew, 100 mg/5 ml cup, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup</i>	2	
<i>carbamazepine er</i>	2	
CARBATROL	4	
DILANTIN	4	
DILANTIN-125	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>epitol</i>	2	
<i>fosphenytoin sodium</i>	2	
<i>lacosamide 10 mg/ml solution, 50 mg tablet, 50 mg/5 ml cup, 100 mg/10 ml cup, 150 mg/15 ml cup, 200 mg/20 ml cup, 200 mg/20 ml vial</i>	2	
<i>lacosamide 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	4	
<i>oxcarbazepine</i>	2	
PHENYTEK	2	
<i>phenytoin</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>rufinamide 200 mg tablet</i>	2	
<i>rufinamide 40 mg/ml suspension, 400 mg tablet</i>	5	
TEGRETOL	4	
TEGRETOL XR	4	
TRILEPTAL 150 MG TABLET, 300 MG TABLET, 600 MG TABLET	4	
TRILEPTAL 300 MG/5 ML SUSP	5	
VIMPAT 10 MG/ML SOLUTION, 100 MG TABLET, 150 MG TABLET, 200 MG TABLET	5	
VIMPAT 50 MG TABLET, 200 MG/20 ML VIAL	4	
ZONEGRAN 100 MG CAPSULE	5	
ZONEGRAN 25 MG CAPSULE	4	
ZONISADE	4	
<i>zonisamide</i>	2	

Antidementia Agents

Cholinesterase Inhibitors

ADLARITY	4	
ARICEPT 5 MG TABLET, 10 MG TABLET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>donepezil hcl</i>	1	
<i>donepezil hcl odt</i>	2	
EXELON	4	
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	4	
<i>rivastigmine</i>	2	

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

<i>memantine hcl</i>	2	PA
<i>memantine hcl er</i>	2	PA
NAMENDA	4	PA

Antidepressants

Antidepressants, Other

AUVELITY	5	QL (60 PER 30 DAYS)
<i>bupropion hcl 100 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>bupropion hcl 75 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion hcl sr 150mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion hcl sr 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>bupropion xl hcl 150 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>bupropion xl hcl 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg odt, 30 mg odt, 45 mg odt</i>	2	QL (30 PER 30 DAYS)
<i>mirtazapine 15 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>mirtazapine 7.5 mg tablet, 30 mg tablet, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
REMERON 15 MG SOLTAB, 30 MG SOLTAB, 30 MG TABLET, 45 MG SOLTAB	4	QL (30 PER 30 DAYS)
REMERON 15 MG TABLET	4	QL (45 PER 30 DAYS)
SPRAVATO 56 MG DOSE PACK	5	PA, QL (16 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SPRAVATO 84 MG DOSE PACK	5	PA, QL (24 PER 28 DAYS)
WELLBUTRIN SR 100 MG TABLET	4	QL (90 PER 30 DAYS)
WELLBUTRIN SR SR 150 MG TABLET, SR 200 MG TABLET	4	QL (60 PER 30 DAYS)
WELLBUTRIN XL 150 MG TABLET	5	QL (90 PER 30 DAYS)
WELLBUTRIN XL 300 MG TABLET	5	QL (30 PER 30 DAYS)
ZURZUVAE 20 MG CAPSULE, 25 MG CAPSULE	5	QL (28 PER 365 OVER TIME)
ZURZUVAE 30 MG CAPSULE	5	QL (14 PER 365 OVER TIME)

Monoamine Oxidase Inhibitors

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

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

CELEXA 10 MG TABLET, 20 MG TABLET	4	QL (45 PER 30 DAYS)
CELEXA 40 MG TABLET	4	QL (30 PER 30 DAYS)
<i>citalopram hbr 10 mg tablet, 20 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>citalopram hbr 10 mg/5 ml soln, 20 mg/10 ml cup</i>	2	QL (600 PER 30 DAYS)
<i>citalopram hbr 40 mg tablet</i>	1	QL (30 PER 30 DAYS)
CYMBALTA 20 MG CAPSULE, 60 MG CAPSULE	4	QL (60 PER 30 DAYS)
CYMBALTA 30 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>desvenlafaxine succinate er</i>	2	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE 30 MG CAP	4	QL (90 PER 30 DAYS)
DRIZALMA SPRINKLE DR 20 MG CAP, DR 40 MG CAP, DR 60 MG CAP	4	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>duloxetine hcl dr 20 mg cap, dr 60 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl dr 30 mg cap</i>	2	QL (90 PER 30 DAYS)
EFFEXOR XR 150 MG CAPSULE	4	QL (30 PER 30 DAYS)
EFFEXOR XR 37.5 MG CAPSULE	4	QL (60 PER 30 DAYS)
EFFEXOR XR 75 MG CAPSULE	4	QL (90 PER 30 DAYS)
<i>escitalopram oxalate 20 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>escitalopram oxalate 5 mg tablet, 10 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>escitalopram oxalate 5 mg/5 ml</i>	2	QL (600 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	QL (28 PER 28 DAYS)
FETZIMA ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE	4	QL (30 PER 30 DAYS)
<i>fluoxetine dr</i>	4	QL (4 PER 28 DAYS)
<i>fluoxetine hcl 10 mg capsule</i>	1	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>fluoxetine hcl 20 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>fluoxetine hcl 20 mg/5 ml soln cup, 20 mg/5 ml solution</i>	2	QL (600 PER 30 DAYS)
<i>fluoxetine hcl 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>fluvoxamine maleate 100 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>fluvoxamine maleate 25 mg tab, 50 mg tab</i>	2	QL (30 PER 30 DAYS)
LEXAPRO 20 MG TABLET	4	QL (30 PER 30 DAYS)
LEXAPRO 5 MG TABLET, 10 MG TABLET	4	QL (45 PER 30 DAYS)
<i>nefazodone hcl 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	3	
<i>nefazodone hcl 50 mg tablet, 250 mg tablet</i>	4	
<i>paroxetine cr 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine cr 25 mg tablet, 37.5 mg tablet</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paroxetine er 12.5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine er er 25 mg tablet, er 37.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>paroxetine hcl 10 mg tablet, 40 mg tablet</i>	2	QL (45 PER 30 DAYS)
<i>paroxetine hcl 10 mg/5 ml susp</i>	2	QL (900 PER 30 DAYS)
<i>paroxetine hcl 20 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>paroxetine hcl 30 mg tablet</i>	2	QL (60 PER 30 DAYS)
PAXIL 10 MG TABLET, 40 MG TABLET	4	QL (45 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	QL (900 PER 30 DAYS)
PAXIL 20 MG TABLET	4	QL (30 PER 30 DAYS)
PAXIL 30 MG TABLET	4	QL (60 PER 30 DAYS)
PRISTIQ	4	QL (30 PER 30 DAYS)
PROZAC 10 MG PULVULE	4	QL (90 PER 30 DAYS)
PROZAC 20 MG PULVULE	4	QL (120 PER 30 DAYS)
PROZAC 40 MG PULVULE	4	QL (60 PER 30 DAYS)
<i>sertraline hcl 100 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>sertraline hcl 20 mg/ml oral conc</i>	2	QL (300 PER 30 DAYS)
<i>sertraline hcl 25 mg tablet, 50 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>trazodone hcl 300 mg tablet</i>	2	
<i>trazodone hcl 50 mg tablet, 100 mg tablet, 150 mg tablet</i>	1	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine besylate er</i>	4	QL (60 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	QL (90 PER 30 DAYS)
<i>venlafaxine hcl er 150 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>venlafaxine hcl er 37.5 mg cap</i>	1	QL (60 PER 30 DAYS)
<i>venlafaxine hcl er 75 mg cap</i>	2	QL (90 PER 30 DAYS)
VIIBRYD	4	QL (30 PER 30 DAYS)
<i>vilazodone hcl</i>	2	QL (30 PER 30 DAYS)
ZOLOFT 100 MG TABLET	4	QL (60 PER 30 DAYS)
ZOLOFT 20 MG/ML ORAL CONC	4	QL (300 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZOLOFT 25 MG TABLET, 50 MG TABLET	4	QL (45 PER 30 DAYS)
Tricyclics		
<i>amitriptyline hcl</i>	2	
<i>amoxapine</i>	2	
<i>clomipramine hcl</i>	2	
<i>desipramine hcl</i>	2	
<i>doxepin hcl 10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule</i>	2	
<i>imipramine hcl</i>	2	
NORPRAMIN	4	
<i>nortriptyline hcl</i>	2	
<i>protriptyline hcl</i>	2	
<i>trimipramine maleate</i>	2	
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl</i>	2	PA
<i>compro</i>	2	
<i>meclizine hcl 12.5 mg tablet, 25 mg tablet</i>	2	
<i>perphenazine</i>	2	PA
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate 10 mg/2 ml vl</i>	2	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl 6.25 mg/5 ml soln, 6.25 mg/5 ml syrp, 12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet</i>	2	PA
<i>promethegan 12.5 mg suppos, 25 mg suppository</i>	2	PA
<i>scopolamine</i>	2	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Emetogenic Therapy Adjuncts		
<i>aprepitant</i>	2	BVD
<i>dronabinol</i>	2	BVD
EMEND 80 MG CAPSULE, TRIPACK	4	BVD
<i>fosaprepitant dimeglumine</i>	2	
<i>granisetron hcl 1 mg tablet</i>	2	BVD
<i>granisetron hcl 1 mg/ml vial, 4 mg/4 ml vial</i>	2	
<i>ondansetron hcl</i>	2	
<i>ondansetron odt odt 4 mg tablet, odt 8 mg tablet</i>	2	
<i>palonosetron hcl</i>	5	
Antifungals		
AMBISOME	4	BVD
<i>amphotericin b</i>	4	BVD
<i>amphotericin b liposome</i>	5	BVD
CANCIDAS	5	
<i>caspofungin acetate</i>	2	
<i>ciclodan 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>ciclopirox 0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo</i>	2	
<i>ciclopirox 8% solution</i>	2	QL (6.6 PER 30 DAYS)
<i>clotrimazole 1% solution, 1% topical cream, 10 mg lozenge, 10 mg troche</i>	2	
CRESEMBA	5	PA
DIFLUCAN	4	
<i>econazole nitrate</i>	2	
<i>fluconazole 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet</i>	1	
<i>fluconazole-nacl -200 mg/100 ml, -400 mg/200 ml</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>flucytosine</i>	5	
<i>griseofulvin 125 mg/5 ml susp</i>	2	
<i>griseofulvin micro 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole 100 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>ketoconazole 2% cream, 2% shampoo, 200 mg tablet</i>	2	
<i>klayesta</i>	2	
LOPROX 1% SHAMPOO	4	
<i>micafungin 100 mg vial</i>	5	
<i>micafungin 50 mg vial</i>	2	
<i>micafungin-0.9% nacl 50 mg/50ml-0.9%nacl</i>	4	
NOXAFIL 300 MG/16.7 ML VIAL	4	PA
NOXAFIL 40 MG/ML SUSPENSION, DR 100 MG TABLET, 300 MG POWDERMIX SUSP	5	PA
<i>nyamyc</i>	2	
<i>nystatin</i>	2	
<i>nystop</i>	2	
<i>posaconazole 300 mg/16.7 ml vl</i>	2	PA
<i>posaconazole dr 100 mg tablet, 200 mg/5 ml susp</i>	5	PA
SPORANOX 100 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>terbinafine hcl</i>	1	QL (30 PER 30 DAYS)
<i>terconazole</i>	2	
VFEND IV	4	PA
<i>voriconazole</i>	2	PA

Antigout Agents

<i>allopurinol 100 mg tablet, 300 mg tablet</i>	1	
<i>allopurinol sodium</i>	2	
ALOPRIM	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>colchicine 0.6 mg tablet</i>	2	
COLCRYS	4	
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	
ZYLOPRIM	4	

Antimigraine Agents

AIMOVIG AUTOINJECTOR 140 MG/ML	3	PA, QL (1 PER 30 DAYS)
AIMOVIG AUTOINJECTOR 70 MG/ML	3	PA, QL (2 PER 30 DAYS)
<i>dihydroergotamine mesylate 4 mg/ml spry</i>	5	PA, QL (8 PER 28 DAYS)
EMGALITY PEN	3	PA, QL (2 PER 30 DAYS)
EMGALITY SYRINGE 100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR)	3	PA, QL (3 PER 30 DAYS)
EMGALITY SYRINGE 120 MG/ML	3	PA, QL (2 PER 30 DAYS)
<i>ergotamine-caffeine</i>	2	
MIGRANAL	4	PA, QL (8 PER 28 DAYS)
NURTEC ODT	3	PA, QL (16 PER 30 DAYS)
UBRELVY	3	PA, QL (16 PER 30 DAYS)

Serotonin (5-HT) Receptor Agonist

IMITREX 25 MG TABLET, 50 MG TABLET, 100 MG TABLET	4	ST, QL (18 PER 30 DAYS)
IMITREX 4 MG/0.5 ML CARTRIDGES, 4 MG/0.5 ML PEN INJECT	4	ST, QL (6 PER 30 DAYS)
IMITREX 5 MG SPRAY, 20 MG SPRAY	4	ST, QL (12 PER 30 DAYS)
IMITREX 6 MG/0.5 ML CARTRIDGES, 6 MG/0.5 ML PEN INJECT	5	QL (6 PER 30 DAYS)
MAXALT	4	ST, QL (18 PER 30 DAYS)
MAXALT MLT 10 MG TABLET	4	ST, QL (18 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>naratriptan hcl</i>	2	QL (18 PER 30 DAYS)
<i>rizatriptan</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan</i>	2	QL (12 PER 30 DAYS)
<i>sumatriptan succinate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	QL (18 PER 30 DAYS)
<i>sumatriptan succinate 4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml cart, 6 mg/0.5ml autoinj</i>	2	QL (6 PER 30 DAYS)
<i>sumatriptan succinate 6 mg/0.5 ml vial</i>	2	QL (5 PER 30 DAYS)
<i>zolmitriptan odt</i>	2	QL (12 PER 30 DAYS)

Antimyasthenic Agents

Parasympathomimetics

MESTINON	5	
<i>pyridostigmine bromide 60 mg/5 ml cup, 60 mg/5 ml soln, br 60 mg tablet</i>	2	
<i>pyridostigmine bromide er</i>	2	

Antimycobacterials

Antimycobacterials, Other

<i>dapsone 25 mg tablet, 100 mg tablet</i>	2	
MYCOBUTIN	5	
<i>rifabutin</i>	2	

Antituberculars

<i>cycloserine</i>	5	
<i>ethambutol hcl</i>	2	
<i>isoniazid 100 mg tablet, 300 mg tablet</i>	1	
<i>isoniazid 100 mg/ml vial</i>	3	
<i>isoniazid 50 mg/5 ml solution</i>	2	
PRIFTIN	4	
<i>pyrazinamide</i>	2	
RIFADIN IV 600 MG VIAL	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rifampin</i>	2	
SIRTURO	5	
TRECTOR	4	

Antineoplastics

Alkylating Agents

<i>busulfan</i>	5	
<i>cyclophosphamide 25 mg capsule, 50 mg capsule</i>	2	BVD
<i>cyclophosphamide 25 mg tablet, 50 mg tablet</i>	3	BVD
CYCLOPHOSPHAMIDE CYCLOPHOSPHAMIDE 1 GM VIAL, CYCLOPHOSPHAMIDE 1 GM/2 ML VL, CYCLOPHOSPHAMIDE 1 GM/5 ML VL, CYCLOPHOSPHAMIDE 2 GM VIAL, CYCLOPHOSPHAMIDE 2 GM/10 ML VL, CYCLOPHOSPHAMIDE 2 GM/4 ML VL, CYCLOPHOSPHAMIDE 500 MG VIAL, CYCLOPHOSPHAMIDE 500 MG/2.5 ML, CYCLOPHOSPHAMIDE 500 MG/ML VL, CYCLOPHOSPHAMIDE 1 GM/5 ML VL, CYCLOPHOSPHAMIDE 500 MG/2.5 ML	5	
EVOMELA	5	
GLEOSTINE 10 MG CAPSULE, 40 MG CAPSULE	4	
GLEOSTINE 100 MG CAPSULE	5	
LEUKERAN	4	
MATULANE	5	PA
<i>melphalan hcl</i>	5	
TEMODAR 100 MG VIAL	5	
VALCHLOR	5	
YONDELIS	5	PA
ZEPZELCA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiandrogens		
<i>abiraterone acetate 250 mg tab</i>	5	PA, QL (120 PER 30 DAYS)
<i>bicalutamide</i>	2	
CASODEX	4	
ERLEADA 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ERLEADA 60 MG TABLET	5	PA, QL (120 PER 30 DAYS)
EULEXIN	5	
NILANDRON	5	
<i>nilutamide</i>	5	
NUBEQA	5	PA, QL (120 PER 30 DAYS)
XTANDI 40 MG CAPSULE, 40 MG TABLET	5	PA, QL (120 PER 30 DAYS)
XTANDI 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
YONSA	5	PA, QL (120 PER 30 DAYS)
Antiangiogenic Agents		
<i>lenalidomide 15 mg capsule, 20 mg capsule, 25 mg capsule</i>	5	PA, QL (21 PER 28 DAYS)
<i>lenalidomide 2.5 mg capsule, 5 mg capsule, 10 mg capsule</i>	5	PA, QL (30 PER 30 DAYS)
POMALYST	5	PA, QL (21 PER 28 DAYS)
REVLIMID 15 MG CAPSULE, 20 MG CAPSULE, 25 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
REVLIMID 2.5 MG CAPSULE, 5 MG CAPSULE, 10 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
THALOMID 150 MG CAPSULE, 200 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
THALOMID 50 MG CAPSULE, 100 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZALTRAP	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
FARESTON	5	
FASLODEX	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fulvestrant</i>	5	PA
ORSERDU 345 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORSERDU 86 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
<i>fluorouracil 1 gram/20 ml vial, 2.5 gram/50 ml vl, 5 gram/100 ml vl, 500 mg/10 ml vial</i>	2	BVD
FOLOTYN	5	PA
HYDREA	4	
<i>hydroxyurea</i>	2	
<i>mercaptopurine</i>	2	
PURIXAN	5	
TABLOID	5	
Antineoplastics, Other		
ABRAXANE	5	PA
<i>adriamycin 10 mg vial</i>	4	BVD
<i>adriamycin adriamycin 20 mg/10 ml vial, adriamycin 50 mg vial, adriamycin 10 mg/5 ml vial, adriamycin 50 mg/25 ml vial, adriamycin 200 mg/100 ml vial</i>	2	BVD
ALIMTA	5	PA
ARRANON	5	PA
<i>arsenic trioxide 10 mg/10ml vl</i>	2	
<i>arsenic trioxide 12 mg/6 ml vl</i>	5	
ASPARLAS	5	
<i>azacitidine</i>	5	
<i>bendamustine hcl 25 mg vial, 100 mg vial</i>	5	
BENDEKA	5	
BICNU	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bleomycin sulfate</i>	2	BVD
BLINCYTO 35MCG VL W-STABILIZER	5	PA
<i>carboplatin 50 mg/5 ml vial, 150 mg/15 ml vial, 450 mg/45 ml vial, 600 mg/60 ml vial</i>	2	
<i>carmustine 100 mg vial</i>	2	
<i>cisplatin 50 mg/50 ml vial, 100 mg/100 ml vial, 200 mg/200 ml vial</i>	2	
<i>cladribine</i>	5	BVD
<i>clofarabine</i>	5	
CLOLAR	5	
COSMEGEN	5	
<i>cytarabine</i>	2	BVD
<i>dacarbazine 100 mg vial</i>	4	
<i>dacarbazine 200 mg vial</i>	2	
<i>dactinomycin</i>	5	
<i>daunorubicin hcl 20 mg/4 ml vial, 50 mg/10 ml vial</i>	2	
<i>decitabine</i>	5	
<i>docetaxel 20 mg/2 ml vial, 20 mg/ml vial, 80 mg/4 ml vial, 80 mg/8 ml vial, 160 mg/16 ml vial, 160 mg/8 ml vial</i>	5	
<i>doxorubicin hcl 10 mg vial</i>	4	BVD
<i>doxorubicin hcl 10 mg/5 ml vial, 20 mg/10 ml vial, 50 mg vial, 50 mg/25 ml vial, 150 mg/75 ml vial, 200 mg/100 ml vial</i>	2	BVD
<i>doxorubicin hcl liposome</i>	5	PA
<i>eribulin mesylate</i>	5	PA
<i>fludarabine phosphate</i>	2	
<i>gemcitabine hcl 1 gram/26.3 ml vl, hcl 1 gram vial, 2 gram/52.6 ml vl, hcl 2 gram vial, 200 mg/5.26 ml vl, hcl 200 mg vial</i>	2	
HALAVEN	5	PA
<i>idarubicin hcl</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IFEX 3 GM VIAL	4	
<i>ifosfamide 1 gm vial, 1 gm/20 ml vial, 3 gm/60 ml vial</i>	2	
<i>ifosfamide 3 gm vial</i>	4	
IMLYGIC 1 MILLION PFU/ML VIAL	4	
IMLYGIC 100 MILLION PFU/ML VL	5	
INQOVI	5	PA, QL (5 PER 28 DAYS)
ISTODAX	5	PA
IXEMPRA	5	
<i>kemoplat</i>	2	
KISQALI FEMARA CO-PACK 200 MG	5	PA, QL (49 PER 28 DAYS)
KISQALI FEMARA CO-PACK 400 MG	5	PA, QL (70 PER 28 DAYS)
KISQALI FEMARA CO-PACK 600 MG	5	PA, QL (91 PER 28 DAYS)
<i>leucovorin calcium</i>	2	
LONSURF 15 MG-6.14 MG TABLET	5	PA, QL (100 PER 28 DAYS)
LONSURF 20 MG-8.19 MG TABLET	5	PA, QL (80 PER 28 DAYS)
<i>mitomycin 20 mg vial, 40 mg vial</i>	5	
<i>mitomycin 5 mg vial</i>	2	
<i>mitoxantrone hcl</i>	2	
MUTAMYCIN 20 MG VIAL, 40 MG VIAL	5	
MUTAMYCIN 5 MG VIAL	2	
<i>nelarabine</i>	5	PA
NINLARO	5	PA, QL (3 PER 28 DAYS)
NIPENT	5	
ONCASPAR	5	
ONUREG	5	PA, QL (14 PER 28 DAYS)
<i>oxaliplatin</i>	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paclitaxel</i>	2	
<i>paraplatin</i>	2	
<i>pemetrexed 100 mg vial, 500 mg vial</i>	5	PA
<i>pemetrexed disodium</i>	5	PA
<i>romidepsin romidepsin 10 mg kit, romidepsin 10 mg vial, romidepsin 27.5 mg/5.5 ml vial</i>	5	PA
RYLAZE	5	
SYNRIBO	5	PA
<i>thiotepa</i>	5	
TREANDA	5	
TRISENOX	5	
<i>vinblastine sulfate</i>	3	BVD
<i>vincasar pfs</i>	4	BVD
<i>vincristine sulfate</i>	4	BVD
<i>vinorelbine tartrate</i>	2	
VYXEOS	5	PA
WELIREG	5	PA, QL (90 PER 30 DAYS)
XPOVIO 40 MG TWICE, 80 MG ONCE, 100 MG ONCE	5	PA, QL (8 PER 28 DAYS)
XPOVIO 40 MG, 60 MG	5	PA, QL (4 PER 28 DAYS)
XPOVIO 60 MG TWICE WEEKLY DOSE	5	PA, QL (24 PER 28 DAYS)
XPOVIO 80 MG TWICE WEEKLY DOSE	5	PA, QL (32 PER 28 DAYS)
ZANOSAR	4	
ZOLINZA	5	PA, QL (120 PER 30 DAYS)
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	1	
ARIMIDEX	4	
AROMASIN	5	
<i>exemestane</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FEMARA	4	
<i>letrozole</i>	1	
Enzyme Inhibitors		
ETOPOPHOS	4	
<i>etoposide 100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial</i>	2	
<i>irinotecan hcl 40 mg/2 ml vial, 100 mg/5 ml vial, 500 mg/25 ml vial</i>	2	
IWILFIN	5	PA, QL (240 PER 30 DAYS)
ONIVYDE	5	PA
<i>toposar</i>	2	
<i>topotecan hcl 4 mg vial, 4 mg/4 ml vial</i>	2	
Molecular Target Inhibitors		
AFINITOR 2.5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AFINITOR 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 2 MG TABLET, 5 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AFINITOR DISPERZ 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AKEEGA	5	PA, QL (60 PER 30 DAYS)
ALECENSA	5	PA, QL (240 PER 30 DAYS)
ALIQOPA	5	PA
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)
ALUNBRIG 90 MG TABLET, 90 MG-180 MG TAB PACK, 180 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AUGTYRO 40 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA 3 MG TABLET	5	PA, QL (90 PER 30 DAYS)
BALVERSA 4 MG TABLET	5	PA, QL (60 PER 30 DAYS)
BALVERSA 5 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BELEODAQ	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bortezomib 1 mg vial, 2.5 mg vial</i>	4	PA
<i>bortezomib 3.5 mg iv vial, 3.5 mg vial</i>	5	PA
BOSULIF 100 MG CAPSULE, 100 MG TABLET	5	PA, QL (180 PER 30 DAYS)
BOSULIF 400 MG TABLET, 500 MG TABLET	5	PA, QL (30 PER 30 DAYS)
BOSULIF 50 MG CAPSULE	5	PA, QL (330 PER 30 DAYS)
BRAFTOVI 75 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
BRUKINSA	5	PA, QL (120 PER 30 DAYS)
CABOMETYX	5	PA, QL (30 PER 30 DAYS)
CALQUENCE	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA, QL (30 PER 30 DAYS)
COMETRIQ 100 MG DAILY-DOSE PK	5	PA, QL (56 PER 28 DAYS)
COMETRIQ 140 MG DAILY-DOSE PK	5	PA, QL (112 PER 28 DAYS)
COMETRIQ 60 MG DAILY-DOSE PACK	5	PA, QL (84 PER 28 DAYS)
COPIKTRA	5	PA, QL (56 PER 28 DAYS)
COTELLIC	5	PA, QL (63 PER 28 DAYS)
CYRAMZA	5	PA
<i>dasatinib 20 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
<i>dasatinib 50 mg tablet, 70 mg tablet, 80 mg tablet, 100 mg tablet, 140 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
DAURISMO 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
DAURISMO 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
ERIVEDGE	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 100 mg tablet, 150 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>erlotinib hcl 25 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2 mg tab for susp, 5 mg tab for susp, 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>everolimus 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>everolimus 3 mg tab for susp</i>	5	PA, QL (90 PER 30 DAYS)
EXKIVITY	5	PA, QL (120 PER 30 DAYS)
FARYDAK	5	PA, QL (6 PER 21 DAYS)
FOTIVDA	5	PA, QL (21 PER 28 DAYS)
FRUZAQLA 1 MG CAPSULE	5	PA, QL (84 PER 28 DAYS)
FRUZAQLA 5 MG CAPSULE	5	PA, QL (21 PER 28 DAYS)
GAVRETO	5	PA, QL (120 PER 30 DAYS)
<i>gefitinib</i>	5	PA, QL (30 PER 30 DAYS)
GILOTRIF	5	PA, QL (30 PER 30 DAYS)
GLEEVEC 100 MG TABLET	5	PA, QL (90 PER 30 DAYS)
GLEEVEC 400 MG TABLET	5	PA, QL (60 PER 30 DAYS)
IBRANCE	5	PA, QL (21 PER 28 DAYS)
ICLUSIG	5	PA, QL (30 PER 30 DAYS)
IDHIFA	5	PA, QL (30 PER 30 DAYS)
<i>imatinib mesylate 100 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>imatinib mesylate 400 mg tab</i>	2	PA, QL (60 PER 30 DAYS)
IMBRUVICA 140 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
IMBRUVICA 70 MG CAPSULE, 420 MG TABLET	5	PA, QL (30 PER 30 DAYS)
IMBRUVICA 70 MG/ML SUSPENSION	5	PA, QL (324 PER 30 DAYS)
INLYTA 1 MG TABLET	5	PA, QL (180 PER 30 DAYS)
INLYTA 5 MG TABLET	5	PA, QL (120 PER 30 DAYS)
INREBIC	5	PA, QL (120 PER 30 DAYS)
IRESSA	5	PA, QL (30 PER 30 DAYS)
JAKAFI	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
JAYPIRCA 50 MG TABLET	5	PA, QL (30 PER 30 DAYS)
JEVTANA	5	PA
KISQALI 200 MG DAILY DOSE	5	PA, QL (21 PER 28 DAYS)
KISQALI 400 MG DAILY DOSE	5	PA, QL (42 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KISQALI 600 MG DAILY DOSE	5	PA, QL (63 PER 28 DAYS)
KOSELUGO 10 MG CAPSULE	5	PA, QL (240 PER 30 DAYS)
KOSELUGO 25 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
KRAZATI	5	PA, QL (180 PER 30 DAYS)
KYPROLIS	5	PA
<i>lapatinib</i>	5	PA, QL (180 PER 30 DAYS)
LAZCLUZE 240 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LAZCLUZE 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
LENVIMA 12 MG DAILY, 18 MG DAILY, 24 MG DAILY	5	PA, QL (90 PER 30 DAYS)
LENVIMA 4 MG CAPSULE, 10 MG DAILY DOSE	5	PA, QL (30 PER 30 DAYS)
LENVIMA 8 MG DAILY, 14 MG DAILY, 20 MG DAILY	5	PA, QL (60 PER 30 DAYS)
LORBRENA 100 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LORBRENA 25 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LUMAKRAS 120 MG TABLET	5	PA, QL (240 PER 30 DAYS)
LUMAKRAS 320 MG TABLET	5	PA, QL (90 PER 30 DAYS)
LYNPARZA	5	PA, QL (120 PER 30 DAYS)
LYTGOBI 12 MG DOSE (3X 4MG TB)	5	PA, QL (84 PER 28 DAYS)
LYTGOBI 16 MG DOSE (4X 4MG TB)	5	PA, QL (112 PER 28 DAYS)
LYTGOBI 20 MG DOSE (5X 4MG TB)	5	PA, QL (140 PER 28 DAYS)
MEKINIST 0.05 MG/ML SOLUTION	5	PA, QL (1170 PER 28 DAYS)
MEKINIST 0.5 MG TABLET	5	PA, QL (90 PER 30 DAYS)
MEKINIST 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
MEKTOVI	5	PA, QL (180 PER 30 DAYS)
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA, QL (120 PER 30 DAYS)
ODOMZO	5	PA, QL (30 PER 30 DAYS)
OGSIVEO 100 MG TABLET, 150 MG TABLET	5	PA, QL (56 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OGSIVEO 50 MG TABLET	5	PA, QL (180 PER 30 DAYS)
OJEMDA 100 MG TAB (400MG DOSE), 100 MG TAB (500MG DOSE), 100 MG TAB (600MG DOSE)	5	PA, QL (24 PER 28 DAYS)
OJEMDA 25 MG/ML ORAL SUSP	5	PA, QL (96 PER 28 DAYS)
OJJAARA	5	PA, QL (30 PER 30 DAYS)
<i>pazopanib hcl</i>	5	PA, QL (120 PER 30 DAYS)
PEMAZYRE	5	PA, QL (14 PER 21 DAYS)
PIQRAY 200 MG DAILY DOSE PACK	5	PA, QL (30 PER 30 DAYS)
PIQRAY 250 MG DAILY PACK, 300 MG DAILY PACK	5	PA, QL (60 PER 30 DAYS)
QINLOCK	5	PA, QL (90 PER 30 DAYS)
RETEVMO 40 MG CAPSULE	5	PA, QL (180 PER 30 DAYS)
RETEVMO 40 MG TABLET	5	PA, QL (90 PER 30 DAYS)
RETEVMO 80 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
RETEVMO 80 MG TABLET, 120 MG TABLET, 160 MG TABLET	5	PA, QL (60 PER 30 DAYS)
REZLIDHIA	5	PA, QL (60 PER 30 DAYS)
ROZLYTREK 100 MG CAPSULE	5	PA, QL (150 PER 30 DAYS)
ROZLYTREK 200 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
ROZLYTREK 50 MG PELLETT PACKET	5	PA, QL (336 PER 28 DAYS)
RUBRACA	5	PA, QL (120 PER 30 DAYS)
RYDAPT	5	PA, QL (240 PER 30 DAYS)
SCEMBLIX 100 MG TABLET	5	PA, QL (120 PER 30 DAYS)
SCEMBLIX 20 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SCEMBLIX 40 MG TABLET	5	PA, QL (300 PER 30 DAYS)
<i>sorafenib</i>	5	PA, QL (120 PER 30 DAYS)
SPRYCEL 20 MG TABLET	5	PA, QL (90 PER 30 DAYS)
SPRYCEL 50 MG TABLET, 70 MG TABLET, 80 MG TABLET, 100 MG TABLET, 140 MG TABLET	5	PA, QL (30 PER 30 DAYS)
STIVARGA	5	PA, QL (84 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sunitinib malate 12.5 mg cap</i>	5	PA, QL (90 PER 30 DAYS)
<i>sunitinib malate 25 mg capsule, 37.5 mg cap, 50 mg capsule</i>	5	PA, QL (30 PER 30 DAYS)
SUTENT 12.5 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
SUTENT 25 MG CAPSULE, 37.5 MG CAPSULE, 50 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
TABRECTA	5	PA, QL (120 PER 30 DAYS)
TAFINLAR 10 MG TABLET FOR SUSP	5	PA, QL (840 PER 28 DAYS)
TAFINLAR 50 MG CAPSULE, 75 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TAGRISSE	5	PA, QL (30 PER 30 DAYS)
TALZENNA	5	PA, QL (30 PER 30 DAYS)
TARCEVA 100 MG TABLET, 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
TARCEVA 25 MG TABLET	5	PA, QL (60 PER 30 DAYS)
TASIGNA	5	PA, QL (120 PER 30 DAYS)
TAZVERIK	5	PA, QL (240 PER 30 DAYS)
<i>temsirolimus</i>	5	
TEPMETKO	5	PA, QL (60 PER 30 DAYS)
TIBSOVO	5	PA, QL (60 PER 30 DAYS)
TORISEL	5	
<i>torpenz 2.5 mg tablet, 7.5 mg tablet, 10 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>torpenz 5 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
TRUQAP	5	PA, QL (64 PER 28 DAYS)
TUKYSA 150 MG TABLET	5	PA, QL (120 PER 30 DAYS)
TUKYSA 50 MG TABLET	5	PA, QL (300 PER 30 DAYS)
TURALIO 125 MG CAPSULE	5	PA, QL (120 PER 30 DAYS)
TYKERB	5	PA, QL (180 PER 30 DAYS)
VANFLYTA	5	PA, QL (60 PER 30 DAYS)
VELCADE	5	PA
VENCLEXTA 10 MG TAB (10MG X 2), 10 MG TABLET	3	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

