



Aetna<sup>®</sup> Medicare

## 2024 Formulary (List of Covered Drugs)

### 3 Tier Comprehensive Plus

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

Formulary ID Number: 24029 Version Number 17

This formulary was updated on 09/01/2024. For more recent information or other questions, please contact Aetna Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** and choose “Manage your prescription drugs.”

**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 Aetna Medicare. When it refers to “plan” or “our plan,” it means Aetna.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/01/2024. 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.

### **Mail-order pharmacy**

For mail order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

## **Table of contents**

Mail-order pharmacy	1
What is the Aetna Medicare formulary?	3
Can the formulary (drug list) change?	3
How do I use the formulary?	4
What are generic drugs?	4
Are there any restrictions on my coverage?	4
What if my drug is not on the formulary?	5
How do I request an exception to the Aetna® Medicare formulary?	5
What do I do before I can talk to my doctor about changing my drugs or requesting an exception?	6
For more information	6
<b>Aetna® Medicare formulary</b>	<b>7</b>
Drug tier copay levels	8
Formulary key	9
<b>Drug list</b>	<b>9</b>
<b>Index of Drugs</b>	<b>191</b>

## What is the Aetna Medicare formulary?

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

## Can the formulary (drug list) change?

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

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

- **New generic drugs.** When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare formulary?”
- **Drugs removed from the market.** If the U.S. Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, or quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier or both, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the Aetna Medicare formulary?”

## Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 09/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

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

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

### **Medical condition**

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

### **Alphabetical listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 191. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

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

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

- **Prior authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for atorvastatin . This may be in addition to a standard one-month or three-month supply.
- **Step therapy:** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

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

## What if my drug is not on the formulary?

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

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

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

## How do I request an exception to the Aetna® Medicare formulary?

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

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

Generally, we will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, *tiering* or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31-days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

## **For more information**

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

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

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

## Aetna® Medicare formulary

The formulary that begins on page 9 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 191.

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

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

### **QL**    **Quantity limits**

For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription of *atorvastatin*.

### **PA**    **Prior authorization**

Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

### **ST**    **Step therapy**

In some cases, our plan requires you to first try certain drugs to treat your medical condition, before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

### **LA**    **Limited access**

These prescriptions may be available only at certain pharmacies. \*

### **MO**    **Mail order**

For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List. \*

### **B/D**    **Part B versus Part D**

This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.



**ACS Available from CVS Specialty Pharmacy**

These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. \*\*

**HRM High Risk Medication**

According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

\*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com**

\*\*Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

**Drug tier copay levels**

This 2024 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2024 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2024 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

<b>Copay tier</b>	<b>Type of drug</b>
<b>Tier 1</b>	Generic drugs
<b>Tier 2</b>	Preferred brand drugs
<b>Tier 3</b>	Non-preferred brand drugs

**You may have drug coverage in the coverage gap stage**

There are four “drug payment stages” of a Medicare Prescription Drug Plan. How much you pay for a Part D drug depends on which drug payment stage you are in. Your plan may include supplemental coverage for some drugs during the coverage gap stage of the plan. Look in the 2024 Prescription Drug Schedule of Cost-Sharing that was included in your EOC packet. The Prescription Drug Schedule of Cost-Sharing will tell you if your plan provides coverage in the gap, and how much you will pay for covered drugs. If you need assistance finding this information, call the number on the back of your ID card.



## Key\*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3 = Copay tier level	QL = Quantity Limits
<i>Lowercase italics</i> = Generic medications		PA = Prior Authorization
		ST = Step Therapy
		LA = Limited Access
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ACS = Available from CVS Specialty Pharmacy
		HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
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**ANALGESICS****GOUT**

<i>allopurinol sodium injection</i>	1	
ALLOPURINOL TABLET 200MG	3	MO
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
ALOPRIM	3	
COLCHICINE CAPSULE	2	QL (60 EA per 30 days) MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
GLOPERBA	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA	3	QL (2 ML per 28 days) PA LA; ACS
MITIGARE	2	QL (60 EA per 30 days) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	ST MO
ZYLOPRIM	3	MO

**MISCELLANEOUS**

<i>acetaminophen injection solution 10mg/ml</i>	1	
ALLZITAL	3	QL (180 EA per 30 days) PA MO
<i>bupap tablet 50mg; 300mg</i>	1	QL (180 EA per 30 days) PA
<i>butalbital/acetaminophen</i>	1	QL (180 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>butalbital/acetaminophen/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>clonidine hcl</i>	1	
DURACLON	3	
ESGIC TABLET	3	QL (180 EA per 30 days) PA MO
<i>esgic capsule</i>	1	QL (180 EA per 30 days) PA
FIORICET CAPSULE 50MG; 300MG; 40MG	3	QL (180 EA per 30 days) PA MO
PRIALT	3	B/D
<i>tencon tablet 50mg; 325mg</i>	1	QL (180 EA per 30 days) PA
<i>zebutal</i>	1	QL (180 EA per 30 days) PA
<b>NSAIDS</b>		
ARTHROTEC 50	3	QL (120 EA per 30 days) MO
ARTHROTEC 75	3	QL (90 EA per 30 days) MO
CALDOLOR	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
COMBOGESIC	3	
DAYPRO	3	QL (90 EA per 30 days) MO
<i>diclofenac potassium capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac potassium tablet 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO
<i>diflunisal</i>	1	QL (90 EA per 30 days) MO
DUEXIS	3	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
FELDENE	3	QL (30 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet</i>	1	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibuprofen tablet 400mg, 600mg, 800mg</i>	1	MO
<i>ibuprofen/famotidine</i>	1	QL (90 EA per 30 days) PA MO
INDOCIN SUSPENSION	3	PA MO
<i>indocin suppository</i>	1	PA MO; HRM
<i>indomethacin er</i>	1	PA MO
<i>indomethacin capsule 25mg, 50mg, suspension</i>	1	PA MO
<i>indomethacin suppository</i>	1	PA MO; HRM
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketoprofen capsule 25mg</i>	1	QL (120 EA per 30 days)
<i>ketoprofen capsule 50mg</i>	1	QL (180 EA per 30 days)
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml, 60mg/2ml</i>	1	QL (20 ML per 30 days) MO
<i>ketorolac tromethamine nasal solution 15.75mg/spray</i>	1	QL (5 EA per 30 days) PA LA; ACS
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>kiprofen</i>	1	QL (120 EA per 30 days)
LODINE	3	QL (90 EA per 30 days) ST MO
<i>lofena</i>	1	QL (120 EA per 30 days) PA
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>mefenamic acid</i>	1	MO
<i>meloxicam</i>	1	MO
<i>nabumetone</i>	1	MO
NALFON TABLET	3	QL (150 EA per 30 days) ST
NALFON CAPSULE	3	QL (240 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750MG	3	QL (60 EA per 30 days) ST MO
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (90 EA per 30 days) ST MO
NAPROSYN	3	ST MO
<i>naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TABLET EXTENDED RELEASE 24 HOUR 500MG, 750MG	3	QL (60 EA per 30 days) MO
<i>naproxen sodium tablet 275mg, 550mg</i>	1	MO
<i>naproxen/esomeprazole magnesium</i>	1	QL (60 EA per 30 days) PA MO
<i>naproxen suspension, tablet</i>	1	MO
<i>naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
RELAFEN DS TABLET 1000MG	3	QL (60 EA per 30 days) ST MO
<i>salsalate tablet 750mg</i>	1	QL (120 EA per 30 days) MO
<i>salsalate tablet 500mg</i>	1	QL (180 EA per 30 days) MO
SPRIX	3	QL (5 EA per 30 days) PA LA; ACS
<i>sulindac</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TOLECTIN 600	3	QL (90 EA per 30 days) ST
<i>tolmetin sodium</i>	1	MO
VIMOVO	3	QL (60 EA per 30 days) PA MO
ZIPSOR	3	QL (120 EA per 30 days) PA MO
ZORVOLEX	3	QL (90 EA per 30 days) MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BELBUCA	3	QL (60 EA per 30 days) PA MO
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS	3	QL (4 EA per 28 days) PA MO
CONZIP	3	QL (30 EA per 30 days) MO; HRM
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent</i>	1	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate er capsule extended release 12 hour</i>	1	QL (60 EA per 30 days) PA MO
<i>hydromorphone hcl er tablet extended release 24 hour 12mg, 16mg, 8mg</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er tablet extended release 24 hour 32mg</i>	1	QL (30 EA per 30 days) PA MO
HYSINGLA ER	2	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate</i>	1	QL (180 EA per 30 days) MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
METHADONE HCL INJECTION	3	PA
<i>methadone hcl oral solution</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO
METHADOSE ORAL CONCENTRATE	3	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE ORAL CONCENTRATE	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 100mg, 200mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
MS CONTIN TABLET EXTENDED RELEASE 30MG, 60MG	3	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG	3	QL (60 EA per 30 days) PA MO
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
NUCYNTA ER	3	QL (60 EA per 30 days) MO
OXYCODONE HCL ER	3	QL (60 EA per 30 days) PA
OXYCONTIN	3	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er</i>	1	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er</i>	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	3	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 27MG, 9MG	3	QL (60 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/caffeine/dihydrocodeine</i>	1	QL (300 EA per 30 days) MO
<i>acetaminophen/codeine tablet</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution</i>	1	QL (2700 ML per 30 days) MO
APADAZ	3	QL (168 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>ascomp/codeine</i>	1	QL (180 EA per 30 days) PA MO; HRM
BENZHYDROCODONE/ ACETAMINOPHEN	3	QL (168 EA per 30 days)
BUPRENEX	3	MO
<i>buprenorphine hcl injection 0.3mg/ ml</i>	1	MO
<i>butalbital/acetaminophen/caffeine/ codeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>butorphanol tartrate nasal solution</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ ml</i>	1	
<i>butorphanol tartrate injection 2mg/ ml</i>	1	MO
CODEINE SULFATE	3	QL (180 EA per 30 days) MO
DEMEROL	3	PA; HRM
DILAUDID INJECTION	3	B/D
DILAUDID TABLET	3	QL (180 EA per 30 days) MO
DILAUDID LIQUID	3	QL (600 ML per 30 days) MO
DURAMORPH	3	B/D
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal</i>	1	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE TABLET	3	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
<i>fentanyl citrate injection 100mcg/2ml, 25mcg/0.5ml, 50mcg/ml</i>	1	
<i>fentanyl citrate cartridge 100mcg/2ml</i>	1	B/D
FENTORA	3	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	3	QL (180 EA per 30 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
<i>hydrocodone bitartrate/acetaminophen tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
<i>hydromorphone hcl pf injection 10mg/ml</i>	1	B/D
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ML PF, 4MG/ML PF	3	B/D
<i>hydromorphone hydrochloride pf injection 50mg/5ml</i>	1	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	1	B/D MO
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
<i>meperidine hcl tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>meperidine hcl oral solution</i>	1	QL (3600 ML per 30 days) PA MO; HRM
<i>meperidine hcl injection 25mg/ml</i>	1	PA MO; HRM
<i>meperidine hcl injection 100mg/ml, 50mg/ml</i>	1	PA; HRM
<i>mitigo</i>	1	B/D
<i>morphine sulfate tablet 15mg, 30mg</i>	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 50MG/ML	1	B/D
MORPHINE SULFATE INJECTION 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	3	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate injection 0.5mg/ml, 10mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>morphine sulfate suppository 30mg, 5mg</i>	1	QL (60 EA per 30 days)
<i>morphine sulfate suppository 10mg, 20mg</i>	1	QL (60 EA per 30 days) MO
<i>nalbuphine hcl</i>	1	MO
<i>nalocet</i>	1	QL (180 EA per 30 days)
NUCYNTA	3	QL (180 EA per 30 days) MO
OXAYDO	3	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN	3	QL (180 EA per 30 days) PA
OXYCODONE HYDROCHLORIDE/ ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	3	QL (1800 ML per 30 days) MO
<i>oxycodone hydrochloride/ acetaminophen solution 300mg/5ml; 10mg/5ml</i>	1	QL (900 ML per 30 days) PA
<i>oxycodone hydrochloride capsule</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral concentrate</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride oral solution</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 300mg; 2.5mg</i>	1	QL (180 EA per 30 days)
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 5mg</i>	1	QL (180 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
<i>oxymorphone hydrochloride tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>pentazocine/naloxone hcl</i>	1	QL (360 EA per 30 days) PA MO
PERCOCET	3	QL (180 EA per 30 days) MO
PROLATE TABLET	3	QL (180 EA per 30 days) PA
PROLATE SOLUTION	3	QL (900 ML per 30 days) PA
QDOLO	3	QL (1800 ML per 30 days) PA MO
ROXICODONE TABLET 30MG	3	QL (120 EA per 30 days) MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXYBOND TABLET ABUSE-DETERRENT 15MG	3	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE-DETERRENT 30MG, 5MG	3	QL (180 EA per 30 days) MO
SEGLENTIS	3	QL (120 EA per 30 days) PA MO; HRM
SUBSYS LIQUID 100MCG, 200MCG, 400MCG, 600MCG, 800MCG	3	QL (120 EA per 30 days) PA MO
SUBSYS LIQUID 1200MCG	3	QL (240 EA per 30 days) PA
SUBSYS LIQUID 1600MCG	3	QL (240 EA per 30 days) PA MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride solution</i>	1	QL (1800 ML per 30 days) PA MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>trezix</i>	1	QL (300 EA per 30 days)

## ANESTHETICS

### LOCAL ANESTHETICS

<i>bupivacaine fisiopharma injection 2.5mg/ml</i>	1	
<i>bupivacaine fisiopharma injection 5mg/ml</i>	1	MO
<i>bupivacaine hcl injection 0.25%</i>	1	
<i>bupivacaine hcl injection 0.5%</i>	1	MO
<i>bupivacaine hydrochloride injection 0.25%, 0.75%</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>bupivacaine hydrochloride injection</i> 0.5%	1	MO
<i>bupivacaine/epinephrine injection</i> 0.25%; 1:200000, 0.5%; 1:200000 <i>pf</i>	1	
<i>bupivacaine/epinephrine injection</i> 0.5%; 1:200000	1	MO
EXPAREL	3	
<i>lidocaine hcl injection</i> 0.5%, 1.5%, 2%, 4%	1	
<i>lidocaine hydrochloride injection</i> 1%, 2%	1	
<i>lidocaine/epinephrine</i>	1	
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000	3	
MARCAINE/EPINEPHRINE INJECTION 0.5%; 1:200000	3	MO
<i>marcaine/epinephrine injection</i> 0.5%; 1:200000	1	
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN	3	
<i>ropivacaine hydrochloride</i>	1	
<i>sensorcaine-mpf</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine</i> <i>injection</i> 0.25%; 1:200000	1	
<i>sensorcaine/epinephrine</i>	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
XYLOCAINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE/EPINEPHRINE	3	

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

Drug name	Drug tier	Requirements/Limits
<b>ANTI-INFECTIVES</b>		
<b>ANTI-INFECTIVES - MISCELLANEOUS</b>		
AEMCOLO	3	MO
<i>albendazole</i>	1	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	2	PA LA
<i>atovaquone</i>	1	PA MO
AZACTAM	3	
<i>aztreonam</i>	1	MO
<i>bacitracin injection 50000unit</i>	1	
BACTRIM	3	MO
BACTRIM DS	3	MO
BENZNIDAZOLE	3	PA
BETHKIS	3	QL (224 ML per 56 days) PA LA; ACS
BILTRICIDE	3	MO
CAYSTON	3	PA LA; ACS
<i>chloramphenical sodium succinate iv solution injection</i>	1	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
<i>clindamycin hcl capsule 300mg</i>	1	MO
<i>clindamycin hydrochloride capsule 150mg, 75mg</i>	1	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	

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

Drug name	Drug tier	Requirements/Limits
<i>colistimethate sodium</i>	1	PA MO
COLY-MYCIN M	3	PA MO
CUBICIN RF	3	
DALVANCE	3	
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	3	
<i>daptomycin injection 500mg</i>	1	
DARAPRIM	3	QL (90 EA per 30 days) PA MO
EMVERM	3	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
FIRVANQ	3	QL (1800 ML per 180 days)
FLAGYL	3	MO
<i>fosfomycin tromethamine</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
HIPREX	3	MO
HUMATIN	3	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	3	QL (84 EA per 28 days) PA MO
INVANZ	3	MO
<i>isotonic gentamicin</i>	1	
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
KIMYRSA	3	
KITABIS PAK	3	QL (280 ML per 56 days) PA LA; ACS
LAMPIT	3	PA
LINCOCIN	3	MO
<i>lincomycin hcl</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	1	QL (1800 ML per 30 days) PA MO
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	1	PA
MACROBID	3	MO
MACRODANTIN	3	MO
<i>me/naphos/mb/hyo 1</i>	1	MO; HRM
MEPRON	3	PA MO
<i>meropenem</i>	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
NEBUPENT	3	B/D MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	1	QL (6 EA per 30 days) MO
<i>nitrofurantoin oral suspension 25mg/5ml</i>	1	MO
<i>nitrofurantoin monohydrate macrocrystals capsule 100mg</i>	1	MO
<i>nitrofurantoin monohydrate/ macrocrystals</i>	1	MO
ORBACTIV	3	MO
<i>paromomycin sulfate</i>	1	
PENTAM 300	3	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO
<i>polymyxin b sulfate</i>	1	
<i>praziquantel</i>	1	MO
PRIMAXIN IV	3	MO
<i>pyrimethamine</i>	1	QL (90 EA per 30 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
RECARBRIO	3	PA
SIVEXTRO TABLET	2	MO
SIVEXTRO INJECTION	3	
SOLOSEC	3	MO
<i>streptomycin sulfate</i>	1	MO
STROMECTOL	3	QL (12 EA per 90 days) PA MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>tinidazole</i>	1	MO
TOBI	2	QL (280 ML per 56 days) PA LA; ACS
TOBI PODHALER	3	QL (224 EA per 56 days) PA LA; ACS
<i>tobramycin sulfate injection 1.2gm, 10mg/ml, 40mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin nebulization solution 300mg/4ml</i>	1	QL (224 ML per 56 days) PA; ACS
<i>tobramycin nebulization solution 300mg/5ml</i>	1	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
UROGESIC-BLUE	3	MO; HRM
VABOMERE	3	PA
VANCOGIN CAPSULE 125MG	3	QL (120 EA per 30 days) MO
VANCOGIN CAPSULE 250MG	3	QL (240 EA per 30 days) MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	1	
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE	3	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 500mg</i>	1	MO
<i>vancomycin hydrochloride oral solution reconstituted 25mg/ml</i>	1	QL (1800 ML per 180 days)
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	1	QL (1800 ML per 180 days) MO
VIBATIV	3	PA
XENLETA TABLET	2	PA; ACS
XENLETA INJECTION	3	PA; ACS
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ZEMDRI	3	PA
ZYVOX INJECTION	3	PA
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	QL (1800 ML per 30 days) PA MO
ZYVOX TABLET	3	QL (56 EA per 28 days) PA MO
<b>ANTIFUNGALS</b>		
ABELCET	3	B/D
AMBISOME	3	B/D MO
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	1	B/D MO
ANCOBON CAPSULE 250MG	3	PA
ANCOBON CAPSULE 500MG	3	PA MO
CANCIDAS INJECTION 50MG	3	
CANCIDAS INJECTION 70MG	3	MO
<i>caspofungin acetate</i>	1	
CRESEMBA INJECTION	3	QL (34 EA per 30 days)
CRESEMBA CAPSULE 74.5MG	3	QL (175 EA per 30 days)
CRESEMBA CAPSULE 186MG	3	QL (70 EA per 30 days) MO
DIFLUCAN	3	MO
ERAXIS	3	PA
<i>fluconazole</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	1	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	1	
<i>flucytosine</i>	1	PA MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole</i>	1	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	1	
MICAFUNGIN/SODIUM CHLORIDE	3	
MYCAMINE INJECTION 100MG	3	
<i>mycamine injection 50mg</i>	1	MO
NOXAFIL INJECTION	3	
NOXAFIL PACKET	3	QL (32 EA per 30 days) PA
NOXAFIL SUSPENSION	3	QL (630 ML per 30 days) PA MO
NOXAFIL TABLET DELAYED RELEASE	3	QL (93 EA per 30 days) PA MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr tablet delayed release 100mg</i>	1	QL (93 EA per 30 days) PA MO
<i>posaconazole injection</i>	1	
<i>posaconazole oral suspension</i>	1	QL (630 ML per 30 days) MO
REZZAYO	3	PA
SPORANOX	3	PA MO
<i>terbinafine hcl</i>	1	QL (90 EA per 365 days) MO
TOLSURA	3	PA MO
VFEND IV	3	PA
VFEND SUSPENSION RECONSTITUTED	3	PA MO
VFEND TABLET 200MG	3	QL (120 EA per 30 days) MO
VFEND TABLET 50MG	3	QL (480 EA per 30 days) MO
VIVJOA	3	QL (18 EA per 84 days) PA
<i>voriconazole injection</i>	1	PA
<i>voriconazole suspension reconstituted</i>	1	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
KRINTAFEL	3	PA MO
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
QUALAQUIN	3	PA MO
<i>quinine sulfate</i>	1	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	1	MO
APRETUDE	3	QL (21 ML per 365 days) LA MO
APTIVUS	3	MO
<i>atazanavir sulfate</i>	1	MO
<i>darunavir tablet 800mg</i>	1	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	1	QL (60 EA per 30 days) MO
EDURANT	3	MO
<i>efavirenz</i>	1	MO
<i>emtricitabine</i>	1	MO
EMTRIVA	3	MO
EPIVIR	3	MO
<i>etravirine</i>	1	MO
<i>fosamprenavir calcium</i>	1	MO
FUZEON	3	LA MO
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	3	MO
ISENTRESS	3	MO
ISENTRESS HD	3	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
LEXIVA	3	MO
<i>maraviroc</i>	1	MO
<i>nevirapine</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>nevirapine er tablet extended release 24 hour 100mg</i>	1	
<i>nevirapine er tablet extended release 24 hour 400mg</i>	1	MO
NORVIR	3	MO
PIFELTRO	3	MO
PREZISTA SUSPENSION	3	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	3	QL (240 EA per 30 days) MO
PREZISTA TABLET 800MG	3	QL (30 EA per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 600MG	3	QL (60 EA per 30 days) MO
RETROVIR CAPSULE, ORAL SYRUP	3	MO
RETROVIR IV INFUSION	3	
REYATAZ	3	MO
<i>ritonavir</i>	1	MO
RUKOBIA	3	MO
SELZENTRY SOLUTION	3	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	3	
SELZENTRY TABLET 150MG, 300MG	3	MO
<i>stavudine</i>	1	MO
SUNLENCA INJECTION	3	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	3	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	3	QL (8 EA per 365 days) LA MO
SUSTIVA	3	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	3	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	3	MO
TROGARZO	3	LA MO
TYBOST	3	MO
VIRACEPT	3	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	3	MO
ZIAGEN	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>zidovudine</i>	1	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	1	MO
BIKTARVY	3	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	3	QL (4 ML per 30 days) MO
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	3	QL (6 ML per 30 days) MO
CIMDUO	2	MO
COMBIVIR	3	MO
COMPLERA	3	MO
DELSTRIGO	3	MO
DESCOVY	3	MO
DOVATO	3	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	1	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	1	MO
<i>emtricitabine/tenofovir disoproxil fumarate</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	1	QL (30 EA per 30 days) MO
EPZICOM	3	MO
EVOTAZ	2	MO
GENVOYA	3	MO
JULUCA	3	MO
KALETRA	3	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir capsule, oral solution</i>	1	MO
ODEFSEY	3	MO
PREZCOBIX	3	MO
STRIBILD	3	MO
SYMFI	2	MO
SYMFI LO	3	MO
SYMTUZA	3	MO
TRIUMEQ	3	MO
TRIUMEQ PD	3	MO

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

Drug name	Drug tier	Requirements/Limits
TRIZIVIR	3	MO
TRUVADA	3	QL (30 EA per 30 days) MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	1	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
MYAMBUTOL	3	MO
MYCOBUTIN	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
RIFADIN INJECTION 600MG	3	
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRTURO	3	PA LA; ACS
TRECTOR	3	MO
<b>ANTIVIRALS</b>		
<i>acyclovir sodium</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE TABLET	3	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION	3	QL (630 ML per 30 days) MO
<i>cidofovir</i>	1	
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA PACKET 200MG; 50MG	2	PA; ACS
EPCLUSA PACKET 150MG; 37.5MG	3	PA; ACS
EPCLUSA TABLET 400MG; 100MG	2	PA; ACS
EPCLUSA TABLET 200MG; 50MG	3	PA; ACS
EPIVIR HBV	3	MO
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>foscarnet sodium</i>	1	PA

