

2024 Cigna Healthcare Drug List (Formulary) Enhanced Drug List

Cigna Rx Medicare (PDP) /Cigna True Choice Medicare (PPO)

Please read: This document contains information about the drugs we cover in this plan.

This formulary was updated 12/01/2024. For more recent information or other questions, please contact Cigna Healthcare Customer Service. Contact information can be found on the back cover of this document. The drug list, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Cigna Healthcare is contracted with Medicare for PDP plans, HMO and PPO plans in select states, and with select State Medicaid programs.

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 Cigna Healthcare. When it refers to "plan" or "our plan," it means Cigna Rx Medicare (PDP) or Cigna True Choice Medicare (PPO).

This document includes a 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.

Important Message about What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. Call Customer Service for more information.

Important Message about What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on. If your plan has a Part D deductible, this will apply even if you haven't paid your deductible. If your insulin is on a tier where cost-sharing is lower than \$35, you will pay the lower cost for your insulin.



What is the Cigna Healthcare Drug list?

A drug list is a list of covered drugs selected by Cigna Healthcare 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. Cigna Healthcare will generally cover the drugs listed in our drug list as long as the drug is medically necessary, the prescription is filled at a Cigna Healthcare 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 Drug list (formulary) 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 Cigna Healthcare Drug list?"
- › **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our drug list to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our drug list 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 new generic drug to replace a brand-name drug currently on the drug list 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 drug list, 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 Cigna Healthcare Drug list?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 drug list 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 drug list is current as of 01/12/2024. To get updated information about the drugs covered by Cigna Healthcare please contact us. Our contact information appears on the front and back cover pages.

How do I use the Drug list?

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

- › **Medical Condition**

The drug list begins on page 9. The drugs in this drug list are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION / LIPIDS". If you know what your drug is used for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

- › **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins after the List of Covered Drugs. The Index provides an alphabetical list of all 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?

Cigna Healthcare 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:** Cigna Healthcare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Cigna Healthcare before you fill your prescriptions. If you don't get approval, Cigna Healthcare may not cover the drug.
- › **Quantity Limits:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover. For example, Cigna Healthcare allows for 1 tablet per day for atorvastatin 40mg. This applies to a standard one-month supply (for total

quantity of 30 per 30 days) or three-month supply (for total quantity of 90 per 90 days).

- › **Step Therapy:** In some cases, Cigna Healthcare 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, Cigna Healthcare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Cigna Healthcare will then cover Drug B.
- › **Non-Extended Days Supply:** For certain drugs, Cigna Healthcare limits the amount of the drug that Cigna Healthcare will cover to only a 30-day supply or less, at one time. For example, customers who have not had any recent fill of opioid pain medications within the past 108 days (referred to as “opioid naïve”) are limited to a maximum of 7 days’ supply of opioid pain medication. Customers who have received a recent fill of an opioid pain medication (not opioid naïve) are limited to up to a month’s supply of that medication at one time. Other high- cost drugs may be subject to a non-extended day supply restriction, as well.

You can find out if your drug has any additional requirements or limits by looking in the drug list that begins on page 9. 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 drug list, appears on the front and back cover pages.

You can ask Cigna Healthcare 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 Cigna Healthcare drug list?” on the next page for information about how to request an exception.

Options for Maintenance Medications

Taking the medications Taking the medications prescribed by your doctor (or other prescriber) is important to your health.

We are committed to helping you control your chronic conditions by making it easy for you to receive your maintenance medications. There are several ways we can work together to accomplish this goal:

- › Talk with your doctor about whether a 90-day supply of your ongoing, stable medications may be appropriate. Taking these medications every day as prescribed is important for your overall health, and getting 90-day prescriptions of these medications can help ensure that you do not miss a dose.
- › You can receive a 90-day supply at most retail pharmacies or through one of our mail-order pharmacies.
- › Talk to your pharmacist if you are experiencing any new challenges with your maintenance medications.

How can I use my prescription drug coverage to save money on my medications?

There may be opportunities for you to save money on your medications using your Cigna Healthcare coverage.

- › Ask your doctor (or other prescriber) if there are any lower-cost generic alternatives available for any of your current medications.
- › Some plans may offer a \$0 copay for Tier 1 and Tier 2 generic drugs filled at a preferred retail and/or mail-order pharmacies. Refer to your Evidence of Coverage (EOC) Snapshot for your plan's specific cost-sharing amounts.
- › Explore whether the 'CMS Extra Help' program may offer additional financial support for your medications.
- › If your medication is not covered in the Cigna Healthcare drug list, talk with your doctor about alternative medications which are covered on the drug list.

What if my drug is not on the Drug list?

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

If you learn that Cigna Healthcare does not cover your drug, you have two options:

- › You can ask Member Services for a list of similar drugs that are covered by Cigna Healthcare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Cigna Healthcare.
- › You can ask Cigna Healthcare 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 Cigna Healthcare Drug list?

You can ask Cigna Healthcare 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 drug list. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- › You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Cigna Healthcare 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.
- › You can ask us to cover a drug list drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug. This applies to the following circumstances:
 - › If the drug you are taking is a brand name drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - › If the drug you're taking is a generic drug, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains either brand or generic alternatives for treating your condition.
 - › If the drug you're taking is a biological product, you can ask us to cover your drug at the cost-sharing amount that applies to the lowest tier that contains biological product alternatives for treating your condition.

Please note, if we grant your request to cover a drug that is not on our drug list, you may not ask us to provide this drug at a lower cost sharing tier.

Generally, Cigna Healthcare will only approve your request for an exception if the alternative drugs included on the plan's drug list, 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 drug list, tier, or utilization restriction exception. **When you request a drug list, 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 drug list. Or, you may be taking a drug that is on our drug list 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 drug list 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 *must be at least 90 days* you are a member of our plan.

For each of your drugs that is not on our drug list 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 drug list 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 drug list exception.

In order to accommodate unexpected transitions of our customers that do not leave time for advanced planning, such as level-of-care changes due to discharge from a hospital to a nursing facility or to a home, Cigna Healthcare will allow a onetime 31-day supply (unless the prescription is written for fewer days).

Cigna Healthcare's Drug List

The drug list that begins on page 9 provides coverage information about the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Covered Drug Index that begins after the list of covered drugs.

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

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

We provide quantity limits on certain drugs which are indicated with a QL in the Covered Drugs by Category list on page 9 along with the amount dispensed per the days supplied. (For example: atorvastatin 40mg QL 30/30; this means the drug atorvastatin 40mg is limited to 30 tablets per 30 days. For 90-day supplies, this quantity limit would be expanded to 90 tablets per 90 days).

For more information

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

If you have questions about Cigna Healthcare or your plan, please contact us. Our contact information, along with the date we last updated the drug list, appears on the back cover page.

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>.

Cigna Healthcare Drug list

The drug list that begins on the next page provides coverage information about the drugs covered by Cigna Healthcare. If you have trouble finding your drug in the list, turn to the Index that begins after the List of Covered Drugs.

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

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

Your Costs

The amount you pay for a covered drug will depend on:

- › Your coverage stage. Your plan has different stages of coverage. In each stage, the amount you pay for a drug may change. Please refer to your Summary of Benefits or Evidence of Coverage Snapshot for more information about your specific prescription drug benefit.
- › The drug tier for your drug. Each covered drug is in one of four drug tiers. Each tier may have a different cost-sharing amount. The "Drug Tiers" chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.
- › If your plan includes additional benefits as noted on the Summary of Benefits or Evidence of Coverage Snapshot, you can find the lists of those covered benefits in the 2024 Formulary Addendum document included in your Benefits Booklet

- › **If you qualify for Extra Help:** Your LIS copay level will be based on how the Food and Drug Administration (FDA) classifies certain drugs. Due to this, a generic drug may receive a preferred drug copay, or a preferred brand drug may receive a generic drug copay. Please see your LIS Rider for additional information on these copay levels. Or call Customer Service for further clarification regarding a specific drug.

Drug Tiers

Covered medications are divided into tiers or cost-share levels. Typically, the higher the tier, the higher the price you'll pay to fill the prescription.

Tier	Includes	Helpful Tips
Tier 1: Generic Drugs	This tier includes many commonly prescribed generic drugs and may include other low-cost drugs.	Tier 1 drugs have the lowest cost-sharing amount.
Tier 2: Preferred Brand Drugs	This tier includes preferred brand-name drugs as well as some high-priced generic named drugs.	Drugs in Tier 2 generally have a lower cost-share amount than those in the non-preferred tier.
Tier 3: Non-Preferred Drugs	This tier includes non-preferred brand-name and non-preferred generic-named drugs.	Drugs in Tier 3 generally have a lower cost share than Tier 4. Drugs in this tier have lower-cost alternatives in Tiers 1 and 2. Ask your doctor if switching to a lower cost drug may be right for you.
Tier 4: Specialty Drugs	This tier includes the highest cost brand-name and generic drugs.	To learn more about medications in this tier, you may contact your pharmacist or prescriber.

List of Abbreviations

*****: Opioid medication available as a 7-day supply or less for first time opioid user. For continued use this drug may only be available as a one month supply.

^: This prescription drug has an administrative prior authorization requirement that is not waived. This drug may be covered under different benefits depending on circumstances.

+: 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 apply to 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.

B/D PA: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending on circumstances.

HRM: This high risk medication requires prior authorization

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

PA: This drug requires prior authorization.

QL: This drug has quantity limits.

ST: This drug has step therapy requirements.

V: This vaccine is provided at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

2024 Group Enhanced Formulary

List of Covered Drugs - Effective 12/01/2024

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET IV SUSP 5 MG/ML	3	PA; ^
<i>amphotericin b injection recon soln 50 mg</i>	1	PA; ^
<i>amphotericin b liposome iv susp for recon 50 mg</i>	4	PA; ^
<i>caspofungin iv recon soln 50 mg</i>	4	PA
<i>caspofungin iv recon soln 70 mg</i>	3	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAP 186 MG, 74.5 MG	4	
<i>fluconazole in nacl (iso-osm) iv piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral susp for recon 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tab 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral cap 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral susp 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tab 125 mg, 250 mg</i>	1	
<i>itraconazole oral cap 100 mg</i>	1	QL (120 EA per 30 days)
<i>itraconazole oral soln 10 mg/ml</i>	4	
<i>ketoconazole oral tab 200 mg</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL IV PIGGYBACK 100 MG/100 ML, 50 MG/50 ML	4	
<i>miconazole iv recon soln 100 mg, 50 mg</i>	4	
MYCAMINE IV RECON SOLN 100 MG, 50 MG	4	
<i>nystatin oral susp 100,000 unit/ml</i>	1	
<i>nystatin oral tab 500,000 unit</i>	1	
<i>posaconazole oral susp 200 mg/5 ml (40 mg/ml)</i>	4	QL (630 EA per 30 days)
<i>posaconazole oral tab, delayed release (dr/ec) 100 mg</i>	4	QL (96 EA per 30 days)

CAPITALIZED = BRAND NAME DRUG

Lowercase italic = Generic drug

You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug Name	Drug Tier	Requirements/Limits
<i>terbinafine hcl oral tab 250 mg</i>	1	
<i>voriconazole iv recon soln 200 mg</i>	4	PA
<i>voriconazole oral susp for recon 200 mg/5 ml (40 mg/ml)</i>	4	
<i>voriconazole oral tab 200 mg, 50 mg</i>	3	
ANTIVIRALS		
<i>abacavir oral soln 20 mg/ml</i>	1	QL (960 ML per 30 days)
<i>abacavir oral tab 300 mg</i>	1	QL (60 EA per 30 days)
<i>abacavir-lamivudine oral tab 600-300 mg</i>	1	QL (30 EA per 30 days)
<i>acyclovir oral cap 200 mg</i>	1	
<i>acyclovir oral susp 200 mg/5 ml</i>	1	
<i>acyclovir oral tab 400 mg, 800 mg</i>	1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	1	B/D PA; ^
<i>adefovir oral tab 10 mg</i>	3	
<i>amantadine hcl oral cap 100 mg</i>	1	
<i>amantadine hcl oral soln 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tab 100 mg</i>	1	
APTIVUS ORAL CAP 250 MG	4	QL (120 EA per 30 days)
<i>atazanavir oral cap 150 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>atazanavir oral cap 200 mg</i>	1	QL (60 EA per 30 days)
BARACLUDE ORAL SOLN 0.05 MG/ML	4	QL (630 ML per 30 days)
BIKTARVY ORAL TAB 30-120-15 MG, 50-200-25 MG	4	
CABENUVA IM SUSP,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	
CIMDUO ORAL TAB 300-300 MG	4	
COMPLERA ORAL TAB 200-25-300 MG	4	QL (30 EA per 30 days)
<i>darunavir oral tab 600 mg</i>	4	QL (60 EA per 30 days)
<i>darunavir oral tab 800 mg</i>	4	QL (30 EA per 30 days)
DELSTRIGO ORAL TAB 100-300-300 MG	4	
DESCOVY ORAL TAB 120-15 MG, 200-25 MG	4	QL (30 EA per 30 days)
DOVATO ORAL TAB 50-300 MG	4	
EDURANT ORAL TAB 25 MG	4	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral cap 200 mg</i>	3	QL (120 EA per 30 days)
<i>efavirenz oral cap 50 mg</i>	1	QL (180 EA per 30 days)
<i>efavirenz oral tab 600 mg</i>	3	QL (30 EA per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tab 600-200-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tab 400-300-300 mg</i>	4	QL (30 EA per 30 days)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tab 600-300-300 mg</i>	4	
<i>emtricitabine oral cap 200 mg</i>	1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tab 100-150 mg, 167-250 mg, 200-300 mg</i>	3	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tab 133-200 mg</i>	4	QL (30 EA per 30 days)
EMTRIVA ORAL SOLN 10 MG/ML	2	QL (680 ML per 28 days)
<i>entecavir oral tab 0.5 mg, 1 mg</i>	1	QL (30 EA per 30 days)
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; QL (28 EA per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TAB 200-50 MG	4	PA; QL (56 EA per 28 days)
EPCLUSA ORAL TAB 400-100 MG	4	PA; QL (28 EA per 28 days)
<i>etravirine oral tab 100 mg, 200 mg</i>	3	QL (60 EA per 30 days)
EVOTAZ ORAL TAB 300-150 MG	4	QL (30 EA per 30 days)
<i>famciclovir oral tab 125 mg, 250 mg, 500 mg</i>	1	QL (60 EA per 30 days)
<i>fosamprenavir oral tab 700 mg</i>	4	QL (120 EA per 30 days)
FUZEON SQ RECON SOLN 90 MG	4	QL (60 EA per 30 days)
GENVOYA ORAL TAB 150-150-200-10 MG	4	QL (30 EA per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; QL (28 EA per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TAB 45-200 MG	4	PA; QL (56 EA per 28 days)
HARVONI ORAL TAB 90-400 MG	4	PA; QL (28 EA per 28 days)
INTELENCE ORAL TAB 100 MG, 200 MG	4	QL (60 EA per 30 days)
INTELENCE ORAL TAB 25 MG	3	QL (120 EA per 30 days)
ISENTRESS HD ORAL TAB 600 MG	4	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 EA per 30 days)
ISENTRESS ORAL TAB 400 MG	4	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TAB,CHEWABLE 100 MG	4	QL (180 EA per 30 days)
ISENTRESS ORAL TAB,CHEWABLE 25 MG	2	QL (180 EA per 30 days)
JULUCA ORAL TAB 50-25 MG	4	
KALETRA ORAL TAB 100-25 MG	2	QL (300 EA per 30 days)
KALETRA ORAL TAB 200-50 MG	4	QL (120 EA per 30 days)
LAGEVRIO (EUA) ORAL CAP 200 MG	2	QL (40 EA per 180 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	QL (900 ML per 30 days)
<i>lamivudine oral tab 100 mg, 300 mg</i>	1	QL (30 EA per 30 days)
<i>lamivudine oral tab 150 mg</i>	1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine oral tab 150-300 mg</i>	1	QL (60 EA per 30 days)
<i>lopinavir-ritonavir oral soln 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tab 100-25 mg</i>	1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tab 200-50 mg</i>	1	QL (120 EA per 30 days)
<i>maraviroc oral tab 150 mg</i>	4	QL (60 EA per 30 days)
<i>maraviroc oral tab 300 mg</i>	4	QL (120 EA per 30 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; QL (168 EA per 28 days)
MAVYRET ORAL TAB 100-40 MG	4	PA; QL (84 EA per 28 days)
<i>nevirapine oral susp 50 mg/5 ml</i>	1	QL (1200 ML per 30 days)
<i>nevirapine oral tab 200 mg</i>	1	QL (60 EA per 30 days)
<i>nevirapine oral tab extended release 24 hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>nevirapine oral tab extended release 24 hr 400 mg</i>	1	QL (30 EA per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	
ODEFSEY ORAL TAB 200-25-25 MG	4	QL (30 EA per 30 days)
<i>oseltamivir oral cap 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral susp for recon 6 mg/ml</i>	1	
PAXLOVID ORAL TABS,DOSE PACK 150-100 MG	2	QL (20 EA per 180 days)
PAXLOVID ORAL TABS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 EA per 180 days)
PIFELTRO ORAL TAB 100 MG	4	
PREVYMIS ORAL TAB 240 MG, 480 MG	4	QL (30 EA per 30 days)
PREZCOBIX ORAL TAB 800-150 MG-MG	4	QL (30 EA per 30 days)
PREZISTA ORAL SUSP 100 MG/ML	4	QL (400 ML per 30 days)
PREZISTA ORAL TAB 150 MG	3	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TAB 600 MG	4	QL (60 EA per 30 days)
PREZISTA ORAL TAB 75 MG	2	QL (480 EA per 30 days)
PREZISTA ORAL TAB 800 MG	4	QL (30 EA per 30 days)
RELENZA DISKHALER INH BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (120 EA per 365 days)
RETROVIR IV SOLN 10 MG/ML	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (240 EA per 30 days)
<i>ribavirin oral cap 200 mg</i>	1	
<i>ribavirin oral tab 200 mg</i>	1	
<i>rimantadine oral tab 100 mg</i>	1	
<i>ritonavir oral tab 100 mg</i>	1	QL (360 EA per 30 days)
RUKOBIA ORAL TAB EXTENDED RELEASE 12 HR 600 MG	4	
SELZENTRY ORAL SOLN 20 MG/ML	4	
SELZENTRY ORAL TAB 150 MG	4	QL (60 EA per 30 days)
SELZENTRY ORAL TAB 25 MG	2	
SELZENTRY ORAL TAB 300 MG	4	QL (120 EA per 30 days)
SELZENTRY ORAL TAB 75 MG	4	
STRIBILD ORAL TAB 150-150-200-300 MG	4	QL (30 EA per 30 days)
SUNLENCA ORAL TAB 300 MG, 300 MG (4-TAB PACK)	4	
SUNLENCA SQ SOLN 309 MG/ML	4	
SYMFI LO ORAL TAB 400-300-300 MG	4	QL (30 EA per 30 days)
SYMFI ORAL TAB 600-300-300 MG	4	
SYMITUZA ORAL TAB 800-150-200-10 MG	4	
SYNAGIS IM SOLN 100 MG/ML, 50 MG/0.5 ML	4	PA
<i>tenofovir disoproxil fumarate oral tab 300 mg</i>	1	QL (30 EA per 30 days)
TIVICAY ORAL TAB 10 MG	3	QL (60 EA per 30 days)
TIVICAY ORAL TAB 25 MG, 50 MG	4	QL (60 EA per 30 days)
TIVICAY PD ORAL TAB FOR SUSP 5 MG	4	QL (180 EA per 30 days)
TRIUMEQ ORAL TAB 600-50-300 MG	4	QL (30 EA per 30 days)
TRIUMEQ PD ORAL TAB FOR SUSP 60-5-30 MG	4	QL (30 EA per 30 days)
TROGARZO IV SOLN 200 MG/1.33 ML (150 MG/ML)	4	

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Drug Name	Drug Tier	Requirements/Limits
TYBOST ORAL TAB 150 MG	2	
<i>valacyclovir oral tab 1 g</i>	1	QL (120 EA per 30 days)
<i>valacyclovir oral tab 500 mg</i>	1	QL (60 EA per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tab 450 mg</i>	1	
VALTREX ORAL TAB 1 G	3	QL (120 EA per 30 days)
VALTREX ORAL TAB 500 MG	3	QL (60 EA per 30 days)
VEKLURY IV RECON SOLN 100 MG	4	QL (4 EA per 180 days)
VEMLIDY ORAL TAB 25 MG	4	
VIRACEPT ORAL TAB 250 MG	4	QL (270 EA per 30 days)
VIRACEPT ORAL TAB 625 MG	3	QL (120 EA per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/G)	4	QL (240 GM per 30 days)
VIREAD ORAL TAB 150 MG, 200 MG, 250 MG	4	QL (30 EA per 30 days)
VOSEVI ORAL TAB 400-100-100 MG	4	PA; QL (28 EA per 28 days)
XOFLUZA ORAL TAB 40 MG, 80 MG	3	
<i>zidovudine oral cap 100 mg</i>	1	QL (180 EA per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (1680 ML per 28 days)
<i>zidovudine oral tab 300 mg</i>	1	QL (60 EA per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral cap 250 mg, 500 mg</i>	1	
<i>cefaclor oral susp for recon 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tab extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral cap 500 mg</i>	1	
<i>cefadroxil oral susp for recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tab 1 g</i>	1	
<i>cefazolin in dextrose (iso-os) iv piggyback 1 g/50 ml, 2 g/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) IV PIGGYBACK 2 G/100 ML, 3 G/150 ML	1	
<i>cefazolin injection recon soln 1 g, 10 g, 100 g, 2 g, 3 g, 300 g, 500 mg</i>	1	
<i>cefazolin iv recon soln 1 g, 3 g</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN IV RECON SOLN 2 G	1	
<i>cefдинир oral cap 300 mg</i>	1	
<i>cefдинир oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	
CEFEPIME IN DEXTROSE 5 % IV PIGGYBACK 1 G/50 ML, 2 G/50 ML	1	
<i>cefepime in dextrose, iso-osm iv piggyback 1 g/50 ml, 2 g/100 ml</i>	1	
<i>cefepime injection recon soln 1 g, 2 g</i>	1	
CEFEPIME IV RECON SOLN 100 G	1	PA
<i>cefixime oral cap 400 mg</i>	1	
<i>cefixime oral susp for recon 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefoxitin in dextrose, iso-osm iv piggyback 1 g/50 ml, 2 g/50 ml</i>	1	PA
<i>cefoxitin iv recon soln 1 g, 10 g, 2 g</i>	1	PA
<i>cefpodoxime oral susp for recon 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tab 100 mg, 200 mg</i>	1	
<i>cefprozil oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tab 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 g, 2 g, 6 g</i>	1	PA
<i>ceftriaxone in dextrose, iso-os iv piggyback 1 g/50 ml, 2 g/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 g, 10 g, 2 g, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 G	1	
<i>ceftriaxone iv recon soln 1 g, 2 g</i>	1	
<i>cefuroxime axetil oral tab 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium iv recon soln 1.5 g, 7.5 g</i>	1	PA
<i>cephalexin oral cap 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral tab 250 mg, 500 mg</i>	1	
<i>tazicef injection recon soln 1 g, 2 g, 6 g</i>	1	PA
<i>tazicef iv recon soln 1 g, 2 g</i>	1	PA
TEFLARO IV RECON SOLN 400 MG, 600 MG	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin iv recon soln 500 mg</i>	1	PA
<i>azithromycin oral packet 1 g</i>	1	
<i>azithromycin oral susp for recon 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tab 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>clarithromycin oral susp for recon 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tab 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tab extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSP FOR RECON 40 MG/ML	4	QL (136 ML per 10 days)
DIFICID ORAL TAB 200 MG	4	QL (20 EA per 10 days)
ERYPED 400 ORAL SUSP FOR RECON 400 MG/5 ML	4	
<i>ery-tab oral tab, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
<i>erythrocin (as stearate) oral tab 250 mg</i>	1	
ERYTHROCIN IV RECON SOLN 500 MG	3	PA
<i>erythromycin ethylsuccinate oral susp for recon 200 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral susp for recon 400 mg/5 ml</i>	4	
<i>erythromycin ethylsuccinate oral tab 400 mg</i>	1	
<i>erythromycin oral cap, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tab 250 mg, 500 mg</i>	1	
<i>erythromycin oral tab, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tab 200 mg</i>	4	

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<i>amikacin injection soln 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA
ARIKAYCE INH SUSP FOR NEB 590 MG/8.4 ML	4	PA; LA
<i>atovaquone oral susp 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tab 250-100 mg, 62.5-25 mg</i>	1	
<i>aztreonam injection recon soln 1 g</i>	1	PA
<i>aztreonam injection recon soln 2 g</i>	4	PA
<i>bacitracin im recon soln 50,000 unit</i>	1	
CAYSTON INH SOLN FOR NEB 75 MG/ML	4	PA; LA; QL (84 ML per 28 days)
<i>chloramphenicol sod succinate iv recon soln 1 g</i>	1	
<i>chloroquine phosphate oral tab 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral cap 150 mg, 300 mg, 75 mg</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR IV PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
CLINDAMYCIN IN 5 % DEXTROSE IV PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	PA
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection soln 150 mg/ml</i>	1	PA
COARTEM ORAL TAB 20-120 MG	3	QL (24 EA per 30 days)
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	PA
<i>cycloserine oral cap 250 mg</i>	4	
<i>dapsone oral tab 100 mg, 25 mg</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR IV PIGGYBACK 1,000 MG/100 ML, 350 MG/50 ML, 500 MG/50 ML, 700 MG/100 ML	4	
DAPTOMYCIN IV RECON SOLN 350 MG	4	
<i>daptomycin iv recon soln 500 mg</i>	4	
EMVERM ORAL TAB,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 g</i>	1	
<i>ethambutol oral tab 100 mg, 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	QL (450 ML per 10 days)
<i>gentamicin in nacl (iso-osm) iv piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	PA
GENTAMICIN IN NACL (ISO-OSM) IV PIGGYBACK 100 MG/50 ML, 120 MG/100 ML	1	PA
<i>gentamicin injection soln 40 mg/ml</i>	1	PA
<i>gentamicin sulfate (ped) (pf) injection soln 20 mg/2 ml</i>	1	PA
<i>hydroxychloroquine oral tab 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>imipenem-cilastatin iv recon soln 250 mg, 500 mg</i>	1	
<i>isoniazid oral soln 50 mg/5 ml</i>	1	
<i>isoniazid oral tab 100 mg, 300 mg</i>	1	
<i>ivermectin oral tab 3 mg</i>	1	PA
<i>lincomycin injection soln 300 mg/ml</i>	1	PA
<i>linezolid in dextrose 5% iv piggyback 600 mg/300 ml</i>	1	PA
<i>linezolid oral susp for recon 100 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>linezolid oral tab 600 mg</i>	1	QL (60 EA per 30 days)
<i>linezolid-0.9% sodium chloride iv parent. soln 600 mg/300 ml</i>	1	PA
<i>mefloquine oral tab 250 mg</i>	1	
<i>meropenem iv recon soln 1 g, 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE IV PIGGYBACK 1 G/50 ML, 500 MG/50 ML	1	
<i>metro i.v. iv piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole in nacl (iso-os) iv piggyback 500 mg/100 ml</i>	1	PA
<i>metronidazole oral cap 375 mg</i>	1	
<i>metronidazole oral tab 250 mg, 500 mg</i>	1	
<i>neomycin oral tab 500 mg</i>	1	
<i>nitazoxanide oral tab 500 mg</i>	4	QL (20 EA per 10 days)
ORBACTIV IV RECON SOLN 400 MG	4	PA; QL (3 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin oral cap 250 mg</i>	1	
<i>pentamidine inh recon soln 300 mg</i>	1	B/D PA; ^; QL (1 EA per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	
PLAQUENIL ORAL TAB 200 MG	3	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	PA
<i>praziquantel oral tab 600 mg</i>	1	
PRIFTIN ORAL TAB 150 MG	3	
PRIMAQUINE ORAL TAB 26.3 MG (15 MG BASE)	2	
<i>pyrazinamide oral tab 500 mg</i>	1	
<i>pyrimethamine oral tab 25 mg</i>	4	PA
<i>quinine sulfate oral cap 324 mg</i>	1	PA; ^; QL (42 EA per 7 days)
<i>rifabutin oral cap 150 mg</i>	1	
<i>rifampin iv recon soln 600 mg</i>	4	
<i>rifampin oral cap 150 mg, 300 mg</i>	1	
SIRTURO ORAL TAB 100 MG	4	PA; LA
SIRTURO ORAL TAB 20 MG	3	PA; LA
SIVEXTRO IV RECON SOLN 200 MG	4	PA; QL (6 EA per 28 days)
SIVEXTRO ORAL TAB 200 MG	4	QL (6 EA per 28 days)
STREPTOMYCIN IM RECON SOLN 1 G	4	PA
<i>tigecycline iv recon soln 50 mg</i>	4	PA
<i>tinidazole oral tab 250 mg, 500 mg</i>	1	
TOBI PODHALER INH CAP, W/INH DEVICE 28 MG	4	QL (224 EA per 28 days)
<i>tobramycin in 0.225 % nacl inh soln for neb 300 mg/5 ml</i>	4	B/D PA; ^; QL (280 ML per 28 days)
<i>tobramycin sulfate injection recon soln 1.2 g</i>	3	PA
<i>tobramycin sulfate injection soln 10 mg/ml, 40 mg/ml</i>	3	PA
TRECTOR ORAL TAB 250 MG	2	
VANCOMYCIN IN 0.9 % SODIUM CHL IV PIGGYBACK 1 G/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	
VANCOMYCIN IN DEXTROSE 5 % IV PIGGYBACK 1 G/200 ML, 500 MG/100 ML, 750 MG/150 ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN INJECTION RECON SOLN 100 G	1	
<i>vancomycin iv recon soln 1,000 mg, 1.25 g, 10 g, 5 g, 500 mg, 750 mg</i>	1	
VANCOMYCIN IV RECON SOLN 1.5 G, 1.75 G, 2 G	1	
<i>vancomycin oral cap 125 mg</i>	1	PA; QL (40 EA per 10 days)
<i>vancomycin oral cap 250 mg</i>	1	PA; QL (80 EA per 10 days)
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	1	QL (450 ML per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 IV PIGGYBACK 1 G/200 ML, 1.25 G/250 ML, 1.5 G/300 ML, 1.75 G/350 ML, 2 G/400 ML, 500 MG/100 ML, 750 MG/150 ML	1	
XIFAXAN ORAL TAB 200 MG	3	PA; QL (9 EA per 30 days)
XIFAXAN ORAL TAB 550 MG	4	PA; QL (90 EA per 30 days)
PENICILLINS		
<i>amoxicillin oral cap 250 mg, 500 mg</i>	1	
<i>amoxicillin oral susp for recon 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tab 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tab,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral susp for recon 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tab 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tab extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tab,chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral cap 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 g, 10 g, 125 mg, 2 g, 250 mg, 500 mg</i>	1	PA
<i>ampicillin sodium iv recon soln 1 g, 2 g</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 g, 15 g, 3 g</i>	1	PA
<i>ampicillin-sulbactam iv recon soln 1.5 g, 3 g</i>	1	PA

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Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ORAL SUSP FOR RECON 125-31.25 MG/5 ML	4	
BICILLIN L-A IM SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral cap 250 mg, 500 mg</i>	1	
EXTENCILLINE IM SUSP FOR RECON 1.2 MILLION UNIT, 2.4 MILLION UNIT	3	PA
<i>nafcillin in dextrose iso-osm iv piggyback 2 g/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 g, 10 g, 2 g</i>	1	PA
<i>oxacillin injection recon soln 1 g, 10 g, 2 g</i>	1	PA
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	PA
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tab 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	PA
PIPERACILLIN-TAZOBACTAM IV RECON SOLN 13.5 G	1	
<i>piperacillin-tazobactam iv recon soln 2.25 g, 3.375 g, 4.5 g, 40.5 g</i>	1	
ZOSYN IN DEXTROSE (ISO-OSM) IV PIGGYBACK 2.25 G/50 ML, 3.375 G/50 ML, 4.5 G/100 ML	3	
QUINOLONES		
<i>ciprofloxacin hcl oral tab 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose iv piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>ciprofloxacin oral susp,microcap recon 500 mg/5 ml</i>	1	
<i>levofloxacin in d5w iv piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	PA
<i>levofloxacin iv soln 25 mg/ml</i>	1	PA
<i>levofloxacin oral soln 250 mg/10 ml</i>	1	
<i>levofloxacin oral tab 250 mg, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin oral tab 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER IV PIGGYBACK 400 MG/250 ML	1	PA
<i>moxifloxacin-sod.chloride(iso) iv piggyback 400 mg/250 ml</i>	1	PA
<i>ofloxacin oral tab 300 mg, 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tab 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5 ml</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral susp 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tab 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tab 150 mg, 300 mg</i>	1	
<i>doxy-100 iv recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate iv recon soln 100 mg</i>	1	PA
<i>doxycycline hyclate oral cap 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tab 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tab, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral cap 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral cap,ir - delay rel,biphase 40 mg</i>	1	
<i>doxycycline monohydrate oral susp for recon 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tab 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral cap 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tab 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxylene nl oral cap 100 mg</i>	1	
<i>mondoxylene nl oral cap 75 mg</i>	1	+
MORGIDOX 1X 50 KIT 50 MG	2	+