Monoclonal Antibody/Antibody-Drug Conjugate

ADCETRIS	5	PA
ALYMSYS	5	PA
ARZERRA	5	PA
AVASTIN	5	PA
BAVENCIO	5	PA
BESPOUSA	5	PA
BLENREP	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DANYELZA	5	PA
DARZALEX	5	PA
DARZALEX FASPRO	5	PA
EMPLICITI	5	PA
ENHERTU	5	PA
ERBITUX	5	PA
GAZYVA	5	PA
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA
HERZUMA	5	PA
IMFINZI	5	PA
JEMPERLI	5	PA
KADCYLA	5	PA
KANJINTI	5	PA
KEYTRUDA	5	PA
LIBTAYO	5	PA
LUMOXITI	5	PA
MARGENZA	5	PA
MONJUVI	5	PA
MVASI	5	PA
MYLOTARG	5	PA
OGIVRI	5	PA
ONTRUZANT	5	PA
OPDIVO	5	PA
PADCEV	5	PA
PERJETA	5	PA
PHESGO	5	PA
POLIVY	5	PA
PORTRAZZA	5	PA
POTELIGEO	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RIABNI	5	PA
RITUXAN	5	PA
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
RYBREVANT	5	PA
SARCLISA	5	PA
TECENTRIQ	5	PA
TRAZIMERA	5	PA
TRODELVY	5	PA
TRUXIMA	5	PA
UNITUXIN	5	PA
VECTIBIX	5	PA
VEGZELMA	5	PA
YERVOY	5	PA
ZIRABEV	5	PA
ZYNLONTA	5	PA
Retinoids		
<i>bexarotene 1% gel, 75 mg capsule</i>	5	PA
PANRETIN	5	PA
TARGRETIN 1% GEL, 75 MG CAPSULE	5	PA
<i>tretinoin 10 mg capsule</i>	5	PA
Treatment Adjuncts		
COSELA	5	
<i>dexrazoxane</i>	5	
ELITEK	5	
<i>mesna</i>	2	
MESNEX 400 MG TABLET	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	2	
<i>benznidazole</i>	4	
BILTRICIDE	4	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	2	
STROMEKTOL	4	PA
Antiprotozoals		
<i>atovaquone</i>	2	PA, QL (600 PER 30 DAYS)
<i>atovaquone-proguanil hcl</i>	2	
<i>chloroquine phosphate</i>	2	
COARTEM	4	
DARAPRIM	5	PA
<i>hydroxychloroquine sulfate 200 mg tab</i>	2	
MALARONE	4	
<i>mefloquine hcl</i>	2	
NEBUPENT	4	BVD
<i>nitazoxanide</i>	2	QL (20 PER 30 OVER TIME)
PENTAM 300	4	
<i>pentamidine isethionate 300 mg inhal powder</i>	2	BVD
<i>pentamidine isethionate 300 mg inject vial</i>	2	
PLAQUENIL	4	
<i>primaquine</i>	2	
<i>pyrimethamine</i>	5	PA
<i>quinine sulfate</i>	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antiparkinson Agents		
Antiparkinson Agents, Other		
<i>amantadine</i>	2	
<i>benztropine mesylate 0.5 mg tab, 1 mg tablet, 2 mg tablet</i>	2	PA
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
<i>entacapone</i>	2	
TASMAR	5	
<i>tolcapone</i>	5	
Dopamine Agonists		
APOKYN	5	PA, QL (60 PER 30 DAYS)
<i>apomorphine hcl</i>	5	PA, QL (60 PER 30 DAYS)
<i>bromocriptine mesylate</i>	2	
NEUPRO	4	
<i>pramipexole dihydrochloride</i>	1	
<i>ropinirole er</i>	2	
<i>ropinirole hcl 0.25 mg tablet, 1 mg tablet, 3 mg tablet, 5 mg tablet</i>	2	
<i>ropinirole hcl 0.5 mg tablet, 2 mg tablet, 4 mg tablet</i>	1	
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA, QL (300 PER 30 DAYS)
RYTARY	3	
SINEMET 10-100	4	
SINEMET 25-100	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT	4	
<i>rasagiline mesylate</i>	2	
<i>selegiline hcl</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>fluphenazine decanoate</i>	2	PA
<i>fluphenazine hcl 1 mg tablet, 2.5 mg tablet, 5 mg tablet, 10 mg tablet</i>	2	PA
<i>fluphenazine hcl 2.5 mg/5 ml elix, 5 mg/ml conc</i>	3	PA
<i>fluphenazine hcl 2.5 mg/ml vial</i>	4	PA
HALDOL DECANOATE 100	4	PA
HALDOL DECANOATE 50	4	PA
<i>haloperidol</i>	2	PA
<i>haloperidol decanoate</i>	2	PA
<i>haloperidol decanoate 100</i>	2	PA
<i>haloperidol lactate</i>	2	PA
<i>loxapine</i>	2	PA
<i>molindone hcl</i>	4	PA
<i>pimozide</i>	4	PA
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	PA
<i>trifluoperazine hcl</i>	2	PA
2nd Generation/Atypical		
ABILIFY 10 MG TABLET, 15 MG TABLET, 20 MG TABLET, 30 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ABILIFY 2 MG TABLET, 5 MG TABLET	4	PA, QL (45 PER 30 DAYS)
ABILIFY ASIMTUFII 720 MG/2.4ML	5	QL (2.4 PER 56 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ABILIFY ASIMTUFII 960 MG/3.2ML	5	QL (3.2 PER 56 OVER TIME)
ABILIFY MAINTENA	5	QL (1 PER 28 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	2	PA, QL (750 PER 30 DAYS)
<i>aripiprazole 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>aripiprazole 2 mg tablet, 5 mg tablet</i>	2	PA, QL (45 PER 30 DAYS)
<i>aripiprazole odt</i>	2	PA, QL (60 PER 30 DAYS)
ARISTADA ER 1064 MG/3.9 ML SYR	5	QL (3.9 PER 56 OVER TIME)
ARISTADA ER 441 MG/1.6 ML SYRN	5	QL (1.6 PER 28 DAYS)
ARISTADA ER 662 MG/2.4 ML SYRN	5	QL (2.4 PER 28 DAYS)
ARISTADA ER 882 MG/3.2 ML SYRN	5	QL (3.2 PER 28 DAYS)
ARISTADA INITIO	5	QL (2.4 PER 42 OVER TIME)
<i>asenapine maleate</i>	2	PA, QL (60 PER 30 DAYS)
CAPLYTA	5	QL (30 PER 30 DAYS)
FANAPT 1 MG TABLET, 2 MG TABLET, 4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET	5	PA, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	PA, QL (56 PER 28 DAYS)
GEODON 20 MG CAPSULE	4	PA, QL (90 PER 30 DAYS)
GEODON 20 MG/ML VIAL	4	PA, QL (60 PER 30 DAYS)
GEODON 40 MG CAPSULE	5	PA, QL (90 PER 30 DAYS)
GEODON 60 MG CAPSULE, 80 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
INVEGA ER 3 MG TABLET, ER 9 MG TABLET	4	PA, QL (30 PER 30 DAYS)
INVEGA ER 6 MG TABLET	4	PA, QL (60 PER 30 DAYS)
INVEGA HAFYERA 1,092 MG/3.5 ML	5	QL (3.5 PER 180 OVER TIME)
INVEGA HAFYERA 1,560 MG/5 ML	5	QL (5 PER 180 OVER TIME)
INVEGA SUSTENNA 117 MG/0.75 ML	5	QL (0.75 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
INVEGA SUSTENNA 156 MG/ML SYRG	5	QL (1 PER 28 DAYS)
INVEGA SUSTENNA 234 MG/1.5 ML	5	QL (1.5 PER 28 DAYS)
INVEGA SUSTENNA 39 MG/0.25 ML	4	QL (0.25 PER 28 DAYS)
INVEGA SUSTENNA 78 MG/0.5 ML	5	QL (0.5 PER 28 DAYS)
INVEGA TRINZA 273 MG/0.88 ML	5	QL (0.88 PER 84 OVER TIME)
INVEGA TRINZA 410 MG/1.32 ML	5	QL (1.32 PER 84 OVER TIME)
INVEGA TRINZA 546 MG/1.75 ML	5	QL (1.75 PER 84 OVER TIME)
INVEGA TRINZA 819 MG/2.63 ML	5	QL (2.63 PER 84 OVER TIME)
LATUDA 20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET	5	PA, QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>lurasidone hcl 20 mg tablet, 40 mg tablet, 60 mg tablet, 120 mg tablet</i>	5	PA, QL (30 PER 30 DAYS)
<i>lurasidone hcl 80 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
LYBALVI	5	PA, QL (30 PER 30 DAYS)
NUPLAZID 10 MG TABLET, 34 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	PA, QL (90 PER 30 DAYS)
<i>olanzapine 15 mg tablet, 20 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>olanzapine 2.5 mg tablet, 5 mg tablet</i>	1	PA, QL (45 PER 30 DAYS)
<i>olanzapine 7.5 mg tablet, 10 mg tablet</i>	2	PA, QL (45 PER 30 DAYS)
<i>olanzapine odt</i>	2	PA, QL (30 PER 30 DAYS)
<i>paliperidone er 6 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>paliperidone er er 1.5 mg tablet, er 3 mg tablet, er 9 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
PERSERIS	5	QL (1 PER 28 DAYS)
<i>quetiapine fumarate 150 mg tablet</i>	4	PA, QL (150 PER 30 DAYS)
<i>quetiapine fumarate 25 mg tab</i>	1	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate 300 mg tab, 400 mg tab</i>	2	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>quetiapine fumarate 50 mg tab, 100 mg tab, 200 mg tab</i>	2	PA, QL (120 PER 30 DAYS)
<i>quetiapine fumarate er er 150 mg tablet, er 200 mg tablet</i>	2	PA, QL (30 PER 30 DAYS)
<i>quetiapine fumarate er er 50 mg tablet, er 300 mg tablet, er 400 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
REXULTI 0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET	5	PA, QL (30 PER 30 DAYS)
RISPERDAL 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET	4	PA, QL (60 PER 30 DAYS)
RISPERDAL 1 MG/ML SOLUTION	4	PA, QL (480 PER 30 DAYS)
RISPERDAL 4 MG TABLET	4	PA, QL (120 PER 30 DAYS)
RISPERDAL CONSTA 12.5 MG VIAL, 25 MG VIAL, 37.5 MG VIAL	4	QL (2 PER 28 DAYS)
RISPERDAL CONSTA 50 MG VIAL	5	QL (2 PER 28 DAYS)
<i>risperidone 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet</i>	1	PA, QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	PA, QL (480 PER 30 DAYS)
<i>risperidone 4 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)
<i>risperidone er 50 mg vial</i>	5	QL (2 PER 28 DAYS)
<i>risperidone er er 12.5 mg vial, er 25 mg vial, er 37.5 mg vial</i>	2	QL (2 PER 28 DAYS)
<i>risperidone odt 0.25 mg</i>	4	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 0.5 mg odt, 1 mg odt, 2 mg odt, 3 mg odt</i>	2	PA, QL (60 PER 30 DAYS)
<i>risperidone odt 4 mg</i>	2	PA, QL (120 PER 30 DAYS)
SAPHRIS	4	PA, QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
SEROQUEL 25 MG TABLET, 50 MG TABLET, 100 MG TABLET, 200 MG TABLET	4	PA, QL (120 PER 30 DAYS)
SEROQUEL 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEROQUEL XR 150 MG TABLET, 200 MG TABLET	4	PA, QL (30 PER 30 DAYS)
SEROQUEL XR 50 MG TABLET, 300 MG TABLET, 400 MG TABLET	4	PA, QL (60 PER 30 DAYS)
UZEDY ER 100 MG/0.28 ML SYRING	5	QL (0.28 PER 28 DAYS)
UZEDY ER 125 MG/0.35 ML SYRING	5	QL (0.35 PER 28 DAYS)
UZEDY ER 150 MG/0.42 ML SYRING	5	QL (0.42 PER 56 OVER TIME)
UZEDY ER 200 MG/0.56 ML SYRING	5	QL (0.56 PER 56 OVER TIME)
UZEDY ER 250 MG/0.7 ML SYRINGE	5	QL (0.7 PER 56 OVER TIME)
UZEDY ER 50 MG/0.14 ML SYRINGE	5	QL (0.14 PER 28 DAYS)
UZEDY ER 75 MG/0.21 ML SYRINGE	5	QL (0.21 PER 28 DAYS)
VRAYLAR 1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE	5	QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	QL (28 PER 28 DAYS)
<i>ziprasidone hcl 20 mg capsule, 40 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>ziprasidone hcl 60 mg capsule, 80 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	2	PA, QL (60 PER 30 DAYS)
ZYPREXA 10 MG VIAL	4	PA, QL (90 PER 30 DAYS)
ZYPREXA 15 MG TABLET, 20 MG TABLET	4	PA, QL (30 PER 30 DAYS)
ZYPREXA 2.5 MG TABLET, 5 MG TABLET, 7.5 MG TABLET, 10 MG TABLET	4	PA, QL (45 PER 30 DAYS)
ZYPREXA RELPREVV 210 MG VIAL, 210 MG VL KIT	4	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 300 MG VIAL, 300 MG VL KIT	5	PA, QL (2 PER 28 DAYS)
ZYPREXA RELPREVV 405 MG VIAL, 405 MG VL KIT	5	PA, QL (1 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYPREXA ZYDIS	4	PA, QL (30 PER 30 DAYS)
Treatment-Resistant		
<i>clozapine 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine 25 mg tablet, 50 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	PA, QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clozapine odt odt 25 mg tablet, odt 100 mg tablet</i>	2	PA, QL (270 PER 30 DAYS)
CLOZARIL 100 MG TABLET	5	PA, QL (270 PER 30 DAYS)
CLOZARIL 200 MG TABLET	5	PA, QL (120 PER 30 DAYS)
CLOZARIL 25 MG TABLET, 50 MG TABLET	4	PA, QL (90 PER 30 DAYS)
VERSACLOZ	4	PA, QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
DANTRIUM 25 MG CAPSULE	4	
<i>dantrolene sodium 25 mg cap, 50 mg cap, 100 mg cap</i>	2	
<i>tizanidine hcl 2 mg capsule, 4 mg capsule, 6 mg capsule</i>	2	
<i>tizanidine hcl 2 mg tablet, 4 mg tablet</i>	1	