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



Drug name	Drug tier	Requirements/Limits
<i>ganciclovir injection 500mg/10ml, 500mg</i>	1	B/D
HARVONI TABLET	2	PA; ACS
HARVONI PACKET 33.75MG; 150MG	2	PA; ACS
HARVONI PACKET 45MG; 200MG	3	PA; ACS
LAGEVRIO	3	QL (80 EA per 180 days) PA
<i>lamivudine tablet 100mg</i>	1	MO
LEDIPASVIR/SOFOSBUVIR	3	PA; ACS
LIVTENCITY	3	QL (120 EA per 30 days) PA LA
MAVYRET	2	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (40 EA per 30 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	2	QL (60 EA per 30 days)
PEGASYS	3	PA; ACS
PREVYMIS INJECTION	3	
PREVYMIS TABLET	3	QL (28 EA per 28 days) PA MO
RAPIVAB	3	
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin capsule 200mg, tablet 100mg</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
SITAVIG	3	QL (2 EA per 30 days) MO
SOFOSBUVIR/VELPATASVIR	3	PA; ACS
SOVALDI PACKET 150MG	3	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	3	QL (56 EA per 28 days) PA; ACS
SOVALDI TABLET 400MG	2	QL (28 EA per 28 days) PA; ACS
SOVALDI TABLET 200MG	3	QL (28 EA per 28 days) PA; ACS
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL (1080 ML per 365 days) MO
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	3	QL (84 EA per 365 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>valacyclovir hydrochloride tablet 1gm, 500mg</i>	1	MO
VALCYTE	3	MO
<i>valganciclovir hydrochloride oral solution</i>	1	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VALTrex	3	MO
VEKLURY	3	QL (4 EA per 30 days) PA
VEMLIDY	2	MO
VIEKIRA PAK	3	QL (112 EA per 28 days) PA; ACS
VOSEVI	2	PA; ACS
XOFLUZA	3	QL (1 EA per 180 days) MO
ZEPATIER	3	PA; ACS
ZOVIRAX SUSPENSION 200MG/5ML	3	MO
<b>CEPHALOSPORINS</b>		
AVYCAZ	3	PA
CEFAclor ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	1	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INJECTION 2GM, 3GM	3	
<i>cefazolin injection 3gm</i>	1	
<i>cefazolin injection 2gm</i>	1	MO
<i>cefdinir capsule, oral suspension</i>	1	MO
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	

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

Drug name	Drug tier	Requirements/Limits
CEFEPIME HYDROCHLORIDE INJECTION 2GM	3	MO
CEFEPIME/DEXTROSE	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime capsule, oral suspension</i>	1	MO
<i>cefotetan</i>	1	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
CEFTAZIDIME/DEXTROSE	3	
<i>ceftazidime injection 6gm</i>	1	
<i>ceftazidime injection 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	1	MO
CEFTRIAXONE/DEXTROSE	3	
<i>cefuroxime axetil</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin oral suspension reconstituted, tablet, capsule</i>	1	MO
FETROJA	3	
SUPRAX	3	MO
<i>tazicef injection</i>	1	
TEFLARO	3	
ZERBAXA	3	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin injection, suspension reconstituted, tablet</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>clarithromycin er tablet extended release 24 hour 500mg</i>	1	MO
<i>clarithromycin immediate release tablet, oral suspension</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED	2	
DIFICID TABLET	2	MO
<i>e.e.s. 400 tablet 400mg</i>	1	MO
E.E.S. ORAL SUSPENSION	3	MO
<i>ery-tab</i>	1	
ERYPED 200	3	MO
ERYPED 400	3	MO
ERYTHROCIN LACTOBIONATE INJECTION	3	
<i>erythrocin stearate</i>	1	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate</i>	1	MO
<i>erythromycin lactobionate</i>	1	
<i>erythromycin stearate</i>	1	MO
<i>erythromycin capsule delayed release particles 250mg</i>	1	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
<b>FLUOROQUINOLONES</b>		
BAXDELA TABLET	2	PA MO
BAXDELA INJECTION	3	PA
CIPRO TABLET, ORAL SUSPENSION	3	MO
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin suspension reconstituted 500mg/5ml, 5gm/100ml</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
<i>ofloxacin tablet 300mg, 400mg</i>	1	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm, 250mg, 2gm</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulfactam injection</i>	1	
<i>ampicillin/sulbactam</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125MG/5ML	3	
AUGMENTIN TABLET 500MG	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin sodium capsule 250mg, 500mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
EXTENCILLINE	3	
NAFCILLIN	3	
<i>nafcillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML, 300MG/50ML; 2GM/50ML	3	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	3	
PENICILLIN G PROCAINE	3	MO
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen injection 2000000unit</i>	1	
<i>pfizerpen injection 5000000unit</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
UNASYN BULK PACK	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN	3	
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl</i>	1	MO
DORYX	3	ST
DORYX MPC	3	ST
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate capsule, injection, tablet</i>	1	MO
<i>doxycycline hyclate dr tablet delayed release 100mg, 150mg, 200mg, 50mg, 75mg</i>	1	MO
<i>doxycycline monohydrate capsule, tablet</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
MINOCIN	3	

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

Drug name	Drug tier	Requirements/Limits
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride</i>	1	MO
<i>minocycline hydrochloride er</i>	1	ST MO
MINOLIRA	3	ST MO
<i>mondoxyne nl</i>	1	
NUZYRA TABLET	2	LA; ACS
NUZYRA INJECTION	3	LA; ACS
SEYSARA	3	QL (30 EA per 30 days) PA MO
SOLODYN	3	ST MO
<i>targadox</i>	1	
<i>tetracycline hydrochloride capsule</i>	1	MO
<i>tetracycline hydrochloride tablet</i>	1	PA
<i>tigecycline</i>	1	
TYGACIL	3	
VIBRAMYCIN CAPSULE, ORAL SUSPENSION	3	ST MO
XERAVA	3	

## ANTINEOPLASTIC AGENTS

### ALKYLATING AGENTS

ALKERAN INJECTION	3	
ALKERAN TABLET	3	B/D MO
BENDAMUSTINE HYDROCHLORIDE INJECTION 100MG/4ML	3	ACS
<i>bendamustine hydrochloride injection 100mg, 25mg</i>	1	ACS
BENDEKA	3	LA; ACS
BICNU	3	
<i>busulfan</i>	1	
BUSULFEX	3	
<i>carboplatin</i>	1	
<i>carmustine</i>	1	
<i>cisplatin</i>	1	
CYCLOPHOSPHAMIDE MONOHYDRATE	3	
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	1	PA MO

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

Drug name	Drug tier	Requirements/Limits
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 500MG/2.5ML, 500MG/5ML, 500MG/ML	3	
<i>cyclophosphamide injection 1gm, 2gm, 500mg</i>	1	
EVOMELA	3	ACS
GLEOSTINE	3	ACS
IFEX	3	
IFOSFAMIDE INJECTION 3GM	3	
<i>ifosfamide injection 1gm/20ml, 1gm, 3gm/60ml</i>	1	
KEMOPLAT	1	
LEUKERAN	3	MO
<i>melphalan hydrochloride injection</i>	1	
<i>melphalan tablet 2mg</i>	1	B/D MO
<i>oxaliplatin</i>	1	
<i>paraplatin</i>	1	
TEMODAR	3	ACS
TEPADINA	3	ACS
<i>thiotepa</i>	1	
TREANDA	3	LA; ACS
YONDELIS	3	PA; ACS
ZANOSAR	3	
ZEPZELCA	3	PA LA; ACS
<b>ANTIBIOTICS</b>		
<i>adriamycin</i>	1	B/D
<i>bleomycin sulfate</i>	1	B/D
COSMEGEN	3	
<i>dactinomycin</i>	1	
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML	3	
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	
DOXIL	3	
<i>doxorubicin hcl injection 2mg/ml</i>	1	B/D
<i>doxorubicin hydrochloride injection 200mg/100ml</i>	1	B/D

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



Drug name	Drug tier	Requirements/Limits
<i>doxorubicin hydrochloride liposomal</i>	1	
<i>20mg/10ml; 50mg/25ml</i>		
ELLECE	3	
IDAMYCIN PFS	3	
<i>idarubicin hcl</i>	1	
<i>mitomycin</i>	1	
<i>mutamycin</i>	1	
<i>valrubicin</i>	1	ACS
VALSTAR	3	LA; ACS
<b>ANTIMETABOLITES</b>		
ALIMTA	3	
ARRANON	3	
<i>azacitidine</i>	1	ACS
<i>cladribine</i>	1	B/D
<i>clofarabine</i>	1	
CLOLAR	3	
<i>cytarabine injection 100mg/ml</i>	1	B/D
<i>cytarabine aqueous injection 20mg/ml</i>	1	B/D
<i>decitabine</i>	1	ACS
<i>fludarabine phosphate</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	3	ACS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 2GM/20ML	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
INFUGEM	3	
INQOVI	3	QL (5 EA per 28 days) PA LA; ACS
LONSURF	3	PA LA; ACS
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>methotrexate sodium injection pf</i> 1gm/40ml, 1gm	1	
<i>methotrexate sodium injection</i> 250mg/10ml, 50mg/2ml	1	MO
<i>nelarabine</i>	1	
ONUREG	3	QL (14 EA per 28 days) PA LA; ACS
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	3	
PEMETREXED INJECTION 500MG/20ML	3	LA
<i>pemetrexed injection 1000mg,</i> <i>100mg, 500mg, 750mg</i>	1	
PEMRYDI RTU	3	
<i>pralatrexate</i>	1	ACS
PURIXAN	3	LA; ACS
TABLOID	3	MO
VIDAZA	3	LA; ACS
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	1	PA; ACS
AKEEGA	3	QL (60 EA per 30 days) PA LA
<i>anastrozole</i>	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
<i>bicalutamide</i>	1	MO
CASODEX	3	MO
ELIGARD	3	PA; ACS
ERLEADA	2	PA LA; ACS
EULEXIN	3	
<i>exemestane</i>	1	MO
FARESTON	3	PA MO
FASLODEX	3	
FEMARA	3	MO
FIRMAGON INJECTION 120MG/ VIAL	2	PA; ACS
FIRMAGON INJECTION 80MG	3	PA; ACS
<i>fulvestrant</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>hydroxyprogesterone caproate injection 1.25gm/5ml</i>	1	
<i>letrozole</i>	1	MO
LEUPROLIDE ACETATE INJECTION 22.5MG	3	PA; ACS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH)	3	PA; ACS
LUPRON DEPOT (3-MONTH)	3	PA; ACS
LUPRON DEPOT (4-MONTH)	3	PA; ACS
LUPRON DEPOT (6-MONTH)	3	PA; ACS
LYSODREN	3	LA
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
NILANDRON	3	MO
<i>nilutamide</i>	1	MO
NUBEQA	2	PA LA; ACS
ORGOVYX	2	PA LA
ORSERDU TABLET 345MG	3	QL (30 EA per 30 days) PA LA
ORSERDU TABLET 86MG	3	QL (90 EA per 30 days) PA LA
SOLTAMOX	3	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	1	PA MO
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG, 3.75MG	2	PA; ACS
XTANDI	2	PA LA; ACS
YONSA	2	PA LA; ACS
ZOLADEX	3	ACS
ZYTIGA TABLET 500MG	2	PA LA; ACS
ZYTIGA TABLET 250MG	3	PA LA; ACS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide capsule 20mg, 25mg</i>	1	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	1	QL (28 EA per 28 days) PA LA; ACS
POMALYST	3	QL (21 EA per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
REVLIMID CAPSULE 20MG, 25MG	3	QL (21 EA per 28 days) PA LA; ACS
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	3	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG	3	QL (112 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	3	QL (56 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 50MG	3	QL (84 EA per 28 days) PA LA; ACS
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide</i>	1	
ASPARLAS	3	PA LA; ACS
BESREMI	3	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	1	PA; ACS
CAMPTOSAR	3	
<i>dacarbazine</i>	1	
HYCAMTIN	3	
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IMLYGIC	3	PA
<i>irinotecan</i>	1	
<i>irinotecan hydrochloride</i>	1	
IWILFIN	3	QL (240 EA per 30 days) PA LA
KISQALI FEMARA 200 DOSE	3	PA; ACS
KISQALI FEMARA 400 DOSE	3	PA; ACS
KISQALI FEMARA 600 DOSE	3	PA; ACS
MATULANE	3	LA
<i>mitoxantrone hcl</i>	1	ACS
NIPENT	3	
ONCASPAR	3	PA LA
ONIVYDE	3	PA LA; ACS
RYLAZE	3	PA LA; ACS
SYLVANT	3	PA; ACS
TARGRETIN CAPSULE 75MG	3	PA; ACS
TICE BCG	3	
TOPOTECAN HCL INJECTION 4MG/4ML	3	

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

Drug name	Drug tier	Requirements/Limits
<i>topotecan hcl injection 4mg</i>	1	
<i>tretinoin capsule 10mg</i>	1	MO
TRISENOX	3	
VYXEOS	3	PA; ACS
WELIREG	3	QL (90 EA per 30 days) PA LA
<b>MITOTIC INHIBITORS</b>		
ABRAXANE	3	LA; ACS
DOCETAXEL INJECTION 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML	3	
<i>docetaxel injection 20mg/ml, 80mg/4ml</i>	1	
<i>eribulin mesylate</i>	1	PA
ETOPOPHOS	3	
<i>etoposide</i>	1	
HALAVEN	3	PA; ACS
IXEMPRA KIT	3	PA; ACS
JEVTANA	3	PA LA; ACS
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound particles</i>	1	ACS
<i>toposar</i>	1	
<i>vinblastine sulfate</i>	1	B/D
<i>vincasar pfs</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
<b>MOLECULAR TARGET AGENTS</b>		
AFINITOR	3	QL (30 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 2MG	3	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	3	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	3	QL (90 EA per 30 days) PA; ACS
ALECENSA	2	QL (240 EA per 30 days) PA LA; ACS
ALIQOPA	3	QL (3 EA per 28 days) PA LA
ALUNBRIG TABLET THERAPY PACK	3	PA LA
ALUNBRIG TABLET 30MG	3	QL (120 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
ALUNBRIG TABLET 180MG, 90MG	3	QL (30 EA per 30 days) PA LA
ALYMSYS	3	PA; ACS
ARZERRA	3	PA LA; ACS
AUGTYRO	3	QL (240 EA per 30 days) PA LA; ACS
AVASTIN	3	PA LA; ACS
AYVAKIT	3	QL (30 EA per 30 days) PA LA
BALVERSA TABLET 5MG	3	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	3	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	3	QL (84 EA per 28 days) PA LA; ACS
BAVENCIO	3	PA LA; ACS
BELEODAQ	3	PA LA; ACS
BESPONSA	3	PA LA; ACS
BLENREP	3	PA LA
BLINCYTO	3	PA; ACS
BORTEZOMIB INJECTION 1MG, 2.5MG, 3.5MG	3	PA; ACS
<i>bortezomib injection 3.5mg</i>	1	PA; ACS
BOSULIF CAPSULE 100MG	3	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	3	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	3	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	3	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	3	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	2	QL (120 EA per 30 days) PA LA
CABOMETYX	2	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	3	QL (60 EA per 30 days) PA LA
CAPRELSA TABLET 300MG	3	QL (30 EA per 30 days) PA LA
CAPRELSA TABLET 100MG	3	QL (60 EA per 30 days) PA LA
COLUMVI	3	PA LA; ACS
COMETRIQ KIT 140MG/DAY	3	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	3	QL (56 EA per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
COMETRIQ KIT 20MG	3	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	3	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	3	QL (63 EA per 28 days) PA LA; ACS
CYRAMZA	3	PA LA; ACS
DARZALEX	3	PA LA; ACS
DARZALEX FASPRO	3	PA LA; ACS
DAURISMO TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	3	QL (60 EA per 30 days) PA LA; ACS
ELREXFIO	3	PA LA
EMPLICITI	3	PA LA; ACS
ENHERTU	3	PA LA; ACS
EPKINLY	3	PA LA
ERBITUX	3	PA; ACS
ERIVEDGE	3	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	1	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	1	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	1	QL (30 EA per 30 days) PA; ACS
EXKIVITY	3	QL (120 EA per 30 days) PA LA
FOTIVDA	3	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 5MG	3	QL (21 EA per 28 days) PA LA
FRUZAQLA CAPSULE 1MG	3	QL (84 EA per 28 days) PA LA
FYARRO	3	PA LA
GAVRETO	3	QL (120 EA per 30 days) PA LA; ACS
GAZYVA	3	PA LA; ACS
<i>gefitinib</i>	1	QL (30 EA per 30 days) PA; ACS
GILOTRIF	3	QL (30 EA per 30 days) PA LA
GLEEVEC TABLET 400MG	3	QL (60 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
GLEEVEC TABLET 100MG	3	QL (90 EA per 30 days) PA; ACS
HERCEPTIN	3	PA LA; ACS
HERCEPTIN HYLECTA	3	PA LA; ACS
HERZUMA	3	PA; ACS
IBRANCE	2	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	3	PA LA
ICLUSIG TABLET 15MG, 45MG	3	QL (30 EA per 30 days) PA LA
IDHIFA	3	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	1	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	2	QL (216 ML per 27 days) PA LA
IMBRUVICA TABLET	2	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 70MG	2	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 140MG	2	QL (90 EA per 30 days) PA LA
IMDELLTRA	3	PA LA; ACS
IMFINZI	3	PA LA; ACS
IMJUDO	3	PA LA; ACS
INLYTA TABLET 5MG	3	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	3	QL (180 EA per 30 days) PA LA; ACS
INREBIC	3	QL (120 EA per 30 days) PA LA; ACS
IRESSA	3	QL (30 EA per 30 days) PA LA; ACS
ISTODAX	3	ACS
JAKAFI	3	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	3	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	3	QL (60 EA per 30 days) PA LA; ACS
JEMPERLI	3	PA LA; ACS
KADCYLA	3	LA; ACS
KANJINTI	3	PA LA; ACS

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



Drug name	Drug tier	Requirements/Limits
KEYTRUDA INJECTION 100MG/4ML	3	PA LA; ACS
KIMMTRAK	3	PA LA
KISQALI TABLET THERAPY PACK 200MG, 400MG, 600MG	3	PA; ACS
KOSELUGO	3	PA LA
KRAZATI	3	QL (180 EA per 30 days) PA LA
KYPROLIS	3	PA LA; ACS
<i>lapatinib ditosylate</i>	1	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 12MG DAILY DOSE	3	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	3	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	3	PA LA; ACS
LIBTAYO	3	PA LA
LOQTORZI	3	PA LA; ACS
LORBRENA TABLET 100MG	3	QL (30 EA per 30 days) PA LA; ACS
LORBRENA TABLET 25MG	3	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	3	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	3	QL (90 EA per 30 days) PA LA; ACS
LUNSUMIO	3	PA LA; ACS
LYNPARZA	3	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK 16MG	3	QL (112 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 20MG	3	QL (140 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK 12MG	3	QL (84 EA per 28 days) PA LA
MARGENZA	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
MEKINIST SOLUTION RECONSTITUTED	3	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	3	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	3	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	3	QL (180 EA per 30 days) PA LA; ACS
MONJUVI	3	PA LA
MVASI	3	PA LA; ACS
MYLOTARG	3	PA LA; ACS
NERLYNX	3	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	2	QL (120 EA per 30 days) PA LA; ACS
NINLARO	3	PA; ACS
ODOMZO	3	PA LA; ACS
OGIVRI	3	PA LA; ACS
OGSIVEO TABLET 50MG	3	QL (180 EA per 30 days) PA LA
OGSIVEO TABLET 100MG, 150MG	3	QL (56 EA per 28 days) PA LA
OJEMDA TABLET	3	QL (24 EA per 28 days) PA LA
OJEMDA SUSPENSION RECONSTITUTED	3	QL (96 ML per 28 days) PA LA
OJJAARA	3	QL (30 EA per 30 days) PA LA
ONTRUZANT	3	PA LA; ACS
OPDIVO	3	PA LA; ACS
OPDUALAG	3	PA LA; ACS
PADCEV	3	PA LA; ACS
<i>pazopanib hydrochloride</i>	1	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	3	QL (28 EA per 28 days) PA LA
PERJETA	3	PA LA; ACS
PHESGO	3	PA LA; ACS
PIQRAY 200MG DAILY DOSE	3	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	3	QL (56 EA per 28 days) PA; ACS
POLIVY	3	PA LA; ACS
PORTRAZZA	3	PA LA; ACS
POTELIGEO	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
QINLOCK	3	QL (90 EA per 30 days) PA LA
RETEVMO CAPSULE 80MG	3	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	3	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	3	QL (60 EA per 30 days) PA LA
RIABNI	3	PA LA; ACS
RITUXAN	3	PA LA; ACS
RITUXAN HYCELA	3	PA LA; ACS
<i>romidepsin</i>	1	ACS
ROZLYTREK PACKET	3	QL (336 EA per 28 days) PA LA; ACS
ROZLYTREK CAPSULE 100MG	3	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	3	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	3	PA LA; ACS
RUXIENCE	2	PA; ACS
RYBREVANT	3	PA LA; ACS
RYDAPT	3	QL (224 EA per 28 days) PA; ACS
SARCLISA	3	PA LA; ACS
SCEMBLIX TABLET 100MG	3	QL (120 EA per 30 days) PA LA
SCEMBLIX TABLET 40MG	3	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	3	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	1	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	3	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	3	QL (90 EA per 30 days) PA; ACS
STIVARGA	3	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	1	QL (30 EA per 30 days) PA; ACS
SUTENT	3	QL (30 EA per 30 days) PA LA; ACS
TABRECTA	3	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	3	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	3	QL (900 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
TAGRISSO	3	QL (30 EA per 30 days) PA LA; ACS
TALVEY	3	PA LA
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	3	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	3	QL (90 EA per 30 days) PA LA; ACS
TARCEVA TABLET 100MG, 150MG	3	QL (30 EA per 30 days) PA LA; ACS
TARCEVA TABLET 25MG	3	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	3	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	3	QL (120 EA per 30 days) PA; ACS
TAZVERIK	3	QL (240 EA per 30 days) PA LA
TECENTRIQ	3	PA LA; ACS
TECVAYLI	3	PA LA
<i>temsirolimus</i>	1	ACS
TEPMETKO	3	QL (60 EA per 30 days) PA LA
TIBSOVO	3	PA LA
TIVDAK	3	PA LA; ACS
TORISEL	3	ACS
<i>torpenz</i>	1	QL (30 EA per 30 days) PA
TRAZIMERA	2	PA; ACS
TRODELVY	3	PA LA
TRUQAP	3	QL (64 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	3	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	3	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	3	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	2	PA; ACS
TUKYSA TABLET 150MG	3	QL (120 EA per 30 days) PA LA
TUKYSA TABLET 50MG	3	QL (240 EA per 30 days) PA LA
TURALIO	3	QL (120 EA per 30 days) PA LA
TYKERB	3	QL (180 EA per 30 days) PA LA; ACS
VANFLYTA	3	QL (56 EA per 28 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
VECTIBIX	3	PA LA; ACS
VEGZELMA	3	PA; ACS
VELCADE	3	PA; ACS
VENCLEXTA STARTING PACK	3	QL (42 EA per 28 days) PA LA
VENCLEXTA TABLET 10MG, 50MG	3	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 100MG	3	QL (180 EA per 30 days) PA LA
VERZENIO	2	PA LA; ACS
VITRAKVI SOLUTION	3	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	2	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	2	QL (60 EA per 30 days) PA LA; ACS
VIZIMPRO	3	QL (30 EA per 30 days) PA LA; ACS
VONJO	3	QL (120 EA per 30 days) PA LA
VOTRIENT	3	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE	3	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 50MG	3	QL (120 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 150MG	3	QL (180 EA per 30 days) PA LA; ACS
XALKORI CAPSULE SPRINKLE 20MG	3	QL (240 EA per 30 days) PA LA; ACS
XOSPATA	3	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY	3	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	3	QL (32 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG, 60MG	3	QL (4 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG, 50MG	3	QL (8 EA per 28 days) PA LA
YERVOY	3	PA LA; ACS
ZALTRAP	3	PA LA; ACS
ZEJULA	3	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	3	QL (240 EA per 30 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ZIRABEV	2	PA LA; ACS
ZOLINZA	3	PA; ACS
ZYDELIG	3	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA	3	QL (84 EA per 28 days) PA LA; ACS
ZYNLONTA	3	PA LA
ZYNYZ	3	PA LA; ACS
<b>PROTECTIVE AGENTS</b>		
<i>dexrazoxane</i>	1	
ELITEK	3	
KEPIVANCE	3	
KHAPZORY	3	B/D LA; ACS
<i>leucovorin calcium injection</i>	1	
<i>leucovorin calcium tablet</i>	1	MO
<i>levoleucovorin calcium</i>	1	ACS
<i>levoleucovorin calcium injection 50mg</i>	1	ACS
<i>mesna</i>	1	
MESNEX INJECTION	3	
MESNEX TABLET	3	MO
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
ACCURETIC	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	3	MO
LOTREL	3	QL (30 EA per 30 days) MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC	3	MO
ZESTORETIC	3	MO
<b>ACE INHIBITORS</b>		
ACCUPRIL	3	MO
ALTACE	3	MO
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tablet 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate</i>	1	MO
<i>enalaprilat i.v. injection</i>	1	
EPANED	3	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	3	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
QBRELIS	3	MO
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC	3	MO
ZESTRIL	3	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
ALDACTONE	3	MO
CAROSPIR	3	MO
<i>eplerenone</i>	1	MO
INSPRA	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
<b>ALPHA BLOCKERS</b>		
CARDURA	3	MO
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hydrochloride</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride capsule 2mg</i>	1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO

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



Drug name	Drug tier	Requirements/Limits
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
MICARDIS	3	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
VALSARTAN SOLUTION	3	QL (2400 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl injection 50mg/ml</i>	1	
<i>amiodarone hydrochloride injection 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	1	
<i>amiodarone hydrochloride tablet</i>	1	MO
BETAPACE	3	MO
BETAPACE AF	3	MO
<i>disopyramide phosphate</i>	1	PA MO
<i>dofetilide</i>	1	ACS
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
<i>mexiletine hcl</i>	1	MO
MULTAQ	3	MO
NEXTERONE	3	
NORPACE	3	PA MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl tablet</i>	1	MO
<i>propafenone hydrochloride er capsule extended release 12 hour</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
RYTHMOL SR	3	MO
<i>sorine tablet 160mg, 240mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
SOTYLIZE	3	MO