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Drug Name	Drug Tier	Requirements/Limits
MORGIDOX 1X100 KIT 100 MG	2	+
MORGIDOX 2X100 KIT 100 MG	2	+
NUZYRA IV RECON SOLN 100 MG	4	PA
NUZYRA ORAL TAB 150 MG	4	
ORACEA ORAL CAP,IR - DELAY REL,BIPHASE 40 MG	3	
<i>tetracycline oral cap 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 g</i>	1	
<i>methenamine hippurate oral tab 1 g</i>	1	
<i>methenamine mandelate oral tab 0.5 g, 1 g</i>	1	
<i>nitrofurantoin macrocrystal oral cap 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral cap 100 mg</i>	1	
<i>trimethoprim oral tab 100 mg</i>	1	
VANCOMYCIN		
VANCOMYCIN IN DEXTROSE 5 % IV PIGGYBACK 1.25 G/250 ML, 1.5 G/300 ML	1	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection soln 10 mg/ml</i>	1	
<i>leucovorin calcium oral tab 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>mesna iv soln 100 mg/ml</i>	1	B/D PA; ^
MESNEX ORAL TAB 400 MG	4	
XGEVA SQ SOLN 120 MG/1.7 ML (70 MG/ML)	4	PA; QL (1.7 ML per 28 days)
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tab 250 mg</i>	4	PA; QL (120 EA per 30 days)
<i>abiraterone oral tab 500 mg</i>	4	PA; QL (60 EA per 30 days)
ABRAXANE IV SUSP FOR RECON 100 MG	4	PA; ^
ADCETRIS IV RECON SOLN 50 MG	4	PA; ^
ADRIAMYCIN IV RECON SOLN 50 MG	4	B/D PA; ^
<i>adstiladrin intravesical susp 3x10exp11 vp/ml</i>	4	PA; QL (4 EA per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ ORAL TAB FOR SUSP 2 MG	4	PA; QL (150 EA per 30 days)
AFINITOR DISPERZ ORAL TAB FOR SUSP 3 MG, 5 MG	4	PA; QL (56 EA per 28 days)
AFINITOR ORAL TAB 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; QL (30 EA per 30 days)
AKEEGA ORAL TAB 100-500 MG, 50-500 MG	4	PA; QL (60 EA per 30 days)
ALECENSA ORAL CAP 150 MG	4	PA; QL (240 EA per 30 days)
ALIQOPA IV RECON SOLN 60 MG	4	PA; ^
ALUNBRIG ORAL TAB 180 MG, 90 MG	4	PA; QL (30 EA per 30 days)
ALUNBRIG ORAL TAB 30 MG	4	PA; QL (60 EA per 30 days)
ALUNBRIG ORAL TABS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; QL (60 EA per 365 days)
<i>anastrozole oral tab 1 mg</i>	1	
ANKTIVA INTRAVESICAL SOLN 400 MCG/0.4 ML	4	PA; ^
ARIMIDEX ORAL TAB 1 MG	3	
AROMASIN ORAL TAB 25 MG	3	
<i>arsenic trioxide iv soln 1 mg/ml, 2 mg/ml</i>	4	B/D PA; ^
ASTAGRAF XL ORAL CAP,EXTENDED RELEASE 24HR 0.5 MG, 1 MG	3	B/D PA; ^
ASTAGRAF XL ORAL CAP,EXTENDED RELEASE 24HR 5 MG	4	B/D PA; ^
AUGTYRO ORAL CAP 40 MG	4	PA; QL (240 EA per 30 days)
AYVAKIT ORAL TAB 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>azacitidine injection recon soln 100 mg</i>	4	B/D PA; ^
AZASAN ORAL TAB 100 MG, 75 MG	2	B/D PA; ^
<i>azathioprine oral tab 100 mg, 50 mg, 75 mg</i>	1	B/D PA; ^
<i>azathioprine sodium injection recon soln 100 mg</i>	3	B/D PA; ^
BALVERSA ORAL TAB 3 MG, 4 MG, 5 MG	4	PA; LA
BAVENCIO IV SOLN 20 MG/ML	4	PA; ^
BELEODAQ IV RECON SOLN 500 MG	4	B/D PA; ^
<i>bendamustine iv recon soln 100 mg, 25 mg</i>	4	B/D PA; ^
<i>bendamustine iv soln 25 mg/ml</i>	4	B/D PA; ^
BENDEKA IV SOLN 25 MG/ML	4	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
BESPONSA IV RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	4	PA; ^
<i>bexarotene oral cap 75 mg</i>	4	PA
<i>bexarotene topical gel 1 %</i>	4	PA; ^
<i>bicalutamide oral tab 50 mg</i>	1	
BLENREP IV RECON SOLN 100 MG	4	PA; ^
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	3	B/D PA; ^
BLINCYTO IV KIT 35 MCG	4	B/D PA; ^
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	PA; ^
<i>bortezomib injection recon soln 3.5 mg</i>	4	PA; ^
BOSULIF ORAL CAP 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL CAP 50 MG	4	PA; QL (30 EA per 30 days)
BOSULIF ORAL TAB 100 MG	4	PA; QL (90 EA per 30 days)
BOSULIF ORAL TAB 400 MG, 500 MG	4	PA; QL (30 EA per 30 days)
BRAFTOVI ORAL CAP 75 MG	4	PA; LA; QL (180 EA per 30 days)
BRUKINSA ORAL CAP 80 MG	4	PA; LA
<i>busulfan iv soln 60 mg/10 ml</i>	4	B/D PA; ^
CABOMETYX ORAL TAB 20 MG, 40 MG, 60 MG	4	PA; LA; QL (30 EA per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TAB 100 MG	4	PA; LA; QL (60 EA per 30 days)
CALQUENCE ORAL CAP 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TAB 100 MG	4	PA; LA; QL (60 EA per 30 days)
CAPRELSA ORAL TAB 300 MG	4	PA; LA; QL (30 EA per 30 days)
<i>carboplatin iv soln 10 mg/ml</i>	3	B/D PA; ^
<i>carmustine iv recon soln 100 mg</i>	3	B/D PA; ^
CELLCEPT ORAL CAP 250 MG	4	B/D PA; ^
CELLCEPT ORAL SUSP FOR RECON 200 MG/ML	4	B/D PA; ^
CELLCEPT ORAL TAB 500 MG	4	B/D PA; ^
<i>cisplatin iv soln 1 mg/ml</i>	3	B/D PA; ^
<i>cladribine iv soln 10 mg/10 ml</i>	3	B/D PA; ^
<i>clofarabine iv soln 1 mg/ml</i>	3	B/D PA; ^
COLUMVI IV SOLN 1 MG/ML	4	PA; QL (30 ML per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAP 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 EA per 28 days)
COMETRIQ ORAL CAP 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 EA per 28 days)
COMETRIQ ORAL CAP 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 EA per 28 days)
COPIKTRA ORAL CAP 15 MG, 25 MG	4	PA; LA; QL (60 EA per 30 days)
COSMEGEN IV RECON SOLN 0.5 MG	4	B/D PA; ^
COTELLIC ORAL TAB 20 MG	4	PA; LA; QL (63 EA per 28 days)
<i>cyclophosphamide iv recon soln 1 g, 2 g, 500 mg</i>	4	B/D PA; ^
CYCLOPHOSPHAMIDE IV SOLN 100 MG/ML, 200 MG/ML	4	B/D PA; ^
<i>cyclophosphamide iv soln 500 mg/ml</i>	4	B/D PA; ^
<i>cyclophosphamide oral cap 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclophosphamide oral tab 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine iv soln 250 mg/5 ml</i>	1	B/D PA; ^
<i>cyclosporine modified oral cap 100 mg, 25 mg, 50 mg</i>	1	B/D PA; ^
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	B/D PA; ^
<i>cyclosporine oral cap 100 mg, 25 mg</i>	1	B/D PA; ^
CYRAMZA IV SOLN 10 MG/ML	4	PA; ^
<i>cytarabine (pf) injection soln 100 mg/5 ml (20 mg/ml), 2 g/20 ml (100 mg/ml), 20 mg/ml</i>	3	B/D PA; ^
<i>cytarabine injection soln 20 mg/ml</i>	3	B/D PA; ^
<i>dacarbazine iv recon soln 100 mg, 200 mg</i>	3	B/D PA; ^
<i>dactinomycin iv recon soln 0.5 mg</i>	3	B/D PA; ^
DANYELZA IV SOLN 4 MG/ML	4	PA; ^
DARZALEX FASPRO SQ SOLN 1,800 MG-30,000 UNIT/15 ML	4	PA; ^
DARZALEX IV SOLN 20 MG/ML	4	PA; ^
<i>dasatinib oral tab 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; QL (30 EA per 30 days)
<i>dasatinib oral tab 20 mg, 70 mg</i>	4	PA; QL (60 EA per 30 days)
<i>daunorubicin iv soln 5 mg/ml</i>	3	B/D PA; ^
DAURISMO ORAL TAB 100 MG	4	PA; QL (30 EA per 30 days)
DAURISMO ORAL TAB 25 MG	4	PA; QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>decitabine iv recon soln 50 mg</i>	4	B/D PA; ^
<i>docetaxel iv soln 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA; ^
<i>docetaxel iv soln 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	3	B/D PA; ^
<i>doxorubicin iv recon soln 50 mg</i>	3	B/D PA; ^
<i>doxorubicin iv soln 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	3	B/D PA; ^
<i>doxorubicin, peg-liposomal iv susp 2 mg/ml</i>	4	B/D PA; ^
DROXIA ORAL CAP 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SQ SYRINGE 22.5 MG	3	PA
ELIGARD (4 MONTH) SQ SYRINGE 30 MG	3	PA
ELIGARD (6 MONTH) SQ SYRINGE 45 MG	3	PA
ELIGARD SQ SYRINGE 7.5 MG (1 MONTH)	3	PA
ELREXFIO SQ SOLN 40 MG/ML	4	PA
ELZONRIS IV SOLN 1,000 MCG/ML	4	PA; ^
EMPLICITI IV RECON SOLN 300 MG, 400 MG	3	PA; ^
ENHERTU IV RECON SOLN 100 MG	4	PA; ^
ENVARBUS XR ORAL TAB EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	3	B/D PA; ^
<i>epirubicin iv soln 200 mg/100 ml, 50 mg/25 ml</i>	3	B/D PA; ^
EPKINLY SQ SOLN 4 MG/0.8 ML, 48 MG/0.8 ML	4	PA
ERBITUX IV SOLN 100 MG/50 ML, 200 MG/100 ML	4	B/D PA; ^
<i>eribulin iv soln 1 mg/2 ml (0.5 mg/ml)</i>	4	PA; ^
ERIVEDGE ORAL CAP 150 MG	4	PA; QL (30 EA per 30 days)
ERLEADA ORAL TAB 240 MG, 60 MG	4	PA; QL (120 EA per 30 days)
<i>erlotinib oral tab 100 mg, 150 mg</i>	4	PA; QL (30 EA per 30 days)
<i>erlotinib oral tab 25 mg</i>	4	PA; QL (60 EA per 30 days)
ETOPOPHOS IV RECON SOLN 100 MG	3	B/D PA; ^
<i>etoposide iv soln 20 mg/ml</i>	1	B/D PA; ^
<i>everolimus (antineoplastic) oral tab 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; QL (30 EA per 30 days)
<i>everolimus (antineoplastic) oral tab for susp 2 mg</i>	4	PA; QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tab for susp 3 mg, 5 mg</i>	4	PA; QL (56 EA per 28 days)
<i>everolimus (immunosuppressive) oral tab 0.25 mg</i>	3	B/D PA; ^
<i>everolimus (immunosuppressive) oral tab 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; ^
EVOMELA IV RECON SOLN 50 MG	4	PA; ^
<i>exemestane oral tab 25 mg</i>	1	
FARYDAK ORAL CAP 10 MG, 15 MG, 20 MG	4	PA; QL (6 EA per 21 days)
FEMARA ORAL TAB 2.5 MG	3	
FIRMAGON KIT W DILUENT SYRINGE SQ RECON SOLN 120 MG	4	B/D PA; ^
FIRMAGON KIT W DILUENT SYRINGE SQ RECON SOLN 80 MG	3	B/D PA; ^
<i>floxuridine injection recon soln 0.5 g</i>	3	B/D PA; ^
<i>fludarabine iv recon soln 50 mg</i>	1	B/D PA; ^
<i>fludarabine iv soln 50 mg/2 ml</i>	1	B/D PA; ^
<i>fluorouracil iv soln 1 g/20 ml, 2.5 g/50 ml, 5 g/100 ml, 500 mg/10 ml</i>	3	B/D PA; ^
FOLOTYN IV SOLN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^
FOTIVDA ORAL CAP 0.89 MG, 1.34 MG	4	PA; LA; QL (21 EA per 28 days)
FRUZAQLA ORAL CAP 1 MG	4	PA; QL (84 EA per 28 days)
FRUZAQLA ORAL CAP 5 MG	4	PA; QL (21 EA per 28 days)
<i>fulvestrant im syringe 250 mg/5 ml</i>	4	B/D PA; ^
FYARRO IV SUSP FOR RECON 100 MG	4	PA; LA; ^
GAVRETO ORAL CAP 100 MG	4	PA; LA; QL (120 EA per 30 days)
GAZYVA IV SOLN 1,000 MG/40 ML	4	PA; ^
<i>gefitinib oral tab 250 mg</i>	4	PA; QL (30 EA per 30 days)
<i>gemcitabine iv recon soln 1 g, 2 g, 200 mg</i>	1	B/D PA; ^
<i>gemcitabine iv soln 1 g/26.3 ml (38 mg/ml), 2 g/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; ^
GEMCITABINE IV SOLN 100 MG/ML	3	B/D PA; ^
<i>gengraf oral cap 100 mg, 25 mg</i>	1	B/D PA; ^
<i>gengraf oral soln 100 mg/ml</i>	1	B/D PA; ^
GILOTRIF ORAL TAB 20 MG, 30 MG, 40 MG	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAP 10 MG, 100 MG, 40 MG	3	
HALAVEN IV SOLN 1 MG/2 ML (0.5 MG/ML)	4	PA; ^
HYDREA ORAL CAP 500 MG	3	
<i>hydroxyurea oral cap 500 mg</i>	1	
IBRANCE ORAL CAP 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
IBRANCE ORAL TAB 100 MG, 125 MG, 75 MG	4	PA; QL (21 EA per 28 days)
ICLUSIG ORAL TAB 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
<i>idarubicin iv soln 1 mg/ml</i>	3	B/D PA; ^
IDHIFA ORAL TAB 100 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ifosfamide iv recon soln 1 g, 3 g</i>	3	B/D PA; ^
<i>ifosfamide iv soln 1 g/20 ml, 3 g/60 ml</i>	3	B/D PA; ^
<i>imatinib oral tab 100 mg</i>	4	PA; QL (180 EA per 30 days)
<i>imatinib oral tab 400 mg</i>	4	PA; QL (60 EA per 30 days)
IMBRUVICA ORAL CAP 140 MG	4	PA; QL (120 EA per 30 days)
IMBRUVICA ORAL CAP 70 MG	4	PA; QL (30 EA per 30 days)
IMBRUVICA ORAL SUSP 70 MG/ML	4	PA; QL (324 ML per 30 days)
IMBRUVICA ORAL TAB 140 MG, 280 MG, 420 MG	4	PA; QL (30 EA per 30 days)
IMDELLTRA IV RECON SOLN 1 MG, 10 MG	4	PA; ^
IMFINZI IV SOLN 50 MG/ML	4	PA; ^
IMJUDO IV SOLN 20 MG/ML	4	PA; LA; ^
INFUGEM IV PIGGYBACK 1,200 MG/120 ML (10 MG/ML), 1,300 MG/130 ML (10 MG/ML), 1,400 MG/140 ML (10 MG/ML), 1,500 MG/150 ML (10 MG/ML), 1,600 MG/160 ML (10 MG/ML), 1,700 MG/170 ML (10 MG/ML), 1,800 MG/180 ML (10 MG/ML), 1,900 MG/190 ML (10 MG/ML), 2,000 MG/200 ML (10 MG/ML), 2,200 MG/220 ML (10 MG/ML)	4	B/D PA; ^
INLYTA ORAL TAB 1 MG	4	PA; QL (180 EA per 30 days)
INLYTA ORAL TAB 5 MG	4	PA; QL (120 EA per 30 days)
INQOVI ORAL TAB 35-100 MG	4	PA; QL (5 EA per 28 days)
INREBIC ORAL CAP 100 MG	4	PA; LA; QL (120 EA per 30 days)
<i>irinotecan iv soln 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	B/D PA; ^
IWILFIN ORAL TAB 192 MG	4	PA; LA; QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IXEMPRA IV RECON SOLN 15 MG, 45 MG	4	B/D PA; ^
JAKAFI ORAL TAB 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL (60 EA per 30 days)
JAYPIRCA ORAL TAB 100 MG, 50 MG	4	PA
JEMPERLI IV SOLN 50 MG/ML	4	PA; ^
JEVTANA IV SOLN 10 MG/ML (FIRST DILUTION)	4	B/D PA; ^
JYLAMVO ORAL SOLN 2 MG/ML	4	PA
KADCYLA IV RECON SOLN 100 MG, 160 MG	4	PA; ^
KEYTRUDA IV SOLN 25 MG/ML	4	PA; ^
KIMMTRAK IV SOLN 100 MCG/0.5 ML	4	PA; ^
KISQALI FEMARA CO-PACK ORAL TAB 200 MG/DAY(200 MG X 1)-2.5 MG	4	PA; QL (49 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TAB 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 EA per 28 days)
KISQALI FEMARA CO-PACK ORAL TAB 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 EA per 28 days)
KISQALI ORAL TAB 200 MG/DAY (200 MG X 1)	4	PA; QL (21 EA per 28 days)
KISQALI ORAL TAB 400 MG/DAY (200 MG X 2)	4	PA; QL (42 EA per 28 days)
KISQALI ORAL TAB 600 MG/DAY (200 MG X 3)	4	PA; QL (63 EA per 28 days)
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	3	ST; QL (5 EA per 30 days)
KOSELUGO ORAL CAP 10 MG	4	PA; QL (240 EA per 30 days)
KOSELUGO ORAL CAP 25 MG	4	PA; QL (120 EA per 30 days)
KRAZATI ORAL TAB 200 MG	4	PA; QL (180 EA per 30 days)
KYPROLIS IV RECON SOLN 10 MG, 30 MG, 60 MG	4	B/D PA; ^
<i>lapatinib oral tab 250 mg</i>	4	PA; QL (180 EA per 30 days)
LAZCLUZE ORAL TAB 240 MG	4	PA; LA; QL (30 EA per 30 days)
LAZCLUZE ORAL TAB 80 MG	4	PA; LA; QL (60 EA per 30 days)
<i>lenalidomide oral cap 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; QL (28 EA per 28 days)
LENVIMA ORAL CAP 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 EA per 30 days)
LENVIMA ORAL CAP 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA ORAL CAP 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 EA per 30 days)
<i>letrozole oral tab 2.5 mg</i>	1	
LEUKERAN ORAL TAB 2 MG	2	
LEUPROLIDE (3 MONTH) IM SUSP FOR RECON 22.5 MG	3	PA
<i>leuprolide sq kit 1 mg/0.2 ml</i>	3	PA
LIBTAYO IV SOLN 50 MG/ML	4	PA; ^
LONSURF ORAL TAB 15-6.14 MG	4	PA; QL (100 EA per 28 days)
LONSURF ORAL TAB 20-8.19 MG	4	PA; QL (80 EA per 28 days)
LOQTORZI IV SOLN 240 MG/6 ML (40 MG/ML)	4	PA; ^
LORBRENA ORAL TAB 100 MG	4	PA; QL (30 EA per 30 days)
LORBRENA ORAL TAB 25 MG	4	PA; QL (90 EA per 30 days)
LUMAKRAS ORAL TAB 120 MG	4	PA; QL (240 EA per 30 days)
LUMAKRAS ORAL TAB 320 MG	4	PA; QL (90 EA per 30 days)
LUNSUMIO IV SOLN 1 MG/ML	4	PA; LA; ^
LUPRON DEPOT (3 MONTH) IM SYRINGE KIT 11.25 MG, 22.5 MG	3	PA
LUPRON DEPOT (4 MONTH) IM SYRINGE KIT 30 MG	3	PA
LUPRON DEPOT (6 MONTH) IM SYRINGE KIT 45 MG	3	PA
LUPRON DEPOT IM SYRINGE KIT 3.75 MG, 7.5 MG	3	PA
LUPRON DEPOT-PED (3 MONTH) IM SYRINGE KIT 11.25 MG, 30 MG	3	PA
LUPRON DEPOT-PED IM KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	PA
LUPRON DEPOT-PED IM SYRINGE KIT 45 MG	3	PA
LYNPARZA ORAL TAB 100 MG, 150 MG	4	PA; QL (120 EA per 30 days)
LYSODREN ORAL TAB 500 MG	4	
LYTGOBI ORAL TAB 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (90 EA per 30 days)
LYTGOBI ORAL TAB 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (120 EA per 30 days)
LYTGOBI ORAL TAB 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (150 EA per 30 days)
MARGENZA IV SOLN 25 MG/ML	4	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAP 50 MG	4	
<i>megestrol oral susp 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml), 800 mg/20 ml (20 ml)</i>	1	PA; ^
<i>megestrol oral tab 20 mg, 40 mg</i>	1	PA; ^
MEKINIST ORAL RECON SOLN 0.05 MG/ML	4	PA; QL (1350 ML per 30 days)
MEKINIST ORAL TAB 0.5 MG	4	PA; QL (90 EA per 30 days)
MEKINIST ORAL TAB 2 MG	4	PA; QL (30 EA per 30 days)
MEKTOVI ORAL TAB 15 MG	4	PA; LA; QL (180 EA per 30 days)
<i>melphalan hcl iv recon soln 50 mg</i>	4	B/D PA; ^
<i>mercaptopurine oral tab 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 g</i>	1	B/D PA; ^
<i>methotrexate sodium (pf) injection soln 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium injection soln 25 mg/ml</i>	1	B/D PA; ^
<i>methotrexate sodium oral tab 2.5 mg</i>	1	
<i>mitomycin iv recon soln 20 mg, 40 mg, 5 mg</i>	4	B/D PA; ^
<i>mitoxantrone iv concentrate 2 mg/ml</i>	3	B/D PA; ^
MONJUVI IV RECON SOLN 200 MG	4	PA; ^
<i>mycophenolate mofetil (hcl) iv recon soln 500 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral cap 250 mg</i>	1	B/D PA; ^
<i>mycophenolate mofetil oral susp for recon 200 mg/ml</i>	4	B/D PA; ^
<i>mycophenolate mofetil oral tab 500 mg</i>	1	B/D PA; ^
<i>mycophenolate sodium oral tab, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; ^
MYFORTIC ORAL TAB, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	B/D PA; ^
MYLOTARG IV RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	4	PA; ^
<i>nelarabine iv soln 250 mg/50 ml</i>	3	B/D PA; ^
NEORAL ORAL CAP 100 MG, 25 MG	3	B/D PA; ^
NEORAL ORAL SOLN 100 MG/ML	3	B/D PA; ^
NERLYNX ORAL TAB 40 MG	4	PA; LA
NEXAVAR ORAL TAB 200 MG	4	PA; LA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide oral tab 150 mg</i>	4	
NINLARO ORAL CAP 2.3 MG, 3 MG, 4 MG	4	PA; QL (3 EA per 28 days)
NIPENT IV RECON SOLN 10 MG	3	B/D PA; ^
NUBEQA ORAL TAB 300 MG	4	PA; LA; QL (120 EA per 30 days)
NULOJIX IV RECON SOLN 250 MG	4	B/D PA; ^
<i>octreotide acetate injection soln 1,000 mcg/ml</i>	3	PA
<i>octreotide acetate injection soln 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA
<i>octreotide acetate injection soln 500 mcg/ml</i>	4	PA
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	3	PA
ODOMZO ORAL CAP 200 MG	4	PA; LA; QL (30 EA per 30 days)
OGSIVEO ORAL TAB 100 MG, 150 MG	4	PA; QL (56 EA per 28 days)
OGSIVEO ORAL TAB 50 MG	4	PA; QL (180 EA per 30 days)
OJEMDA ORAL SUSP FOR RECON 25 MG/ML	4	PA; QL (96 ML per 28 days)
OJEMDA ORAL TAB 400 MG/WEEK (100 MG X 4)	4	PA; QL (16 EA per 28 days)
OJEMDA ORAL TAB 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 EA per 28 days)
OJEMDA ORAL TAB 600 MG/WEEK (100 MG X 6)	4	PA; QL (24 EA per 28 days)
OJJAARA ORAL TAB 100 MG, 150 MG, 200 MG	4	PA; QL (30 EA per 30 days)
ONCASPAR INJECTION SOLN 750 UNIT/ML	4	B/D PA; ^
ONIVYDE IV DISPERSION 4.3 MG/ML	4	PA; ^
ONUREG ORAL TAB 200 MG, 300 MG	4	PA; QL (14 EA per 28 days)
OPDIVO IV SOLN 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	4	PA; ^
OPDUALAG IV SOLN 240-80 MG/20 ML	4	PA; ^
ORGOVYX ORAL TAB 120 MG	4	PA; LA; QL (30 EA per 28 days)
ORSERDU ORAL TAB 345 MG, 86 MG	4	PA
<i>oxaliplatin iv recon soln 100 mg, 50 mg</i>	3	B/D PA; ^
<i>oxaliplatin iv soln 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	3	B/D PA; ^
<i>paclitaxel iv concentrate 6 mg/ml</i>	1	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL PROTEIN-BOUND IV SUSP FOR RECON 100 MG	4	PA; ^
PADCEV IV RECON SOLN 20 MG, 30 MG	4	PA; ^
<i>pazopanib oral tab 200 mg</i>	4	PA; QL (120 EA per 30 days)
PEMAZYRE ORAL TAB 13.5 MG, 4.5 MG, 9 MG	4	PA; LA; QL (14 EA per 21 days)
<i>pemetrexed disodium iv recon soln 1,000 mg, 100 mg, 500 mg, 750 mg</i>	4	PA; ^
PERJETA IV SOLN 420 MG/14 ML (30 MG/ML)	4	PA; ^
PHESGO SQ SOLN 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; ^
PIQRAY ORAL TAB 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA
POLIVY IV RECON SOLN 140 MG, 30 MG	4	PA; ^
POMALYST ORAL CAP 1 MG, 2 MG, 3 MG, 4 MG	4	PA; LA; QL (21 EA per 28 days)
PORTRAZZA IV SOLN 800 MG/50 ML (16 MG/ML)	3	B/D PA; ^
POTELIGEO IV SOLN 4 MG/ML	4	PA; ^
PRALATREXATE IV SOLN 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	4	B/D PA; ^
PROGRAF IV SOLN 5 MG/ML	3	B/D PA; ^
PROGRAF ORAL CAP 0.5 MG, 1 MG, 5 MG	3	B/D PA; ^
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	3	B/D PA; ^
PURIXAN ORAL SUSP 20 MG/ML	3	
QINLOCK ORAL TAB 50 MG	4	PA; LA; QL (90 EA per 30 days)
RAPAMUNE ORAL SOLN 1 MG/ML	4	B/D PA; ^
RAPAMUNE ORAL TAB 1 MG	4	B/D PA; ^
RAPAMUNE ORAL TAB 2 MG	3	B/D PA; ^
RETEVMO ORAL CAP 40 MG	4	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL CAP 80 MG	4	PA; LA; QL (120 EA per 30 days)
RETEVMO ORAL TAB 120 MG, 160 MG	4	PA; LA; QL (60 EA per 30 days)
RETEVMO ORAL TAB 40 MG	4	PA; LA; QL (180 EA per 30 days)
RETEVMO ORAL TAB 80 MG	4	PA; LA; QL (120 EA per 30 days)
REVLIMID ORAL CAP 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; LA; QL (28 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA ORAL CAP 150 MG	4	PA; QL (60 EA per 30 days)
REZUROCK ORAL TAB 200 MG	4	PA; LA; QL (30 EA per 30 days)
<i>romidepsin iv recon soln 10 mg/2 ml</i>	4	PA; ^
ROMIDEPSIN IV SOLN 5 MG/ML	4	PA; ^
ROZLYTREK ORAL CAP 100 MG	4	PA; QL (150 EA per 30 days)
ROZLYTREK ORAL CAP 200 MG	4	PA; QL (90 EA per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; QL (360 EA per 30 days)
RUBRACA ORAL TAB 200 MG, 250 MG, 300 MG	4	PA; LA; QL (120 EA per 30 days)
RUXIENCE IV SOLN 10 MG/ML	4	PA; ^
RYBREVANT IV SOLN 50 MG/ML	4	PA; ^
RYDAPT ORAL CAP 25 MG	4	PA; QL (224 EA per 28 days)
RYLAZE IM SOLN 10 MG/0.5 ML	4	B/D PA; ^
SANDOSTATIN LAR DEPOT IM SUSP, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	4	PA
SARCLISA IV SOLN 20 MG/ML	4	PA; ^
SCSEMBLIX ORAL TAB 100 MG	4	PA; QL (120 EA per 30 days)
SCSEMBLIX ORAL TAB 20 MG	4	PA; QL (600 EA per 30 days)
SCSEMBLIX ORAL TAB 40 MG	4	PA; QL (300 EA per 30 days)
SIGNIFOR SQ SOLN 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
SIMULECT IV RECON SOLN 10 MG, 20 MG	4	B/D PA; ^
<i>sirolimus oral soln 1 mg/ml</i>	4	B/D PA; ^
<i>sirolimus oral tab 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; ^
SOLTAMOX ORAL SOLN 20 MG/10 ML	4	
SOMATULINE DEPOT SQ SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA
<i>sorafenib oral tab 200 mg</i>	4	PA; QL (120 EA per 30 days)
SPRYCEL ORAL TAB 100 MG, 140 MG, 50 MG, 80 MG	4	PA; QL (30 EA per 30 days)
SPRYCEL ORAL TAB 20 MG, 70 MG	4	PA; QL (60 EA per 30 days)
STIVARGA ORAL TAB 40 MG	4	PA; QL (84 EA per 28 days)
<i>sunitinib malate oral cap 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUTENT ORAL CAP 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL (30 EA per 30 days)
TABLOID ORAL TAB 40 MG	3	
TABRECTA ORAL TAB 150 MG, 200 MG	4	PA
<i>tacrolimus oral cap 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; ^
TAFINLAR ORAL CAP 50 MG, 75 MG	4	PA; QL (120 EA per 30 days)
TAFINLAR ORAL TAB FOR SUSP 10 MG	4	PA; QL (840 EA per 28 days)
TAGRISSO ORAL TAB 40 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
TALVEY SQ SOLN 2 MG/ML, 40 MG/ML	4	PA
TALZENNA ORAL CAP 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; QL (30 EA per 30 days)
TALZENNA ORAL CAP 0.25 MG	4	PA; QL (90 EA per 30 days)
<i>tamoxifen oral tab 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	4	PA; ^
TASIGNA ORAL CAP 150 MG, 200 MG	4	PA; QL (112 EA per 28 days)
TASIGNA ORAL CAP 50 MG	4	PA; QL (120 EA per 30 days)
TAZVERIK ORAL TAB 200 MG	4	PA; LA
TECENTRIQ HYBREZA SQ SOLN 1,875 MG-30,000 UNIT/15 ML	4	PA; LA; ^
TECENTRIQ IV SOLN 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	4	PA; ^
TECVAYLI SQ SOLN 10 MG/ML, 90 MG/ML	4	PA; ^
TEMODAR IV RECON SOLN 100 MG	4	B/D PA; ^
<i>temsirolimus iv recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	4	B/D PA; ^
TEPMETKO ORAL TAB 225 MG	4	PA; LA; QL (60 EA per 30 days)
TEVIMBRA IV SOLN 10 MG/ML	4	PA; ^
THALOMID ORAL CAP 100 MG, 50 MG	4	PA; QL (28 EA per 28 days)
THALOMID ORAL CAP 150 MG, 200 MG	4	PA; QL (56 EA per 28 days)
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA; ^
TIBSOVO ORAL TAB 250 MG	4	PA
TIVDAK IV RECON SOLN 40 MG	4	PA; ^
<i>topotecan iv recon soln 4 mg</i>	4	B/D PA; ^
<i>topotecan iv soln 4 mg/4 ml (1 mg/ml)</i>	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
<i>toremifene oral tab 60 mg</i>	4	
TRAZIMERA IV RECON SOLN 150 MG, 420 MG	4	PA; ^
TREANDA IV RECON SOLN 100 MG, 25 MG	4	B/D PA; ^
TRELSTAR IM SUSP FOR RECON 11.25 MG, 22.5 MG, 3.75 MG	3	PA
<i>tretinoin (antineoplastic) oral cap 10 mg</i>	4	
TREXALL ORAL TAB 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRIPTODUR IM SUSP FOR RECON 22.5 MG	3	PA; QL (1 EA per 168 days)
TRODELVY IV RECON SOLN 180 MG	4	PA; ^
TRUQAP ORAL TAB 160 MG, 200 MG	4	PA; QL (64 EA per 28 days)
TUKYSA ORAL TAB 150 MG	4	PA; LA; QL (120 EA per 30 days)
TUKYSA ORAL TAB 50 MG	4	PA; LA; QL (300 EA per 30 days)
TURALIO ORAL CAP 125 MG	4	PA; LA; QL (120 EA per 30 days)
TYKERB ORAL TAB 250 MG	4	PA; LA; QL (180 EA per 30 days)
UNITUXIN IV SOLN 3.5 MG/ML	4	PA; ^
<i>valrubicin intravesical soln 40 mg/ml</i>	3	B/D PA; ^
VANFLYTA ORAL TAB 17.7 MG, 26.5 MG	4	PA; QL (56 EA per 28 days)
VECTIBIX IV SOLN 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	4	PA; ^
VENCLEXTA ORAL TAB 10 MG	2	PA; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TAB 100 MG	4	PA; LA; QL (120 EA per 30 days)
VENCLEXTA ORAL TAB 50 MG	2	PA; LA; QL (30 EA per 30 days)
VENCLEXTA STARTING PACK ORAL TABS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; LA; QL (84 EA per 365 days)
VERZENIO ORAL TAB 100 MG, 150 MG, 200 MG, 50 MG	4	PA; LA; QL (60 EA per 30 days)
<i>vinblastine iv soln 1 mg/ml</i>	3	B/D PA; ^
<i>vincristine iv soln 1 mg/ml, 2 mg/2 ml</i>	1	B/D PA; ^
<i>vinorelbine iv soln 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; ^
VITRAKVI ORAL CAP 100 MG	4	PA; LA; QL (60 EA per 30 days)
VITRAKVI ORAL CAP 25 MG	4	PA; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLN 20 MG/ML	4	PA; LA; QL (300 ML per 30 days)
VIZIMPRO ORAL TAB 15 MG, 30 MG, 45 MG	4	PA; QL (30 EA per 30 days)
VONJO ORAL CAP 100 MG	4	PA; QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VORANIGO ORAL TAB 10 MG	4	PA; QL (60 EA per 30 days)
VORANIGO ORAL TAB 40 MG	4	PA; QL (30 EA per 30 days)
VOTRIENT ORAL TAB 200 MG	4	PA; QL (120 EA per 30 days)
VYXEOS IV RECON SOLN 44-100 MG	4	B/D PA; ^
WELIREG ORAL TAB 40 MG	4	PA; LA; QL (90 EA per 30 days)
XALKORI ORAL CAP 200 MG, 250 MG	4	PA; QL (60 EA per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA; QL (180 EA per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; QL (120 EA per 30 days)
XATMEP ORAL SOLN 2.5 MG/ML	3	PA
XERMELO ORAL TAB 250 MG	4	PA; LA; QL (84 EA per 28 days)
XOSPATA ORAL TAB 40 MG	4	PA; LA
XPOVIO ORAL TAB 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XTANDI ORAL CAP 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TAB 40 MG	4	PA; QL (120 EA per 30 days)
XTANDI ORAL TAB 80 MG	4	PA; QL (60 EA per 30 days)
YERVOY IV SOLN 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	4	PA; ^
YONDELIS IV RECON SOLN 1 MG	4	PA; ^
ZALTRAP IV SOLN 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	3	B/D PA; ^
ZANOSAR IV RECON SOLN 1 G	3	B/D PA; ^
ZEJULA ORAL TAB 100 MG, 200 MG, 300 MG	4	PA; LA; QL (30 EA per 30 days)
ZELBORAF ORAL TAB 240 MG	4	PA; QL (240 EA per 30 days)
ZEPZELCA IV RECON SOLN 4 MG	4	PA; ^
ZIRABEV IV SOLN 25 MG/ML	4	PA; ^
ZOLADEX SQ IMPLANT 10.8 MG, 3.6 MG	3	B/D PA; ^
ZOLINZA ORAL CAP 100 MG	4	PA; QL (120 EA per 30 days)
ZORTRESS ORAL TAB 1 MG	4	B/D PA; ^
ZYDELIG ORAL TAB 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
ZYKADIA ORAL TAB 150 MG	4	PA; QL (90 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYNLONTA IV RECON SOLN 10 MG	4	PA; ^
ZYNYZ IV SOLN 500 MG/20 ML	4	PA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TAB 200 MG	4	QL (180 EA per 30 days)
APTIOM ORAL TAB 400 MG	4	QL (90 EA per 30 days)
APTIOM ORAL TAB 600 MG, 800 MG	4	QL (60 EA per 30 days)
BRIVIACT IV SOLN 50 MG/5 ML	4	
BRIVIACT ORAL SOLN 10 MG/ML	4	QL (600 ML per 30 days)
BRIVIACT ORAL TAB 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	QL (60 EA per 30 days)
<i>carbamazepine oral cap, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral susp 100 mg/5 ml, 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tab 200 mg</i>	1	
<i>carbamazepine oral tab extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tab, chewable 100 mg</i>	1	
CELONTIN ORAL CAP 300 MG	2	
<i>clobazam oral susp 2.5 mg/ml</i>	3	PA; QL (480 ML per 30 days)
<i>clobazam oral tab 10 mg</i>	1	PA; QL (120 EA per 30 days)
<i>clobazam oral tab 20 mg</i>	3	PA; QL (60 EA per 30 days)
<i>clonazepam oral tab 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tab 2 mg</i>	1	QL (300 EA per 30 days)
<i>clonazepam oral tab, disintegrating 0.125 mg, 0.25 mg</i>	1	QL (90 EA per 30 days)
<i>clonazepam oral tab, disintegrating 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>clonazepam oral tab, disintegrating 2 mg</i>	1	QL (300 EA per 30 days)
DEPAKOTE ER ORAL TAB EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	
DEPAKOTE ORAL TAB, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	
DEPAKOTE SPRINKLES ORAL CAP, DELAYED REL SPRINKLE 125 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
DIACOMIT ORAL CAP 250 MG, 500 MG	4	LA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN EXTENDED ORAL CAP 100 MG	3	
DILANTIN INFATABS ORAL TAB,CHEWABLE 50 MG	3	
DILANTIN ORAL CAP 30 MG	2	
<i>divalproex oral cap, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tab extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tab, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLN 100 MG/ML	4	PA; LA
<i>epitol oral tab 200 mg</i>	1	
EPRONTIA ORAL SOLN 25 MG/ML	3	PA; ^
EQUETRO ORAL CAP, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>ethosuximide oral cap 250 mg</i>	1	
<i>ethosuximide oral soln 250 mg/5 ml</i>	1	
<i>felbamate oral susp 600 mg/5 ml</i>	3	
<i>felbamate oral tab 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLN 2.2 MG/ML	4	PA; LA; QL (360 ML per 30 days)
<i>fosphenytoin injection soln 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSP 0.5 MG/ML	3	QL (720 ML per 30 days)
FYCOMPA ORAL TAB 10 MG, 12 MG, 8 MG	4	QL (30 EA per 30 days)
FYCOMPA ORAL TAB 2 MG	3	QL (60 EA per 30 days)
FYCOMPA ORAL TAB 4 MG, 6 MG	4	QL (60 EA per 30 days)
<i>gabapentin oral cap 100 mg, 300 mg</i>	1	QL (360 EA per 30 days)
<i>gabapentin oral cap 400 mg</i>	1	QL (270 EA per 30 days)
<i>gabapentin oral soln 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 ML per 30 days)
<i>gabapentin oral tab 600 mg</i>	1	QL (180 EA per 30 days)
<i>gabapentin oral tab 800 mg</i>	1	QL (120 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tab extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>gabapentin oral tab extended release 24 hr 600 mg</i>	1	QL (90 EA per 30 days)
GRALISE ORAL TAB EXTENDED RELEASE 24 HR 300 MG	3	QL (30 EA per 30 days)
GRALISE ORAL TAB EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	
GRALISE ORAL TAB EXTENDED RELEASE 24 HR 600 MG	3	QL (90 EA per 30 days)
KEPPRA ORAL SOLN 100 MG/ML	3	
KEPPRA ORAL TAB 1,000 MG, 250 MG, 500 MG, 750 MG	3	
KEPPRA XR ORAL TAB EXTENDED RELEASE 24 HR 500 MG, 750 MG	3	
<i>lacosamide iv soln 200 mg/20 ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral soln 10 mg/ml</i>	1	QL (1200 ML per 30 days)
<i>lacosamide oral tab 100 mg, 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>lacosamide oral tab 50 mg</i>	1	QL (120 EA per 30 days)
LAMICTAL ORAL TAB 100 MG, 150 MG, 200 MG, 25 MG	3	
LAMICTAL ORAL TAB, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
LAMICTAL STARTER (BLUE) KIT ORAL TABS,DOSE PACK 25 MG (35)	3	
LAMICTAL STARTER (GREEN) KIT ORAL TABS,DOSE PACK 25 MG (84) -100 MG (14)	3	
LAMICTAL STARTER (ORANGE) KIT ORAL TABS,DOSE PACK 25 MG (42) -100 MG (7)	3	
LAMICTAL XR ORAL TAB EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	3	
LAMICTAL XR STARTER (BLUE) ORAL TAB EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	
LAMICTAL XR STARTER (GREEN) ORAL TAB EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	

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Drug Name	Drug Tier	Requirements/Limits
LAMICTAL XR STARTER (ORANGE) ORAL TAB EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	
<i>lamotrigine oral tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tab disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	1	
<i>lamotrigine oral tab extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tab, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tab,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine oral tabs,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) iv piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam iv soln 500 mg/5 ml</i>	1	
<i>levetiracetam oral soln 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tab 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tab extended release 24 hr 500 mg, 750 mg</i>	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	PA; QL (10 EA per 30 days)
LYRICA CR ORAL TAB EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	2	QL (30 EA per 30 days)
LYRICA CR ORAL TAB EXTENDED RELEASE 24 HR 330 MG	2	QL (60 EA per 30 days)
LYRICA ORAL CAP 100 MG, 150 MG, 25 MG, 50 MG, 75 MG	3	QL (120 EA per 30 days)
LYRICA ORAL CAP 200 MG	3	QL (90 EA per 30 days)
LYRICA ORAL CAP 225 MG, 300 MG	3	QL (60 EA per 30 days)
LYRICA ORAL SOLN 20 MG/ML	3	QL (900 ML per 30 days)
<i>methsuximide oral cap 300 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
MOTPOLY XR ORAL CAP,EXTENDED RELEASE 24HR 100 MG	3	ST; QL (120 EA per 30 days)
MOTPOLY XR ORAL CAP,EXTENDED RELEASE 24HR 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
NEURONTIN ORAL CAP 100 MG, 300 MG	3	QL (360 EA per 30 days)
NEURONTIN ORAL CAP 400 MG	3	QL (270 EA per 30 days)
NEURONTIN ORAL TAB 600 MG	3	QL (180 EA per 30 days)
NEURONTIN ORAL TAB 800 MG	3	QL (120 EA per 30 days)
<i>oxcarbazepine oral susp 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tab 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA; HRM; QL (1500 ML per 30 days)
<i>phenobarbital oral tab 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	PA; HRM; QL (120 EA per 30 days)
<i>phenobarbital sodium injection soln 130 mg/ml, 65 mg/ml</i>	1	
PHENYTEK ORAL CAP 200 MG, 300 MG	3	
<i>phenytoin oral susp 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tab,chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral cap 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium iv soln 50 mg/ml</i>	1	
<i>pregabalin oral cap 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>pregabalin oral cap 200 mg</i>	1	QL (90 EA per 30 days)
<i>pregabalin oral cap 225 mg, 300 mg</i>	1	QL (60 EA per 30 days)
<i>pregabalin oral soln 20 mg/ml</i>	1	QL (900 ML per 30 days)
<i>pregabalin oral tab extended release 24 hr 165 mg, 82.5 mg</i>	1	QL (30 EA per 30 days)
<i>pregabalin oral tab extended release 24 hr 330 mg</i>	1	QL (60 EA per 30 days)
<i>primidone oral tab 125 mg, 250 mg, 50 mg</i>	1	
<i>roweepra oral tab 500 mg</i>	1	
<i>rufinamide oral susp 40 mg/ml</i>	4	
<i>rufinamide oral tab 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral tab 400 mg</i>	4	
SPRITAM ORAL TAB FOR SUSP 1,000 MG, 250 MG, 500 MG, 750 MG	3	
<i>subvenite oral tab 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tabs,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tabs,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tabs,dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	4	PA; QL (60 EA per 30 days)
TEGRETOL ORAL TAB 200 MG	3	
TEGRETOL XR ORAL TAB EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3	
<i>tiagabine oral tab 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAP, SPRINKLE 15 MG, 25 MG	3	PA; ^
TOPAMAX ORAL TAB 100 MG, 200 MG, 25 MG, 50 MG	3	PA; ^
<i>topiramate oral cap, sprinkle 15 mg, 25 mg</i>	1	PA; ^
<i>topiramate oral cap,extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
<i>topiramate oral tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA; ^
TRILEPTAL ORAL SUSP 300 MG/5 ML (60 MG/ML)	3	
TRILEPTAL ORAL TAB 150 MG, 300 MG, 600 MG	3	
TROKENDI XR ORAL CAP,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; ^
TROKENDI XR ORAL CAP,EXTENDED RELEASE 24HR 200 MG	4	PA; ^
<i>valproate sodium iv soln 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral soln 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral cap 250 mg</i>	1	

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VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	4	PA; QL (10 EA per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
<i>vigabatrin oral tab 500 mg</i>	4	LA; QL (180 EA per 30 days)
<i>vigadrone oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
<i>vigadrone oral tab 500 mg</i>	4	LA; QL (180 EA per 30 days)
VIGAFYDE ORAL SOLN 100 MG/ML	4	LA; QL (900 ML per 30 days)
<i>vigpoder oral powder in packet 500 mg</i>	4	LA; QL (180 EA per 30 days)
VIMPAT IV SOLN 200 MG/20 ML	4	ST; QL (1200 ML per 30 days)
VIMPAT ORAL SOLN 10 MG/ML	4	ST; QL (1200 ML per 30 days)
VIMPAT ORAL TAB 100 MG, 150 MG, 200 MG	4	ST; QL (60 EA per 30 days)
VIMPAT ORAL TAB 50 MG	2	ST; QL (120 EA per 30 days)
XCOPRI MAINTENANCE PACK ORAL TAB 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA; QL (56 EA per 28 days)
XCOPRI ORAL TAB 100 MG	4	PA; QL (120 EA per 30 days)
XCOPRI ORAL TAB 150 MG, 200 MG	4	PA; QL (60 EA per 30 days)
XCOPRI ORAL TAB 25 MG	4	PA; QL (480 EA per 30 days)
XCOPRI ORAL TAB 50 MG	4	PA; QL (240 EA per 30 days)
XCOPRI TITRATION PACK ORAL TABS, DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	3	PA; QL (56 EA per 365 days)
ZONISADE ORAL SUSP 100 MG/5 ML	4	PA; ^
<i>zonisamide oral cap 100 mg, 25 mg, 50 mg</i>	1	PA; ^
ZTALMY ORAL SUSP 50 MG/ML	4	PA; LA; QL (1080 ML per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine injection soln 1 mg/ml</i>	1	
<i>benztropine oral tab 0.5 mg, 1 mg, 2 mg</i>	1	PA; HRM
<i>bromocriptine oral cap 5 mg</i>	1	
<i>bromocriptine oral tab 2.5 mg</i>	1	
<i>carbidopa oral tab 25 mg</i>	1	
<i>carbidopa-levodopa oral tab 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa oral tab extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tab, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tab 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DHIVY ORAL TAB 25-100 MG	3	ST
<i>entacapone oral tab 200 mg</i>	1	
INBRIJA INH CAP, W/INH DEVICE 42 MG	4	PA; QL (300 EA per 30 days)
MIRAPEX ER ORAL TAB EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	
NOURIANZ ORAL TAB 20 MG, 40 MG	4	LA; QL (30 EA per 30 days)
ONGENTYS ORAL CAP 25 MG, 50 MG	2	
<i>pramipexole oral tab 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tab extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tab 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tab 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tab extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAP, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	ST
<i>selegiline hcl oral cap 5 mg</i>	1	
<i>selegiline hcl oral tab 5 mg</i>	1	
<i>tolcapone oral tab 100 mg</i>	4	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; HRM
<i>trihexyphenidyl oral tab 2 mg, 5 mg</i>	1	PA; HRM