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY	5	QL (30 PER 30 DAYS)
CABENUVA ER 400 MG-600 MG SUSP	5	QL (4 PER 28 DAYS)
CABENUVA ER 600 MG-900 MG SUSP	5	QL (6 PER 28 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS 100 MG POWDER PACKET	4	QL (60 PER 30 DAYS)
ISENTRESS 25 MG TABLET CHEW, 100 MG TABLET CHEW	3	QL (180 PER 30 DAYS)
ISENTRESS 400 MG TABLET	5	QL (60 PER 30 DAYS)
ISENTRESS HD	5	QL (60 PER 30 DAYS)
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY 10 MG TABLET	4	QL (240 PER 30 DAYS)
TIVICAY 25 MG TABLET, 50 MG TABLET	5	QL (60 PER 30 DAYS)
TIVICAY PD	5	QL (360 PER 30 DAYS)
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	QL (30 PER 30 DAYS)
<i>efavirenz 200 mg capsule</i>	2	QL (120 PER 30 DAYS)
<i>efavirenz 50 mg capsule</i>	2	QL (90 PER 30 DAYS)
<i>efavirenz 600 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>efavirenz-emtricitenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	5	QL (30 PER 30 DAYS)
<i>etravirine 100 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>etravirine 200 mg tablet</i>	5	QL (60 PER 30 DAYS)
INTELENCE 100 MG TABLET, 200 MG TABLET	5	QL (60 PER 30 DAYS)
INTELENCE 25 MG TABLET	4	QL (120 PER 30 DAYS)
<i>nevirapine 200 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>nevirapine 50 mg/5 ml susp</i>	2	QL (1200 PER 30 DAYS)
<i>nevirapine er 100 mg tablet</i>	4	QL (90 PER 30 DAYS)
<i>nevirapine er 400 mg tablet</i>	2	QL (30 PER 30 DAYS)
PIFELTRO	5	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
<i>abacavir 20 mg/ml solution</i>	2	QL (960 PER 30 DAYS)
<i>abacavir 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>abacavir-lamivudine</i>	2	QL (30 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)
DESCOVY	5	QL (30 PER 30 DAYS)
<i>emtricitabine</i>	2	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -100-150mg, -133-200mg, -167-250mg</i>	5	QL (30 PER 30 DAYS)
<i>emtricitabine-tenofovir disop -tenofv 200-300mg</i>	2	QL (30 PER 30 DAYS)
EMTRIVA 10 MG/ML SOLUTION	4	QL (850 PER 30 DAYS)
EMTRIVA 200 MG CAPSULE	4	QL (30 PER 30 DAYS)
EPIVIR 10 MG/ML ORAL SOLN	4	QL (960 PER 30 DAYS)
EPIVIR 150 MG TABLET	4	QL (60 PER 30 DAYS)
EPIVIR 300 MG TABLET	4	QL (30 PER 30 DAYS)
EPZICOM	4	QL (30 PER 30 DAYS)
<i>lamivudine 10 mg/ml oral soln</i>	2	QL (960 PER 30 DAYS)
<i>lamivudine 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>lamivudine 300 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>lamivudine-zidovudine</i>	2	QL (60 PER 30 DAYS)
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 10 MG/ML SYRUP	4	QL (1920 PER 30 DAYS)
RETROVIR 100 MG CAPSULE	4	QL (180 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
<i>stavudine</i>	3	QL (60 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRIUMEQ PD	5	QL (180 PER 30 DAYS)
TRIZIVIR	5	QL (60 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIREAD 150 MG TABLET, 200 MG TABLET, 250 MG TABLET, 300 MG TABLET	5	QL (30 PER 30 DAYS)
VIREAD POWDER	5	QL (240 PER 30 DAYS)
ZIAGEN 20 MG/ML SOLUTION	4	QL (960 PER 30 DAYS)
ZIAGEN 300 MG TABLET	4	QL (60 PER 30 DAYS)
<i>zidovudine 100 mg capsule</i>	2	QL (180 PER 30 DAYS)
<i>zidovudine 300 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>zidovudine 50 mg/5 ml syrup</i>	2	QL (1920 PER 30 DAYS)
Anti-HIV Agents, Other		
FUZEON	5	QL (60 PER 30 DAYS)
<i>maraviroc 150 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>maraviroc 300 mg tablet</i>	5	QL (120 PER 30 DAYS)
RUKOBIA	5	QL (60 PER 30 DAYS)
SELZENTRY 20 MG/ML ORAL SOLN	5	QL (1840 PER 30 DAYS)
SELZENTRY 25 MG TABLET	4	QL (240 PER 30 DAYS)
SELZENTRY 300 MG TABLET	5	QL (120 PER 30 DAYS)
SELZENTRY 75 MG TABLET, 150 MG TABLET	5	QL (60 PER 30 DAYS)
SUNLENCA 4- 300 MG TABLET	5	QL (4 PER 28 OVER TIME)
SUNLENCA 5- 300 MG TABLET	5	QL (5 PER 28 OVER TIME)
TROGARZO	5	QL (18.62 PER 28 DAYS)
TYBOST	3	QL (30 PER 30 DAYS)
Anti-HIV Agents, Protease Inhibitors		
APTIVUS 250 MG CAPSULE	5	QL (120 PER 30 DAYS)
<i>atazanavir sulfate 150 mg cap, 300 mg cap</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>atazanavir sulfate 200 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>darunavir 600 mg tablet</i>	5	QL (60 PER 30 DAYS)
<i>darunavir 800 mg tablet</i>	5	QL (30 PER 30 DAYS)
EVOTAZ	5	QL (30 PER 30 DAYS)
<i>fosamprenavir calcium</i>	2	QL (120 PER 30 DAYS)
KALETRA 100-25 MG TABLET	4	QL (300 PER 30 DAYS)
KALETRA 200-50 MG TABLET	5	QL (120 PER 30 DAYS)
KALETRA 80 MG-20 MG/ML SOLN	5	QL (480 PER 30 DAYS)
LEXIVA 50 MG/ML SUSPENSION	4	QL (1800 PER 30 DAYS)
LEXIVA 700 MG TABLET	5	QL (120 PER 30 DAYS)
<i>lopinavir-ritonavir -80-20mg/ml</i>	2	QL (480 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 100-25mg tb</i>	2	QL (300 PER 30 DAYS)
<i>lopinavir-ritonavir -ritonavir 200-50mg tb</i>	2	QL (120 PER 30 DAYS)
NORVIR 100 MG POWDER PACKET, 100 MG TABLET	4	QL (360 PER 30 DAYS)
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA 100 MG/ML SUSPENSION	5	QL (400 PER 30 DAYS)
PREZISTA 150 MG TABLET	5	QL (180 PER 30 DAYS)
PREZISTA 600 MG TABLET	5	QL (60 PER 30 DAYS)
PREZISTA 75 MG TABLET	4	QL (300 PER 30 DAYS)
PREZISTA 800 MG TABLET	5	QL (30 PER 30 DAYS)
REYATAZ 200 MG CAPSULE	5	QL (60 PER 30 DAYS)
REYATAZ 300 MG CAPSULE	5	QL (30 PER 30 DAYS)
REYATAZ 50 MG POWDER PACKET	5	QL (240 PER 30 DAYS)
<i>ritonavir</i>	2	QL (360 PER 30 DAYS)
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT 250 MG TABLET	5	QL (270 PER 30 DAYS)
VIRACEPT 625 MG TABLET	5	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir sodium 500 mg vial</i>	2	BVD
PREVYMIS 240 MG TABLET, 480 MG TABLET	5	QL (30 PER 30 DAYS)
VALCYTE	5	
<i>valganciclovir hcl</i>	2	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	2	
BARACLUDGE	5	
<i>entecavir</i>	2	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	
Anti-hepatitis C (HCV) Agents		
EPCLUSA	5	PA
HARVONI	5	PA
<i>ledipasvir-sofosbuvir</i>	5	PA
<i>ribavirin 200 mg capsule, 200 mg tablet</i>	2	
<i>sofosbuvir-velpatasvir</i>	5	PA
SOVALDI	5	PA
VOSEVI	5	PA
ZEPATIER	5	PA
Anti-influenza Agents		
<i>oseltamivir phosphate 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phosphate 45 mg capsule, 75 mg capsule</i>	2	QL (84 PER 365 OVER TIME)
<i>oseltamivir phosphate 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
RELENZA	4	QL (120 PER 365 OVER TIME)
TAMIFLU 30 MG CAPSULE	4	QL (168 PER 365 OVER TIME)
TAMIFLU 45 MG CAPSULE, 75 MG CAPSULE	4	QL (84 PER 365 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TAMIFLU 6 MG/ML SUSPENSION	4	QL (1080 PER 365 OVER TIME)
XOFLUZA 40 MG TAB (80 MG DOSE), 40 MG TABLET	4	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	4	QL (2 PER 365 OVER TIME)

Antiherpetic Agents

<i>acyclovir 200 mg capsule, 400 mg tablet, 800 mg tablet</i>	1	
<i>acyclovir 200 mg/5 ml susp</i>	2	
<i>acyclovir 5% ointment</i>	2	PA
<i>acyclovir sodium 500 mg/10 ml vial, 1,000 mg/20 ml vial</i>	2	BVD
<i>famciclovir</i>	2	
<i>valacyclovir</i>	2	
VALTREX	4	
ZOVIRAX 5% OINTMENT	4	PA

Anxiolytics

<i>alprazolam 0.25 mg tablet, 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>bupirone hcl 5 mg tablet, 10 mg tablet, 15 mg tablet, 30 mg tablet</i>	2	
<i>bupirone hcl 7.5 mg tablet</i>	1	
<i>clonazepam 0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam 0.5 mg tablet, 1 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>clorazepate dipotassium 15 mg tablet</i>	2	PA, QL (180 PER 30 DAYS)
<i>clorazepate dipotassium 3.75 mg tablet</i>	2	PA, QL (120 PER 30 DAYS)
<i>clorazepate dipotassium 7.5 mg tablet</i>	2	PA, QL (360 PER 30 DAYS)
<i>diazepam 2 mg tablet, 5 mg tablet, 10 mg tablet</i>	1	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

Bipolar Agents

<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	2	
<i>lithium citrate 8 meq/5 ml solution</i>	2	
LITHOBID	4	

Blood Glucose Regulators

Antidiabetic Agents

<i>acarbose 100 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>acarbose 25 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>acarbose 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
ACTOS 15 MG TABLET	4	QL (90 PER 30 DAYS)
ACTOS 30 MG TABLET, 45 MG TABLET	4	QL (30 PER 30 DAYS)
BYDUREON BCISE	3	PA, QL (3.4 PER 28 DAYS)
BYETTA	4	PA, QL (2.4 PER 30 DAYS)
CYCLOSET	4	QL (180 PER 30 DAYS)
FARXIGA 10 MG TABLET	3	QL (30 PER 30 DAYS)
FARXIGA 5 MG TABLET	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gauze pads & dressings - pads 2 x 2</i>	3	
<i>glimepiride 1 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glimepiride 2 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glimepiride 4 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide 2.5 mg tablet</i>	4	QL (480 PER 30 DAYS)
<i>glipizide 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide er 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide er 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide xl 10 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>glipizide xl 2.5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>glipizide xl 5 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>glipizide-metformin -2.5-250 mg</i>	1	QL (240 PER 30 DAYS)
<i>glipizide-metformin -2.5-500 mg, -5-500 mg</i>	1	QL (120 PER 30 DAYS)
GLUCOTROL XL 10 MG TABLET	4	QL (60 PER 30 DAYS)
GLUCOTROL XL 2.5 MG TABLET	4	QL (240 PER 30 DAYS)
GLUCOTROL XL 5 MG TABLET	4	QL (120 PER 30 DAYS)
<i>glyburide 1.25 mg tablet</i>	2	QL (480 PER 30 DAYS)
<i>glyburide 2.5 mg tablet</i>	2	QL (240 PER 30 DAYS)
<i>glyburide 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micronized 1.5 mg tab</i>	2	QL (240 PER 30 DAYS)
<i>glyburide micronized 3 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>glyburide micronized 6 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>glyburide-metformin hcl -1.25-250 mg</i>	2	QL (240 PER 30 DAYS)
<i>glyburide-metformin hcl -2.5-500 mg, -5-500 mg</i>	2	QL (120 PER 30 DAYS)
GLYXAMBI	4	QL (30 PER 30 DAYS)
<i>isopropyl alcohol 0.7 ml/ml medicated pad</i>	3	
JANUMET	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
JANUMET XR 100-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
JANUMET XR 50-1,000 MG TABLET, 50-500 MG TABLET	3	QL (60 PER 30 DAYS)
JANUVIA 100 MG TABLET	3	QL (30 PER 30 DAYS)
JANUVIA 25 MG TABLET	3	QL (120 PER 30 DAYS)
JANUVIA 50 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 10 MG TABLET	3	QL (60 PER 30 DAYS)
JARDIANCE 25 MG TABLET	3	QL (30 PER 30 DAYS)
JENTADUETO	3	QL (60 PER 30 DAYS)
JENTADUETO XR 2.5 MG-1,000 MG	3	QL (60 PER 30 DAYS)
JENTADUETO XR 5 MG-1,000 MG TB	3	QL (30 PER 30 DAYS)
KOMBIGLYZE XR 2.5-1,000 MG TAB	4	QL (60 PER 30 DAYS)
KOMBIGLYZE XR 5-1,000 MG TAB, 5-500 MG TABLET	4	QL (30 PER 30 DAYS)
<i>metformin hcl 1,000 mg tablet</i>	1	QL (75 PER 30 DAYS)
<i>metformin hcl 500 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>metformin hcl 850 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>metformin hcl er 500 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>metformin hcl er 750 mg tablet</i>	1	QL (60 PER 30 DAYS)
MOUNJARO	3	PA, QL (2 PER 28 DAYS)
<i>nateglinide 120 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>nateglinide 60 mg tablet</i>	2	QL (180 PER 30 DAYS)
ONGLYZA 2.5 MG TABLET	4	QL (60 PER 30 DAYS)
ONGLYZA 5 MG TABLET	4	QL (30 PER 30 DAYS)
OZEMPIC	3	PA, QL (3 PER 28 DAYS)
<i>pioglitazone hcl 15 mg tablet</i>	1	QL (90 PER 30 DAYS)
<i>pioglitazone hcl 30 mg tablet, 45 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>pioglitazone-glimepiride</i>	2	QL (30 PER 30 DAYS)
<i>pioglitazone-metformin</i>	2	QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>repaglinide 0.5 mg tablet</i>	1	QL (960 PER 30 DAYS)
<i>repaglinide 1 mg tablet</i>	1	QL (480 PER 30 DAYS)
<i>repaglinide 2 mg tablet</i>	1	QL (240 PER 30 DAYS)
RYBELSUS	3	PA, QL (30 PER 30 DAYS)
<i>saxagliptin hcl 2.5 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>saxagliptin hcl 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er -metformin er 5-500, -metformn er 5-1000</i>	2	QL (30 PER 30 DAYS)
<i>saxagliptin-metformin er saxagliptn-2.5-1000</i>	2	QL (60 PER 30 DAYS)
SOLQUA 100-33	3	QL (18 PER 30 DAYS)
SYMLINPEN 120	5	
SYMLINPEN 60	5	
SYNJARDY 5-1,000 MG TABLET, 12.5-1,000 MG TABLET, 12.5-500 MG TABLET	3	QL (60 PER 30 DAYS)
SYNJARDY 5-500 MG TABLET	3	QL (120 PER 30 DAYS)
SYNJARDY XR 25-1,000 MG TABLET	3	QL (30 PER 30 DAYS)
SYNJARDY XR 5-MG TABLET, 10-MG TABLET, 12.5-MG TAB	3	QL (60 PER 30 DAYS)
TRADJENTA	3	QL (30 PER 30 DAYS)
TRULICITY	3	PA, QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	PA, QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	PA, QL (9 PER 30 DAYS)
XIGDUO XR 10 MG-1,000 MG TAB, 10 MG-500 MG TABLET	3	QL (30 PER 30 DAYS)
XIGDUO XR 2.5 MG-1,000 MG TAB, 5 MG-1,000 MG TABLET, 5 MG-500 MG TABLET	3	QL (60 PER 30 DAYS)
Glycemic Agents		
BAQSIMI	4	QL (4 PER 30 DAYS)
<i>diazoxide</i>	2	
GLUCAGEN	3	QL (4 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>glucagon emergency kit glucagon 1 mg emergency kit, glucagon emergency kit</i>	2	QL (4 PER 30 DAYS)
GVOKE	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK -PK MG/0.2 ML	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 1-PACK 1PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK -PK 1 MG/0.ML	4	QL (0.8 PER 30 DAYS)
GVOKE HYPOPEN 2-PACK 2PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE -PK MG/0.2 ML	4	QL (0.8 PER 30 DAYS)
GVOKE PFS 1-PACK SYRINGE 1PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE -PK 1 MG/0.ML	4	QL (0.8 PER 30 DAYS)
GVOKE PFS 2-PACK SYRINGE 2PK 0.5MG/0.1 ML	4	QL (0.4 PER 30 DAYS)
PROGLYCEM	4	
Insulins		
HUMALOG	3	QL (60 PER 30 DAYS), INS
HUMALOG JUNIOR KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
HUMALOG KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 50-50	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 50-50 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25	3	QL (60 PER 30 DAYS), INS
HUMALOG MIX 75-25 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMALOG TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
HUMULIN 70-30	3	QL (60 PER 30 DAYS), INS
HUMULIN 70/30 KWIKPEN	3	QL (60 PER 30 DAYS), INS
HUMULIN N	3	QL (60 PER 30 DAYS)
HUMULIN N KWIKPEN	3	QL (60 PER 30 DAYS), INS

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMULIN R	3	QL (60 PER 30 DAYS)
HUMULIN R U-500	3	BVD, INS
HUMULIN R U-500 KWIKPEN	3	QL (60 PER 30 DAYS), INS
<i>inpen (for humalog)</i>	3	
<i>inpen (for novolog or fiasp)</i>	3	
<i>insulin pen needle</i>	3	
<i>insulin syringe (disp) u-100 0.3 ml</i>	3	
<i>insulin syringe (disp) u-100 1 ml</i>	3	
<i>insulin syringe (disp) u-100 1/2 ml</i>	3	
<i>insulin syringe u-500</i>	3	
LANTUS	3	QL (60 PER 30 DAYS), INS
LANTUS SOLOSTAR	3	QL (60 PER 30 DAYS), INS
LYUMJEV	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-100	3	QL (60 PER 30 DAYS), INS
LYUMJEV KWIKPEN U-200	3	QL (60 PER 30 DAYS), INS
LYUMJEV TEMPO PEN U-100	3	QL (60 PER 30 DAYS), INS
<i>needles, insulin disp., safety</i>	3	
<i>novopen echo</i>	3	
<i>omnipod 5 (g6/libre 2 plus)</i>	3	
<i>omnipod 5 dexg7g6 intro(gen 5)</i>	3	
<i>omnipod 5 dexg7g6 pods (gen 5)</i>	3	
<i>omnipod 5 g6-g7 intro kt(gen5)</i>	3	
<i>omnipod 5 g6-g7 pods (gen 5)</i>	3	
<i>omnipod 5 intro(g6/libre2plus)</i>	3	
<i>omnipod classic pdm kit(gen 3)</i>	3	
<i>omnipod classic pods (gen 3)</i>	3	
<i>omnipod dash intro kit (gen 4)</i>	3	
<i>omnipod dash pdm kit (gen 4)</i>	3	
<i>omnipod dash pods (gen 4)</i>	3	
<i>omnipod go pods</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO MAX SOLOSTAR	3	QL (60 PER 30 DAYS), INS
TOUJEO SOLOSTAR	3	QL (60 PER 30 DAYS), INS
<i>v-go 20</i>	3	
<i>v-go 30</i>	3	
<i>v-go 40</i>	3	
<i>vgo 20</i>	3	
<i>vgo 30</i>	3	
<i>vgo 40</i>	3	

Blood Products and Modifiers

Anticoagulants

<i>dabigatran etexilate 110 mg cp</i>	2	QL (120 PER 30 DAYS)
<i>dabigatran etexilate 75 mg cap, 150 mg cp</i>	2	QL (60 PER 30 DAYS)
ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET, DVT-PE TREAT START 5MG	3	QL (74 PER 30 DAYS)
<i>enoxaparin sodium 100 mg/ml syringe, 150 mg/ml syringe, 300 mg/3 ml vial</i>	2	QL (30 PER 90 OVER TIME)
<i>enoxaparin sodium 30 mg/0.3 ml syr</i>	2	QL (9 PER 90 OVER TIME)
<i>enoxaparin sodium 40 mg/0.4 ml syr</i>	2	QL (12 PER 90 OVER TIME)
<i>enoxaparin sodium 60 mg/0.6 ml syr</i>	2	QL (18 PER 90 OVER TIME)
<i>enoxaparin sodium 80 mg/0.8 ml, 120 mg/0.8 ml</i>	2	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 10 mg/0.8 ml syr</i>	5	QL (24 PER 90 OVER TIME)
<i>fondaparinux sodium 2.5 mg/0.5 ml syr</i>	2	QL (15 PER 90 OVER TIME)
<i>fondaparinux sodium 5 mg/0.4 ml syr</i>	5	QL (12 PER 90 OVER TIME)
<i>fondaparinux sodium 7.5 mg/0.6 ml syr</i>	5	QL (18 PER 90 OVER TIME)
<i>heparin sodium</i>	2	
<i>heparin sodium-d5w 20,000 unit/500 ml</i>	4	
<i>jantoven</i>	1	
LOVENOX 100 MG/ML SYRINGE, 150 MG/ML SYRINGE	5	QL (30 PER 90 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LOVENOX 30 MG/0.3 ML SYRINGE	4	QL (9 PER 90 OVER TIME)
LOVENOX 300 MG/3 ML VIAL	4	QL (30 PER 90 OVER TIME)
LOVENOX 40 MG/0.4 ML SYRINGE	4	QL (12 PER 90 OVER TIME)
LOVENOX 60 MG/0.6 ML SYRINGE	4	QL (18 PER 90 OVER TIME)
LOVENOX 80 MG/0.8 ML SYRINGE, 120 MG/0.8 ML SYRINGE	4	QL (24 PER 90 OVER TIME)
PRADAXA 110 MG CAPSULE	4	QL (120 PER 30 DAYS)
PRADAXA 75 MG CAPSULE, 150 MG CAPSULE	4	QL (60 PER 30 DAYS)
<i>warfarin sodium</i>	1	
XARELTO 1 MG/ML SUSPENSION	3	QL (620 PER 30 DAYS)
XARELTO 10 MG TABLET, 20 MG TABLET	3	QL (30 PER 30 DAYS)
XARELTO 2.5 MG TABLET, 15 MG TABLET	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (51 PER 30 DAYS)
ZONTIVITY	4	
Blood Products and Modifiers, Other		
AGRYLIN	4	
<i>anagrelide hcl</i>	2	
ARANESP 10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRING, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL, 60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE	4	PA
ARANESP 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 500 MCG/1 ML SYRINGE	5	PA
FULPHILA	5	PA
GRANIX 300 MCG/0.5 ML SAFE SYR, 300 MCG/0.5 ML SYRINGE, 480 MCG/0.8 ML SAFE SYR, 480 MCG/0.8 ML SYRINGE, 480 MCG/1.6 ML VIAL	5	PA

You can find information on what the symbols and abbreviations
on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GRANIX 300 MCG/ML VIAL	3	PA
LEUKINE	5	PA
MOZOBIL	5	
NIVESTYM 300 MCG/0.5 ML SYRING	3	PA
NIVESTYM 300 MCG/ML VIAL, 480 MCG/0.8 ML SYRING, 480 MCG/1.6 ML VIAL	5	PA
<i>plerixafor</i>	5	
PROCRIT 2,000 UNITS/ML VIAL, 3,000 UNITS/ML VIAL, 4,000 UNITS/ML VIAL, 10,000 UNITS/ML VIAL	4	PA
PROCRIT 20,000 UNITS/ML VIAL, 40,000 UNITS/ML VIAL	5	PA
PROMACTA	5	PA
RETACRIT	4	PA
UDENYCA	5	PA
UDENYCA AUTOINJECTOR	5	PA
UDENYCA ONBODY	5	PA
ZIEXTENZO	5	PA
Hemostasis Agents		
CYKLOKAPRON	4	
<i>tranexamic acid</i>	2	
Platelet Modifying Agents		
<i>aspirin-dipyridamole er</i>	2	
BRILINTA	3	
CABLIVI	5	
<i>cilostazol</i>	2	
<i>clopidogrel 75 mg tablet</i>	1	
<i>dipyridamole 25 mg tablet, 50 mg tablet, 75 mg tablet</i>	2	
PLAVIX	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COZAAR 25 MG TABLET, 50 MG TABLET	4	QL (60 PER 30 DAYS)
DIOVAN 320 MG TABLET	4	QL (30 PER 30 DAYS)
DIOVAN 40 MG TABLET, 80 MG TABLET, 160 MG TABLET	4	QL (60 PER 30 DAYS)
EDARBI	4	QL (30 PER 30 DAYS)
<i>irbesartan</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 100 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>losartan potassium 25 mg tab, 50 mg tab</i>	1	QL (60 PER 30 DAYS)
MICARDIS	4	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 20 mg tab, 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>olmesartan medoxomil 5 mg tab</i>	1	QL (60 PER 30 DAYS)
<i>telmisartan</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 320 mg tablet</i>	1	QL (30 PER 30 DAYS)
<i>valsartan 40 mg tablet, 80 mg tablet, 160 mg tablet</i>	1	QL (60 PER 30 DAYS)

Angiotensin-converting Enzyme (ACE) Inhibitors

ACCUPRIL	4	
ALTACE	4	
<i>benazepril hcl</i>	1	
<i>captopril</i>	1	
<i>enalapril maleate 2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
LOTENSIN	4	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASOTEC	4	
ZESTRIL	4	
Antiarrhythmics		
<i>amiodarone hcl 100 mg tablet, 200 mg tablet, 400 mg tablet</i>	2	
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	
<i>lidocaine hcl 1% abboject, 1% syringe</i>	4	
<i>mexiletine hcl</i>	2	
MULTAQ	3	
<i>pacerone pacerone 100 mg tablet, pacerone 400 mg tablet, pacerone 200 mg tablet</i>	2	
<i>propafenone hcl</i>	2	
<i>propafenone hcl er</i>	2	
<i>quinidine gluconate er 324 mg tab</i>	2	
<i>quinidine sulfate</i>	2	
RYTHMOL SR 425 MG CAPSULE	5	
RYTHMOL SR SR 225 MG CAPSULE, SR 325 MG CAPSULE	4	
<i>sorine 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	2	
<i>sorine 80 mg tablet</i>	1	
<i>sotalol 120 mg tablet, 160 mg tablet, 240 mg tablet</i>	2	
<i>sotalol 80 mg tablet</i>	1	
<i>sotalol af 120 mg tablet, 160 mg tablet</i>	2	
<i>sotalol af 80 mg tablet</i>	1	
TIKOSYN	4	
Beta-adrenergic Blocking Agents		
<i>acebutolol hcl</i>	2	
<i>atenolol</i>	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>betaxolol hcl 10 mg tablet, 20 mg tablet</i>	2	
<i>bisoprolol fumarate</i>	2	
BYSTOLIC	4	
<i>carvedilol</i>	1	
<i>carvedilol er</i>	2	
COREG CR	4	
CORGARD 20 MG TABLET, 40 MG TABLET	4	
INDERAL LA	5	
INDERAL XL	5	
INNOPRAN XL	5	
<i>labetalol hcl 100 mg tablet, 200 mg tablet, 300 mg tablet</i>	2	
LOPRESSOR 50 MG TABLET, 100 MG TABLET	4	
<i>metoprolol succinate</i>	1	
<i>metoprolol tartrate 25 mg tab, 37.5 mg tb, 50 mg tab, 75 mg tab, 100 mg tab</i>	1	
<i>nadolol</i>	2	
<i>nebivolol hcl</i>	2	
<i>pindolol</i>	2	
<i>propranolol hcl</i>	2	
<i>propranolol hcl er</i>	2	
TENORMIN	4	
<i>timolol maleate 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
TOPROL XL	4	
Calcium Channel Blocking Agents, Dihydropyridines		
<i>amlodipine besylate</i>	1	
<i>felodipine er</i>	2	
<i>isradipine</i>	2	
<i>nicardipine hcl 20 mg capsule, 30 mg capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>nifedipine er</i>	2	
<i>nimodipine 30 mg capsule</i>	2	
<i>nisoldipine er 25.5 mg tablet</i>	3	
<i>nisoldipine er 8.5 mg tablet, er 17 mg tablet, er 34 mg tablet</i>	2	
NORVASC	4	
PROCARDIA XL	4	
SULAR	4	