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

Drug name	Drug tier	Requirements/Limits
TIKOSYN	3	ST; ACS
<b>ANTILIPEMICS, FIBRATES</b>		
ANTARA	3	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	1	MO
FENOFIBRATE MICRONIZED CAPSULE 30MG, 90MG	3	MO
<i>fenofibrate micronized capsule 134mg, 200mg, 67mg</i>	1	MO
<i>fenofibric acid dr capsule delayed release 135mg, 45mg</i>	1	MO
FENOGLIDE	3	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOPID	3	MO
TRICOR	3	MO
TRILIPIX	3	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
ALTOPREV	3	QL (30 EA per 30 days) ST MO
ATORVALIQ	3	QL (600 ML per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO
FLOLIPID	3	QL (300 ML per 30 days) ST
<i>fluvastatin capsule 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tablet extended release 24 hour 80mg</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pitavastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ZOCOR	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG TABLET 2MG, 4MG	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
COLESTID	3	MO
COLESTID FLAVORED	3	MO
<i>colestipol hcl</i>	1	MO
EVKEEZA	3	PA LA
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
FENOFIBRIC ACID	3	
<i>icosapent ethyl</i>	1	MO
JUXTAPID CAPSULE 10MG, 20MG, 30MG, 5MG	3	PA LA
LEQVIO	3	PA LA; ACS
LOVAZA	3	QL (120 EA per 30 days) MO
NEXLETOL	2	QL (30 EA per 30 days) MO
NEXLIZET	2	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	1	MO
<i>niacor</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) MO
PRALUENT	2	PA
<i>prevalite</i>	1	
QUESTRAN	3	MO
QUESTRAN LIGHT	3	MO
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
ROSUVASTATIN/EZETIMIBE	3	QL (30 EA per 30 days) ST MO
ROSZET	3	QL (30 EA per 30 days) ST MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO

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

Drug name	Drug tier	Requirements/Limits
ZETIA	3	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
ZIAC	3	MO
<b>BETA-BLOCKERS</b>		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
COREG TABLET	3	MO
COREG CR CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
CORGARD	3	MO
HEMANGEOL	3	ACS
INDERAL LA	3	MO
INDERAL XL	3	MO
INNOPRAN XL	3	MO
KASPARGO SPRINKLE	3	MO
LABETALOL HYDROCHLORIDE/DEXTROSE	3	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	3	
<i>labetalol hydrochloride tablet</i>	1	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML	3	

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

Drug name	Drug tier	Requirements/Limits
<i>labetalol hydrochloride injection</i> <i>5mg/ml</i>	1	MO
LOPRESSOR	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol tartrate tablet</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg,</i> <i>2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er capsule extended</i> <i>release 24 hour 120mg, 160mg</i>	1	MO
<i>propranolol hcl er capsule extended</i> <i>release 24 hour 60mg, 80mg</i>	1	MO
<i>propranolol hcl tablet 10mg, 20mg,</i> <i>80mg, 60mg</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution</i> <i>20mg/5ml, 40mg/5ml, tablet 40mg</i>	1	MO
TENORMIN	3	MO
<i>timolol maleate tablet 10mg, 20mg,</i> <i>5mg</i>	1	MO
TOPROL XL	3	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	MO
CALAN SR	3	MO
CARDENE IV	3	
CARDIZEM	3	MO
CARDIZEM CD	3	MO
CARDIZEM LA TABLET EXTENDED RELEASE 24 HOUR	3	MO
<i>cartia xt</i>	1	
CONJUPRI	3	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd</i>	1	MO
<i>diltiazem hcl immediate release</i> <i>tablet</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection</i>	1	
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
KATERZIA ORAL SUSPENSION 1MG/ML	3	MO
LEVAMLODIPINE	3	
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
NICARDIPINE HYDROCHLORIDE/ SODIUM CHLORIDE INJ 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	1	
<i>nifedipine capsule 10mg, 20mg</i>	1	PA MO
<i>nifedipine er tablet extended release 24 hour</i>	1	MO
<i>nimodipine</i>	1	MO
<i>nisoldipine er</i>	1	MO
NORLIQVA	2	MO
NORVASC	3	MO
NYMALIZE	3	
PROCARDIA XL	3	MO
SULAR	3	MO
<i>taztia xt</i>	1	
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
TIAZAC	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>verapamil hcl er capsule extended release 24 hour</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tablet extended release</i>	1	MO
<i>verapamil hcl tablet 40mg, 80mg</i>	1	MO
<i>verapamil hydrochloride tablet 120mg</i>	1	MO
<i>verapamil hydrochloride er tablet extended release</i>	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
<b>DIURETICS</b>		
<i>acetazolamide tablet</i>	1	MO
<i>acetazolamide er capsule extended release</i>	1	MO
<i>acetazolamide sodium injection</i>	1	
ALDACTAZIDE	3	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
BUMEX TABLET 0.5MG	3	
<i>chlorothiazide sodium injection 500mg</i>	1	
<i>chlorthalidone</i>	1	MO
<i>dichlorphenamide</i>	1	QL (120 EA per 30 days) PA LA; ACS
DIURIL	3	MO
DYRENIUM	3	MO
EDECIN TABLET 25MG	3	MO
<i>ethacrynate sodium injection</i>	1	
<i>ethacrynic acid tabs</i>	1	MO
FUROSCIX	3	
<i>furosemide</i>	1	MO

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



Drug name	Drug tier	Requirements/Limits
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
KEVEYIS	3	QL (120 EA per 30 days) PA LA
LASIX	3	MO
MANNITOL INJECTION 20%	3	
<i>mannitol injection 25%</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
<i>ormalvi</i>	1	QL (120 EA per 30 days) PA
OSMITROL VIAFLEX	3	
SOAANZ	3	MO
SODIUM EDECRIN	3	
<i>spironolactone/hydrochlorothiazide</i>	1	MO
THALITONE	3	QL (390 EA per 30 days) MO
<i>toremide</i>	1	MO
<i>triamterene</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<b>MISCELLANEOUS</b>		
ADRENALIN INJECTION 30MG/30ML	3	
ADRENALIN INJECTION 1MG/ML	3	MO
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
ASPRUZYO SPRINKLE	3	QL (60 EA per 30 days) PA MO
BIDIL	3	MO
CADUET	3	MO
CAMZYOS	3	QL (30 EA per 30 days) PA LA; ACS
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride er tablet extended release 0.1mg tablet extended release 24 hour 0.17mg</i>	1	QL (90 EA per 30 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
DEMSEER	3	PA
DIBENZYLINE	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>digox</i>	1	QL (30 EA per 30 days)
<i>digoxin injection, oral solution</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>dobutamine hcl injection 250mg/20ml</i>	1	B/D
DOBUTAMINE HCL/D5W INJECTION 1MG/ML; 5%	3	B/D
DOBUTAMINE HYDROCHLORIDE/ DEXTROSE INJECTION 2MG/ML; 5%, 4MG/ML; 5%	3	B/D
DOPAMINE HYDROCHLORIDE INJECTION 40MG/ML	3	B/D
DOPAMINE HYDROCHLORIDE/ DEXTROSE INJECTION 0.8MG/ML; 5%, 1.6MG/ML; 5%	3	B/D
DOPAMINE/D5W INJECTION 3.2MG/ML; 5%	3	B/D
<i>droxidopa capsule 200mg, 300mg</i>	1	QL (180 EA per 30 days) PA; ACS
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>epinephrine injection 1mg/ml, 30mg/30ml</i>	1	
<i>guanfacine hydrochloride</i>	1	PA MO
<i>hydralazine hcl tablet 10mg</i>	1	MO
<i>hydralazine hydrochloride tablet 100mg, 25mg, 50mg</i>	1	MO
INPEFA	3	QL (30 EA per 30 days) PA MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	MO
<i>ivabradine hydrochloride</i>	1	
LANOXIN PEDIATRIC	3	
LANOXIN INJECTION	3	
LANOXIN TABLET 125MCG, 250MCG	3	QL (30 EA per 30 days) MO
LANOXIN TABLET 62.5MCG	3	QL (90 EA per 30 days) MO
LODOCO	3	QL (30 EA per 30 days) PA MO
<i>metyrosine</i>	1	PA
<i>midodrine hcl</i>	1	MO
<i>milrinone lactate</i>	1	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>milrinone lactate in dextrose</i>	1	B/D
<i>minoxidil tablet 10mg, 2.5mg</i>	1	MO
NEXICLON XR	3	QL (90 EA per 30 days) MO
NORTHERA CAPSULE 200MG, 300MG	3	QL (180 EA per 30 days) PA LA; ACS
NORTHERA CAPSULE 100MG	3	QL (90 EA per 30 days) PA LA; ACS
<i>phenoxybenzamine hydrochloride</i>	1	MO
RANEXA	3	MO
<i>ranolazine er</i>	1	MO
TEKTURNA	3	MO
TEKTURNA HCT	3	MO
VECAMYL	3	QL (300 EA per 30 days) PA
VERQUVO	2	MO
VYNDAMAX	3	QL (30 EA per 30 days) PA LA; ACS
VYNDAQEL	3	QL (120 EA per 30 days) PA LA; ACS
<b>NITRATES</b>		
GONITRO	3	MO
ISORDIL TITRADOSE	3	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR	3	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ ML	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADCIRCA	3	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ADEMPAS	2	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	1	PA; ACS
<i>ambrisentan</i>	1	QL (30 EA per 30 days) PA LA; ACS
<i>bosentan tablet 62.5mg</i>	1	QL (120 EA per 30 days) PA LA; ACS
<i>bosentan tablet 125mg</i>	1	QL (60 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	1	B/D LA; ACS
FLOLAN	3	B/D LA; ACS
LETAIRIS	3	QL (30 EA per 30 days) PA LA; ACS
LIQREV	3	QL (244 ML per 30 days) PA; ACS
OPSUMIT	2	QL (30 EA per 30 days) PA LA; ACS
OPSYNVI	3	QL (30 EA per 30 days) PA LA; ACS
ORENITRAM	3	PA LA; ACS
ORENITRAM TITRATION KIT MONTH 1	3	PA LA; ACS
ORENITRAM TITRATION KIT MONTH 2	3	PA LA; ACS
ORENITRAM TITRATION KIT MONTH 3	3	PA LA; ACS
REMODULIN	3	PA LA; ACS
REVATIO INJECTION	3	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET	3	QL (360 EA per 30 days) PA; ACS
REVATIO ORAL SUSPENSION RECONSTITUTED	3	QL (784 ML per 30 days) PA; ACS
<i>sildenafil injection</i>	1	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate tablet</i>	1	QL (360 EA per 30 days) PA; ACS
<i>sildenafil citrate oral suspension reconstituted</i>	1	QL (784 ML per 30 days) PA; ACS
<i>tadalafil</i>	1	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
TADLIQ	3	QL (300 ML per 30 days) PA LA; ACS
TRACLEER TABLET SOLUBLE	3	QL (120 EA per 30 days) PA LA; ACS
TRACLEER TABLET 62.5MG	3	QL (120 EA per 30 days) PA LA; ACS
TRACLEER TABLET 125MG	3	QL (60 EA per 30 days) PA LA; ACS
<i>treprostinil</i>	1	PA LA; ACS
TYVASO	3	PA LA; ACS
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	3	QL (112 EA per 28 days) PA LA; ACS
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 48MCG	3	QL (224 EA per 28 days) PA LA; ACS
TYVASO DPI TITRATION KIT	3	QL (252 EA per 28 days) PA LA; ACS
TYVASO REFILL KIT	3	PA; ACS
TYVASO STARTER KIT	3	PA; ACS
UPTRAVI TITRATION PACK	2	PA LA; ACS
UPTRAVI INJECTION	3	QL (60 EA per 30 days) PA LA
UPTRAVI TABLET 800MCG	2	QL (120 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 600MCG	2	QL (150 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 400MCG	2	QL (240 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 200MCG	2	QL (480 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 1200MCG, 1400MCG, 1600MCG	2	QL (60 EA per 30 days) PA LA; ACS
UPTRAVI TABLET 1000MCG	2	QL (90 EA per 30 days) PA LA; ACS
VELETRI	3	B/D LA; ACS
VENTAVIS	3	PA LA; ACS
WINREVAIR	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (600 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam odt tablet disintegrating 0.25mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
ATIVAN INJECTION 2MG/ML	3	QL (150 ML per 30 days) MO; HRM
ATIVAN INJECTION 4MG/ML	3	QL (150 ML per 30 days); HRM
ATIVAN TABLET 0.5MG	3	QL (120 EA per 30 days) MO; HRM
ATIVAN TABLET 1MG, 2MG	3	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl tablet 15mg, 30mg</i>	1	MO
<i>bupirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	1	MO
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	1	QL (120 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>droperidol</i>	1	
<i>fluvoxamine maleate er capsule extended release 24 hour</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet 100mg, 25mg, 50mg</i>	1	MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5MG, 1MG, 2MG	2	QL (150 EA per 30 days) PA MO; HRM
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3MG	2	QL (90 EA per 30 days) PA MO; HRM
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5MG	3	QL (600 EA per 30 days) ST MO; HRM
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) ST MO; HRM
XANAX TABLET 0.25MG, 0.5MG	3	QL (120 EA per 30 days) ST MO; HRM
XANAX TABLET 1MG, 2MG	3	QL (150 EA per 30 days) ST MO; HRM
<b>ANTIDEMENTIA</b>		
ADLARITY	3	QL (4 EA per 28 days) PA MO
ARICEPT	3	QL (30 EA per 30 days) MO
<i>donepezil hcl tablet disintegrating 10mg, 5mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>donepezil hydrochloride tablet 10mg, 23mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>ergoloid mesylates</i>	1	PA MO
EXELON PATCH 24 HOUR	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er capsule extended release 24 hour</i>	1	PA MO
<i>memantine hydrochloride solution</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	1	QL (60 EA per 30 days) PA MO
NAMENDA	3	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMZARIC	3	MO
RAZADYNE ER	3	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate capsule</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	1	PA MO; HRM
<i>amoxapine</i>	1	MO; HRM
ANAFRANIL	3	PA MO; HRM
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	3	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	3	QL (60 EA per 30 days) ST MO
AUVELITY	3	QL (60 EA per 30 days) PA MO
<i>bupropion hcl tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tablet 75mg</i>	1	QL (180 EA per 30 days) MO
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
CITALOPRAM HYDROBROMIDE CAPSULE	3	QL (30 EA per 30 days) PA MO; HRM
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride capsule</i>	1	PA MO; HRM
CYMBALTA	3	QL (60 EA per 30 days) MO; HRM
<i>desipramine hydrochloride tablet</i>	1	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	2	QL (30 EA per 30 days); HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hcl capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5MG, 75MG	3	QL (30 EA per 30 days) ST MO; HRM
EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) ST MO; HRM
EMSAM	3	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	1	MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride (generic Sarafem) tablet 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
FORFIVO XL	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
<i>imipramine hcl tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>imipramine hydrochloride tablet 10mg</i>	1	PA MO; HRM
<i>imipramine pamoate</i>	1	PA MO; HRM
LEXAPRO TABLET 20MG	3	QL (30 EA per 30 days) MO; HRM
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine tablet</i>	1	QL (30 EA per 30 days) MO
NARDIL	3	MO
<i>nefazodone hydrochloride</i>	1	MO
NORPRAMIN	3	PA MO; HRM
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	1	MO; HRM
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	1	MO; HRM
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO; HRM
PAMELOR	3	MO; HRM
PARNATE	3	MO
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	1	QL (900 ML per 30 days) MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) ST MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO; HRM
PAXIL SUSPENSION	3	QL (900 ML per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
PEXEVA TABLET 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PEXEVA TABLET 20MG, 30MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>phenelzine sulfate</i>	1	MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO; HRM
<i>protriptyline hcl</i>	1	PA MO; HRM
PROZAC CAPSULE 20MG	3	QL (120 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 40MG	3	QL (60 EA per 30 days) ST MO; HRM
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
<i>sertraline hcl concentrate</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet</i>	1	QL (60 EA per 30 days) MO; HRM
SERTRALINE HYDROCHLORIDE CAPSULE	3	QL (30 EA per 30 days) ST MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
SYMBYAX	3	QL (30 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride tablet</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>trimipramine maleate capsule</i> 100mg	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride tablet</i> 100mg, 25mg, 37.5mg, 50mg, 75mg	1	MO; HRM
<i>venlafaxine hydrochloride er</i> <i>capsule extended release 24 hour</i> 37.5mg, 75mg	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er</i> <i>capsule extended release 24 hour</i> 150mg	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet</i> <i>extended release 24 hour 225mg,</i> <i>37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet</i> <i>extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD	3	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	3	MO
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	3	QL (30 EA per 30 days) ST MO
ZOLOFT CONCENTRATE	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST MO; HRM
ZULRESSO	3	B/D LA; ACS
ZURZUVAE CAPSULE 30MG	3	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	3	QL (28 EA per 14 days) PA; ACS
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl solution, tablet</i>	1	MO
<i>amantadine hcl capsule</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
APOKYN	2	QL (60 ML per 30 days) PA LA; ACS
<i>apomorphine hydrochloride</i>	1	QL (60 ML per 30 days) PA; ACS
AZILECT	3	MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate capsule, tablet</i>	1	MO
<i>carbidopa tablet</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
CARBIDOPA/ LEVODOPA/ENTACAPONE	3	MO
COMTAN	3	MO
DHIVY	3	MO
DUOPA	3	B/D LA; ACS
<i>entacapone</i>	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	2	QL (30 EA per 30 days) LA; ACS
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	2	QL (60 EA per 30 days) LA; ACS
INBRIJA	2	QL (300 EA per 30 days) PA LA
LODOSYN	3	MO
MIRAPEX ER	3	QL (30 EA per 30 days) ST MO
NEUPRO	3	MO
NOURIANZ	2	QL (30 EA per 30 days) PA LA; ACS
ONGENTYS CAPSULE 25MG	2	QL (30 EA per 30 days) PA MO
ONGENTYS CAPSULE 50MG	3	QL (30 EA per 30 days) PA MO
OSMOLEX ER	3	QL (30 EA per 30 days) ST LA; ACS
PARLODEL	3	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tablet</i>	1	MO
<i>rasagiline mesylate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ropinirole er tablet extended release</i> 24 hour 6mg	1	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 4mg	1	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 2mg	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 12mg	1	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 8mg	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release</i> tablet 0.25mg, 3mg	1	MO
<i>ropinirole hcl immediate release</i> tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	1	MO
RYTARY	3	ST MO
<i>selegiline hcl capsule, tablet</i>	1	MO
SINEMET	3	MO
STALEVO 100	3	ST MO
STALEVO 125	3	ST MO
STALEVO 150	3	ST MO
STALEVO 200	3	ST MO
STALEVO 50	3	ST MO
STALEVO 75	3	ST MO
TASMAR	3	MO
<i>tolcapone</i>	1	MO
<i>trihexyphenidyl hcl oral solution</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	1	PA MO; HRM
XADAGO	3	QL (30 EA per 30 days) ST MO
ZELAPAR	3	QL (60 EA per 30 days) MO
<b>ANTIPSYCHOTICS</b>		
ABILIFY	3	QL (30 EA per 30 days) MO; HRM
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	3	QL (2.4 ML per 56 days) PA MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	3	QL (3.2 ML per 56 days) PA MO
ABILIFY MAINTENA	2	QL (1 EA per 28 days) MO; HRM
ABILIFY MYCITE MAINTENANCE KIT	3	QL (30 EA per 30 days) PA; HRM

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



Drug name	Drug tier	Requirements/Limits
ABILIFY MYCITE STARTER KIT	3	QL (30 EA per 30 days) PA; HRM
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	2	HRM
ARISTADA INJECTION 441MG/1.6ML	2	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	2	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	2	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	2	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA	3	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	1	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	1	HRM
<i>chlorpromazine hcl injection 25mg/ ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride oral concentrate</i>	1	HRM
<i>chlorpromazine hydrochloride tablet</i>	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM

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



Drug name	Drug tier	Requirements/Limits
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG, 50MG	3	HRM
CLOZARIL TABLET 200MG	3	QL (120 EA per 30 days); HRM
CLOZARIL TABLET 100MG	3	QL (270 EA per 30 days); HRM
FANAPT	3	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate injection</i>	1	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride oral elixir</i>	1	MO; HRM
GEODON INJECTION	3	QL (6 EA per 3 days) MO; HRM
GEODON CAPSULE	3	QL (60 EA per 30 days) MO; HRM
HALDOL DECANOATE 100	3	MO; HRM
<i>haloperidol tablet, oral concentrate</i>	1	MO; HRM
<i>haloperidol decanoate</i>	1	MO; HRM
<i>haloperidol lactate injection</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	2	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	2	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	2	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	2	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	2	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	2	QL (1.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	2	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	2	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	2	QL (1.75 ML per 90 days); HRM

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

Drug name	Drug tier	Requirements/Limits
INVEGA TRINZA INJECTION 819MG/2.63ML	2	QL (2.63 ML per 90 days); HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5MG, 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	3	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	3	QL (60 EA per 30 days) MO; HRM
<i>loxapine</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet</i> <i>120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet</i> <i>80mg</i>	1	QL (60 EA per 30 days) MO; HRM
LYBALVI	2	QL (30 EA per 30 days) PA MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	3	QL (30 EA per 30 days) PA LA; ACS HRM
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg,</i> <i>20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended</i> <i>release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended</i> <i>release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	1	MO; HRM
PERSERIS	2	QL (1 EA per 30 days); HRM
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tablet</i> <i>extended release 24 hour 150mg,</i> <i>200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	2	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	2	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	2	QL (2 EA per 28 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 4MG	3	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 3MG	3	QL (90 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg, 37.5mg, 50mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SAPHRIS	3	QL (60 EA per 30 days) MO; HRM
SECUADO	2	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (30 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG, 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 200MG	3	QL (120 EA per 30 days) MO; HRM
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days) MO; HRM
SEROQUEL TABLET 300MG, 400MG	3	QL (60 EA per 30 days) MO; HRM
SEROQUEL TABLET 100MG, 50MG	3	QL (90 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	1	PA MO; HRM
<i>thiothixene</i>	1	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg, 10mg</i>	1	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	3	QL (0.14 ML per 30 days) PA MO
UZEDY INJECTION 75MG/0.21ML	3	QL (0.21 ML per 30 days) PA MO
UZEDY INJECTION 100MG/0.28ML	3	QL (0.28 ML per 30 days) PA MO
UZEDY INJECTION 125MG/0.35ML	3	QL (0.35 ML per 30 days) PA MO
UZEDY INJECTION 150MG/0.42ML	3	QL (0.42 ML per 60 days) PA MO
UZEDY INJECTION 200MG/0.56ML	3	QL (0.56 ML per 60 days) PA MO
UZEDY INJECTION 250MG/0.7ML	3	QL (0.7 ML per 60 days) PA MO
VERSACLOZ	3	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	2	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
VRAYLAR CAPSULE 1.5MG	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	3	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 210MG, 300MG	3	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA ZYDIS TABLET DISINTEGRATING 5MG	3	QL (30 EA per 30 days) MO
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA INJECTION	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 10MG, 15MG, 20MG, 7.5MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
<b>ANTIEPILEPTIC AGENTS</b>		
APTIOM TABLET 200MG, 400MG	2	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	2	QL (60 EA per 30 days) MO
BANZEL SUSPENSION	3	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	3	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	3	QL (480 EA per 30 days) PA MO
BRIVIACT TABLET	3	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	3	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	3	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	1	MO; HRM
CARBATROL	3	MO; HRM
CELONTIN	3	MO
CEREBYX INJECTION 100MG PE/2ML	3	
CEREBYX INJECTION 500MG PE/10ML	3	MO
<i>clobazam suspension</i>	1	QL (480 ML per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>clobazam tablet</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT CAPSULE 500MG	3	QL (180 EA per 30 days) PA LA
DIACOMIT CAPSULE 250MG	3	QL (360 EA per 30 days) PA LA
DIACOMIT PACKET 500MG	3	QL (180 EA per 30 days) PA LA
DIACOMIT PACKET 250MG	3	QL (360 EA per 30 days) PA LA
DIASTAT ACUDIAL	3	MO; HRM
DIASTAT PEDIATRIC	3	MO; HRM
<i>diazepam intensol</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	MO; HRM
<i>diazepam tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam concentrate, injection</i>	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr tablet delayed release</i>	1	MO
<i>divalproex sodium er tablet extended release 24 hour</i>	1	MO
<i>divalproex sodium sprinkle capsule</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
EPIDIOLEX	2	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	3	MO
FINTEPLA	3	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION	3	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	3	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
<i>gabapentin capsule (generic Neurontin) 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin capsule (generic Neurontin) 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin capsule (generic Neurontin) 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin solution</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin tablet (generic Neurontin) 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin tablet (generic Neurontin) 800mg</i>	1	QL (90 EA per 30 days) MO
GABITRIL	3	MO
KEPPRA XR	3	MO
KEPPRA INJECTION	3	
KEPPRA ORAL SOLUTION, TABLET	3	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
<i>lacosamide injection</i>	1	
<i>lacosamide oral solution</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
LAMICTAL CHEWABLE DISPERSIBLE	3	MO
LAMICTAL ODT	3	MO
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	3	MO
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	3	MO
LAMICTAL STARTER/TAKING VALPROATE	3	MO
LAMICTAL TABLET	3	MO
LAMICTAL XR	3	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	1	MO
<i>lamotrigine odt tablet disintegrating 100mg, 200mg, 25mg, 50mg</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	1	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>lamotrigine odt titration kit (blue and green)</i>	1	
<i>lamotrigine odt titration kit (orange)</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
LIBERVANT	3	QL (10 EA per 30 days) PA
LYRICA SOLUTION	3	QL (900 ML per 30 days) PA MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
<i>methsuximide</i>	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (120 EA per 30 days) MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (60 EA per 30 days) MO
MYSOLINE	3	MO