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MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SQ AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SQ AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SQ SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate oral tab 12.5 mg</i>	1	ST; QL (24 EA per 28 days)
<i>almotriptan malate oral tab 6.25 mg</i>	1	ST; QL (18 EA per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	QL (8 ML per 28 days)
<i>eletriptan oral tab 20 mg, 40 mg</i>	1	ST; QL (18 EA per 28 days)
<i>ergotamine-caffeine oral tab 1-100 mg</i>	1	
FROVA ORAL TAB 2.5 MG	3	ST; QL (27 EA per 28 days)
<i>frovatriptan oral tab 2.5 mg</i>	1	ST; QL (27 EA per 28 days)
<i>migergot rectal suppository 2-100 mg</i>	4	
<i>naratriptan oral tab 1 mg, 2.5 mg</i>	1	QL (18 EA per 28 days)
NURTEC ODT ORAL TAB,DISINTEGRATING 75 MG	2	PA; QL (16 EA per 30 days)
<i>rizatriptan oral tab 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>rizatriptan oral tab,disintegrating 10 mg, 5 mg</i>	1	QL (36 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (18 EA per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (36 EA per 28 days)
<i>sumatriptan succinate oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (18 EA per 28 days)
<i>sumatriptan succinate sq cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate sq pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>sumatriptan succinate sq soln 6 mg/0.5 ml</i>	1	QL (8 ML per 28 days)
<i>zolmitriptan oral tab 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
<i>zolmitriptan oral tab,disintegrating 2.5 mg, 5 mg</i>	1	QL (18 EA per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	3	ST; QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AUBAGIO ORAL TAB 14 MG, 7 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO ORAL TAB 12 MG, 9 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO ORAL TAB 6 MG	4	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 12 MG	4	PA; LA; QL (120 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; QL (30 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 24 MG	4	PA; LA; QL (60 EA per 30 days)
AUSTEDO XR ORAL TAB EXTENDED RELEASE 24 HR 6 MG	4	PA; LA; QL (240 EA per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TAB, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; QL (56 EA per 365 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TAB, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; QL (84 EA per 365 days)
BRIUMVI IV SOLN 25 MG/ML	4	PA; QL (24 ML per 168 days)
COPAXONE SQ SYRINGE 20 MG/ML	4	PA; QL (30 ML per 30 days)
COPAXONE SQ SYRINGE 40 MG/ML	4	PA; QL (12 ML per 28 days)
<i>dalfampridine oral tab extended release 12 hr 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>dimethyl fumarate oral cap, delayed release(dr/ec) 120 mg</i>	4	PA; QL (14 EA per 30 days)
<i>dimethyl fumarate oral cap, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; QL (120 EA per 365 days)
<i>dimethyl fumarate oral cap, delayed release(dr/ec) 240 mg</i>	4	PA; QL (60 EA per 30 days)
<i>donepezil oral tab 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tab 23 mg</i>	1	
<i>donepezil oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>donepezil oral tab, disintegrating 10 mg</i>	1	QL (60 EA per 30 days)
<i>donepezil oral tab, disintegrating 5 mg</i>	1	QL (30 EA per 30 days)
<i>edaravone iv soln 30 mg/100 ml</i>	4	PA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fingolimod oral cap 0.5 mg</i>	4	PA; QL (30 EA per 30 days)
FIRDAPSE ORAL TAB 10 MG	4	PA; LA
<i>galantamine oral cap,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>galantamine oral soln 4 mg/ml</i>	1	QL (200 ML per 30 days)
<i>galantamine oral tab 12 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
GILENYA ORAL CAP 0.25 MG, 0.5 MG	4	PA; QL (30 EA per 30 days)
<i>glatiramer sq syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatiramer sq syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
<i>glatopa sq syringe 20 mg/ml</i>	4	PA; QL (30 ML per 30 days)
<i>glatopa sq syringe 40 mg/ml</i>	4	PA; QL (12 ML per 28 days)
HORIZANT ORAL TAB EXTENDED RELEASE 300 MG	3	QL (30 EA per 30 days)
HORIZANT ORAL TAB EXTENDED RELEASE 600 MG	3	QL (60 EA per 30 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAP,DOSE PACK 40 MG (7)- 80 MG (21)	4	PA; LA; QL (56 EA per 365 days)
INGREZZA ORAL CAP 40 MG, 60 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
INGREZZA SPRINKLE ORAL CAP, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; LA; QL (30 EA per 30 days)
KESIMPTA PEN SQ PEN INJECTOR 20 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
<i>memantine oral cap,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA
<i>memantine oral soln 2 mg/ml</i>	1	PA; QL (300 ML per 30 days)
<i>memantine oral tab 10 mg</i>	1	PA; QL (60 EA per 30 days)
<i>memantine oral tab 5 mg</i>	1	PA; QL (90 EA per 30 days)
<i>memantine oral tabs,dose pack 5-10 mg</i>	1	PA; QL (98 EA per 365 days)
NAMENDA TITRATION PAK ORAL TABS,DOSE PACK 5-10 MG	3	PA; QL (98 EA per 365 days)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUEDEXTA ORAL CAP 20-10 MG	4	PA; ^
OCREVUS IV SOLN 30 MG/ML	4	PA

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Drug Name	Drug Tier	Requirements/Limits
OCREVUS ZUNOVO SQ SOLN 920 MG-23,000 UNIT/23 ML	4	PA; QL (23 ML per 180 days)
RADICAVA IV SOLN 30 MG/100 ML	4	PA
<i>rivastigmine tartrate oral cap 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL (60 EA per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>teriflunomide oral tab 14 mg, 7 mg</i>	4	PA; QL (30 EA per 30 days)
<i>tetrabenazine oral tab 12.5 mg</i>	4	PA; QL (240 EA per 30 days)
<i>tetrabenazine oral tab 25 mg</i>	4	PA; QL (120 EA per 30 days)
TYSABRI IV SOLN 300 MG/15 ML	4	PA
VUMERITY ORAL CAP,DELAYED RELEASE(DR/EC) 231 MG	4	PA; QL (120 EA per 30 days)
ZEPOSIA ORAL CAP 0.92 MG	4	PA; QL (30 EA per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAP,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; QL (56 EA per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAP,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL (14 EA per 365 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
AMRIX ORAL CAP,EXTENDED RELEASE 24HR 15 MG, 30 MG	4	QL (30 EA per 30 days)
<i>baclofen oral tab 10 mg, 20 mg, 5 mg</i>	1	
<i>baclofen oral tab 15 MG</i>	1	
<i>carisoprodol oral tab 250 mg, 350 mg</i>	3	PA; HRM
<i>chlorzoxazone oral tab 500 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral cap,extended release 24hr 15 mg, 30 mg</i>	4	QL (30 EA per 30 days)
<i>cyclobenzaprine oral tab 10 mg, 5 mg</i>	1	PA; HRM
<i>cyclobenzaprine oral tab 7.5 mg</i>	1	PA; HRM; QL (90 EA per 30 days)
<i>dantrolene oral cap 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tab 200 mg, 400 mg</i>	3	
<i>metaxalone oral tab 400 mg, 800 mg</i>	1	PA; HRM
<i>methocarbamol oral tab 500 mg, 750 mg</i>	1	PA; HRM
<i>orphenadrine citrate oral tab extended release 100 mg</i>	1	PA; HRM; QL (60 EA per 30 days)

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<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tab 60 mg</i>	1	
<i>pyridostigmine bromide oral tab extended release 180 mg</i>	1	
<i>tizanidine oral cap 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tab 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral cap 320.5-30-16 mg</i>	1	QL (300 EA per 30 days); *
<i>acetaminophen-codeine oral soln 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 ML per 30 days)
<i>acetaminophen-codeine oral soln 120-12 mg/5 ml</i>	1	QL (4500 ML per 30 days); *
<i>acetaminophen-codeine oral tab 300-15 mg, 300-30 mg</i>	1	QL (360 EA per 30 days); *
<i>acetaminophen-codeine oral tab 300-60 mg</i>	1	QL (180 EA per 30 days); *
<i>ascomp with codeine oral cap 30-50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days); *
<i>buprenorphine hcl injection soln 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	4	*
<i>buprenorphine hcl sublingual tab 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	QL (4 EA per 28 days); *
<i>butalbital-acetaminop-caf-cod oral cap 50-300-40-30 mg, 50-325-40-30 mg</i>	3	PA; HRM; QL (180 EA per 30 days); *
<i>butalbital-acetaminophen oral tab 50-300 mg, 50-325 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral cap 50-300-40 mg, 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-acetaminophen-caff oral tab 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
<i>butalbital-aspirin-caffeine oral cap 50-325-40 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	QL (4 EA per 28 days); *
<i>codeine sulfate oral tab 30 mg</i>	1	QL (360 EA per 30 days); *
<i>codeine sulfate oral tab 60 mg</i>	1	QL (180 EA per 30 days); *

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<i>codeine-butalbital-asa-caff oral cap 30-50-325-40 mg</i>	3	HRM; QL (180 EA per 30 days)
<i>endocet oral tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>fentanyl citrate (pf) injection soln 50 mcg/ml</i>	1	*
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	1	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; ^; QL (120 EA per 30 days); *
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL (10 EA per 30 days); *
<i>hydrocodone bitartrate oral tab,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days); *
<i>hydrocodone-acetaminophen oral soln 10-325 mg/15 ml, 7.5-325 mg/15 ml</i>	1	QL (5550 ML per 30 days); *
<i>hydrocodone-acetaminophen oral tab 10-300 mg, 7.5-300 mg</i>	1	QL (390 EA per 30 days); *
<i>hydrocodone-acetaminophen oral tab 10-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>hydrocodone-ibuprofen oral tab 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	QL (50 EA per 30 days); *
<i>hydromorphone oral liquid 1 mg/ml</i>	1	QL (2400 ML per 30 days); *
<i>hydromorphone oral tab 2 mg, 4 mg, 8 mg</i>	1	QL (180 EA per 30 days); *
<i>hydromorphone rectal suppository 3 mg</i>	1	+
HYSINGLA ER ORAL TAB,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL (30 EA per 30 days)
INFUMORPH P/F INJECTION SOLN 10 MG/ML, 25 MG/ML	4	B/D PA; ^; *
<i>meperidine oral soln 50 mg/5 ml</i>	1	QL (900 ML per 30 days); *
<i>meperidine oral tab 50 mg</i>	1	QL (180 EA per 30 days); *
<i>methadone injection soln 10 mg/ml</i>	1	*
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *
<i>methadone oral concentrate 10 mg/ml</i>	1	QL (90 ML per 30 days); *

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral soln 10 mg/5 ml</i>	1	QL (600 ML per 30 days); *
<i>methadone oral soln 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>methadone oral tab 10 mg</i>	1	QL (120 EA per 30 days); *
<i>methadone oral tab 5 mg</i>	1	QL (240 EA per 30 days); *
<i>morphine (pf) injection soln 0.5 mg/ml, 1 mg/ml</i>	1	*
<i>morphine concentrate oral soln 100 mg/5 ml (20 mg/ml)</i>	1	QL (900 ML per 30 days); *
MORPHINE INJECTION SOLN 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	*
<i>morphine injection soln 8 mg/ml</i>	1	*
MORPHINE INJECTION SYRINGE 2 MG/ML	1	*
<i>morphine injection syringe 4 mg/ml</i>	1	*
<i>morphine iv soln 10 mg/ml</i>	1	*
MORPHINE IV SOLN 4 MG/ML, 8 MG/ML	1	*
MORPHINE IV SYRINGE 10 MG/ML	1	*
<i>morphine iv syringe 2 mg/ml, 4 mg/ml</i>	1	*
<i>morphine oral cap, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	QL (60 EA per 30 days); *
<i>morphine oral cap,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	QL (60 EA per 30 days); *
<i>morphine oral soln 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	QL (900 ML per 30 days); *
<i>morphine oral tab 15 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>morphine oral tab extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL (120 EA per 30 days); *
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	+
<i>oxycodone oral cap 5 mg</i>	1	QL (300 EA per 30 days); *
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (180 ML per 30 days); *
<i>oxycodone oral soln 5 mg/5 ml</i>	1	QL (1200 ML per 30 days); *
<i>oxycodone oral tab 10 mg, 15 mg, 20 mg, 30 mg</i>	1	QL (180 EA per 30 days); *
<i>oxycodone oral tab 5 mg</i>	1	QL (360 EA per 30 days); *
<i>oxycodone oral tab,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg</i>	1	QL (90 EA per 30 days); *
<i>oxycodone oral tab,oral only,ext.rel.12 hr 80 mg</i>	1	QL (120 EA per 30 days); *

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tab 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	QL (360 EA per 30 days); *
<i>oxycodone-acetaminophen oral tab 2.5-300 mg</i>	1	*
<i>oxymorphone oral tab 10 mg, 5 mg</i>	1	QL (180 EA per 30 days); *
<i>oxymorphone oral tab extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL (90 EA per 30 days); *
<i>tencon oral tab 50-325 mg</i>	3	PA; HRM; QL (180 EA per 30 days)
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	2	QL (90 EA per 30 days); *
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>buprenorphine-naloxone sublingual tab 2-0.5 mg</i>	1	QL (360 EA per 30 days)
<i>buprenorphine-naloxone sublingual tab 8-2 mg</i>	1	QL (90 EA per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL (10 ML per 28 days); *
CELEBREX ORAL CAP 100 MG, 200 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>celecoxib oral cap 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>diclofenac potassium oral tab 50 mg</i>	1	
<i>diclofenac sodium oral tab extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tab,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	QL (300 ML per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 GM per 28 days)
<i>diclofenac sodium topical soln in metered-dose pump 20 mg/g /actuation(2 %)</i>	1	PA; QL (224 GM per 28 days)
<i>diclofenac-misoprostol oral tab,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tab 500 mg</i>	1	
<i>ec-naproxen oral tab,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>etodolac oral cap 200 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac oral tab 400 mg, 500 mg</i>	1	
<i>etodolac oral tab extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral cap 400 mg</i>	1	
<i>fenoprofen oral tab 600 mg</i>	1	
<i>flurbiprofen oral tab 100 mg</i>	1	
<i>ibu oral tab 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral susp 100 mg/5 ml</i>	1	
<i>ibuprofen oral tab 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tab 800-26.6 mg</i>	1	QL (90 EA per 30 days)
<i>indomethacin oral cap 25 mg, 50 mg</i>	1	
<i>indomethacin oral cap, extended release 75 mg</i>	1	
<i>ketorolac oral tab 10 mg</i>	1	QL (20 EA per 30 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	2	
<i>meclofenamate oral cap 100 mg, 50 mg</i>	1	
<i>meloxicam oral tab 15 mg</i>	1	
<i>meloxicam oral tab 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>nabumetone oral tab 500 mg, 750 mg</i>	1	
<i>naloxone injection soln 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 0.4 mg/ml (prefilled syringe), 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tab 50 mg</i>	1	
NAPRELAN CR ORAL TAB, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	
<i>naproxen oral susp 125 mg/5 ml</i>	1	
<i>naproxen oral tab 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tab, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tab 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tab, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	1	
<i>oxaprozin oral tab 600 mg</i>	1	

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<i>pentazocine-naloxone oral tab 50-0.5 mg</i>	3	QL (360 EA per 30 days)
<i>piroxicam oral cap 10 mg, 20 mg</i>	1	
<i>salsalate oral tab 500 mg, 750 mg</i>	1	
<i>sulindac oral tab 150 mg, 200 mg</i>	1	
<i>tramadol oral tab 50 mg</i>	1	QL (240 EA per 30 days); *
<i>tramadol oral tab extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol oral tab, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL (30 EA per 30 days); *
<i>tramadol-acetaminophen oral tab 37.5-325 mg</i>	1	QL (240 EA per 30 days); *
VIVITROL IM SUSP,EXTENDED REL RECON 380 MG	4	
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	3	
ZUBSOLV SUBLINGUAL TAB 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	QL (30 EA per 30 days)
ZUBSOLV SUBLINGUAL TAB 8.6-2.1 MG	2	QL (60 EA per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII IM SUSP,EXTENDED REL SYRING 720 MG/2.4 ML	4	QL (2.4 ML per 56 days)
ABILIFY ASIMTUFII IM SUSP,EXTENDED REL SYRING 960 MG/3.2 ML	4	QL (3.2 ML per 56 days)
ABILIFY MAINTENA IM SUSP,EXTENDED REL RECON 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY MAINTENA IM SUSP,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 EA per 28 days)
ABILIFY ORAL TAB 10 MG, 15 MG, 2 MG, 5 MG	4	QL (60 EA per 30 days)
ABILIFY ORAL TAB 20 MG, 30 MG	4	QL (30 EA per 30 days)
ADDERALL XR ORAL CAP,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	QL (60 EA per 30 days)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (300 ML per 30 days)
<i>alprazolam oral tab 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 EA per 30 days)
<i>alprazolam oral tab 2 mg</i>	1	QL (150 EA per 30 days)
<i>alprazolam oral tab extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (90 EA per 30 days)
<i>alprazolam oral tab,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)

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<i>alprazolam oral tab,disintegrating 2 mg</i>	1	QL (150 EA per 30 days)
<i>amitriptyline oral tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tab 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tab 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAP 25 MG, 50 MG, 75 MG	3	
APLENZIN ORAL TAB EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	QL (30 EA per 30 days)
<i>aripiprazole oral soln 1 mg/ml</i>	1	
<i>aripiprazole oral tab 10 mg, 15 mg, 2 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>aripiprazole oral tab 20 mg, 30 mg</i>	1	QL (30 EA per 30 days)
<i>aripiprazole oral tab,disintegrating 10 mg, 15 mg</i>	4	QL (60 EA per 30 days)
ARISTADA INITIO IM SUSP,EXTENDED REL SYRING 675 MG/2.4 ML	4	QL (4.8 ML per 365 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 1,064 MG/3.9 ML	4	QL (3.9 ML per 56 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 441 MG/1.6 ML	4	QL (1.6 ML per 28 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 662 MG/2.4 ML	4	QL (2.4 ML per 28 days)
ARISTADA IM SUSP,EXTENDED REL SYRING 882 MG/3.2 ML	4	QL (3.2 ML per 28 days)
<i>armodafinil oral tab 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; ^; QL (30 EA per 30 days)
<i>asenapine maleate sublingual tab 10 mg, 2.5 mg</i>	1	QL (60 EA per 30 days)
<i>asenapine maleate sublingual tab 5 mg</i>	1	QL (90 EA per 30 days)
<i>atomoxetine oral cap 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>atomoxetine oral cap 100 mg, 60 mg, 80 mg</i>	1	QL (30 EA per 30 days)
AUVELITY ORAL TAB, IR AND ER, BIPHASIC 45-105 MG	4	ST; QL (60 EA per 30 days)
BELSOMRA ORAL TAB 10 MG, 15 MG, 20 MG, 5 MG	2	QL (30 EA per 30 days)
<i>bupropion hcl oral tab 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tab 75 mg</i>	1	QL (180 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl oral tab extended release 24 hr 150 mg</i>	1	QL (90 EA per 30 days)
<i>bupropion hcl oral tab extended release 24 hr 300 mg</i>	1	QL (30 EA per 30 days)
<i>bupropion hcl oral tab sustained-release 12 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>bupropion hcl oral tab sustained-release 12 hr 150 mg, 200 mg</i>	1	QL (60 EA per 30 days)
<i>buspirone oral tab 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAP 10.5 MG, 21 MG, 42 MG	4	QL (30 EA per 30 days)
CELEXA ORAL TAB 10 MG	3	
CELEXA ORAL TAB 20 MG	3	QL (60 EA per 30 days)
CELEXA ORAL TAB 40 MG	3	QL (30 EA per 30 days)
<i>chlordiazepoxide hcl oral cap 10 mg, 5 mg</i>	3	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral cap 25 mg</i>	3	QL (360 EA per 30 days)
<i>chlorpromazine injection soln 25 mg/ml</i>	1	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine oral tab 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral soln 10 mg/5 ml</i>	1	
<i>citalopram oral tab 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>citalopram oral tab 40 mg</i>	1	QL (30 EA per 30 days)
<i>clomipramine oral cap 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tab extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tab 15 mg</i>	1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tab 3.75 mg</i>	1	QL (90 EA per 30 days)
<i>clorazepate dipotassium oral tab 7.5 mg</i>	1	QL (360 EA per 30 days)
<i>clozapine oral tab 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tab,disintegrating 100 mg, 12.5 mg, 150 mg, 25 mg</i>	1	
<i>clozapine oral tab,disintegrating 200 mg</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
CONCERTA ORAL TAB EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	
CYMBALTA ORAL CAP,DELAYED RELEASE(DR/EC) 20 MG, 60 MG	3	ST; QL (60 EA per 30 days)
CYMBALTA ORAL CAP,DELAYED RELEASE(DR/EC) 30 MG	3	ST; QL (90 EA per 30 days)
DAYVIGO ORAL TAB 10 MG, 5 MG	3	QL (30 EA per 30 days)
<i>desipramine oral tab 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine oral tab extended release 24 hr 100 mg, 50 mg</i>	1	QL (30 EA per 30 days)
<i>desvenlafaxine succinate oral tab extended release 24 hr 100 mg</i>	1	QL (120 EA per 30 days)
<i>desvenlafaxine succinate oral tab extended release 24 hr 25 mg</i>	1	QL (60 EA per 30 days)
<i>desvenlafaxine succinate oral tab extended release 24 hr 50 mg</i>	1	QL (90 EA per 30 days)
<i>dexmethylphenidate oral cap,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>dexmethylphenidate oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral cap, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral soln 5 mg/5 ml</i>	4	QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tab 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral cap,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 10 mg</i>	1	QL (180 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 12.5 mg, 30 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 15 mg</i>	1	QL (120 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 20 mg</i>	1	QL (90 EA per 30 days)
<i>dextroamphetamine-amphetamine oral tab 5 mg</i>	1	QL (360 EA per 30 days)
<i>diazepam injection soln 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	

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<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (360 ML per 30 days)
<i>diazepam oral soln 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	QL (1800 ML per 30 days)
<i>diazepam oral tab 10 mg, 2 mg, 5 mg</i>	1	QL (180 EA per 30 days)
<i>doxepin oral cap 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tab 3 mg, 6 mg</i>	1	QL (30 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAP, DELAYED REL SPRINKLE 20 MG, 60 MG	3	QL (60 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAP, DELAYED REL SPRINKLE 30 MG	3	QL (120 EA per 30 days)
DRIZALMA SPRINKLE ORAL CAP, DELAYED REL SPRINKLE 40 MG	3	QL (90 EA per 30 days)
<i>duloxetine oral cap, delayed release(dr/ec) 20 mg, 60 mg</i>	1	QL (60 EA per 30 days)
<i>duloxetine oral cap, delayed release(dr/ec) 30 mg</i>	1	QL (120 EA per 30 days)
<i>duloxetine oral cap, delayed release(dr/ec) 40 mg</i>	1	QL (90 EA per 30 days)
EFFEXOR XR ORAL CAP, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (60 EA per 30 days)
EFFEXOR XR ORAL CAP, EXTENDED RELEASE 24HR 75 MG	3	QL (90 EA per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	QL (30 EA per 30 days)
<i>ergoloid oral tab 1 mg</i>	1	PA; HRM
<i>escitalopram oxalate oral soln 5 mg/5 ml</i>	1	QL (600 ML per 30 days)
<i>escitalopram oxalate oral tab 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>escitalopram oxalate oral tab 20 mg</i>	1	QL (30 EA per 30 days)
<i>estazolam oral tab 1 mg, 2 mg</i>	3	QL (30 EA per 30 days)
<i>eszopiclone oral tab 1 mg, 2 mg, 3 mg</i>	1	QL (30 EA per 30 days)
FANAPT ORAL TAB 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG	4	PA; QL (60 EA per 30 days)
FANAPT ORAL TAB 8 MG	4	PA; QL (90 EA per 30 days)
FANAPT ORAL TABS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	PA; QL (16 EA per 365 days)

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FETZIMA ORAL CAP,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST; QL (56 EA per 365 days)
FETZIMA ORAL CAP,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST; QL (30 EA per 30 days)
<i>fluoxetine (pmdd) oral tab 10 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral cap 10 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral cap 20 mg, 40 mg</i>	1	QL (90 EA per 30 days)
<i>fluoxetine oral cap,delayed release(dr/ec) 90 mg</i>	1	QL (4 EA per 28 days)
<i>fluoxetine oral soln 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tab 10 mg, 20 mg</i>	1	QL (120 EA per 30 days)
<i>fluoxetine oral tab 60 mg</i>	1	
<i>fluphenazine decanoate injection soln 25 mg/ml</i>	1	
<i>fluphenazine hcl injection soln 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tab 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral cap 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral cap,extended release 24hr 100 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral cap,extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>fluvoxamine oral tab 100 mg, 25 mg</i>	1	QL (90 EA per 30 days)
<i>fluvoxamine oral tab 50 mg</i>	1	QL (120 EA per 30 days)
FOCALIN ORAL TAB 10 MG, 2.5 MG, 5 MG	3	
FOCALIN XR ORAL CAP,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	QL (30 EA per 30 days)
GEODON IM RECON SOLN 20 MG/ML (FINAL CONC.)	3	QL (6 EA per 30 days)
GEODON ORAL CAP 20 MG	4	QL (180 EA per 30 days)
GEODON ORAL CAP 40 MG	4	QL (120 EA per 30 days)
GEODON ORAL CAP 60 MG, 80 MG	4	QL (60 EA per 30 days)
<i>guanfacine oral tab extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol decanoate im soln 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml, 50 mg/ml(1ml)</i>	1	
<i>haloperidol lactate injection soln 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tab 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ ORAL CAP 20 MG	4	PA; QL (30 EA per 30 days)
<i>imipramine hcl oral tab 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral cap 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
INVEGA HAFYERA IM SYRINGE 1,092 MG/3.5 ML	3	QL (3.5 ML per 180 days)
INVEGA HAFYERA IM SYRINGE 1,560 MG/5 ML	3	QL (5 ML per 180 days)
INVEGA SUSTENNA IM SYRINGE 117 MG/0.75 ML	4	QL (0.75 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 156 MG/ML	4	QL (1 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 234 MG/1.5 ML	4	QL (1.5 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 39 MG/0.25 ML	3	QL (0.25 ML per 28 days)
INVEGA SUSTENNA IM SYRINGE 78 MG/0.5 ML	4	QL (0.5 ML per 28 days)
INVEGA TRINZA IM SYRINGE 273 MG/0.88 ML	3	QL (0.88 ML per 90 days)
INVEGA TRINZA IM SYRINGE 410 MG/1.32 ML	3	QL (1.32 ML per 90 days)
INVEGA TRINZA IM SYRINGE 546 MG/1.75 ML	4	QL (1.75 ML per 90 days)
INVEGA TRINZA IM SYRINGE 819 MG/2.63 ML	4	QL (2.63 ML per 90 days)
LEXAPRO ORAL TAB 10 MG, 5 MG	3	QL (60 EA per 30 days)
LEXAPRO ORAL TAB 20 MG	3	QL (30 EA per 30 days)
<i>lisdexamphetamine oral cap 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (30 EA per 30 days)
<i>lisdexamphetamine oral tab,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lithium carbonate oral cap 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tab 300 mg</i>	1	
<i>lithium carbonate oral tab extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral soln 8 meq/5 ml</i>	1	
<i>lorazepam injection soln 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (150 ML per 30 days)
<i>lorazepam oral syringe 1 mg/0.5 ml</i>	1	QL (150 EA per 30 days)
<i>lorazepam oral tab 0.5 mg, 1 mg</i>	1	QL (90 EA per 30 days)
<i>lorazepam oral tab 2 mg</i>	1	QL (150 EA per 30 days)
<i>loxapine succinate oral cap 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>lurasidone oral tab 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>lurasidone oral tab 80 mg</i>	1	QL (60 EA per 30 days)
LYBALVI ORAL TAB 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	PA; QL (30 EA per 30 days)
MARPLAN ORAL TAB 10 MG	3	QL (180 EA per 30 days)
<i>metadate er oral tab extended release 20 mg</i>	1	
<i>methylphenidate hcl oral cap, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral cap,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hcl oral soln 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tab 10 mg, 20 mg, 5 mg</i>	1	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tab extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tab extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tab,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mirtazapine oral tab 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tab,disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>modafinil oral tab 100 mg</i>	1	PA; ^; QL (30 EA per 30 days)
<i>modafinil oral tab 200 mg</i>	1	PA; ^; QL (60 EA per 30 days)
<i>molindone oral tab 10 mg, 25 mg, 5 mg</i>	1	
<i>nefazodone oral tab 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline oral cap 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral soln 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAP 34 MG	4	PA; QL (30 EA per 30 days)
NUPLAZID ORAL TAB 10 MG	4	PA; QL (30 EA per 30 days)
<i>olanzapine im recon soln 10 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tab 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tab 15 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine oral tab,disintegrating 10 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>olanzapine oral tab,disintegrating 15 mg, 20 mg</i>	1	QL (30 EA per 30 days)
<i>olanzapine-fluoxetine oral cap 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral cap 10 mg, 15 mg, 30 mg</i>	1	QL (120 EA per 30 days)
<i>paliperidone oral tab extended release 24hr 1.5 mg, 9 mg</i>	1	PA; QL (30 EA per 30 days)
<i>paliperidone oral tab extended release 24hr 3 mg, 6 mg</i>	1	PA; QL (60 EA per 30 days)
<i>paroxetine hcl oral susp 10 mg/5 ml</i>	1	QL (900 ML per 30 days)
<i>paroxetine hcl oral tab 10 mg</i>	1	QL (180 EA per 30 days)
<i>paroxetine hcl oral tab 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
<i>paroxetine hcl oral tab 30 mg</i>	1	QL (60 EA per 30 days)
<i>paroxetine hcl oral tab extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
PAXIL CR ORAL TAB EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	QL (60 EA per 30 days)
PAXIL ORAL SUSP 10 MG/5 ML	3	QL (900 ML per 30 days)
PAXIL ORAL TAB 10 MG	3	QL (180 EA per 30 days)
PAXIL ORAL TAB 20 MG, 40 MG	3	QL (30 EA per 30 days)
PAXIL ORAL TAB 30 MG	3	QL (60 EA per 30 days)
<i>perphenazine oral tab 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tab 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS SQ SUSP,EXTENDED REL SYRING 120 MG, 90 MG	4	QL (1 EA per 28 days)
<i>phenelzine oral tab 15 mg</i>	1	
<i>pimozide oral tab 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PRISTIQ ORAL TAB EXTENDED RELEASE 24 HR 100 MG	3	QL (120 EA per 30 days)
PRISTIQ ORAL TAB EXTENDED RELEASE 24 HR 25 MG	3	QL (60 EA per 30 days)
PRISTIQ ORAL TAB EXTENDED RELEASE 24 HR 50 MG	3	QL (90 EA per 30 days)
<i>protriptyline oral tab 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TAB 100 MG	4	PA; ^; QL (30 EA per 30 days)
PROVIGIL ORAL TAB 200 MG	4	PA; ^; QL (60 EA per 30 days)
PROZAC ORAL CAP 10 MG	3	QL (120 EA per 30 days)
PROZAC ORAL CAP 20 MG, 40 MG	3	QL (90 EA per 30 days)
<i>quetiapine oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (120 EA per 30 days)
<i>quetiapine oral tab 150 mg, 200 mg</i>	1	QL (90 EA per 30 days)
<i>quetiapine oral tab 300 mg, 400 mg</i>	1	QL (60 EA per 30 days)
<i>quetiapine oral tab extended release 24 hr 150 mg, 200 mg</i>	1	QL (30 EA per 30 days)
<i>quetiapine oral tab extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	QL (60 EA per 30 days)
QUILLICHEW ER ORAL TAB,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG	3	PA; QL (60 EA per 30 days)
QUILLICHEW ER ORAL TAB,CHEW,IR-ER.BIPHASIC24HR 40 MG	3	PA; QL (30 EA per 30 days)
QUILLIVANT XR ORAL SUSP,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	
<i>ramelteon oral tab 8 mg</i>	1	QL (30 EA per 30 days)
REMERON ORAL TAB 15 MG, 30 MG	3	
REXULTI ORAL TAB 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (30 EA per 30 days)
RISPERDAL CONSTA IM SUSP,EXTENDED REL RECON 12.5 MG/2 ML	3	QL (2 EA per 28 days)
RISPERDAL CONSTA IM SUSP,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	QL (2 EA per 28 days)
RISPERDAL ORAL SOLN 1 MG/ML	3	
RISPERDAL ORAL TAB 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	
<i>risperidone oral soln 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tab 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tab 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tab 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tab 3 mg</i>	1	QL (60 EA per 30 days)
<i>risperidone oral tab,disintegrating 0.25 mg, 0.5 mg, 4 mg</i>	1	QL (120 EA per 30 days)
<i>risperidone oral tab,disintegrating 1 mg</i>	1	QL (180 EA per 30 days)
<i>risperidone oral tab,disintegrating 2 mg</i>	1	QL (90 EA per 30 days)
<i>risperidone oral tab,disintegrating 3 mg</i>	1	QL (60 EA per 30 days)
RITALIN LA ORAL CAP,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	QL (30 EA per 30 days)
RITALIN ORAL TAB 10 MG, 20 MG, 5 MG	3	QL (90 EA per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	QL (30 EA per 30 days)
SEROQUEL ORAL TAB 100 MG, 25 MG, 50 MG	3	QL (120 EA per 30 days)
SEROQUEL ORAL TAB 200 MG	3	QL (90 EA per 30 days)
SEROQUEL ORAL TAB 300 MG, 400 MG	3	QL (60 EA per 30 days)
SEROQUEL XR ORAL TAB EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	QL (30 EA per 30 days)
SEROQUEL XR ORAL TAB EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	QL (60 EA per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
SODIUM OXYBATE ORAL SOLN 500 MG/ML	4	PA; LA; ^; QL (540 ML per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; ^; QL (16 EA per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; ^; QL (18 EA per 28 days)
<i>tasimelteon oral cap 20 mg</i>	4	PA; QL (30 EA per 30 days)
<i>temazepam oral cap 15 mg, 30 mg</i>	1	QL (60 EA per 365 days)
<i>temazepam oral cap 22.5 mg, 7.5 mg</i>	1	
<i>thioridazine oral tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral cap 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine oral tab 10 mg</i>	1	
<i>trazodone oral tab 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tab 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tab 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral cap 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TAB 10 MG, 20 MG, 5 MG	3	ST; QL (30 EA per 30 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 100 MG/0.28 ML	4	QL (0.28 ML per 28 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 125 MG/0.35 ML	4	QL (0.35 ML per 28 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 150 MG/0.42 ML	4	QL (0.42 ML per 56 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 200 MG/0.56 ML	4	QL (0.56 ML per 56 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 250 MG/0.7 ML	4	QL (0.7 ML per 56 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 50 MG/0.14 ML	4	QL (0.14 ML per 28 days)
UZEDY SQ SUSP,EXTENDED REL SYRING 75 MG/0.21 ML	4	QL (0.21 ML per 28 days)
<i>venlafaxine oral cap,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral cap,extended release 24hr 75 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tab 100 mg, 25 mg, 37.5 mg</i>	1	QL (90 EA per 30 days)
<i>venlafaxine oral tab 50 mg, 75 mg</i>	1	QL (120 EA per 30 days)
<i>venlafaxine oral tab extended release 24hr 150 mg</i>	1	QL (60 EA per 30 days)
<i>venlafaxine oral tab extended release 24hr 225 mg, 37.5 mg, 75 mg</i>	1	QL (30 EA per 30 days)
VERSACLOZ ORAL SUSP 50 MG/ML	4	
VIIBRYD ORAL TAB 10 MG, 20 MG, 40 MG	2	ST; QL (30 EA per 30 days)
<i>vilazodone oral tab 10 mg, 20 mg, 40 mg</i>	1	QL (30 EA per 30 days)
VRAYLAR ORAL CAP 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	QL (30 EA per 30 days)
VYVANSE ORAL CAP 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR ORAL TAB SUSTAINED-RELEASE 12 HR 100 MG	3	QL (120 EA per 30 days)
WELLBUTRIN SR ORAL TAB SUSTAINED-RELEASE 12 HR 150 MG, 200 MG	3	QL (60 EA per 30 days)
WELLBUTRIN XL ORAL TAB EXTENDED RELEASE 24 HR 150 MG	3	QL (90 EA per 30 days)
WELLBUTRIN XL ORAL TAB EXTENDED RELEASE 24 HR 300 MG	3	QL (30 EA per 30 days)
<i>zaleplon oral cap 10 mg</i>	1	QL (60 EA per 30 days)
<i>zaleplon oral cap 5 mg</i>	1	QL (30 EA per 30 days)
<i>ziprasidone hcl oral cap 20 mg</i>	1	QL (180 EA per 30 days)
<i>ziprasidone hcl oral cap 40 mg</i>	1	QL (120 EA per 30 days)
<i>ziprasidone hcl oral cap 60 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>ziprasidone mesylate im recon soln 20 mg/ml (final conc.)</i>	1	QL (6 EA per 30 days)
ZOLOFT ORAL TAB 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>zolpidem oral tab 10 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>zolpidem oral tab,ext release multiphase 12.5 mg, 6.25 mg</i>	1	
ZURZUVAE ORAL CAP 20 MG, 25 MG, 30 MG	4	PA
ZYPREXA ORAL TAB 10 MG, 2.5 MG, 5 MG, 7.5 MG	3	QL (60 EA per 30 days)
ZYPREXA ORAL TAB 15 MG, 20 MG	3	QL (30 EA per 30 days)
ZYPREXA RELPREVV IM SUSP FOR RECON 210 MG	4	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV IM SUSP FOR RECON 300 MG	3	PA; QL (2 EA per 28 days)
ZYPREXA RELPREVV IM SUSP FOR RECON 405 MG	3	PA; QL (1 EA per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone iv soln 50 mg/ml</i>	1	B/D PA; ^
<i>amiodarone oral tab 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral cap 100 mg, 150 mg</i>	1	
<i>dofetilide oral cap 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tab 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) iv soln 20 mg/ml (2 %)</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) iv syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>mexiletine oral cap 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TAB 400 MG	2	QL (60 EA per 30 days)
NORPACE CR ORAL CAP, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tab 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral cap,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tab 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tab extended release 324 mg</i>	1	
<i>quinidine sulfate oral tab 200 mg, 300 mg</i>	1	
<i>sorine oral tab 120 mg, 160 mg</i>	1	
<i>sotalol af oral tab 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tab 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLN 5 MG/ML	3	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral cap 200 mg, 400 mg</i>	1	
<i>aliskiren oral tab 150 mg, 300 mg</i>	1	
<i>amiloride oral tab 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tab 5-50 mg</i>	1	
<i>amlodipine oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral cap 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tab 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tab 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiacid oral tab 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TAB 16-12.5 MG, 32-12.5 MG, 32-25 MG	3	
ATACAND ORAL TAB 16 MG, 4 MG, 8 MG	3	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ATACAND ORAL TAB 32 MG	3	QL (30 EA per 30 days)
<i>atenolol oral tab 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tab 100-25 mg, 50-25 mg</i>	1	
AZOR ORAL TAB 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	3	QL (30 EA per 30 days)
<i>benazepril oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TAB 20-12.5 MG, 40-12.5 MG, 40-25 MG	3	
BENICAR ORAL TAB 20 MG, 40 MG, 5 MG	3	
<i>betaxolol oral tab 10 mg, 20 mg</i>	1	
BIDIL ORAL TAB 20-37.5 MG	2	QL (180 EA per 30 days)
<i>bisoprolol fumarate oral tab 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tab 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection soln 0.25 mg/ml</i>	1	
<i>bumetanide oral tab 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TAB 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>candesartan oral tab 16 mg, 4 mg, 8 mg</i>	1	QL (60 EA per 30 days)
<i>candesartan oral tab 32 mg</i>	1	QL (30 EA per 30 days)
<i>candesartan-hydrochlorothiazid oral tab 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tab 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
CARDIZEM LA ORAL TAB EXTENDED RELEASE 24 HR 120 MG	3	
CARDURA XL ORAL TAB EXTENDED RELEASE 24HR 4 MG, 8 MG	3	
CAROSPIR ORAL SUSP 25 MG/5 ML	2	
<i>cartia xt oral cap,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tab 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral cap, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium iv recon soln 500 mg</i>	1	
<i>chlorthalidone oral tab 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tab 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL (4 EA per 28 days)
COZAAR ORAL TAB 100 MG, 25 MG, 50 MG	3	QL (60 EA per 30 days)
<i>diltiazem hcl iv recon soln 100 mg</i>	1	
<i>diltiazem hcl iv soln 5 mg/ml</i>	1	
<i>diltiazem hcl oral cap,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral cap,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tab 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tab extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral cap,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TAB 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	3	QL (30 EA per 30 days)
DIOVAN ORAL TAB 160 MG, 40 MG, 80 MG	3	QL (60 EA per 30 days)
DIOVAN ORAL TAB 320 MG	3	QL (30 EA per 30 days)
DIURIL ORAL SUSP 250 MG/5 ML	3	
<i>doxazosin oral tab 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>doxazosin oral tab 8 mg</i>	1	QL (60 EA per 30 days)
EDARBI ORAL TAB 40 MG, 80 MG	2	
EDARBYCLOR ORAL TAB 40-12.5 MG, 40-25 MG	2	
<i>enalapril maleate oral tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tab 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tab 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ethacrynate sodium iv recon soln 50 mg</i>	4	
<i>ethacrynic acid oral tab 25 mg</i>	1	
EXFORGE HCT ORAL TAB 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	3	
EXFORGE ORAL TAB 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	3	
<i>felodipine oral tab extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tab 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection soln 10 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
FUROSEMIDE ORAL SOLN 40 MG/4 ML	1	
<i>furosemide oral tab 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tab 1 mg, 2 mg</i>	1	
<i>hydralazine injection soln 20 mg/ml</i>	1	
<i>hydralazine oral tab 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral cap 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tab 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TAB 100-12.5 MG, 100-25 MG	3	QL (30 EA per 30 days)
HYZAAR ORAL TAB 50-12.5 MG	3	QL (60 EA per 30 days)
<i>indapamide oral tab 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAP,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	4	
INDERAL XL ORAL CAP,EXTENDED RELEASE 24HR 120 MG, 80 MG	4	
<i>irbesartan oral tab 150 mg, 300 mg, 75 mg</i>	1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tab 150-12.5 mg, 300-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>isosorbide-hydralazine oral tab 20-37.5 mg</i>	1	QL (180 EA per 30 days)
<i>isradipine oral cap 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
KAPSPARGO SPRINKLE ORAL CAP,SPRINKLE,ER 24HR 100 MG, 25 MG, 50 MG	3	
KERENDIA ORAL TAB 10 MG, 20 MG	2	PA; QL (30 EA per 30 days)
<i>labetalol oral tab 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TAB 20 MG, 40 MG, 80 MG	3	
<i>lisinopril oral tab 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tab 100 mg, 25 mg, 50 mg</i>	1	QL (60 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tab 100-12.5 mg, 100-25 mg</i>	1	QL (30 EA per 30 days)
<i>losartan-hydrochlorothiazide oral tab 50-12.5 mg</i>	1	QL (60 EA per 30 days)
LOTREL ORAL CAP 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	
<i>matzim la oral tab extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>metolazone oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tab extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tab 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tab 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metirosine oral cap 250 mg</i>	4	PA
MICARDIS HCT ORAL TAB 40-12.5 MG, 80-12.5 MG, 80-25 MG	3	
MICARDIS ORAL TAB 20 MG, 40 MG, 80 MG	3	
<i>minoxidil oral tab 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tab 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tab 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tab 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>nicardipine iv soln 25 mg/10 ml</i>	1	
<i>nicardipine oral cap 20 mg, 30 mg</i>	1	
<i>nifedipine oral cap 10 mg, 20 mg</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine oral tab extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tab extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral cap 30 mg</i>	1	
<i>nisoldipine oral tab extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORVASC ORAL TAB 10 MG, 2.5 MG, 5 MG	3	
<i>olmesartan oral tab 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazyd oral tab 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tab 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
ORENITRAM MONTH 1 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	4	PA
ORENITRAM MONTH 2 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA
ORENITRAM MONTH 3 TITRATION KT ORAL TAB EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA
<i>orenitram oral tab extended release 0.125 mg</i>	3	PA
<i>orenitram oral tab extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg</i>	4	PA
<i>perindopril erbumine oral tab 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral cap 10 mg</i>	4	
<i>pindolol oral tab 10 mg, 5 mg</i>	1	
<i>prazosin oral cap 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral cap,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral soln 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tab 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>quinapril-hydrochlorothiazide oral tab 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral cap 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral susp 25 mg/5 ml</i>	1	
<i>spironolactone oral tab 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tab 25-25 mg</i>	1	
TEKTURNA ORAL TAB 150 MG, 300 MG	3	
<i>telmisartan oral tab 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tab 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tab 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORMIN ORAL TAB 100 MG, 25 MG, 50 MG	3	
<i>terazosin oral cap 1 mg, 2 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>terazosin oral cap 10 mg</i>	1	QL (60 EA per 30 days)
<i>tiadylt er oral cap,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tab 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TAB EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	3	
<i>torseamide oral tab 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tab 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tab, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg</i>	1	QL (30 EA per 30 days)
<i>trandolapril-verapamil oral tab, ir - er, biphasic 24hr 4-240 mg</i>	1	QL (60 EA per 30 days)
<i>triamterene oral cap 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral cap 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tab 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TAB 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	3	QL (30 EA per 30 days)
UPTRAVI ORAL TAB 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABS,DOSE PACK 200 MCG (140)-800 MCG (60)	4	PA; LA
<i>valsartan oral tab 160 mg, 40 mg, 80 mg</i>	1	QL (60 EA per 30 days)
<i>valsartan oral tab 320 mg</i>	1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tab 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL (30 EA per 30 days)
<i>verapamil iv soln 2.5 mg/ml</i>	1	
<i>verapamil oral cap, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral cap,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tab 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tab extended release 120 mg, 180 mg, 240 mg</i>	1	
COAGULATION THERAPY		
<i>aminocaproic acid oral soln 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tab 1,000 mg, 500 mg</i>	4	
<i>aspirin-dipyridamole oral cap, er multiphase 12 hr 25-200 mg</i>	1	
BRILINTA ORAL TAB 60 MG, 90 MG	2	QL (60 EA per 30 days)
<i>cilostazol oral tab 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tab 300 mg</i>	1	
<i>clopidogrel oral tab 75 mg</i>	1	QL (30 EA per 30 days)
<i>dabigatran etexilate oral cap 110 mg, 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tab 25 mg, 50 mg, 75 mg</i>	1	
DOPTelet (10 TAB PACK) ORAL TAB 20 MG	4	PA; LA
DOPTelet (15 TAB PACK) ORAL TAB 20 MG	4	PA; LA
DOPTelet (30 TAB PACK) ORAL TAB 20 MG	4	PA; LA
EFFIENT ORAL TAB 10 MG, 5 MG	3	QL (30 EA per 30 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TAB 2.5 MG, 5 MG	2	
<i>enoxaparin sq soln 300 mg/3 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sq syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux sq syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
<i>fondaparinux sq syringe 2.5 mg/0.5 ml</i>	1	
<i>heparin (porcine) in 5 % dex iv parent. soln 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) iv parent. soln 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection soln 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
HEPARIN (PORCINE) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>heparin(porcine) in 0.45% nacl iv parent. soln 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>jantoven oral tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tab extended release 400 mg</i>	1	
PLAVIX ORAL TAB 75 MG	3	
PRADAXA ORAL CAP 110 MG, 150 MG, 75 MG	3	
<i>prasugrel oral tab 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (360 EA per 30 days)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (180 EA per 30 days)
PROMACTA ORAL TAB 12.5 MG, 25 MG, 50 MG	4	PA; LA; QL (30 EA per 30 days)
PROMACTA ORAL TAB 75 MG	4	PA; LA; QL (60 EA per 30 days)
<i>warfarin oral tab 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL SUSP FOR RECON 1 MG/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TAB 10 MG, 15 MG, 2.5 MG, 20 MG	2	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TAB EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	QL (30 EA per 30 days)
<i>amlodipine-atorvastatin oral tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin oral tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
CADUET ORAL TAB 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	QL (30 EA per 30 days)
<i>cholestyramine (with sugar) oral powder 4 g</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 g</i>	1	
<i>cholestyramine light oral powder 4 g</i>	1	
<i>cholestyramine light oral powder in packet 4 g</i>	1	
<i>cholestyramine-aspartame oral powder in packet 4 g</i>	1	
<i>colesevelam oral powder in packet 3.75 g</i>	1	
<i>colesevelam oral tab 625 mg</i>	1	
<i>colestipol oral granules 5 g</i>	1	
<i>colestipol oral packet 5 g</i>	1	
<i>colestipol oral tab 1 g</i>	1	
CRESTOR ORAL TAB 10 MG, 20 MG, 40 MG, 5 MG	3	ST; QL (30 EA per 30 days)
<i>ezetimibe oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>ezetimibe-simvastatin oral tab 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate micronized oral cap 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tab 145 mg, 48 mg</i>	1	
<i>fenofibrate oral cap 150 mg, 50 mg</i>	1	
<i>fenofibrate oral tab 120 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibrate oral tab 160 mg, 54 mg</i>	1	
<i>fenofibrate oral tab 40 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid (choline) oral cap, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tab 105 mg</i>	1	QL (30 EA per 30 days)
<i>fenofibric acid oral tab 35 mg</i>	1	QL (60 EA per 30 days)
FENOGLIDE ORAL TAB 120 MG	3	QL (30 EA per 30 days)
FENOGLIDE ORAL TAB 40 MG	3	QL (60 EA per 30 days)
<i>fluvastatin oral cap 20 mg</i>	1	QL (30 EA per 30 days)
<i>fluvastatin oral cap 40 mg</i>	1	QL (60 EA per 30 days)
<i>fluvastatin oral tab extended release 24 hr 80 mg</i>	1	QL (30 EA per 30 days)
<i>gemfibrozil oral tab 600 mg</i>	1	
<i>icosapent ethyl oral cap 0.5 g, 1 g</i>	1	
LESCOL XL ORAL TAB EXTENDED RELEASE 24 HR 80 MG	3	QL (30 EA per 30 days)
LIPITOR ORAL TAB 10 MG, 20 MG, 40 MG, 80 MG	3	QL (30 EA per 30 days)
LIVALO ORAL TAB 1 MG, 2 MG, 4 MG	2	QL (30 EA per 30 days)
<i>lovastatin oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>lovastatin oral tab 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
LOVAZA ORAL CAP 1 G	3	
NEXLETOL ORAL TAB 180 MG	2	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TAB 180-10 MG	2	PA; QL (30 EA per 30 days)
<i>niacin oral tab 500 mg</i>	1	
<i>niacin oral tab extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tab 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral cap 1 g</i>	1	
<i>pitavastatin calcium oral tab 1 mg, 2 mg, 4 mg</i>	1	QL (30 EA per 30 days)
<i>pravastatin oral tab 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL (30 EA per 30 days)
<i>prevalite oral powder 4 g</i>	1	
<i>prevalite oral powder in packet 4 g</i>	1	
REPATHA PUSHTRONEX SQ WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL (7 ML per 28 days)
REPATHA SURECLICK SQ PEN INJECTOR 140 MG/ML	2	PA; QL (6 ML per 28 days)
REPATHA SYRINGE SQ SYRINGE 140 MG/ML	2	PA; QL (6 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin oral tab 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>simvastatin oral tab 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL (30 EA per 30 days)
TRILIPIX ORAL CAP, DELAYED RELEASE (DR/EC) 135 MG, 45 MG	3	
VASCEPA ORAL CAP 0.5 G, 1 G	2	
WELCHOL ORAL POWDER IN PACKET 3.75 G	3	
WELCHOL ORAL TAB 625 MG	3	
ZOCOR ORAL TAB 10 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TAB 5 MG, 7.5 MG	3	PA; QL (60 EA per 30 days)
<i>digoxin injection soln 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral soln 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tab 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	
ENTRESTO ORAL TAB 24-26 MG, 49-51 MG, 97-103 MG	2	QL (60 EA per 30 days)
<i>ivabradine oral tab 5 mg, 7.5 mg</i>	3	PA; QL (60 EA per 30 days)
LANOXIN ORAL TAB 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3	
LANOXIN PEDIATRIC INJECTION SOLN 100 MCG/ML (0.1 MG/ML)	3	
<i>ranolazine oral tab extended release 12 hr 1,000 mg, 500 mg</i>	1	QL (60 EA per 30 days)
VERQUVO ORAL TAB 10 MG, 2.5 MG, 5 MG	2	PA; QL (30 EA per 30 days)
VYNDAMAX ORAL CAP 61 MG	4	PA
VYNDAQEL ORAL CAP 20 MG	4	PA
NITRATES		
<i>isosorbide dinitrate oral tab 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tab 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tab extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin iv soln 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; ^
<i>nitroglycerin sublingual tab 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral cap, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	+