Calcium Channel Blocking Agents, Nondihydropyridines

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

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VERELAN PM	4	
Cardiovascular Agents, Other		
ACCURETIC 10-12.5 MG TABLET, 20-12.5 MG TABLET	4	
<i>acetazolamide</i>	2	
<i>acetazolamide er</i>	2	
ALDACTAZIDE 25-25 TABLET	4	
<i>aliskiren</i>	2	QL (30 PER 30 DAYS)
<i>amiloride-hydrochlorothiazide</i>	2	
<i>amlodipine besylate-benazepril</i>	1	
<i>amlodipine-atorvastatin</i>	2	
<i>amlodipine-olmesartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan</i>	1	QL (30 PER 30 DAYS)
<i>amlodipine-valsartan-hctz</i>	2	QL (30 PER 30 DAYS)
ATACAND HCT	4	QL (30 PER 30 DAYS)
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	4	QL (30 PER 30 DAYS)
AZOR	4	QL (30 PER 30 DAYS)
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR HCT	4	QL (30 PER 30 DAYS)
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>candesartan-hydrochlorothiazid</i>	2	QL (30 PER 30 DAYS)
CORLANOR 5 MG TABLET, 7.5 MG TABLET	3	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	3	PA, QL (600 PER 30 DAYS)
DEMSER	5	
<i>digitek</i>	2	QL (30 PER 30 DAYS)
<i>digox</i>	2	QL (30 PER 30 DAYS)
<i>digoxin 0.05 mg/ml solution</i>	2	QL (150 PER 30 DAYS)
<i>digoxin 0.125 mg tablet, 0.25 mg tablet, 62.5 mcg tablet, 125 mcg tablet, 250 mcg tablet</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DIOVAN HCT	4	QL (30 PER 30 DAYS)
EDARBYCLOR	4	QL (30 PER 30 DAYS)
<i>enalapril-hydrochlorothiazide</i>	1	
ENTRESTO 24 MG-26 MG TABLET	3	QL (180 PER 30 DAYS)
ENTRESTO 49 MG-51 MG TABLET, 97 MG-103 MG TABLET	3	QL (60 PER 30 DAYS)
ENTRESTO SPRINKLE	3	QL (240 PER 30 DAYS)
EXFORGE	4	QL (30 PER 30 DAYS)
EXFORGE HCT	4	QL (30 PER 30 DAYS)
<i>fosinopril-hydrochlorothiazide</i>	1	
HYZAAR	4	QL (30 PER 30 DAYS)
<i>irbesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>ivabradine hcl</i>	2	PA, QL (60 PER 30 DAYS)
LANOXIN 62.5 MCG TABLET, 125 MCG TABLET, 250 MCG TABLET	4	QL (30 PER 30 DAYS)
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
LOTENSIN HCT	4	
MAXZIDE	4	
MAXZIDE-25 MG	4	
<i>methazolamide</i>	2	
<i>metoprolol-hydrochlorothiazide</i>	2	
<i>metyrosine</i>	5	
MICARDIS HCT 40-12.5 MG TABLET, 80-25 MG TABLET	4	QL (30 PER 30 DAYS)
MICARDIS HCT 80-12.5 MG TABLET	4	QL (60 PER 30 DAYS)
<i>olmesartan-amlodipine-hctz</i>	2	QL (30 PER 30 DAYS)
<i>olmesartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
<i>pentoxifylline</i>	2	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ranolazine er</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations
on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>spironolactone-hctz</i>	1	
TEKTURNA	4	QL (30 PER 30 DAYS)
<i>telmisartan-amlodipine</i>	2	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -40-12.5 mg tb, -80-25 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>telmisartan-hydrochlorothiazid -hctz 80-12.5 mg tb</i>	1	QL (60 PER 30 DAYS)
TENORETIC 100	4	
TENORETIC 50	4	
<i>trandolapril-verapamil er</i>	1	
<i>triamterene-hydrochlorothiazid -37.5-25 mg cp, -37.5-25 mg tb, -75-50 mg tab</i>	1	
TRIBENZOR	4	QL (30 PER 30 DAYS)
<i>valsartan-hydrochlorothiazide</i>	1	QL (30 PER 30 DAYS)
VASERETIC	4	
VERQUVO	3	QL (30 PER 30 DAYS)
ZESTORETIC	4	
ZIAC	4	
Diuretics, Loop		
<i>bumetanide</i>	2	
<i>furosemide 10 mg/ml solution, 20 mg tablet, 40 mg tablet, 80 mg tablet</i>	1	
<i>furosemide 20 mg/2 ml vial, 40 mg/4 ml vial, 40 mg/5 ml soln, 100 mg/10 ml syring, 100 mg/10 ml vial, 500 mg/50 ml vial, 1,000 mg/100 ml vl</i>	2	
LASIX	4	
<i>torsemide</i>	1	
Diuretics, Potassium-sparing		
ALDACTONE	4	
<i>amiloride hcl</i>	2	
<i>eplerenone</i>	2	
INSPRA	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KERENDIA	3	PA, QL (30 PER 30 DAYS)
<i>spironolactone 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	1	
Diuretics, Thiazide		
<i>chlorthalidone</i>	2	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate 43 mg capsule, 48 mg tablet, 54 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>fenofibrate 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 135 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>fenofibric acid dr 45 mg cap</i>	2	QL (60 PER 30 DAYS)
<i>gemfibrozil</i>	1	QL (60 PER 30 DAYS)
LOPID	4	QL (60 PER 30 DAYS)
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium 10 mg tablet, 20 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>atorvastatin calcium 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
CRESTOR 40 MG TABLET	4	ST, QL (30 PER 30 DAYS)
CRESTOR 5 MG TABLET, 10 MG TABLET, 20 MG TABLET	4	ST, QL (45 PER 30 DAYS)
<i>fluvastatin sodium</i>	2	QL (60 PER 30 DAYS)
LIPITOR 10 MG TABLET, 20 MG TABLET, 40 MG TABLET	4	ST, QL (45 PER 30 DAYS)
LIPITOR 80 MG TABLET	4	ST, QL (30 PER 30 DAYS)
<i>lovastatin</i>	1	QL (60 PER 30 DAYS)
<i>pravastatin sodium 10 mg tab, 20 mg tab, 40 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>pravastatin sodium 80 mg tab</i>	1	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>rosuvastatin calcium 40 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>rosuvastatin calcium 5 mg tab, 10 mg tab, 20 mg tab</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 20 mg tablet</i>	1	QL (60 PER 30 DAYS)
<i>simvastatin 5 mg tablet, 10 mg tablet, 40 mg tablet</i>	1	QL (45 PER 30 DAYS)
<i>simvastatin 80 mg tablet</i>	1	QL (30 PER 30 DAYS)
ZOCOR 10 MG TABLET, 40 MG TABLET	4	ST, QL (45 PER 30 DAYS)
ZOCOR 20 MG TABLET	4	ST, QL (60 PER 30 DAYS)
Dyslipidemics, Other		
<i>cholestyramine</i>	2	
<i>cholestyramine light</i>	2	
COLESTID	4	
<i>colestipol hcl</i>	2	
<i>ezetimibe</i>	2	QL (30 PER 30 DAYS)
<i>ezetimibe-simvastatin</i>	1	QL (30 PER 30 DAYS)
<i>icosapent ethyl 0.5 gm capsule, 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
<i>icosapent ethyl 1 gram capsule</i>	3	QL (120 PER 30 DAYS)
JUXTAPID 5 MG CAPSULE, 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE	5	PA
LOVAZA	4	
<i>niacin er 500 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>niacin er er 750 mg tablet, er 1,000 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>omega-3 acid ethyl esters</i>	2	
<i>prevalite</i>	2	
REPATHA PUSHTRONEX	3	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	3	PA, QL (2 PER 28 DAYS)
REPATHA SYRINGE	3	PA, QL (2 PER 28 DAYS)
<i>triklo</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
VASCEPA 0.5 GM CAPSULE	3	QL (240 PER 30 DAYS)
VASCEPA 1 GM CAPSULE	3	QL (120 PER 30 DAYS)
VYTORIN	4	ST, QL (30 PER 30 DAYS)
ZETIA	4	QL (30 PER 30 DAYS)

Vasodilators, Direct-acting Arterial

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

Vasodilators, Direct-acting Arterial/Venous

ISORDIL TITRADOSE	4	
<i>isosorbide dinitrate 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab</i>	2	
<i>isosorbide mononitrate 10 mg tab</i>	2	
<i>isosorbide mononitrate 20 mg tab</i>	1	
<i>isosorbide mononitrate er 120 mg</i>	2	
<i>isosorbide mononitrate er er 30 mg, er 60 mg</i>	1	
NITRO-BID	4	
<i>nitroglycerin 0.3 mg tablet sl, 0.4 mg tablet sl, 0.4% ointment, 0.6 mg tablet sl, 400 mcg spray</i>	2	
<i>nitroglycerin patch</i>	2	
NITROLINGUAL	4	
NITROSTAT	4	
RECTIV	4	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADDERALL XR	4	QL (30 PER 30 DAYS)
DEXEDRINE 10 MG, 15 MG	4	QL (120 PER 30 DAYS)
DEXEDRINE SPANSULE 5 MG	4	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate 10 mg tab</i>	2	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>dextroamphetamine sulfate 5 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er 5 mg cap</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine sulfate er er 10 mg cap, er 15 mg cap</i>	2	QL (120 PER 30 DAYS)
<i>dextroamphetamine-amphet er -er 5 mg cap, -er 10 mg cap, -er 15 mg cap, -er 20 mg cap, -er 25 mg cap, -er 30 mg cap</i>	2	QL (30 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>dextroamphetamine-amphetamine -amphetamine 7.5 mg tab, -amphetam 12.5 mg tab, -amphetamin 10 mg tab, -amphetamin 15 mg tab, -amphetamin 30 mg tab, -amphetamine 5 mg tab</i>	2	QL (60 PER 30 DAYS)
<i>lisdexamfetamine dimesylate 10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule, 50 mg capsule, 60 mg capsule, 70 mg capsule</i>	2	QL (30 PER 30 DAYS)
VYVANSE 10 MG CAPSULE, 20 MG CAPSULE, 30 MG CAPSULE, 40 MG CAPSULE, 50 MG CAPSULE, 60 MG CAPSULE, 70 MG CAPSULE	3	QL (30 PER 30 DAYS)
<i>zenzedi 10 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>zenzedi 5 mg tablet</i>	2	QL (90 PER 30 DAYS)
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
<i>atomoxetine hcl 10 mg capsule, 18 mg capsule, 25 mg capsule, 40 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>atomoxetine hcl 60 mg capsule, 80 mg capsule, 100 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>clonidine hcl er 0.1 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>dexmethylphenidate hcl</i>	2	PA, QL (60 PER 30 DAYS)
FOCALIN	4	PA, QL (60 PER 30 DAYS)
<i>guanfacine hcl er</i>	2	QL (30 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	PA, QL (90 PER 30 DAYS)
<i>methylphenidate hcl 10 mg/5 ml sol</i>	2	PA, QL (900 PER 30 DAYS)
<i>methylphenidate hcl 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate hcl 5 mg/5 ml soln</i>	2	PA, QL (450 PER 30 DAYS)
RITALIN	4	PA, QL (90 PER 30 DAYS)
STRATTERA 10 MG CAPSULE, 18 MG CAPSULE, 25 MG CAPSULE, 40 MG CAPSULE	4	QL (60 PER 30 DAYS)
STRATTERA 60 MG CAPSULE, 80 MG CAPSULE, 100 MG CAPSULE	4	QL (30 PER 30 DAYS)
Central Nervous System, Other		
AUSTEDO 6 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO 9 MG TABLET, 12 MG TABLET	5	PA, QL (120 PER 30 DAYS)
AUSTEDO XR 12 MG TABLET, 18 MG TABLET, 30 MG TABLET, 36 MG TABLET, 42 MG TABLET, 48 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AUSTEDO XR 24 MG TABLET	5	PA, QL (60 PER 30 DAYS)
AUSTEDO XR 6 MG TABLET	5	PA, QL (90 PER 30 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) KT(6-12-24 MG)	5	PA, QL (42 PER 28 DAYS)
AUSTEDO XR TITRATION KT(WK1-4) TITR(12-18-24-30MG)	5	PA, QL (28 PER 28 DAYS)
NUEDEXTA	5	PA, QL (60 PER 30 DAYS)
<i>riluzole</i>	2	
<i>tetrabenazine 12.5 mg tablet</i>	2	PA, QL (240 PER 30 DAYS)
<i>tetrabenazine 25 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)
XENAZINE 12.5 MG TABLET	5	PA, QL (240 PER 30 DAYS)
XENAZINE 25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
Multiple Sclerosis Agents		
AMPYRA	5	PA
AVONEX 30 MCG/0.5 ML SYRINGE, PREFILLED SYR 30 MCG KT	5	PA, QL (1 PER 28 DAYS)
AVONEX PEN	5	PA, QL (1 PER 28 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COPAXONE 20 MG/ML SYRINGE	5	PA, QL (30 PER 30 DAYS)
COPAXONE 40 MG/ML SYRINGE	5	PA, QL (12 PER 28 DAYS)
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate 30d start pk</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate dr 120 mg, dr 240 mg</i>	2	PA, QL (60 PER 30 DAYS)
<i>fingolimod</i>	5	PA, QL (30 PER 30 DAYS)
GILENYA 0.5 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer acetate 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (1.6 PER 28 DAYS)
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-1MG MAINT	4	PA, QL (7 PER 28 DAYS)
MAYZENT 0.25MG START-2MG MAINT	4	PA, QL (12 PER 28 DAYS)
MAYZENT 1 MG TABLET, 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
PLEGRIDY	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN	5	PA, QL (1 PER 28 DAYS)
TECFIDERA	5	PA, QL (60 PER 30 DAYS)
TYSABRI	5	PA
VUMERITY	5	PA, QL (120 PER 30 DAYS)

Dental and Oral Agents

<i>cevimeline hcl</i>	2	
<i>chlorhexidine gluconate 0.12% 15 ml cup, 0.12% rinse</i>	1	
KEPIVANCE	5	
<i>kourzeq</i>	2	
<i>oralone</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>periogard</i>	1	
<i>pilocarpine hcl 5 mg tablet, 7.5 mg tablet</i>	2	
SALAGEN	4	
<i>triamcinolone acetonide 0.1% paste</i>	2	

Dermatological Agents

Acne and Rosacea Agents

<i>accutane</i>	2	
<i>acitretin</i>	2	
<i>amnesteem</i>	2	
AVITA	2	PA
<i>azelaic acid</i>	2	
AZELEX	4	
BENZAMYCIN	4	
<i>claravis</i>	2	
<i>clindamycin-benzoyl peroxide -benzoyl 1-5%, -bnz 1-5% pmp</i>	2	
<i>doxycycline ir-dr</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
FINACEA 15% FOAM	3	
FINACEA 15% GEL	4	
<i>isotretinoin</i>	2	
KLARON	4	
<i>myorisan</i>	2	
ORACEA	3	
RETIN-A	4	PA
<i>sulfacetamide sodium sod 10% top susp, sodium 10% lotn</i>	2	
<i>tazarotene 0.05% cream, 0.05% gel, 0.1% cream, 0.1% gel</i>	2	PA
TAZORAC 0.05% CREAM, 0.05% GEL, 0.1% GEL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tretinoin 0.01% gel, 0.025% cream, 0.025% gel, 0.05% cream, 0.1% cream</i>	2	PA
<i>zenatane</i>	2	
Dermatitis and Pruitus Agents		
ALA-CORT -1% CREAM	1	
<i>ala-cort -2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>alclometasone dipropionate</i>	2	QL (120 PER 30 DAYS)
<i>ammonium lactate</i>	2	
<i>betamethasone diprop augmented 0.05% crm, 0.05% oin</i>	2	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% gel</i>	3	QL (200 PER 28 DAYS)
<i>betamethasone diprop augmented dp 0.05% lot</i>	2	QL (210 PER 30 DAYS)
<i>betamethasone dipropionate 0.05% crm, 0.05% oint</i>	2	QL (135 PER 30 DAYS)
<i>betamethasone dipropionate dp 0.05% lot</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate 0.1% lotion</i>	2	QL (120 PER 30 DAYS)
<i>betamethasone valerate va 0.1% cream, valer 0.1% ointm</i>	2	QL (135 PER 30 DAYS)
<i>clobetasol emollient 0.05% crm</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% cream, 0.05% gel, 0.05% ointment</i>	2	QL (210 PER 28 DAYS)
<i>clobetasol propionate 0.05% shampoo</i>	2	QL (236 PER 30 DAYS)
<i>clobetasol propionate 0.05% solution, prop 0.05% foam</i>	2	QL (200 PER 28 DAYS)
<i>clodan</i>	2	QL (236 PER 30 DAYS)
<i>desonide 0.05% cream, 0.05% ointment</i>	2	QL (120 PER 30 DAYS)
<i>desonide 0.05% lotion</i>	2	QL (118 PER 30 DAYS)
<i>desoximetasone 0.05% cream, 0.05% gel, 0.25% cream, 0.25% ointment</i>	2	QL (120 PER 30 DAYS)
DIPROLENE	4	QL (200 PER 28 DAYS)
<i>doxepin hcl 5% cream</i>	2	PA
ELIDEL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluocinolone acetonide 0.01% body, 0.01% scalp</i>	2	QL (118.28 PER 30 DAYS)
<i>fluocinolone acetonide 0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide 0.05% cream, 0.05% gel, 0.05% ointment, 0.05% solution</i>	2	QL (120 PER 30 DAYS)
<i>fluocinonide-e</i>	2	QL (120 PER 30 DAYS)
<i>fluticasone propionate 0.005% oint, 0.05% cream</i>	2	QL (120 PER 30 DAYS)
<i>halobetasol propionate 0.05% cream, 0.05% ointmnt</i>	2	QL (200 PER 28 DAYS)
<i>hydrocortisone 1% cream, 1% ointment</i>	1	
<i>hydrocortisone 2.5% lotion</i>	2	QL (118 PER 30 DAYS)
<i>hydrocortisone 2.5% ointment</i>	1	QL (454 PER 30 DAYS)
<i>hydrocortisone butyrate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>hydrocortisone butyrate hydrocort buty 0.1% lipid crm, hydrocort buty 0.1% lipo cream, hydrocortisone buty 0.1% cream, hydrocortisone butyr 0.1% oint</i>	2	QL (135 PER 30 DAYS)
<i>hydrocortisone valerate</i>	2	QL (120 PER 30 DAYS)
LOCOID LIPOCREAM	4	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% cream, 0.1% oint</i>	2	QL (135 PER 30 DAYS)
<i>mometasone furoate 0.1% soln</i>	2	QL (120 PER 30 DAYS)
<i>pimecrolimus</i>	2	PA
<i>prednicarbate 0.1% ointment</i>	4	QL (120 PER 30 DAYS)
PRUDOXIN	4	PA
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus 0.03%, 0.1%</i>	2	PA
<i>triamcinolone acetonide 0.025% cream</i>	1	QL (454 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% lotion, 0.1% lotion, 0.5% ointment</i>	2	QL (120 PER 30 DAYS)
<i>triamcinolone acetonide 0.025% oint, 0.1% cream, 0.1% ointment, 0.5% cream</i>	2	QL (454 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triderm</i>	2	QL (454 PER 30 DAYS)
ZONALON	4	PA
Dermatological Agents, Other		
<i>calcipotriene 0.005% cream, 0.005% ointment, 0.005% solution</i>	2	QL (120 PER 30 DAYS)
<i>calcitrene</i>	2	QL (120 PER 30 DAYS)
<i>clotrimazole-betamethasone</i>	2	
<i>diclofenac sodium 3% gel</i>	2	PA
EFUDEX	3	
<i>fluorouracil 0.5% cream</i>	5	
<i>fluorouracil 2% topical soln</i>	3	
<i>fluorouracil 5% cream, 5% topical soln</i>	2	
<i>imiquimod 5% cream packet</i>	2	PA
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA 10-20 MG STARTER 28 DAY, 10-20-30MG START 28 DAY, 20 MG TABLET, 30 MG TABLET	5	PA
<i>podofilox 0.5% topical soln</i>	2	
REGRANEX	5	PA, QL (15 PER 30 DAYS)
SANTYL	3	QL (180 PER 30 DAYS)
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabicides		
<i>ivermectin 1% cream</i>	2	PA
<i>lindane</i>	3	
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	
SOOLANTRA	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Topical Anti-infectives		
<i>gentamicin sulfate 0.1% cream, 0.1% ointment</i>	2	
METROCREAM	4	
METROGEL	4	
METROLOTION	4	
<i>metronidazole 0.75% cream, 0.75% lotion, top 1% gel pump, topical 0.75% gl, topical 1% gel</i>	2	
<i>mupirocin</i>	2	QL (30 PER 30 OVER TIME)
<i>rosadan</i>	2	

Electrolytes/Minerals/ Metals/ Vitamins

Electrolyte/Mineral Replacement

<i>aqua care sodium chloride</i>	2	
CARBAGLU	5	PA
<i>carglumic acid</i>	5	PA
<i>dextrose 2.5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.2% nacl</i>	1	
<i>dextrose 5%-0.225% nacl</i>	1	
<i>dextrose 5%-0.3% nacl</i>	1	
<i>dextrose 5%-0.33% nacl</i>	1	
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>dextrose in lactated ringers</i>	2	
<i>kcl-d5w-0.2% nacl</i>	2	
<i>kcl-d5w-0.225% nacl 10meq/500ml--0.225%nacl, 20 meq/l--0.225% nacl</i>	2	
<i>kcl-d5w-0.45% nacl</i>	2	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>lactated ringers 1,000 ml, injection</i>	2	
<i>magnesium sulfate 50% 1 g/2 ml, 50% 10g/20ml, 50% 25g/50ml, 50% 5 g/10ml, 50% syringe</i>	2	
<i>potassium chloride cl10%(20meq/15ml) cup, cl10%(40meq/30ml) cup, cl20%(40meq/15ml) cup, cl 2 meq/ml conc, cl 10 meq/5 ml conc, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq/10 ml conc, cl 20% (40 meq/15ml), cl 40 meq/20 ml conc, cl 60 meq/30 ml conc, cl er 8 meq capsule, cl er 8 meq tablet, cl er 10 meq capsule, cl er 10 meq tablet, cl er 15 meq tablet, cl er 20 meq tablet</i>	2	
<i>potassium chloride in d5lr kcl 20 meqd5w-lact ringer</i>	3	
<i>potassium chloride proamp</i>	2	
<i>potassium chloride-0.45% nacl</i>	2	
<i>potassium chloride-dextrose 5% kcl 20 meq/l in d5w solution</i>	2	
<i>potassium citrate er</i>	2	
<i>sodium chloride saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% irrig, sodium chloride 0.9% irrig., sodium chloride 0.9% prcss sol, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial</i>	2	
<i>sodium chloride-water 0.9%</i>	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>deferasirox 90 mg granule pkt, 180 mg granule pkt, 180 mg tablet, 250 mg tb for susp, 360 mg granule pkt, 360 mg tablet, 500 mg tb for susp</i>	5	PA
<i>deferasirox 90 mg tablet, 125 mg tb for susp</i>	2	PA
EXJADE	5	PA
JADENU	5	PA
JADENU SPRINKLE	5	PA
SAMSCA	5	PA
SYPRINE	5	PA, QL (240 PER 30 DAYS)
<i>tolvaptan</i>	5	PA
<i>trientine hcl 250 mg capsule</i>	5	PA, QL (240 PER 30 DAYS)
<i>cyanocobalamin injection</i>	2	EX
<i>dextrose in water 10%-iv solution</i>	1	
<i>dextrose in water 5%-100 ml, 5%-1,000 ml, 5%-250 ml, 5%-50 ml, 5%-iv soln</i>	2	
<i>folic acid 1 mg tablet, 1,000 mcg tablet, true 1600mcg dfe tb, well 1,000 mcg tab</i>	2	EX
<i>fomepizole</i>	5	
<i>glucose in water 5%-100 ml, 5%-50 ml</i>	2	
INTRALIPID 20% IV FAT EMUL	4	BVD
NUTRILIPID	4	BVD
TRAVASOL	4	BVD
TROPHAMINE	4	BVD
<i>water sterile for irrigation</i>	2	
Phosphate Binders		
AURYXIA	5	PA, QL (360 PER 30 DAYS)
<i>calcium acetate 667 mg capsule, 667 mg gelcap, 667 mg tablet</i>	2	
FOSRENOL 500 MG TABLET CHEW	5	QL (90 PER 30 DAYS)
FOSRENOL 750 MG POWDER PACKET, 750 MG TABLET CHEW	5	QL (180 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
FOSRENOL MG POWDER PACK, MG TABLET CHEW	5	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 1,000 mg tb chw</i>	4	QL (120 PER 30 DAYS)
<i>lanthanum carbonate 500 mg tab chew</i>	4	QL (90 PER 30 DAYS)
<i>lanthanum carbonate 750 mg tab chew</i>	5	QL (180 PER 30 DAYS)
REVELA 0.8 GM POWDER PACKET	5	QL (270 PER 30 DAYS)
REVELA 2.4 GM POWDER PACKET	4	QL (90 PER 30 DAYS)
REVELA 800 MG TABLET	5	
<i>sevelamer carbonate 0.8 gm powder packet</i>	2	QL (270 PER 30 DAYS)
<i>sevelamer carbonate 2.4 gm powder packet</i>	2	QL (90 PER 30 DAYS)
<i>sevelamer carbonate 800 mg tab</i>	2	
VELPHORO	5	QL (180 PER 30 DAYS)
Potassium Binders		
<i>kionex</i>	2	
<i>sodium polystyrene sulfonate powder</i>	2	
SPS	2	
VELTASSA	3	
Gastrointestinal Agents		
Anti-Constipation Agents		
<i>constulose</i>	2	
<i>emulose</i>	2	
<i>generlac</i>	2	
<i>lactulose 10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution</i>	2	
LINZESS	3	QL (30 PER 30 DAYS)
<i>lubiprostone 24 mcg capsule</i>	2	QL (60 PER 30 DAYS)
<i>lubiprostone 8 mcg capsule</i>	2	QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MOVANTIK	3	
RELISTOR 8 MG/0.4 ML SYRINGE, 12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL, 150 MG TABLET	5	PA
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet</i>	2	PA, QL (60 PER 30 DAYS)
<i>alosetron hcl 1 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
<i>diphenoxylate-atropine -2.5-0.025</i>	2	PA
<i>loperamide 2 mg capsule</i>	2	
LOTRONEX	5	PA, QL (60 PER 30 DAYS)
VIBERZI	5	PA, QL (60 PER 30 DAYS)
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl 10 mg capsule, 10 mg/5 ml soln, 20 mg tablet</i>	2	PA
<i>glycopyrrolate 1 mg tablet, 2 mg tablet</i>	2	
<i>methscopolamine bromide</i>	2	PA
Gastrointestinal Agents, Other		
<i>bismuth-metronidazole-tetracyc</i>	2	
CHENODAL	5	PA
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	1	
<i>gavilyte-n</i>	1	
GOLYTELY	4	
<i>metoclopramide hcl 5 mg tablet, 10 mg tablet</i>	1	
<i>metoclopramide hcl 5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol, 10 mg/2 ml syr, 10 mg/2 ml vial</i>	2	
MOVIPREP	4	
MYALEPT	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NULYTELY	4	
OCALIVA	5	PA, QL (30 PER 30 DAYS)
<i>peg 3350-electrolyte -solution</i>	1	
<i>peg-3350 and electrolytes</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	1	
PYLERA	3	
REGLAN	4	
<i>sod sulf-potass sulf-mag sulf</i>	2	
SUPREP	4	
SUTAB	4	
<i>ursodiol 250 mg tablet, 300 mg capsule, 500 mg tablet</i>	2	
XIFAXAN 550 MG TABLET	5	PA, QL (90 PER 30 DAYS)
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine 200 mg tablet, 300 mg tablet, 400 mg tablet, 800 mg tablet</i>	2	
<i>famotidine 20 mg tablet, 20 mg/2 ml vial, 40 mg tablet</i>	1	
<i>famotidine 40 mg/4 ml vial, 40 mg/5 ml susp, 200 mg/20 ml vial, 500 mg/50 ml vial</i>	2	
<i>nizatidine 150 mg capsule</i>	4	
<i>nizatidine 300 mg capsule</i>	2	
Protectants		
CARAFATE	4	
CYTOTEC	4	
<i>misoprostol</i>	2	
<i>sucralfate</i>	2	
Proton Pump Inhibitors		
<i>esomeprazole magnesium dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap</i>	2	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>esomeprazole sodium 40 mg vial</i>	2	
<i>lansoprazole dr 15 mg capsule, dr 30 mg capsule</i>	2	QL (30 PER 30 DAYS)
NEXIUM DR 10 MG PACKET, DR 20 MG CAPSULE, DR 20 MG PACKET, DR 40 MG CAPSULE, DR 40 MG PACKET	4	ST, QL (30 PER 30 DAYS)
NEXIUM DR 2.5 MG PACKET, DR 5 MG PACKET	4	QL (30 PER 30 DAYS)
NEXIUM I.V.	4	
<i>omeprazole dr 10 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>omeprazole dr 20 mg capsule, dr 40 mg capsule</i>	1	QL (60 PER 30 DAYS)
<i>pantoprazole sodium 40 mg vial</i>	2	
<i>pantoprazole sodium dr 20 mg tab</i>	1	QL (30 PER 30 DAYS)
<i>pantoprazole sodium dr 40 mg tab</i>	1	QL (60 PER 30 DAYS)
PREVACID DR 30 MG CAPSULE	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 20 MG TABLET	4	ST, QL (30 PER 30 DAYS)
PROTONIX DR 40 MG TABLET	4	ST, QL (60 PER 30 DAYS)
<i>rabeprazole sodium dr 20 mg tab</i>	2	QL (30 PER 30 DAYS)