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



Drug name	Drug tier	Requirements/Limits
NAYZILAM	3	QL (10 EA per 30 days) PA MO
NEURONTIN SOLUTION	3	QL (2160 ML per 30 days) MO
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	3	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	3	QL (360 EA per 30 days) MO
NEURONTIN TABLET 600MG	3	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	3	QL (90 EA per 30 days) MO
ONFI SUSPENSION	3	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET	3	QL (60 EA per 30 days) PA MO; HRM
<i>oxcarbazepine</i>	1	MO; HRM
OXTELLAR XR	3	MO; HRM
<i>phenobarbital sodium injection</i>	1	PA; HRM
<i>phenobarbital tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	1	
<i>phenytoin oral suspension, tablet chewable</i>	1	MO
<i>phenytoin sodium extended release capsule</i>	1	MO
<i>phenytoin sodium injection</i>	1	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
QUDEXY XR	3	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	1	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	1	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
SABRIL	3	QL (180 EA per 30 days) PA LA; ACS
SPRITAM	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	1	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN	3	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL	3	MO; HRM
TEGRETOL-XR	3	MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
TOPAMAX SPRINKLE	3	MO
TOPAMAX TABLET 100MG	3	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	3	QL (60 EA per 30 days) MO
TOPAMAX TABLET 25MG, 50MG	3	QL (90 EA per 30 days) MO
<i>topiramate er</i>	1	MO
<i>topiramate immediate release capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
TRILEPTAL	3	MO; HRM
TROKENDI XR	3	MO
VALIUM	3	QL (120 EA per 30 days) PA MO; HRM
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	2	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	1	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone</i>	1	QL (180 EA per 30 days) PA LA
<i>vigpoder</i>	1	QL (180 EA per 30 days) PA LA
VIMPAT INJECTION	3	
VIMPAT ORAL SOLUTION	3	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	3	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	2	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	2	QL (56 EA per 28 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	2	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	2	QL (60 EA per 30 days) MO
XCOPRI TABLET 25MG	3	QL (30 EA per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN	3	MO
ZONISADE	3	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	3	QL (1100 ML per 30 days) PA LA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
ADDERALL XR	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	3	QL (30 EA per 30 days) MO
<i>amphetamine sulfate tablet</i>	1	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine er</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
APTENSIO XR	3	QL (30 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
AZSTARYS	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clonidine hydrochloride er tablet extended release 0.1mg tablet extended release 12 hour 0.1mg</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	3	QL (30 EA per 30 days) MO
DAYTRANA	3	QL (30 EA per 30 days) MO
DEXEDRINE	3	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	1	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tablet 15mg</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 7.5mg</i>	1	QL (240 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 30mg</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 20mg</i>	1	QL (90 EA per 30 days) MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE	3	QL (240 ML per 30 days) MO
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO	3	QL (180 EA per 30 days) MO
EVEKEO ODT	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
FOCALIN	3	QL (60 EA per 30 days) MO
FOCALIN XR	3	QL (30 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM	3	QL (30 EA per 30 days) MO
KAPVAY	3	MO
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
METADATE CD	3	QL (30 EA per 30 days) MO
<i>methamphetamine hcl</i>	1	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
<i>methylphenidate transdermal patch</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd capsule extended release 20mg, 30mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd capsule extended release 10mg, 40mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
MYDAYIS	3	QL (30 EA per 30 days) MO
<i>procentra oral solution</i>	1	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR	3	QL (360 ML per 30 days) MO
RELEXXII	3	QL (30 EA per 30 days) MO
RITALIN	3	QL (90 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
STRATTERA CAPSULE 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPSULE 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 40MG	3	QL (60 EA per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
XELSTRYM	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 15mg</i>	1	QL (120 EA per 30 days)
<i>zenzedi tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days)
<i>zenzedi tablet 7.5mg</i>	1	QL (240 EA per 30 days)
<i>zenzedi tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>zenzedi tablet 20mg</i>	1	QL (90 EA per 30 days)
<b>HYPNOTICS</b>		
AMBIEN	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN CR	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA	3	QL (30 EA per 30 days) MO
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>estazolam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>flurazepam hcl</i>	1	QL (30 EA per 30 days) MO
<i>flurazepam hydrochloride capsule 15mg</i>	1	QL (30 EA per 30 days)
<i>flurazepam hydrochloride capsule 30mg</i>	1	QL (30 EA per 30 days) MO
HALCION	3	QL (60 EA per 30 days) PA MO; HRM
HETLIOZ CAPSULE	3	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSPENSION	3	QL (158 ML per 30 days) PA LA
IGALMI	3	QL (60 EA per 30 days) PA

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



Drug name	Drug tier	Requirements/Limits
LUNESTA	3	QL (30 EA per 30 days) PA MO; HRM
<i>midazolam hcl injection pf 5mg/5ml, 2mg/2ml, 10mg/2ml, 5mg/1ml</i>	1	HRM
<i>midazolam hcl syrup</i>	1	QL (300 ML per 30 days); HRM
<i>midazolam hydrochloride injection 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hydrochloride injection 10mg/2ml</i>	1	MO; HRM
<i>pentobarbital sodium injection</i>	1	
QUVIVIQ	3	QL (30 EA per 30 days) PA MO
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO
RESTORIL	3	QL (30 EA per 30 days) PA MO; HRM
ROZEREM	3	QL (30 EA per 30 days) MO
SILENOR	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	1	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE	3	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate tablet sublingual, tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIMIST	3	QL (9 ML per 30 days) PA MO; HRM
<b>MIGRAINE</b>		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA; ACS

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



Drug name	Drug tier	Requirements/Limits
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 days) PA; ACS
<i>almotriptan maleate tablet 6.25mg, 12.5mg</i>	1	QL (8 EA per 30 days) MO
CAMBIA	3	QL (9 EA per 30 days) PA MO
<i>diclofenac potassium packet 50mg</i>	1	QL (9 EA per 30 days) PA MO
<i>dihydroergotamine mesylate injection</i>	1	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	1	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
ELYXYB	3	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR	3	
<i>ergotamine tartrate/caffeine</i>	1	QL (40 EA per 28 days) PA MO
FROVA	3	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM	3	QL (4 ML per 30 days) ST MO
IMITREX NASAL SOLUTION	3	QL (12 EA per 30 days) ST MO
IMITREX TABLET 100MG	3	QL (12 EA per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>migergot</i>	1	QL (20 EA per 28 days) PA MO
MIGRANAL	3	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	3	QL (16 EA per 30 days) ST MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
RELPAK	3	QL (12 EA per 30 days) MO
REYVOW	3	QL (8 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tablet</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
TOSYMRA	3	QL (12 EA per 30 days) ST MO
TREXIMET	3	QL (9 EA per 30 days) ST MO
TRUDHESA	2	QL (12 ML per 28 days) PA
UBRELVY	2	QL (16 EA per 30 days) PA MO
VYEPTI	3	QL (1 ML per 90 days) PA LA; ACS
ZAVZPRET	3	QL (6 EA per 21 days) PA MO
ZEMBRACE SYMTOUCH	3	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
ZOMIG	3	QL (12 EA per 30 days) ST MO
<b>MISCELLANEOUS</b>		
AMONDYS 45	3	PA
AMVUTTRA	3	QL (0.5 ML per 90 days) PA LA; ACS
AUSTEDO XR PATIENT TITRATION KIT	2	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	2	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30MG, 36MG, 42MG, 48MG	2	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	2	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	2	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	2	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	2	QL (60 EA per 30 days) PA LA; ACS
DAYBUE	3	QL (3600 ML per 30 days) PA LA
ENSPRYNG	3	PA LA; ACS
EQUETRO	3	MO; HRM
EVRYSDI	3	QL (80 ML per 12 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
EXONDYS 51	3	PA
EXSERVAN	3	QL (60 EA per 30 days) LA; ACS
FIRDAPSE	3	PA LA
<i>flumazenil</i>	1	
<i>gabapentin once-daily tablet (generic Gralise) 300mg</i>	1	QL (150 EA per 30 days) MO
<i>gabapentin once-daily tablet (generic Gralise) 600mg</i>	1	QL (90 EA per 30 days) MO
GRALISE TABLET 300MG	3	QL (150 EA per 30 days) MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) MO
HORIZANT	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE THERAPY PACK	2	QL (28 EA per 28 days) PA LA; ACS
INGREZZA CAPSULE	2	QL (30 EA per 30 days) PA LA; ACS
INGREZZA CAPSULE SPRINKLE	3	QL (30 EA per 30 days) PA LA; ACS
<i>lithium</i>	1	MO
<i>lithium carbonate capsule, tablet</i>	1	MO
<i>lithium carbonate er</i>	1	MO
LITHOBID	3	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON	3	MO
MESTINON TIMESPAN	3	MO
NUDEXTA	2	QL (60 EA per 30 days) PA MO
<i>paroxetine capsule 7.5mg</i>	1	PA MO; HRM
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet, oral solution</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
RADICAVA INJECTION	3	QL (2800 ML per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
RADICAVA ORS ORAL SUSPENSION	2	QL (50 ML per 28 days) PA LA; ACS
RADICAVA ORS ORAL SUSPENSION STARTER KIT	2	QL (140 ML per 365 days) PA LA; ACS
REGONOL	3	
RELYVRIO	3	QL (56 EA per 28 days) PA LA; ACS
<i>riluzole</i>	1	MO
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
SKYCLARYS	3	QL (90 EA per 30 days) PA LA
TEGLUTIK	2	QL (600 ML per 30 days) LA; ACS
TEGSEDI	3	QL (6 ML per 28 days) PA LA
<i>tetrabenazine tablet 25mg</i>	1	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	1	QL (90 EA per 30 days) PA LA; ACS
TIGLUTIK	2	QL (600 ML per 30 days) LA; ACS
UPLIZNA	3	PA LA; ACS
VILTEPSO	3	PA
VYONDYS 53	3	PA
WAINUA	3	QL (0.8 ML per 30 days) PA LA
XENAZINE TABLET 25MG	3	QL (120 EA per 30 days) PA LA; ACS
XENAZINE TABLET 12.5MG	3	QL (90 EA per 30 days) PA LA; ACS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA	3	PA LA; ACS
AUBAGIO	2	QL (30 EA per 30 days) PA LA; ACS
AVONEX	2	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	2	QL (1 EA per 28 days) PA; ACS
BAFIERTAM	2	QL (120 EA per 30 days) PA LA; ACS
BETASERON	2	QL (14 EA per 28 days) PA; ACS
BRIUMVI	3	QL (42 ML per 365 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
COPAXONE INJECTION 40MG/ML	2	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	2	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i>dimethyl fumarate starterpack</i>	1	QL (120 EA per 365 days) PA LA; ACS
<i>dimethyl fumarate capsule delayed release 120mg</i>	1	QL (14 EA per 7 days) PA LA; ACS
<i>dimethyl fumarate capsule delayed release 240mg</i>	1	QL (60 EA per 30 days) PA LA; ACS
EXTAVIA	3	QL (15 EA per 30 days) PA; ACS
<i> fingolimod hydrochloride</i>	1	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	3	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	3	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	1	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	1	QL (30 ML per 30 days) PA; ACS
KESIMPTA	2	QL (6.4 ML per 365 days) PA LA
LEMTRADA	3	QL (6 ML per 365 days) PA LA; ACS
MAVENCLAD TBPK (4 TAB PACK) 10MG	3	QL (16 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (5 TAB PACK) 10MG	3	QL (20 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (6 TAB PACK) 10MG	3	QL (24 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (7 TAB PACK) 10MG	3	QL (28 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (8 TAB PACK) 10MG	3	QL (32 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (9 TAB PACK) 10MG	3	QL (36 EA per 999 days) PA LA; ACS
MAVENCLAD TBPK (10 TAB PACK) 10MG	3	QL (40 EA per 999 days) PA LA; ACS
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	2	QL (24 EA per 365 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA LA; ACS
MAYZENT TABLET 0.25MG	2	QL (112 EA per 28 days) PA LA; ACS
MAYZENT TABLET 1MG, 2MG	2	QL (30 EA per 30 days) PA LA; ACS
OCREVUS	3	QL (20 ML per 180 days) PA LA; ACS
PLEGRIDY	2	QL (1 ML per 28 days) PA LA; ACS
PLEGRIDY STARTER PACK	2	QL (2 ML per 365 days) PA LA; ACS
PONVORY	3	QL (30 EA per 30 days) PA LA; ACS
PONVORY 14-DAY STARTER PACK	3	QL (28 EA per 365 days) PA LA; ACS
REBIF	3	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE	3	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE TITRATION PACK	3	QL (8.4 ML per 365 days) PA; ACS
REBIF TITRATION PACK	3	QL (8.4 ML per 365 days) PA; ACS
TASCENSO ODT	3	QL (30 EA per 30 days) PA LA
TECFIDERA STARTER PACK	2	QL (120 EA per 365 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 120MG	2	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	2	QL (60 EA per 30 days) PA LA; ACS
<i>teriflunomide</i>	1	QL (30 EA per 30 days) PA; ACS
TYSABRI	3	PA LA; ACS
VUMERITY	2	QL (120 EA per 30 days) PA LA; ACS
ZEPOSIA	2	QL (30 EA per 30 days) PA LA; ACS
ZEPOSIA 7-DAY STARTER PACK	3	QL (14 EA per 365 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ZEPOSIA 28-CAPSULE STARTER KIT	2	QL (56 EA per 365 days) PA LA; ACS
ZEPOSIA 37-CAPSULE STARTER KIT	2	QL (74 EA per 365 days) PA LA; ACS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
AMRIX	3	QL (30 EA per 30 days) PA MO; HRM
BACLOFEN ORAL SUSPENSION	3	QL (480 ML per 30 days) PA MO
<i>baclofen tablet</i>	1	MO
BACLOFEN INJECTION 50MCG/ML	3	B/D
<i>baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen oral solution 5mg/5ml</i>	1	QL (1200 ML per 30 days)
<i>baclofen oral solution 10mg/5ml</i>	1	QL (1200 ML per 30 days) MO
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
<i>carisoprodol tablet</i>	1	QL (84 EA per 30 days) PA MO
CHLORZOXAZONE TABLET 250MG	3	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tablet 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	1	MO
DYSPORT	3	PA; ACS
<i>fexmid</i>	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY	3	QL (480 ML per 30 days) PA MO
GABLOFEN	3	B/D
LORZONE TABLET 375MG	3	QL (120 EA per 30 days) PA
<i>lorzone tablet 750mg</i>	1	QL (120 EA per 30 days) PA
LYVISPAH PACKET 20MG	2	QL (120 EA per 30 days) PA MO
LYVISPAH PACKET 10MG	3	QL (120 EA per 30 days) PA MO
LYVISPAH PACKET 5MG	3	QL (360 EA per 30 days) PA MO
<i>metaxalone</i>	1	QL (120 EA per 30 days) PA MO
<i>methocarbamol injection</i>	1	PA

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



Drug name	Drug tier	Requirements/Limits
<i>methocarbamol tablet 1000mg</i>	1	QL (120 EA per 30 days) PA
<i>methocarbamol tablet 750mg</i>	1	QL (240 EA per 30 days) PA MO
<i>methocarbamol tablet 500mg</i>	1	QL (360 EA per 30 days) PA MO
MYOBLOC	3	PA; ACS
<i>norgesic</i>	1	QL (120 EA per 30 days) PA; HRM
NORGESIC FORTE	3	QL (120 EA per 30 days) PA; HRM
<i>orphenadrine citrate er</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>orphenadrine citrate injection</i>	1	PA MO; HRM
<i>orphenadrine/aspirin/caffeine</i>	1	QL (120 EA per 30 days) PA; HRM
<i>orphengesic forte</i>	1	QL (120 EA per 30 days) PA; HRM
OZOBAX DS	3	QL (1200 ML per 30 days)
ROBAXIN	3	PA MO
SOHONOS	3	PA LA; ACS
SOMA	3	QL (84 EA per 30 days) PA MO
<i>tizanidine hcl capsule 4mg, tablet 2mg</i>	1	MO
<i>tizanidine hydrochloride capsule 2mg, 6mg, tablet 4mg</i>	1	MO
XEOMIN	3	PA LA; ACS
ZANAFLEX	3	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
LUMRYZ	3	QL (30 EA per 30 days) PA LA
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 150MG, 200MG, 250MG	3	QL (30 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	3	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	3	QL (540 ML per 30 days) PA LA
SUNOSI TABLET 75MG	2	QL (30 EA per 30 days) PA MO
SUNOSI TABLET 150MG	3	QL (30 EA per 30 days) PA MO
WAKIX	3	QL (60 EA per 30 days) PA LA; ACS

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



Drug name	Drug tier	Requirements/Limits
XYREM	2	QL (540 ML per 30 days) PA LA
XYWAV	2	QL (540 ML per 30 days) PA LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	1	MO
BRIXADI INJECTION 64MG/0.18ML	3	QL (0.18 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 96MG/0.27ML	3	QL (0.27 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 128MG/0.36ML	3	QL (0.36 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 8MG/0.16ML	3	QL (0.64 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 16MG/0.32ML	3	QL (1.28 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 24MG/0.48ML	3	QL (1.92 ML per 28 days) PA LA; ACS
BRIXADI INJECTION 32MG/0.64ML	3	QL (2.56 ML per 28 days) PA LA; ACS
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 12mg; 3mg</i>	1	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/ naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>disulfiram tablet</i>	1	MO
KLOXXADO	3	MO
LUCEMYRA	2	QL (224 EA per 14 days) PA MO
<i>naloxone hcl injection 2mg/2ml</i>	1	
<i>naloxone hcl injection 4mg/10ml</i>	1	MO
<i>naloxone hydrochloride nasal spray</i>	1	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naltrexone hcl tablet</i>	1	MO
NARCAN	3	MO
NICOTROL INHALER	3	MO
NICOTROL NASAL SPRAY	3	QL (360 ML per 365 days) MO
OPVEE	3	
SUBLOCADE	3	QL (1.5 ML per 30 days) PA LA; ACS
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 days) MO
<i>varenicline starting month box</i>	1	PA MO
<i>varenicline tartrate</i>	1	PA MO
VIVITROL	3	ACS
ZIMHI	3	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO

## ENDOCRINE AND METABOLIC

### ANDROGENS

ANDRODERM	3	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP	3	QL (150 GM per 30 days) PA MO
AVEED	3	LA; ACS
DEPO-TESTOSTERONE	3	PA
JATENZO CAPSULE 237MG	2	QL (60 EA per 30 days) PA MO
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
METHITEST	3	PA
<i>methyltestosterone capsule</i>	1	PA MO
NATESTO	3	QL (21.96 GM per 30 days) PA MO
<i>oxandrolone tablet 2.5mg</i>	1	QL (120 EA per 30 days) PA MO
<i>oxandrolone tablet 10mg</i>	1	QL (60 EA per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
TESTOPEL	3	PA; ACS
<i>testosterone cypionate injection</i>	1	MO
<i>testosterone enanthate injection</i>	1	PA MO
<i>testosterone pump gel 1.62%</i>	1	QL (150 GM per 30 days) MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) MO
TLANDO	3	QL (120 EA per 30 days) PA MO
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
AFREZZA	3	MO
BD ALCOHOL SWABS	2	MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	MO
BASAGLAR KWIKPEN	2	MO
BASAGLAR TEMPO PEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	2	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	MO
CEQUR SIMPLICITY 2U	3	MO

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

Drug name	Drug tier	Requirements/Limits
CEQR SIMPLICITY INSERTER	3	MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	B/D MO
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN	3	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMALOG TEMPO PEN	3	ST MO
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO
HUMULIN R U-500 (CONCENTRATED)	2	B/D MO
HUMULIN R U-500 KWIKPEN	2	MO
INSULIN ASPART	3	ST MO
INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PENFILL	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	3	ST MO
INSULIN DEGLUDEC	3	ST MO
INSULIN DEGLUDEC FLEXTOUCH	3	ST MO
INSULIN GLARGINE	3	ST
INSULIN GLARGINE MAX SOLOSTAR	3	ST MO
INSULIN GLARGINE SOLOSTAR	3	ST MO
INSULIN GLARGINE-YFGN	3	ST MO
INSULIN LISPRO	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	3	ST MO
INSULIN LISPRO KWIKPEN	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO KWIKPEN	3	ST MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LEVEMIR	3	ST MO
LEVEMIR FLEXPEN	3	ST MO
LEVEMIR FLEXTOUCH	3	ST MO
LYUMJEV	3	ST MO
LYUMJEV KWIKPEN	3	ST MO
LYUMJEV TEMPO PEN	3	ST MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	3	ST MO
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	3	ST MO
NOVOLIN R RELION	3	ST MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30 RELION	3	ST MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	3	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G7 PODS (GEN 5)	3	MO

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

Drug name	Drug tier	Requirements/Limits
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	MO
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	MO
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	MO
OMNIPOD POD PALS	3	
REZVOGLAR KWIKPEN	3	ST MO
SEMGLEE	3	ST MO
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
V-GO 20	3	QL (30 EA per 30 days) MO
V-GO 30	3	QL (30 EA per 30 days) MO
V-GO 40	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tablet</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL TABLET 12.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE TABLET 12.5MG; 1000MG	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 15MG	3	QL (30 EA per 30 days) ST

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

Drug name	Drug tier	Requirements/Limits
ALOGLIPTIN/PIOGLITAZONE TABLET 12.5MG; 30MG, 12.5MG; 45MG, 25MG; 15MG, 25MG; 30MG, 25MG; 45MG	3	QL (30 EA per 30 days) ST MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
<i>dapagliflozin propanediol</i>	1	QL (30 EA per 30 days) PA MO
<i>dapagliflozin</i>	1	QL (30 EA per 30 days) PA MO
<i>propanediol/metformin</i> <i>hydrochloride tablet extended</i> <i>release 24 hour 10mg; 1000mg</i>	1	QL (60 EA per 30 days) PA MO
<i>dapagliflozin</i> <i>propanediol/metformin</i> <i>hydrochloride tablet extended</i> <i>release 24 hour 5mg; 1000mg</i>	1	QL (60 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release</i> <i>24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release</i> <i>24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release</i> <i>24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release</i> <i>24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride</i> <i>tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride</i> <i>tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5MG, 5MG	3	QL (90 EA per 30 days) MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	3	QL (120 EA per 30 days) PA MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	3	QL (60 EA per 30 days) PA MO
<i>glyburide tablet</i>	1	PA MO
<i>glyburide micronized tablet</i>	1	PA MO
<i>glyburide/metformin hydrochloride</i>	1	PA MO
GLYNASE	3	PA MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KAZANO	3	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg</i>	1	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride solution</i>	1	MO
METFORMIN HYDROCHLORIDE TABLET 625MG	3	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
OSENI	3	QL (30 EA per 30 days) ST MO
OZEMPIC INJECTION 2MG/1.5ML	2	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tablet 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
QTERN	3	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	3	MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
<i>saxagliptin hydrochloride</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	1	QL (60 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN	3	QL (30 EA per 30 days) ST MO
STEGLATRO	3	QL (30 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	3	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	3	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA
TZIELD	3	PA LA
VICTOZA	3	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
ZITUVIO TABLET 25MG	3	QL (30 EA per 30 days) ST
ZITUVIO TABLET 100MG, 50MG	3	QL (30 EA per 30 days) ST MO
<b>CALCIUM REGULATORS</b>		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
<i>calcitonin salmon injection</i>	1	PA MO
<i>calcitonin-salmon nasal spray</i>	1	MO
EVENITY	3	QL (2.34 ML per 28 days) PA; ACS
FORTEO	2	PA; ACS
FOSAMAX	3	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
MIACALCIN	3	PA MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection</i> <i>30mg/10ml, 90mg/10ml</i>	1	
PROLIA	3	QL (1 ML per 180 days); ACS
RECLAST	3	ACS
<i>risedronate sodium dr tablet 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg,</i> <i>5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TERIPARATIDE INJ 620 MCG/2.48 ML (BRAND BY ALVOGEN)	2	PA; ACS
<i>teriparatide injection 600mcg/2.4ml</i>	1	PA; ACS
TYMLOS	2	PA; ACS
XGEVA	3	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml,</i> <i>5mg/100ml</i>	1	ACS
<b>CHELATING AGENTS</b>		
CHEMET	3	MO
CUPRIMINE	3	ACS
CUVRIOR	3	PA LA
<i>deferasirox</i>	1	PA; ACS
<i>deferiprone</i>	1	PA LA; ACS
<i>deferoxamine mesylate</i>	1	B/D; ACS
DEPEN TITRATABS	3	ACS
DESFERAL	3	B/D; ACS
EXJADE	3	PA LA; ACS
FERRIPROX	3	PA LA
FERRIPROX TWICE-A-DAY	3	PA LA
JADENU	3	PA LA; ACS
JADENU SPRINKLE	3	PA LA; ACS
KIONEX	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine capsule, tablet</i>	1	ACS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps oral suspension 15gm/60ml</i>	1	MO
SYPRINE	3	PA; ACS
<i>trientine hydrochloride capsule 500mg</i>	1	PA
<i>trientine hydrochloride capsule 250mg</i>	1	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA	3	QL (1 EA per 365 days) MO
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	3	MO
<i>balziva</i>	1	
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	MO
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred</i>	1	
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl</i>	1	MO
<i>estradiol/levomefolate calcium</i>		
<i>elinest</i>	1	
ELLA	2	MO
<i>eluryng</i>	1	
<i>emzahh</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	3	MO
<i>falmina</i>	1	
<i>fayosim</i>	1	
<i>femynor</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>finzala</i>	1	
<i>gemmily</i>	1	
GENERESS FE	3	MO
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	1	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	1	
JOLESSA	2	
<i>joyeaux</i>	1	MO
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
KYLEENA	3	ACS
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LAYOLIS FE	3	