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral cap 10 mg, 17.5 mg, 25 mg</i>	3	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	2	+
<i>calcipotriene scalp soln 0.005 %</i>	1	QL (120 ML per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	QL (120 GM per 30 days)
<i>calcitriol topical ointment 3 mcg/g</i>	1	
EPIFOAM TOPICAL FOAM 1-1 %	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	+
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	2	+
OVACE PLUS TOPICAL CLEANSER 10 %	2	+
OVACE PLUS TOPICAL CREAM 10 %	2	+
OVACE PLUS TOPICAL LOTION 9.8 %	2	+
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	2	+
OVACE TOPICAL CLEANSER 10 %	2	+
PRAMOSONE TOPICAL CREAM 1-1 %	2	+
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	2	+
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	2	+
<i>selenium sulfide topical lotion 2.5 %</i>	1	+
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	+
SKYRIZI SQ PEN INJECTOR 150 MG/ML	4	PA; QL (2 ML per 28 days)
SKYRIZI SQ SYRINGE 150 MG/ML	4	PA; QL (2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA SQ SOLN 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SQ SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
STELARA SQ SYRINGE 90 MG/ML	4	PA; QL (1 ML per 28 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	+
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	+
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	+
TALTZ AUTOINJECTOR SQ AUTO-INJECTOR 80 MG/ML	4	PA; QL (4 ML per 28 days)
TALTZ SYRINGE SQ SYRINGE 20 MG/0.25 ML	4	PA; QL (0.25 ML per 28 days)
TALTZ SYRINGE SQ SYRINGE 40 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
TALTZ SYRINGE SQ SYRINGE 80 MG/ML	4	PA; QL (4 ML per 28 days)
TERSI FOAM TOPICAL FOAM 2.25 %	2	+
ZITHRANOL TOPICAL SHAMPOO 1 %	2	+
KERATOLYTICS		
KERALYT RX TOPICAL GEL 6 %	2	+
KERALYT SCALP TOPICAL GEL 6 %	2	+
<i>keralyt topical shampoo 6 %</i>	1	+
PODOCON TOPICAL LIQUID 25 %	2	+
<i>salicylic acid topical cream 6 %</i>	1	+
<i>salicylic acid topical cream,extended release 6 %</i>	1	+
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	+
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	+
<i>salicylic acid topical foam 6 %</i>	1	+
<i>salicylic acid topical gel 6 %</i>	1	+
<i>salicylic acid topical liquid 26 %</i>	1	+
<i>salicylic acid topical lotion 6 %</i>	1	+
<i>salicylic acid topical lotion,extended release 6 %</i>	1	+
<i>salicylic acid topical shampoo 6 %</i>	1	+
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	+
SALIMEZ FORTE TOPICAL CREAM 10 %	2	+
<i>salimez topical cream 6 %</i>	1	+

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Drug Name	Drug Tier	Requirements/Limits
SALVAX DUO PLUS TOPICAL FOAM 6-35 %	2	+
<i>salvax topical foam 6 %</i>	1	+
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 %	2	+
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 %	2	+
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 %	2	+
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
ASTERO TOPICAL GEL WITH PUMP 4 %	2	+
ATRAPRO HYDROGEL TOPICAL GEL	2	+
<i>celacyn topical gel with pump</i>	1	+
<i>cem-urea topical gel 45 %</i>	1	+
CERAMAX TOPICAL CREAM	2	+
CERAMAX TOPICAL LOTION	2	+
CONDYLOX TOPICAL GEL 0.5 %	3	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	2	+
DEXERYL TOPICAL CREAM	2	+
<i>doxepin topical cream 5 %</i>	1	
DUPIXENT PEN SQ PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT PEN SQ PEN INJECTOR 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 100 MG/0.67 ML	4	PA; QL (1.34 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 200 MG/1.14 ML	4	PA; QL (4.56 ML per 28 days)
DUPIXENT SYRINGE SQ SYRINGE 300 MG/2 ML	4	PA; QL (8 ML per 28 days)
ELIDEL TOPICAL CREAM 1 %	3	PA; QL (100 GM per 30 days)
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	+
EUCRISA TOPICAL OINTMENT 2 %	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical soln 2 %, 5 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL (60 ML per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hpr plus topical cream</i>	1	+
<i>hpr plus topical foam</i>	1	+
<i>hpr topical foam</i>	1	+
HYDRO 35 TOPICAL FOAM 35 %	2	+
HYDRO 40 TOPICAL FOAM 40 %	2	+
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	3	
<i>imiquimod topical cream in packet 3.75 %</i>	3	
<i>imiquimod topical cream in packet 5 %</i>	1	
LDO PLUS TOPICAL GEL WITH PUMP 4 %	2	+
LEVICYN ANTIPRURITIC SG TOPICAL SPRAY GEL	2	+
LEVICYN ANTIPRURITIC TOPICAL GEL	2	+
<i>lidocaine (pf) injection soln 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl injection soln 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	+
LIDOCAINE HCL INTRADERMAL PEN INJECTOR 0.5 MG	2	+
<i>lidocaine hcl laryngotracheal soln 4 %</i>	1	+
<i>lidocaine hcl mucous membrane soln 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	+
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	+
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (90 EA per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	QL (50 GM per 30 days)
<i>lidocaine viscous mucous membrane soln 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL (30 GM per 30 days)
<i>lido-k topical lotion 3 %</i>	1	+
<i>lidopin topical cream 3 %</i>	1	+
LIDOPIN TOPICAL CREAM 3.25 %	2	+
LIDORX TOPICAL GEL WITH PUMP 3 %	2	+
LIDOTRAL TOPICAL CREAM 3.88 %	2	+
<i>lidozion topical lotion 3 %</i>	1	+

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Drug Name	Drug Tier	Requirements/Limits
<i>methoxsalen oral cap,liqd-filled,rapid rel 10 mg</i>	3	
MIMYX TOPICAL CREAM	2	+
NEOSALUS TOPICAL LOTION	2	+
NUTRASEB TOPICAL CREAM	2	+
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL (100 GM per 30 days)
<i>podofilox topical gel 0.5 %</i>	1	
<i>podofilox topical soln 0.5 %</i>	1	
PRESERA TOPICAL FOAM	2	+
PROMISEB TOPICAL CREAM	2	+
<i>pruclair topical cream</i>	1	+
<i>prumyx topical cream</i>	1	+
RADIAGEL TOPICAL GEL	2	+
REGRANEX TOPICAL GEL 0.01 %	4	PA
RYNODERM TOPICAL CREAM 37.5 %	2	+
SANTYL TOPICAL OINTMENT 250 UNIT/G	2	
SEBUDERM TOPICAL GEL	2	+
<i>silver nitrate applicators topical stick 75-25 %</i>	1	+
<i>silver sulfadiazine topical cream 1 %</i>	1	
SSD TOPICAL CREAM 1 %	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL (100 GM per 30 days)
TRANZAREL TOPICAL GEL 4 %	2	+
URAMAXIN TOPICAL FOAM 20 %	2	+
URAMAXIN TOPICAL GEL 45 %	2	+
<i>urea nail stick topical soln 50 %</i>	1	+
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	+
<i>urea topical foam 35 %</i>	1	+
<i>urea topical gel 45 %</i>	1	+
UREA TOPICAL LOTION 40 %	2	+
<i>ure-k topical cream 50 %</i>	1	+
VALCHLOR TOPICAL GEL 0.016 %	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	QL (90 EA per 30 days)
<i>THERAPY FOR ACNE</i>		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>amneesteem oral cap 10 mg, 20 mg, 40 mg</i>	1	
AVAR LS TOPICAL CLEANSER 10-2 %	2	+
<i>avar topical cleanser 10-5 % (w/w)</i>	1	+
AVAR-E TOPICAL CREAM 10-5 % (W/W)	2	+
<i>azelaic acid topical gel 15 %</i>	1	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	2	+
<i>benzebro topical towelette 6 %</i>	1	+
<i>benzoyl peroxide topical cleanser 7 %</i>	1	+
<i>benzoyl peroxide topical foam 9.8 %</i>	1	+
<i>bp 10-1 topical cleanser 10-1 %</i>	1	+
<i>claravis oral cap 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindacin etz topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindacin p topical swab 1 %</i>	1	QL (69 EA per 30 days)
<i>clindamycin phosphate topical foam 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	QL (120 GM per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical soln 1 %</i>	1	QL (120 ML per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	QL (60 EA per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical soln 2 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 %	3	
<i>isotretinoin oral cap 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	2	+
PLEXION TOPICAL CLEANSER 9.8-4.8 %	2	+
PLEXION TOPICAL CREAM 9.8-4.8 %	2	+
PLEXION TOPICAL LOTION 9.8-4.8 %	2	+
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	2	+
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	+
ROSULA TOPICAL CLEANSER 10-4.5 %	2	+
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	+
<i>sss 10-5 topical foam 10-5 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	+
<i>sulfacetamide sodium-sulfur topical susp 10-5 %, 8-4 %</i>	1	+
<i>sulfacleanse 8-4 topical susp 8-4 %</i>	1	+
SUMADAN TOPICAL CLEANSER 9-4.5 %	2	+
SUMADAN TOPICAL KIT 9-4.5 %	2	+
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	2	+
SUMAXIN CP TOPICAL KIT 10-4 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
SUMAXIN TOPICAL CLEANSER 9-4 %	2	+
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	2	+
SUMAXIN TS TOPICAL SUSP 8-4 %	2	+
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.05 %	3	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	3	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA; ^
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; ^
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; ^
zenatane oral cap 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANESTHETICS		
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	+; QL (60 ML per 30 days)
<i>lidocaine hcl mucous membrane soln 2 %</i>	1	
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	2	+
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	2	+
ALTABAX TOPICAL OINTMENT 1 %	3	
DERMAZENE TOPICAL CREAM IN PACKET 1-1 %	2	+
<i>gentamicin topical cream 0.1 %</i>	1	QL (60 GM per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	+
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	+
<i>mafenide acetate topical packet 50 g</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	QL (30 GM per 30 days)
<i>mupirocin topical ointment 2 %</i>	1	QL (44 GM per 30 days)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	2	+
QUINJA TOPICAL GEL 1.25-1 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium (acne) topical susp 10 %</i>	1	
VYTONE TOPICAL CREAM IN PACKET 1.9-1 %	2	+
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	2	+
<i>ciclodan topical soln 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL (90 GM per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	QL (120 ML per 28 days)
<i>ciclopirox topical soln 8 %</i>	1	QL (6.6 ML per 28 days)
<i>ciclopirox topical susp 0.77 %</i>	1	QL (60 ML per 28 days)
<i>clotrimazole topical cream 1 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole topical soln 1 %</i>	1	QL (30 ML per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL (45 GM per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL (60 ML per 28 days)
<i>econazole topical cream 1 %</i>	1	QL (85 GM per 28 days)
JUBLIA TOPICAL SOLN WITH APPLICATOR 10 %	3	
<i>ketconazole topical cream 2 %</i>	1	QL (60 GM per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	QL (120 ML per 28 days)
<i>klayesta topical powder 100,000 unit/g</i>	1	QL (180 GM per 30 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	2	+
LOPROX KIT TOPICAL KIT, SUSP AND CLEANSER 0.77 %	2	+
<i>naftifine topical cream 1 %, 2 %</i>	1	QL (60 GM per 28 days)
<i>naftifine topical gel 2 %</i>	1	QL (60 GM per 30 days)
NAFTIN TOPICAL GEL 2 %	2	QL (60 GM per 28 days)
<i>nyamyc topical powder 100,000 unit/g</i>	1	QL (180 GM per 30 days)
<i>nystatin topical cream 100,000 unit/g</i>	1	QL (30 GM per 28 days)
<i>nystatin topical ointment 100,000 unit/g</i>	1	QL (30 GM per 28 days)
<i>nystatin topical powder 100,000 unit/g</i>	1	QL (180 GM per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL (60 GM per 28 days)

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<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/g-%</i>	1	QL (60 GM per 28 days)
<i>nystop topical powder 100,000 unit/g</i>	1	QL (180 GM per 30 days)
<i>oxiconazole topical cream 1 %</i>	1	
<i>tavaborole topical soln with applicator 5 %</i>	1	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	QL (30 GM per 30 days)
DENAVIR TOPICAL CREAM 1 %	4	QL (5 GM per 30 days)
<i>penciclovir topical cream 1 %</i>	1	QL (5 GM per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>apexicon e topical cream 0.05 %</i>	4	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp soln 0.05 %</i>	1	QL (100 ML per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
<i>clobetasol topical gel 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical lotion 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL (120 GM per 28 days)
<i>clobetasol-emollient topical foam 0.05 %</i>	1	QL (100 GM per 28 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	1	
<i>clodan topical shampoo 0.05 %</i>	1	QL (236 ML per 28 days)
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical soln 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical gel 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	QL (120 GM per 30 days)
<i>fluocinonide topical soln 0.05 %</i>	1	QL (120 ML per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL (120 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	QL (120 GM per 30 days)
<i>hydrocortisone butyrate topical soln 0.1 %</i>	1	QL (120 ML per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical soln 0.1 %</i>	1	
PANDEL TOPICAL CREAM 0.1 %	3	
<i>prednicarbate topical ointment 0.1 %</i>	1	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	2	+
<i>texacort topical soln 2.5 %</i>	1	
<i>triamcinolone acetonide topical aerosol 0.147 mg/g</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical susp 0.9 %</i>	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>orlistat oral cap 120 mg (rx)</i>	2	PA; ^

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Drug Name	Drug Tier	Requirements/Limits
WEGOVY SQ PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML (MISC CARDIOVASCULAR)	4	PA; ^; QL (4 ML per 365 days)
WEGOVY SQ PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML (MISC CARDIOVASCULAR)	4	PA; ^; QL (3 ML per 28 days)
XENICAL ORAL CAP 120 MG (RX)	2	PA; ^
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation soln</i>	3	
<i>neomycin-polymyxin b gu irrigation soln 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation soln</i>	3	
<i>tis-u-sol pentalyte irrigation irrigation soln 800-40-20-8.75- 6.25 mg/100 ml</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tab, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation soln 0.25 %</i>	1	
<i>anagrelide oral cap 0.5 mg, 1 mg</i>	1	
ARALAST NP IV RECON SOLN 1,000 MG, 500 MG	4	PA; LA
CAPHOSOL MUCOUS MEMBRANE SOLN	2	+
CARBAGLU ORAL TAB, DISPERSIBLE 200 MG	4	PA; LA
<i>carglumic acid oral tab, dispersible 200 mg</i>	4	PA
<i>cevimeline oral cap 30 mg</i>	1	
CHEMET ORAL CAP 100 MG	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE IV PARENT. SOLN 4.25 %	3	B/D PA; ^
CUVRIOR ORAL TAB 300 MG	4	PA; QL (300 EA per 30 days)
<i>d10 %-0.45 % sodium chloride iv parent. soln</i>	3	
<i>d2.5 %-0.45 % sodium chloride iv parent. soln</i>	3	
<i>d5 % and 0.9 % sodium chloride iv parent. soln</i>	3	
<i>d5 %-0.45 % sodium chloride iv parent. soln</i>	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	
<i>deferasirox oral tab 180 mg, 360 mg</i>	4	
<i>deferasirox oral tab 90 mg</i>	3	

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<i>deferiprone oral tab 1,000 mg, 500 mg</i>	4	PA
<i>dextrose 10 % and 0.2 % nacl iv parent. soln</i>	3	
<i>dextrose 10 % in water (d10w) iv parent. soln 10 %</i>	1	
<i>dextrose 25 % in water (d25w) iv syringe</i>	1	
<i>dextrose 5 % in water (d5w) iv parent. soln</i>	1	
<i>dextrose 5 % in water (d5w) iv piggyback 5 %</i>	1	
<i>dextrose 5 %-lactated ringers iv parent. soln</i>	3	
<i>dextrose 5%-0.2 % sod chloride iv parent. soln</i>	3	
<i>dextrose 5%-0.3 % sod.chloride iv parent. soln</i>	3	
<i>dextrose 50 % in water (d50w) iv parent. soln</i>	1	
<i>dextrose 50 % in water (d50w) iv syringe</i>	1	
<i>dextrose 70 % in water (d70w) iv parent. soln</i>	1	
<i>disulfiram oral tab 250 mg, 500 mg</i>	1	
<i>droxidopa oral cap 100 mg</i>	4	PA; QL (90 EA per 30 days)
<i>droxidopa oral cap 200 mg, 300 mg</i>	4	PA; QL (180 EA per 30 days)
ENDARI ORAL POWDER IN PACKET 5 G	4	PA; QL (180 EA per 30 days)
E-Z DISK ORAL TAB 700 MG	2	+
E-Z-HD BARIUM ORAL SUSP FOR RECON 98 %	2	+
E-Z-PAQUE ORAL SUSP FOR RECON 96 % (W/W)	2	+
E-Z-PASTE ORAL CREAM 60 %	2	+
FERRIPROX (2 TIMES A DAY) ORAL TAB, MODIFIED RELEASE 1,000 MG	4	PA
FERRIPROX ORAL SOLN 100 MG/ML	4	PA
FERRIPROX ORAL TAB 1,000 MG, 500 MG	4	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
GLASSIA IV SOLN 1 G/50 ML (2 %)	4	PA; LA
<i>glutamine (sickle cell) oral powder in packet 5 g</i>	4	PA; QL (180 EA per 30 days)
INCRELEX SQ SOLN 10 MG/ML	3	PA; LA
<i>kionex (with sorbitol) oral susp 15-20 g/60 ml</i>	1	
<i>lanthanum oral tab,chewable 1,000 mg, 500 mg, 750 mg</i>	4	
<i>levocarnitine (with sugar) oral soln 100 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine oral soln 100 mg/ml</i>	1	
<i>levocarnitine oral tab 330 mg</i>	1	
LIQUID E-Z PAQUE ORAL SUSP 60 % (W/V)	2	+
LIQUID POLIBAR PLUS ORAL SUSP 105 % (W/V), 58 % (W/W)	2	+
LITHOSTAT ORAL TAB 250 MG	4	
LOKELMA ORAL POWDER IN PACKET 10 G, 5 G	2	
<i>midodrine oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral cap 10 mg, 2 mg, 20 mg, 5 mg</i>	4	
NORTHERA ORAL CAP 100 MG	4	PA; QL (90 EA per 30 days)
NORTHERA ORAL CAP 200 MG, 300 MG	4	PA; QL (180 EA per 30 days)
NUMOISYN MUCOUS MEMBRANE LIQUID	2	+
<i>pilocarpine hcl oral tab 5 mg, 7.5 mg</i>	1	
PROLASTIN-C IV SOLN 1,000 MG (+/-)/20 ML	4	PA; LA
PYRUKYND ORAL TAB 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 EA per 28 days)
PYRUKYND ORAL TAB 5 MG	4	PA; LA; QL (14 EA per 365 days)
PYRUKYND ORAL TABS,DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; LA; QL (28 EA per 365 days)
RAVICTI ORAL LIQUID 1.1 G/ML	4	
READI-CAT 2 ORAL SUSP 2 % (W/V)	2	+
REZDIFFRA ORAL TAB 100 MG, 60 MG, 80 MG	4	PA; QL (30 EA per 30 days)
<i>riluzole oral tab 50 mg</i>	1	
<i>risedronate oral tab 30 mg</i>	1	QL (30 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 0.8 g</i>	3	QL (510 EA per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 g</i>	3	QL (150 EA per 30 days)
<i>sevelamer carbonate oral tab 800 mg</i>	1	QL (510 EA per 30 days)
<i>sevelamer hcl oral tab 400 mg, 800 mg</i>	1	
<i>sodium chloride 0.9 % iv parent. soln</i>	1	
<i>sodium chloride 0.9 % iv piggyback</i>	1	
<i>sodium chloride irrigation soln 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 g/g</i>	4	PA
<i>sodium phenylbutyrate oral tab 500 mg</i>	4	PA

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<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral susp 15-20 g/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 g/120 ml</i>	1	
TAGITOL V ORAL SUSP 40 % (W/V)	2	+
<i>trientine oral cap 250 mg</i>	4	PA; QL (240 EA per 30 days)
TZIELD IV SOLN 1 MG/ML	4	PA; LA; QL (14 ML per 365 days)
VARIBAR HONEY ORAL SUSP 40 % (W/V) 29% (W/W)	2	+
VARIBAR NECTAR ORAL SUSP 40 % (W/V)	2	+
VARIBAR PUDDING ORAL PASTE 40 % (W/V), 30% (W/W)	2	+
VARIBAR THIN HONEY ORAL SUSP 40 % (W/V), 29% (W/W) (1500 CPS)	2	+
VARIBAR THIN LIQUID ORAL POWDER 81 % (W/W)	2	+
VELPHORO ORAL TAB, CHEWABLE 500 MG	4	
VELTASSA ORAL POWDER IN PACKET 16.8 G, 25.2 G, 8.4 G	2	
<i>water for irrigation, sterile irrigation soln</i>	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	4	PA; ^
ZEMAIRA IV RECON SOLN 1,000 MG	4	PA; LA
ZEMAIRA IV RECON SOLN 4,000 MG, 5,000 MG	4	PA
<i>zoledronic acid-mannitol-water iv piggyback 5 mg/100 ml</i>	1	B/D PA; ^
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tab extended release 12 hr 150 mg</i>	1	QL (60 EA per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TAB 1 MG	2	
CHANTIX ORAL TAB 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABS, DOSE PACK 0.5 MG (11)- 1 MG (42)	2	
NICOTROL INH CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	3	
<i>varenicline oral tab 0.5 mg, 1 mg, 1 mg (56 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>varenicline oral tabs,dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN DENTAL CARTRIDGE 1 MG	3	
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %), 205.5 mcg (0.15 %)</i>	1	QL (60 ML per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	1	
DEBACTEROL MUCOUS MEMBRANE SOLN 30-50 %	2	+
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>fluoride (sodium) dental soln 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL (30 ML per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	2	+
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	+
PREVIDENT DENTAL GEL 1.1 %	2	+
PREVIDENT DENTAL SOLN 0.2 %	2	+

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PREVIDENT KIDS DENTAL PASTE 1.1 %	2	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetate dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) soln 2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetate oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSP 0.2-1 %	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,susp 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSP 3.3-3-10-0.5 MG/ML	2	
<i>neomycin-polymyxin-hc otic (ear) drops,susp 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) soln 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; ^
ACTHAR SELFJECT SQ PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; ^
CORTEF ORAL TAB 10 MG, 20 MG, 5 MG	3	
<i>cortisone oral tab 25 mg</i>	1	
DEPO-MEDROL INJECTION SUSP 20 MG/ML, 40 MG/ML, 80 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral soln 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tab 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection soln 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection soln 10 mg/ml, 4 mg/ml</i>	1	
<i>fludrocortisone oral tab 0.1 mg</i>	1	
<i>hydrocortisone oral tab 10 mg, 20 mg, 5 mg</i>	1	
KENALOG INJECTION SUSP 10 MG/ML	3	
KENALOG-80 INJECTION SUSP 80 MG/ML	3	
MEDROL ORAL TAB 2 MG	2	B/D PA; ^
<i>methylpred dp oral tabs,dose pack 4 mg</i>	1	
<i>methylprednisolone acetate injection susp 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tab 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; ^
<i>methylprednisolone oral tabs,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ iv recon soln 1,000 mg, 500 mg</i>	1	
<i>prednisolone oral soln 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral soln 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tab,disintegrating 10 mg, 15 mg, 30 mg</i>	1	B/D PA; ^
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral soln 5 mg/5 ml</i>	1	
<i>prednisone oral tab 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tabs,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	3	
<i>triamcinolone acetonide injection susp 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tab 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tab 50 mg</i>	1	
DIABETES THERAPY		
<i>acarbose oral tab 100 mg</i>	1	QL (90 EA per 30 days)
<i>acarbose oral tab 25 mg</i>	1	QL (360 EA per 30 days)
<i>acarbose oral tab 50 mg</i>	1	QL (180 EA per 30 days)
ACTOPLUS MET ORAL TAB 15-850 MG	3	QL (90 EA per 30 days)
ACTOS ORAL TAB 15 MG, 30 MG, 45 MG	3	QL (30 EA per 30 days)
<i>alcohol prep pads topical pads, medicated</i>	1	
<i>alcohol swabs topical pads, medicated</i>	1	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
BYDUREON BCISE SQ AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ^; QL (4 ML per 28 days)
BYETTA SQ PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	2	PA; ^; QL (2.4 ML per 30 days)
BYETTA SQ PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ^; QL (1.2 ML per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT	2	QL (10 EA per 30 days)
CEQUR SIMPLICITY INSERTER	2	QL (1 EA per 365 days)
<i>curity gauze topical bandage 2 x 2 "</i>	1	
CYCLOSET ORAL TAB 0.8 MG	3	QL (180 EA per 30 days)
<i>diazoxide oral susp 50 mg/ml</i>	4	
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	1	QL (200 EA per 30 days)
DROPLET PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	1	QL (200 EA per 30 days)
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	QL (200 EA per 30 days)