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

ALDURAZYME	5	
<i>betaine anhydrous</i>	5	
BUPHENYL 500 MG TABLET	5	PA
CARNITOR 1 GM/10 ML ORAL SOLN, 100 MG/ML ORAL SOLN, 330 MG TABLET	4	
CARNITOR SF	4	
CEREZYME	5	PA
CREON	3	
<i>cromolyn sodium 100 mg/5 ml oral conc</i>	2	
CRYSVITA	5	PA
CYSTADANE	5	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
CYSTAGON	4	PA
ELAPRASE	5	
ELELYSO	5	PA
ENDARI	5	PA
FABRAZYME	5	
<i>javygtor 100 mg packet, 500 mg packet</i>	5	PA
<i>javygtor 100 mg tablet</i>	2	PA
KUVAN	5	PA
<i>l-glutamine -glutamine 5 gram powder pkt</i>	5	PA
<i>levocarnitine 1 g/10 ml cup, 1 g/10 ml soln, 330 mg tablet, 500 mg/5 ml cup</i>	2	
<i>levocarnitine sf</i>	2	
LUMIZYME	5	
<i>miglustat</i>	5	PA, QL (90 PER 30 DAYS)
NAGLAZYME	5	
<i>nitisinone</i>	5	
ORFADIN	5	
PALYNZIQ	5	PA
PROLASTIN C	5	PA
REVCOVI	5	
<i>sapropterin dihydrochloride 100 mg tablet</i>	2	PA
<i>sapropterin dihydrochloride 100 mg, 500 mg</i>	5	PA
<i>sodium phenylbutyrate</i>	5	PA
STRENSIQ	5	PA
VPRIV	5	PA
VYNDAMAX	5	PA, QL (30 PER 30 DAYS)
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
<i>yargesa</i>	5	PA, QL (90 PER 30 DAYS)
ZENPEP	3	
ZOKINVY	5	PA, QL (120 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genitourinary Agents		
Antispasmodics, Urinary		
<i>darifenacin er</i>	2	QL (30 PER 30 DAYS)
DETROL	4	ST, QL (60 PER 30 DAYS)
DETROL LA	4	ST, QL (30 PER 30 DAYS)
<i>fesoterodine fumarate er</i>	2	QL (30 PER 30 DAYS)
GEMTESA	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 25 MG TABLET, ER 50 MG TABLET	3	QL (30 PER 30 DAYS)
MYRBETRIQ ER 8 MG/ML SUSP	3	QL (300 PER 28 DAYS)
<i>oxybutynin chloride 5 mg tablet</i>	2	QL (120 PER 30 DAYS)
<i>oxybutynin chloride 5 mg/5 ml solution, 5 mg/5 ml syrup</i>	2	QL (600 PER 30 DAYS)
<i>oxybutynin chloride er cl 10 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>oxybutynin chloride er cl 15 mg tablet</i>	2	QL (60 PER 30 DAYS)
<i>oxybutynin chloride er cl 5 mg tablet</i>	2	QL (30 PER 30 DAYS)
<i>solifenacin succinate</i>	2	QL (30 PER 30 DAYS)
<i>tolterodine tartrate</i>	2	QL (60 PER 30 DAYS)
<i>tolterodine tartrate er</i>	2	QL (30 PER 30 DAYS)
TOVIAZ	4	ST, QL (30 PER 30 DAYS)
<i>trospium chloride</i>	2	QL (60 PER 30 DAYS)
<i>trospium chloride er</i>	2	QL (30 PER 30 DAYS)
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	1	QL (30 PER 30 DAYS)
AVODART	4	QL (30 PER 30 DAYS)
<i>dutasteride</i>	2	QL (30 PER 30 DAYS)
<i>dutasteride-tamsulosin</i>	2	QL (30 PER 30 DAYS)
<i>finasteride 5 mg tablet</i>	1	QL (30 PER 30 DAYS)
FLOMAX	4	QL (60 PER 30 DAYS)
PROSCAR	4	QL (30 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAPAFLO	4	QL (30 PER 30 DAYS)
<i>silodosin</i>	2	QL (30 PER 30 DAYS)
<i>tamsulosin hcl</i>	1	QL (60 PER 30 DAYS)
Contraceptives, Other		
LILETTA	4	
SKYLA	4	
Genitourinary Agents, Other		
<i>bethanechol chloride</i>	2	
DEPEN	5	
<i>methylergonovine maleate 0.2 mg tablet</i>	5	
<i>penicillamine 250 mg tablet</i>	5	
<i>sildenafil citrate 25 mg tablet, 50 mg tablet, 100 mg tablet</i>	2	QL (6 PER 30 OVER TIME), EX
<i>tadalafil 10mg tablet (generic cialis)</i>	2	QL (6 PER 30 OVER TIME), EX
<i>tadalafil 20mg tablet (generic cialis)</i>	2	QL (6 PER 30 OVER TIME), EX
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR	5	PA
ACTHAR SELFJECT	5	PA
CORTEF	4	
<i>decadron 0.5 mg tablet</i>	1	
<i>decadron 0.75 mg tablet, 4 mg tablet, 6 mg tablet</i>	2	
<i>dexamethasone 0.5 mg tablet</i>	1	
<i>dexamethasone 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 day 1.5 mg tab, 6 mg tablet, 10 day 1.5 mg tb, 13 day 1.5 mg tb</i>	2	
<i>dexamethasone sodium phosphate 4 mg/ml syringe, 4 mg/ml vial, 20 mg/5 ml vial, 120 mg/30 ml vl</i>	2	
<i>fludrocortisone acetate</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HEMADY	4	
<i>hidex</i>	2	
<i>hydrocortisone 5 mg tablet, 10 mg tablet, 20 mg tablet</i>	2	
MEDROL 4 MG DOSEPAK, 4 MG TABLET, 8 MG TABLET, 16 MG TABLET, 32 MG TABLET	4	
<i>methylprednisolone</i>	2	
<i>methylprednisolone sodium succ</i>	2	
<i>prednisolone 15 mg/5 ml soln, 15mg/5ml soln cup</i>	2	
<i>prednisolone sodium phosphate 5 mg/5 ml soln, sod ph 25 mg/5 ml</i>	2	
<i>prednisone 1 mg tablet, 2.5 mg tablet, 5 mg tab dose pack, 5 mg tablet, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	2	
SOLU-MEDROL -1 GRAM VIAL, -40 MG VIAL, -125 MG VIAL, -500 MG VIAL, -1,000 MG VIAL	4	
<i>taperdex 6 day 1.5 mg tablet</i>	2	

Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)

CHORIONIC GONADOTROPIN	4	PA
DDAVP 0.1 MG TABLET, 0.2 MG TABLET	4	
<i>desmopressin acetate 0.01% solution, 0.01% spray, ac 4 mcg/ml ampul, ac 4 mcg/ml vial, acetate 0.1 mg tb, acetate 0.2 mg tb, 10 mcg/0.1 ml spr, 40 mcg/10 ml vial</i>	2	
INCRELEX	5	
OMNITROPE 10 MG/1.5 ML CRTG	5	PA
OMNITROPE 5 MG/1.5 ML CRTG, 5.8 MG VIAL	3	PA
PREGNYL	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
-----------	-----------	---------------------

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

Androgens

ANDROGEL 1.62% GEL PUMP, 1.62%(2.5G) GEL PCKT	4	PA, QL (150 PER 30 DAYS)
<i>danazol</i>	2	PA
DEPO-TESTOSTERONE	2	PA
<i>methyltestosterone</i>	5	PA
<i>testosterone 1% (25mg/2.5g) pk</i>	2	PA, QL (225 PER 30 DAYS)
<i>testosterone 1% (50 mg/5 g) pk, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt</i>	2	PA, QL (300 PER 30 DAYS)
<i>testosterone 1.62% (2.5 g) pkt, 1.62% gel pump</i>	2	PA, QL (150 PER 30 DAYS)
<i>testosterone 1.62%(1.25 g) pkt</i>	2	PA, QL (37.5 PER 30 DAYS)
<i>testosterone 30 mg/1.5 ml pump</i>	2	PA, QL (180 PER 30 DAYS)
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	3	PA

Estrogens

DEPO-ESTRADIOL	4	
DIVIGEL	4	
<i>dotti</i>	2	
ESTRACE 0.01% CREAM	4	
<i>estradiol (once weekly)</i>	2	
<i>estradiol (twice weekly)</i>	2	
<i>estradiol 0.01% cream, 0.1% (0.25mg) gel pk, 0.1% (0.5mg) gel pkt, 0.1% (0.75mg) gel pk, 0.1% (1 mg) gel pkt, 0.1% (1.25mg) gel pk, 10 mcg vaginal insrt</i>	2	
<i>estradiol 0.5 mg tablet, 1 mg tablet, 2 mg tablet</i>	1	
<i>estradiol valerate</i>	2	
ESTRING	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lyllana</i>	2	
MENEST	4	
PREMARIN 0.3 MG TABLET, 0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL	3	
VAGIFEM	4	
<i>yuvafem</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>balziva</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	
<i>camrese lo</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>chateal</i>	2	
<i>chateal eq</i>	2	
COMBIPATCH	4	
<i>cryselle</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	
<i>desogestr-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dolishale</i>	2	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
<i>elinest</i>	2	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarylla</i>	2	
<i>estradiol-norethindrone acetat</i>	2	
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>etonogestrel-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>femynor</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	
<i>hailey 24 fe</i>	2	
<i>hailey fe</i>	2	
<i>haloette</i>	2	
<i>iclevia</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	
<i>jasmiel</i>	2	
<i>jolessa</i>	2	
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
<i>larissia</i>	2	
LAYOLIS FE	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorg-eth estrad eth estrad lvonost-rad 0.15-0.03-0.01, lvonost-rad 0.1-0.02-0.01</i>	2	
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
LOESTRIN	2	
LOESTRIN FE	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>lojaimiess</i>	2	
<i>loryna</i>	2	
LOSEASONIQUE	4	
<i>low-ogestrel</i>	2	
<i>lutra</i>	2	
<i>marlissa</i>	2	
<i>merzee</i>	2	
<i>microgestin</i>	2	
<i>microgestin 24 fe</i>	2	
<i>microgestin fe</i>	2	
<i>mili</i>	2	
<i>mimvey</i>	2	
MIRCETTE	4	
<i>mono-lynyah</i>	2	
<i>necon</i>	2	
<i>nikki</i>	2	
<i>norethin-eth estra-ferrous fum</i>	2	
<i>norethindron-ethinyl estradiol norethin-ee 1.5-0.03 mg(21) tb, norethind-eth estrad 1-0.02 mg</i>	2	
<i>norethindrone-e.estradiol-iron --1 mg/20- 30-35 mcg, --1-0.02(21)-75 tab, --1- 0.02(24)-75 cap, --1.5-0.03mg(21)-75</i>	2	
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel</i>	2	
NUVARING	4	
<i>nylia</i>	2	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>pirmella</i>	2	
<i>portia</i>	2	
PREMPHASE	3	
PREMPRO	3	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
SEASONIQUE	4	
<i>setlakin</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
TYBLUME	3	
<i>tydemy</i>	2	
<i>velivet</i>	2	
<i>vestura</i>	2	
<i>vienva</i>	2	
<i>viorele</i>	2	
<i>volnea</i>	2	
<i>vyfemla</i>	2	
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
YASMIN 28	4	
YAZ	4	
<i>zarah</i>	2	
<i>zovia 1-35</i>	2	
<i>zumandimine</i>	2	
<i>azurette</i>	2	
<i>enilloring</i>	2	
<i>taysofy</i>	2	
<i>turqoz</i>	2	
Progestins		
AYGESTIN	4	
<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA -150 MG/ML SYRINGE, -150 MG/ML VIAL	4	
DEPO-SUBQ PROVERA 104	4	
<i>emzahh</i>	2	
<i>errin</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heather</i>	2	
<i>hydroxyprogesterone caproate 1.25 g/5ml</i>	5	
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>medroxyprogesterone acetate 150 mg/ml</i>	2	
<i>medroxyprogesterone acetate 2.5 mg tab, 5 mg tab, 10 mg tab</i>	1	
<i>megestrol acetate 20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml</i>	2	
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>norlyda</i>	2	
<i>progesterone 100 mg capsule, 200 mg capsule</i>	2	
PROVERA	4	
<i>sharobel</i>	2	
<i>tulana</i>	2	
Selective Estrogen Receptor Modifying Agents		
DUAVEE	4	
EVISTA	4	
<i>raloxifene hcl</i>	2	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	4	
EUTHYROX	1	
LEVO-T	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levothyroxine sodium 25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet</i>	1	
LEVOXYL	1	
<i>liothyronine sodium 5 mcg tab, 25 mcg tab, 50 mcg tab</i>	2	
SYNTHROID	3	
TIROSINT	4	
TIROSINT-SOL	4	
UNITHROID	1	

Hormonal Agents, Suppressant (Adrenal)

KORLYM	5	PA, QL (120 PER 30 DAYS)
LYSODREN	5	
<i>mifepristone 300 mg tablet</i>	5	PA, QL (120 PER 30 DAYS)

Hormonal Agents, Suppressant (Pituitary)

<i>cabergoline</i>	2	
ELIGARD	4	PA
FIRMAGON	4	
<i>leuprolide acetate</i>	2	PA
<i>leuprolide depot</i>	4	PA
LUPRON DEPOT	5	PA
LUPRON DEPOT (LUPANETA)	5	PA
LUPRON DEPOT-PED	5	PA
<i>octreotide acetate 500 mcg/ml amp, 500 mcg/ml vl</i>	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>octreotide acetate acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml syr, 1,000 mcg/5 ml vial, 1,000 mcg/ml vial, 5,000 mcg/5 ml vial</i>	2	PA
<i>octreotide acetate er</i>	5	PA
ORGOVYX	5	PA, QL (90 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA
SIGNIFOR LAR	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SYNAREL	5	
TRELSTAR	4	PA

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

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

Immunological Agents

Angioedema Agents

CINRYZE	5	PA, QL (20 PER 30 DAYS)
FIRAZYR	5	PA, QL (18 PER 30 DAYS)
HAEGARDA 2,000 UNIT VIAL	5	PA, QL (27 PER 30 DAYS)
HAEGARDA 3,000 UNIT VIAL	5	PA, QL (18 PER 30 DAYS)
<i>icatibant</i>	5	PA, QL (18 PER 30 DAYS)
<i>sajazir</i>	5	PA, QL (18 PER 30 DAYS)

Immunoglobulins

ATGAM	5	BVD
-------	---	-----

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
SYNAGIS	5	
THYMOGLOBULIN	5	BVD
Immunological Agents, Other		
ARCALYST	5	PA
BENLYSTA 120 MG VIAL, 200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE, 400 MG VIAL	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
COSENTYX UNOREADY PEN	5	PA
DUPIXENT PEN	5	PA
DUPIXENT SYRINGE	5	PA
ILARIS	5	PA
KINERET	5	PA
NULOJIX	5	BVD
ORENCIA	5	PA
ORENCIA CLICKJECT	5	PA
RIDAURA	5	
RINVOQ	5	PA
RINVOQ LQ	5	PA
SKYRIZI 150 MG/ML SYRINGE, 600 MG/10 ML VIAL	5	PA
SKYRIZI ON-BODY	5	PA
SKYRIZI PEN	5	PA
STELARA	5	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TREMFYA	5	PA
TREMFYA PEN	5	PA
XELJANZ 1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET	5	PA
XELJANZ XR	5	PA
XOLAIR	5	PA
Immunostimulants		
ACTIMMUNE	5	PA
BESREMI	5	PA, QL (2 PER 28 DAYS)
PEGASYS	5	PA
Immunosuppressants		
ASTAGRAF XL	4	BVD
AZASAN	2	BVD
<i>azathioprine</i>	2	BVD
<i>azathioprine sodium</i>	3	BVD
CELLCEPT 200 MG/ML ORAL SUSP, 250 MG CAPSULE, 500 MG TABLET	5	BVD
CELLCEPT 500 MG VIAL	4	BVD
<i>cyclosporine 25 mg capsule, 100 mg capsule, 250 mg/5 ml ampul</i>	2	BVD
<i>cyclosporine modified</i>	2	BVD
CYLTEZO(CF)	5	PA
CYLTEZO(CF) PEN	5	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA
ENBREL	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus 0.25 mg tablet, 0.5 mg tablet</i>	2	BVD
<i>everolimus 0.75 mg tablet, 1 mg tablet</i>	5	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gengraf</i>	2	BVD
HADLIMA	5	PA
HADLIMA PUSHTOUCH	5	PA
HADLIMA(CF)	5	PA
HADLIMA(CF) PUSHTOUCH	5	PA
HUMIRA 40 MG/0.8 ML SYRINGE	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA
HUMIRA(CF) PEN	5	PA
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
IMURAN	4	BVD
<i>leflunomide</i>	2	
<i>methotrexate 1 gm vial, 2.5 mg tablet</i>	2	
<i>methotrexate 50 mg/2 ml vial, 250 mg/10 ml vial</i>	1	
<i>methotrexate sodium</i>	1	
<i>mycophenolate mofetil</i>	2	BVD
<i>mycophenolic acid</i>	2	BVD
MYFORTIC 180 MG TABLET	4	BVD
MYHIBBIN	5	BVD
NEORAL	4	BVD
PROGRAF 0.2 MG GRANULE PACKET, 0.5 MG CAPSULE, 1 MG CAPSULE, 1 MG GRANULE PACKET, 5 MG/ML AMPULE	4	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PROGRAF 5 MG CAPSULE	5	BVD
RAPAMUNE 1 MG/ML ORAL SOLN	5	BVD
RENFLEXIS	5	PA
SANDIMMUNE	4	BVD
SIMULECT	5	BVD
<i>sirolimus</i>	2	BVD
<i>tacrolimus 0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir)</i>	2	BVD
XATMEP	4	BVD
ZORTRESS	5	BVD
Vaccines		
ABRYSVO	3	VAC (\$0 Copayment)
ACTHIB	3	
ADACEL TDAP	3	VAC (\$0 Copayment)
AREXVY	3	VAC (\$0 Copayment)
BCG VACCINE (TICE STRAIN)	3	VAC (\$0 Copayment)
BEXSERO	3	VAC (\$0 Copayment)
BOOSTRIX TDAP	3	VAC (\$0 Copayment)
DAPTACEL DTAP	3	
DENGVAXIA	3	
DIPHThERIA-TETANUS TOXOIDS-PED	3	
ENGERIX-B ADULT	3	BVD, VAC (\$0 Copayment)
ENGERIX-B PEDIATRIC-ADOLESCENT	3	BVD, VAC (\$0 Copayment)
ERVEBO (NATIONAL STOCKPILE)	5	
GARDASIL 9	3	VAC (\$0 Copayment)
HAVRIX 1,440 UNIT/ML SYRINGE	3	VAC (\$0 Copayment)
HAVRIX 720 UNIT/0.5 ML SYRINGE, 720 UNITS/0.5 ML VIAL	3	
HEPLISAV-B -20 MCG/0.5 ML SYRNG	3	BVD, VAC (\$0 Copayment)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HIBERIX	3	
IMOVAX RABIES VACCINE	3	BVD, VAC (\$0 Copayment)
INFANRIX DTAP	3	
IPOL	3	VAC (\$0 Copayment)
IXCHIQ	3	VAC (\$0 Copayment)
IXIARO	3	VAC (\$0 Copayment)
JYNNEOS	3	BVD, VAC (\$0 Copayment)
JYNNEOS (NATIONAL STOCKPILE)	3	BVD, VAC (\$0 Copayment)
KINRIX	3	
M-M-R II VACCINE	3	VAC (\$0 Copayment)
MENACTRA	3	VAC (\$0 Copayment)
MENQUADFI	3	VAC (\$0 Copayment)
MENVEO A-C-Y-W-135-DIP	3	VAC (\$0 Copayment)
MRESVIA	3	VAC (\$0 Copayment)
PEDIARIX	3	
PEDVAXHIB	3	
PENBRAYA	3	VAC (\$0 Copayment)
PENTACEL	3	
PREHEVBRIO	3	BVD, VAC (\$0 Copayment)
PRIORIX	3	VAC (\$0 Copayment)
PROQUAD	3	
QUADRACEL DTAP-IPV	3	
RABAVERT	3	BVD, VAC (\$0 Copayment)
RECOMBIVAX HB	3	BVD, VAC (\$0 Copayment)
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 PER 999 OVER TIME), VAC (\$0 Copayment)
STAMARIL	3	
TDVAX	3	BVD, VAC (\$0 Copayment)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TENIVAC	3	BVD, VAC (\$0 Copayment)
TICOVAC	3	VAC (\$0 Copayment)
TRUMENBA	3	VAC (\$0 Copayment)
TWINRIX	3	VAC (\$0 Copayment)
TYPHIM VI	3	VAC (\$0 Copayment)
VAQTA 25 UNITS/0.5 ML SYRINGE, 25 UNITS/0.5 ML VIAL	3	
VAQTA 50 UNITS/ML SYRINGE, 50 UNITS/ML VIAL	3	VAC (\$0 Copayment)
VARIVAX VACCINE	3	VAC (\$0 Copayment)
VAXCHORA VACCINE	3	VAC (\$0 Copayment)
YF-VAX	3	VAC (\$0 Copayment)