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

Drug name	Drug tier	Requirements/Limits
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	3	ACS
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutura</i>	1	MO
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	MO
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
MINASTRIN 24 FE	3	MO
MIRCETTE	3	MO
MIRENA	3	ACS
<i>mono-lynyah</i>	1	
NATAZIA	3	MO

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



Drug name	Drug tier	Requirements/Limits
<i>necon 0.5/35-28</i>	1	
NEXPLANON	3	ACS
NEXTSTELLIS	3	MO
<i>nikki</i>	1	
NORA-BE	2	
<i>norelgestromin/ethinyl estradiol</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
PHEXXI	3	MO
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>pirmella 1/35</i>	1	MO
<i>pirmella 7/7/7</i>	1	MO
<i>portia-28</i>	1	
QUARTETTE	3	MO
<i>reclipsen</i>	1	
RIVELSA	2	

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

Drug name	Drug tier	Requirements/Limits
SAFYRAL	3	MO
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
SKYLA	3	ACS
SLYND	2	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	3	MO
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
TYBLUME	3	MO
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
YASMIN 28	3	MO
YAZ	3	MO
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
<b>ENDOMETRIOSIS</b>		
<i>danazol capsule</i>	1	MO
ORLISSA TABLET 150MG	3	QL (28 EA per 28 days) PA MO
ORLISSA TABLET 200MG	3	QL (56 EA per 28 days) PA MO
SYNAREL	3	MO
<b>ESTROGENS</b>		
ACTIVELLA	3	MO
ANGELIQ	3	MO
BIJUVA	3	QL (30 EA per 30 days) MO
CLIMARA	3	QL (4 EA per 28 days) MO
CLIMARA PRO	3	QL (4 EA per 28 days) MO
COMBIPATCH	3	QL (8 EA per 28 days) MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	MO
<i>dotti patch twice weekly</i> <i>0.025mg/24hr, 0.0375mg/24hr,</i> <i>0.05mg/24hr, 0.075mg/24hr</i>	1	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO
DUAVEE	3	MO
ELESTRIN	3	MO
ESTRACE	3	MO
<i>estradiol valerate injection</i>	1	MO
<i>estradiol/norethindrone acetate</i> <i>tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol cream, gel, oral tablet,</i> <i>vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
ESTROGEL	3	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
FEMRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>jinteli</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)
MENEST	3	MO
MENOSTAR	3	QL (4 EA per 28 days) MO
<i>mimvey</i>	1	
MINIVELLE	3	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) MO
<i>yuvaferm</i>	1	
<b>GLUCOCORTICOIDS</b>		
AGAMREE	3	QL (200 ML per 26 days) PA LA
ALKINDI SPRINKLE	3	PA LA; ACS
<i>betamethasone sodium phosphate/ betamethasone acetate injection</i>	1	MO
CELESTONE-SOLUSPAN	3	MO
CORTEF	3	MO
CORTISONE ACETATE TABLET	3	
<i>deflazacort</i>	1	PA; ACS
DEPO-MEDROL	3	B/D MO
DEXABLISS	3	
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	MO
<i>dexamethasone 6-day dose pack</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>dexamethasone sodium phosphate injection vial 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	1	MO
DXEVO 11-DAY	3	
EMFLAZA	3	PA
<i>fludrocortisone acetate tablet</i>	1	MO
HEMADY	3	
HEXATRIONE	3	
<i>hidex 6-day</i>	1	
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
KENALOG-10	3	MO
KENALOG-40	3	MO
KENALOG-80	3	MO
MEDROL	3	B/D MO
MEDROL DOSEPAK	3	MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>	1	B/D MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>millipred</i>	1	B/D
ORAPRED ODT	3	B/D MO
PEDIAPRED	3	B/D MO
<i>prednisolone</i>	1	B/D MO
<i>prednisolone sodium phosphate odt</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
PREDNISONE INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
RAYOS	3	B/D MO
SOLU-CORTEF	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION	3	B/D MO
PRESERVATIVE FREE 1000MG, 125MG, 40MG, 500MG		
<i>taperdex 12-day</i>	1	
<i>taperdex 6-day</i>	1	MO
<i>taperdex 7-day</i>	1	
<i>triamcinolone acetonide injection 40mg/ml</i>	1	MO
ZILRETTA	3	LA; ACS
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
<i>diazoxide oral suspension</i>	1	MO
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	MO
GVOKE HYPOPEN 1-PACK	2	MO
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
PROGLYCEM	3	MO
ZEGALOGUE	3	MO
<b>MISCELLANEOUS</b>		
ACETADOTE	3	
<i>acetylcysteine injection 200mg/ml</i>	1	
ACTHAR	2	QL (1.5 ML per 1 days) PA LA; ACS
ALDURAZYME	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>betaine anhydrous</i>	1	LA
BUPHENYL	3	PA LA; ACS
<i>cabergoline</i>	1	MO
CARBAGLU	2	PA LA
<i>carglumic acid</i>	1	PA LA
CARNITOR	3	MO
CARNITOR SF	3	MO
CERDELGA	3	PA LA; ACS
CEREZYME	3	PA LA; ACS
CHORIONIC GONADOTROPIN INJECTION	3	PA; ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	1	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 30mg, 60mg</i>	1	QL (60 EA per 30 days); ACS
CORTROPHIN	3	QL (1.5 ML per 1 days) PA LA; ACS
CRYSVITA	3	PA LA; ACS
CYSTADANE	2	LA
CYSTAGON	3	PA LA; ACS
DDAVP	3	MO
<i>desmopressin acetate</i>	1	MO
DOJOLVI	3	PA LA; ACS
EGRIFTA SV	3	QL (30 EA per 30 days) PA LA; ACS
ELAPRASE	3	PA LA; ACS
ELELYSO	3	PA LA; ACS
ELFABRIO	3	PA LA
EVISTA	3	MO
FABRAZYME	3	PA LA; ACS
FENSOLVI	3	PA LA; ACS
<i>fomepizole</i>	1	
GALAFOLD	3	QL (14 EA per 28 days) PA LA
GENOTROPIN	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG, 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1MG, 2MG	2	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUICK INJECTION 1.8MG	3	PA; ACS
HUMATROPE	2	PA; ACS
INCRELEX	3	PA LA; ACS
ISTURISA TABLET 10MG	3	QL (180 EA per 30 days) PA LA
ISTURISA TABLET 1MG	3	QL (240 EA per 30 days) PA LA
ISTURISA TABLET 5MG	3	QL (360 EA per 30 days) PA LA
<i>javygtor</i>	1	PA LA
JYNARQUE	3	PA LA
KANUMA	3	PA LA; ACS
KORLYM	3	PA LA
KUVAN	3	PA LA; ACS
LAMZEDE	3	PA LA
LANREOTIDE ACETATE	3	PA; ACS
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	1	
<i>levocarnitine oral solution</i>	1	MO
LUMIZYME	3	PA LA; ACS
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	3	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	3	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	3	PA; ACS
MEPSEVII	3	PA
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	1	MO
<i>mifepristone</i>	1	PA; ACS
<i>miglustat</i>	1	QL (90 EA per 30 days) PA LA; ACS
MYALEPT	3	QL (30 EA per 30 days) PA LA
MYCAPSSA	3	QL (112 EA per 28 days) PA LA
MYFEMBREE	2	QL (28 EA per 28 days) PA MO
NAGLAZYME	3	PA LA; ACS
NEXVIAZYME	3	PA LA; ACS
NGENLA	3	PA LA; ACS
<i>nitisinone</i>	1	PA; ACS
NITYR	3	PA LA

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



Drug name	Drug tier	Requirements/Limits
NOCDURNA	3	QL (30 EA per 30 days) PA MO
NORDITROPIN FLEXPRO	2	PA; ACS
NOVAREL	3	PA; ACS
NULIBRY	3	PA
NUTROPIN AQ NUSPIN 10	3	PA LA; ACS
NUTROPIN AQ NUSPIN 20	3	PA LA; ACS
NUTROPIN AQ NUSPIN 5	3	PA LA; ACS
<i>octreotide acetate</i>	1	PA; ACS
OLPRUVA	3	PA LA; ACS
OMNITROPE	2	PA LA; ACS
OPFOLDA	3	QL (8 EA per 28 days) PA LA; ACS
ORFADIN	3	PA LA
ORIAHNN	3	QL (56 EA per 28 days) PA MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
PALYNZIQ	3	PA LA; ACS
PHEBURANE	3	PA LA
POMBILITI	3	PA LA; ACS
PREGNYL INJECTION	3	PA; ACS
PROCYSBI PACKET	3	PA LA
PROCYSBI CAPSULE DELAYED RELEASE 25MG	3	QL (120 EA per 30 days) PA LA
PROCYSBI CAPSULE DELAYED RELEASE 75MG	3	QL (810 EA per 30 days) PA LA
<i>raloxifene hydrochloride</i>	1	MO
RAVICTI	3	PA LA; ACS
RECORLEV	3	QL (240 EA per 30 days) PA LA
REYCOVI	3	PA LA
REZDIFFRA	3	QL (30 EA per 30 days) PA LA; ACS
SAIZENPREP RECONSTITUTIONKIT	3	PA LA; ACS
SAMSCA TABLET 15MG	3	QL (30 EA per 30 days) PA LA; ACS
SAMSCA TABLET 30MG	3	QL (60 EA per 30 days) PA LA; ACS
SANDOSTATIN	3	PA; ACS
SANDOSTATIN LAR DEPOT	3	PA; ACS
<i>sapropterin dihydrochloride</i>	1	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
SENSIPAR TABLET 90MG	3	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 30MG, 60MG	3	QL (60 EA per 30 days); ACS
SEROSTIM	3	PA LA; ACS
SIGNIFOR INJECTION	3	PA LA
SIGNIFOR LAR INJECTION	3	QL (1 EA per 28 days) PA LA
SKYTROFA	3	PA LA; ACS
<i>sodium phenylbutyrate tablet, oral powder</i>	1	PA; ACS
SOGROYA	3	PA LA; ACS
SOMATULINE DEPOT	3	PA LA; ACS
SOMAVERT	3	PA LA; ACS
STRENSIQ	3	PA LA
TEPEZZA	3	PA LA; ACS
<i>tolvaptan tablet 15mg</i>	1	QL (30 EA per 30 days) PA LA; ACS
<i>tolvaptan tablet 30mg</i>	1	QL (60 EA per 30 days) PA LA; ACS
TRIPTODUR	3	PA
<i>vasopressin</i>	1	
VASOPRESSIN/SODIUM CHLORIDE	3	
VASOSTRICT	3	
VEOZAH	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET	3	QL (28 EA per 28 days) PA LA; ACS
VIJOICE TABLET THERAPY PACK 125MG, 50MG	3	QL (28 EA per 28 days) PA LA; ACS
VIJOICE TABLET THERAPY PACK 250MG	3	QL (56 EA per 28 days) PA LA; ACS
VIMIZIM	3	PA LA; ACS
VISTOGARD	3	QL (20 EA per 166 days)
VOXZOGO	3	QL (30 EA per 30 days) PA LA; ACS
VPRIV	3	PA LA; ACS
XENPOZYME INJECTION 20MG	3	PA LA; ACS
XIAFLEX	3	PA; ACS
XPHOZAH	3	QL (60 EA per 30 days) PA LA
XURIDEN	3	QL (120 EA per 30 days) PA
<i>yargesa</i>	1	QL (90 EA per 30 days) PA LA

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

Drug name	Drug tier	Requirements/Limits
ZAVESCA	3	QL (90 EA per 30 days) PA LA
ZOKINVY	3	QL (120 EA per 30 days) PA; ACS
ZOMACTON	3	PA; ACS
ZORBTIVE	3	PA; ACS
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA	2	QL (360 EA per 30 days) PA MO
<i>calcium acetate capsule, tablet 667mg</i>	1	QL (360 EA per 30 days) MO
FOSRENOL	3	MO
<i>lanthanum carbonate</i>	1	MO
PHOSLYRA	3	MO
REVELA TABLET	3	QL (540 EA per 30 days) ST MO
REVELA PACKET 2.4GM	3	QL (180 EA per 30 days) ST MO
REVELA PACKET 0.8GM	3	QL (540 EA per 30 days) ST MO
<i>sevelamer carbonate tablet 800mg</i>	1	QL (540 EA per 30 days) MO
<i>sevelamer carbonate packet 2.4gm</i>	1	QL (180 EA per 30 days) MO
<i>sevelamer carbonate packet 0.8gm</i>	1	QL (540 EA per 30 days) MO
<i>sevelamer hydrochloride tablet 400mg, 800mg</i>	1	MO
VELPHORO	2	QL (180 EA per 30 days) MO
<b>PROGESTINS</b>		
CRINONE	3	PA MO
<i>hydroxyprogesterone caproate injection 250mg/ml</i>	1	ACS
MAKENA	3	ACS
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule, injection</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
<b>THYROID AGENTS</b>		
ADTHYZA	3	MO
ARMOUR THYROID	3	MO
CYTOMEL	3	MO
ERMEZA	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM CAPSULE	3	MO
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 100MCG/ML, 200MCG/5ML, 500MCG/5ML	3	
<i>levothyroxine sodium injection 100mcg</i>	1	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	1	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium injection</i>	1	
<i>liothyronine sodium tablet</i>	1	MO
<i>methimazole tablet</i>	1	MO
<i>niva thyroid</i>	1	MO
<i>np thyroid 120</i>	1	MO
<i>np thyroid 15</i>	1	MO
<i>np thyroid 30</i>	1	MO
<i>np thyroid 60</i>	1	MO
<i>np thyroid 90</i>	1	MO
<i>propylthiouracil tablet</i>	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL SOLUTION 37.5MCG/ML, 44MCG/ML	3	
TIROSINT-SOL SOLUTION 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	3	MO
TRIOSTAT	3	
<i>unithroid</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection</i>	1	
<i>doxercalciferol capsule</i>	1	MO
HECTOROL	3	
<i>paricalcitol</i>	1	MO
RAYALDEE	2	MO
ROCALTROL	3	MO
ZEMPLAR	3	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
AKYNZEO INJECTION	3	LA; ACS
AKYNZEO CAPSULE	3	QL (4 EA per 30 days) B/D
ANTIVERT	3	HRM
ANZEMET	3	B/D
APONVIE	3	
<i>aprepitant</i>	1	B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO; HRM
CINVANTI	3	PA
<i>compro</i>	1	MO; HRM
DICLEGIS	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE INJECTION	3	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days) MO; HRM
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
EMEND CAPSULE	3	B/D MO
EMEND INJECTION	3	MO
FOCINVEZ	3	
<i>fosaprepitant dimeglumine</i>	1	MO
GIMOTI	3	QL (9.8 ML per 28 days) PA
<i>granisetron hcl injection</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>granisetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO
MARINOL CAPSULE 10MG, 5MG	3	QL (60 EA per 30 days) PA
MARINOL CAPSULE 2.5MG	3	QL (60 EA per 30 days) PA MO
<i>meclizine hcl tablet 12.5mg, 25mg</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hydrochloride</i>	1	MO
<i>metoclopramide odt</i>	1	MO
<i>ondansetron hcl tablet 24mg</i>	1	B/D
<i>ondansetron hcl oral solution</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	1	MO
<i>ondansetron odt</i>	1	B/D MO
PALONOSETRON HYDROCHLORIDE INJECTION 0.25MG/2ML	3	
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
PHENERGAN	3	PA MO; HRM
<i>prochlorperazine edisylate injection</i>	1	MO; HRM
<i>prochlorperazine maleate tablet</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl tablet 12.5mg, injection, suppository</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain</i>	1	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
REGLAN	3	MO
<i>scopolamine patch</i>	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL	3	
SYNDROS	3	PA MO
TIGAN	3	PA MO

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

Drug name	Drug tier	Requirements/Limits
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	1	PA MO
VARUBI	3	QL (4 EA per 30 days) B/D; ACS
<b>ANTISPASMODICS</b>		
ANASPAZ	3	PA MO; HRM
ATROPINE SULFATE INJECTION 0.25MG/5ML, 8MG/20ML	3	PA
ATROPINE SULFATE INJECTION 1MG/10ML	3	PA MO
<i>atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml intramuscular, intravenous, or subcutaneous</i>	1	PA
<i>atropine sulfate injection pf 0.4mg/ml</i>	1	PA MO
BELLADONNA/OPIUM	3	PA MO
BENTYL	3	PA MO; HRM
CHLORDIAZEPOXIDE HCL/ CLIDINIUM BROMIDE CAPSULE 5MG; 2.5MG	3	QL (240 EA per 30 days) PA MO; HRM
CUVPOSA	3	QL (1350 ML per 30 days) MO
DARTISLA ODT	3	QL (120 EA per 30 days) MO
<i>dicyclomine hcl oral solution</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet, injection</i>	1	PA MO; HRM
GLYCATE	3	
<i>glycopyrrolate oral solution</i>	1	MO
<i>glycopyrrolate injection 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
GLYCOPYRROLATE TABLET 1.5MG	3	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	MO
<i>hyoscyamine sulfate</i>	1	PA MO; HRM
<i>hyoscyamine sulfate odt</i>	1	PA MO; HRM
LEVSIN	3	PA MO; HRM
LEVSIN/SL	3	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
LIBRAX	3	QL (240 EA per 30 days) PA MO; HRM
<i>methscopolamine bromide tablet</i>	1	PA MO
<i>nulev</i>	1	PA MO; HRM
<i>oscimin tablet sublingual</i>	1	PA MO; HRM
<i>oscimin tablet</i>	1	PA; HRM
ROBINUL	3	MO
ROBINUL FORTE	3	MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed injection 20mg/50ml</i>	1	
<i>famotidine injection</i>	1	
<i>famotidine oral suspension reconstituted, tablet</i>	1	MO
<i>nizatidine</i>	1	MO
PEPCID	3	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
APRISO	3	QL (120 EA per 30 days) MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide disodium</i>	1	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	1	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>budesonide foam 2mg</i>	1	QL (66.8 GM per 28 days) MO
CANASA	3	MO
COLAZAL	3	MO
CORTENEMA	3	MO
DELZICOL	3	MO
DIPENTUM	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
LIALDA	3	MO
<i>mesalamine kit, suppository, enema</i>	1	MO

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



Drug name	Drug tier	Requirements/Limits
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	1	MO
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine er capsule extended release 500mg</i>	1	QL (240 EA per 30 days) MO
ORTIKOS	2	MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	3	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	3	QL (480 EA per 30 days) MO
ROWASA	3	MO
SFROWASA	3	QL (1680 ML per 28 days) MO
<i>sulfasalazine tablet, delayed release tablet</i>	1	MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR	3	MO
UCERIS FOAM	3	QL (66.8 GM per 28 days) MO
<b>LAXATIVES</b>		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
LACTULOSE PACKET	3	PA MO
<i>lactulose oral solution (constipation)</i>	1	MO
MOVIPREP	3	MO
OSMOPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUFLAVE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride</i>	1	QL (60 EA per 30 days) PA MO
AMITIZA	3	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/ metronidazole/tetracycline hydrochloride</i>	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	3	QL (1080 EA per 30 days) PA LA
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	3	QL (360 EA per 30 days) PA LA
BYLVAY CAPSULE 1200MCG	3	QL (180 EA per 30 days) PA LA
BYLVAY CAPSULE 400MCG	3	QL (540 EA per 30 days) PA LA
CARAFATE	3	MO
CHENODAL	3	PA
CHOLBAM	3	PA LA
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	1	MO
CYTOTEC	3	MO
<i>diphenoxylate hydrochloride/ atropine sulfate tablet</i>	1	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
EOHILIA	3	QL (600 ML per 30 days) PA MO
GASTROCROM	3	MO
GATTEX	3	PA LA; ACS
HELIDAC THERAPY	3	QL (448 EA per 365 days)
IBSRELA	3	PA MO
<i>lansoprazole/amoxicillin/ clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	3	QL (30 EA per 30 days) MO
LIVMARLI	3	QL (120 ML per 30 days) PA LA
LOMOTIL	3	MO; HRM
<i>loperamide hcl capsule</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
LOTRONEX	3	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	3	QL (60 EA per 30 days) PA MO
<i>misoprostol tablet</i>	1	MO
MOTTEGRITY	3	QL (30 EA per 30 days) PA MO
MOTOFEN	3	QL (240 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI	3	PA; ACS
OCALIVA	3	QL (30 EA per 30 days) PA LA; ACS
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
<i>opium tincture</i>	1	MO
PYLERA	3	MO
REBYOTA	3	PA LA
RELISTOR TABLET	2	QL (90 EA per 30 days) PA MO
RELISTOR INJECTION	3	PA MO
RELTONE	3	PA
SUCRAID	3	LA
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
SYMPROIC	3	MO
TALICIA	3	QL (336 EA per 365 days) MO
TRULANCE	3	QL (30 EA per 30 days) MO
URSO 250	3	MO
URSO FORTE	3	MO
URSODIOL CAPSULE 200MG, 400MG	3	PA
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet</i>	1	MO
VIBERZI	3	QL (60 EA per 30 days) PA MO
VOQUEZNA DUAL PAK	3	QL (224 EA per 365 days) MO
VOQUEZNA TRIPLE PAK	3	QL (224 EA per 365 days) MO
VOWST	3	PA LA
XERMELO	3	QL (84 EA per 28 days) PA LA
XIFAXAN TABLET 550MG	2	PA MO
<b>PANCREATIC ENZYMES</b>		
CREON	2	MO

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

Drug name	Drug tier	Requirements/Limits
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000UNIT, 16800UNIT	2	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600UNIT, 4200UNIT, 10500UNIT	3	MO
PERTZYE	3	MO
VIOKACE	3	MO
ZENPEP	3	MO
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX	3	QL (30 EA per 30 days) MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
KONVOMEF	3	QL (600 ML per 30 days) PA
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 30mg</i>	1	QL (42 EA per 30 days) MO
NEXIUM CAPSULE, PACKET	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJECTION	3	PA
<i>omeprazole dr capsule delayed release 20mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium packet</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJECTION	3	
PROTONIX PACKET	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium delayed release tablet 20mg</i>	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) MO
ZEGERID	3	QL (30 EA per 30 days) PA MO

## GENITOURINARY

### BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
ENTADFI	3	QL (30 EA per 30 days) PA
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
UROXATRAL	3	QL (30 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetic acid 0.25% irrigation soln</i>	1	MO
<i>bethanechol chloride tablet</i>	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
FILSPARI	3	QL (30 EA per 30 days) PA LA; ACS
<i>flavoxate hcl</i>	1	MO; HRM
INTRAROSA	3	QL (28 EA per 28 days) PA MO
LITHOSTAT	3	MO
<i>neomycin sulfate/polymyxin b sulfate solution for irrigation</i>	1	MO
ORACIT	3	MO
OXLUMO	3	PA LA
<i>potassium citrate er</i>	1	MO
<i>potassium citrate/citric acid</i>	1	MO
<i>potassium citrate/sodium citrate/citric acid</i>	1	MO
RENACIDIN	3	MO
RIMSO-50	3	MO
RIVFLOZA INJECTION 128MG/0.8ML	3	QL (0.8 ML per 30 days) PA LA
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	3	QL (1 ML per 30 days) PA LA
<i>sodium citrate/citric acid</i>	1	MO
SORBITOL IRRIGATION SOLUTION	3	
TARPEYO	3	QL (120 EA per 30 days) PA LA
THIOLA	3	LA
THIOLA EC	3	LA
<i>tiopronin tablet</i>	1	ACS
<i>tiopronin tablet delayed release</i>	1	LA
<i>tricitrates</i>	1	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
<b>URINARY ANTISPASMODICS</b>		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
DETROL	3	QL (60 EA per 30 days) MO; HRM
DETROL LA	3	QL (30 EA per 30 days) MO; HRM
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5MG	3	QL (30 EA per 30 days) MO; HRM
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GELNIQUE	3	QL (30 GM per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
<i>mirabegron er</i>	1	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM
OXYBUTYNIN CHLORIDE TABLET 2.5MG	3	QL (90 EA per 30 days) MO
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
OXYTROL	3	QL (8 EA per 28 days) MO; HRM
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO; HRM
TOVIAZ	3	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>trosipium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VESICARE	3	QL (30 EA per 30 days) MO; HRM
VESICARE LS	3	QL (300 ML per 30 days); HRM
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
<i>clindamycin phosphate vaginal cream 2%</i>	1	MO
CLINDESSE	3	QL (5 GM per 30 days) MO
GYNAZOLE-1	3	MO
<i>metronidazole vaginal gel 0.75%</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
NUVESSA	3	MO
<i>terconazole vaginal cream, suppository</i>	1	MO
VANDAZOLE	3	MO
XACIATO	3	