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FARXIGA ORAL TAB 10 MG	2	QL (30 EA per 30 days)
FARXIGA ORAL TAB 5 MG	2	QL (60 EA per 30 days)
<i>glimepiride oral tab 1 mg</i>	1	QL (240 EA per 30 days)
<i>glimepiride oral tab 2 mg</i>	1	QL (120 EA per 30 days)
<i>glimepiride oral tab 4 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tab 10 mg</i>	1	QL (120 EA per 30 days)
GLIPIZIDE ORAL TAB 2.5 MG	1	QL (30 EA per 30 days)
<i>glipizide oral tab 5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tab extended release 24hr 10 mg</i>	1	QL (60 EA per 30 days)
<i>glipizide oral tab extended release 24hr 2.5 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide oral tab extended release 24hr 5 mg</i>	1	QL (120 EA per 30 days)
<i>glipizide-metformin oral tab 2.5-250 mg</i>	1	QL (240 EA per 30 days)
<i>glipizide-metformin oral tab 2.5-500 mg, 5-500 mg</i>	1	QL (120 EA per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GLUMETZA ORAL TAB,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; QL (60 EA per 30 days)
GLUMETZA ORAL TAB,ER GAST.RETENTION 24 HR 500 MG	3	ST; QL (120 EA per 30 days)
<i>glyburide micronized oral tab 1.5 mg, 3 mg, 6 mg</i>	1	PA; HRM
<i>glyburide oral tab 1.25 mg, 2.5 mg, 5 mg</i>	1	PA; HRM
<i>glyburide-metformin oral tab 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA; HRM
GLYXAMBI ORAL TAB 10-5 MG, 25-5 MG	2	QL (30 EA per 30 days)
GVOKE HYPOPEN 1-PACK SQ AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE HYPOPEN 2-PACK SQ AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	
GVOKE PFS 1-PACK SYRINGE SQ SYRINGE 1 MG/0.2 ML	2	
GVOKE PFS 2-PACK SYRINGE SQ SYRINGE 1 MG/0.2 ML	2	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE SQ SOLN 1 MG/0.2 ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SQ INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SQ INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SQ SUSP 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SQ SUSP 100 UNIT/ML (75-25)	2	
HUMALOG TEMPO PEN(U-100)INSULN SQ INSULIN PEN, SENSOR 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SQ CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SQ SUSP 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SQ INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SQ SUSP 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLN 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SQ SOLN 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SQ INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN LISPRO PROTAMIN-LISPRO SQ INSULIN PEN 100 UNIT/ML (75-25)	2	
INSULIN LISPRO SQ INSULIN PEN 100 UNIT/ML	2	
INSULIN LISPRO SQ INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SQ SOLN 100 UNIT/ML	2	
INVOKAMET ORAL TAB 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
INVOKAMET XR ORAL TAB, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 EA per 30 days)
INVOKANA ORAL TAB 100 MG, 300 MG	3	ST; QL (30 EA per 30 days)
JANUMET ORAL TAB 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUMET XR ORAL TAB, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (30 EA per 30 days)
JANUMET XR ORAL TAB, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (60 EA per 30 days)
JANUVIA ORAL TAB 100 MG, 25 MG, 50 MG	2	QL (30 EA per 30 days)
JARDIANCE ORAL TAB 10 MG, 25 MG	2	QL (30 EA per 30 days)
JENTADUETO ORAL TAB 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TAB, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (60 EA per 30 days)
JENTADUETO XR ORAL TAB, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (30 EA per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
LEVEMIR FLEXPEN SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SQ INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SQ INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV TEMPO PEN(U-100)INSULN SQ INSULIN PEN, SENSOR 100 UNIT/ML	2	
LYUMJEV U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
<i>metformin oral soln 500 mg/5 ml</i>	1	QL (765 ML per 30 days)
<i>metformin oral tab 1,000 mg</i>	1	QL (75 EA per 30 days)
<i>metformin oral tab 500 mg</i>	1	QL (150 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tab 850 mg</i>	1	QL (90 EA per 30 days)
<i>metformin oral tab extended release 24 hr 500 mg</i>	1	QL (120 EA per 30 days)
<i>metformin oral tab extended release 24 hr 750 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tab extended release 24hr 1,000 mg</i>	1	QL (60 EA per 30 days)
<i>metformin oral tab extended release 24hr 500 mg</i>	1	QL (150 EA per 30 days)
<i>metformin oral tab,er gast.retention 24 hr 1,000 mg</i>	1	ST; QL (60 EA per 30 days)
<i>metformin oral tab,er gast.retention 24 hr 500 mg</i>	1	ST; QL (120 EA per 30 days)
<i>miglitol oral tab 100 mg</i>	1	QL (90 EA per 30 days)
<i>miglitol oral tab 25 mg</i>	1	QL (360 EA per 30 days)
<i>miglitol oral tab 50 mg</i>	1	QL (180 EA per 30 days)
MOUNJARO SQ PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; ^; QL (2 ML per 28 days)
<i>nateglinide oral tab 120 mg</i>	1	QL (90 EA per 30 days)
<i>nateglinide oral tab 60 mg</i>	1	QL (180 EA per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SQ CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4) SQ CARTRIDGE	2	QL (1 EA per 365 days)
OMNIPOD DASH PODS (GEN 4) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD GO PODS 10 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 15 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 20 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 25 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 30 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS 40 UNITS/DAY SQ CARTRIDGE	2	QL (10 EA per 30 days)
OMNIPOD GO PODS SQ CARTRIDGE	2	QL (10 EA per 30 days)
OZEMPIC SQ PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; ^; QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)
<i>pioglitazone oral tab 15 mg, 30 mg, 45 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-glimepiride oral tab 30-2 mg, 30-4 mg</i>	1	QL (30 EA per 30 days)
<i>pioglitazone-metformin oral tab 15-500 mg, 15-850 mg</i>	1	QL (90 EA per 30 days)
<i>repaglinide oral tab 0.5 mg</i>	1	QL (960 EA per 30 days)
<i>repaglinide oral tab 1 mg</i>	1	QL (480 EA per 30 days)
<i>repaglinide oral tab 2 mg</i>	1	QL (240 EA per 30 days)
RYBELSUS ORAL TAB 14 MG, 3 MG, 7 MG	2	PA; ^; QL (30 EA per 30 days)
<i>saxagliptin oral tab 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>saxagliptin-metformin oral tab, er multiphase 24 hr 2.5-1,000 mg</i>	1	QL (60 EA per 30 days)
<i>saxagliptin-metformin oral tab, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	QL (30 EA per 30 days)
SOLQUA 100/33 SQ INSULIN PEN 100 UNIT-33 MCG/ML	2	^; QL (15 ML per 25 days)
SYMLINPEN 120 SQ PEN INJECTOR 2,700 MCG/2.7 ML	4	PA; QL (10.8 ML per 30 days)
SYMLINPEN 60 SQ PEN INJECTOR 1,500 MCG/1.5 ML	4	PA; QL (6 ML per 30 days)
SYNJARDY ORAL TAB 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	QL (60 EA per 30 days)
SYNJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	QL (30 EA per 30 days)
TOUJEO MAX U-300 SOLOSTAR SQ INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SQ INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TAB 5 MG	2	QL (30 EA per 30 days)
TRESIBA FLEXTOUCH U-100 SQ INSULIN PEN 100 UNIT/ML (3 ML)	2	

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA FLEXTOUCH U-200 SQ INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SQ SOLN 100 UNIT/ML	2	
TRIJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TAB, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (60 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	1	QL (200 EA per 30 days)
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	QL (200 EA per 30 days)
TRULICITY SQ PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; ^; QL (2 ML per 28 days)
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	1	QL (200 EA per 30 days)
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	QL (200 EA per 30 days)
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
VICTOZA 2-PAK SQ PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ^; QL (9 ML per 30 days)
VICTOZA 3-PAK SQ PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	PA; ^; QL (9 ML per 30 days)
XIGDUO XR ORAL TAB, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TAB, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	QL (60 EA per 30 days)
XULTOPHY 100/3.6 SQ INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	^; QL (15 ML per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME IV SOLN 2.9 MG/5 ML	4	PA
<i>cabergoline oral tab 0.5 mg</i>	1	
<i>calcitonin (salmon) injection soln 200 unit/ml</i>	4	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol iv soln 1 mcg/ml</i>	1	
<i>calcitriol oral cap 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
CEREZYME IV RECON SOLN 400 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN IM RECON SOLN 10,000 UNIT	2	PA; ^
<i>cinacalcet oral tab 30 mg, 60 mg</i>	3	QL (60 EA per 30 days)
<i>cinacalcet oral tab 90 mg</i>	3	QL (120 EA per 30 days)
<i>clomiphene citrate oral tab 50 mg</i>	1	PA; ^
<i>danazol oral cap 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE IM OIL 100 MG/ML, 200 MG/ML	3	
<i>desmopressin injection soln 4 mcg/ml</i>	3	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tab 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol iv soln 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral cap 0.5 mcg, 1 mcg</i>	1	
<i>doxercalciferol oral cap 2.5 mcg</i>	3	
ELAPRASE IV SOLN 6 MG/3 ML	4	PA
FABRAZYME IV RECON SOLN 35 MG, 5 MG	4	
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>javygtor oral tab,soluble 100 mg</i>	4	PA
KORLYM ORAL TAB 300 MG	4	PA; QL (120 EA per 30 days)
LUMIZYME IV RECON SOLN 50 MG	4	PA
<i>methitest oral tab 10 mg</i>	1	
MIACALCIN INJECTION SOLN 200 UNIT/ML	4	
<i>mifepristone oral tab 300 mg</i>	4	PA; QL (120 EA per 30 days)
<i>miglustat oral cap 100 mg</i>	4	LA
NAGLAZYME IV SOLN 5 MG/5 ML	4	PA
NOVAREL IM RECON SOLN 5,000 UNIT	2	PA; ^
<i>pamidronate iv recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate iv soln 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol oral cap 1 mcg, 2 mcg</i>	1	
<i>paricalcitol oral cap 4 mcg</i>	3	
PREGNYL IM RECON SOLN 10,000 UNIT	2	PA; ^
RAYALDEE ORAL CAP,EXTENDED RELEASE 24 HR 30 MCG	2	
SAMSCA ORAL TAB 15 MG	4	PA; QL (120 EA per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA
<i>sapropterin oral tab,soluble 100 mg</i>	4	PA
SOMAVERT SQ RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; QL (30 EA per 30 days)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	4	
<i>testosterone cypionate im oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate im oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 g (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 g (1 %)</i>	1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 g (1.62 %)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5g), 1 % (50 mg/5 g)</i>	1	QL (300 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 g)</i>	1	QL (75 GM per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 g)</i>	1	QL (150 GM per 30 days)
<i>testosterone transdermal soln in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
<i>tolvaptan oral tab 15 mg</i>	4	PA; QL (120 EA per 30 days)
<i>tolvaptan oral tab 30 mg</i>	4	PA; QL (60 EA per 30 days)
<i>zoledronic acid iv soln 4 mg/5 ml</i>	1	B/D PA; ^
<i>zoledronic acid-mannitol-water iv piggyback 4 mg/100 ml</i>	1	B/D PA; ^
<i>zoledronic ac-mannitol-0.9nacl iv piggyback 4 mg/100 ml</i>	1	B/D PA; ^

THYROID HORMONES

ARMOUR THYROID ORAL TAB 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TAB 25 MCG, 5 MCG, 50 MCG	3	
<i>euthyrox oral tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE IV SOLN 100 MCG/ML, 20 MCG/ML, 40 MCG/ML	1	
LEVOTHYROXINE ORAL CAP 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tab 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOXYL ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	
<i>liothyronine oral tab 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tab 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

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Drug Name	Drug Tier	Requirements/Limits
TIROSINT ORAL CAP 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	
TIROSINT-SOL ORAL SOLN 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
UNITHROID ORAL TAB 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>anaspaz oral tab,disintegrating 0.125 mg</i>	1	+
<i>atropine injection soln 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine iv soln 0.4 mg/ml</i>	1	
<i>atropine iv syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	+
<i>chlordiazepoxide-clidinium oral cap 5-2.5 mg</i>	1	
<i>dicyclomine oral cap 10 mg</i>	1	
<i>dicyclomine oral soln 10 mg/5 ml</i>	1	
<i>dicyclomine oral tab 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tab 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG-0.1037 MG/5 ML (5 ML), 16.2-0.1037 -0.0194 MG/5 ML	2	+
DONNATAL ORAL TAB 16.2-0.1037 -0.0194 MG	2	+
<i>ed-spaz oral tab,disintegrating 0.125 mg</i>	1	+
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	1	
<i>glycopyrrolate (pf) in water iv syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection soln 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tab 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	+
<i>hyoscyamine sulfate oral tab 0.125 mg</i>	1	+
<i>hyoscyamine sulfate oral tab extended release 12 hr 0.375 mg</i>	1	+
<i>hyoscyamine sulfate oral tab,disintegrating 0.125 mg</i>	1	+
<i>hyoscyamine sulfate sublingual tab 0.125 mg</i>	1	+
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	+
LEVBID ORAL TAB EXTENDED RELEASE 12 HR 0.375 MG	2	+
LEVSIN ORAL TAB 0.125 MG	2	+
LEVSIN/SL SUBLINGUAL TAB 0.125 MG	2	+
LIBRAX (WITH CLIDINIUM) ORAL CAP 5-2.5 MG	2	
<i>loperamide oral cap 2 mg</i>	1	
<i>methscopolamine oral tab 2.5 mg, 5 mg</i>	3	
NULEV ORAL TAB,DISINTEGRATING 0.125 MG	2	+
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tab 0.125 mg</i>	1	+
<i>oscimin sl sublingual tab 0.125 mg</i>	1	+
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	+
<i>phenohydro oral tab 16.2-0.1037 -0.0194 mg</i>	1	+
<i>symax fastabs oral tab,disintegrating 0.125 mg</i>	1	+
<i>symax-sl sublingual tab 0.125 mg</i>	1	+
<i>symax-sr oral tab extended release 12 hr 0.375 mg</i>	1	+
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tab 0.5 mg, 1 mg</i>	4	PA
AMITIZA ORAL CAP 24 MCG, 8 MCG	2	QL (60 EA per 30 days)
ANA-LEX KIT RECTAL KIT 2-2 %	2	+
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
<i>anucort-hc rectal suppository 25 mg</i>	1	+
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	2	+
<i>aprepitant oral cap 125 mg</i>	4	B/D PA; ^
<i>aprepitant oral cap 40 mg, 80 mg</i>	3	B/D PA; ^
<i>aprepitant oral cap,dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; ^
AVSOLA IV RECON SOLN 100 MG	4	PA
<i>balsalazide oral cap 750 mg</i>	1	
<i>betaine oral powder 1 g/scoop</i>	4	
<i>budesonide oral cap,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tab,delayed and ext.release 9 mg</i>	4	
CHENODAL ORAL TAB 250 MG	4	LA
CIMZIA POWDER FOR RECONST SQ KIT 400 MG (200 MG X 2 VIALS)	4	PA; QL (2 EA per 28 days)
CIMZIA STARTER KIT SQ SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (3 EA per 180 days)
CIMZIA SQ SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; QL (2 EA per 28 days)
CLENPIQ ORAL SOLN 10 MG-3.5 G- 12 G/175 ML	3	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral soln 10 g/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	4	
CREON ORAL CAP,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DIPENTUM ORAL CAP 250 MG	4	ST
<i>dronabinol oral cap 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; ^; QL (60 EA per 30 days)
EMEND ORAL SUSP FOR RECON 125 MG (25 MG/ ML FINAL CONC.)	3	B/D PA; ^
<i>enulose oral soln 10 g/15 ml</i>	1	
GATTEX 30-VIAL SQ KIT 5 MG	4	PA
GATTEX ONE-VIAL SQ KIT 5 MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 g</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 g</i>	1	
<i>generlac oral soln 10 g/15 ml</i>	1	
<i>granisetron hcl oral tab 1 mg</i>	1	B/D PA; ^
<i>hemmorex-hc rectal suppository 25 mg</i>	1	+
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	+
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	+
INFLECTRA IV RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
<i>lactulose oral packet 10 g</i>	1	
<i>lactulose oral soln 10 g/15 ml, 10 g/15 ml (15 ml), 20 g/30 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	+
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 G)	2	+
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 g), 3-0.5 %, 3-1 % (7 g)</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	+
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 g)</i>	1	+
LINZESS ORAL CAP 145 MCG, 290 MCG, 72 MCG	2	QL (30 EA per 30 days)
LUBIPROSTONE ORAL CAP 24 MCG, 8 MCG	3	QL (60 EA per 30 days)
<i>meclizine oral tab 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral cap (with del rel tabs) 400 mg</i>	1	
<i>mesalamine oral cap, extended release 500 mg</i>	1	
<i>mesalamine oral cap,extended release 24hr 0.375 g</i>	1	
<i>mesalamine oral tab,delayed release (dr/ec) 1.2 g, 800 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine rectal enema 4 g/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 g/60 ml</i>	1	
<i>metoclopramide hcl oral soln 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tab 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TAB 12.5 MG, 25 MG	3	QL (30 EA per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	
NOVACORT TOPICAL GEL WITH PERINEAL APPLICATOR 2-1 %	2	+
OICALIVA ORAL TAB 10 MG, 5 MG	4	PA; LA; QL (30 EA per 30 days)
<i>ondansetron hcl (pf) injection soln 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl iv soln 2 mg/ml</i>	1	
<i>ondansetron hcl oral soln 4 mg/5 ml</i>	1	B/D PA; ^
<i>ondansetron hcl oral tab 4 mg, 8 mg</i>	1	B/D PA; ^
<i>ondansetron oral tab,disintegrating 4 mg, 8 mg</i>	1	B/D PA; ^
<i>palonosetron iv soln 0.25 mg/5 ml</i>	3	
PANCREAZE ORAL CAP,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000- 54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln 236-22.74- 6.74 -5.86 g (rx)</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 g (rx)</i>	1	
<i>peg-electrolyte soln oral recon soln 420 g (rx)</i>	1	
PERTZYE ORAL CAP,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000- 28,750- 30,250 UNIT	3	ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 G	3	
<i>prochlorperazine edisylate injection soln 10 mg/2 ml (5 mg/ml)</i>	1	

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<i>prochlorperazine maleate oral tab 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	2	+
PROCTOCORT RECTAL SUPPOSITORY 30 MG	2	+
PROCTOFOAM HC RECTAL FOAM 1-1 %	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
REMICADE IV RECON SOLN 100 MG	4	PA; QL (20 EA per 30 days)
RENFLEXIS IV RECON SOLN 100 MG	4	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	QL (10 EA per 30 days)
SKYRIZI IV SOLN 60 MG/ML	4	PA; QL (30 ML per 180 days)
SKYRIZI SQ WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 ML per 56 days)
SKYRIZI SQ WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 ML per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 g, 17.5-3.13-1.6 g 2 pack (480ml)</i>	1	
SUCRAID ORAL SOLN 8,500 UNIT/ML	4	PA
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 G	3	
<i>sulfasalazine oral tab 500 mg</i>	1	
<i>sulfasalazine oral tab,delayed release (dr/ec) 500 mg</i>	1	
SUTAB ORAL TAB 1.479-0.188- 0.225 G	3	
TIGAN IM SOLN 100 MG/ML	3	
<i>trimethobenzamide oral cap 300 mg</i>	1	
TRULANCE ORAL TAB 3 MG	3	
<i>ursodiol oral cap 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral tab 250 mg, 500 mg</i>	1	
VIBERZI ORAL TAB 100 MG, 75 MG	4	PA; QL (60 EA per 30 days)
VIOKACE ORAL TAB 10,440-39,150- 39,150 UNIT	3	
VIOKACE ORAL TAB 20,880-78,300- 78,300 UNIT	4	
ZENPEP ORAL CAP,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		
ACIPHEX ORAL TAB,DELAYED RELEASE (DR/EC) 20 MG	3	QL (60 EA per 30 days)
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
CARAFATE ORAL SUSP 100 MG/ML	3	
<i>cimetidine hcl oral soln 300 mg/5 ml</i>	1	
<i>cimetidine oral tab 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAP,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	QL (60 EA per 30 days)
<i>dexlansoprazole oral cap,biphase delayed releas 30 mg, 60 mg</i>	1	QL (30 EA per 30 days)
<i>esomeprazole magnesium oral cap,delayed release(dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>famotidine (pf) iv soln 20 mg/2 ml</i>	1	
<i>famotidine iv soln 10 mg/ml</i>	1	
<i>famotidine oral susp for recon 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tab 20 mg, 40 mg</i>	1	
<i>lansoprazole oral cap,delayed release(dr/ec) 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)
<i>lansoprazole oral tab,disintegrat, delay rel 15 mg, 30 mg</i>	1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>misoprostol oral tab 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAP,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	3	QL (60 EA per 30 days)
<i>nizatidine oral cap 150 mg, 300 mg</i>	1	
<i>omeprazole oral cap,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral cap 20-1.1 mg-g, 40-1.1 mg-g</i>	3	QL (60 EA per 30 days)
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	QL (60 EA per 30 days)
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	QL (60 EA per 30 days)
<i>pantoprazole oral tab,delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (60 EA per 30 days)
PREVACID ORAL CAP,DELAYED RELEASE(DR/EC) 30 MG	3	QL (60 EA per 30 days)
PREVACID SOLUTAB ORAL TAB,DISINTEGRAT, DELAY REL 15 MG, 30 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	QL (60 EA per 30 days)
PROTONIX ORAL TAB,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	3	QL (60 EA per 30 days)
<i>rabeprazole oral tab,delayed release (dr/ec) 20 mg</i>	1	QL (60 EA per 30 days)
<i>sucralfate oral susp 100 mg/ml</i>	1	
<i>sucralfate oral tab 1 g</i>	1	
TALICIA ORAL CAP,IR - DELAY REL,BIPHASE 10-250-12.5 MG	3	QL (168 EA per 180 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SQ SOLN 100 MCG/0.5 ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLN 100 MCG/ML, 200 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SOLN 25 MCG/ML, 40 MCG/ML	3	PA

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ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	3	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA
ARCALYST SQ RECON SOLN 220 MG	4	PA
AVONEX IM PEN INJECTOR 30 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
AVONEX IM PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
AVONEX IM SYRINGE 30 MCG/0.5 ML	4	PA; QL (1 ML per 28 days)
AVONEX IM SYRINGE KIT 30 MCG/0.5 ML	4	PA; QL (1 EA per 28 days)
BESREMI SQ SYRINGE 500 MCG/ML	4	PA; LA; QL (2 ML per 28 days)
BETASERON SQ KIT 0.3 MG	4	PA; QL (14 EA per 28 days)
GENOTROPIN MINISQUICK SQ SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
GENOTROPIN SQ CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
LEUKINE INJECTION RECON SOLN 250 MCG	4	
NIVESTYM INJECTION SOLN 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SQ SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
NYVEPRIA SQ SYRINGE 6 MG/0.6 ML	4	
PEGASYS SQ SOLN 180 MCG/ML	4	PA; QL (4 ML per 28 days)
PEGASYS SQ SYRINGE 180 MCG/0.5 ML	4	PA; QL (2 ML per 28 days)
<i>plerixafor sq soln 24 mg/1.2 ml (20 mg/ml)</i>	4	B/D PA; ^
PROCRIT INJECTION SOLN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
REBIF (WITH ALBUMIN) SQ SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)
REBIF REBIDOSE SQ PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL (6 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REBIF REBIDOSE SQ PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
REBIF TITRATION PACK SQ SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; QL (8.4 ML per 365 days)
RETACRIT INJECTION SOLN 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA
ZIEXTENZO SQ SYRINGE 6 MG/0.6 ML	4	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYVVO (PF) IM RECON SOLN 120 MCG/0.5 ML	2	PA; V; QL (1 EA per 365 days)
ACTHIB (PF) IM RECON SOLN 10 MCG/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) IM SUSP 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	V
ADACEL(TDAP ADOLESN/ADULT)(PF) IM SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	V
AREXVY (PF) IM SUSP FOR RECON 120 MCG/0.5 ML	2	PA; V; QL (1 EA per 365 days)
ASCENIV IV SOLN 10 %	4	B/D PA; ^
ATGAM IV SOLN 50 MG/ML	3	B/D PA; ^
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSP FOR RECON 50 MG	2	V
BEXSERO IM SYRINGE 50-50-50-25 MCG/0.5 ML	2	V
BIVIGAM IV SOLN 10 %	4	B/D PA; ^
BOOSTRIX TDAP IM SUSP 2.5-8-5 LF-MCG- LF/0.5ML	2	V
BOOSTRIX TDAP IM SYRINGE 2.5-8-5 LF-MCG- LF/0.5ML	2	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; ^
DAPTACEL (DTAP PEDIATRIC) (PF) IM SUSP 15-10- 5 LF-MCG-LF/0.5ML	2	
DENGVAXIA (PF) SQ SUSP FOR RECON 10EXP4.5-6 CCID50/0.5 ML	2	
ENGRIX-B (PF) IM SUSP 20 MCG/ML	2	B/D PA; V; ^

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ENERGIX-B (PF) IM SYRINGE 20 MCG/ML	2	B/D PA; V; ^
ENERGIX-B PEDIATRIC (PF) IM SYRINGE 10 MCG/0.5 ML	2	B/D PA; V; ^
FLEBOGAMMA DIF IV SOLN 10 %, 5 %	4	B/D PA; ^
<i>fomepizole iv soln 1 g/ml</i>	4	
GAMASTAN IM SOLN 15-18 % RANGE	3	
GAMMAGARD LIQUID INJECTION SOLN 10 %	4	B/D PA; ^
GAMMAGARD S-D (IGA < 1 MCG/ML) IV RECON SOLN 10 G, 5 G	4	B/D PA; ^
GAMMAKED INJECTION SOLN 1 G/10 ML (10 %), 10 G/100 ML (10 %), 20 G/200 ML (10 %), 5 G/50 ML (10 %)	4	B/D PA; ^
GAMMAPLEX (WITH SORBITOL) IV SOLN 5 %	4	B/D PA; ^
GAMMAPLEX IV SOLN 10 %	4	B/D PA; ^
GAMUNEX-C INJECTION SOLN 1 G/10 ML (10 %), 10 G/100 ML (10 %), 20 G/200 ML (10 %), 40 G/400 ML (10 %), 5 G/50 ML (10 %)	4	B/D PA; ^
GAMUNEX-C INJECTION SOLN 2.5 G/25 ML (10 %)	3	B/D PA; ^
GARDASIL 9 (PF) IM SUSP 0.5 ML	2	V
GARDASIL 9 (PF) IM SYRINGE 0.5 ML	2	V
HAVRIX (PF) IM SYRINGE 1,440 ELISA UNIT/ML	2	V
HAVRIX (PF) IM SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPLISAV-B (PF) IM SYRINGE 20 MCG/0.5 ML	2	B/D PA; V; ^
HIBERIX (PF) IM RECON SOLN 10 MCG/0.5 ML	2	
<i>hizentra sq soln 1 g/5 ml (20 %)</i>	3	B/D PA; ^
HIZENTRA SQ SOLN 10 G/50 ML (20 %), 2 G/10 ML (20 %), 4 G/20 ML (20 %)	4	B/D PA; ^
HIZENTRA SQ SYRINGE 1 G/5 ML (20 %), 10 G/50 ML (20 %)	3	B/D PA; ^
HIZENTRA SQ SYRINGE 2 G/10 ML (20 %), 4 G/20 ML (20 %)	4	B/D PA; ^
IMOVAX RABIES VACCINE (PF) IM RECON SOLN 2.5 UNIT	2	V
INFANRIX (DTAP) (PF) IM SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSP 40-8-32 UNIT/0.5 ML	2	V

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Drug Name	Drug Tier	Requirements/Limits
IXCHIQ (PF) IM RECON SOLN 1,000 TCID50/0.5 ML	2	V
IXIARO (PF) IM SYRINGE 6 MCG/0.5 ML	2	V
JYNNEOS (PF) SQ SUSP 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	V
KINRIX (PF) IM SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	
MENACTRA (PF) IM SOLN 4 MCG/0.5 ML	2	V
MENQUADFI (PF) IM SOLN 10 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) IM KIT 10-5 MCG/0.5 ML	2	V
MENVEO A-C-Y-W-135-DIP (PF) IM SOLN 10-5 MCG/0.5 ML	2	V
M-M-R II (PF) SQ RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	V
MRESVIA (PF) IM SYRINGE 50 MCG/0.5 ML	2	PA; V; QL (1 ML per 365 days)
OCTAGAM IV SOLN 10 %, 5 %	4	B/D PA; ^
PANZYGA IV SOLN 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	4	B/D PA; ^
PEDIARIX (PF) IM SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) IM SOLN 7.5 MCG/0.5 ML	2	
PENBRAYA (PF) IM KIT 5-120 MCG/0.5 ML	2	V
PENTACEL (PF) IM KIT 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PREHEVBRIO (PF) IM SUSP 10 MCG/ML	2	B/D PA; V; ^
PRIORIX (PF) SQ SUSP FOR RECON 10EXP3.4-4.2-3.3CCID50/0.5ML	2	V
PRIVIGEN IV SOLN 10 %	4	B/D PA; ^
PROQUAD (PF) SQ SUSP FOR RECON 10EXP3-4.3-3- 3.99 TCID50/0.5	2	
QUADRACEL (PF) IM SUSP 15 LF-48 MCG- 5 LF UNIT/0.5ML, 15 LF-48 MCG- 5 LF UNIT/0.5ML (58 UNT/ML)	2	
QUADRACEL (PF) IM SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) IM SUSP FOR RECON 2.5 UNIT	2	V

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RECOMBIVAX HB (PF) IM SUSP 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V; ^
RECOMBIVAX HB (PF) IM SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	B/D PA; V; ^
ROTARIX ORAL SUSP 10EXP6 CCID50 /1.5 ML	2	
ROTARIX ORAL SUSP FOR RECON 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLN 2 ML	2	
SHINGRIX (PF) IM SUSP FOR RECON 50 MCG/0.5 ML	2	V; QL (2 EA per 999 days)
STAMARIL (PF) SQ SUSP FOR RECON 1,000 UNIT/0.5 ML	2	V
TDVAX IM SUSP 2-2 LF UNIT/0.5 ML	2	V
TENIVAC (PF) IM SUSP 5 LF UNIT- 2 LF UNIT/0.5ML	2	V
TENIVAC (PF) IM SYRINGE 5-2 LF UNIT/0.5 ML	2	V
TETANUS,DIPHThERIA TOX PED(PF) IM SUSP 5-25 LF UNIT/0.5 ML	2	
TICE BCG INTRAVESICAL SUSP FOR RECON 50 MG	3	B/D PA; ^
TICOVAC IM SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC IM SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA IM SYRINGE 120 MCG/0.5 ML	2	V
TWINRIX (PF) IM SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	V
TYPHIM VI IM SOLN 25 MCG/0.5 ML	2	V
TYPHIM VI IM SYRINGE 25 MCG/0.5 ML	2	V
VAQTA (PF) IM SUSP 25 UNIT/0.5 ML	2	
VAQTA (PF) IM SUSP 50 UNIT/ML	2	V
VAQTA (PF) IM SYRINGE 25 UNIT/0.5 ML	2	
VAQTA (PF) IM SYRINGE 50 UNIT/ML	2	V
VARIVAX (PF) SQ SUSP FOR RECON 1,350 UNIT/0.5 ML	2	V
VARIZIG IM SOLN 125 UNIT/1.2 ML	3	
VAXCHORA VACCINE ORAL SUSP FOR RECON 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	V

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SQ SUSP FOR RECON 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	2	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

<i>alcohol pads topical pads, medicated</i>	1	
<i>bd safetyglide insulin syringe syringe 1 ml 29 gauge x 1/2", 1 ml 31 gauge x 15/64"</i>	1	QL (200 EA per 30 days)
<i>bd ultra-fine nano pen needle needle 32 gauge x 5/32"</i>	1	QL (200 EA per 30 days)
<i>bd ultra-fine short pen needle needle 31 gauge x 5/16"</i>	1	QL (200 EA per 30 days)
<i>gauze pad topical bandage 2 x 2 "</i>	1	
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i>	1	QL (200 EA per 30 days)
OMNIPOD 5 (G6/LIBRE 2 PLUS) SQ CARTRIDGE	2	QL (20 EA per 30 days)
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SQ CARTRIDGE	2	QL (1 EA per 365 days)
<i>pen needle, diabetic needle 29 gauge x 1/2"</i>	1	QL (200 EA per 30 days)
<i>techlite insulin syringe syringe 1 ml 30 gauge x 1/2", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16</i>	1	QL (200 EA per 30 days)
<i>techlite insuln syr(half unit) syringe 0.3 ml 31 gauge x 15/64", 0.3 ml 31 gauge x 5/16", 0.5 ml 30 gauge x 1/2", 0.5 ml 31 gauge x 15/64", 0.5 ml 31 gauge x 5/16"</i>	1	QL (200 EA per 30 days)
<i>techlite pen needle needle 29 gauge x 1/2", 31 gauge x 3/16", 31 gauge x 5/16", 32 gauge x 1/4", 32 gauge x 5/32"</i>	1	QL (200 EA per 30 days)

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tab 100 mg, 300 mg</i>	1	
<i>colchicine oral cap 0.6 mg</i>	1	QL (60 EA per 30 days)
<i>colchicine oral tab 0.6 mg</i>	1	QL (120 EA per 30 days)
COLCRYS ORAL TAB 0.6 MG	3	QL (120 EA per 30 days)
<i>febuxostat oral tab 40 mg, 80 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements/Limits
MITIGARE ORAL CAP 0.6 MG	2	QL (120 EA per 30 days)
<i>probenecid oral tab 500 mg</i>	1	
<i>probenecid-colchicine oral tab 500-0.5 mg</i>	1	
ULORIC ORAL TAB 40 MG, 80 MG	3	ST
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TAB 150 MG	3	QL (1 EA per 28 days)
ACTONEL ORAL TAB 35 MG	3	QL (4 EA per 28 days)
<i>alendronate oral soln 70 mg/75 ml</i>	1	
<i>alendronate oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>alendronate oral tab 35 mg, 70 mg</i>	1	QL (4 EA per 28 days)
BINOSTO ORAL TAB, EFFERVESCENT 70 MG	3	
EVISTA ORAL TAB 60 MG	3	QL (30 EA per 30 days)
FORTEO SQ PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	4	PA; QL (2.4 ML per 28 days)
FOSAMAX ORAL TAB 70 MG	3	QL (4 EA per 28 days)
FOSAMAX PLUS D ORAL TAB 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL (4 EA per 28 days)
<i>ibandronate oral tab 150 mg</i>	1	QL (1 EA per 28 days)
PROLIA SQ SYRINGE 60 MG/ML	3	QL (1 ML per 180 days)
<i>raloxifene oral tab 60 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tab 150 mg</i>	1	QL (1 EA per 28 days)
<i>risedronate oral tab 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	QL (4 EA per 28 days)
<i>risedronate oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>risedronate oral tab, delayed release (dr/ec) 35 mg</i>	1	
<i>teriparatide sq pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (2.4 ML per 28 days)
TERIPARATIDE SQ PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 ML per 28 days)
TYMLOS SQ PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL (1.56 ML per 30 days)
OTHER RHEUMATOLOGICALS		
ADALIMUMAB-ADAZ SQ PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADAZ SQ SYRINGE 40 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ADALIMUMAB-ADBIM SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (4 EA per 28 days)
ADALIMUMAB-ADBIM SQ SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (2 EA per 28 days)
ADALIMUMAB-ADBIM SQ SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (4 EA per 28 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (12 EA per 365 days)
ADALIMUMAB-ADBIM(CF) PEN PS-UV SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00597)	4	PA; QL (8 EA per 365 days)
BENLYSTA IV RECON SOLN 120 MG, 400 MG	4	PA
BENLYSTA SQ AUTO-INJECTOR 200 MG/ML	4	PA
BENLYSTA SQ SYRINGE 200 MG/ML	4	PA
CYLTEZO(CF) PEN CROHN'S-UC-HS SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL (12 EA per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL (8 EA per 365 days)
CYLTEZO(CF) PEN SQ PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
CYLTEZO(CF) SQ SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; QL (2 EA per 28 days)
CYLTEZO(CF) SQ SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; QL (4 EA per 28 days)
ENBREL MINI SQ CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SQ SOLN 25 MG/0.5 ML	4	PA; QL (8 ML per 28 days)
ENBREL SQ SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
ENBREL SURECLICK SQ PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL (8 ML per 28 days)
HUMIRA PEN SQ PEN INJECTOR KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SQ SYRINGE KIT 40 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SQ PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (6 EA per 365 days)
HUMIRA(CF) PEN SQ PEN INJECTOR KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HUMIRA(CF) PEN SQ PEN INJECTOR KIT 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SQ SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (2 EA per 28 days)
HUMIRA(CF) SQ SYRINGE KIT 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 00074)	4	PA; QL (4 EA per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER SQ PEN INJECTOR 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (4.8 ML per 365 days)
HYRIMOZ PEN PSORIASIS STARTER SQ PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 ML per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SQ SYRINGE 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (3.2 ML per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SQ SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (2.4 ML per 365 days)
HYRIMOZ(CF) PEN SQ PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (1.6 ML per 28 days)
HYRIMOZ(CF) SQ SYRINGE 10 MG/0.1 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (0.2 ML per 28 days)
HYRIMOZ(CF) SQ SYRINGE 20 MG/0.2 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (0.4 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) SQ SYRINGE 40 MG/0.4 ML (PREFERRED NDCS STARTING WITH 61314)	4	PA; QL (1.6 ML per 28 days)
<i>leflunomide oral tab 10 mg, 20 mg</i>	1	QL (30 EA per 30 days)
ORENCIA CLICKJECT SQ AUTO-INJECTOR 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SQ SYRINGE 125 MG/ML	4	PA; QL (4 ML per 28 days)
ORENCIA SQ SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 ML per 28 days)
ORENCIA SQ SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 ML per 28 days)
OTEZLA ORAL TAB 20 MG, 30 MG	4	PA; QL (60 EA per 30 days)
OTEZLA STARTER ORAL TABS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (110 EA per 365 days)
<i>penicillamine oral cap 250 mg</i>	4	
<i>penicillamine oral tab 250 mg</i>	4	
RIDAURA ORAL CAP 3 MG	4	
RINVOQ LQ ORAL SOLN 1 MG/ML	4	PA; QL (360 ML per 30 days)
RINVOQ ORAL TAB EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (30 EA per 30 days)
RINVOQ ORAL TAB EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (84 EA per 180 days)
SAVELLA ORAL TAB 100 MG, 12.5 MG, 25 MG, 50 MG	2	QL (60 EA per 30 days)
SAVELLA ORAL TABS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	QL (110 EA per 365 days)
SIMPONI ARIA IV SOLN 12.5 MG/ML	4	PA
SIMPONI SQ PEN INJECTOR 100 MG/ML	4	PA; QL (3 ML per 28 days)
SIMPONI SQ PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
SIMPONI SQ SYRINGE 100 MG/ML	4	PA; QL (3 ML per 28 days)
SIMPONI SQ SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
XELJANZ ORAL SOLN 1 MG/ML	4	PA; QL (300 ML per 30 days)
XELJANZ ORAL TAB 10 MG, 5 MG	4	PA; QL (60 EA per 30 days)
XELJANZ XR ORAL TAB EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL (30 EA per 30 days)
OBSTETRICS / GYNECOLOGY		
<i>ESTROGENS / PROGESTINS</i>		
ANGELIQ ORAL TAB 0.25-0.5 MG, 0.5-1 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>camila oral tab 0.35 mg</i>	1	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	QL (4 EA per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (4 EA per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tab 0.625-1.25 mg</i>	1	+
<i>covaryx oral tab 1.25-2.5 mg</i>	1	+
CRINONE VAGINAL GEL 8 %	2	PA; ^
<i>deblitane oral tab 0.35 mg</i>	1	
DELESTROGEN IM OIL 10 MG/ML	3	
DEPO-ESTRADIOL IM OIL 5 MG/ML	3	
DEPO-SUBQ PROVERA 104 SQ SYRINGE 104 MG/0.65 ML	3	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 G (0.1 %), 0.5 MG/0.5 G (0.1 %), 0.75 MG/0.75 G (0.1%), 1 MG/G (0.1 %), 1.25 MG/1.25 G (0.1 %)	3	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
DUAVEE ORAL TAB 0.45-20 MG	3	PA
<i>eemt hs oral tab 0.625-1.25 mg</i>	1	+
<i>eemt oral tab 1.25-2.5 mg</i>	1	+
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 G/ACTUATION	3	
<i>emzahh oral tab 0.35 mg</i>	1	
<i>errin oral tab 0.35 mg</i>	1	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/G)	3	
<i>estradiol oral tab 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel in metered-dose pump 1.25 g/actuation</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal gel in packet 0.25 mg/0.25 g (0.1 %), 0.5 mg/0.5 g (0.1 %), 0.75 mg/0.75 g (0.1%), 1 mg/g (0.1 %), 1.25 mg/1.25 g (0.1 %)</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 EA per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/g)</i>	1	
<i>estradiol vaginal tab 10 mcg</i>	1	
<i>estradiol valerate im oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tab 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 G/ACTUATION	3	
<i>estrogens-methyltestosterone oral tab 0.625-1.25 mg, 1.25-2.5 mg</i>	1	+
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	2	QL (1 EA per 90 days)
<i>fyavolv oral tab 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tab 5 mg</i>	1	
<i>heather oral tab 0.35 mg</i>	1	
<i>incassia oral tab 0.35 mg</i>	1	
<i>jencycla oral tab 0.35 mg</i>	1	
<i>jinteli oral tab 1-5 mg-mcg</i>	1	
<i>lyza oral tab 0.35 mg</i>	1	
<i>medroxyprogesterone im susp 150 mg/ml</i>	1	
<i>medroxyprogesterone im syringe 150 mg/ml</i>	1	
<i>medroxyprogesterone oral tab 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TAB 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	2	QL (4 EA per 28 days)
<i>mimvey oral tab 1-0.5 mg</i>	1	
<i>nora-be oral tab 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tab 0.35 mg</i>	1	
<i>norethindrone acetate oral tab 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tab 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TAB 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/G	2	
PREMPHASE ORAL TAB 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TAB 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone micronized oral cap 100 mg, 200 mg</i>	1	
<i>sharobel oral tab 0.35 mg</i>	1	
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL (8 EA per 28 days)
<i>yuvaferm vaginal tab 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	+
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	PA; ^; QL (30 EA per 30 days)
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 g)</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
OSPHENA ORAL TAB 60 MG	3	PA; ^; QL (30 EA per 30 days)
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<i>tranexamic acid oral tab 650 mg</i>	1	
<i>vandazole vaginal gel 0.75 % (37.5mg/5 g)</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle oral tab 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tab 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tab 90-20 mcg (28)</i>	1	
<i>apri oral tab 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tab 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tab 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>aurovela 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tab 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tab 0.15-0.03 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>azurette (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tab 0.4-35 mg-mcg</i>	1	
<i>blisovi 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tab 0.4-35 mg-mcg</i>	1	
<i>camrese lo oral tabs,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>charlotte 24 fe oral tab,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal eq (28) oral tab 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tab 0.3-30 mg-mcg</i>	1	
<i>cyred eq oral tab 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>desogestrel-ethinyl estradiol oral tab 0.15-0.03 mg</i>	1	
<i>dolishale oral tab 90-20 mcg (28)</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tab 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tab 3-0.02 mg, 3-0.03 mg</i>	1	
<i>elinest oral tab 0.3-30 mg-mcg</i>	1	
<i>enpresse oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tab 0.15-0.03 mg</i>	1	
<i>estarylla oral tab 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tab 1-35 mg-mcg, 1-50 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>falmina (28) oral tab 0.1-20 mg-mcg</i>	1	
<i>finzala oral tab,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>gemmily oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tab 1.5-30 mg-mcg</i>	1	
<i>iclevia oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tab 0.15-0.03 mg</i>	1	
<i>jaimiess oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tab 3-0.02 mg</i>	1	
<i>jolessa oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>joyeaux oral tab 0.1 mg-0.02 mg (21)/iron (7)</i>	1	
<i>juleber oral tab 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tab,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tab 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>kelnor 1/50 (28) oral tab 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tab 0.15-0.03 mg</i>	1	