Inflammatory Bowel Disease Agents

Aminosalicylates

APRISO	4	QL (120 PER 30 DAYS)
ASACOL HD	5	QL (180 PER 30 DAYS)
AZULFIDINE	4	
<i>balsalazide disodium</i>	2	
CANASA	5	
COLAZAL	4	
DELZICOL	4	QL (180 PER 30 DAYS)
DIPENTUM	5	
LIALDA	4	QL (120 PER 30 DAYS)
<i>mesalamine 4 gm/60 ml enema, 4 gm/60 ml kit, 1,000 mg supp</i>	2	
<i>mesalamine 800 mg dr tablet</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr</i>	2	QL (180 PER 30 DAYS)
<i>mesalamine dr 1.2 gm tablet</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 0.375 gram cap</i>	2	QL (120 PER 30 DAYS)
<i>mesalamine er 500 mg capsule</i>	2	QL (240 PER 30 DAYS)
PENTASA 250 MG CAPSULE	4	QL (480 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PENTASA 500 MG CAPSULE	4	QL (240 PER 30 DAYS)
ROWASA 4 GM/60 ML ENEMA KIT	4	
SFROWASA	4	
<i>sulfasalazine</i>	2	
<i>sulfasalazine dr</i>	2	
Glucocorticoids		
<i>budesonide dr</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide ec</i>	2	PA, QL (90 PER 30 DAYS)
<i>budesonide er</i>	5	PA, QL (30 PER 30 DAYS)
<i>hydrocortisone 100 mg/60 ml</i>	2	
<i>hydrocortisone 2.5% cream</i>	1	QL (454 PER 30 DAYS)
<i>procto-med hc</i>	1	QL (454 PER 30 DAYS)
<i>procto-pak</i>	1	
<i>proctosol-hc</i>	1	QL (454 PER 30 DAYS)
<i>proctozone-hc</i>	1	QL (454 PER 30 DAYS)
Metabolic Bone Disease Agents		
<i>alendronate sodium 10 mg tab</i>	1	QL (120 PER 30 DAYS)
<i>alendronate sodium 35 mg tab, 70 mg tab</i>	1	QL (4 PER 28 DAYS)
AELVIA	4	QL (4 PER 28 DAYS)
<i>calcitonin-salmon -200 unit spr</i>	2	
<i>calcitonin-salmon -400 unit/2ml</i>	5	
<i>calcitriol 0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml solution</i>	2	
<i>calcitriol 1 mcg/ml ampul, 1 mcg/ml vial</i>	4	
<i>cinacalcet hcl 30 mg tablet, 60 mg tablet</i>	2	PA
<i>cinacalcet hcl 90 mg tablet</i>	5	PA
FORTEO	5	PA
FOSAMAX	4	QL (4 PER 28 DAYS)
<i>ibandronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>ibandronate sodium 3 mg/3 ml syringe, 3 mg/3 ml vial</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MIACALCIN	5	
NATPARA	5	PA, QL (2 PER 28 DAYS)
<i>paricalcitol</i>	2	
PROLIA	4	PA
<i>risedronate sodium 150 mg tab</i>	2	QL (1 PER 28 DAYS)
<i>risedronate sodium 35 mg tab</i>	2	QL (4 PER 28 DAYS)
<i>risedronate sodium 5 mg tablet, 30 mg tab</i>	2	QL (30 PER 30 DAYS)
<i>risedronate sodium dr</i>	2	QL (4 PER 28 DAYS)
ROCALTROL	4	
SENSIPAR 30 MG TABLET	4	PA
SENSIPAR 60 MG TABLET, 90 MG TABLET	5	PA
<i>teriparatide teriparatide 620 mcg/2.48 ml, teriparatide 600 mcg/2.4ml pen</i>	5	PA
TYMLOS	5	PA
XGEVA	5	PA
ZEMPLAR 2 MCG/ML VIAL, 5 MCG/ML VIAL, 10 MCG/2 ML VIAL	4	
<i>zoledronic acid 4 mg/5 ml vial, 5 mg/100 ml</i>	2	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate 1% eye drops</i>	3	
<i>brimonidine tartrate-timolol</i>	2	
COMBIGAN	3	
COSOPT	4	
CYSTADROPS	5	PA
CYSTARAN	5	PA
<i>dorzolamide-timolol -eye drops</i>	1	
MAXITROL EYE OINTMENT	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin-dexameth</i>	2	
RESTASIS	3	QL (60 PER 30 DAYS)
RESTASIS MULTIDOSE	3	QL (11 PER 30 DAYS)
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX	4	
<i>tobramycin-dexamethasone</i>	2	
Ophthalmic Anti-Infectives		
<i>ak-poly-bac</i>	2	
<i>bacitracin 500 unit/gm ophth</i>	3	
<i>bacitracin-polymyxin</i>	2	
BESIVANCE	3	
<i>ciprofloxacin hcl 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gentamicin sulfate 0.3% eye drop</i>	2	
LACRISERT	4	
MOXEZA	4	
<i>moxifloxacin 0.5% drops, 0.5% drp-visc</i>	2	
NATACYN	4	
<i>neo-polycin</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	3	
OCUFLOX	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	1	
<i>sulfacetamide sodium 10% eye drops</i>	2	
<i>sulfacetamide sodium 10% eye ointment</i>	3	
<i>tobramycin 0.3% eye drop</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>trifluridine</i>	3	
VIGAMOX	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	2	
<i>cromolyn sodium 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl 0.1% drops, 0.2% drop</i>	2	
Ophthalmic Anti-inflammatories		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac sodium 0.07%, 0.09%</i>	2	
<i>dexamethasone sodium phosphate 0.1% eye drop</i>	2	
<i>diclofenac sodium 0.1% eye drops</i>	2	
<i>difluprednate</i>	2	
DUREZOL	4	
EYSUVIS	3	PA
<i>fluorometholone</i>	2	
<i>flurbiprofen sodium</i>	2	
FML	4	
ILEVRO	4	
INVELTYS	3	
<i>ketorolac tromethamine 0.4%, 0.5%</i>	2	
PRED FORTE	4	
PRED MILD	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sodium phosphate 1% eye drop</i>	3	
PROLENSA	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Ophthalmic Beta-Adrenergic Blocking Agents		
<i>betaxolol hcl 0.5% eye drop</i>	2	
BETOPTIC S	4	
<i>carteolol hcl</i>	2	
ISTALOL	4	
<i>levobunolol hcl</i>	2	
<i>timolol maleate 0.25% drop, 0.5% drops</i>	1	
<i>timolol maleate 0.25% gel-solution, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution, maleate 0.5% eye drop</i>	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
ALPHAGAN P	3	
AZOPT	4	
<i>brimonidine tartrate 0.1% drop</i>	3	
<i>brimonidine tartrate tartrate 0.15% drp, 0.2% eye drop</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
<i>pilocarpine hcl 1% drops, 2% drops, 4% drops</i>	2	
RHOPRESSA	3	QL (15 PER 75 OVER TIME)
ROCKLATAN	3	QL (15 PER 75 OVER TIME)
SIMBRINZA	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
<i>bimatoprost 0.03% eye drops</i>	2	QL (15 PER 75 OVER TIME)
<i>latanoprost 0.005% eye drops</i>	1	QL (15 PER 75 OVER TIME)
LUMIGAN	3	QL (15 PER 75 OVER TIME)
TRAVATAN Z	4	QL (15 PER 75 OVER TIME)
<i>travoprost</i>	2	QL (15 PER 75 OVER TIME)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Otic Agents		
<i>acetic acid 2% ear solution</i>	2	
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>neomycin-polymyxin-hc --ear susp</i>	2	
<i>neomycin-polymyxin-hydrocort</i>	2	
<i>ofloxacin 0.3% ear drops</i>	2	
Respiratory Tract/ Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	3	QL (1 PER 30 DAYS)
ASMANEX HFA	3	QL (13 PER 30 DAYS)
<i>budesonide 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml inh</i>	2	BVD
<i>flunisolide</i>	2	QL (75 PER 30 DAYS)
<i>fluticasone propionate 50 mcg spray</i>	2	QL (16 PER 30 DAYS)
<i>fluticasone propionate hfa 110 mcg</i>	3	QL (12 PER 30 DAYS)
<i>fluticasone propionate hfa 220 mcg</i>	3	QL (24 PER 30 DAYS)
<i>fluticasone propionate hfa 44 mcg</i>	3	QL (10.6 PER 30 DAYS)
<i>mometasone furoate 50 mcg spry</i>	2	QL (34 PER 30 DAYS)
QVAR REDIHALER 40 MCG	3	QL (10.6 PER 30 DAYS)
QVAR REDIHALER 80 MCG	3	QL (21.2 PER 30 DAYS)
XHANCE	4	QL (32 PER 30 DAYS)
Antihistamines		
<i>azelastine hcl 0.1% (137 mcg) spry, 0.15% nasal spray</i>	2	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clemastine fumarate 2.68 mg tablet</i>	4	PA
<i>cyproheptadine hcl</i>	2	PA
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine hcl 50 mg/ml crpjt, 50 mg/ml syrng, 50 mg/ml vial</i>	2	
<i>levocetirizine dihydrochloride 5 mg tablet</i>	1	
<i>olopatadine hcl 665 mcg nasal spry</i>	2	QL (30.5 PER 30 DAYS)
Antileukotrienes		
ACCOLATE	4	
<i>montelukast sodium 10 mg tablet</i>	1	
<i>montelukast sodium 4 mg granules, 4 mg tab chew, 5 mg tab chew</i>	2	
SINGULAIR	4	
<i>zafirlukast</i>	2	
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
INCRUSE ELLIPTA	3	QL (30 PER 30 DAYS)
<i>ipratropium bromide 0.02% soln</i>	2	BVD
<i>ipratropium bromide 0.03% spray</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium bromide 0.06% spray</i>	2	QL (45 PER 30 DAYS)
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT	3	QL (4 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (36 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (36 PER 30 DAYS)
<i>albuterol sulfate sul 0.63 mg/3 ml sol, sul 1.25 mg/3 ml sol, 2.5 mg/0.5 ml sol, sul 2.5 mg/3 ml soln, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln</i>	2	BVD

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>albuterol sulfate sulf 2 mg/5 ml syrup, sulfate 2 mg tab, sulfate 4 mg tab</i>	2	
<i>epinephrine 0.15 mg auto-inject</i>	3	
<i>epinephrine 0.3 mg auto-inject</i>	2	
PROAIR HFA	4	QL (36 PER 30 DAYS)
PROAIR RESPICLICK	4	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate 2.5 mg tab, 5 mg tab</i>	2	
VENTOLIN HFA	3	QL (36 PER 30 DAYS)
XOPENEX HFA	4	QL (30 PER 30 DAYS)
Cystic Fibrosis Agents		
KALYDECO	5	PA, QL (60 PER 30 DAYS)
ORKAMBI 100 MG-125 MG TABLET, 200 MG-125 MG TABLET	5	PA, QL (120 PER 30 DAYS)
ORKAMBI 75-94 MG GRANULE PKT, 100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT	5	PA, QL (60 PER 30 DAYS)
PULMOZYME	5	BVD
<i>tobramycin 300 mg/5 ml ampule</i>	2	PA
TRIKAFTA 50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG	5	PA, QL (90 PER 30 DAYS)
TRIKAFTA 80-40-60MG/59.5MG PKT, 100-50-75 MG/75MG PKT	5	PA, QL (60 PER 30 DAYS)
Mast Cell Stabilizers		
<i>cromolyn sodium 20 mg/2 ml neb soln</i>	2	BVD
Phosphodiesterase Inhibitors, Airways Disease		
<i>caffeine citrate 60 mg/3 ml oral</i>	2	
DALIRESP	4	PA, QL (30 PER 30 DAYS)
<i>roflumilast</i>	2	PA, QL (30 PER 30 DAYS)
THEO-24	4	
<i>theophylline anhydrous er 300 mg tab, er 450 mg tab</i>	2	
<i>theophylline er er 300 mg tablet, er 400 mg tablet, er 450 mg tablet, er 600 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Pulmonary Antihypertensives		
ADCIRCA	5	PA, QL (60 PER 30 DAYS)
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	2	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	2	PA, QL (60 PER 30 DAYS)
LETAIRIS	5	PA, QL (30 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
REMODULIN	5	BVD
<i>sildenafil citrate 20 mg tablet</i>	2	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20mg tablet (generic adcirca)</i>	5	PA, QL (60 PER 30 DAYS)
TRACLEER 32 MG TABLET FOR SUSP	5	PA, QL (120 PER 30 DAYS)
TRACLEER 62.5 MG TABLET, 125 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>treprostinil</i>	5	BVD
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET 267 MG CAPSULE, 267 MG TABLET	5	PA, QL (270 PER 30 DAYS)
ESBRIET 801 MG TABLET	5	PA, QL (90 PER 30 DAYS)
OFEV	5	PA, QL (60 PER 30 DAYS)
<i>pirfenidone 267 mg capsule, 267 mg tablet</i>	5	PA, QL (270 PER 30 DAYS)
<i>pirfenidone 801 mg tablet</i>	5	PA, QL (90 PER 30 DAYS)
Respiratory Tract Agents, Other		
<i>acetylcysteine 10% vial, 20% vial</i>	2	BVD
ADVAIR HFA	3	QL (12 PER 30 DAYS)
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
<i>benzonatate</i>	2	EX
BREO ELLIPTA	3	QL (60 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>breyna</i>	2	QL (30.9 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (10.7 PER 30 DAYS)
<i>budesonide-formoterol fumarate</i>	2	QL (30.9 PER 30 DAYS)
COMBIVENT RESPIMAT	4	QL (8 PER 30 DAYS)
DULERA	3	QL (39 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol -100-50, -250-50, -500-50</i>	2	QL (60 PER 30 DAYS)
<i>fluticasone-salmeterol -55-14, -113-14, -232-14</i>	3	QL (1 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	BVD
LAGEVRIO (COMMERCIAL)	5	QL (40 PER 30 OVER TIME)
LAGEVRIO (USG DIST.)	4	
ORALAIR 300 IR ADULT SAMPLE KT, 300 IR STARTER PACK, 300 IR SUBLINGUAL TAB	4	PA, QL (30 PER 30 DAYS)
PAXLOVID 150-100 MG DOSE PACK (\$0 COPAYMENT)	3	QL (20 PER 30 OVER TIME)
PAXLOVID 300-100 MG DOSE PACK (\$0 COPAYMENT)	3	QL (30 PER 30 OVER TIME)
<i>ribavirin 6 gm inhalation vial</i>	5	
STIOLTO RESPIMAT	3	QL (4 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)

Skeletal Muscle Relaxants

<i>cyclobenzaprine hcl 5 mg tablet, 10 mg tablet</i>	2	
<i>methocarbamol 500 mg tablet, 750 mg tablet</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	PA, QL (30 PER 30 DAYS)
DAYVIGO	3	PA, QL (30 PER 30 DAYS)
<i>doxepin hcl 3 mg tablet, 6 mg tablet</i>	2	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
<i>ramelteon</i>	2	QL (30 PER 30 DAYS)
ROZEREM	4	QL (30 PER 30 DAYS)
SILENOR	4	QL (30 PER 30 DAYS)
<i>tasimelteon</i>	5	PA, QL (30 PER 30 DAYS)
<i>temazepam 15 mg capsule, 30 mg capsule</i>	1	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	2	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate 5 mg tablet, 10 mg tablet</i>	2	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil</i>	2	PA, QL (30 PER 30 DAYS)
LUMRYZ	5	PA, QL (30 PER 30 DAYS)
LUMRYZ STARTER PACK	5	PA, QL (28 PER 28 DAYS)
<i>modafinil</i>	2	PA, QL (30 PER 30 DAYS)
NUVIGIL	4	PA, QL (30 PER 30 DAYS)
<i>sodium oxybate</i>	5	PA, QL (540 PER 30 DAYS)

You can find information on what the symbols and abbreviations on this table mean by going to page 7.

Index of Drugs

A

abacavir	61	AFINITOR	43
abacavir-lamivudine	61	AFINITOR DISPERZ	43
ABILIFY	54	afirmelle	105
ABILIFY ASIMTUFII	54,55	AGRYLIN	73
ABILIFY MAINTENA	55	AIMOVIG AUTOINJECTOR	35
abiraterone acetate	38	ak-poly-bac	122
ABRAXANE	39	AKEEGA	43
ABRYSVO	117	ALA-CORT	90
acamprosate calcium	15	ala-cort	90
acarbose	66	albendazole	52
ACCOLATE	126	ALBUTEROL HFA 90 MCG INHALER	
ACCUPRIL	76	(generic ProAir HFA)	126
ACCURETIC	80	ALBUTEROL HFA 90 MCG INHALER	
accutane	89	(generic Proventil HFA)	126
acebutolol hcl	77	albuterol sulfate	126,127
acetaminophen-codeine	12	alclometasone dipropionate	90
acetazolamide	80	ALDACTAZIDE	80
acetazolamide er	80	ALDACTONE	82
acetic acid	125	ALDURAZYME	99
acetylcysteine	128	ALECENSA	43
acitretin	89	alendronate sodium	120
ACTHAR	102	alfuzosin hcl er	101
ACTHAR SELFJECT	102	ALIMTA	39
ACTHIB	117	ALIQOPA	43
ACTIMMUNE	115	aliskiren	80
ACTOS	66	allopurinol	34
ACULAR	123	allopurinol sodium	34
ACULAR LS	123	ALOPRIM	34
acyclovir	65	alosetron hcl	97
acyclovir sodium	65	ALPHAGAN P	124
ADACEL TDAP	117	alprazolam	65
ADCETRIS	49	ALTACE	76
ADCIRCA	128	altavera	105
ADDERALL XR	85	ALUNBRIG	43
adefovir dipivoxil	64	alyacen	105
ADEMPAS	128	ALYMSYS	49
ADLARITY	27	alyq	128
adriamycin	39	amabelz	105
ADVAIR HFA	128	amantadine	53
		AMBISOME	33
		ambrisentan	128

amethia.....	105	ARICEPT.....	27
amethyst.....	105	ARIMIDEX.....	42
amikacin sulfate.....	16	aripiprazole.....	55
amiloride hcl.....	82	aripiprazole odt.....	55
amiloride-hydrochlorothiazide.....	80	ARISTADA.....	55
amiodarone hcl.....	77	ARISTADA INITIO.....	55
amitriptyline hcl.....	32	armodafinil.....	130
amlodipine besylate.....	78	ARNUITY ELLIPTA.....	125
amlodipine besylate-benazepril.....	80	AROMASIN.....	42
amlodipine-atorvastatin.....	80	ARRANON.....	39
amlodipine-olmesartan.....	80	arsenic trioxide.....	39
amlodipine-valsartan.....	80	ARTHROTEC 50.....	10
amlodipine-valsartan-hctz.....	80	ARTHROTEC 75.....	10
ammonium lactate.....	90	ARZERRA.....	49
amnesteem.....	89	ASACOL HD.....	119
amoxapine.....	32	asenapine maleate.....	55
amoxicillin.....	19	ashlyna.....	105
amoxicillin-clavulanate pot er.....	19	ASMANEX.....	125
amoxicillin-clavulanate potass.....	19	ASMANEX HFA.....	125
amphotericin b.....	33	ASPARLAS.....	39
amphotericin b liposome.....	33	aspirin-dipyridamole er.....	74
ampicillin sodium.....	19	ASTAGRAF XL.....	115
ampicillin trihydrate.....	19	ATACAND.....	75
ampicillin-sulbactam.....	19	ATACAND HCT.....	80
AMPYRA.....	87	atazanavir sulfate.....	62,63
anagrelide hcl.....	73	ATELVIA.....	120
anastrozole.....	42	atenolol.....	77
ANDROGEL.....	104	atenolol-chlorthalidone.....	80
ANORO ELLIPTA.....	128	ATGAM.....	113
APOKYN.....	53	atomoxetine hcl.....	86
apomorphine hcl.....	53	atorvastatin calcium.....	83
aprepitant.....	33	atovaquone.....	52
apri.....	105	atovaquone-proguanil hcl.....	52
APRISO.....	119	atropine sulfate.....	121
APTIOM.....	26	ATROVENT HFA.....	126
APTIVUS.....	62	aubra.....	105
aqua care sodium chloride.....	93	aubra eq.....	105
aranelle.....	105	AUGMENTIN.....	19
ARANESP.....	73	AUGTYRO.....	43
ARCALYST.....	114	aurovela.....	105
AREXVY.....	117	aurovela 24 fe.....	105

aurovela fe.....	105	BALVERSA.....	43
AURYXIA.....	95	balziva.....	105
AUSTEDO.....	87	BANZEL.....	26
AUSTEDO XR.....	87	BAQSIMI.....	69
AUSTEDO XR TITRATION KT(WK1-4).....	87	BARACLUDE.....	64
AUVELITY.....	28	BAVENCIO.....	49
AVALIDE.....	80	BCG VACCINE (TICE STRAIN).....	117
AVAPRO.....	75	BELBUCA.....	12
AVASTIN.....	49	BELEODAQ.....	43
aviane.....	105	BELSOMRA.....	130
avidoxy.....	22	benazepril hcl.....	76
AVITA.....	89	benazepril-hydrochlorothiazide.....	80
AVODART.....	101	bendamustine hcl.....	39
AVONEX.....	87	BENDEKA.....	39
AVONEX PEN.....	87	BENICAR.....	75
AYGESTIN.....	110	BENICAR HCT.....	80
ayuna.....	105	BENLYSTA.....	114
AYVAKIT.....	43	BENZAMYCIN.....	89
azacitidine.....	39	benznidazole.....	52
AZACTAM.....	16	benzonatate.....	128
AZASAN.....	115	benztropine mesylate.....	53
azathioprine.....	115	BESIVANCE.....	122
azathioprine sodium.....	115	BESPONSA.....	49
azelaic acid.....	89	BESREMI.....	115
azelastine hcl.....	123,125	betaine anhydrous.....	99
AZELEX.....	89	betamethasone diprop augmented.....	90
AZILECT.....	54	betamethasone dipropionate.....	90
azithromycin.....	20,21	betamethasone valerate.....	90
AZOPT.....	124	BETASERON.....	87
AZOR.....	80	betaxolol hcl.....	78,124
aztreonam.....	16	bethanechol chloride.....	102
AZULFIDINE.....	119	BETOPTIC S.....	124
azurette.....	110	bexarotene.....	51
B		BEXSERO.....	117
bacitracin.....	122	bicalutamide.....	38
bacitracin-polymyxin.....	122	BICILLIN L-A.....	19
baclofen.....	59	BICNU.....	39
BACTRIM.....	22	BIKTARVY.....	59
BACTRIM DS.....	22	BILTRICIDE.....	52
balsalazide disodium.....	119	bimatoprost.....	124
		bismuth-metronidazole-tetracyc.....	97

bisoprolol fumarate.....	78	butalbital-acetaminophen-caffe.....	10
bisoprolol-hydrochlorothiazide.....	80	butalbital-aspirin-caffeine.....	10
BLENREP.....	49	butorphanol tartrate.....	12
bleomycin sulfate.....	40	BUTRANS.....	12
BLINCYTO.....	40	BYDUREON BCISE.....	66
blisovi 24 fe.....	105	BYETTA.....	66
blisovi fe.....	105	BYSTOLIC.....	78
BOOSTRIX TDAP.....	117	C	
bortezomib.....	44	CABENUVA.....	59
bosentan.....	128	cabergoline.....	112
BOSULIF.....	44	CABLIVI.....	74
BRAFTOVI.....	44	CABOMETYX.....	44
BREO ELLIPTA.....	128	caffeine citrate.....	127
breynga.....	129	calcipotriene.....	92
BREZTRI AEROSPHERE.....	129	calcitonin-salmon.....	120
briellyn.....	105	calcitrene.....	92
BRILINTA.....	74	calcitriol.....	120
brimonidine tartrate.....	124	calcium acetate.....	95
brimonidine tartrate-timolol.....	121	CALQUENCE.....	44
brinzolamide.....	124	camila.....	110
BRIVIACT.....	23	camrese.....	105
bromfenac sodium.....	123	camrese lo.....	105
bromocriptine mesylate.....	53	CANASA.....	119
BRUKINSA.....	44	CANCIDAS.....	33
budesonide.....	125	candesartan cilexetil.....	75
budesonide dr.....	120	candesartan-hydrochlorothiazid.....	80
budesonide ec.....	120	CAPLYTA.....	55
budesonide er.....	120	CAPRELSA.....	44
budesonide-formoterol fumarate.....	129	captopril.....	76
bumetanide.....	82	CARAFATE.....	98
BUPHENYL.....	99	CARBAGLU.....	93
buprenorphine.....	12	carbamazepine.....	26
buprenorphine hcl.....	15	carbamazepine er.....	26
buprenorphine-naloxone.....	15	CARBATROL.....	26
bupropion hcl.....	28	carbidopa.....	53
bupropion hcl sr.....	15,28	carbidopa-levodopa.....	53
bupropion hcl sr 150mg tablet.....	28	carbidopa-levodopa er.....	53
bupropion xl.....	28	carbidopa-levodopa-entacapone.....	53
buspirone hcl.....	65	carboplatin.....	40
busulfan.....	37	CARDIZEM.....	79
butalbital-acetaminophen.....	10		

CARDIZEM CD.....	79	CHEMET.....	94
CARDIZEM LA.....	79	CHENODAL.....	97
CARDURA.....	75	chloramphenicol sod succinate.....	16
carglumic acid.....	93	chlorhexidine gluconate.....	88
carmustine.....	40	chloroquine phosphate.....	52
CARNITOR.....	99	chlorpromazine hcl.....	32
CARNITOR SF.....	99	chlorthalidone.....	83
carteolol hcl.....	124	cholestyramine.....	84
cartia xt.....	79	cholestyramine light.....	84
carvedilol.....	78	CHORIONIC GONADOTROPIN.....	103
carvedilol er.....	78	ciclodan.....	33
CASODEX.....	38	ciclopirox.....	33
caspofungin acetate.....	33	cidofovir.....	64
cataflam.....	10	cilostazol.....	74
cefaclor.....	18	CIMDUO.....	61
cefadroxil.....	18	cimetidine.....	98
cefazolin sodium.....	18	cinacalcet hcl.....	120
cefazolin sodium-dextrose.....	18	CINRYZE.....	113
cefdinir.....	18	CIPRO.....	21
cefepime.....	18	CIPRODEX.....	125
cefepime hcl.....	18	ciprofloxacin.....	21
cefepime-dextrose.....	18	ciprofloxacin hcl.....	21,122
cefixime.....	18	ciprofloxacin-d5w.....	21
cefoxitin.....	18	ciprofloxacin-dexamethasone.....	125
cefoxitin sodium.....	19	cisplatin.....	40
cefpodoxime proxetil.....	19	citalopram hbr.....	29
cefprozil.....	19	cladribine.....	40
ceftazidime.....	19	claravis.....	89
ceftriaxone.....	19	clarithromycin.....	21
cefuroxime.....	19	clarithromycin er.....	21
cefuroxime sodium.....	19	clemastine fumarate.....	126
CELEBREX.....	10	CLEOCIN.....	16
celecoxib.....	10	CLEOCIN HCL.....	16
CELEXA.....	29	CLEOCIN PHOSPHATE.....	16
CELLCEPT.....	115	CLEOCIN T.....	16
CELONTIN.....	24	clindacin etz.....	16
cephalexin.....	19	clindacin p.....	16
CEREZYME.....	99	clindamycin (pediatric).....	16
cevimeline hcl.....	88	clindamycin hcl.....	17
chateal.....	106	clindamycin phosphate.....	17
chateal eq.....	106	clindamycin phosphate-d5w.....	17

clindamycin-0.9% nacl	17	CORTEF	102
clindamycin-benzoyl peroxide	89	COSELA	51
clobazam	25	COSENTYX (2 SYRINGES)	114
clobetasol emollient	90	COSENTYX SENSOREADY (2 PENS)	114
clobetasol propionate	90	COSENTYX SENSOREADY PEN	114
clodan	90	COSENTYX SYRINGE	114
clofarabine	40	COSENTYX UNOREADY PEN	114
CLOLAR	40	COSMEGEN	40
clomipramine hcl	32	COSOPT	121
clonazepam	65	COTELLIC	44
clonidine	75	COZAAR	75,76
clonidine hcl	75	CREON	99
clonidine hcl er	86	CRESEMBA	33
clopidogrel	74	CRESTOR	83
clorazepate dipotassium	65	cromolyn sodium	99,123,127
clotrimazole	33	cryselle	106
clotrimazole-betamethasone	92	CRYSVITA	99
clozapine	59	CUBICIN	17
clozapine odt	59	CUBICIN RF	17
CLOZARIL	59	cyanocobalamin injection	95
COARTEM	52	cyclobenzaprine hcl	129
codeine sulfate	13	cyclophosphamide	37
COLAZAL	119	CYCLOPHOSPHAMIDE	37
colchicine	35	cycloserine	36
COLCRYS	35	CYCLOSET	66
COLESTID	84	cyclosporine	115
colestipol hcl	84	cyclosporine modified	115
colistimethate	17	CYKLOKAPRON	74
COMBIGAN	121	CYLTEZO(CF)	115
COMBIPATCH	106	CYLTEZO(CF) PEN	115
COMBIVENT RESPIMAT	129	CYLTEZO(CF) PEN CROHN'S-UC-HS	115
COMETRIQ	44	CYLTEZO(CF) PEN PSORIASIS-UV	115
COMPLERA	61	CYMBALTA	29
compro	32	cyproheptadine hcl	126
COMTAN	53	CYRAMZA	44
constulose	96	cyred	106
COPAXONE	88	cyred eq	106
COPIKTRA	44	CYSTADANE	99
COREG CR	78	CYSTADROPS	121
CORGARD	78	CYSTAGON	100
CORLANOR	80	CYSTARAN	121

cytarabine.....	40
CYTOMEL.....	111
CYTOTEC.....	98

D

dabigatran etexilate.....	72
dacarbazine.....	40
dactinomycin.....	40
dalfampridine er.....	88
DALIRESP.....	127
DALVANCE.....	17
danazol.....	104
DANTRIUM.....	59
dantrolene sodium.....	59
DANYELZA.....	50
dapsone.....	36
DAPTACEL DTAP.....	117
daptomycin.....	17
DARAPRIM.....	52
darifenacin er.....	101
darunavir.....	63
DARZALEX.....	50
DARZALEX FASPRO.....	50
dasatinib.....	44
dasetta.....	106
daunorubicin hcl.....	40
DAURISMO.....	44
DAYPRO.....	10
daysee.....	106
DAYVIGO.....	130
DDAVP.....	103
deblitane.....	110
decadron.....	102
decitabine.....	40
deferasirox.....	95
DELSTRIGO.....	60
DELZICOL.....	119
demeclocycline hcl.....	22
DEMSER.....	80
DENGVAXIA.....	117
DEPAKOTE.....	23