**HEMATOLOGIC****ANTICOAGULANTS**

<i>argatroban</i>	1	
ARIXTRA	3	MO
<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium</i>	1	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	

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



Drug name	Drug tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 2500UNIT/0.2ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML, 95000UNIT/3.8ML	3	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/DEXTROSE 25000UNIT/250ML (100UNIT/ML)	3	
HEPARIN SODIUM/NAACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
LOVENOX	3	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
SAVAYSA	3	QL (30 EA per 30 days) ST MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	2	QL (1 ML per 21 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	2	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	2	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	2	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	2	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML	2	QL (4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
EPOGEN	3	QL (12 ML per 28 days) PA; ACS
FULPHILA	3	PA; ACS
FYLNETRA	3	PA LA; ACS
GRANIX INJECTION 300MCG/0.5ML, 300MCG/ML, 480MCG/0.8ML	2	PA; ACS
GRANIX INJECTION 480MCG/1.6ML	3	PA; ACS
LEUKINE	3	PA; ACS
MOZOBIL	3	PA LA; ACS
NEULASTA	3	PA; ACS
NEULASTA ONPRO KIT	3	PA; ACS
NEUPOGEN	2	PA; ACS
NIVESTYM	3	PA; ACS
NPLATE	3	PA; ACS
NYVEPRIA	3	PA; ACS
<i>plerixafor</i>	1	PA; ACS
PROCRIT	2	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
RELEUKO	3	PA LA; ACS
RETACRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	2	PA; ACS
RETACRIT INJECTION 10000UNIT/ ML, 20000UNIT/2ML, 2000UNIT/ ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
ROLVEDON	3	PA LA; ACS
STIMUFEND	3	PA; ACS
UDENYCA	3	PA; ACS
UDENYCA ONBODY	3	PA; ACS
XOLREMDI	3	QL (120 EA per 30 days) PA LA
ZARXIO	2	PA; ACS
ZIEXTENZO	2	PA; ACS
<b>MISCELLANEOUS</b>		
ADAKVEO	3	PA; ACS
ADZYNMA	3	PA LA; ACS
AGRYLIN	3	MO
ALVAIZ TABLET 54MG, 9MG	2	QL (60 EA per 30 days) PA LA; ACS
ALVAIZ TABLET 18MG, 36MG	2	QL (90 EA per 30 days) PA LA; ACS
AMICAR	3	MO
<i>aminocaproic acid injection</i>	1	
<i>aminocaproic acid oral solution, tablet</i>	1	MO
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	3	QL (24 EA per 30 days) PA LA; ACS
CABLIVI	3	PA LA
<i>cilostazol</i>	1	MO
CINRYZE	3	QL (20 EA per 30 days) PA LA; ACS
CYKLOKAPRON	3	
DOPTELET	2	QL (60 EA per 30 days) PA LA; ACS
DROXIA	2	MO
EMPAVELI	3	QL (200 ML per 30 days) PA LA
ENDARI	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ENJAYMO	3	PA LA; ACS
FABHALTA	3	QL (60 EA per 30 days) PA LA
FIRAZYR	3	QL (27 ML per 30 days) PA; ACS
GIVLAARI	3	PA LA
HAEGARDA INJECTION 3000UNIT	3	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	3	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	1	QL (27 ML per 30 days) PA; ACS
KALBITOR	3	QL (12 ML per 30 days) PA LA; ACS
MULPLETA	3	QL (14 EA per 365 days) PA; ACS
ORLADEYO	3	QL (28 EA per 28 days) PA LA
OXBRYTA TABLET SOLUBLE	3	QL (150 EA per 30 days) PA LA; ACS
OXBRYTA TABLET	3	QL (90 EA per 30 days) PA LA; ACS
<i>pentoxifylline er</i>	1	MO
PROMACTA PACKET 25MG	3	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	3	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	3	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	3	QL (60 EA per 30 days) PA LA; ACS
PYRUKYND	3	QL (56 EA per 28 days) PA LA
PYRUKYND TAPER PACK TBPK 20MG; 5MG, 50MG; 20MG	3	QL (14 EA per 14 days) PA LA
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	3	QL (7 EA per 7 days) PA LA
REBLOZYL	3	PA LA; ACS
RUCONEST	3	QL (12 EA per 30 days) PA LA; ACS
RYPLAZIM	3	PA LA
<i>sajazir</i>	1	QL (27 ML per 30 days) PA LA
SIKLOS	3	PA MO
SOLIRIS	3	PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
TAKHZYRO INJECTION 150MG/ML	3	QL (2 ML per 28 days) PA LA; ACS
TAKHZYRO INJECTION 300MG/2ML	3	QL (4 ML per 28 days) PA LA; ACS
TAVALISSE	3	QL (60 EA per 30 days) PA LA
TAVNEOS	3	QL (180 EA per 30 days) PA LA
<i>tranexamic acid/sodium chloride</i>	1	
<i>tranexamic acid injection</i>	1	
<i>tranexamic acid tablet</i>	1	MO
ULTOMIRIS	3	PA LA; ACS
VEOPOZ	3	PA
VOYDEYA	3	QL (180 EA per 30 days) PA LA
ZILBRYSQ INJECTION 16.6MG/0.416ML	3	QL (11.65 ML per 28 days) PA LA
ZILBRYSQ INJECTION 23MG/0.574ML	3	QL (16.08 ML per 28 days) PA LA
ZILBRYSQ INJECTION 32.4MG/0.81ML	3	QL (22.68 ML per 28 days) PA LA
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole er</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tablet</i>	1	PA MO
EFFIENT	3	MO
PLAVIX	3	QL (30 EA per 30 days) ST MO
<i>prasugrel hydrochloride</i>	1	MO
ZONTIVITY	3	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
ABRILADA 1-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
ABRILADA INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ABRILADA INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ACTEMRA ACTPEN	3	QL (3.6 ML per 28 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
ACTEMRA INJECTION 162MG/0.9ML	3	QL (3.6 ML per 28 days) PA; ACS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	3	QL (40 ML per 28 days) PA LA; ACS
ADALIMUMAB-AACF (2 PEN)	2	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-PEN KIT	3	QL (56 EA per 365 days) PA
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADAZ	3	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADB M CROHNS/ UC/HS STARTER	3	QL (12 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M PSORIASIS/ UVEITIS STARTER	3	QL (8 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M STARTER PACKAGE FOR CROHNS DISEASE/ UC/HS	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M STARTER PACKAGE FOR PSORIASIS/UVEITIS	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-ADB M INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (2 PEN)	3	QL (56 EA per 365 days) PA; ACS
ADBRY	3	QL (56 ML per 365 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
AMJEVITA INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 20MG/0.4ML	3	QL (20.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	3	QL (5.2 ML per 365 days) PA; ACS
AVSOLA	3	PA LA; ACS
BIMZELX	3	QL (2 ML per 28 days) PA; ACS
CIBINQO	2	QL (30 EA per 30 days) PA; ACS
CIMZIA STARTER KIT	3	QL (6 EA per 365 days) PA; ACS
CIMZIA INJECTION 200MG	2	QL (2 EA per 28 days) PA; ACS
CIMZIA INJECTION 200MG/ML	3	QL (2 EA per 28 days) PA; ACS
COSENTYX SENSOREADY PEN	2	QL (32 ML per 365 days) PA LA; ACS
COSENTYX UNOREADY	2	QL (32 ML per 365 days) PA LA; ACS
COSENTYX INJECTION 125MG/5ML	3	PA LA; ACS
COSENTYX INJECTION 150MG/ML	3	QL (32 ML per 365 days) PA LA; ACS
COSENTYX INJECTION 75MG/0.5ML	3	QL (8 ML per 365 days) PA LA; ACS
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	3	QL (12 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	3	QL (8 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	3	QL (8 EA per 365 days) PA; ACS
CYLTEZO INJECTION 10MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
CYLTEZO INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
DUPIXENT INJECTION 100MG/0.67ML	2	QL (1.34 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
DUPIXENT INJECTION 200MG/1.14ML	2	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	2	QL (8 ML per 28 days) PA; ACS
ENBREL	2	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	2	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	2	QL (8 ML per 28 days) PA; ACS
ENTYVIO INJECTION 108MG/0.68ML	3	QL (1.36 ML per 28 days) PA LA; ACS
ENTYVIO INJECTION 300MG	3	QL (8 EA per 365 days) PA LA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	3	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
HULIO INJECTION 20MG/0.4ML	3	QL (52 EA per 365 days) PA; ACS
HULIO INJECTION 40MG/0.8ML	3	QL (56 EA per 365 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	2	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	3	PA; ACS
HUMIRA PEN-PS/UV STARTER	2	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	2	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	2	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	2	QL (4 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	2	QL (6 EA per 28 days) PA; ACS
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK PATIENT LESS THAN 40KG	3	QL (2.4 ML per 365 days) PA; ACS

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



Drug name	Drug tier	Requirements/Limits
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK PATIENT GREATER THAN 40KG	3	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS STARTER PACK	3	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 20MG/0.2ML	3	QL (10.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 10MG/0.1 ML	3	QL (2.6 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.4ML, 80MG/0.8ML	3	QL (22.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.8ML	3	QL (44.8 ML per 365 days) PA; ACS
IDACIO (2 PEN)	2	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	2	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	2	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	2	PA; ACS
ILUMYA	3	PA LA; ACS
INFLECTRA	3	PA LA; ACS
INFLIXIMAB	3	PA LA; ACS
KEVZARA	2	QL (2.28 ML per 28 days) PA; ACS
KINERET	3	QL (18.76 ML per 28 days) PA
LITFULO	3	QL (28 EA per 28 days) PA LA
OLUMIANT	2	QL (30 EA per 30 days) PA LA; ACS
OMVOH INJECTION 300MG/15ML	3	PA LA; ACS
OMVOH INJECTION 100MG/ML	3	QL (2 ML per 28 days) PA LA; ACS
ORENCIA CLICKJECT	3	QL (4 ML per 28 days) PA; ACS
ORENCIA INJECTION 250MG	3	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	3	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	3	QL (4 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	2	QL (110 EA per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
OTEZLA TABLET	2	QL (60 EA per 30 days) PA; ACS
REMICADE	3	PA LA; ACS
RENFLEXIS	3	PA LA; ACS
RINVOQ	2	QL (30 EA per 30 days) PA; ACS
RINVOQ LQ	2	QL (360 ML per 30 days) PA; ACS
SILIQ	3	QL (4.5 ML per 28 days) PA; ACS
SIMLANDI 1-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
SIMLANDI 2-PEN KIT	3	QL (56 EA per 365 days) PA; ACS
SIMPONI ARIA	3	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	3	QL (3 ML per 28 days) PA; ACS
SKYRIZI PEN	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	2	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	2	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	2	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	2	QL (60 ML per 365 days) PA; ACS
SOTYKTU	3	QL (30 EA per 30 days) PA LA; ACS
SPEVIGO INJECTION 450MG/7.5ML	3	PA LA
SPEVIGO INJECTION 150MG/ML	3	QL (28 ML per 365 days) PA
STELARA INJECTION 45MG/0.5ML VIAL	2	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	2	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 90MG/ML	2	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	2	QL (208 ML per 365 days) PA LA; ACS
TALTZ	2	QL (3 ML per 28 days) PA LA; ACS
TREMFYA	2	QL (1 ML per 28 days) PA; ACS
TYENNE	3	QL (40 ML per 28 days) PA; ACS
VELSIPITY	3	QL (30 EA per 30 days) PA LA; ACS
XELJANZ XR	2	QL (30 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
XELJANZ SOLUTION	2	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	2	QL (60 EA per 30 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	3	QL (28 EA per 365 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	3	QL (26 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	3	QL (56 EA per 365 days) PA; ACS
YUFLYMA CD/UC/HS STARTER	3	QL (6 EA per 365 days) PA; ACS
YUSIMRY	3	QL (44.8 ML per 365 days) PA; ACS
ZYMFENTRA 2-PEN	3	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE	3	QL (2 EA per 28 days) PA; ACS
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
ARAVA	3	QL (30 EA per 30 days) MO
<i>hydroxychloroquine sulfate</i>	1	MO
JYLAMVO	3	
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
OTREXUP	3	QL (1.6 ML per 28 days); ACS
PLAQUENIL	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS
REDITREX INJECTION 7.5MG/0.3ML	3	QL (1.2 ML per 28 days); ACS

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

Drug name	Drug tier	Requirements/Limits
REDITREX INJECTION 10MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
REDITREX INJECTION 12.5MG/0.5ML	3	QL (2 ML per 28 days); ACS
REDITREX INJECTION 15MG/0.6ML	3	QL (2.4 ML per 28 days); ACS
REDITREX INJECTION 17.5MG/0.7ML	3	QL (2.8 ML per 28 days); ACS
REDITREX INJECTION 20MG/0.8ML	3	QL (3.2 ML per 28 days); ACS
REDITREX INJECTION 22.5MG/0.9ML	3	QL (3.6 ML per 28 days); ACS
REDITREX INJECTION 25MG/ML	3	QL (4 ML per 28 days); ACS
RIDAURA	3	MO
SOVUNA TABLET 300MG	3	
SOVUNA TABLET 200MG	3	MO
TREXALL	3	MO
XATMEP	3	MO
<b>IMMUNOGLOBULINS</b>		
ALYGLO	3	PA
ASCENIV	3	PA; ACS
BIVIGAM	3	PA LA; ACS
CUTAQUIG	3	PA LA; ACS
CUVITRU	3	PA LA; ACS
CYTOGAM	3	ACS
FLEBOGAMMA DIF	3	PA; ACS
GAMASTAN	2	B/D LA; ACS
GAMMAGARD LIQUID	3	PA; ACS
GAMMAGARD S/D INJ LESS THAN 1MCG/ML 5GM	3	PA; ACS
GAMMAKED	3	PA; ACS
GAMMAPLEX	3	PA LA; ACS
GAMUNEX-C	3	PA; ACS
HEPAGAM B	3	ACS
HIZENTRA	3	PA LA; ACS
HYPERHEP B	3	ACS
HYPERRAB	3	
HYPERRHO S/D	3	ACS
HYPERRHO S/D MINI-DOSE	3	ACS
HYPERTET	3	

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

Drug name	Drug tier	Requirements/Limits
HYQVIA	3	PA LA; ACS
IMOGAM RABIES-HT	3	
KEDRAB	3	
MICRHOGAM ULTRA-FILTERED PLUS	3	ACS
NABI-HB	3	ACS
OCTAGAM	3	PA; ACS
PANZYGA	3	PA; ACS
PRIVIGEN	3	PA; ACS
RHOGAM ULTRA-FILTERED PLUS	3	ACS
RHOPHYLAC	3	ACS
VARIZIG	3	ACS
WINRHO SDF	3	ACS
XEMBIFY	3	PA LA; ACS
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	3	PA LA; ACS
ARCALYST	3	PA LA; ACS
BEYFORTUS	3	
GRASTEK	3	QL (30 EA per 30 days) PA MO
ILARIS	3	QL (2 ML per 28 days) PA LA; ACS
JOENJA	3	QL (60 EA per 30 days) PA LA
ODACTRA	3	QL (30 EA per 30 days) PA MO
ORALAIR	3	QL (30 EA per 30 days) PA LA; ACS
PALFORZIA INITIAL DOSE ESCALATION	3	QL (26 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 1	3	QL (90 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 10	3	QL (120 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 11 (MAINTENANCE)	3	QL (30 EA per 30 days) PA LA; ACS
PALFORZIA LEVEL 11 (TITRATION)	3	QL (30 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 2	3	QL (180 EA per 365 days) PA LA; ACS

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

Drug name	Drug tier	Requirements/Limits
PALFORZIA LEVEL 3	3	QL (90 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 4	3	QL (30 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 5	3	QL (60 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 6	3	QL (120 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 7	3	QL (60 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 8	3	QL (120 EA per 365 days) PA LA; ACS
PALFORZIA LEVEL 9	3	QL (60 EA per 365 days) PA LA; ACS
RAGWITEK	3	QL (30 EA per 30 days) PA MO
RYSTIGGO	3	QL (24 ML per 28 days) PA LA
SYNAGIS	3	ACS
VYVGART	3	QL (240 ML per 28 days) PA LA; ACS
VYVGART HYTRULO	3	QL (22.4 ML per 28 days) PA LA
ZINPLAVA	3	PA
<b>IMMUNOSUPPRESSANTS</b>		
ASTAGRAF XL	3	B/D MO
ATGAM	3	B/D
<i>azasan</i>	1	B/D
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet</i>	1	B/D MO
BENLYSTA	3	PA LA; ACS
CELLCEPT	3	B/D MO
CELLCEPT IV SOLUTION	3	B/D
<i>cyclosporine modified capsule, oral solution</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine injection 50mg/ml</i>	1	B/D MO
ENVARUSUS XR	3	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	1	B/D MO
<i>gengraf capsule</i>	1	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>gengraf solution</i>	1	B/D MO
IMURAN	3	B/D MO
LUPKYNIS	3	QL (180 EA per 30 days) PA LA
<i>mycophenolate mofetil</i>	1	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
MYFORTIC	3	B/D MO
MYHIBBIN	3	B/D MO
NEORAL	3	B/D MO
NULOJIX	3	B/D
PROGRAF INJECTION	3	B/D
PROGRAF CAPSULE, GRANULES	3	B/D MO
RAPAMUNE	3	B/D MO
REZUROCK	3	QL (30 EA per 30 days) PA LA
SANDIMMUNE INJECTION	3	B/D
SANDIMMUNE CAPSULE, ORAL SOLUTION	3	B/D MO
SAPHNELO	3	QL (2 ML per 28 days) PA LA; ACS
SIMULECT	3	B/D
<i>sirolimus</i>	1	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	3	B/D
ZORTRESS	3	B/D MO
<b>VACCINES</b>		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGERIX-B	1	B/D
GARDASIL 9	1	

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

Drug name	Drug tier	Requirements/Limits
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	

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



Drug name	Drug tier	Requirements/Limits
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<b>NUTRITIONAL/SUPPLEMENTS</b>		
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<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
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CALCIUM GLUCONATE INJECTION SOLUTION 10%	3	
<i>calcium gluconate/sodium chloride</i>	1	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
<i>hyperlyte-cr</i>	1	B/D
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	1	
<i>magnesium sulfate in d5w injection 1gm/100ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection</i> <i>2gm/50ml, 4gm/100ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM ACETATE SOLUTION 100MEQ; 50ML	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/LACTATED RINGERS	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride</i> <i>injection 20meq/l; 0.45%, 20meq/l;</i> <i>0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/</i> <i>ml</i>	1	MO
<i>potassium phosphate solution</i> <i>3mmol/ml</i>	1	
<i>potassium phosphates injection</i> <i>236mg/ml; 224mg/ml</i>	1	
RINGERS INJECTION	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
<i>sodium acetate injection 4meq/ml</i>	1	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	
<i>sodium bicarbonate injection 8.4%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sodium chloride 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	1	MO
<i>sodium phosphate i.v. solution 45mmol/15ml, 15mmol/5ml</i>	1	
<i>sodium phosphates i.v. solution 150mmol/50ml</i>	1	
TPN ELECTROLYTES	3	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>adc/fluoride drops</i>	1	MO
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL BLOOM	2	MO
CITRANATAL HARMONY	2	MO
CITRANATAL MEDLEY	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO
DUET DHA 400	2	MO
DUET DHA BALANCED	2	MO
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
<i>effe-r-k tablet effervescent 25meq</i>	1	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FLORIVA DROPS, CHEWABLE TABLET	3	MO
<i>fluoride chewable tablet</i>	1	MO
<i>fluoritab drops</i>	1	
FOLIVANE-OB	2	MO
K-TAB	3	MO
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con effervescent tablet</i>	1	
<i>klor-con m10</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con powder packet 20meq</i>	1	
M-NATAL PLUS	2	MO
<i>multi-vitamin/fluoride drops</i>	1	MO
<i>multi-vitamin/fluoride/iron drops</i>	1	MO
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	1	MO
NATACHEW	2	MO
NEONATAL 19	2	
NEONATAL COMPLETE	2	MO
NEONATAL FE	2	
NEONATAL PLUS	2	MO
NESTABS	2	MO
NESTABS ONE	2	MO
NIVA-PLUS	2	MO
OB COMPLETE	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
<i>pnv-dha</i>	1	MO
PNV-DHA+DOCUSATE	2	MO
PNV-OMEGA	2	MO
<i>pnv-select</i>	1	MO
POLY-VI-FLOR CHEWABLE TABLET, SUSPENSION	3	MO
POLY-VI-FLOR/IRON TABLET CHEWABLE	3	MO
POLY-VI-FLOR/IRON SUSPENSION	3	MO
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PRIMACARE	2	MO
PROVIDA OB	2	MO
QUFLORA FE PEDIATRIC LIQUID	3	
QUFLORA FE TABLET CHEWABLE	3	
QUFLORA PEDIATRIC TABLET CHEWABLE	3	MO
QUFLORA PEDIATRIC SOLUTION 0.5MG/ML	3	
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML	3	MO
SE-NATAL 19	2	MO
SELECT-OB CHEWABLE TABLET 29MG; 1MG	2	
SELECT-OB CHEWABLE TABLET 29MG; 0.6MG; 0.4MG	2	MO
<i>sodium fluoride oral solution 0.5mg/ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sodium fluoride tablet chewable</i> 0.25mg, 0.5mg, 1mg	1	MO
TARON-C DHA	2	MO
THRIVITE RX	2	MO
TRI-VI-FLOR	3	MO
<i>tri-vite/fluoride</i>	1	MO
TRICARE PRENATAL TABLET	2	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
TRISTART FREE	2	
TRISTART ONE	2	
VIRT-NATE DHA	2	MO
VIRT-PN DHA	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
VITAMEDMD ONE RX/ QUATREFOLIC	2	MO
WESCAP-C DHA	2	MO
WESCAP-PN DHA	2	MO
WESNATE DHA	2	MO
WESTAB PLUS	2	MO
WESTGEL DHA	2	MO
<b>IV NUTRITION</b>		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
DEXTROSE 25%	3	B/D
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
HEPATAMINE	3	B/D
INTRALIPID INJECTION 20GM/100ML	2	B/D
INTRALIPID INJECTION 30GM/100ML	3	B/D
KABIVEN	3	B/D
NUTRILIPID	2	B/D
OMEGAVEN	3	B/D
PERIKABIVEN	3	B/D
<i>plenamine</i>	1	B/D
POTASSIUM PHOSPHATES INJECTION 45MMOLE/15ML; 71MEQ/15ML	3	
PREMASOL	3	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

## OPHTHALMIC

### ANTI-INFECTIVE/ANTI-INFLAMMATORY

MAXITROL	3	MO
<i>neo-polycin hc ophthalmic ointment</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone ophthalmic suspension, ophthalmic ointment</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX ST	2	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX SUSPENSION	3	MO
<i>tobramycin/dexamethasone</i>	1	MO
ZYLET	2	MO
<b>ANTI-INFECTIVES</b>		
AZASITE	3	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
<i>bacitracin ointment 500unit/gm</i>	1	MO
BESIVANCE	2	MO
BETADINE OPHTHALMIC PREP	3	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin ophthalmic solution</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin ophthalmic ointment</i>	1	
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
OCUFLOX	3	QL (60 ML per 30 days) MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin</i>	1	

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



Drug name	Drug tier	Requirements/Limits
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
POLYTRIM	3	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO
<i>sulfacetamide sodium ophthalmic solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
TOBEX	3	MO
<i>trifluridine</i>	1	MO
VIGAMOX	3	QL (12 ML per 30 days) MO
XDEMVOY	3	QL (10 ML per 42 days) PA LA; ACS
ZIRGAN	3	MO
ZYMAXID	3	QL (20 ML per 30 days) MO
<b>ANTI-INFLAMMATORIES</b>		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac ophthalmic solution</i>	1	MO
<i>bromfenac sodium</i>	1	PA MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
DEXYCU	3	LA
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
DUREZOL	3	MO
EYSUVIS	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	3	MO

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

Drug name	Drug tier	Requirements/Limits
INVELTYS	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO
LOTEMAX SM	2	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX GEL, SUSPENSION	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
NEVANAC	3	MO
OZURDEX	3	ACS
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate ophthalmic suspension 1%</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
TRIESENCE	3	MO
XIPERE	3	PA LA
YUTIQ	3	LA
<b>ANTIALLERGICS</b>		
ALOCRIAL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
<i>cromolyn sodium ophthalmic solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
<i>olopatadine hcl ophthalmic solution 0.1%</i>	1	MO
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	1	MO
ZERVIAE	3	MO
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P SOLUTION 0.1%	2	MO

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

Drug name	Drug tier	Requirements/Limits
ALPHAGAN P SOLUTION 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	3	MO
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>bimatoprost</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.1%, 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF	3	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate soln 2%-0.5% preservative free</i>	1	MO
DURYSTA	3	PA; ACS
IOPIDINE	3	MO
ISTALOL	3	MO
IYUZEH	3	ST MO
<i>latanoprost ophthalmic solution</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	3	
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost</i>	1	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO