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<i>l norgest/e.estradiol-e.estrad oral tabs,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tab 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>layolis fe oral tab,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tab 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tab 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgest-eth.estradiol-iron oral tab 0.1 mg-0.02 mg (21)/iron (7)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tab 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tab 0.15-0.03 mg</i>	1	
<i>lojaimiess oral tabs,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tab 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tab 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tab 3-0.02 mg</i>	1	
<i>lutra (28) oral tab 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tab 0.15-0.03 mg</i>	1	
<i>merzee oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>microgestin 1.5/30 (21) oral tab 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tab 1-20 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>microgestin 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>microgestin fe 1.5/30 (28) oral tab 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tab 0.25-35 mg-mcg</i>	1	
<i>mono-linyah oral tab 0.25-35 mg-mcg</i>	1	
<i>necon 0.5/35 (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>nikki (28) oral tab 3-0.02 mg</i>	1	
<i>noreth-ethinyl estradiol-iron oral tab,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>norethindrone ac-eth estradiol oral tab 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	
<i>norethindrone-e.estradiol-iron oral cap 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>norethindrone-e.estradiol-iron oral tab 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tab,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>norgestimate-ethinyl estradiol oral tab 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	
<i>nortrel 0.5/35 (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tab 1-35 mg-mcg (21)</i>	1	
<i>nortrel 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nylia 1/35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>nylia 7/7/7 (28) oral tab 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>nymyo oral tab 0.25-35 mg-mcg</i>	1	
<i>ocella oral tab 3-0.03 mg</i>	1	
<i>philith oral tab 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	

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<i>portia 28 oral tab 0.15-0.03 mg</i>	1	
<i>reclipsen (28) oral tab 0.15-0.03 mg</i>	1	
<i>rivelsa oral tabs,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>setlakin oral tabs,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>simliya (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>simpesse oral tabs,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tab 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tab 0.1-20 mg-mcg</i>	1	
<i>syeda oral tab 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tab 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1-20 eq (28) oral tab 1 mg-20 mcg (21)/75 mg (7)</i>	1	
TILIA FE ORAL TAB 1-20(5)/1-30(7) /1MG-35MCG (9)	1	
<i>tri-estarylla oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tab 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-lynyah oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-nymyo oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tab 50-30 (6)/75-40 (5)/125-30(10)</i>	1	

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<i>tri-vylibra lo oral tab 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tab 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>turqoz (28) oral tab 0.3-30 mg-mcg</i>	1	
TYBLUME ORAL TAB,CHEWABLE 0.1 MG- 20 MCG	1	
<i>tydemy oral tab 3-0.03-0.451 mg (21) (7)</i>	1	
<i>velivet triphasic regimen (28) oral tab 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tab 3-0.02 mg</i>	1	
<i>vienva oral tab 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>volnea (28) oral tab 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tab 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tab 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tab 0.5-35 mg-mcg</i>	1	
<i>wymzya fe oral tab,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	
<i>zovia 1-35 (28) oral tab 1-35 mg-mcg</i>	1	
<i>zumandimine (28) oral tab 3-0.03 mg</i>	1	
OXYTOCICS		
<i>methylergonovine oral tab 0.2 mg</i>	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/g</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/g</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSP 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/g (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSP 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/g</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	2	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSP 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming soln 0.25 %, 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	3	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALOMIDOPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	+
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOGYLOPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	+
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	+
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	
CYSTARANOPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLN 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	4	PA; QL (0.1 ML per 28 days)
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	2	QL (3 ML per 30 days)
MYDRIACYLOPHTHALMIC (EYE) DROPS 1 %	2	+
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	+
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1	
OXERVATEOPHTHALMIC (EYE) DROPS 0.002 %	4	PA; QL (112 ML per 56 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	+
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (60 EA per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	

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TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	2	+
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	+
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	+
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (10 ML per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL (60 EA per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSP 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSP 0.1 %	3	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral cap, extended release 500 mg</i>	1	
<i>acetazolamide oral tab 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tab 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSP 1 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,susp 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	3	QL (60 EA per 30 days)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	3	

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<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	QL (60 EA per 30 days)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	3	ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSP 1-0.2 %	3	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	3	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	3	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	QL (30 EA per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,susp 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,susp 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSP 0.3-0.05 %	2	

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<i>tobramycin-dexamethasone ophthalmic (eye) drops,susp 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSP 0.3-0.5 %	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSP 0.25 %	2	QL (16.6 ML per 30 days)
FLAREX OPHTHALMIC (EYE) DROPS,SUSP 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops,susp 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSP 0.25 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSP 1 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSP 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,susp 0.2 %, 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSP 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSP 0.12 %	2	
<i>prednisolone acetate ophthalmic (eye) drops,susp 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	2	+
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	+
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>cetirizine oral soln 1 mg/ml</i>	1	
CLARINEX ORAL TAB 5 MG	3	
CLARINEX-D 12 HOUR ORAL TAB, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL (60 EA per 30 days)
<i>clemastine oral tab 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tab 4 mg</i>	1	
<i>desloratadine oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection soln 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLN 1 MG/ML (1 ML)	2	+
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL (2 EA per 30 days)
<i>epinephrine injection soln 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	+
<i>hydroxyzine hcl oral soln 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tab 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral cap 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral soln 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tab 5 mg</i>	1	QL (30 EA per 30 days)
<i>promethazine injection soln 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; HRM
<i>promethazine oral tab 12.5 mg, 25 mg, 50 mg</i>	1	PA; HRM
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
MISCELLANEOUS PULMONARY AGENTS		
TYVASO DPI INH CARTRIDGE WITH INHALER 64 MCG	4	
PULMONARY AGENTS		
<i>acetylcysteine soln 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; ^
ADEMPAS ORAL TAB 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA; QL (90 EA per 30 days)
ADVAIR DISKUS INH BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	ST; QL (60 EA per 30 days)
ADVAIR HFA INH HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>albuterol sulfate inh hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (17 GM per 30 days)
<i>albuterol sulfate inh hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 GM per 30 days)
<i>albuterol sulfate inh hfa aerosol inhaler 90 mcg/actuation (nda020983)</i>	1	QL (36 GM per 30 days)
<i>albuterol sulfate inh soln for neb 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	B/D PA; ^
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tab 2 mg, 4 mg</i>	1	
<i>alyq oral tab 20 mg</i>	3	PA; ^; QL (60 EA per 30 days)
<i>ambrisentan oral tab 10 mg, 5 mg</i>	4	PA; LA; QL (30 EA per 30 days)
ANORO ELLIPTA INH BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (60 EA per 30 days)
<i>arformoterol inh soln for neb 15 mcg/2 ml</i>	3	B/D PA; ^
ARNUIITY ELLIPTA INH BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 EA per 30 days)
ASMANEX HFA INH HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (13 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INH AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	ST; QL (1 EA per 30 days)
ASMANEX TWISTHALER INH AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	ST; QL (2 EA per 30 days)
ATROVENT HFA INH HFA AEROSOL INHALER 17 MCG/ACTUATION	2	QL (25.8 GM per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	QL (23 GM per 30 days)
<i>bosentan oral tab 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INH BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	QL (60 EA per 30 days)
<i>breyndra inh hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.3 GM per 30 days)
BROVANA INH SOLN FOR NEB 15 MCG/2 ML	3	B/D PA; ^
<i>budesonide inh susp for neb 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	B/D PA; ^; QL (120 ML per 30 days)
COMBIVENT RESPIMAT INH MIST 20-100 MCG/ACTUATION	2	QL (8 GM per 30 days)
<i>cromolyn inh soln for neb 20 mg/2 ml</i>	1	B/D PA; ^
DALIRESP ORAL TAB 250 MCG, 500 MCG	3	QL (30 EA per 30 days)
DULERA INH HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	ST; QL (13 GM per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	QL (23 GM per 30 days)
FASENRA PEN SQ AUTO-INJECTOR 30 MG/ML	4	PA; QL (1 ML per 28 days)
FASENRA SQ SYRINGE 10 MG/0.5 ML	4	PA; QL (0.5 ML per 28 days)
FASENRA SQ SYRINGE 30 MG/ML	4	PA; QL (1 ML per 28 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 ML per 30 days)
FLUTICASONE PROPIONATE INH BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (60 EA per 30 days)
FLUTICASONE PROPIONATE INH BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (240 EA per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPIONATE INH HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (12 GM per 30 days)
FLUTICASONE PROPIONATE INH HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (24 GM per 30 days)
FLUTICASONE PROPIONATE INH HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal spray,susp 50 mcg/actuation</i>	1	QL (16 GM per 30 days)
<i>fluticasone propion-salmeterol inh blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
FLUTICASONE PROPION-SALMETEROL INH HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (12 GM per 30 days)
<i>formoterol fumarate inh soln for neb 20 mcg/2 ml</i>	1	B/D PA; ^; QL (120 ML per 30 days)
HAEGARDA SQ RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
HYPER-SAL INH SOLN FOR NEB 3.5 %, 7 %	2	+
<i>icatibant sq syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
INCRUSE ELLIPTA INH BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (30 EA per 30 days)
<i>ipratropium bromide inh soln 0.02 %</i>	1	B/D PA; ^
<i>ipratropium-albuterol inh soln for neb 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; ^
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	4	PA; QL (56 EA per 28 days)
KALYDECO ORAL TAB 150 MG	4	PA; QL (56 EA per 28 days)
<i>levalbuterol hcl inh soln for neb 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; ^
<i>levalbuterol tartrate inh hfa aerosol inhaler 45 mcg/actuation</i>	1	QL (30 GM per 30 days)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL (34 GM per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tab 10 mg</i>	1	QL (30 EA per 30 days)
<i>montelukast oral tab,chewable 4 mg, 5 mg</i>	1	QL (30 EA per 30 days)
NEBUSAL INH SOLN FOR NEB 3 %, 6 %	2	+

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Drug Name	Drug Tier	Requirements/Limits
NUCALA SQ AUTO-INJECTOR 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SQ SYRINGE 100 MG/ML	4	PA; LA; QL (3 ML per 28 days)
NUCALA SQ SYRINGE 40 MG/0.4 ML	4	PA; LA; QL (0.4 ML per 28 days)
OFEV ORAL CAP 100 MG, 150 MG	4	PA; QL (60 EA per 30 days)
OHTUVAYRE INH SUSP FOR NEB 3 MG/2.5 ML	4	B/D PA; ^; QL (150 ML per 30 days)
OPSUMIT ORAL TAB 10 MG	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; QL (56 EA per 28 days)
ORKAMBI ORAL TAB 100-125 MG, 200-125 MG	4	PA; QL (112 EA per 28 days)
PERFOROMIST INH SOLN FOR NEB 20 MCG/2 ML	2	B/D PA; ^; QL (120 ML per 30 days)
<i>pirfenidone oral tab 267 mg</i>	4	PA; QL (270 EA per 30 days)
<i>pirfenidone oral tab 534 mg, 801 mg</i>	4	PA; QL (90 EA per 30 days)
PROAIR RESPICLICK INH AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	QL (2 EA per 30 days)
PULMICORT FLEXHALER INH AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	ST; QL (2 EA per 30 days)
PULMICORT FLEXHALER INH AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; QL (1 EA per 30 days)
PULMICORT INH SUSP FOR NEB 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	3	B/D PA; ^; QL (120 ML per 30 days)
PULMOZYME INH SOLN 1 MG/ML	4	B/D PA; ^; QL (150 ML per 30 days)
QVAR REDHALER INH HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	ST; QL (10.6 GM per 30 days)
QVAR REDHALER INH HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	ST; QL (21.2 GM per 30 days)
<i>roflumilast oral tab 250 mcg, 500 mcg</i>	1	QL (30 EA per 30 days)
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	3	ST
<i>sajazir sq syringe 30 mg/3 ml</i>	4	PA; QL (18 ML per 30 days)
SEREVENT DISKUS INH BLISTER WITH DEVICE 50 MCG/DOSE	2	QL (60 EA per 30 days)
<i>sildenafil (pah) 20 mg tab</i>	1	PA; ^; QL (90 EA per 30 days)
SINGULAIR ORAL GRANULES IN PACKET 4 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TAB 10 MG	3	QL (30 EA per 30 days)
SINGULAIR ORAL TAB, CHEWABLE 4 MG, 5 MG	3	QL (30 EA per 30 days)

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SPIRIVA RESPIMAT INH MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	ST; QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INH CAP, W/INH DEVICE 18 MCG	3	ST; QL (90 EA per 90 days)
STIOLTO RESPIMAT INH MIST 2.5-2.5 MCG/ACTUATION	3	ST; QL (4 GM per 30 days)
SYMDEKO ORAL TABS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL (56 EA per 28 days)
<i>tadalafil (pah) 20 mg tab</i>	3	PA; ^; QL (60 EA per 30 days)
TADLIQ ORAL SUSP 20 MG/5 ML (4 MG/ML)	4	PA; ^; QL (300 ML per 30 days)
<i>terbutaline oral tab 2.5 mg, 5 mg</i>	1	
<i>terbutaline sq soln 1 mg/ml</i>	1	
THEO-24 ORAL CAP, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral soln 80 mg/15 ml</i>	1	
<i>theophylline oral tab extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline oral tab extended release 24 hr 400 mg, 600 mg</i>	1	
<i>tiotropium bromide inh cap, w/inh device 18 mcg</i>	3	QL (30 EA per 30 days)
TRELEGY ELLIPTA INH BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	QL (60 EA per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; QL (56 EA per 28 days)
TRIKAFTA ORAL TABS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; QL (84 EA per 28 days)
TYVASO DPI INH CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) -48(28) MCG, 32 MCG, 32-48 MCG, 48 MCG	4	
TYVASO INH SOLN FOR NEB 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO INSTITUTIONAL START KIT INH SOLN FOR NEB 1.74 MG/2.9 ML	4	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
TYVASO REFILL KIT INH SOLN FOR NEB 1.74 MG/2.9 ML (0.6 MG/ML)	4	B/D PA; ^
TYVASO STARTER KIT INH SOLN FOR NEB 1.74 MG/2.9 ML	4	B/D PA; ^
VENTAVIS INH SOLN FOR NEB 10 MCG/ML, 20 MCG/ML	4	PA; ^
VENTOLIN HFA INH HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL (36 GM per 30 days)
<i>wixela inhub inh blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 EA per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL (32 ML per 30 days)
XOLAIR SQ AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SQ AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
XOLAIR SQ RECON SOLN 150 MG	4	PA; LA; QL (8 EA per 28 days)
XOLAIR SQ SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; LA; QL (8 ML per 28 days)
XOLAIR SQ SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (1 ML per 28 days)
YUPELRI INH SOLN FOR NEB 175 MCG/3 ML	4	B/D PA; ^; QL (90 ML per 30 days)
<i>zafirlukast oral tab 10 mg, 20 mg</i>	1	QL (60 EA per 30 days)
<i>zileuton oral tab, er multiphase 12 hr 600 mg</i>	4	

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tab extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>fesoterodine oral tab extended release 24 hr 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>flavoxate oral tab 100 mg</i>	1	
GEMTESA ORAL TAB 75 MG	2	QL (30 EA per 30 days)
MYRBETRIQ ORAL TAB EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tab 5 mg</i>	1	
<i>oxybutynin chloride oral tab extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL (60 EA per 30 days)
<i>solifenacin oral tab 10 mg, 5 mg</i>	1	

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<i>tolterodine oral cap,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tab 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TAB EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	QL (30 EA per 30 days)
<i>trospium oral cap,extended release 24hr 60 mg</i>	1	QL (30 EA per 30 days)
<i>trospium oral tab 20 mg</i>	1	QL (60 EA per 30 days)
VESICARE ORAL TAB 10 MG, 5 MG	3	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tab extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAP 0.5 MG	3	
CIALIS ORAL TAB 2.5 MG (BPH)	2	PA; ^; QL (60 EA per 30 days)
CIALIS ORAL TAB 5 MG (BPH)	2	PA; ^; QL (30 EA per 30 days)
<i>dutasteride oral cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral cap, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tab 5 mg</i>	1	QL (30 EA per 30 days)
FLOMAX ORAL CAP 0.4 MG	3	QL (60 EA per 30 days)
PROSCAR ORAL TAB 5 MG	3	QL (30 EA per 30 days)
<i>silodosin oral cap 4 mg, 8 mg</i>	1	QL (30 EA per 30 days)
<i>tadalafil oral tab 2.5 mg (bph)</i>	1	PA; ^; QL (60 EA per 30 days)
<i>tadalafil oral tab 5 mg (bph)</i>	1	PA; ^; QL (30 EA per 30 days)
<i>tamsulosin oral cap 0.4 mg</i>	1	QL (60 EA per 30 days)
UROXATRAL ORAL TAB EXTENDED RELEASE 24 HR 10 MG	3	
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tab 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
CYSTAGON ORAL CAP 150 MG, 50 MG	3	LA
<i>cytra-2 oral soln 500-334 mg/5 ml</i>	1	+
<i>cytra-3 oral soln 550-500-334 mg/5 ml</i>	1	+
<i>cytra-k oral soln 1,100-334 mg/5 ml</i>	1	+
ELMIRON ORAL CAP 100 MG	3	
K-PHOS NO 2 ORAL TAB 305-700 MG	2	

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS ORIGINAL ORAL TAB,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tab 81.6-40.8-0.12 mg</i>	1	+
ORACIT ORAL SOLN 490-640 MG/5 ML	2	+
<i>pot,sodium citrate-citric acid oral soln 550-500-334 mg/5 ml</i>	1	+
<i>potassium citrate oral tab extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral soln 1,100-334 mg/5 ml</i>	1	+
RENACIDIN IRRIGATION SOLN 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>sodium citrate-citric acid oral soln 500-334 mg/5 ml</i>	1	+
<i>tricitrates oral soln 550-500-334 mg/5 ml</i>	1	+
URELLE ORAL TAB 81-10.8-40.8 MG	2	+
<i>uretron d-s oral tab 81.6-10.8-40.8 mg</i>	1	+
<i>uro-458 oral tab 81-10.8-40.8 mg</i>	1	+
<i>urogesic-blue oral tab 81.6-40.8-0.12 mg</i>	1	+
<i>uro-mp oral cap 118-10-40.8-36 mg</i>	1	+
<i>uryl oral tab 81.6-40.8-0.12 mg</i>	1	+
URINARY ANESTHETICS		
<i>phenazopyridine oral tab 100 mg, 200 mg</i>	1	+
PYRIDIUM ORAL TAB 100 MG, 200 MG	2	+
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral cap 667 mg</i>	1	QL (360 EA per 30 days)
<i>calcium acetate(phosphat bind) oral tab 667 mg</i>	1	QL (360 EA per 30 days)
EFFER-K ORAL TAB, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tab, effervescent 25 meq</i>	1	
KLOR-CON 10 ORAL TAB EXTENDED RELEASE 10 MEQ	1	
KLOR-CON 8 ORAL TAB EXTENDED RELEASE 8 MEQ	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m10 oral tab,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tab,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tab,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tab, effervescent 25 meq</i>	1	
<i>k-phos-neutral oral tab 250 mg</i>	1	+
<i>lactated ringers iv parent. soln</i>	3	
MAGNESIUM SULFATE IN D5W IV PIGGYBACK 1 G/100 ML	1	
<i>magnesium sulfate in water iv parent. soln 20 g/500 ml (4 %), 40 g/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water iv piggyback 2 g/50 ml (4 %), 4 g/100 ml (4 %), 4 g/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection soln 500 mg/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>phospha 250 neutral oral tab 250 mg</i>	1	+
<i>phosphorous oral tab 250 mg</i>	1	+
<i>phospho-trin 250 neutral oral tab 250 mg</i>	1	+
<i>potassium chlorid-d5-0.45%nacl iv parent. soln 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl iv parent. soln 20 meq/l</i>	3	
<i>potassium chloride in 0.9%nacl iv parent. soln 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex iv parent. soln 10 meq/l</i>	1	
<i>potassium chloride in 5 % dex iv parent. soln 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 iv parent. soln 20 meq/l</i>	3	
<i>potassium chloride in water iv piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride iv soln 2 meq/ml, 2 meq/ml (20 ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride oral cap, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tab extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TAB EXTENDED RELEASE 15 MEQ	1	
<i>potassium chloride oral tab,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl iv parent. soln 20 meq/l</i>	3	
<i>potassium chloride-d5-0.2%nacl iv parent. soln 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl iv parent. soln 20 meq/l, 40 meq/l</i>	3	
<i>ringer's iv parent. soln</i>	3	
<i>sodium bicarbonate iv soln 1 meq/ml (8.4 %)</i>	1	
<i>sodium bicarbonate iv soln 4.2 %</i>	1	+
<i>sodium bicarbonate iv syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium bicarbonate iv syringe 4.2 % (0.5 meq/ml)</i>	1	+
<i>sodium chloride 0.45 % iv parent. soln 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic iv parent. soln 3 %</i>	1	
<i>sodium chloride 5 % hypertonic iv parent. soln 5 %</i>	1	
<i>sodium chloride iv soln 2.5 meq/ml, 4 meq/ml</i>	1	
TPN ELECTROLYTES IV SOLN 35-20-5 MEQ/20 ML	3	B/D PA; ^
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE IV PARENT. SOLN 5 %	3	B/D PA; ^
CLINIMIX 4.25%/D10W SULF FREE IV PARENT. SOLN 4.25 %	3	B/D PA; ^
CLINIMIX 5%-D20W(SULFITE-FREE) IV PARENT. SOLN 5 %	3	B/D PA; ^

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 6%-D5W (SULFITE-FREE) IV PARENT. SOLN 6-5 %	3	B/D PA; ^
CLINIMIX 8%-D10W(SULFITE-FREE) IV PARENT. SOLN 8-10 %	3	B/D PA; ^
CLINIMIX 8%-D14W(SULFITE-FREE) IV PARENT. SOLN 8-14 %	3	B/D PA; ^
CLINIMIX E 4.25%/D10W SUL FREE IV PARENT. SOLN 4.25 %	3	B/D PA; ^
CLINISOL SF 15 % IV PARENT. SOLN 15 %	3	B/D PA; ^
<i>electrolyte-48 in d5w iv parent. soln</i>	3	
INTRALIPID IV EMULSION 20 %, 30 %	3	B/D PA; ^
KABIVEN IV EMULSION 3.31-10.8-3.9 %	3	B/D PA; ^
NUTRILIPID IV EMULSION 20 %	3	B/D PA; ^
PERIKABIVEN IV EMULSION 2.36-7.5-3.5 %	3	B/D PA; ^
<i>plenamine iv parent. soln 15 %</i>	3	B/D PA; ^
PREMASOL 10 % IV PARENT. SOLN 10 %	4	B/D PA; ^
PROSOL 20 % IV PARENT. SOLN	3	B/D PA; ^
TRAVASOL 10 % IV PARENT. SOLN 10 %	3	B/D PA; ^
TROPHAMINE 10 % IV PARENT. SOLN 10 %	3	B/D PA; ^
VITAMINS / HEMATINICS		
BAL-CARE DHA ORAL COMBO PACK,TAB AND CAP,DR 27-1-430 MG	2	
C-NATE DHA ORAL CAP 28 MG IRON-1 MG -200 MG	2	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	2	
ELITE-OB ORAL TAB 50 MG IRON- 1.25 MG	2	
<i>fluoride (sodium) oral tab,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
FOLIVANE-OB ORAL CAP 85-1 MG	2	
<i>ludent fluoride oral tab,chewable 1 mg (2.2 mg sod. fluoride)</i>	1	
M-NATAL PLUS ORAL TAB 27 MG IRON- 1 MG	2	
NATAL PNV ORAL TAB 6 MG IRON- 833.5 MCG DFE	2	

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Drug Name	Drug Tier	Requirements/Limits
PNV-DHA ORAL CAP 27 MG IRON-1 MG -300 MG	2	
PNV-OMEGA ORAL CAP 28-1-300 MG	2	
PNV-SELECT ORAL TAB 27-1 MG	2	
PR NATAL 400 EC ORAL COMBO PACK,TAB AND CAP,DR 29-1-400 MG	2	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	2	
PR NATAL 430 EC ORAL COMBO PACK,TAB AND CAP,DR 29-1-430 MG	2	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	2	
PRENATAL PLUS (CALCIUM CARB) ORAL TAB 27 MG IRON- 1 MG	2	
PRENATAL VITAMIN PLUS LOW IRON ORAL TAB 27 MG IRON- 1 MG	2	
SE-NATAL 19 CHEWABLE ORAL TAB,CHEWABLE 29 MG IRON- 1 MG	2	
SE-NATAL-19 ORAL TAB 29 MG IRON- 1 MG	2	
TARON-C DHA ORAL CAP 35-1-200 MG	2	
TRINATAL RX 1 ORAL TAB 60 MG IRON-1 MG	2	
WESCAP-PN DHA ORAL CAP 27 MG IRON-1 MG - 300 MG	1	
WESNATE DHA ORAL CAP 28 MG IRON-1 MG -200 MG	1	
WESTAB PLUS ORAL TAB 27 MG IRON- 1 MG	1	
WESTGEL DHA ORAL CAP 31 MG IRON- 1 MG-200 MG	1	

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Index

A		
<i>abacavir</i>	10	
<i>abacavir-lamivudine</i>	10	
ABELCET	9	
ABILIFY	56	
ABILIFY ASIMTUFII	56	
ABILIFY MAINTENA	56	
<i>abiraterone</i>	23	
ABRAXANE	23	
ABRYSVO (PF).....	119	
<i>acamprosate</i>	93	
<i>acarbose</i>	100	
<i>acebutolol</i>	69	
<i>acetaminophen-caff-</i> <i>dihydrocod</i>	51	
<i>acetaminophen-codeine</i>	51	
<i>acetazolamide</i>	140	
<i>acetazolamide sodium</i>	140	
<i>acetic acid</i>	93, 98	
<i>acetylcysteine</i>	144	
ACIPHEX	116	
<i>acitretin</i>	81	
ACTHAR.....	98	
ACTHAR SELFJECT	98	
ACTHIB (PF).....	119	
ACTIMMUNE	117	
ACTONEL.....	124	
ACTOPLUS MET.....	100	
ACTOS	100	
ACUVAIL (PF).....	140	
<i>acyclovir</i>	10, 90	
<i>acyclovir sodium</i>	10	
ADACEL(TDAP ADOLESN/ADULT)(PF)....	119	
ADALIMUMAB- ADAZ	124, 125	
ADALIMUMAB-ADB.....	125	
ADALIMUMAB-ADB(CF) PEN CROHNS.....	125	
ADALIMUMAB-ADB(CF) PEN PS-UV.....	125	
<i>adapalene</i>	86	
ADCETRIS	23	
ADDERALL XR	56	
<i>adefovir</i>	10	
ADEMPAS	144	
ADLARITY	47	
ADRIAMYCIN.....	23	
<i>adstiladrin</i>	23	
ADVAIR DISKUS.....	144	
ADVAIR HFA.....	144	
AFINITOR	24	
AFINITOR DISPERZ	24	
<i>afirmelle</i>	131	
AIMOVIG AUTOINJECTOR.....	47	
AJOVY AUTOINJECTOR	47	
AJOVY SYRINGE.....	47	
AKEEGA.....	24	
<i>ala-cort</i>	90	
<i>albendazole</i>	16	
<i>albuterol sulfate</i>	144	
<i>alclometasone</i>	90	
<i>alcohol pads</i>	123	
<i>alcohol prep pads</i>	100	
<i>alcohol swabs</i>	100	
ALCORTIN A	88	
ALDURAZyme	107	
ALECENSA	24	
<i>alendronate</i>	124	
<i>alfuzosin</i>	150	
ALIQOPA	24	
<i>aliskiren</i>	69	
<i>allopurinol</i>	123	
<i>almotriptan malate</i>	47	
ALOCRIIL	139	
ALOMIDE	139	
<i>alose tron</i>	111	
ALPHAGAN P.....	142	
<i>alprazolam</i>	56, 57	
<i>alprazolam intensol</i>	56	
ALTABAX	88	
<i>altacaine</i>	139	
<i>altavera (28)</i>	131	
ALTOPREV	78	
ALUNBRIG	24	
<i>alyacen 1/35 (28)</i>	131	
<i>alyacen 7/7/7 (28)</i>	131	
<i>alyq</i>	144	
<i>amantadine hcl</i>	10	
<i>ambrisentan</i>	144	
<i>amethia</i>	131	
<i>amethyst (28)</i>	131	
<i>amikacin</i>	17	
<i>amiloride</i>	69	
<i>amiloride-</i> <i>hydrochlorothiazide</i>	69	
<i>aminocaproic acid</i>	76	
<i>amiodarone</i>	68	
AMITIZA.....	111	
<i>amitriptyline</i>	57	
<i>amitriptyline-</i> <i>chlordiazepoxide</i>	57	
<i>amlodipine</i>	69	
<i>amlodipine-atorvastatin</i>	78	
<i>amlodipine-benazepril</i>	69	
<i>amlodipine-olmesartan</i>	69	
<i>amlodipine-valsartan</i>	69	
<i>amlodipine-valsartan-</i> <i>hcthiiazid</i>	69	
<i>ammonium lactate</i>	83	
<i>amnestem</i>	86	
<i>amoxapine</i>	57	
<i>amoxicil-clarithromy-</i> <i>lansopraz</i>	116	
<i>amoxicillin</i>	20	
<i>amoxicillin-pot clavulanate</i> ..	20	
<i>amphotericin b</i>	9	
<i>amphotericin b liposome</i>	9	
<i>ampicillin</i>	20	
<i>ampicillin sodium</i>	20	
<i>ampicillin-sulbactam</i>	20	
AMRIX.....	50	
ANAFRANIL.....	57	
<i>anagrelide</i>	93	
ANA-LEX KIT.....	111	
ANALPRAM-HC	81, 111	
<i>anas paz</i>	110	
<i>anastrozole</i>	24	
ANGELIQ.....	127	
ANKTIVA	24	
ANORO ELLIPTA.....	144	
<i>anucort-hc</i>	112	
ANUSOL-HC	112	
<i>apexicon e</i>	90	
APLENZIN.....	57	

<i>apraclonidine</i>	142	AUGTYRO.....	24	<i>bd ultra-fine nano pen</i>	
<i>aprepitant</i>	112	<i>aurovela 1.5/30 (21)</i>	131	<i>needle</i>	123
<i>apri</i>	131	<i>aurovela 1/20 (21)</i>	131	<i>bd ultra-fine short pen</i>	
APTIOM.....	39	<i>aurovela 24 fe</i>	131	<i>needle</i>	123
APTIVUS	10	<i>aurovela fe 1.5/30 (28)</i>	131	BELEODAQ.....	24
ARALAST NP	93	<i>aurovela fe 1-20 (28)</i>	131	<i>belladonna alkaloids-opium</i>	
<i>aranelle (28)</i>	131	AUSTEDO	48		110
ARANESP (IN		AUSTEDO XR	48	BELSOMRA	57
POLYSORBATE).....	117, 118	AUSTEDO XR TITRATION		<i>benazepril</i>	70
ARCALYST	118	KT(WK1-4).....	48	<i>benazepril-</i>	
ARESTIN	97	AUVELITY	57	<i>hydrochlorothiazide</i>	70
AREXVY (PF)	119	<i>avar</i>	86	<i>bendamustine</i>	24
<i>arformoterol</i>	144	AVAR LS	86	BENDEKA	24
ARIKAYCE	17	AVAR-E.....	86	BENICAR	70
ARIMIDEX.....	24	<i>aviane</i>	131	BENICAR HCT	70
<i>aripiprazole</i>	57	AVODART.....	150	BENLYSTA	125
ARISTADA.....	57	AVONEX	118	<i>benzebro</i>	86
ARISTADA INITIO.....	57	AVSOLA.....	112	BENZEPRO	
<i>armodafinil</i>	57	<i>ayuna</i>	131	(MICROSPHERES).....	86
ARMOUR THYROID	109	AYVAKIT	24	<i>benzoyl peroxide</i>	86
ARNUITY ELLIPTA	144	<i>azacitidine</i>	24	<i>benztropine</i>	45
AROMASIN.....	24	AZASAN.....	24	BESIVANCE	137
<i>arsenic trioxide</i>	24	AZASITE.....	137	BESPONSA	25
ASCENIV	119	<i>azathioprine</i>	24	BESREMI	118
<i>ascomp with codeine</i>	51	<i>azathioprine sodium</i>	24	<i>betaine</i>	112
<i>asenapine maleate</i>	57	<i>azelaic acid</i>	86	<i>betamethasone</i>	
<i>ashlyna</i>	131	<i>azelastine</i>	97, 139	<i>dipropionate</i>	90
ASMANEX HFA	144	<i>azelastine-fluticasone</i>	145	<i>betamethasone valerate</i>	90
ASMANEX TWISTHALER	145	<i>azithromycin</i>	16	<i>betamethasone,</i>	
<i>aspirin-dipyridamole</i>	76	AZOPT	140	<i>augmented</i>	90
ASTAGRAF XL	24	AZOR.....	70	BETASERON	118
ASTERO	83	<i>aztreonam</i>	17	<i>betaxolol</i>	70, 138
ATACAND	69, 70	<i>azurette (28)</i>	132	<i>bethanechol chloride</i>	150
ATACAND HCT.....	69	B		BETIMOL.....	138
<i>atazanavir</i>	10	<i>bacitracin</i>	17, 137	BETOPTIC S	138
<i>atenolol</i>	70	<i>bacitracin-polymyxin b</i>	137	<i>bexarotene</i>	25
<i>atenolol-chlorthalidone</i>	70	<i>baclofen</i>	50	BEXSERO	119
ATGAM.....	119	BACLOFEN.....	50	<i>bicalutamide</i>	25
<i>atomoxetine</i>	57	BAL-CARE DHA.....	154	BICILLIN L-A	21
<i>atorvastatin</i>	78	<i>balsalazide</i>	112	BIDIL	70
<i>atovaquone</i>	17	BALVERSA	24	BIKTARVY.....	10
<i>atovaquone-proguanil</i>	17	<i>balziva (28)</i>	132	<i>bimatoprost</i>	140
ATRAPRO HYDROGEL.....	83	BAQSIMI	100	BINOSTO.....	124
<i>atropine</i>	110, 139	BARACLUDE	10	<i>bisoprolol fumarate</i>	70
ATROVENT HFA.....	145	BAVENCIO	24	<i>bisoprolol-</i>	
AUBAGIO.....	48	BCG VACCINE, LIVE (PF)	119	<i>hydrochlorothiazide</i>	70
<i>aubra eq</i>	131	<i>bd safetyglide insulin</i>		BIVIGAM	119
AUGMENTIN	21	<i>syringe</i>	123	BLENREP	25

<i>bleomycin</i>	25	C	<i>cefazolin in dextrose</i>	
BLINCYTO	25	CABENUVA.....	<i>(iso-os)</i>	14
<i>blisovi 24 fe</i>	132	<i>cabergoline</i>	CEFAZOLIN IN DEXTROSE	
<i>blisovi fe 1.5/30 (28)</i>	132	CABOMETYX	<i>(ISO-OS)</i>	14
<i>blisovi fe 1/20 (28)</i>	132	CADUET	<i>cefdinir</i>	15
BOOSTRIX TDAP	119	<i>calcipotriene</i>	<i>cefepime</i>	15
<i>bortezomib</i>	25	<i>calcitonin (salmon)</i>	CEFEPIME	15
BORTEZOMIB	25	<i>calcitriol</i>	CEFEPIME IN DEXTROSE	
<i>bosentan</i>	145	<i>calcium acetate(phosphat</i>	5 %.....	15
BOSULIF	25	<i>bind)</i>	<i>cefepime in dextrose,</i>	
BOTOX.....	119	CALQUENCE	<i>iso-osm</i>	15
<i>bp 10-1</i>	86	CALQUENCE	<i>cefixime</i>	15
BRAFTOVI.....	25	<i>(ACALABRUTINIB MAL)</i>	<i>cefoxitin</i>	15
BREO ELLIPTA.....	145	<i>camila</i>	<i>cefoxitin in dextrose,</i>	
<i>breytna</i>	145	<i>camrese</i>	<i>iso-osm</i>	15
<i>brillyn</i>	132	<i>camrese lo</i>	<i>cefpodoxime</i>	15
BRILINTA	76	<i>candesartan</i>	<i>cefprozil</i>	15
<i>brimonidine</i>	143	<i>candesartan-</i>	<i>ceftazidime</i>	15
<i>brimonidine-timolol</i>	140	<i>hydrochlorothiazid</i>	<i>ceftriaxone</i>	15
<i>brinzolamide</i>	140	CAPHOSOL	CEFTRIAXONE	15
BRIUMVI	48	CAPLYTA	<i>ceftriaxone in dextrose,</i>	
BRIVIACT	39	CAPRELSA	<i>iso-os</i>	15
<i>bromfenac</i>	140	<i>captopril</i>	<i>cefuroxime axetil</i>	15
<i>bromocriptine</i>	45	CARAFATE	<i>cefuroxime sodium</i>	15
BROMSITE	140	CARBAGLU	<i>celacyn</i>	83
BROVANA.....	145	<i>carbamazepine</i>	CELEBREX	54
BRUKINSA	25	<i>carbidopa</i>	<i>celecoxib</i>	54
<i>budesonide</i>	112, 145	<i>carbidopa-levodopa</i>	CELEXA	58
<i>bumetanide</i>	70	<i>carbidopa-levodopa-</i>	CELLCEPT	25
<i>buprenorphine</i>	51	<i>entacapone</i>	CELONTIN	39
<i>buprenorphine hcl</i>	51	<i>carboplatin</i>	<i>cem-urea</i>	83
<i>buprenorphine-naloxone</i>	54	CARDIZEM LA.....	<i>cephalexin</i>	15, 16
<i>bupropion hcl</i>	57, 58	CARDURA XL	CEQUR SIMPLICITY	100
<i>bupropion hcl</i>		<i>carglumic acid</i>	CEQUR SIMPLICITY	
<i>(smoking deter)</i>	96	<i>carisoprodol</i>	INSERTER	100
<i>buspirone</i>	58	<i>carmustine</i>	CERAMAX	83
<i>busulfan</i>	25	CAROSPIR	CEREZYME	107
<i>butalbital-acetaminop-</i>		<i>carteolol</i>	<i>cetirizine</i>	143
<i>caf-cod</i>	51	<i>cartia xt</i>	<i>cevimeline</i>	93
<i>butalbital-acetaminophen</i> ...	51	<i>carvedilol</i>	CHANTIX	96
<i>butalbital-acetaminophen-</i>		<i>carvedilol phosphate</i>	CHANTIX CONTINUING	
<i>caff</i>	51	<i>caspofungin</i>	MONTH BOX.....	96
<i>butalbital-aspirin-caffeine</i> ...	51	CAYSTON	CHANTIX STARTING MONTH	
<i>butorphanol</i>	54	<i>cefaclor</i>	BOX.....	96
BUTRANS.....	51	<i>cefadroxil</i>	<i>charlotte 24 fe</i>	132
BYDUREON BCISE	100	<i>cefazolin</i>	<i>chateal eq (28)</i>	132
BYETTA.....	100	CEFAZOLIN.....	CHEMET.....	93
BYSTOLIC.....	70		CHENODAL	112