DEPAKOTE ER.....	23
DEPAKOTE SPRINKLE.....	23
DEPEN.....	102
DEPO-ESTRADIOL.....	104
DEPO-PROVERA.....	110
DEPO-SUBQ PROVERA 104.....	110
DEPO-TESTOSTERONE.....	104
dermacinrx lidocan.....	14
DESCOVY.....	61
desipramine hcl.....	32
desloratadine.....	126
desmopressin acetate.....	103
desogestr-eth estrad eth estra.....	106
desogestrel-ethinyl estradiol.....	106
desonide.....	90
desoximetasone.....	90
desvenlafaxine succinate er.....	29
DETROL.....	101
DETROL LA.....	101
dexamethasone.....	102
dexamethasone sodium phosphate.....	102,123
DEXEDRINE.....	85
dexmethylphenidate hcl.....	86
dexrazoxane.....	51
dextroamphetamine sulfate.....	85,86
dextroamphetamine sulfate er.....	86
dextroamphetamine-amphet er.....	86
dextroamphetamine-amphetamine.....	86
dextrose 2.5%-0.45% nacl.....	93
dextrose 5%-0.2% nacl.....	93
dextrose 5%-0.225% nacl.....	93
dextrose 5%-0.3% nacl.....	93
dextrose 5%-0.33% nacl.....	93
dextrose 5%-0.45% nacl.....	93
dextrose 5%-0.9% nacl.....	93
dextrose in lactated ringers.....	93
dextrose in water.....	95
DIACOMIT.....	23
diazepam.....	25,65,66
diazoxide.....	69
diclofenac potassium.....	10

diclofenac sodium	10,92,123	dorzolamide-timolol	121
diclofenac sodium er	10	dotti	104
diclofenac sodium-misoprostol	10	DOVATO	60
dicloxacillin sodium	20	doxazosin mesylate	75
dicyclomine hcl	97	doxepin hcl	32,90,130
DIFICID	21	doxorubicin hcl	40
DIFLUCAN	33	doxorubicin hcl liposome	40
difluprednate	123	doxy 100	22
digitek	80	doxycycline hyclate	22
digox	80	doxycycline ir-dr	89
digoxin	80	doxycycline monohydrate	22
dihydroergotamine mesylate	35	DRIZALMA SPRINKLE	29
DILANTIN	26	dronabinol	33
DILANTIN-125	26	drospirenone-eth estra-levomef	106
dilt-xr	79	drospirenone-ethinyl estradiol	106
diltiazem 12hr er	79	droxidopa	75
diltiazem 24hr er	79	DUAVEE	111
diltiazem 24hr er (cd)	79	DULERA	129
diltiazem 24hr er (la)	79	duloxetine hcl	30
diltiazem 24hr er (xr)	79	DUPIXENT PEN	114
diltiazem hcl	79	DUPIXENT SYRINGE	114
dimethyl fumarate	88	DURAMORPH	13
DIOVAN	76	DUREZOL	123
DIOVAN HCT	81	dutasteride	101
DIPENTUM	119	dutasteride-tamsulosin	101
diphenhydramine hcl	126	E	
diphenoxylate-atropine	97	E.E.S. 200	21
DIPHThERIA-TETANUS TOXOIDS-		ec-naproxen	10,11
PED	117	econazole nitrate	33
DIPROLENE	90	EDARBI	76
dipyridamole	74	EDARBYCLOR	81
disulfiram	15	EDURANT	60
divalproex sodium	23	efavirenz	60
divalproex sodium er	23	efavirenz-emtricitenofovir disoproxil fumarate	60
DIVIGEL	104	efavirenz-lamivudine-tenofovir disoproxil fumarate	60
docetaxel	40	EFFEXOR XR	30
dofetilide	77	EFUDEX	92
dolishale	106	ELAPRASE	100
donepezil hcl	28	ELELYSO	100
donepezil hcl odt	28	ELIDEL	90
dorzolamide hcl	124		

ELIGARD.....	112	EPIVIR.....	61
elimest.....	106	eplerenone.....	82
ELIQUIS.....	72	EPRONTIA.....	23
ELITEK.....	51	EPZICOM.....	61
eluryng.....	106	ERBITUX.....	50
EMCYT.....	38	ergotamine-caffeine.....	35
EMEND.....	33	eribulin mesylate.....	40
EMGALITY PEN.....	35	ERIVEDGE.....	44
EMGALITY SYRINGE.....	35	ERLEADA.....	38
emoquette.....	106	erlotinib hcl.....	44
EMPLICITI.....	50	errin.....	110
EMSAM.....	29	ertapenem.....	20
emtricitabine.....	61	ERVEBO (NATIONAL STOCKPILE).....	117
emtricitabine-tenofovir disop.....	61	ery.....	21
EMTRIVA.....	61	ERY-TAB.....	21
emzahn.....	110	ERYPED 200.....	21
enalapril maleate.....	76	ERYPED 400.....	21
enalapril-hydrochlorothiazide.....	81	ERYTHROCIN LACTOBIONATE.....	21
ENBREL.....	115	ERYTHROCIN STEARATE.....	21
ENBREL MINI.....	115	erythromycin.....	21,122
ENBREL SURECLICK.....	115	erythromycin ethylsuccinate.....	21
ENDARI.....	100	erythromycin lactobionate.....	21
endocet.....	13	erythromycin-benzoyl peroxide.....	89
ENGERIX-B ADULT.....	117	ESBRIET.....	128
ENGERIX-B PEDIATRIC- ADOLESCENT.....	117	escitalopram oxalate.....	30
ENHERTU.....	50	ESGIC.....	10
enilloring.....	110	esomeprazole magnesium.....	98
enoxaparin sodium.....	72	esomeprazole sodium.....	99
enpresse.....	106	estarylla.....	106
enskyce.....	106	ESTRACE.....	104
entacapone.....	53	estradiol.....	104
entecavir.....	64	estradiol (once weekly).....	104
ENTRESTO.....	81	estradiol (twice weekly).....	104
ENTRESTO SPRINKLE.....	81	estradiol valerate.....	104
enulose.....	96	estradiol-norethindrone acetat.....	106
EPCLUSA.....	64	ESTRING.....	104
EPIDIOLEX.....	23	ethambutol hcl.....	36
epinastine hcl.....	123	ethosuximide.....	24
epinephrine.....	127	ethynodiol-ethinyl estradiol.....	106
epitol.....	27	etodolac.....	11
		etodolac er.....	11

etonogestrel-ethinyl estradiol.....	106	fentanyl citrate.....	13
ETOPOPHOS.....	43	fesoterodine fumarate er.....	101
etoposide.....	43	FETZIMA.....	30
etravirine.....	60	FINACEA.....	89
EULEXIN.....	38	finasteride.....	101
EUTHYROX.....	111	fingolimod.....	88
everolimus.....	44,45,115	FINTEPLA.....	23
EVISTA.....	111	FIRAZYR.....	113
EVOMELA.....	37	FIRMAGON.....	112
EVOTAZ.....	63	flac otic oil.....	125
EXELON.....	28	FLAGYL.....	17
exemestane.....	42	flecainide acetate.....	77
EXFORGE.....	81	FLOMAX.....	101
EXFORGE HCT.....	81	fluconazole.....	33
EXJADE.....	95	fluconazole-nacl.....	33
EXKIVITY.....	45	flucytosine.....	34
EXTENCILLINE.....	20	fludarabine phosphate.....	40
EYSUVIS.....	123	fludrocortisone acetate.....	102
ezetimibe.....	84	flunisolide.....	125
ezetimibe-simvastatin.....	84	fluocinolone acetonide.....	91
F		fluocinolone acetonide oil.....	125
FABRAZYME.....	100	fluocinonide.....	91
falmina.....	106	fluocinonide-e.....	91
famciclovir.....	65	fluorometholone.....	123
famotidine.....	98	fluorouracil.....	39,92
FANAPT.....	55	fluoxetine dr.....	30
FARESTON.....	38	fluoxetine hcl.....	30
FARXIGA.....	66	fluphenazine decanoate.....	54
FARYDAK.....	45	fluphenazine hcl.....	54
FASENRA.....	129	flurbiprofen.....	11
FASENRA PEN.....	129	flurbiprofen sodium.....	123
FASLODEX.....	38	fluticasone propionate.....	91,125
felbamate.....	23	fluticasone propionate hfa.....	125
FELDENE.....	11	fluticasone-salmeterol.....	129
felodipine er.....	78	fluvastatin sodium.....	83
FEMARA.....	43	flvoxamine maleate.....	30
femynor.....	106	FML.....	123
fenofibrate.....	83	FOCALIN.....	86
fenofibric acid.....	83	folic acid.....	95
fentanyl.....	12	FOLOTYN.....	39
		fomepizole.....	95

fondaparinux sodium	72	GEMTESA	101
FORTEO	120	generlac	96
FOSAMAX	120	gengraf	116
fosamprenavir calcium	63	gentamicin sulfate	16,93,122
fosaprepitant dimeglumine	33	gentamicin sulfate in ns	16
fosinopril sodium	76	GENVOYA	60
fosinopril-hydrochlorothiazide	81	GEODON	55
fosphenytoin sodium	27	GILENYA	88
FOSRENOL	95,96	GILOTRIF	45
FOTIVDA	45	glatiramer acetate	88
FRUZAQLA	45	glatopa	88
FULPHILA	73	GLEEVEC	45
fulvestrant	39	GLEOSTINE	37
furosemide	82	glimepiride	67
FUZEON	62	glipizide	67
FYCOMPA	23	glipizide er	67
G		glipizide xl	67
gabapentin	25	glipizide-metformin	67
GABITRIL	25	GLUCAGEN	69
galantamine er	28	glucagon emergency kit	70
galantamine hbr	28	glucose in water	95
galantamine hydrobromide	28	GLUCOTROL XL	67
GAMMAGARD LIQUID	114	glyburide	67
GAMMAGARD S-D	114	glyburide micronized	67
GAMMAPLEX	114	glyburide-metformin hcl	67
GAMUNEX-C	114	glycopyrrolate	97
ganciclovir sodium	64	glydo	14
GARDASIL 9	117	GLYXAMBI	67
GATTEX	97	GOLYTELY	97
GAUZE PADS & DRESSINGS - PADS 2 X		granisetron hcl	33
2	67	GRANIX	73,74
gavilyte-c	97	griseofulvin	34
gavilyte-g	97	griseofulvin ultramicrosize	34
gavilyte-n	97	guanfacine hcl	75
GAVRETO	45	guanfacine hcl er	86
GAZYVA	50	GVOKE	70
gefitinib	45	GVOKE HYPOPEN 1-PACK	70
gemcitabine hcl	40	GVOKE HYPOPEN 2-PACK	70
gemfibrozil	83	GVOKE PFS 1-PACK SYRINGE	70
gemmily	106	GVOKE PFS 2-PACK SYRINGE	70

H

HADLIMA	116
HADLIMA PUSHTOUCH	116
HADLIMA(CF)	116
HADLIMA(CF) PUSHTOUCH	116
HAEGARDA	113
hailey	106
hailey 24 fe	106
hailey fe	106
HALAVEN	40
HALDOL DECANOATE 100	54
HALDOL DECANOATE 50	54
halobetasol propionate	91
haloette	106
haloperidol	54
haloperidol decanoate	54
haloperidol decanoate 100	54
haloperidol lactate	54
HARVONI	64
HAVRIX	117
heather	111
HEMADY	103
heparin sodium	72
heparin sodium-d5w	72
HEPLISAV-B	117
HERCEPTIN	50
HERCEPTIN HYLECTA	50
HERZUMA	50
HETLIOZ	130
HIBERIX	118
hidex	103
HUMALOG	70
HUMALOG JUNIOR KWIKPEN	70
HUMALOG KWIKPEN U-100	70
HUMALOG KWIKPEN U-200	70
HUMALOG MIX 50-50	70
HUMALOG MIX 50-50 KWIKPEN	70
HUMALOG MIX 75-25	70
HUMALOG MIX 75-25 KWIKPEN	70
HUMALOG TEMPO PEN U-100	70

HUMATIN	16
HUMIRA	116
HUMIRA PEN	116
HUMIRA PEN CROHN'S-UC-HS	116
HUMIRA PEN PSOR-UEVEITS-ADOL HS	116
HUMIRA(CF)	116
HUMIRA(CF) PEDIATRIC CROHN'S	116
HUMIRA(CF) PEN	116
HUMIRA(CF) PEN CROHN'S-UC-HS	116
HUMIRA(CF) PEN PEDIATRIC UC	116
HUMIRA(CF) PEN PSOR-UV-ADOL HS	116
HUMULIN 70-30	70
HUMULIN 70/30 KWIKPEN	70
HUMULIN N	70
HUMULIN N KWIKPEN	70
HUMULIN R	71
HUMULIN R U-500	71
HUMULIN R U-500 KWIKPEN	71
hydralazine hcl	85
HYDREA	39
hydrochlorothiazide	83
hydrocodone bitartrate er	12
hydrocodone-acetaminophen	13
hydrocodone-ibuprofen	13
hydrocortisone	91,103,120
hydrocortisone butyrate	91
hydrocortisone valerate	91
hydrocortisone-acetic acid	125
hydromorphone hcl	13
hydroxychloroquine sulfate	52
hydroxyprogesterone caproate	111
hydroxyurea	39
hydroxyzine hcl	66
hydroxyzine pamoate	66
HYZAAR	81

I

ibandronate sodium	120
IBRANCE	45
ibu	11

ibuprofen.....	11	INSULIN SYRINGE (DISP) U-100 1/2 ML	71
icatibant.....	113	insulin syringe u-500.....	71
iclevia.....	106	INTELENCE.....	60
ICLUSIG.....	45	INTRALIPID.....	95
icosapent ethyl.....	84	introvale.....	107
idarubicin hcl.....	40	INVANZ.....	20
IDHIFA.....	45	INVEGA.....	55
IFEX.....	41	INVEGA HAFYERA.....	55
ifosfamide.....	41	INVEGA SUSTENNA.....	55,56
ILARIS.....	114	INVEGA TRINZA.....	56
ILEVRO.....	123	INVELTYS.....	123
imatinib mesylate.....	45	IPOL.....	118
IMBRUVICA.....	45	ipratropium bromide.....	126
IMFINZI.....	50	ipratropium-albuterol.....	129
imipenem-cilastatin sodium.....	20	irbesartan.....	76
imipramine hcl.....	32	irbesartan-hydrochlorothiazide.....	81
imiquimod.....	92	IRESSA.....	45
IMITREX.....	35	irinotecan hcl.....	43
IMLYGIC.....	41	ISENTRESS.....	60
IMOVAX RABIES VACCINE.....	118	ISENTRESS HD.....	60
IMPAVIDO.....	17	isibloom.....	107
IMURAN.....	116	isoniazid.....	36
INBRIJA.....	53	ISOPROPYL ALCOHOL 0.7 ML/ML	
incassia.....	111	MEDICATED PAD.....	67
INCRELEX.....	103	ISORDIL TITRADOSE.....	85
INCRUSE ELLIPTA.....	126	isosorbide dinitrate.....	85
indapamide.....	83	isosorbide mononitrate.....	85
INDERAL LA.....	78	isosorbide mononitrate er.....	85
INDERAL XL.....	78	isotretinoin.....	89
indomethacin.....	11	isradipine.....	78
INFANRIX DTAP.....	118	ISTALOL.....	124
INLYTA.....	45	ISTODAX.....	41
INNOPRAN XL.....	78	itraconazole.....	34
inpen (for humalog).....	71	ivabradine hcl.....	81
inpen (for novolog or fiasp).....	71	ivermectin.....	52,92
INQOVI.....	41	IWILFIN.....	43
INREBIC.....	45	IXCHIQ.....	118
INSPRA.....	82	IXEMPRA.....	41
INSULIN PEN NEEDLE.....	71	IXIARO.....	118
INSULIN SYRINGE (DISP) U-100 0.3 ML	71		
INSULIN SYRINGE (DISP) U-100 1 ML	71		

J

JADENU	95
JADENU SPRINKLE	95
jaimiess	107
JAKAFI	45
jantoven	72
JANUMET	67
JANUMET XR	68
JANUVIA	68
JARDIANCE	68
jasmiel	107
javygtor	100
JAYPIRCA	45
JEMPERLI	50
jencycla	111
JENTADUETO	68
JENTADUETO XR	68
JEVTANA	45
jolessa	107
juleber	107
JULUCA	60
junel	107
junel fe	107
junel fe 24	107
JUXTAPID	84
JYNNEOS	118
JYNNEOS (NATIONAL STOCKPILE)	118

K

KADCYLA	50
kaitlib fe	107
KALETRA	63
kalliga	107
KALYDECO	127
KANJINTI	50
kariva	107
kcl-d5w-0.2% nacl	93
kcl-d5w-0.225% nacl	93
kcl-d5w-0.45% nacl	93
kelnor 1-35	107

kelnor 1-50	107
kemoplat	41
KEPIVANCE	88
KEPPRA	23
KERENDIA	83
KESIMPTA PEN	88
ketoconazole	34
ketorolac tromethamine	123
KEYTRUDA	50
KINERET	114
KINRIX	118
kionex	96
KISQALI	45,46
KISQALI FEMARA CO-PACK	41
KLARON	89
klayesta	34
KLOR-CON 10	93
KLOR-CON 8	93
klor-con m10	93
KLOR-CON M15	94
klor-con m20	94
KLOXXADO	15
KOMBIGLYZE XR	68
KORLYM	112
KOSELUGO	46
kourzeq	88
KRAZATI	46
kurvelo	107
KUVAN	100
KYPROLIS	46

L

l-glutamine	100
labetalol hcl	78
lacosamide	27
LACRISERT	122
lactated ringers	94
lactulose	96
LAGEVRIO (COMMERCIAL)	129
LAGEVRIO (USG DIst.)	129
LAMICTAL	23

LAMICTAL (BLUE).....	23	levocarnitine.....	100
lamivudine.....	61,64	levocarnitine sf.....	100
lamivudine hbv.....	64	levocetirizine dihydrochloride.....	126
lamivudine-zidovudine.....	61	levofloxacin.....	22
lamotrigine.....	23	levofloxacin-d5w.....	22
lamotrigine (blue).....	23	levonest.....	107
lamotrigine er.....	24	levonorg-eth estrad eth estrad.....	107
LANOXIN.....	81	levonorgestrel-eth estradiol.....	107
lansoprazole.....	99	levora-28.....	107
lanthanum carbonate.....	96	levorphanol tartrate.....	12
LANTUS.....	71	levothyroxine sodium.....	112
LANTUS SOLOSTAR.....	71	LEVOXYL.....	112
lapatinib.....	46	LEXAPRO.....	30
larin.....	107	LEXIVA.....	63
larin 24 fe.....	107	LIALDA.....	119
larin fe.....	107	LIBERVANT.....	25
larissia.....	107	LIBTAYO.....	50
LASIX.....	82	lidocaine.....	14
latanoprost.....	124	lidocaine hcl.....	14,77
LATUDA.....	56	lidocaine hcl viscous.....	14
LAYOLIS FE.....	107	lidocaine-prilocaine.....	14
LAZCLUZE.....	46	lidocan iii.....	14
ledipasvir-sofosbuvir.....	64	LIDODERM.....	14
leena.....	107	LILETTA.....	102
leflunomide.....	116	lillow.....	107
lenalidomide.....	38	lindane.....	92
lentocilin s.....	20	linezolid.....	17
LENVIMA.....	46	linezolid-0.9% nacl.....	17
lessina.....	107	linezolid-d5w.....	17
LETAIRIS.....	128	LINZESS.....	96
letrozole.....	43	liothyronine sodium.....	112
leucovorin calcium.....	41	LIPITOR.....	83
LEUKERAN.....	37	lisdexamfetamine dimesylate.....	86
LEUKINE.....	74	lisinopril.....	76
leuprolide acetate.....	112	lisinopril-hydrochlorothiazide.....	81
leuprolide depot.....	112	lithium carbonate.....	66
levetiracetam.....	24	lithium carbonate er.....	66
levetiracetam er.....	24	lithium citrate 8 meq/5 ml solution.....	66
levetiracetam-nacl.....	24	LITHOBID.....	66
LEVO-T.....	111	lo-zumandimine.....	107
levobunolol hcl.....	124	LOCOID LIPOCREAM.....	91

LOESTRIN.....	107	LYSODREN.....	112
LOESTRIN FE.....	107	LYTGOBI.....	46
lojaimiess.....	108	LYUMJEV.....	71
LONSURF.....	41	LYUMJEV KWIKPEN U-100.....	71
loperamide.....	97	LYUMJEV KWIKPEN U-200.....	71
LOPID.....	83	LYUMJEV TEMPO PEN U-100.....	71
lopinavir-ritonavir.....	63	lyza.....	111
LOPRESSOR.....	78	M	
LOPROX.....	34	M-M-R II VACCINE.....	118
lorazepam.....	66	magnesium sulfate.....	94
lorazepam intensol.....	66	MALARONE.....	52
LORBRENA.....	46	malathion.....	92
loryna.....	108	maraviroc.....	62
losartan potassium.....	76	MARGENZA.....	50
losartan-hydrochlorothiazide.....	81	marlissa.....	108
LOSEASONIQUE.....	108	MARPLAN.....	29
LOTENSIN.....	76	MATULANE.....	37
LOTENSIN HCT.....	81	matzim la.....	79
LOTRONEX.....	97	MAXALT.....	35
lovastatin.....	83	MAXALT MLT.....	35
LOVAZA.....	84	MAXITROL.....	121
LOVENOX.....	72,73	MAXZIDE.....	81
low-ogestrel.....	108	MAXZIDE-25 MG.....	81
loxapine.....	54	MAYZENT.....	88
lubiprostone.....	96	meclizine hcl.....	32
LUMAKRAS.....	46	MEDROL.....	103
LUMIGAN.....	124	medroxyprogesterone acetate.....	111
LUMIZYME.....	100	mefloquine hcl.....	52
LUMOXITI.....	50	megestrol acetate.....	111
LUMRYZ.....	130	MEKINIST.....	46
LUMRYZ STARTER PACK.....	130	MEKTOVI.....	46
LUPRON DEPOT.....	112	meloxicam.....	11
LUPRON DEPOT (LUPANETA).....	112	melfalan hcl.....	37
LUPRON DEPOT-PED.....	112	memantine hcl.....	28
lurasidone hcl.....	56	memantine hcl er.....	28
lutra.....	108	MENACTRA.....	118
LYBALVI.....	56	MENEST.....	105
lyleq.....	111	MENQUADFI.....	118
lyllana.....	105	MENVEO A-C-Y-W-135-DIP.....	118
LYNPARZA.....	46	mercaptopurine.....	39
LYRICA.....	24		

meropenem.....	20	micafungin-0.9% nacl.....	34
meropenem-0.9% nacl.....	20	MICARDIS.....	76
merzee.....	108	MICARDIS HCT.....	81
mesalamine.....	119	microgestin.....	108
mesalamine dr.....	119	microgestin 24 fe.....	108
mesalamine er.....	119	microgestin fe.....	108
mesna.....	51	midodrine hcl.....	75
MESNEX.....	51	mifepristone.....	112
MESTINON.....	36	miglustat.....	100
metformin hcl.....	68	MIGRANAL.....	35
metformin hcl er.....	68	mili.....	108
methadone hcl.....	12	mimvey.....	108
methazolamide.....	81	MINIPRESS.....	75
methenamine hippurate.....	17	minocycline hcl.....	22
methimazole.....	113	minoxidil.....	85
methocarbamol.....	129	MIRCETTE.....	108
methotrexate.....	116	mirtazapine.....	28
methotrexate sodium.....	116	misoprostol.....	98
methoxsalen.....	92	mitomycin.....	41
methscopolamine bromide.....	97	mitoxantrone hcl.....	41
methsuximide.....	24	modafinil.....	130
methylergonovine maleate.....	102	moexipril hcl.....	76
methylphenidate er.....	86	molindone hcl.....	54
methylphenidate hcl.....	86,87	mometasone furoate.....	91,125
methylprednisolone.....	103	mondoxyne nl.....	22
methylprednisolone sodium succ.....	103	MONJUVI.....	50
methyltestosterone.....	104	mono-lynyah.....	108
metoclopramide hcl.....	97	montelukast sodium.....	126
metolazone.....	83	morphine sulfate.....	13,14
metoprolol succinate.....	78	morphine sulfate er.....	12
metoprolol tartrate.....	78	MOUNJARO.....	68
metoprolol-hydrochlorothiazide.....	81	MOVANTIK.....	97
METRO IV.....	17	MOVIPREP.....	97
METROCREAM.....	93	MOXEZA.....	122
METROGEL.....	93	moxifloxacin.....	22,122
METROLOTION.....	93	moxifloxacin hcl.....	22
metronidazole.....	17,93	MOZOBIL.....	74
metyrosine.....	81	MRESVIA.....	118
mexiletine hcl.....	77	MULTAQ.....	77
MIACALCIN.....	121	mupirocin.....	93
micafungin.....	34	MUTAMYCIN.....	41