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

Drug name	Drug tier	Requirements/Limits
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
TIMOPTIC	3	MO
TIMOPTIC OCUDOSE	3	MO
TIMOPTIC-XE	3	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	1	MO
TRUSOPT	3	MO
VUITY	3	PA MO
VYZULTA	3	MO
XALATAN	3	MO
XELPROS	3	ST
ZIOPTAN	3	ST MO
<b>MISCELLANEOUS</b>		
ALCAINE	3	MO
<i>atropine sulfate ointment 1%</i>	1	MO
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
BEOVU	3	PA LA; ACS
BYOOVIZ	3	PA LA; ACS
CEQUA	3	QL (60 EA per 30 days) PA MO
CIMERLI	3	PA LA; ACS
CYCLOGYL	3	MO
<i>cyclopentolate hcl ophthalmic solution 1%</i>	1	MO
<i>cyclosporine emulsion 0.05%</i>	1	QL (60 EA per 30 days) MO
CYSTADROPS	3	PA LA
CYSTARAN	3	PA LA
EYLEA	3	PA LA; ACS
EYLEA HD	3	PA LA; ACS
ISOPTO ATROPINE	2	MO
IZERVAY	3	PA LA; ACS
LACRISERT	3	MO
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML	3	PA LA; ACS
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5MG/0.05ML	3	PA; ACS
MIEBO	2	QL (12 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
OXERVATE	3	QL (28 ML per 28 days) PA LA
PHENYLEPHRINE HCL	3	MO
OPHTHALMIC SOLUTION 10%, 2.5%		
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
SUSVIMO	3	PA LA; ACS
SYFOVRE	3	PA LA
TETRACAINE HYDROCHLORIDE	3	MO
OPHTHALMIC SOLUTION 0.5%		
TYRVAYA	3	QL (8.4 ML per 30 days) MO
VABYSMO	3	PA LA; ACS
VERKAZIA	2	QL (120 EA per 30 days) PA MO
VEVYE	3	QL (2 ML per 30 days) PA MO
XIIDRA	2	QL (60 EA per 30 days) MO

**OTIC****OTIC AGENTS**

<i>acetic acid otic solution 0.25%</i>	1	MO
CETRAXAL	3	MO
CIPRO HC	3	MO
CIPRODEX	3	MO
<i>ciprofloxacin/dexamethasone</i>	1	MO
CIPROFLOXACIN/FLUOCINOLONE	3	MO
ACETONIDE PF		
CIPROFLOXACIN SOLUTION 0.2%	2	MO
CORTISPORIN-TC	3	MO
DERMOTIC	3	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide otic oil</i> 0.01%	1	MO
<i>hydrocortisone/acetic acid otic</i> <i>solution</i>	1	MO
<i>neomycin/polymyxin/hc otic</i> <i>solution 1%</i>	1	MO
<i>neomycin/polymyxin/</i> <i>hydrocortisone otic suspension 1%;</i> <i>3.5mg/ml; 10000unit/ml</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ofloxacin otic solution 0.3%</i>	1	MO
OTOVEL	3	MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	1	B/D MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide</i>	1	QL (30 EA per 30 days) MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST MO
YUPELRI	2	QL (90 ML per 30 days) PA MO
<b>ANTI-HISTAMINE COMBINATIONS</b>		
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	3	MO
DYMISTA	3	QL (23 GM per 30 days) MO
<i>promethazine vc</i>	1	PA MO; HRM
RYALTRIS	3	MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal solution 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	1	PA MO

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

Drug name	Drug tier	Requirements/Limits
CARBINOXAMINE MALEATE TABLET 6MG	3	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX	3	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRUP	3	QL (1800 ML per 30 days) PA
<i>clemastine fumarate tablet</i>	1	PA MO
<i>cyproheptadine hcl syrup</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	1	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	1	MO; HRM
<i>diphenhydramine hcl elixir</i>	1	PA; HRM
<i>hydroxyzine hcl tablet</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	1	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution</i>	1	MO
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl nasal solution 0.6%</i>	1	QL (30.5 GM per 30 days) MO
QUZYTIR	3	PA MO
<i>ryclora</i>	1	PA MO; HRM
RYVENT	3	PA MO
VISTARIL	3	PA MO; HRM
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
ARFORMOTEROL TARTRATE	3	QL (120 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
BROVANA	3	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	1	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 0.125mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
PERFOROMIST	2	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	3	QL (2 EA per 30 days) PA MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
XOPENEX HFA	3	QL (30 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium tablet chewable, tablet, packet</i>	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
<i>zileuton er</i>	1	QL (120 EA per 30 days) MO
ZYFLO	3	QL (120 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
ARALAST NP	3	PA LA; ACS
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	3	QL (2 EA per 30 days) ST MO
BRONCHITOL	3	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	3	QL (560 EA per 28 days) PA LA; ACS
CINQAIR	3	PA LA; ACS
COCAINE HYDROCHLORIDE	3	PA

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



Drug name	Drug tier	Requirements/Limits
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
DALIRESP	3	MO
<i>elixophyllin</i>	1	
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET CAPSULE	3	QL (270 EA per 30 days) PA LA; ACS
ESBRIET TABLET 267MG	3	QL (270 EA per 30 days) PA LA; ACS
ESBRIET TABLET 801MG	3	QL (90 EA per 30 days) PA LA; ACS
FASENRA PEN	2	QL (1 ML per 28 days) PA LA; ACS
FASENRA INJECTION 10MG/0.5ML	2	QL (0.5 ML per 28 days) PA LA; ACS
FASENRA INJECTION 30MG/ML	2	QL (1 ML per 28 days) PA LA; ACS
GLASSIA	3	PA LA; ACS
GOPRELTO	3	PA
KALYDECO PACKET	3	QL (56 EA per 28 days) PA LA
KALYDECO TABLET	3	QL (60 EA per 30 days) PA LA
NUCALA INJECTION 40MG/0.4ML	2	QL (0.4 ML per 28 days) PA LA; ACS
NUCALA INJECTION 100MG	2	QL (3 EA per 28 days) PA LA; ACS
NUCALA INJECTION 100MG/ML	2	QL (3 ML per 28 days) PA LA; ACS
NUMBRINO	3	PA
OFEV	2	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	3	QL (112 EA per 28 days) PA LA
ORKAMBI PACKET	3	QL (56 EA per 28 days) PA LA
<i>pirfenidone capsule</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	1	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	1	QL (90 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
PROLASTIN-C	2	PA LA
PULMOZYME	3	PA; ACS
<i>roflumilast</i>	1	MO
SYMDEKO	3	QL (56 EA per 28 days) PA LA
SYMJEPI	3	QL (2 EA per 30 days) MO
TEZSPIRE	3	QL (1.91 ML per 28 days) PA LA; ACS
THEO-24	3	MO
<i>theophylline oral solution, oral elixir</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 24 hour</i>	1	MO
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour, tablet extended release 24 hour tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
TRIKAFTA THERAPY PACK	3	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	3	QL (84 EA per 28 days) PA LA
XOLAIR	2	PA LA; ACS
ZEMAIRA	3	PA LA; ACS
<b>NASAL STEROIDS</b>		
BECONASE AQ	3	QL (50 GM per 30 days) MO
<i>flunisolide nasal spray 0.025%</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
OMNARIS	3	QL (12.5 GM per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
ZETONNA	3	QL (6.1 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<b>STEROID INHALANTS</b>		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARMONAIR DIGIHALER	3	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
<i>budesonide suspension</i> 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	1	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	2	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	2	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ ACT	2	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ ACT, 220MCG/ACT	2	QL (24 GM per 30 days) MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 50MCG/ACT	3	QL (120 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	3	QL (240 EA per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ ACT	3	QL (24 GM per 30 days) PA MO
PULMICORT	3	B/D MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST MO
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR DISKUS	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO
AIRSUPRA	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breyana</i>	1	QL (10.3 GM per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/ VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	1	QL (12 GM per 30 days) MO
FLUTICASONE PROPIONATE/ SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ ACT	3	QL (1 EA per 30 days) ST MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) ST MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
ABSORICA	3	PA
ABSORICA LD	3	
ACANYA	3	MO
<i>acutane</i>	1	PA
ACZONE	3	QL (90 GM per 30 days) MO
<i>adapalene pump</i>	1	QL (45 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
ADAPALENE/BENZOYL PEROXIDE PAD	3	QL (28 EA per 28 days) PA
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	QL (70 GM per 30 days) PA MO
ADAPALENE SOLUTION	3	QL (120 ML per 30 days) PA
<i>adapalene pad</i>	1	QL (28 EA per 28 days) PA
<i>adapalene cream, gel</i>	1	QL (45 GM per 30 days) PA MO
AKLIEF	3	QL (45 GM per 30 days) PA MO
ALTRENO	3	QL (45 GM per 30 days) PA MO
<i>amnestem</i>	1	PA
AMZEEQ	3	QL (30 GM per 30 days) MO
ARAZLO	3	MO
ATRALIN	3	QL (45 GM per 30 days) PA MO
AVITA CREAM	3	QL (45 GM per 30 days) PA
AVITA GEL	3	QL (45 GM per 30 days) PA MO
AZELEX	3	QL (50 GM per 30 days) MO
BENZAMYCIN	3	MO
CABTREO	3	QL (50 GM per 30 days) PA MO
<i>claravis</i>	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
<i>clindacin foam</i>	1	QL (100 GM per 30 days)
<i>clindacin etz pledgets</i>	1	
<i>clindacin-p</i>	1	MO
CLINDAGEL	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 1.2%;2.5%, 1.2%;5%</i>	1	MO
<i>clindamycin phosphate/tretinoin gel 1.2%; 0.025%</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	1	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>clindamycin/benzoyl peroxide gel</i> 5%; 1%	1	MO
<i>dapsone gel</i> 5%, 7.5%	1	QL (90 GM per 30 days) MO
DIFFERIN LOTION	3	QL (118 ML per 30 days) PA MO
DIFFERIN CREAM, GEL	3	QL (45 GM per 30 days) PA MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO
EPSOLAY	3	QL (30 GM per 30 days) PA MO
<i>ery pad</i> 2%	1	MO
ERYGEL	3	QL (60 GM per 30 days) MO
<i>erythromycin/benzoyl peroxide gel</i> 5%; 3%	1	MO
<i>erythromycin gel</i> 2%	1	QL (60 GM per 30 days) MO
<i>erythromycin solution</i> 2%	1	QL (60 ML per 30 days) MO
EVOCLIN	3	QL (100 GM per 30 days) MO
FABIOR	3	QL (100 GM per 30 days) MO
<i>isotretinoin</i>	1	PA
KLARON	3	MO
<i>neuac</i>	1	
ONEXTON	3	MO
RETIN-A CREAM, GEL	3	QL (45 GM per 30 days) PA MO
RETIN-A MICRO	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP	3	QL (50 GM per 30 days) PA MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA SUSPENSION 10%; 5%; 10%	3	QL (355 ML per 30 days) MO
<i>sodium sulfacetamide/sulfur</i> <i>suspension</i> 8%; 4%	1	QL (473 ML per 30 days) MO
<i>sulfacetamide sodium lotion</i> 10%	1	MO
<i>sulfacleanse</i> 8/4	1	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
<i>tretinoin microsphere gel</i> 0.08%	1	QL (50 GM per 30 days) PA MO
<i>tretinoin cream</i> 0.025%, 0.05%, 0.1%	1	QL (45 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
TWYNEO	3	QL (30 GM per 30 days) PA MO
VELTIN	3	QL (60 GM per 30 days) PA MO
WINLEVI	3	QL (60 GM per 30 days) PA MO
<i>zenatane</i>	1	PA
ZIANA	3	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTIBIOTICS</b>		
ALTABAX	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mafenide acetate packet</i>	1	MO
<i>mupirocin ointment, cream</i>	1	QL (30 GM per 30 days) MO
NEO-SYNALAR	3	QL (60 GM per 30 days) MO
SILVADENE	3	MO
<i>silver sulfadiazine cream</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclodan topical solution 8%</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer</i>	1	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox olamine suspension</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	1	QL (85 GM per 30 days) MO
ERTACZO	3	QL (60 GM per 30 days) MO
EXELDERM SOLUTION	3	QL (30 ML per 30 days) MO
EXELDERM CREAM	3	QL (60 GM per 30 days) MO
EXTINA	3	QL (100 GM per 30 days) MO
JUBLIA	3	QL (8 ML per 30 days) PA MO
<i>ketconazole cream 2%</i>	1	QL (60 GM per 30 days) MO

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



Drug name	Drug tier	Requirements/Limits
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	1	QL (100 GM per 30 days)
<i>klayesta</i>	1	QL (60 GM per 30 days)
LOPROX SUSPENSION	3	QL (60 ML per 30 days) MO
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO
LULICONAZOLE	3	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MENTAX	3	QL (30 GM per 30 days) MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	3	QL (50 GM per 30 days) PA MO
<i>naftifine hcl cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream, gel 2%</i>	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
<i>nyamyc powder</i>	1	QL (60 GM per 30 days)
<i>nystatin/triamcinolone acetonide</i>	1	QL (60 GM per 30 days) MO
<i>nystatin/triamcinolone cream, ointment</i>	1	QL (60 GM per 30 days) MO
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop powder</i>	1	QL (60 GM per 30 days)
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTION	3	QL (60 ML per 30 days) MO
OXISTAT CREAM	3	QL (90 GM per 30 days) MO
<i>tavaborole</i>	1	QL (10 ML per 30 days) PA MO
VUSION	3	QL (50 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	1	PA MO
CALCIPOTRIENE FOAM	3	QL (120 GM per 30 days) PA
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	1	MO
SORILUX	3	QL (120 GM per 30 days) PA MO
<i>tazarotene cream 0.1%</i>	1	QL (60 GM per 30 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TAZORAC GEL	3	QL (100 GM per 30 days) PA MO
TAZORAC CREAM	3	QL (60 GM per 30 days) PA MO
VECTICAL	3	QL (800 GM per 28 days) PA MO
VTAMA	2	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	1	MO
<i>selenium sulfide lotion</i>	1	MO
<i>selenium sulfide shampoo</i>	1	QL (180 ML per 30 days) MO
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cream 1%</i>	1	
<i>ala-cort cream 2.5%</i>	1	QL (30 GM per 30 days)
<i>ala-scalp</i>	1	MO
<i>alclometasone dipropionate</i>	1	MO
<i>amcinonide cream, ointment</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide lotion</i>	1	QL (60 ML per 30 days) MO
APEXICON E	3	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate cream, ointment, lotion</i>	1	MO
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	MO
<i>betamethasone dipropionate augmented lotion</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO
<i>betamethasone valerate foam</i>	1	QL (120 GM per 30 days) MO
BRYHALI	3	QL (100 GM per 30 days) MO
CALCIPOTRIENE/ BETAMETHASONE DIPROPIONATE SUSPENSION	3	QL (120 GM per 30 days) PA MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate emollient cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	1	QL (100 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotion, shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
CLOBEX LOTION, SHAMPOO	3	QL (118 ML per 30 days) MO
CLOBEX LIQUID	3	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	3	QL (90 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
CLODERM	3	QL (90 GM per 30 days) MO
CORDRAN TAPE	3	MO
CORDRAN CREAM	3	QL (120 GM per 30 days) MO
CORDRAN LOTION	3	QL (120 ML per 30 days) MO
DERMA-SMOOTH/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	3	QL (118.28 ML per 30 days) MO
<i>desonide lotion</i>	1	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
DESOWEN	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone liquid</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
<i>desrx</i>	1	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
DIPROLENE OINTMENT	3	MO
DUOBRII	3	QL (200 GM per 28 days) PA MO
ENSTILAR	2	QL (120 GM per 30 days) PA MO
EPIFOAM	3	QL (10 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluocinolone acetonide solution</i> 0.01%	1	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream</i> 0.05%	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	1	QL (60 ML per 30 days) MO
<i>flurandrenolide cream</i>	1	QL (120 GM per 30 days) MO
<i>flurandrenolide lotion</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate cream</i> 0.05%	1	MO
<i>fluticasone propionate lotion</i> 0.05%	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment</i> 0.005%	1	MO
<i>halcinonide</i>	1	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	3	QL (100 GM per 30 days)
<i>halobetasol propionate cream, ointment</i>	1	QL (50 GM per 30 days) MO
HALOG SOLUTION	3	QL (120 ML per 30 days) PA MO
HALOG CREAM, OINTMENT	3	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate cream, ointment</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate cream, ointment</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
HYDROXYM	3	QL (28 GM per 30 days) PA
IMPEKLO	3	QL (68 GM per 30 days) MO
KENALOG	3	MO
LEXETTE	3	QL (100 GM per 30 days) MO
LOCOID LOTION	3	QL (118 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LOCOID LIPOCREAM	3	QL (60 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
OLUX	3	QL (100 GM per 30 days) MO
OLUX-E	3	QL (100 GM per 30 days) MO
PANDEL	3	QL (80 GM per 30 days) MO
<i>prednicarbate ointment</i>	1	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	1	
SERNIVO	3	QL (120 ML per 30 days) MO
SYNALAR CREAM, OINTMENT	3	QL (120 GM per 30 days) MO
SYNALAR SOLUTION	3	QL (90 ML per 30 days) MO
TACLONEX SUSPENSION	3	QL (120 GM per 30 days) PA MO
TACLONEX OINTMENT	3	QL (400 GM per 28 days) PA MO
TEXACORT	3	MO
TOPICORT CREAM, OINTMENT	3	QL (100 GM per 30 days) MO
TOPICORT LIQUID	3	QL (100 ML per 30 days) MO
TOPICORT GEL	3	QL (60 GM per 30 days) MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol spray 0.147mg/gm</i>	1	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triamcinolone acetonide ointment 0.05%</i>	1	QL (430 GM per 30 days) MO
<i>trianex</i>	1	QL (430 GM per 30 days)
<i>triderm cream 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	QL (454 GM per 30 days)
<i>tritocin</i>	1	QL (430 GM per 30 days)
ULTRAVATE	2	QL (60 ML per 30 days) MO
VANOS	3	QL (120 GM per 30 days) MO
VERDESO	3	QL (100 GM per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
DERMACINRX LIDO GEL	3	QL (100 GM per 30 days) PA
DYCLOPRO	3	QL (30 ML per 30 days) PA
<i>glydo</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	1	QL (90 EA per 30 days) PA
LIDODERM	3	QL (90 EA per 30 days) PA MO
LIDOREX	3	QL (100 GM per 30 days) PA
PLIAGLIS	3	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	3	QL (1 EA per 90 days) PA LA
QUTENZA KIT 8% (2-PATCH)	3	QL (2 EA per 90 days) PA LA
QUTENZA KIT 8% (4-PATCH)	3	QL (4 EA per 90 days) PA LA
SYNERA	3	QL (10 EA per 30 days) PA MO
<i>tridacaine</i>	1	QL (90 EA per 30 days) PA
ZTLIDO	3	QL (90 EA per 30 days) PA MO
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
ACYCLOVIR CREAM 5%	3	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
ANUSOL-HC	3	MO
<i>azelaic acid gel</i>	1	QL (50 GM per 30 days) MO
BENSAL HP	3	QL (30 GM per 30 days) MO
<i>bexarotene gel 1%</i>	1	QL (60 GM per 30 days) PA; ACS
<i>brimonidine tartrate gel 0.33%</i>	1	MO
CARAC	3	QL (30 GM per 30 days) PA MO
CONDYLOX	3	QL (7 GM per 28 days) MO
CORTIFOAM	3	QL (15 GM per 30 days) MO
DENAVIR	3	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	1	QL (1000 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium external solution 2%</i>	1	QL (224 GM per 28 days) PA MO
<i>diclofenac sodium external solution 1.5%</i>	1	QL (300 ML per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
EFUDEX	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (100 GM per 30 days) ST MO
EUCRISA	3	QL (60 GM per 30 days) ST MO
FINACEA FOAM, GEL	3	QL (50 GM per 30 days) MO
FLECTOR	3	QL (60 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	3	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) PA MO
<i>fluorouracil external solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
HYFTOR	3	QL (20 GM per 25 days) PA LA; ACS
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>ivermectin cream 1%</i>	1	QL (45 GM per 30 days) MO
KLISYRI	3	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LICART	3	PA MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
MIRVASO	3	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE	3	QL (60 GM per 30 days) MO
OPZELURA	3	QL (60 GM per 28 days) PA MO

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



Drug name	Drug tier	Requirements/Limits
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	3	QL (60 GM per 30 days) PA
<i>penciclovir</i>	1	QL (5 GM per 30 days) MO
PENNSAID	3	QL (224 GM per 28 days) PA MO
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) ST MO
PODOCON-25	3	QL (15 ML per 30 days)
<i>podofilox solution</i>	1	MO
<i>podofilox gel</i>	1	QL (7 GM per 28 days) MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
<i>proctozone-hc</i>	1	
PRUDOXIN	3	QL (45 GM per 30 days) PA MO
QBREXZA	3	QL (30 EA per 30 days) PA MO
RECTIV	3	QL (30 GM per 30 days) MO
<i>salicylic acid wart remover 27.5%</i>	1	QL (10 ML per 30 days) MO
SALICYLIC ACID OINTMENT	3	QL (30 GM per 30 days) MO
<i>salicylic acid solution 26%</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid shampoo</i>	1	QL (177 ML per 30 days) MO
SILVER NITRATE	3	QL (960 ML per 30 days) MO
SOOLANTRA	3	QL (45 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	3	QL (60 GM per 30 days) PA; ACS
TOLAK	3	QL (40 GM per 30 days) PA
VALCHLOR	3	QL (60 GM per 30 days) PA LA
VEREGEN	3	QL (30 GM per 28 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
XERESE	3	QL (5 GM per 30 days) MO
YCANTH	3	PA
ZILXI	3	QL (30 GM per 30 days) PA MO
ZONALON	3	QL (45 GM per 30 days) PA MO
ZOVIRAX CREAM 5%	3	QL (5 GM per 30 days) MO
ZOVIRAX OINTMENT 5%	3	QL (30 GM per 30 days) MO
ZYCLARA	3	QL (28 EA per 28 days) MO
ZYCLARA PUMP CREAM 3.75%	3	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREAM 2.5%	3	QL (7.5 GM per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>crotan</i>	1	QL (237 GM per 30 days)
<i>lindane</i>	1	MO
<i>malathion</i>	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
<i>permethrin cream 5%</i>	1	MO
SPINOSAD	3	QL (120 ML per 30 days) MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
FILSUVEZ	3	QL (2106 GM per 30 days) PA LA
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
REGRANEX	2	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	3	
SANTYL	3	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
TIS-U-SOL	3	
VYJUVEK	3	QL (10 ML per 28 days) PA LA
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
ARESTIN	3	PA; ACS
<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	MO
<i>denta 5000 plus sensitive</i>	1	
<i>denta 5000 plus crea 1.1% (2-pack)</i>	1	QL (51 GM per 30 days)
<i>denta 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>dentagel</i>	1	MO
EVOXAC	3	MO
<i>fluoridex daily defense</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
<i>fluorimax 5000</i>	1	
<i>fluorimax 5000 sensitive</i>	1	
FRAICHE 5000 PREVI	3	
FRAICHE 5000 SENSITIVE	3	

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



Drug name	Drug tier	Requirements/Limits
<i>just right 5000</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	3	MO
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	MO
PREVIDENT RINSE	3	MO
SALAGEN	3	MO
<i>sf 5000 plus</i>	1	QL (51 GM per 30 days) MO
<i>sf gel 1.1%</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm dry mouth gel</i>	1	MO
<i>sodium fluoride 5000 ppm sensitive</i>	1	MO
<i>sodium fluoride 5000 ppm paste</i>	1	MO
<i>sodium fluoride 5000 ppm cream</i>	1	QL (51 GM per 30 days)
<i>sodium fluoride gel 1.1%</i>	1	MO
<i>sodium fluoride mouth/throat solution 0.2%</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO

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

# Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	26, 28	<i>acetazolamide</i>	61	ADALIMUMAD-ADBM	147
<i>abacavir sulfate/</i>	28	<i>acetazolamide er</i>	61	CROHNS/UC/HS	
<i>lamivudine</i>		<i>acetazolamide sodium</i>	61	ADALIMUMAD-ADBM	147
ABELCET	24	<i>acetic acid</i>	139	PSORIASIS/UVEITIS	
ABILIFY	76, 77	<i>acetic acid otic</i>	170	ADALIMUNAB-AACF	147
ABILIFY ASIMTUFIG	76	<i>acetylcysteine</i>	123, 173	ADALIMUNAB-ADBM	147
ABILIFY MAINTENA	76	ACIPHEX	137	<i>adapalene</i>	177, 178
ABILIFY MYCITE	76	<i>acitretin</i>	181	ADAPALENE	178
MAINTENANCE KIT		ACTEMRA	147	<i>adapalene/benzoyl</i>	178
ABILIFY MYCITE	77	ACTEMRA ACTPEN	146	<i>peroxide</i>	
STARTER KIT		ACTHAR	123	ADAPALENE/	178
<i>abiraterone acetate</i>	39	ACTHIB	156	BENZOYL PEROXIDE	
ABRAXANE	42	ACTIMMUNE	154	ADBRY	147
ABRILADA	146	ACTIVELLA	120	<i>adc/fluoride</i>	160
ABRYSVO	156	ACTONEL	112	ADCIRCA	64
ABSORICA	177	ACTOPLUS MET	107	ADDERALL	88
ABSORICA LD	177	ACTOS	107	ADDERALL XR	88
<i>acamprosate calcium</i>	102	ACULAR	166	<i>adefovir dipivoxil</i>	29
<i>dr</i>		ACULAR LS	166	ADEMPAS	65
ACANYA	177	ACUVAIL	166	ADLARITY	68
<i>acarbose</i>	107	<i>acyclovir</i>	29, 186	ADMELOG	104
ACCUPRIL	52	ACYCLOVIR	186	ADMELOG SOLOSTAR	104
ACCURETIC	51	<i>acyclovir sodium</i>	29	ADRENALIN	62
<i>accutane</i>	177	ACZONE	177	<i>adriamycin</i>	37
<i>acebutolol</i>	58	ADACEL	156	ADTHYZA	128
<i>hydrochloride</i>		ADAKVEO	144	ADVAIR DISKUS	177
ACETADOTE	123	ADALIMUMAB-AATY	147	ADVAIR HFA	177
<i>acetaminophen</i>	9	ADALIMUMAB-ADAZ	147	ADZENYS XR-ODT	88
<i>acetaminophen/</i>	14	ADALIMUMAB-ADBM	147	ADZYNMA	144
<i>caffeine/</i>		ADALIMUMAB-FKJP	147	AEMCOLO	20
<i>dihydrocodeine</i>		ADALIMUMAB-RYVK	147	AFINITOR	42
<i>acetaminophen/</i>	14			AFINITOR DISPERZ	42
<i>codeine</i>				<i>afirmelle</i>	114