<i>chloramphenicol sod succinate</i>	17	CLEOCIN.....	130	<i>clorazepate dipotassium</i>	58
<i>chlordiazepoxide hcl</i>	58	CLIMARA.....	128	<i>clotrimazole</i>	9, 89
<i>chlordiazepoxide-clidinium</i>	110	CLIMARA PRO	128	<i>clotrimazole-betamethasone</i>	89
<i>chlorhexidine gluconate</i>	97	<i>clindacin etz</i>	86	<i>clozapine</i>	58
<i>chloroquine phosphate</i>	17	<i>clindacin p</i>	86	C-NATE DHA	154
<i>chlorothiazide sodium</i>	71	<i>clindamycin hcl</i>	17	COARTEM	17
<i>chlorpromazine</i>	58	CLINDAMYCIN IN 0.9 % SOD		<i>codeine sulfate</i>	51
<i>chlorthalidone</i>	71	CHLOR.....	17	<i>codeine-butalbital-asa-caff</i>	52
<i>chlorzoxazone</i>	50	CLINDAMYCIN IN 5 %		<i>colchicine</i>	123
<i>cholestyramine (with sugar)</i>	78	DEXTROSE	17	COLCRYS	123
<i>cholestyramine light</i>	78	<i>clindamycin palmitate hcl</i>	17	<i>colesevelam</i>	78
<i>cholestyramine-aspartame</i> ..	78	<i>clindamycin pediatric</i>	17	<i>colestipol</i>	78
CHORIONIC		<i>clindamycin phosphate</i> ..	17, 86, 130	<i>colistin (colistimethate na)</i> ...	17
GONADOTROPIN,		<i>clindamycin-benzoyl peroxide</i>	86	COLUMVI	25
HUMAN.....	107	<i>clindamycin-tretinoin</i>	86	COMBIGAN	140
CIALIS	150	CLINDESSE	130	COMBIPATCH	128
<i>ciclodan</i>	89	CLINIMIX 5%/D15W		COMBIVENT RESPIMAT	145
CICLODAN KIT	89	SULFITE FREE	153	COMETRIQ.....	26
<i>ciclopirox</i>	89	CLINIMIX 4.25%/D10W		COMPLERA	10
<i>cilostazol</i>	76	SULF FREE	153	COMPLETE NATAL DHA	154
CILOXAN.....	137	CLINIMIX 4.25%/D5W		<i>compro</i>	112
CIMDUO	10	SULFIT FREE	93	CONCERTA.....	59
<i>cimetidine</i>	116	CLINIMIX 5%-D20W		CONDYLOX	83
<i>cimetidine hcl</i>	116	(SULFITE-FREE).....	153	<i>constulose</i>	112
CIMZIA	112	CLINIMIX 6%-D5W		COPAXONE	48
CIMZIA POWDER FOR		(SULFITE-FREE).....	154	COPIKTRA	26
RECONST	112	CLINIMIX 8%-D10W		CORLANOR	80
CIMZIA STARTER KIT	112	(SULFITE-FREE).....	154	CORTANE-B	83
<i>cinacalcet</i>	107	CLINIMIX 8%-D14W		CORTEF.....	98
CIPRO HC.....	98	(SULFITE-FREE).....	154	CORTIFOAM	112
<i>ciprofloxacin</i>	21	CLINIMIX E 4.25%/D10W		<i>cortisone</i>	98
<i>ciprofloxacin hcl</i>	21, 137	SUL FREE	154	CORTISPORIN-TC	98
<i>ciprofloxacin in 5 % dextrose</i>	21	CLINISOL SF 15 %	154	COSMEGEN.....	26
<i>ciprofloxacin-dexamethasone</i>	98	CLINPRO 5000.....	97	COSOPT	140
<i>cisplatin</i>	25	<i>clobazam</i>	39	COSOPT (PF)	140
<i>cialopram</i>	58	<i>clobetasol</i>	90, 91	COTELLIC	26
<i>cladribine</i>	25	<i>clobetasol-emollient</i>	91	<i>covaryx</i>	128
<i>claravis</i>	86	<i>clocortolone pivalate</i>	91	<i>covaryx h.s.</i>	128
CLARINEX	143	<i>clodan</i>	91	COZAAR	71
CLARINEX-D 12 HOUR.....	143	<i>clofarabine</i>	25	CREON	112
<i>clarithromycin</i>	16	<i>clomiphene citrate</i>	107	CRESEMBA.....	9
<i>clemastine</i>	143	<i>clomipramine</i>	58	CRESTOR.....	78
CLENPIQ.....	112	<i>clonazepam</i>	39	CRINONE	128
		<i>clonidine</i>	71	<i>cromolyn</i>	112, 139, 145
		<i>clonidine hcl</i>	58, 71	<i>crotan</i>	92
		<i>clopidogrel</i>	76	<i>cryselle (28)</i>	132

<i>curity gauze</i>	100	DAPTACEL (DTAP PEDIATRIC) (PF)	119	<i>desvenlafaxine</i>	59
CUVRIOR	93	<i>daptomycin</i>	17	<i>desvenlafaxine succinate</i>	59
<i>cyclobenzaprine</i>	50	DAPTOMYCIN	17	<i>dexamethasone</i>	99
CYCLOGYL	139	DAPTOMYCIN IN 0.9 % SOD CHLOR	17	<i>dexamethasone intensol</i>	98
CYCLOMYDRIL	143	<i>darifenacin</i>	149	<i>dexamethasone sodium phos (pf)</i>	99
<i>cyclopentolate</i>	139	<i>darunavir</i>	10	<i>dexamethasone sodium phosphate</i>	99, 142
<i>cyclophosphamide</i>	26	DARZALEX	26	DEXERYL	83
CYCLOPHOSPHAMIDE	26	DARZALEX FASPRO	26	DEXILANT	116
<i>cycloserine</i>	17	<i>dasatinib</i>	26	<i>dexlansoprazole</i>	116
CYCLOSET	100	<i>dasetta 1/35 (28)</i>	132	<i>dexmethylphenidate</i>	59
<i>cyclosporine</i>	26, 139	<i>dasetta 7/7/7 (28)</i>	132	<i>dextroamphetamine</i> <i>sulfate</i>	59
<i>cyclosporine modified</i>	26	<i>daunorubicin</i>	26	<i>dextroamphetamine- amphetamine</i>	59
CYLTEZO(CF)	125	DAURISMO	26	<i>dextrose 10 % and 0.2 % nacl</i>	94
CYLTEZO(CF) PEN	125	<i>daysee</i>	132	<i>dextrose 10 % in water (d10w)</i>	94
CYLTEZO(CF) PEN CROHN'S- UC-HS	125	DAYVIGO	59	<i>dextrose 25 % in water (d25w)</i>	94
CYLTEZO(CF) PEN PSORIASIS- UV	125	DEBACTEROL	97	<i>dextrose 5 % in water (d5w)</i>	94
CYMBALTA	59	<i>deblitane</i>	128	<i>dextrose 5 %-lactated ringers</i>	94
<i>cyproheptadine</i>	143	<i>decitabine</i>	27	<i>dextrose 5%-0.2 % sod chloride</i>	94
CYRAMZA	26	<i>deferasirox</i>	93	<i>dextrose 5%-0.3 % sod. chloride</i>	94
<i>cyred eq</i>	132	<i>deferiprone</i>	94	<i>dextrose 50 % in water (d50w)</i>	94
CYSTAGON	150	DELESTROGEN	128	<i>dextrose 70 % in water (d70w)</i>	94
CYSTARAN	139	DELSTRIGO	10	DHIVY	46
<i>cytarabine</i>	26	<i>demeclocycline</i>	22	DIACOMIT	40
<i>cytarabine (pf)</i>	26	DENAVIR	90	<i>diazepam</i>	40, 59, 60
CYTOMEL	109	DENG VAXIA (PF)	119	<i>diazepam intensol</i>	60
<i>cytra-2</i>	150	<i>denta 5000 plus</i>	97	<i>diazoxide</i>	100
<i>cytra-3</i>	150	<i>denta 5000 plus sensitive</i>	97	<i>diclofenac potassium</i>	54
<i>cytra-k</i>	150	<i>dentagel</i>	97	<i>diclofenac sodium</i>	54, 140
D		DEPAKOTE	39	<i>diclofenac-misoprostol</i>	54
<i>d10 %-0.45 % sodium chloride</i>	93	DEPAKOTE ER	39	<i>dicloxacillin</i>	21
<i>d2.5 %-0.45 % sodium chloride</i>	93	DEPO-ESTRADIOL	128	<i>dicyclomine</i>	110
<i>d5 % and 0.9 % sodium chloride</i>	93	DEPO-MEDROL	98	DIFICID	16
<i>d5 %-0.45 % sodium chloride</i>	93	DEPO-SUBQ PROVERA	104, 128	<i>diflunisal</i>	54
<i>dabigatran etexilate</i>	76	DEPO-TESTOSTERONE	107	<i>difluprednate</i>	142
<i>dacarbazine</i>	26	DERMAZENE	88	<i>digoxin</i>	80
<i>dactinomycin</i>	26	DESCOVY	10		
<i>dalfampridine</i>	48	<i>desipramine</i>	59		
DALIRESP	145	<i>desloratadine</i>	143		
<i>danazol</i>	107	<i>desmopressin</i>	107		
<i>dantrolene</i>	50	<i>desog-e.estradiol/ e.estradiol</i>	132		
DANYELZA	26	<i>desogestrel-ethinyl estradiol</i>	132		
<i>dapsone</i>	17	<i>desonide</i>	91		
		<i>desoximetasone</i>	91		

<i>dihydroergotamine</i>	47	<i>drospirenone-e.estradiol-</i>		ELMIRON	150
DILANTIN.....	40	<i>Im.fa</i>	132	ELREXFIO	27
DILANTIN EXTENDED	40	<i>drospirenone-ethinyl</i>		<i>eluryng</i>	130
DILANTIN INFATABS.....	40	<i>estradiol</i>	132	ELZONRIS.....	27
<i>diltiazem hcl</i>	71	DROXIA	27	EMEND	112
<i>dilt-xr</i>	71	<i>droxidopa</i>	94	EMPLICITI	27
<i>dimethyl fumarate</i>	48	DUAVEE	128	EMSAM.....	60
DIOVAN.....	71	DULERA.....	145	<i>emtricitabine</i>	11
DIOVAN HCT	71	<i>duloxetine</i>	60	<i>emtricitabine-tenofovir</i>	
DIPENTUM	112	DUPIXENT PEN.....	83	<i>(tdf)</i>	11
<i>diphenhydramine hcl</i>	143	DUPIXENT SYRINGE	83	EMTRIVA	11
<i>diphenoxylate-atropine</i>	110	DUREZOL	142	EMVERM	17
<i>dipyridamole</i>	76	<i>dutasteride</i>	150	<i>emzahh</i>	128
<i>disopyramide phosphate</i>	68	<i>dutasteride-tamsulosin</i>	150	<i>enalapril maleate</i>	71
<i>disulfiram</i>	94	DYMISTA.....	145	<i>enalapril-</i>	
DIURIL	71	E		<i>hydrochlorothiazide</i>	71
<i>divalproex</i>	40	<i>ec-naproxen</i>	54	ENBREL	125
DIVIGEL	128	<i>econazole</i>	89	ENBREL MINI	125
<i>docetaxel</i>	27	<i>edaravone</i>	48	ENBREL SURECLICK.....	125
<i>dofetilide</i>	68	EDARBI.....	71	ENDARI	94
<i>dolishale</i>	132	EDARBYCLOR	71	<i>endocet</i>	52
<i>donepezil</i>	48	<i>ed-spaz</i>	110	ENERGIX-B (PF).....	119, 120
DONNATAL.....	110	EDURANT	10	ENERGIX-B	
DOPTelet (10 TAB PACK)	76	<i>eemt</i>	128	<i>PEDIATRIC (PF)</i>	120
DOPTelet (15 TAB PACK)	76	<i>eemt hs</i>	128	ENHERTU	27
DOPTelet (30 TAB PACK)	76	<i>efavirenz</i>	11	<i>enoxaparin</i>	76, 77
<i>dorzolamide</i>	141	<i>efavirenz-emtricitabin-</i>		<i>enpresse</i>	132
<i>dorzolamide-timolol</i>	141	<i>tenofov</i>	11	<i>enskyce</i>	132
<i>dorzolamide-timolol (pf)</i>	141	<i>efavirenz-lamivu-tenofov</i>		<i>entacapone</i>	46
<i>dotti</i>	128	<i>disop</i>	11	<i>entecavir</i>	11
DOVATO.....	10	<i>effe-k</i>	151	ENTRESTO.....	80
<i>doxazosin</i>	71	EFFER-K.....	151	<i>enulose</i>	112
<i>doxepin</i>	60, 83	EFFEXOR XR	60	ENVARSUS XR.....	27
<i>doxercalciferol</i>	107	EFFIENT.....	76	EPCLUSA	11
<i>doxorubicin</i>	27	ELAPRASE.....	107	EPIDIOLEX.....	40
<i>doxorubicin, peg-liposomal.</i> ..	27	<i>electrolyte-48 in d5w</i>	154	EPIFOAM	81
<i>doxy-100</i>	22	ELESTRIN.....	128	<i>epinastine</i>	139
<i>doxycycline hyclate</i>	22	<i>eletriptan</i>	47	<i>epinephrine</i>	143
<i>doxycycline monohydrate</i>	22	ELIDEL	83	EPINEPHRINE HCL (PF)	143
DRIZALMA SPRINKLE.....	60	ELIGARD.....	27	<i>epirubicin</i>	27
<i>dronabinol</i>	112	ELIGARD (3 MONTH).....	27	<i>epitol</i>	40
DROPLET MICRON PEN		ELIGARD (4 MONTH).....	27	EPKINLY	27
<i>NEEDLE</i>	100	ELIGARD (6 MONTH).....	27	<i>eplerenone</i>	71
DROPLET PEN NEEDLE	100	<i>elimest</i>	132	EPRONTIA.....	40
DROPSAFE ALCOHOL		ELIQUIS	76	EQUETRO.....	40
<i>PREP PADS</i>	100	ELIQUIS DVT-PE TREAT 30D		ERBITUX.....	27
DROPSAFE PEN NEEDLE	100	<i>START</i>	76	<i>ergoloid</i>	60
		ELITE-OB	154	<i>ergotamine-caffeine</i>	47

<i>eribulin</i>	27	<i>everolimus</i>		FERRIPROX	94
ERIVEDGE	27	<i>(antineoplastic)</i>	27, 28	FERRIPROX (2 TIMES	
ERLEADA	27	<i>everolimus</i>		A DAY)	94
<i>erlotinib</i>	27	<i>(immunosuppressive)</i>	28	<i>fesoterodine</i>	149
<i>errin</i>	128	EVISTA	124	FETZIMA	61
<i>ertapenem</i>	17	EVOMELA	28	FINACEA	87
<i>ery pads</i>	86	EVOTAZ	11	<i>finasteride</i>	150
ERYPED 400	16	EXELON PATCH	48	<i> fingolimod</i>	49
<i>ery-tab</i>	16	<i>exemestane</i>	28	FINTEPLA	40
ERYTHROCIN	16	EXFORGE	72	<i>finzala</i>	133
<i>erythrocine (as stearate)</i>	16	EXFORGE HCT	72	FIRDAPSE	49
<i>erythromycin</i>	16, 137	EXTENCILLINE	21	FIRMAGON KIT W DILUENT	
<i>erythromycin</i>		EYLEA	139	SYRINGE	28
<i>ethylsuccinate</i>	16	EYSUVIS	142	FIRVANQ	18
<i>erythromycin with ethanol</i> ...	86	E-Z DISK	94	<i>flac otic oil</i>	98
<i>erythromycin-benzoyl</i>		<i>ezetimibe</i>	78	FLAREX	142
<i>peroxide</i>	87	<i>ezetimibe-simvastatin</i>	78	<i>flavoxate</i>	149
<i>escitalopram oxalate</i>	60	E-Z-HD BARIUM	94	FLEBOGAMMA DIF	120
<i>esomeprazole</i>		E-Z-PAQUE	94	<i>flecainide</i>	68
<i>magnesium</i>	116	E-Z-PASTE	94	FLOMAX	150
<i>estarylla</i>	132	F		<i>floxuridine</i>	28
<i>estazolam</i>	60	FABRAZYME	107	<i>fluconazole</i>	9
ESTRACE	128	<i>falmina (28)</i>	133	<i>fluconazole in nacl (iso-osm)</i> ..	9
<i>estradiol</i>	128, 129	<i>famciclovir</i>	11	<i>flucytosine</i>	9
<i>estradiol valerate</i>	129	<i>famotidine</i>	116	<i>fludarabine</i>	28
<i>estradiol-norethindrone</i>		<i>famotidine (pf)</i>	116	<i>fludrocortisone</i>	99
<i>acet</i>	129	FANAPT	60	<i>flunisolide</i>	145
ESTRING	129	FARXIGA	101	<i>fluocinolone</i>	91
ESTROGEL	129	FARYDAK	28	<i>fluocinolone acetonide oil</i>	98
<i>estrogens-</i>		FASENRA	145	<i>fluocinolone and shower</i>	
<i>methyltestosterone</i>	129	FASENRA PEN	145	<i>cap</i>	91
<i>eszopiclone</i>	60	<i>febuxostat</i>	123	<i>fluocinonide</i>	91
<i>ethacrynate sodium</i>	72	<i>felbamate</i>	40	<i>fluocinonide-e</i>	91
<i>ethacrynic acid</i>	72	<i>felodipine</i>	72	<i>fluocinonide-emollient</i>	91
<i>ethambutol</i>	17	<i>fem ph</i>	130	<i>fluoride (sodium)</i>	97, 154
<i>ethosuximide</i>	40	FEMARA	28	FLUORIDEX DAILY	
<i>ethyl chloride</i>	83	FEMRING	129	DEFENSE	97
<i>ethynodiol diac-eth</i>		<i>fenofibrate</i>	78	<i>fluorometholone</i>	142
<i>estradiol</i>	132	<i>fenofibrate micronized</i>	78	<i>fluorouracil</i>	28, 83
<i>etodolac</i>	54, 55	<i>fenofibrate</i>		FLUOROURACIL	83
<i>etonogestrel-ethinyl</i>		<i>nanocrystallized</i>	78	<i>fluoxetine</i>	61
<i>estradiol</i>	130	<i>fenofibric acid</i>	79	<i>fluoxetine (pmd)</i>	61
ETOPOPHOS	27	<i>fenofibric acid (choline)</i>	79	<i>fluphenazine decanoate</i>	61
<i>etoposide</i>	27	FENOGLIDE	79	<i>fluphenazine hcl</i>	61
<i>etravirine</i>	11	<i>fenoprofen</i>	55	<i>flurandrenolide</i>	91
EUCRISA	83	<i>fentanyl</i>	52	<i>flurazepam</i>	61
<i>euthyrox</i>	109	<i>fentanyl citrate</i>	52	<i>flurbiprofen</i>	55
		<i>fentanyl citrate (pf)</i>	52	<i>flurbiprofen sodium</i>	140

<i>fluticasone</i>		GAMMAPLEX	120	<i>glyburide</i>	101
<i>propionate</i>	91, 146	GAMMAPLEX (WITH		<i>glyburide micronized</i>	101
FLUTICASONE		SORBITOL).....	120	<i>glyburide-metformin</i>	101
PROPIONATE.....	145, 146	GAMUNEX-C	120	<i>glycopyrrolate</i>	111
<i>fluticasone propion-</i>		GARDASIL 9 (PF)	120	<i>glycopyrrolate (pf)</i>	111
<i>salmeterol</i>	146	<i>gatifloxacin</i>	137	<i>glycopyrrolate (pf) in</i>	
FLUTICASONE PROPION-		GATTEX 30-VIAL.....	112	<i>water</i>	110
SALMETEROL.....	146	GATTEX ONE-VIAL.....	112	GLYCOPYRROLATE (PF) IN	
<i>fluvastatin</i>	79	<i>gauze pad</i>	123	WATER.....	110
<i>fluvoxamine</i>	61	<i>gavilyte-c</i>	113	<i>glydo</i>	83
FML FORTE	142	<i>gavilyte-g</i>	113	GLYXAMBI	101
FOCALIN	61	GAVRETO	28	GRALISE	41
FOCALIN XR.....	61	GAZYVA.....	28	<i>granisetron hcl</i>	113
FOLIVANE-OB	154	<i>gefitinib</i>	28	<i>griseofulvin microsize</i>	9
FOLOTYN.....	28	<i>gemcitabine</i>	28	<i>griseofulvin ultramicrosize</i>	9
<i>fomepizole</i>	120	GEMCITABINE	28	<i>guanfacine</i>	61, 72
<i>fondaparinux</i>	77	<i>gemfibrozil</i>	79	GVOKE	102
<i>formoterol fumarate</i>	146	<i>gemmily</i>	133	GVOKE HYPOPEN 1-PACK...	101
FORTEO	124	GEMTESA	149	GVOKE HYPOPEN 2-PACK...	101
FOSAMAX.....	124	<i>generlac</i>	113	GVOKE PFS 1-PACK	
FOSAMAX PLUS D	124	<i>gengraf</i>	28	SYRINGE.....	101
<i>fosamprenavir</i>	11	GENOTROPIN.....	118	GVOKE PFS 2-PACK	
<i>fosfomycin tromethamine</i> ...	23	GENOTROPIN MINIQUICK...	118	SYRINGE.....	101
<i>fosinopril</i>	72	<i>gentamicin</i>	18, 88, 137	GYNAZOLE-1	130
<i>fosinopril-</i>		<i>gentamicin in nacl</i>		H	
<i>hydrochlorothiazide</i>	72	(<i>iso-osm</i>)	18	HAEGARDA	146
<i>fosphenytoin</i>	40	GENTAMICIN IN NACL		<i>hailey</i>	133
FOSRENOL.....	94	(ISO-OSM)	18	<i>hailey 24 fe</i>	133
FOTIVDA.....	28	<i>gentamicin sulfate (ped)</i>		<i>hailey fe 1.5/30 (28)</i>	133
FROVA.....	47	(<i>pf</i>)	18	<i>hailey fe 1/20 (28)</i>	133
<i>frovatriptan</i>	47	GENVOYA.....	11	HALAVEN	29
FRUZAQLA.....	28	GEODON	61	<i>halobetasol propionate</i>	91
<i>fulvestrant</i>	28	GILENYA.....	49	<i>haloperidol</i>	62
<i>furosemide</i>	72	GILOTRIF	28	<i>haloperidol decanoate</i>	62
FUROSEMIDE	72	GLASSIA	94	<i>haloperidol lactate</i>	62
FUZEON.....	11	<i>glatiramer</i>	49	HARVONI	11
FYARRO	28	<i>glatopa</i>	49	HAVRIX (PF)	120
<i>fyavolv</i>	129	GLEOSTINE.....	29	<i>heather</i>	129
FYCOMPA.....	40	<i>glimepiride</i>	101	<i>hemmorex-hc</i>	113
G		<i>glipizide</i>	101	<i>heparin (porcine)</i>	77
<i>gabapentin</i>	40, 41	GLIPIZIDE	101	HEPARIN (PORCINE)	77
<i>galantamine</i>	49	<i>glipizide-metformin</i>	101	<i>heparin (porcine) in</i>	
<i>gallifrey</i>	129	GLUCAGON (HCL)		5 % dex	77
GAMASTAN	120	EMERGENCY KIT	101	<i>heparin (porcine) in</i>	
GAMMAGARD LIQUID.....	120	<i>glucagon emergency kit</i>		<i>nacl (pf)</i>	77
GAMMAGARD S-D (IGA < 1		(<i>human</i>)	101	<i>heparin, porcine (pf)</i>	77
MCG/ML)	120	GLUMETZA.....	101	HEPARIN, PORCINE (PF)	77
GAMMAKED.....	120	<i>glutamine (sickle cell)</i>	94		

<i>heparin(porcine) in</i>		
0.45% nacl.....	77	
HEPLISAV-B (PF)	120	
HETLIOZ	62	
HIBERIX (PF)	120	
<i>hizentra</i>	120	
HIZENTRA.....	120	
HORIZANT	49	
<i>hpr</i>	84	
<i>hpr plus</i>	84	
HUMALOG JUNIOR		
KWIKPEN U-100	102	
HUMALOG KWIKPEN		
INSULIN	102	
HUMALOG MIX 50-50		
INSULN U-100	102	
HUMALOG MIX 50-50		
KWIKPEN.....	102	
HUMALOG MIX 75-25		
KWIKPEN.....	102	
HUMALOG MIX 75-25(U-		
100)INSULN.....	102	
HUMALOG TEMPO PEN(U-		
100)INSULN.....	102	
HUMALOG U-100 INSULIN .	102	
HUMIRA	126	
HUMIRA PEN.....	125	
HUMIRA(CF).....	126	
HUMIRA(CF) PEN	126	
HUMIRA(CF) PEN CROHNS-		
UC-HS.....	126	
HUMIRA(CF) PEN		
PEDIATRIC UC.....	126	
HUMIRA(CF) PEN PSOR-UV-		
ADOL HS.....	126	
HUMULIN 70/30 U-100		
INSULIN	102	
HUMULIN 70/30 U-100		
KWIKPEN.....	102	
HUMULIN N NPH INSULIN		
KWIKPEN.....	102	
HUMULIN N NPH U-100		
INSULIN.....	102	
HUMULIN R REGULAR U-100		
INSULN	102	
HUMULIN R U-500 (CONC)		
INSULIN	102	
HUMULIN R U-500 (CONC)		
KWIKPEN.....	102	
<i>hydalazine</i>	72	
HYDREA	29	
HYDRO 35	84	
HYDRO 40	84	
<i>hydrochlorothiazide</i>	72	
<i>hydrocodone bitartrate</i>	52	
<i>hydrocodone-</i>		
<i>acetaminophen</i>	52	
<i>hydrocodone-ibuprofen</i>	52	
<i>hydrocortisone</i>	92, 99, 113	
<i>hydrocortisone acetate</i>	113	
<i>hydrocortisone</i>		
<i>butyrate</i>	91, 92	
<i>hydrocortisone valerate</i>	92	
<i>hydrocortisone-acetic acid</i> ...	98	
<i>hydrocortisone-iodoquinol-</i>		
<i>aloe2</i>	88	
<i>hydrocortisone-iodoquinol</i> ...	88	
<i>hydrocortisone-iodoquinol-</i>		
<i>aloe</i>	88	
<i>hydrocortisone-pramoxine</i> ..	81, 113	
<i>hydromorphone</i>	52	
<i>hydroxychloroquine</i>	18	
<i>hydroxyurea</i>	29	
<i>hydroxyzine hcl</i>	143	
<i>hydroxyzine pamoate</i>	143	
<i>hyoscyamine sulfate</i>	111	
<i>hyosyne</i>	111	
HYPER-SAL	146	
HYRIMOZ PEN CROHN'S-UC		
STARTER.....	126	
HYRIMOZ PEN PSORIASIS		
STARTER.....	126	
HYRIMOZ(CF)	126, 127	
HYRIMOZ(CF) PEDI CROHN		
STARTER.....	126	
HYRIMOZ(CF) PEN.....	126	
HYSINGLA ER	52	
HYZAAR.....	72	
I		
<i>ibandronate</i>	124	
IBRANCE	29	
<i>ibu</i>	55	
<i>ibuprofen</i>	55	
<i>ibuprofen-famotidine</i>	55	
<i>icatibant</i>	146	
<i>iclevia</i>	133	
ICLUSIG	29	
<i>icosapent ethyl</i>	79	
<i>idarubicin</i>	29	
IDHIFA	29	
<i>ifosfamide</i>	29	
ILEVRO.....	140	
<i>imatinib</i>	29	
IMBRUVICA.....	29	
IMDELLTRA	29	
IMFINZI.....	29	
<i>imipenem-cilastatin</i>	18	
<i>imipramine hcl</i>	62	
<i>imipramine pamoate</i>	62	
<i>imiquimod</i>	84	
IMJUDO	29	
IMOVAX RABIES		
VACCINE (PF)	120	
INBRIJA	46	
<i>incassia</i>	129	
INCRELEX	94	
INCRUSE ELLIPTA	146	
<i>indapamide</i>	72	
INDERAL LA.....	72	
INDERAL XL.....	72	
<i>indomethacin</i>	55	
INFANRIX (DTAP) (PF)	120	
INFLECTRA	113	
INFUGEM.....	29	
INFUMORPH P/F.....	52	
INGREZZA	49	
INGREZZA INITIATION		
PK(TARDIV)	49	
INGREZZA SPRINKLE	49	
INLYTA	29	
INQOVI	29	
INREBIC.....	29	
INSULIN LISPRO	102, 103	
INSULIN LISPRO PROTAMIN-		
LISPRO	102	
<i>insulin syringe-needle</i>		
<i>u-100</i>	123	
INTELENCE	11	
INTRALIPID	154	
INTRAROSA.....	130	
INVEGA HAFYERA	62	
INVEGA SUSTENNA.....	62	

INVEGA TRINZA.....	62	JUBLIA.....	89	KLOXXADO.....	55
INVELTYS.....	142	<i>juleber</i>	133	KORLYM.....	108
INVOKAMET.....	103	JULUCA.....	12	KOSELUGO.....	30
INVOKAMET XR.....	103	<i>junel 1.5/30 (21)</i>	133	<i>kourzeq</i>	97
INVOKANA.....	103	<i>junel 1/20 (21)</i>	133	K-PHOS NO 2.....	150
IOPIDINE.....	143	<i>junel fe 1.5/30 (28)</i>	133	K-PHOS ORIGINAL.....	151
IPOL.....	120	<i>junel fe 1/20 (28)</i>	133	<i>k-phos-neutral</i>	152
<i>ipratropium bromide</i> ...	97, 146	<i>junel fe 24</i>	133	KRAZATI.....	30
<i>ipratropium-albuterol</i>	146	JYLAMVO.....	30	<i>kurvelo (28)</i>	133
<i>irbesartan</i>	72	JYNNEOS (PF).....	121	KYPROLIS.....	30
<i>irbesartan-</i>		K		L	
<i>hydrochlorothiazide</i>	72	KABIVEN.....	154	<i>l norgest/e.estradiol-</i>	
<i>irinotecan</i>	29	KADCYLA.....	30	<i>e.estrad</i>	134
ISENTRESS.....	11, 12	<i>kaitlib fe</i>	133	<i>labetalol</i>	73
ISENTRESS HD.....	11	KALETRA.....	12	<i>lacosamide</i>	41
<i>isibloom</i>	133	<i>kalliga</i>	133	<i>lactated ringers</i>	93, 152
<i>isoniazid</i>	18	KALYDECO.....	146	<i>lactulose</i>	113
<i>isosorbide dinitrate</i>	80	KAPSPARGO SPRINKLE.....	73	LAGEVRIO (EUA).....	12
<i>isosorbide mononitrate</i>	80	<i>kariva (28)</i>	133	LAMICTAL.....	41
<i>isosorbide-hydralazine</i>	72	<i>kelnor 1/35 (28)</i>	133	LAMICTAL STARTER	
<i>isotretinoin</i>	87	<i>kelnor 1/50 (28)</i>	133	(BLUE) KIT.....	41
<i>isradipine</i>	72	KENALOG.....	99	LAMICTAL STARTER	
<i>itraconazole</i>	9	KENALOG-80.....	99	(GREEN) KIT.....	41
<i>ivabradine</i>	80	KEPPRA.....	41	LAMICTAL STARTER	
<i>ivermectin</i>	18	KEPPRA XR.....	41	(ORANGE) KIT.....	41
IWILFIN.....	29	<i>keralyt</i>	82	LAMICTAL XR.....	41
IXCHIQ (PF).....	121	KERALYT RX.....	82	LAMICTAL XR STARTER	
IXEMPRA.....	30	KERALYT SCALP.....	82	(BLUE).....	41
IXIARO (PF).....	121	KERENDIA.....	73	LAMICTAL XR STARTER	
J		KESIMPTA PEN.....	49	(GREEN).....	41
<i>jaimiess</i>	133	<i>ketoconazole</i>	9, 89	LAMICTAL XR STARTER	
JAKAFI.....	30	<i>ketorolac</i>	55, 140	(ORANGE).....	42
<i>jantoven</i>	77	KEYTRUDA.....	30	<i>lamivudine</i>	12
JANUMET.....	103	KIMMTRAK.....	30	<i>lamivudine-zidovudine</i>	12
JANUMET XR.....	103	KINRIX (PF).....	121	<i>lamotrigine</i>	42
JANUVIA.....	103	<i>kionex (with sorbitol)</i>	94	LANOXIN.....	80
JARDIANCE.....	103	KISQALI.....	30	LANOXIN PEDIATRIC.....	80
<i>jasmiel (28)</i>	133	KISQALI FEMARA		<i>lansoprazole</i>	116
<i>javygtor</i>	107, 108	CO-PACK.....	30	<i>lanthanum</i>	94
JAYPIRCA.....	30	<i>klayesta</i>	89	LANTUS SOLOSTAR U-100	
JEMPERLI.....	30	KLISYRI.....	30	INSULIN.....	103
<i>jencycla</i>	129	<i>klor-con</i>	152	LANTUS U-100 INSULIN.....	103
JENTADUETO.....	103	KLOR-CON 10.....	151	<i>lapatinib</i>	30
JENTADUETO XR.....	103	KLOR-CON 8.....	151	<i>larin 1.5/30 (21)</i>	134
JEVTANA.....	30	<i>klor-con m10</i>	152	<i>larin 1/20 (21)</i>	134
<i>jinteli</i>	129	<i>klor-con m15</i>	152	<i>larin 24 fe</i>	134
<i>jolessa</i>	133	<i>klor-con m20</i>	152	<i>larin fe 1.5/30 (28)</i>	134
<i>joyeaux</i>	133	<i>klor-con/ef</i>	152	<i>larin fe 1/20 (28)</i>	134

LASIX	73	LIBRAX (WITH CLIDINIUM)	111	<i>loryna (28)</i>	134
<i>latanoprost</i>	141	LIBTAYO	31	<i>losartan</i>	73
<i>layolis fe</i>	134	<i>lidocaine</i>	84	<i>losartan-</i>	
LAZCLUZE	30	<i>lidocaine (pf)</i>	68, 69, 84	<i>hydrochlorothiazide</i>	73
LDO PLUS	84	<i>lidocaine hcl</i>	84, 88	LOTEMAX	142
<i>leena 28</i>	134	LIDOCAINE HCL	84	LOTEMAX SM	142
<i>leflunomide</i>	127	<i>lidocaine hcl-hydrocortison</i>		<i>loteprednol etabonate</i>	142
<i>lenalidomide</i>	30	<i>ac</i>	84, 113	LOTREL	73
LENVIMA	30, 31	LIDOCAINE HCL-		<i>lovastatin</i>	79
LESCOL XL	79	HYDROCORTISON AC	113	LOVAZA	79
<i>lessina</i>	134	<i>lidocaine viscous</i>	84	<i>low-ogestrel (28)</i>	134
<i>letrozole</i>	31	<i>lidocaine-hydrocortisone-</i>		<i>loxapine succinate</i>	63
<i>leucovorin calcium</i>	23	<i>aloe</i>	113	<i>lo-zumandimine (28)</i>	134
LEUKERAN	31	<i>lidocaine-prilocaine</i>	84	LUBIPROSTONE	113
LEUKINE	118	<i>lido-k</i>	84	<i>ludent fluoride</i>	154
<i>leuprolide</i>	31	<i>lidopin</i>	84	LUMAKRAS	31
LEUPROLIDE (3 MONTH)	31	LIDOPIN	84	LUMIGAN	141
<i>levabuterol hcl</i>	146	LIDORX	84	LUMIZYME	108
<i>levabuterol tartrate</i>	146	LIDOTRAL	84	LUNSUMIO	31
LEVBID	111	<i>lidozion</i>	84	LUPRON DEPOT	31
LEVEMIR FLEXPEN	103	<i>lincomycin</i>	18	LUPRON DEPOT	
LEVEMIR U-100 INSULIN	103	<i>linezolid</i>	18	(3 MONTH)	31
<i>levetiracetam</i>	42	<i>linezolid in dextrose 5%</i>	18	LUPRON DEPOT	
<i>levetiracetam in nacl</i>		<i>linezolid-0.9% sodium</i>		(4 MONTH)	31
<i>(iso-os)</i>	42	<i>chloride</i>	18	LUPRON DEPOT	
LEVICYN ANTIPRURITIC	84	LINZESS	113	(6 MONTH)	31
LEVICYN ANTIPRURITIC SG... 84		<i>liothyronine</i>	109	LUPRON DEPOT-PED	31
<i>levobunolol</i>	138	LIPITOR	79	LUPRON DEPOT-PED (3	
<i>levocarnitine</i>	95	LIQUID E-Z PAQUE	95	MONTH)	31
<i>levocarnitine (with sugar)</i>	94	LIQUID POLIBAR PLUS	95	<i>lurasidone</i>	63
<i>levocetirizine</i>	143	<i>lisdexamfetamine</i>	62	<i>lutra (28)</i>	134
<i>levofloxacin</i>	21, 138	<i>lisinopril</i>	73	LYBALVI	63
<i>levofloxacin in d5w</i>	21	<i>lisinopril-</i>		LYNPARZA	31
<i>levonest (28)</i>	134	<i>hydrochlorothiazide</i>	73	LYRICA	42
<i>levonorgest-eth.estradiol-</i>		<i>lithium carbonate</i>	62	LYRICA CR	42
<i>iron</i>	134	<i>lithium citrate</i>	62	LYSODREN	31
<i>levonorgestrel-ethinyl</i>		LITHOSTAT	95	LYTGObI	31
<i>estrad</i>	134	LIVALO	79	LYUMJEV KWIKPEN U-100	
<i>levonorg-eth estrad</i>		<i>lojaimiess</i>	134	INSULIN	103
<i>triphasic</i>	134	LOKELMA	95	LYUMJEV KWIKPEN U-200	
<i>levora-28</i>	134	LONSURF	31	INSULIN	103
<i>levothyroxine</i>	109	<i>loperamide</i>	111	LYUMJEV TEMPO PEN(U-	
LEVOTHYROXINE	109	<i>lopinavir-ritonavir</i>	12	100)INSULN	103
LEVOXYL	109	LOPROX KIT	89	LYUMJEV U-100 INSULIN	103
LEVSIN	111	LOQTORZI	31	<i>lyza</i>	129
LEVSIN/SL	111	<i>lorazepam</i>	62, 63	M	
LEXAPRO	62	<i>lorazepam intensol</i>	63	<i>mafenide acetate</i>	88
LIBERVANT	42	LORBRENA	31	<i>magnesium sulfate</i>	152