MVASI.....	50	neomycin-polymyxin b.....	17
MYALEPT.....	97	neomycin-polymyxin-dexameth.....	122
MYCOBUTIN.....	36	neomycin-polymyxin-gramicidin.....	122
mycophenolate mofetil.....	116	neomycin-polymyxin-hc.....	125
mycophenolic acid.....	116	neomycin-polymyxin-hydrocort.....	125
MYFORTIC.....	116	NEORAL.....	116
MYHIBBIN.....	116	NERLYNX.....	46
MYLOTARG.....	50	NEUPRO.....	53
myorisan.....	89	NEURONTIN.....	25
MYRBETRIQ.....	101	nevirapine.....	60
MYSOLINE.....	25	nevirapine er.....	60
N			
nabumetone.....	11	NEXAVAR.....	46
nadolol.....	78	NEXIUM.....	99
nafcillin.....	20	NEXIUM I.V.....	99
nafcillin sodium.....	20	niacin er.....	84
NAGLAZYME.....	100	nicardipine hcl.....	78
naloxone hcl.....	15	NICOTROL.....	15
naltrexone hcl.....	15	NICOTROL NS.....	15
NAMENDA.....	28	nifedipine er.....	79
naproxen.....	11	nikki.....	108
naproxen sodium.....	11,12	NILANDRON.....	38
naratriptan hcl.....	36	nilutamide.....	38
NARCAN.....	15	nimodipine.....	79
NARDIL.....	29	NINLARO.....	41
NATACYN.....	122	NIPENT.....	41
nateglinide.....	68	nisoldipine.....	79
NATPARA.....	121	nitazoxanide.....	52
NAYZILAM.....	25	nitisinone.....	100
nebivolol hcl.....	78	NITRO-BID.....	85
NEBUPENT.....	52	nitrofurantoin.....	17
necon.....	108	nitrofurantoin mono-macro.....	17
NEEDLES, INSULIN DISP., SAFETY.....	71	nitroglycerin.....	85
nefazodone hcl.....	30	nitroglycerin patch.....	85
nelarabine.....	41	NITROLINGUAL.....	85
neo-polycin.....	122	NITROSTAT.....	85
neo-polycin hc.....	122	NIVESTYM.....	74
neomycin sulfate.....	16	nizatidine.....	98
neomycin-bacitracin-poly-hc.....	122	nora-be.....	111
neomycin-bacitracin-polymyxin.....	122	norethin-eth estra-ferrous fum.....	108
		norethindron-ethinyl estradiol.....	108
		norethindrone.....	111

norethindrone ac (lupaneta).....	111	OGSIVEO.....	46,47
norethindrone acetate.....	111	OJEMDA.....	47
norethindrone-e.estradiol-iron.....	108	OJJAARA.....	47
norgestimate-ethinyl estradiol.....	108	olanzapine.....	56
norlyda.....	111	olanzapine odt.....	56
NORPRAMIN.....	32	olmesartan medoxomil.....	76
NORTHERA.....	75	olmesartan-amlodipine-hctz.....	81
nortrel.....	108	olmesartan-hydrochlorothiazide.....	81
nortriptyline hcl.....	32	olopatadine hcl.....	123,126
NORVASC.....	79	omega-3 acid ethyl esters.....	84
NORVIR.....	63	omeprazole.....	99
novopen echo.....	71	omnipod 5 (g6/libre 2 plus).....	71
NOXAFIL.....	34	omnipod 5 dexg7g6 intro(gen 5).....	71
NUBEQA.....	38	omnipod 5 dexg7g6 pods (gen 5).....	71
NUEDEXTA.....	87	omnipod 5 g6-g7 intro kt(gen5).....	71
NULOJIX.....	114	omnipod 5 g6-g7 pods (gen 5).....	71
NULYTELY.....	98	omnipod 5 intro(g6/libre2plus).....	71
NUPLAZID.....	56	omnipod classic pdm kit(gen 3).....	71
NURTEC ODT.....	35	omnipod classic pods (gen 3).....	71
NUTRILIPID.....	95	omnipod dash intro kit (gen 4).....	71
NUVARING.....	108	omnipod dash pdm kit (gen 4).....	71
NUVIGIL.....	130	omnipod dash pods (gen 4).....	71
NUZYRA.....	22	omnipod go pods.....	71
nyamyc.....	34	OMNITROPE.....	103
nylia.....	108	ONCASPAR.....	41
nymyo.....	108	ondansetron hcl.....	33
nystatin.....	34	ondansetron odt.....	33
nystatin-triamcinolone.....	92	ONFI.....	26
nystop.....	34	ONGLYZA.....	68
O		ONIVYDE.....	43
OCALIVA.....	98	ONTRUZANT.....	50
ocella.....	108	ONUREG.....	41
octreotide acetate.....	112,113	OPDIVO.....	50
octreotide acetate er.....	113	OPSUMIT.....	128
OCUFLOX.....	122	ORACEA.....	89
ODEFSEY.....	61	ORALAIR.....	129
ODOMZO.....	46	oralone.....	88
OFEV.....	128	ORENCIA.....	114
ofloxacin.....	22,122,125	ORENCIA CLICKJECT.....	114
OGIVRI.....	50	ORFADIN.....	100
		ORGOVYX.....	113

ORKAMBI	127	peg-3350 and electrolytes	98
ORSERDU	39	peg3350-sod sul-nacl-kcl-asb-c	98
orsythia	108	PEGASYS	115
oseltamivir phosphate	64	PEMAZYRE	47
OTEZLA	92	pemetrexed	42
OVIDE	92	pemetrexed disodium	42
oxaliplatin	41	PENBRAYA	118
oxaprozin	12	penicillamine	102
oxazepam	66	penicillin g potassium	20
oxcarbazepine	27	penicillin g sodium	20
oxybutynin chloride	101	penicillin gk-iso-osm dextrose	20
oxybutynin chloride er	101	penicillin v potassium	20
oxycodone hcl	14	PENTACEL	118
oxycodone-acetaminophen	14	PENTAM 300	52
OZEMPIC	68	pentamidine isethionate	52
P		PENTASA	119,120
pacerone	77	pentoxifylline	81
paclitaxel	42	perindopril erbumine	76
PADCEV	50	perio gard	89
paliperidone er	56	PERJETA	50
palonosetron hcl	33	permethrin	92
PALYNZIQ	100	perphenazine	32
PANRETIN	51	PERSERIS	56
pantoprazole sodium	99	pfizerpen	20
paraplatin	42	phenelzine sulfate	29
paricalcitol	121	phenobarbital	26
PARNATE	29	phenobarbital sodium	26
paromomycin sulfate	16	phenoxybenzamine hcl	75
paroxetine cr	30	PHENYTEK	27
paroxetine er	31	phenytoin	27
paroxetine hcl	31	phenytoin sodium extended	27
PAXIL	31	PHESGO	50
PAXLOVID 150-100 MG DOSE PACK (\$0 Copayment)	129	philith	108
PAXLOVID 300-100 MG DOSE PACK (\$0 Copayment)	129	PIFELTRO	60
pazopanib hcl	47	pilocarpine hcl	89,124
PEDIARIX	118	pimecrolimus	91
PEDVAXHIB	118	pimozide	54
peg 3350-electrolyte	98	pimtrea	108
		pindolol	78
		pioglitazone hcl	68
		pioglitazone-glimepiride	68

pioglitazone-metformin	68	PREHEVBRIO	118
piperacillin-tazobactam	20	PREMARIN	105
PIQRAY	47	PREMPHASE	109
pirfenidone	128	PREMPRO	109
pirmella	109	PREVACID	99
piroxicam	12	prevalite	84
PLAQUENIL	52	previfem	109
PLAVIX	74	PREVYMIS	64
PLEGRIDY	88	PREZCOBIX	63
PLEGRIDY PEN	88	PREZISTA	63
plerixafor	74	PRIFTIN	36
podofilox	92	primaquine	52
POLIVY	50	primidone	26
polycin	122	PRIORIX	118
polymyxin b sul-trimethoprim	122	PRISTIQ	31
POMALYST	38	PROAIR HFA	127
portia	109	PROAIR RESPICLICK	127
PORTRAZZA	50	probenecid	35
posaconazole	34	probenecid-colchicine	35
potassium chloride	94	PROCARDIA XL	79
potassium chloride in d5lr	94	prochlorperazine	32
potassium chloride proamp	94	prochlorperazine edisylate	32
potassium chloride-0.45% nacl	94	prochlorperazine maleate	32
potassium chloride-dextrose 5%	94	PROCRIT	74
potassium citrate er	94	procto-med hc	120
POTELIGEO	50	procto-pak	120
PRADAXA	73	proctosol-hc	120
pramipexole dihydrochloride	53	proctozone-hc	120
prasugrel hcl	75	progesterone	111
pravastatin sodium	83	PROGLYCEM	70
praziquantel	52	PROGRAF	116,117
prazosin hcl	75	PROLASTIN C	100
PRED FORTE	123	PROLENSA	123
PRED MILD	123	PROLIA	121
prednicarbate	91	PROMACTA	74
prednisolone	103	promethazine hcl	32
prednisolone acetate	123	promethegan	32
prednisolone sodium phosphate	103,123	propafenone hcl	77
prednisone	103	propafenone hcl er	77
pregabalin	24,25	propranolol hcl	78
PREGNYL	103	propranolol hcl er	78

propylthiouracil.....	113
PROQUAD.....	118
PROSCAR.....	101
PROTONIX.....	99
protriptyline hcl.....	32
PROVERA.....	111
PROZAC.....	31
PRUDOXIN.....	91
PULMOZYME.....	127
PURIXAN.....	39
PYLERA.....	98
pyrazinamide.....	36
pyridostigmine bromide.....	36
pyridostigmine bromide er.....	36
pyrimethamine.....	52

Q

QINLOCK.....	47
QUADRACEL DTAP-IPV.....	118
quetiapine fumarate.....	56,57
quetiapine fumarate er.....	57
quinapril hcl.....	76
quinapril-hydrochlorothiazide.....	81
quinidine gluconate.....	77
quinidine sulfate.....	77
quinine sulfate.....	52
QVAR REDIHALER.....	125

R

RABAVERT.....	118
rabeprazole sodium.....	99
raloxifene hcl.....	111
ramelteon.....	130
ramipril.....	76
ranolazine er.....	81
RAPAFLO.....	102
RAPAMUNE.....	117
rasagiline mesylate.....	54
reclipsen.....	109
RECOMBIVAX HB.....	118
RECTIV.....	85

REGLAN.....	98
REGRANEX.....	92
RELAFEN.....	12
RELENZA.....	64
RELISTOR.....	97
REMERON.....	28
REMODULIN.....	128
RENFLEXIS.....	117
RENVELA.....	96
repaglinide.....	69
REPATHA PUSHTRONEX.....	84
REPATHA SURECLICK.....	84
REPATHA SYRINGE.....	84
RESTASIS.....	122
RESTASIS MULTIDOSE.....	122
RETACRIT.....	74
RETEVMO.....	47
RETIN-A.....	89
RETROVIR.....	61
REVCovi.....	100
REVLIMID.....	38
REXULTI.....	57
REYATAZ.....	63
REZLIDHIA.....	47
RHOPRESSA.....	124
RIABNI.....	51
ribavirin.....	64,129
RIDAURA.....	114
rifabutin.....	36
RIFADIN.....	36
rifampin.....	37
riluzole.....	87
RINVOQ.....	114
RINVOQ LQ.....	114
risedronate sodium.....	121
risedronate sodium dr.....	121
RISPERDAL.....	57
RISPERDAL CONSTA.....	57
risperidone.....	57
risperidone er.....	57
risperidone odt.....	57

RITALIN.....	87	sapropterin dihydrochloride.....	100
ritonavir.....	63	SARCLISA.....	51
RITUXAN.....	51	saxagliptin hcl.....	69
RITUXAN HYCELA.....	51	saxagliptin-metformin er.....	69
rivastigmine.....	28	SCSEMBLIX.....	47
rizatriptan.....	36	scopolamine.....	32
ROCALTROL.....	121	SEASONIQUE.....	109
ROCKLATAN.....	124	SECUADO.....	57
roflumilast.....	127	selegiline hcl.....	54
romidepsin.....	42	selenium sulfide.....	91
ropinirole er.....	53	SELZENTRY.....	62
ropinirole hcl.....	53	SENSIPAR.....	121
rosadan.....	93	SEREVENT DISKUS.....	127
rosuvastatin calcium.....	84	SEROQUEL.....	57
ROTARIX.....	118	SEROQUEL XR.....	58
ROTATEQ.....	118	sertraline hcl.....	31
ROWASA.....	120	setlakin.....	109
roweepra.....	24	sevelamer carbonate.....	96
ROXICODONE.....	14	SFROWASA.....	120
ROZEREM.....	130	sharobel.....	111
ROZLYTREK.....	47	SHINGRIX.....	118
RUBRACA.....	47	SIGNIFOR.....	113
rufinamide.....	27	SIGNIFOR LAR.....	113
RUKOBIA.....	62	sildenafil citrate.....	102,128
RUXIENCE.....	51	SILENOR.....	130
RYBELSUS.....	69	silodosin.....	102
RYBREVANT.....	51	SILVADENE.....	92
RYDAPT.....	47	silver sulfadiazine.....	92
RYLAZE.....	42	SIMBRINZA.....	124
RYTARY.....	53	simliya.....	109
RYTHMOL SR.....	77	simpesse.....	109
S		SIMULECT.....	117
SABRIL.....	26	simvastatin.....	84
sajazir.....	113	SINEMET 10-100.....	53
SALAGEN.....	89	SINEMET 25-100.....	53
SAMSCA.....	95	SINGULAIR.....	126
SANDIMMUNE.....	117	sirolimus.....	117
SANDOSTATIN LAR DEPOT.....	113	SIRTURO.....	37
SANTYL.....	92	SIVEXTRO.....	17
SAPHRIS.....	57	SKYLA.....	102
		SKYRIZI.....	114

SKYRIZI ON-BODY	114	STRIBILD	60
SKYRIZI PEN	114	STROMECTOL	52
sod sulf-potass sulf-mag sulf	98	SUBLOCADE	15
sodium chloride	94	SUBOXONE	15
sodium chloride-water	94	subvenite	24
sodium oxybate	130	subvenite (blue)	24
sodium phenylbutyrate	100	sucralfate	98
sodium polystyrene sulfonate	96	SULAR	79
sofosbuvir-velpatasvir	64	sulfacetamide sodium	89,122
solifenacin succinate	101	sulfacetamide-prednisolone	122
SOLQUA 100-33	69	sulfadiazine	22
SOLTAMOX	39	sulfamethoxazole-trimethoprim	22
SOLU-MEDROL	103	sulfasalazine	120
SOMATULINE DEPOT	113	sulfasalazine dr	120
SOMAVERT	113	sulindac	12
SOOLANTRA	92	sumatriptan	36
sorafenib	47	sumatriptan succinate	36
sorine	77	sunitinib malate	48
sotalol	77	SUNLENCA	62
sotalol af	77	SUPRAX	19
SOVALDI	64	SUPREP	98
SPIRIVA HANDIHALER	126	SUTAB	98
SPIRIVA RESPIMAT	126	SUTENT	48
spironolactone	83	syeda	109
spironolactone-hctz	82	SYMFI	61
SPORANOX	34	SYMFI LO	61
SPRAVATO	28,29	SYMLINPEN 120	69
sprintec	109	SYMLINPEN 60	69
SPRITAM	24	SYMPAZAN	26
SPRYCEL	47	SYMTUZA	63
SPS	96	SYNAGIS	114
sronyx	109	SYNAREL	113
SSD	92	SYNJARDY	69
STAMARIL	118	SYNJARDY XR	69
stavudine	61	SYNRIBO	42
STELARA	114	SYNTHROID	112
STIOLTO RESPIMAT	129	SYPRINE	95
STIVARGA	47		
STRATTERA	87	T	
STRENSIQ	100	TABLOID	39
streptomycin sulfate	16	TABRECTA	48

tacrolimus.....	91,117	TENORETIC 100.....	82
Tadalafil 10mg tablet (generic cialis).....	102	TENORETIC 50.....	82
Tadalafil 20mg tablet (generic Adcirca).....	128	TENORMIN.....	78
Tadalafil 20mg tablet (generic cialis).....	102	TEPMETKO.....	48
TAFINLAR.....	48	terazosin hcl.....	75
TAGRISSE.....	48	terbinafine hcl.....	34
TALZENNA.....	48	terbutaline sulfate.....	127
TAMIFLU.....	64,65	terconazole.....	34
tamoxifen citrate.....	39	teriparatide.....	121
tamsulosin hcl.....	102	testosterone.....	104
taperdex.....	103	testosterone cypionate.....	104
TARCEVA.....	48	testosterone enanthate.....	104
TARGRETIN.....	51	tetrabenazine.....	87
tarina 24 fe.....	109	tetracycline hcl.....	22
tarina fe.....	109	THALOMID.....	38
tarina fe 1-20 eq.....	109	THEO-24.....	127
TASIGNA.....	48	theophylline anhydrous.....	127
tasimelteon.....	130	theophylline er.....	127
TASMAR.....	53	thioridazine hcl.....	54
taysofy.....	110	thiotepa.....	42
tazarotene.....	89	thiothixene.....	54
tazicef.....	19	THYMOGLOBULIN.....	114
TAZORAC.....	89	tiadylt er.....	79
taztia xt.....	79	tiagabine hcl.....	26
TAZVERIK.....	48	TIAZAC.....	79
TDVAX.....	118	TIBSOVO.....	48
TECENTRIQ.....	51	TICOVAC.....	119
TECFIDERA.....	88	tigecycline.....	17
TEFLARO.....	19	TIKOSYN.....	77
TEGRETOL.....	27	tilia fe.....	109
TEGRETOL XR.....	27	timolol maleate.....	78,124
TEKTURNA.....	82	TIMOPTIC.....	124
telmisartan.....	76	TIMOPTIC OCUDOSE.....	124
telmisartan-amlodipine.....	82	TIROSINT.....	112
telmisartan-hydrochlorothiazid.....	82	TIROSINT-SOL.....	112
temazepam.....	130	TIVICAY.....	60
TEMODAR.....	37	TIVICAY PD.....	60
temsirolimus.....	48	tizanidine hcl.....	59
tencon.....	10	TOBRADEX.....	122
TENIVAC.....	119	tobramycin.....	122,127
tenofovir disoproxil fumarate.....	61	tobramycin sulfate.....	16

tobramycin-dexamethasone	122	tri-linyah	109
tolcapone	53	tri-lo-estarylla	109
tolterodine tartrate	101	tri-lo-marzia	109
tolterodine tartrate er	101	tri-lo-mili	109
tolvaptan	95	tri-lo-sprintec	109
topiramate	24	tri-mili	109
toposar	43	tri-nymyo	109
topotecan hcl	43	tri-previfem	109
TOPROL XL	78	tri-sprintec	109
toremifene citrate	39	tri-vylibra	109
TORISEL	48	tri-vylibra lo	110
torpenz	48	triamcinolone acetonide	89,91
torseamide	82	triamterene-hydrochlorothiazid	82
TOUJEO MAX SOLOSTAR	72	TRIBENZOR	82
TOUJEO SOLOSTAR	72	triderm	92
TOVIAZ	101	trientine hcl	95
TRACLEER	128	trifluoperazine hcl	54
TRADJENTA	69	trifluridine	123
tramadol hcl	14	TRIKAFTA	127
tramadol hcl er	12	triklo	84
tramadol hcl-acetaminophen	14	TRILEPTAL	27
trandolapril	76	trimethoprim	17
trandolapril-verapamil er	82	trimipramine maleate	32
tranexamic acid	74	TRINTELLIX	31
tranlycypromine sulfate	29	TRISENOX	42
TRAVASOL	95	TRIUMEQ	62
TRAVATAN Z	124	TRIUMEQ PD	62
travoprost	124	trivora-28	110
TRAZIMERA	51	TRIZIVIR	62
trazodone hcl	31	TRODELVY	51
TREANDA	42	TROGARZO	62
TRECTOR	37	TROPHAMINE	95
TRELEGY ELLIPTA	129	tropium chloride	101
TRELSTAR	113	tropium chloride er	101
TREMFYA	115	TRULICITY	69
TREMFYA PEN	115	TRUMENBA	119
treprostinil	128	TRUQAP	48
tretinoin	51,90	TRUVADA	62
tri femynor	109	TRUXIMA	51
tri-estarylla	109	TUKYSA	48
tri-legest fe	109	tulana	111

TURALIO.....	48
turqoz.....	110
TWINRIX.....	119
TYBLUME.....	110
TYBOST.....	62
tydemy.....	110
TYGACIL.....	17
TYKERB.....	48
TYMLOS.....	121
TYPHIM VI.....	119
TYSABRI.....	88

U

UBRELVY.....	35
UDENYCA.....	74
UDENYCA AUTOINJECTOR.....	74
UDENYCA ONBODY.....	74
UNITHROID.....	112
UNITUXIN.....	51
ursodiol.....	98
UZEDY.....	58

V

v-go 20.....	72
v-go 30.....	72
v-go 40.....	72
VAGIFEM.....	105
valacyclovir.....	65
VALCHLOR.....	37
VALCYTE.....	64
valganciclovir hcl.....	64
valproate sodium.....	24
valproic acid.....	24
valsartan.....	76
valsartan-hydrochlorothiazide.....	82
VALTOCO.....	26
VALTREX.....	65
vancomycin.....	17
vancomycin hcl.....	18
vancomycin hcl-0.9% nacl.....	18
vancomycin hcl-d5w.....	18

VANDAZOLE.....	18
VANFLYTA.....	48
VAQTA.....	119
varenicline tartrate.....	15
VARIVAX VACCINE.....	119
VASCEPA.....	85
VASERETIC.....	82
VASOTEC.....	77
VAXCHORA VACCINE.....	119
VECTIBIX.....	51
VEGZELMA.....	51
VELCADE.....	48
velivet.....	110
VELPHORO.....	96
VELTASSA.....	96
VENCLEXTA.....	48,49
VENCLEXTA STARTING PACK.....	49
venlafaxine besylate er.....	31
venlafaxine hcl.....	31
venlafaxine hcl er.....	31
VENTAVIS.....	128
VENTOLIN HFA.....	127
verapamil er.....	79
verapamil er pm.....	79
verapamil hcl.....	79
verapamil sr.....	79
VERELAN.....	79
VERELAN PM.....	80
VERQUVO.....	82
VERSACLOZ.....	59
VERZENIO.....	49
vestura.....	110
VFEND IV.....	34
vgo 20.....	72
vgo 30.....	72
vgo 40.....	72
VIBERZI.....	97
VIBRAMYCIN.....	22
VICTOZA 2-PAK.....	69
VICTOZA 3-PAK.....	69
vienna.....	110

vigabatrin.....	26
vigadrone.....	26
VIGAFYDE.....	26
VIGAMOX.....	123
vigpoder.....	26
VIIBRYD.....	31
vilazodone hcl.....	31
VIMPAT.....	27
vinblastine sulfate.....	42
vincasar pfs.....	42
vincristine sulfate.....	42
vinorelbine tartrate.....	42
viorele.....	110
VIRACEPT.....	63
VIREAD.....	62
VITRAKVI.....	49
VIVITROL.....	15
VIZIMPRO.....	49
volnea.....	110
VONJO.....	49
VORANIGO.....	49
voriconazole.....	34
VOSEVI.....	64
VOTRIENT.....	49
VPRIV.....	100
VRAYLAR.....	58
VUMERITY.....	88
vyfemla.....	110
vylibra.....	110
VYNDAMAX.....	100
VYNDAQEL.....	100
VYTORIN.....	85
VYVANSE.....	86
VYXEOS.....	42

W

warfarin sodium.....	73
water.....	95
WELIREG.....	42
WELLBUTRIN SR.....	29
WELLBUTRIN XL.....	29

wera.....	110
wixela inhub.....	129
wymzya fe.....	110

X

XALKORI.....	49
XARELTO.....	73
XATMEP.....	117
XCOPRI.....	24
XELJANZ.....	115
XELJANZ XR.....	115
XENAZINE.....	87
XERMELO.....	97
XGEVA.....	121
XHANCE.....	125
XIFAXAN.....	98
XIGDUO XR.....	69
XOFLUZA.....	65
XOLAIR.....	115
XOPENEX HFA.....	127
XOSPATA.....	49
XPOVIO.....	42
XTANDI.....	38
XYLOCAINE.....	14
XYLOCAINE-MPF.....	14

Y

yargesa.....	100
YASMIN 28.....	110
YAZ.....	110
YERVOY.....	51
YF-VAX.....	119
YONDELIS.....	37
YONSA.....	38
yuvafem.....	105

Z

zafirlukast.....	126
zaleplon.....	130
ZALTRAP.....	38
ZANOSAR.....	42

zarah.....	110	zumandimine.....	110
ZARONTIN.....	25	ZURZUVAE.....	29
ZEBUTAL.....	10	ZYDELIG.....	49
ZEJULA.....	49	ZYKADIA.....	49
ZELBORAF.....	49	ZYLOPRIM.....	35
ZEMPLAR.....	121	ZYNLONTA.....	51
zenatane.....	90	ZYPREXA.....	58
ZENPEP.....	100	ZYPREXA RELPREVV.....	58
zenzedi.....	86	ZYPREXA ZYDIS.....	59
ZEPATIER.....	64	ZYVOX.....	18
ZEPZELCA.....	37		
ZESTORETIC.....	82		
ZESTRIL.....	77		
ZETIA.....	85		
ZIAC.....	82		
ZIAGEN.....	62		
zidovudine.....	62		
ZIEXTENZO.....	74		
ziprasidone hcl.....	58		
ziprasidone mesylate.....	58		
ZIRABEV.....	51		
ZITHROMAX.....	21		
ZITHROMAX TRI-PAK.....	21		
ZOCOR.....	84		
ZOKINVY.....	100		
zoledronic acid.....	121		
ZOLINZA.....	42		
zolmitriptan odt.....	36		
ZOLOFT.....	31,32		
zolpidem tartrate.....	130		
ZONALON.....	92		
ZONEGRAN.....	27		
ZONISADE.....	27		
zonisamide.....	27		
ZONTIVITY.....	73		
ZORTRESS.....	117		
ZOSYN.....	20		
zovia 1-35.....	110		
ZOVIRAX.....	65		
ZTALMY.....	26		
ZTLIDO.....	15		



MASS ADVANTAGE

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

H7670_23650_C / H9904_23649_C

Form CMS-10802
(Expires 12/31/25)



Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس يك سوى الإل بنا على 1-844-918-0114 for HMO members / 1-844-915-0234 for PPO members. سيقوم شخص ما يتحدث العربية بمساعدتك. ههخدمه مجانيه.

Hindi: हमारे पास मु= दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया ाड करनेके लिए, बस हमें 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members पर फोन कर कोई HIJ जो िहकी बोलता है आपकी मदद कर सकता है। यह एक मु= सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-844-918-0114 for HMO members and 1-844-915-0234 for PPO members. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact Mass Advantage Member Services at 844-918-0114 (HMO) or 844-915-0234 (PPO) (TTY users should call 711), October 1 – March 31, 8 a.m. – 8 p.m. Eastern, 7 days a week; April 1 – September 30, 8 a.m. – 8 p.m. Eastern, Monday through Friday, or visit www.massadvantage.com.