MAGNESIUM SULFATE		
IN D5W.....	152	
<i>magnesium sulfate in</i>		
<i>water</i>	152	
<i>malathion</i>	92	
<i>maraviroc</i>	12	
MARGENZA	31	
<i>marlissa (28)</i>	134	
MARPLAN.....	63	
MATULANE	32	
<i>matzim la</i>	73	
MAVYRET	12	
MAXIDEX.....	142	
<i>meclizine</i>	113	
<i>meclofenamate</i>	55	
MEDROL.....	99	
<i>medroxyprogesterone</i>	129	
<i>mefloquine</i>	18	
<i>megestrol</i>	32	
MEKINIST	32	
MEKTOVI.....	32	
<i>meloxicam</i>	55	
<i>melphalan hcl</i>	32	
<i>memantine</i>	49	
MENACTRA (PF)	121	
MENEST	129	
MENOSTAR	130	
MENQUADFI (PF)	121	
MENVEO A-C-Y-W-135-		
DIP (PF)	121	
<i>meperidine</i>	52	
<i>meprobamate</i>	50	
<i>mercaptopurine</i>	32	
<i>meropenem</i>	18	
MEROPENEM-0.9% SODIUM		
CHLORIDE.....	18	
<i>merzee</i>	134	
<i>mesalamine</i>	113, 114	
<i>mesalamine with cleansing</i>		
<i>wipe</i>	114	
<i>mesna</i>	23	
MESNEX	23	
<i>metadate er</i>	63	
<i>metaxalone</i>	50	
<i>metformin</i>	103, 104	
<i>methadone</i>	52, 53	
<i>methadone intensol</i>	52	
<i>methazolamide</i>	140	
<i>methenamine hippurate</i>	23	
<i>methenamine mandelate</i>	23	
<i>methen-sod phos-meth</i>		
<i>blue-hyos</i>	151	
<i>methimazole</i>	100	
<i>methitest</i>	108	
<i>methocarbamol</i>	50	
<i>methotrexate sodium</i>	32	
<i>methotrexate sodium (pf)</i>	32	
<i>methoxsalen</i>	85	
<i>methscopolamine</i>	111	
<i>methsuximide</i>	42	
<i>methylergonovine</i>	137	
<i>methylphenidate hcl</i>	63	
<i>methylpred dp</i>	99	
<i>methylprednisolone</i>	99	
<i>methylprednisolone</i>		
<i>acetate</i>	99	
<i>methylprednisolone sodium</i>		
<i>succ</i>	99	
<i>metoclopramide hcl</i>	114	
<i>metolazone</i>	73	
<i>metoprolol succinate</i>	73	
<i>metoprolol ta-</i>		
<i>hydrochlorothiaz</i>	73	
<i>metoprolol tartrate</i>	73	
<i>metro i.v.</i>	18	
<i>metronidazole</i>	18, 87, 130	
<i>metronidazole in nacl</i>		
<i>(iso-os)</i>	18	
<i>metyrosine</i>	73	
<i>mexiletine</i>	69	
MIACALCIN	108	
<i>micafungin</i>	9	
MICAFUNGIN IN 0.9 %		
SODIUM CHL.....	9	
MICARDIS	73	
MICARDIS HCT	73	
<i>miconazole-3</i>	130	
<i>microgestin 1.5/30 (21)</i>	134	
<i>microgestin 1/20 (21)</i>	134	
<i>microgestin 24 fe</i>	135	
<i>microgestin fe 1.5/30</i>		
<i>(28)</i>	135	
<i>microgestin fe 1/20 (28)</i>	135	
<i>midodrine</i>	95	
MIEBO (PF)	139	
<i>mifepristone</i>	108	
<i>migergot</i>	47	
<i>miglitol</i>	104	
<i>miglustat</i>	108	
<i>mili</i>	135	
<i>mimvey</i>	130	
MIMYX.....	85	
<i>minocycline</i>	22	
<i>minoxidil</i>	73	
MIRAPEX ER.....	46	
<i>mirtazapine</i>	63	
<i>misoprostol</i>	117	
MITIGARE	124	
<i>mitomycin</i>	32	
<i>mitoxantrone</i>	32	
M-M-R II (PF)	121	
M-NATAL PLUS	154	
<i>modafinil</i>	63	
<i>moexipril</i>	73	
<i>molindone</i>	63	
<i>mometasone</i>	92, 146	
<i>mondoxyne nl</i>	22	
MONJUVI.....	32	
<i>mono-lynyah</i>	135	
<i>montelukast</i>	146	
MORGIDOX 1X 50.....	22	
MORGIDOX 1X100.....	23	
MORGIDOX 2X100.....	23	
<i>morphine</i>	53	
MORPHINE	53	
<i>morphine (pf)</i>	53	
<i>morphine concentrate</i>	53	
MOTPOLY XR	43	
MOUNJARO	104	
MOVANTIK	114	
<i>moxifloxacin</i>	22, 138	
MOXIFLOXACIN-SOD.ACE,		
SUL-WATER	22	
<i>moxifloxacin-sod.chloride</i>		
<i>(iso)</i>	22	
MRESVIA (PF)	121	
MULTAQ.....	69	
<i>mupirocin</i>	88	
<i>mupirocin calcium</i>	88	
MYCAMINE.....	9	
<i>mycophenolate mofetil</i>	32	
<i>mycophenolate mofetil</i>		
<i>(hcl)</i>	32	
<i>mycophenolate sodium</i>	32	

MYDRIACYL	139	NERLYNX	32	<i>norgestimate-ethinyl</i>	
MYFORTIC	32	<i>neuac</i>	87	<i>estradiol</i>	135
MYLOTARG	32	NEUPRO	46	NORPACE CR	69
MYRBETRIQ	149	NEURONTIN	43	NORTHERA	95
N		NEVANAC	140	<i>nortrel 0.5/35 (28)</i>	135
<i>nabumetone</i>	55	<i>nevirapine</i>	12	<i>nortrel 1/35 (21)</i>	135
<i>nadolol</i>	73	NEXAVAR	32	<i>nortrel 1/35 (28)</i>	135
<i>nafcillin</i>	21	NEXIUM	117	<i>nortrel 7/7/7 (28)</i>	135
<i>nafcillin in dextrose</i>		NEXIUM PACKET	117	<i>nortriptyline</i>	64
<i>iso-osm</i>	21	NEXLETOL	79	NORVASC	74
<i>naftifine</i>	89	NEXLIZET	79	NORVIR	12
NAFTIN	89	<i>niacin</i>	79	NOURIANZ	46
NAGLAZYME	108	<i>niacor</i>	79	NOVACORT	114
<i>naloxone</i>	55	<i>nicardipine</i>	73	NOVAREL	108
<i>naltrexone</i>	55	NICOTROL	96	<i>np thyroid</i>	109
NAMENDA TITRATION PAK ..	49	NICOTROL NS	96	NUBEQA	33
NAMENDA XR	49	<i>nifedipine</i>	73, 74	NUCALA	147
NAMZARIC	49	<i>nikki (28)</i>	135	NUEDEXTA	49
NAPRELAN CR	55	<i>nilutamide</i>	33	NULEV	111
<i>naproxen</i>	55	<i>nimodipine</i>	74	NULOJIX	33
<i>naproxen sodium</i>	55	NINLARO	33	NUMOISYN	95
<i>naratriptan</i>	47	NIPENT	33	NUPLAZID	64
NATACYN	138	<i>nisoldipine</i>	74	NURTEC ODT	47
NATAL PNV	154	<i>nitazoxanide</i>	18	NUTRASEB	85
<i>nateglinide</i>	104	<i>nitisinone</i>	95	NUTRILIPID	154
NAYZILAM	43	<i>nitro-bid</i>	80	NUZYRA	23
<i>nebivolol</i>	73	NITRO-DUR	81	<i>nyamyc</i>	89
NEBUSAL	146	<i>nitrofurantoin</i>		<i>nylia 1/35 (28)</i>	135
<i>necon 0.5/35 (28)</i>	135	<i>macrocrystal</i>	23	<i>nylia 7/7/7 (28)</i>	135
<i>nefazodone</i>	63	<i>nitrofurantoin monohyd/</i>		<i>nymyo</i>	135
<i>nelarabine</i>	32	<i>m-cryst</i>	23	<i>nystatin</i>	9, 89
<i>neomycin</i>	18	<i>nitroglycerin</i>	81, 114	<i>nystatin-triamcinolone</i> ..	89, 90
<i>neomycin-bacitracin-</i>		<i>nitro-time</i>	81	<i>nystop</i>	90
<i>poly-hc</i>	141	NIVESTYM	118	NYVEPRIA	118
<i>neomycin-bacitracin-</i>		<i>nizatidine</i>	117	O	
<i>polymyxin</i>	138	<i>nora-be</i>	130	OCALIVA	114
<i>neomycin-polymyxin b gu</i>	93	<i>norelgestromin-ethin.</i>		<i>ocella</i>	135
<i>neomycin-polymyxin b-</i>		<i>estradiol</i>	131	OCREVUS	49
<i>dexameth</i>	141	<i>noreth-ethinyl estradiol-</i>		OCREVUS ZUNOVO	50
<i>neomycin-polymyxin-</i>		<i>iron</i>	135	OCTAGAM	121
<i>gramicidin</i>	138	<i>norethindrone</i>		<i>octreotide acetate</i>	33
<i>neomycin-polymyxin-</i>		<i>(contraceptive)</i>	130	ODEFSEY	12
<i>hc</i>	98, 141	<i>norethindrone acetate</i>	130	ODOMZO	33
<i>neo-polycin</i>	138	<i>norethindrone ac-eth</i>		OFEV	147
<i>neo-polycin hc</i>	141	<i>estradiol</i>	130, 135	<i>ofloxacin</i>	22, 98, 138
NEORAL	32	<i>norethindrone-e.estradiol-</i>		OGSIVEO	33
NEOSALUS	85	<i>iron</i>	135	OHTUVAYRE	147
NEO-SYNALAR KIT	88			OJEMDA	33

OJJAARA.....	33	OPDUALAG	33	PADCEV	34
<i>olanzapine</i>	64	<i>opium tincture</i>	111	<i>paliperidone</i>	64
<i>olanzapine-fluoxetine</i>	64	OPSUMIT	147	<i>palonosetron</i>	114
<i>olmesartan</i>	74	ORACEA	23	<i>pamidronate</i>	108
<i>olmesartan-amlodipin-</i> <i>hcthiazid</i>	74	ORACIT.....	151	PANCREAZE	114
<i>olmesartan-</i> <i>hydrochlorothiazide</i>	74	<i>oralone</i>	97	PANDEL	92
<i>olopatadine</i>	97, 139	ORBACTIV	18	PANRETIN	85
<i>omega-3 acid ethyl esters</i>	79	ORENCIA	127	<i>pantoprazole</i>	117
<i>omeprazole</i>	117	ORENCIA CLICKJECT	127	PANZYGA	121
<i>omeprazole-sodium</i> <i>bicarbonate</i>	117	<i>orenitram</i>	74	<i>paricalcitol</i>	108
OMNIPOD 5 (G6/LIBRE 2 PLUS).....	123	ORENITRAM MONTH 1 TITRATION KT	74	<i>paromomycin</i>	19
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	104	ORENITRAM MONTH 2 TITRATION KT	74	<i>paroxetine hcl</i>	64
OMNIPOD 5 G6-G7 PODS (GEN 5).....	104	ORENITRAM MONTH 3 TITRATION KT	74	PAXIL	64
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) .	123	ORGOVYX.....	33	PAXIL CR	64
OMNIPOD CLASSIC PODS (GEN 3).....	104	ORKAMBI	147	PAXLOVID	12
OMNIPOD DASH INTRO KIT (GEN 4).....	104	<i>orlistat</i>	92	<i>pazopanib</i>	34
OMNIPOD DASH PODS (GEN 4).....	104	<i>orphenadrine citrate</i>	50	PEDIARIX (PF)	121
OMNIPOD GO PODS	104	ORSERDU	33	PEDVAX HIB (PF).....	121
OMNIPOD GO PODS 10 UNITS/DAY	104	<i>oscimin</i>	111	<i>peg 3350-electrolytes</i>	114
OMNIPOD GO PODS 15 UNITS/DAY	104	<i>oscimin sl</i>	111	<i>peg3350-sod sul-nacl-kcl-</i> <i>asb-c</i>	114
OMNIPOD GO PODS 20 UNITS/DAY	104	<i>oseltamivir</i>	12	PEGASYS	118
OMNIPOD GO PODS 25 UNITS/DAY	104	OSPHENA	131	<i>peg-electrolyte soln</i>	114
OMNIPOD GO PODS 30 UNITS/DAY	104	OTEZLA	127	PEMAZYRE	34
OMNIPOD GO PODS 40 UNITS/DAY	104	OTEZLA STARTER	127	<i>pemetrexed disodium</i>	34
ONCASPAR	33	OVACE	81	<i>pen needle, diabetic</i>	123
<i>ondansetron</i>	114	OVACE PLUS.....	81	PENBRAYA (PF)	121
<i>ondansetron hcl</i>	114	OVACE PLUS SHAMPOO	81	<i>penciclovir</i>	90
<i>ondansetron hcl (pf)</i>	114	OVACE PLUS WASH.....	81	<i>penicillamine</i>	127
ONGENTYS	46	<i>oxacillin</i>	21	<i>penicillin g potassium</i>	21
ONIVYDE	33	<i>oxaliplatin</i>	33	<i>penicillin v potassium</i>	21
ONUREG.....	33	<i>oxaprozin</i>	55	PENTACEL (PF)	121
OPDIVO	33	<i>oxazepam</i>	64	<i>pentamidine</i>	19
		<i>oxcarbazepine</i>	43	<i>pentazocine-naloxone</i>	56
		OXERVATE.....	139	PENTIPS	105
		<i>oxiconazole</i>	90	<i>pentoxifylline</i>	77
		<i>oxybutynin chloride</i>	149	PERFOROMIST	147
		<i>oxycodone</i>	53	PERIKABIVEN	154
		<i>oxycodone-acetaminophen</i> ..	54	<i>perindopril erbumine</i>	74
		<i>oxymorphone</i>	54	<i>periogard</i>	97
		OZEMPIC.....	104	PERJETA	34
		P		<i>permethrin</i>	92
		<i>pacerone</i>	69	<i>perphenazine</i>	64
		<i>paclitaxel</i>	33	<i>perphenazine-</i> <i>amitriptyline</i>	64
		PACLITAXEL PROTEIN- BOUND	34	PERSERIS.....	64
				PERTZYE.....	114
				<i>pfizerpen-g</i>	21

<i>phenazopyridine</i>	151	<i>polycin</i>	138	<i>prednisolone acetate</i>	142
<i>phenelzine</i>	64	<i>polymyxin b sulfate</i>	19	<i>prednisolone sodium</i>	
<i>phenobarbital</i>	43	<i>polymyxin b sulf-</i>		<i>phosphate</i>	99, 142
<i>phenobarbital sodium</i>	43	<i>trimethoprim</i>	138	<i>prednisone</i>	99
<i>phenohydro</i>	111	POMALYST	34	<i>prednisone intensol</i>	99
<i>phenoxybenzamine</i>	74	<i>portia 28</i>	136	<i>pregabalin</i>	43
<i>phenylephrine hcl</i>	143	PORTRAZZA	34	PREGNYL	108
PHENYTEK	43	<i>posaconazole</i>	9	PREHEVBRIO (PF)	121
<i>phenytoin</i>	43	<i>pot,sodium citrate-citric</i>		PREMARIN	130
<i>phenytoin sodium</i>	43	<i>acid</i>	151	PREMASOL 10 %	154
<i>phenytoin sodium</i>		<i>potassium chlorid-d5-</i>		PREMPHASE	130
<i>extended</i>	43	<i>0.45%nacl</i>	152	PREMPRO	130
PHESGO	34	<i>potassium chloride</i>	152, 153	PRENATAL PLUS (CALCIUM	
PHEXXI	131	POTASSIUM CHLORIDE	153	CARB)	155
<i>philith</i>	135	<i>potassium chloride in</i>		PRENATAL VITAMIN PLUS	
<i>phospha 250 neutral</i>	152	<i>0.9%nacl</i>	152	LOW IRON	155
<i>phosphorous</i>	152	<i>potassium chloride in</i>		PRESERA	85
<i>phospho-trin 250 neutral</i> ...	152	<i>5 % dex</i>	152	PREVACID	117
PIFELTRO	12	<i>potassium chloride in</i>		PREVACID SOLUTAB	117
<i>pilocarpine hcl</i>	95, 139	<i>lr-d5</i>	152	<i>prevalite</i>	79
<i>pimecrolimus</i>	85	<i>potassium chloride in</i>		PREVIDENT	97
<i>pimozide</i>	64	<i>water</i>	152	PREVIDENT 5000 BOOSTER	
<i>pimtrea (28)</i>	135	<i>potassium chloride-</i>		PLUS	97
<i>pindolol</i>	74	<i>0.45 % nacl</i>	153	PREVIDENT 5000 DRY	
<i>pioglitazone</i>	105	<i>potassium chloride-d5-</i>		MOUTH	97
<i>pioglitazone-glimepiride</i>	105	<i>0.2%nacl</i>	153	PREVIDENT 5000 ORTHO	
<i>pioglitazone-metformin</i>	105	<i>potassium chloride-d5-</i>		DEFENSE	97
<i>piperacillin-tazobactam</i>	21	<i>0.9%nacl</i>	153	PREVIDENT 5000 PLUS	97
PIPERACILLIN-		<i>potassium citrate</i>	151	PREVIDENT KIDS	98
TAZOBACTAM	21	<i>potassium citrate-citric</i>		PREVYMIS	12
PIQRAY	34	<i>acid</i>	151	PREZCOBIX	12
<i>pirfenidone</i>	147	POTELIGEO	34	PREZISTA	12, 13
<i>piroxicam</i>	56	PR BENZOYL PEROXIDE	87	PRIFTIN	19
<i>pitavastatin calcium</i>	79	PR NATAL 400	155	PRIMAQUINE	19
PLAQUENIL	19	PR NATAL 400 EC	155	<i>primidone</i>	43
PLAVIX	77	PR NATAL 430	155	PRIORIX (PF)	121
<i>plenamine</i>	154	PR NATAL 430 EC	155	PRISTIQ	65
PLENVU	114	PRADAXA	77	PRIVIGEN	121
<i>plerixafor</i>	118	PRALATREXATE	34	PROAIR RESPICLICK	147
PLEXION	87	<i>pramipexole</i>	46	<i>probenecid</i>	124
PLEXION CLEANSING		PRAMOSONE	81	<i>probenecid-colchicine</i>	124
CLOTHS	87	<i>prasugrel</i>	77	<i>prochlorperazine</i>	115
PNV-DHA	155	<i>pravastatin</i>	79	<i>prochlorperazine</i>	
PNV-OMEGA	155	<i>praziquantel</i>	19	<i>edisylate</i>	114
PNV-SELECT	155	<i>prazosin</i>	74	<i>prochlorperazine</i>	
PODOCON	82	PRED MILD	142	<i>maleate</i>	115
<i>podofilox</i>	85	<i>prednicarbate</i>	92	PROCORT	115
POLIVY	34	<i>prednisolone</i>	99	PROCRT	118

PROCTOCORT.....	115	QUINJA	88	<i>riluzole</i>	95
PROCTOFOAM HC.....	115	QVAR REDIHALER	147	<i>rimantadine</i>	13
<i>procto-med hc</i>	115	R		<i>ringer's</i>	93, 153
<i>proctosol hc</i>	115	RABAVERT (PF)	121	RINVOQ	127
<i>proctozone-hc</i>	115	<i>rabeprazole</i>	117	RINVOQ LQ.....	127
<i>progesterone micronized</i> ...	130	RADIAGEL	85	<i>risedronate</i>	95, 124
PROGRAF	34	RADICAVA	50	RISPERDAL	65
PROLASTIN-C.....	95	<i>raloxifene</i>	124	RISPERDAL CONSTA.....	65
PROLENSA.....	140	<i>ramelteon</i>	65	<i>risperidone</i>	65, 66
PROLIA	124	<i>ramipril</i>	75	RITALIN	66
PROMACTA	77	<i>ranolazine</i>	80	RITALIN LA	66
<i>promethazine</i>	143	RAPAMUNE	34	<i>ritonavir</i>	13
<i>promethegan</i>	144	<i>rasagiline</i>	46	<i>rivastigmine</i>	50
PROMISEB.....	85	RAVICTI	95	<i>rivastigmine tartrate</i>	50
<i>propafenone</i>	69	RAYALDEE	108	<i>rivelsa</i>	136
<i>proparacaine</i>	139	READI-CAT 2	95	<i>rizatriptan</i>	47
<i>propranolol</i>	74	REBIF (WITH ALBUMIN).....	118	ROCKLATAN	141
<i>propylthiouracil</i>	100	REBIF REBIDOSE.....	118, 119	<i>roflumilast</i>	147
PROQUAD (PF)	121	REBIF TITRATION PACK.....	119	<i>romidepsin</i>	35
PROSCAR.....	150	<i>reclipsen (28)</i>	136	ROMIDEPSIN	35
PROSOL 20 %	154	RECOMBIVAX HB (PF)	122	<i>ropinirole</i>	46
PROTONIX.....	117	RECTIV	115	ROSULA	87
<i>protriptyline</i>	65	REGRANEX	85	<i>rosula cleansing cloths</i>	87
PROVIGIL.....	65	RELENZA DISKHALER.....	13	<i>rosuvastatin</i>	80
PROZAC.....	65	REMERON	65	ROTARIX	122
<i>pruclair</i>	85	REMICADE	115	ROTATEQ VACCINE.....	122
<i>prumyx</i>	85	RENACIDIN.....	151	<i>roweepra</i>	43
PULMICORT	147	RENFLEXIS.....	115	ROZLYTREK	35
PULMICORT FLEXHALER.....	147	<i>repaglinide</i>	105	RUBRACA.....	35
PULMOZYME.....	147	REPATHA PUSHTRONEX.....	79	<i>rufinamide</i>	43, 44
PURIXAN	34	REPATHA SURECLICK	79	RUKOBIA.....	13
<i>pyrazinamide</i>	19	REPATHA SYRINGE.....	79	RUXIENCE	35
PYRIDIUM	151	RESTASIS	139	RYALTRIS	147
<i>pyridostigmine bromide</i>	51	RESTASIS MULTIDOSE.....	139	RYBELSUS	105
<i>pyrimethamine</i>	19	RETACRIT	119	RYBREVANT	35
PYRUKYND	95	RETEVMO	34	RYDAPT.....	35
Q		RETROVIR	13	RYLAZE.....	35
QINLOCK	34	REVLIMID.....	34	RYNODERM	85
QUADRACEL (PF).....	121	REXULTI	65	RYTARY	46
<i>quetiapine</i>	65	REYATAZ	13	S	
QUILLICHEW ER	65	REZDIFFRA	95	<i>sajazir</i>	147
QUILLIVANT XR	65	REZLIDHIA	35	<i>salicylic acid</i>	82
<i>quinapril</i>	74	REZUROCK	35	<i>salicylic acid-ceramides</i>	
<i>quinapril-</i>		RHOPRESSA	141	<i>no.1</i>	82
<i>hydrochlorothiazide</i>	75	<i>ribavirin</i>	13	<i>salimez</i>	82
<i>quinidine gluconate</i>	69	RIDAURA.....	127	SALIMEZ FORTE	82
<i>quinidine sulfate</i>	69	<i>rifabutin</i>	19	<i>salsalate</i>	56
<i>quinine sulfate</i>	19	<i>rifampin</i>	19	<i>salvax</i>	83

SALVAX DUO PLUS	83	SKYRIZI	81, 115	STAMARIL (PF)	122
SAMSCA	108	<i>sodium bicarbonate</i>	153	STELARA	82
SANCUSO	115	<i>sodium chloride</i>	95, 153	STIOLTO RESPIMAT	148
SANDOSTATIN LAR DEPOT ...	35	<i>sodium chloride 0.45 %</i>	153	STIVARGA	35
SANTYL	85	<i>sodium chloride 0.9 %</i>	95	STREPTOMYCIN	19
<i>sapropterin</i>	108	<i>sodium chloride 3 %</i> <i>hypertonic</i>	153	STRIBILD	13
SARCLISA	35	<i>sodium chloride 5 %</i> <i>hypertonic</i>	153	<i>subvenite</i>	44
SAVELLA	127	<i>sodium citrate-citric acid</i> ...	151	<i>subvenite starter (blue) kit</i> ...	44
<i>saxagliptin</i>	105	<i>sodium fluoride 5000 dry</i> <i>mouth</i>	98	<i>subvenite starter (green)</i> <i>kit</i>	44
<i>saxagliptin-metformin</i>	105	<i>sodium fluoride 5000 plus</i> ...	98	<i>subvenite starter (orange)</i> <i>kit</i>	44
SCALACORT DK	92	<i>sodium fluoride-pot</i> <i>nitrate</i>	98	SUCRAID	115
SCSEMBLIX	35	SODIUM OXYBATE	66	sucrafate	117
<i>scopolamine base</i>	115	<i>sodium phenylbutyrate</i>	95	SUFLAVE	115
SEBUDERM	85	<i>sodium polystyrene</i> <i>sulfonate</i>	96	<i>sulfacetamide sodium</i> ..82, 139	
SECUADO	66	<i>sodium,potassium,mag</i> <i>sulfates</i>	115	<i>sulfacetamide sodium</i> <i>(acne)</i>	89
<i>selegiline hcl</i>	46	<i>solifenacin</i>	149	<i>sulfacetamide sodium-</i> <i>sulfur</i>	87
<i>selenium sulfide</i>	81	SOLIQUA 100/33	105	<i>sulfacetamide-</i> <i>prednisolone</i>	139
SELZENTRY	13	SOLTAMOX	35	<i>sulfacleanse 8-4</i>	87
SE-NATAL 19 CHEWABLE ...	155	SOLU-CORTEF ACT-O- VIAL (PF)	100	<i>sulfadiazine</i>	22
SE-NATAL-19	155	SOMATULINE DEPOT	35	<i>sulfamethoxazole-</i> <i>trimethoprim</i>	22
SEREVENT DISKUS	147	SOMAVERT	108	<i>sulfasalazine</i>	115
SEROQUEL	66	<i>sorafenib</i>	35	<i>sulindac</i>	56
SEROQUEL XR	66	<i>sorine</i>	69	SUMADAN	87
<i>sertraline</i>	66	<i>sotalol</i>	69	SUMADAN XLT	87
<i>setlakin</i>	136	<i>sotalol af</i>	69	<i>sumatriptan</i>	47
<i>sevelamer carbonate</i>	95	SOTYLIZE	69	<i>sumatriptan succinate</i>	47
<i>sevelamer hcl</i>	95	<i>spinosad</i>	92	SUMAXIN	88
<i>sf</i>	98	SPIRIVA RESPIMAT	148	SUMAXIN CP	87
<i>sf 5000 plus</i>	98	SPIRIVA WITH HANDIHALER	148	SUMAXIN TS	88
<i>sharobel</i>	130	<i>spironolactone</i>	75	<i>sunitinib malate</i>	35
SHINGRIX (PF)	122	<i>spironolacton-</i> <i>hydrochlorothiaz</i>	75	SUNLENCA	13
SIGNIFOR	35	SPRAVATO	66	SUTAB	115
<i>sildenafil (pulm.</i> <i>hypertension)</i>	147	<i>sprintec (28)</i>	136	SUTENT	36
<i>silodosin</i>	150	SPRITAM	44	<i>syeda</i>	136
<i>silver nitrate applicators</i>	85	SPRYCEL	35	<i>symax fastabs</i>	111
<i>silver sulfadiazine</i>	85	<i>sps (with sorbitol)</i>	96	<i>symax-sl</i>	111
SIMBRINZA	141	<i>sronyx</i>	136	<i>symax-sr</i>	111
<i>simliya (28)</i>	136	SSD	85	SYMDEKO	148
<i>simpesse</i>	136	<i>sss 10-5</i>	87	SYMFI	13
SIMPONI	127			SYMFI LO	13
SIMPONI ARIA	127			SYMLINPEN 120	105
SIMULECT	35			SYMLINPEN 60	105
<i>simvastatin</i>	80				
SINGULAIR	147				
<i>sirolimus</i>	35				
SIRTURO	19				
SIVEXTRO	19				

SYMPAZAN	44	TEKTURNA	75	<i>timolol maleate (pf)</i>	138
SYMTUZA	13	<i>telmisartan</i>	75	TIMOPTIC OCUDOSE (PF) ...	139
SYNAGIS	13	<i>telmisartan-amlodipine</i>	75	<i>tinidazole</i>	19
SYNAREL.....	108	<i>telmisartan-</i>		<i>tiotropium bromide</i>	148
SYNJARDY.....	105	<i>hydrochlorothiazid</i>	75	TIROSINT	110
SYNJARDY XR	105	<i>temazepam</i>	66	TIROSINT-SOL	110
SYNTHROID	109	TEMODAR	36	<i>tis-u-sol pentalyte</i>	93
T		<i>temsirolimus</i>	36	TIVDAK	36
TABLOID	36	<i>tencon</i>	54	TIVICAY	13
TABRECTA	36	TENIVAC (PF)	122	TIVICAY PD.....	13
<i>tacrolimus</i>	36, 85	<i>tenofovir disoproxil</i>		<i>tizanidine</i>	51
<i>tadalafil</i>	150	<i>fumarate</i>	13	TOBI PODHALER	19
<i>tadalafil (pulm.</i>		TENORMIN.....	75	TOBRADEX.....	141
<i>hypertension)</i>	148	TEPMETKO	36	TOBRADEX ST	141
TADLIQ.....	148	<i>terazosin</i>	75	<i>tobramycin</i>	138
TAFINLAR	36	<i>terbinafine hcl</i>	10	<i>tobramycin in 0.225 % nacl</i> ..	19
<i>tafluprost (pf)</i>	141	<i>terbutaline</i>	148	<i>tobramycin sulfate</i>	19
TAGITOL V	96	<i>terconazole</i>	131	<i>tobramycin-</i>	
TAGRISSO	36	<i>teriflunomide</i>	50	<i>dexamethasone</i>	142
TALICIA.....	117	<i>teriparatide</i>	124	TOBREX.....	138
TALTZ AUTOINJECTOR	82	TERIPARATIDE.....	124	<i>tolcapone</i>	46
TALTZ SYRINGE	82	TERSI FOAM.....	82	<i>tolterodine</i>	150
TALVEY	36	<i>testosterone</i>	108, 109	<i>tolvaptan</i>	109
TALZENNA.....	36	<i>testosterone cypionate</i>	108	TOPAMAX.....	44
<i>tamoxifen</i>	36	<i>testosterone enanthate</i>	108	<i>topiramate</i>	44
<i>tamsulosin</i>	150	TETANUS,DIPHThERIA		<i>topotecan</i>	36
TARGRETIN.....	36	TOX PED(PF).....	122	TOPROL XL.....	75
<i>tarina 24 fe</i>	136	<i>tetrabenazine</i>	50	<i>toremifene</i>	37
<i>tarina fe 1-20 eq (28)</i>	136	<i>tetracaine hcl</i>	140	<i>torsemide</i>	75
TARON-C DHA	155	TETRACAINE HCL (PF)	140	TOUJEO MAX U-300	
TASIGNA.....	36	<i>tetracycline</i>	23	SOLOSTAR.....	105
<i>tasimelteon</i>	66	TEVIMBRA.....	36	TOUJEO SOLOSTAR U-300	
<i>tavaborole</i>	90	<i>texacort</i>	92	INSULIN	105
<i>tazarotene</i>	88	THALOMID	36	TOVIAZ	150
<i>tazicef</i>	16	THEO-24	148	TPN ELECTROLYTES	153
TAZORAC.....	88	<i>theophylline</i>	148	TRADJENTA.....	105
TAZVERIK	36	<i>thioridazine</i>	66	<i>tramadol</i>	56
TDVAX	122	<i>thiotepa</i>	36	<i>tramadol-acetaminophen</i>	56
TECENTRIQ.....	36	<i>thiothixene</i>	66	<i>trandolapril</i>	75
TECENTRIQ HYBREZA	36	<i>tiadylt er</i>	75	<i>trandolapril-verapamil</i>	75
<i>techlite insulin syringe</i>	123	<i>tiagabine</i>	44	<i>tranexamic acid</i>	131
<i>techlite insuln syr</i>		TIBSOVO	36	<i>tranylcypromine</i>	67
<i>(half unit)</i>	123	TICE BCG	122	TRANZAREL.....	85
<i>techlite pen needle</i>	123	TICOVAC	122	TRAVASOL 10 %.....	154
TECVAYLI.....	36	TIGAN	115	TRAVATAN Z	141
TEFLARO.....	16	<i>tigecycline</i>	19	<i>travoprost</i>	141
TEGRETOL	44	TILIA FE	136	TRAZIMERA	37
TEGRETOL XR	44	<i>timolol maleate</i>	75, 138	<i>trazodone</i>	67

TREANDA	37	TRIUMEQ PD.....	13	UREA	85
TRECTOR.....	19	<i>trivora</i> (28).....	136	<i>urea nail stick</i>	85
TRELEGY ELLIPTA	148	<i>tri-vylibra</i>	137	<i>ure-k</i>	85
TRELSTAR	37	<i>tri-vylibra lo</i>	137	URELLE.....	151
TRESIBA FLEXTOUCH		TRODELVY	37	<i>uretron d-s</i>	151
U-100	105	TROGARZO.....	13	<i>uro-458</i>	151
TRESIBA FLEXTOUCH		TROKENDI XR	44	<i>urogesic-blue</i>	151
U-200	106	TROPHAMINE 10 %.....	154	<i>uro-mp</i>	151
TRESIBA U-100 INSULIN	106	<i>tropicamide</i>	140	UROXATRAL.....	150
<i>tretinoin</i>	88	<i>trosipium</i>	150	<i>ursodiol</i>	115, 116
<i>tretinoin (antineoplastic)</i>	37	TRUEPLUS INSULIN	106	<i>uryl</i>	151
<i>tretinoin microspheres</i>	88	TRUEPLUS PEN NEEDLE	106	UZEDY	67
TREXALL	37	TRULANCE	115	V	
<i>triamcinolone</i>		TRULICITY	106	<i>valacyclovir</i>	14
<i>acetonide</i>	92, 98, 100	TRUMENBA.....	122	VALCHLOR	85
<i>triamterene</i>	75	TRUQAP	37	<i>valganciclovir</i>	14
<i>triamterene-</i>		TUKYSA	37	<i>valproate sodium</i>	44
<i>hydrochlorothiazid</i>	75	TURALIO	37	<i>valproic acid</i>	44
<i>trianex</i>	92	<i>turqoz</i> (28)	137	<i>valproic acid (as sodium</i>	
<i>triazolam</i>	67	TWINRIX (PF)	122	<i>salt</i>)	44
TRIBENZOR.....	75	TYBLUME	137	<i>valrubicin</i>	37
<i>tricitrates</i>	151	TYBOST	14	<i>valsartan</i>	76
<i>triderm</i>	92	<i>tydemy</i>	137	<i>valsartan-</i>	
<i>trientine</i>	96	TYKERB.....	37	<i>hydrochlorothiazide</i>	76
<i>tri-estarylla</i>	136	TYMLOS	124	VALTOCO	45
<i>trifluoperazine</i>	67	TYPHIM VI	122	VALTREX	14
<i>trifluridine</i>	138	TYSABRI	50	<i>vancomycin</i>	20
<i>trihexyphenidyl</i>	46	TYVASO	148	VANCOMYCIN.....	20
TRIJDARDY XR.....	106	TYVASO DPI	144, 148	VANCOMYCIN IN 0.9 %	
TRIKAFTA	148	TYVASO INSTITUTIONAL		SODIUM CHL	19
<i>tri-legest fe</i>	136	START KIT	148	VANCOMYCIN IN	
TRILEPTAL	44	TYVASO REFILL KIT	149	DEXTROSE 5 %	19, 23
<i>tri-lynyah</i>	136	TYVASO STARTER KIT	149	VANCOMYCIN-DILUENT	
TRILIPIX	80	TZIELD	96	COMBO NO.1	20
<i>tri-lo-estarylla</i>	136	U		<i>vandazole</i>	131
<i>tri-lo-marzia</i>	136	ULORIC.....	124	VANFLYTA.....	37
<i>tri-lo-mili</i>	136	ULTRASAL-ER	83	VAQTA (PF)	122
<i>tri-lo-sprintec</i>	136	UNIFINE PENTIPS	106	<i>varenicline</i>	96, 97
<i>trimethobenzamide</i>	115	UNIFINE PENTIPS		VARIBAR HONEY	96
<i>trimethoprim</i>	23	MAXFLOW	106	VARIBAR NECTAR	96
<i>tri-mili</i>	136	UNIFINE PENTIPS PLUS	106	VARIBAR PUDDING.....	96
<i>trimipramine</i>	67	UNIFINE PENTIPS PLUS		VARIBAR THIN HONEY	96
TRINATAL RX 1	155	MAXFLOW	106	VARIBAR THIN LIQUID	96
TRINTELLIX	67	UNITHROID	110	VARIVAX (PF)	122
<i>tri-nymyo</i>	136	UNITUXIN.....	37	VARIZIG	122
TRIPTODUR	37	UPTRAVI	75, 76	VASCEPA.....	80
<i>tri-sprintec</i> (28)	136	URAMAXIN	85	VAXCHORA VACCINE	122
TRIUMEQ	13	<i>urea</i>	85	VECTIBIX	37

VEKLURY	14	VOSEVI	14	XIFAXAN	20
<i>velivet triphasic regimen</i>		VOTRIENT	38	XIGDUO XR	106, 107
(28).....	137	VRAYLAR	67	XIIDRA	140
VELPHORO	96	VUMERITY.....	50	XOFLUZA.....	14
VELTASSA	96	<i>vyfemla (28)</i>	137	XOLAIR.....	149
VEMLIDY	14	<i>vylibra</i>	137	XOSPATA	38
VENCLEXTA	37	VYNDAMAX	80	XPOVIO	38
VENCLEXTA STARTING		VYNDAQEL	80	XTAMPZA ER.....	54
PACK	37	VYTONE	89	XTANDI	38
<i>venlafaxine</i>	67	VYVANSE.....	67	<i>xulane</i>	131
VENTAVIS	149	VYXEOS	38	XULTOPHY 100/3.6.....	107
VENTOLIN HFA	149	VYZULTA	141	Y	
<i>verapamil</i>	76	W		YERVOY.....	38
VERQUVO.....	80	<i>warfarin</i>	77	YF-VAX (PF).....	123
VERSACLOZ	67	<i>water for irrigation,</i>		YONDELIS	38
VERZENIO.....	37	<i>sterile</i>	96	YUPELRI	149
VESICARE	150	WEGOVI	93	<i>yuvafem</i>	130
<i>vestura (28)</i>	137	WELCHOL.....	80	Z	
V-GO 20	106	WELIREG	38	<i>zafemy</i>	131
V-GO 30	106	WELLBUTRIN SR.....	68	<i>zafirlukast</i>	149
V-GO 40	106	WELLBUTRIN XL.....	68	<i>zaleplon</i>	68
VIBERZI.....	116	<i>wera (28)</i>	137	ZALTRAP	38
VICTOZA 2-PAK	106	WESCAP-PN DHA	155	ZANOSAR	38
VICTOZA 3-PAK	106	WESNATE DHA.....	155	ZARXIO	119
<i>vienna</i>	137	WESTAB PLUS	155	ZEJULA	38
<i>vigabatrin</i>	45	WESTGEL DHA	155	ZELBORAF	38
<i>vigadrone</i>	45	<i>wixela inhub</i>	149	ZEMAIRA	96
VIGAFYDE	45	<i>wymzya fe</i>	137	<i>zenatane</i>	88
<i>vigpoder</i>	45	X		ZENPEP	116
VIIBRYD	67	XALATAN.....	141	ZEPOSIA	50
<i>vilazodone</i>	67	XALIX.....	83	ZEPOSIA STARTER KIT	
VIMPAT	45	XALKORI	38	(28-DAY)	50
<i>vinblastine</i>	37	XARELTO	77, 78	ZEPOSIA STARTER PACK	
<i>vincristine</i>	37	XARELTO DVT-PE TREAT		(7-DAY)	50
<i>vinorelbine</i>	37	30D START	77	ZEPZELCA.....	38
VIOKACE.....	116	XATMEP	38	<i>zidovudine</i>	14
<i>violele (28)</i>	137	XCOPRI.....	45	ZIEXTENZO.....	119
VIRACEPT	14	XCOPRI MAINTENANCE		<i>zileuton</i>	149
VIRASAL	83	PACK	45	ZIMHI.....	56
VIREAD	14	XCOPRI TITRATION PACK	45	ZIOPTAN (PF)	141
VITRAKVI	37	XDEMVY.....	140	<i>ziprasidone hcl</i>	68
VIVELLE-DOT	130	XELJANZ	127	<i>ziprasidone mesylate</i>	68
VIVITROL	56	XELJANZ XR	127	ZIRABEV	38
VIZIMPRO.....	37	XENICAL	93	ZIRGAN	138
<i>volnea (28)</i>	137	XERMELO	38	ZITHRANOL	82
VONJO.....	37	XGEVA.....	23	ZOCOR	80
VORANIGO	38	XHANCE	149	ZOLADEx.....	38
<i>voriconazole</i>	10	XIAFLEX.....	96	<i>zoledronic acid</i>	109

<i>zoledronic acid-mannitol-</i>	<i>zonisamide</i>45	ZURZUVAE 68
<i>water</i> 96, 109	ZORTRESS38	ZYDELIG38
<i>zoledronic ac-mannitol-</i>	ZOSYN IN DEXTROSE	ZYKADIA.....38
<i>0.9nacl</i> 109	(ISO-OSM).....21	ZYLET 142
ZOLINZA 38	<i>zovia 1-35 (28)</i>137	ZYNLONTA 39
<i>zolmitriptan</i> 47	ZTALMY.....45	ZYNYZ39
ZOLOFT 68	ZTLIDO86	ZYPREXA 68
<i>zolpidem</i> 68	ZUBSOLV56	ZYPREXA RELPREVV 68
ZONISADE 45	<i>zumandimine (28)</i>137	

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