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
AFREZZA	104	ALOGLIPTIN	107,	AMBIEN CR	92
AGAMREE	121		108	AMBISOME	24
AGRYLIN	144	ALOGLIPTIN/	107	<i>ambrisentan</i>	65
AIMOVIG	93	METFORMIN HCL		<i>amcinonide</i>	182
AIRDUO DIGIHALER	177	ALOGLIPTIN/	107	<i>amethia</i>	114
AIRDUO RESPICLICK	177	METFORMIN		<i>amethyst</i>	114
AIRSUPRA	177	HYDROCHLORIDE		AMICAR	144
AJOVY	93,	ALOGLIPTIN/	107,	<i>amikacin sulfata</i>	20
	94	PIOGLITAZONE	108	<i>amiloride hcl</i>	61
AKEEGA	39	ALOMIDE	167	<i>amiloride/</i>	61
AKLIEF	178	ALOPRIM	9	<i>hydrochlorothiazide</i>	
AKYNZEO	130	<i>alose tron</i>	135	<i>aminocaproic acid</i>	144
<i>ala-cort</i>	182	<i>hydrochloride</i>		<i>aminophylline</i>	173
ALA-SCALP	182	ALPHAGAN P	167,	<i>amiodarone hcl</i>	55
<i>albendazole</i>	20		168	<i>amiodarone</i>	55
<i>albuterol sulfate</i>	172	<i>alprazolam</i>	67	<i>hydrochloride</i>	
<i>albuterol sulfate hfa</i>	172	<i>alprazolam er</i>	67	AMITIZA	135
ALCAINE	169	ALPRAZOLAM	67	<i>amitriptyline hcl</i>	69
<i>alclometasone</i>	182	INTENSOL		<i>amitriptyline</i>	69
<i>dipropionate</i>		<i>alprazolam odt</i>	67	<i>hydrochloride</i>	
ALDACTAZIDE	61	ALPRAZOLAM XR	67	AMJEVITA	148
ALDACTONE	52	ALREX	166	<i>amlodipine besylate</i>	51,
ALDURAZYME	123	ALTABAX	180		53,
ALECENSA	42	ALTACE	52		59,
<i>alendronate sodium</i>	112	<i>altavera</i>	114		62
<i>alfuzosin hcl</i>	138	ALTOPREV	56	<i>amlodipine besylate/</i>	62
ALIMTA	38	ALTRENO	178	<i>atorvastatin calcium</i>	
ALIQOPA	42	ALUNBRIG	42,	<i>amlodipine</i>	51
<i>aliskiren</i>	62		43	<i>besylate/benazepril</i>	
ALKERAN	36	ALVAIZ	144	<i>hydrochloride</i>	
ALKINDI SPRINKLE	121	ALVESCO	176	<i>amlodipine besylate/</i>	53
<i>allopurinol</i>	9	<i>alyacen 1/35</i>	114	<i>valsartan</i>	
ALLOPURINOL	9	<i>alyacen 7/7/7</i>	114	<i>amlodipine/</i>	53
<i>allopurinol sodium</i>	9	ALYGLO	153	<i>olmesartan medoxomil</i>	
ALLZITAL	9	ALYMSYS	43	<i>amlodipine/valsartan/</i>	53
<i>almotriptan maleate</i>	94	<i>alyq</i>	65	<i>hydrochlorothiazide</i>	
ALOCRIIL	167	<i>amantadine</i>	74	<i>ammonium lactate</i>	186
		AMBIEN	92	<i>amnesteem</i>	178
				AMONDYS 45	95

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>amoxapine</i>	69	APEXICON E	182	ARMONAIR	176
<i>amoxicillin</i>	34	APIDRA	104	DIGIHALER	
<i>amoxicillin/clavulanate</i>	34	APIDRA SOLOSTAR	104	ARMOUR THYROID	128
<i>potassium</i>		APLENZIN	69	ARNUITY ELLIPTA	176
<i>amoxicillin/clavulanate</i>	34	APOKYN	75	AROMASIN	39
<i>potassium er</i>		<i>apomorphine</i>	75	ARRANON	38
<i>amphetamine/</i>	88	<i>hydrochloride</i>		<i>arsenic trioxide</i>	41
<i>dextroamphetamine</i>		APONVIE	130	ARTHROTEC 50	10
<i>amphetamine/</i>	88	<i>apraclonidine</i>	168	ARTHROTEC 75	10
<i>dextroamphetamine er</i>		<i>aprepitant</i>	130	ARZERRA	43
<i>amphetamine sulfate</i>	88	APRETUDE	26	ASACOL HD	133
<i>amphotericin b</i>	24	<i>apri</i>	114	ASCENIV	153
<i>amphotericin b</i>	24	APRISO	133	<i>ascomp/codeine</i>	15
<i>liposome</i>		APTENSIO XR	88	<i>asenapine maleate sl</i>	77
<i>ampicillin</i>	34	APTIOM	82	<i>ashlyna</i>	114
<i>ampicillin sodium</i>	34	APTIVUS	26	ASMANEX HFA	176
<i>ampicillin/sulbactam</i>	34	ARALAST NP	173	ASMANEX	176
<i>ampicillin-sulfactam</i>	34	<i>aranelle</i>	114	TWISTHALER	
AMPYRA	97	ARANESP ALBUMIN	142,	ASPARLAS	41
AMRIX	100	FREE	143	<i>aspirin/dipyridamole er</i>	146
AMVUTTRA	95	ARAVA	152	ASPRUZYO	62
AMZEEQ	178	ARAZLO	178	ASTAGRAF XL	155
ANAFRANIL	69	ARCALYST	154	ATACAND	54
<i>anagrelide</i>	144	ARESTIN	189	ATACAND HCT	53
<i>hydrochloride</i>		AREXVY	156	<i>atazanavir sulfate</i>	26
ANASPAZ	132	ARFORMOTEROL	172	ATELVIA	112
<i>anastrozole</i>	39	TARTRATE		<i>atenolol</i>	58
ANCOBON	24	<i>argatroban</i>	141	<i>atenolol/chlorthalidone</i>	58
ANDRODERM	103	ARICEPT	68	ATGAM	155
ANDROGEL PUMP	103	ARIKAYCE	20	ATIVAN	67
ANGELIQ	120	ARIMIDEX	39	<i>atomoxetine</i>	88
ANNOVERA	114	<i>aripiprazole</i>	77	ATORVALIQ	56
ANORO ELLIPTA	171	<i>aripiprazole odt</i>	77	<i>atorvastatin calcium</i>	56
ANTARA	56	ARISTADA	77	<i>atovaquone</i>	20,
ANTIVERT	130	ARISTADA INITIO	77		26
ANUSOL-HC	186	ARIXTRA	141	<i>atovaquone/proguanil</i>	26
ANZEMET	130	<i>armodafinil</i>	101	<i>hcl</i>	
APADAZ	14			ATRALIN	178

Drug name	Page	Drug name	Page	Drug name	Page
<i>atropine sulfate</i>	132, 169	<i>azelaic acid</i>	186	BCG VACCINE	156
ATROPINE SULFATE	132	<i>azelastine hcl</i>	167, 171	BD ALCOHOL SWABS	104
ATROVENT HFA	171	<i>azelastine</i>	171	BD INSULIN SYRINGE	104
AUBAGIO	97	<i>hydrochloride/ fluticasone propionate</i>		B-D INSULIN SYRINGE	104
<i>abra eq</i>	114	AZELEX	178	ULTRAFINE	
AUGMENTIN	34	AZILECT	75	BD/NOVO PEN	104
AUGMENTIN ES-600	34	<i>azithromycin</i>	32	NEEDLE	
AUGTYRO	43	AZITHROMYCIN	32	BECONASE AQ	175
<i>aurovela 1.5/30</i>	114	AZOPT	168	BELBUCA	13
<i>aurovela 1/20</i>	114	AZOR	53	BELEODAQ	43
<i>aurovela 24 fe</i>	114	AZSTARYS	88	BELLADONNA/OPIUM	132
<i>aurovela fe 1.5/30</i>	114	<i>aztreonam</i>	20	BELSOMRA	92
<i>aurovela fe 1/20</i>	114	AZULFIDINE	133	<i>benazepril hcl</i>	52
AURYXIA	128	AZULFIDINE EN-TABS	133	<i>benazepril</i>	52
AUSTEDO	95	<i>azurette</i>	114	<i>hydrochloride</i>	
AUSTEDO XR	95	<i>bacitracin</i>	20, 165	<i>bendamustine</i>	36
AUVELITY	69	<i>bacitracin/polymyxin b</i>	165	<i>hydrochloride</i>	
AUVI-Q	173	<i>baclofen</i>	100	BENDAMUSTINE	36
AVALIDE	53	BACLOFEN	100	HYDROCHLORIDE	
AVAPRO	54	BACTRIM	20	BENDEKA	36
AVASTIN	43	BACTRIM DS	20	BENICAR	54
AVEED	103	BAFIERTAM	97	BENICAR HCT	53
<i>aviane</i>	114	BALCOLTRA	114	BENLYSTA	155
AVITA	178	<i>balsalazide disodium</i>	133	BENSAL HP	186
AVODART	138	BALVERSA	43	BENTYL	132
AVONEX	97	<i>balziva</i>	114	BENZAMYCIN	178
AVSOLA	148	BANZEL	82	BENZHYDROCO-	15
AVYCAZ	31	BAQSIMI ONE PACK	123	DONE/ ACETAMINOPHEN	
<i>ayuna</i>	114	BAQSIMI TWO PACK	123	BENZNIDAZOLE	20
AYVAKIT	43	BARACLUDE	29	<i>benztropine mesylate</i>	75
<i>azacitidine</i>	38	BASAGLAR KWIKPEN	104	BEOVU	169
AZACTAM	20	BASAGLAR TEMPO	104	<i>bepotastine besilate</i>	167
<i>azasan</i>	155	PEN		BEPREVE	167
AZASITE	165	BAVENCIO	43	BERINERT	144
<i>azathioprine</i>	155	BAXDELA	33	BESIVANCE	165
AZATHIOPRINE	155			BESPONSA	43
				BESREMI	41

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
BETADINE	165	BIMZELX	148	BRIVIACT	82
OPHTHALMIC PREP		BINOSTO	112	BRIXADI	102
<i>betaine anhydrous</i>	124	<i>bismuth subcitrate</i>	135	<i>bromfenac</i>	166
<i>betamethasone</i>	182	<i>pot/metronidazole/</i>		<i>bromfenac sodium</i>	166
<i>dipropionate</i>		<i>tetracycline</i>		<i>bromocriptine</i>	75
<i>betamethasone</i>	182	<i>hydrochloride</i>		<i>mesylate</i>	
<i>dipropionate</i>		<i>bisoprolol fumarate</i>	58	BROMSITE	166
<i>augmented</i>		<i>bisoprolol fumarate/</i>	58	BRONCHITOL	173
<i>betamethasone</i>	121	<i>hydrochlorothiazide</i>		BROVANA	173
<i>sodium phosphate/</i>		BIVIGAM	153	BRUKINSA	43
<i>betamethasone</i>		BLENREP	43	BRYHALI	182
<i>acetate</i>		<i>bleomycin sulfate</i>	37	<i>budesonide</i>	176
<i>betamethasone</i>	182	BLINCYTO	43	<i>budesonide dr</i>	133
<i>valerate</i>		<i>blisovi 24 fe</i>	114	<i>budesonide er</i>	133
BETAPACE	55	<i>blisovi fe 1.5/30</i>	114	<i>budesonide foam</i>	133
BETAPACE AF	55	<i>blisovi fe 1/20</i>	115	<i>budesonide/</i>	177
BETASERON	97	BONJESTA	130	<i>formoterol fumarate</i>	
<i>betaxolol hcl</i>	58, 168	BOOSTRIX	156	<i>dihydrate</i>	
<i>bethanechol chloride</i>	139	<i>bortezomib</i>	43	<i>bumetanide</i>	61
BETHKIS	20	BORTEZOMIB	43	BUMEX	61
BETIMOL	168	<i>bosentan</i>	65	<i>bupap</i>	9
BETOPTIC-S	168	BOSULIF	43	BUPHENYL	124
BEVESPI	171	BOTOX	100	<i>bupivacaine/</i>	19
AEROSPHERE		BRAFTOVI	43	<i>epinephrine</i>	
<i>bexarotene</i>	41, 186	BREO ELLIPTA	177	<i>bupivacaine</i>	18
		<i>breynd</i>	177	<i>fisiopharma</i>	
BEXSERO	156	BREZTRI	171	<i>bupivacaine hcl</i>	18
BEYAZ	114	AEROSPHERE		<i>bupivacaine</i>	18,
BEYFORTUS	154	<i>briellyn</i>	115	<i>hydrochloride</i>	19
<i>bicalutamide</i>	39	BRILINTA	146	BUPRENEX	15
BICILLIN C-R	34	<i>brimonidine tartrate</i>	168, 186	<i>buprenorphine</i>	13
BICILLIN L-A	34	BRIMONIDINE	168	<i>buprenorphine hcl</i>	15, 102
BICNU	36	TARTRATE		<i>buprenorphine hcl/</i>	102
BIDIL	62	<i>brimonidine tartrate/</i>	168	<i>naloxone hcl</i>	
BIJUVA	120	<i>timolol maleate</i>		<i>buprenorphine</i>	102
BIKTARVY	28	<i>brinzolamide</i>	168	<i>hydrochloride/</i>	
BILTRICIDE	20	BRIUMVI	97	<i>naloxone</i>	
<i>bimatoprost</i>	168			<i>hydrochloride</i>	



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>bupropion hcl</i>	69	CALAN SR	59	CARAC	186
<i>bupropion hydrochloride</i>	70	<i>calcipotriene</i>	181	CARAFATE	135
<i>bupropion hydrochloride er</i>	69, 70, 102	CALCIPOTRIENE	181	CARBAGLU	124
BUPROPION HYDROCHLORIDE ER (XL)	69	<i>calcipotriene/ betamethasone dipropionate</i>	182	<i>carbamazepine</i>	82
<i>bupirone hcl</i>	67	CALCIPOTRIENE/ BETAMETHASONE DIPROPIONATE	182	<i>carbamazepine er</i>	82
<i>bupirone hydrochloride</i>	67	<i>calcitonin salmon</i>	112	CARBATROL	82
<i>busulfan</i>	36	<i>calcitonin-salmon</i>	112	<i>carbidopa</i>	75
BUSULFEX	36	<i>calcitrene</i>	181	<i>carbidopa/levodopa</i>	75
<i>butalbital/ acetaminophen</i>	9, 10, 15	<i>calcitriol</i>	130	CARBIDOPA/ LEVODOPA/ ENTACAPONE	75
<i>butalbital/ acetaminophen/ caffeine</i>	10, 15	CALCITRIOL	181	<i>carbidopa/levodopa er</i>	75
<i>butalbital/ acetaminophen/ caffeine/codeine</i>	15	<i>calcium acetate</i>	128	<i>carbidopa/levodopa odt</i>	75
<i>butalbital/ aspirin/ caffeine</i>	10, 15	CALCIUM	158	<i>carbinoxamine maleate</i>	171, 172
<i>butorphanol tartrate</i>	15	GLUCONATE		CARBINOXAMINE	172
BUTRANS	13	<i>calcium gluconate/ sodium chloride</i>	158	MALEATE	
BYDUREON BCISE	108	CALDOLOR	10	<i>carboplatin</i>	36
BYETTA	108	CALQUENCE	43	CARDENE IV	59
BYLVAY	135	CAMBIA	94	CARDIZEM	59
BYOOVIZ	169	<i>camila</i>	115	CARDIZEM CD	59
BYSTOLIC	58	CAMPTOSAR	41	CARDIZEM LA	59
CABENUVA	28	CAMRESE	115	CARDURA	52, 138
<i>cabergoline</i>	124	CAMRESE LO	115	CARDURA XL	138
CABLIVI	144	CAMZYOS	62	<i>cardiumic acid</i>	124
CABOMETYX	43	CANASA	133	<i>carisoprodol</i>	100
CABTREO	178	CANCIDAS	24	<i>carmustine</i>	36
CADUET	62	<i>candesartan cilexetil</i>	54	CARNITOR	124
		<i>candesartan cilexetil/ hydrochlorothiazide</i>	53	CARNITOR SF	124
		CAPLYTA	77	CAROSPIR	52
		CAPRELSA	43	<i>carteolol hcl</i>	168
		<i>captopril</i>	51, 52	<i>cartia xt</i>	59
		<i>captopril/ hydrochlorothiazide</i>	51	<i>carvedilol</i>	58
				<i>carvedilol phosphate er</i>	58
				CASODEX	39

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>caspofungin acetate</i>	24	CELESTONE-	121	<i>chlorpromazine</i>	77
CAYSTON	20	SOLUSPAN		<i>hydrochloride</i>	
<i>cefaclor</i>	31	CELLCEPT	155	<i>chlorthalidone</i>	61
CEFACLOR ER	31	CELLCEPT IV	155	<i>chlorzoxazone</i>	100
<i>cefadroxil</i>	31	CELONTIN	82	CHOLBAM	135
<i>cefazolin</i>	31	CELXA	70	<i>cholestyramine</i>	57
CEFAZOLIN	31	<i>cephalexin</i>	32	<i>cholestyramine light</i>	57
<i>cefazolin sodium</i>	31	CEQUA	169	CHORIONIC	124
CEFAZOLIN SODIUM	31	CEQUR SIMPLICITY 2U	104	GONADOTROPIN	
CEFAZOLIN SODIUM/ DEXTROSE	31	CEQUR SIMPLICITY	105	CIBINQO	148
<i>cefdinir</i>	31	INSERTER		<i>ciclodan</i>	180
<i>cefepime</i>	32	CERDELGA	124	<i>ciclopirox</i>	180
CEFEPIME	32	CEREBYX	82	<i>ciclopirox nail lacquer</i>	180
CEFEPIME/DEXTROSE	32	CEREZYME	124	<i>ciclopirox olamine</i>	180
CEFEPIME	31,	<i>cetirizine</i>	172	<i>cidofovir</i>	29
HYDROCHLORIDE	32	<i>hydrochloride</i>		<i>cilostazol</i>	144
<i>cefixime</i>	32	CETRAXAL	170	CILOXAN	165
<i>cefotetan</i>	32	<i>cevimeline</i>	189	CIMDUO	28
<i>cefoxitin sodium</i>	32	<i>hydrochloride</i>		CIMERLI	169
CEFOXITIN SODIUM	32	<i>charlotte 24 fe</i>	115	<i>cimetidine</i>	133
<i>cefpodoxime proxetil</i>	32	<i>chateal eq</i>	115	CIMZIA	148
<i>cefprozil</i>	32	CHEMET	113	CIMZIA STARTER KIT	148
<i>ceftazidime</i>	32	CHENODAL	135	<i>cinacalcet</i>	124
CEFTAZIDIME/ DEXTROSE	32	<i>chloramphenical</i>	20	<i>hydrochloride</i>	
CEFTRIAXONE/ DEXTROSE	32	<i>sodium succinate</i>		CINQAIR	173
<i>ceftriaxone in iso- osmotic dextrose</i>	32	<i>chlordiazepoxide/ amitriptyline</i>	70	CINRYZE	144
<i>ceftriaxone sodium</i>	32	<i>chlordiazepoxide hcl</i>	67	CINVANTI	130
CEFTRIAXONE	32	CHLORDIAZEPOXIDE	132	CIPRO	33
SODIUM		HCL/CLIDINIUM BROMIDE		CIPRODEX	170
<i>cefuroxime axetil</i>	32	<i>chlordiazepoxide</i>	68	<i>ciprofloxacin</i>	34
<i>cefuroxime sodium</i>	32	<i>hydrochloride</i>		CIPROFLOXACIN	33, 34, 165, 170
CELEBREX	10	<i>chlorhexidine</i>	189	<i>ciprofloxacin/ dexamethasone</i>	170
<i>celecoxib</i>	10	<i>gluconate</i>			
		<i>chloroquine phosphate</i>	26		
		<i>chlorothiazide sodium</i>	61		
		<i>chlorpromazine hcl</i>	77		



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
CIPROFLOXACIN/	170	<i>clindacin etz pledgets</i>	178	CLINIMIX E 4.25%/	163
FLUOCINOLONE		<i>clindacin-p</i>	178	DEXTROSE 10%	
ACETONIDE PF		CLINDAGEL	178	CLINIMIX E 5%/	164
<i>ciprofloxacin hcl</i>	33	<i>clindamycin/benzoyl</i>	179	DEXTROSE 15%	
<i>ciprofloxacin</i>	33,	<i>peroxide</i>		CLINIMIX E 5%/	164
<i>hydrochloride</i>	165	<i>clindamycin hcl</i>	20	DEXTROSE 20%	
<i>ciprofloxacin i.v.-in d5w</i>	33	<i>clindamycin</i>	20	CLINIMIX E 8/10	164
CIPRO HC	170	<i>hydrochloride</i>		CLINIMIX E 8/14	164
<i>cisplatin</i>	36	<i>clindamycin palmitate</i>	20	<i>clinisol sf 15%</i>	164
<i>citalopram</i>	70	<i>hcl</i>		CLINOLIPID	164
<i>hydrobromide</i>		<i>clindamycin phosphate</i>	20,	<i>clinpro 5000</i>	189
CITALOPRAM	70		141,	<i>clobazam</i>	82,
HYDROBROMIDE			178		83
CITRANATAL 90 DHA	160	<i>clindamycin</i>	178	<i>clobetasol propionate</i>	183
CITRANATAL B-CALM	160	<i>phosphate/benzoyl</i>		<i>clobetasol propionate</i>	182
CITRANATAL BLOOM	160	<i>peroxide</i>		<i>emollient</i>	
CITRANATAL	160	<i>clindamycin</i>	20	CLOBEX	183
HARMONY		<i>phosphate/dextrose</i>		CLOCORTOLONE	183
CITRANATAL MEDLEY	160	<i>clindamycin</i>	178	PIVALATE	
<i>cladribine</i>	38	<i>phosphate/tretinoin</i>		<i>clodan</i>	183
<i>claravis</i>	178	CLINDAMYCIN/	20	CLODERM	183
CLARINEX	171,	SODIUM CHLORIDE		<i>clofarabine</i>	38
	172	CLINDESSE	141	CLOLAR	38
CLARINEX-D	171	CLINIMIX 4.25%/	163	<i>clomipramine</i>	70
<i>clarithromycin</i>	33	DEXTROSE 5%		<i>hydrochloride</i>	
<i>clarithromycin er</i>	33	CLINIMIX 4.25%/	163	<i>clonazepam</i>	83
<i>clemastine fumarate</i>	172	DEXTROSE 10%		<i>clonazepam odt</i>	83
CLEMASTINE	172	CLINIMIX 5%/	163	<i>clonidine</i>	10,
FUMARATE		DEXTROSE 15%			62,
CLENPIQ	134	CLINIMIX 5%/	163		89
CLEOCIN	20,	DEXTROSE 20%		<i>clonidine hcl</i>	10
	141	CLINIMIX 6/5	163	<i>clonidine</i>	62
CLEOCIN PEDIATRIC	20	CLINIMIX 8/10	163	<i>hydrochloride</i>	
CLEOCIN PHOSPHATE	20	CLINIMIX 8/14	163	<i>clonidine</i>	62,
CLEOCIN-T	178	CLINIMIX E 2.75%/	163	<i>hydrochloride er</i>	89
CLIMARA	120	DEXTROSE 5%		<i>clopidogrel</i>	146
CLIMARA PRO	120	CLINIMIX E 4.25%/	163	<i>clorazepate</i>	83
<i>clindacin</i>	178	DEXTROSE 5%		<i>dipotassium</i>	
				<i>clotrimazole</i>	180

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>clotrimazole/</i>	180	CONCEPT DHA	160	<i>crotan</i>	189
<i>betamethasone</i>		CONCEPT OB	160	<i>cryselle-28</i>	115
<i>dipropionate</i>		CONCERTA	89	CRYSVITA	124
<i>clotrimazole troche</i>	189	CONDYLOX	186	CUBICIN RF	21
<i>clozapine</i>	77, 78	CONJUPRI	59	CUPRIMINE	113
<i>clozapine odt</i>	77	<i>constulose</i>	134	CUTAQUIG	153
CLOZAPINE ODT	77	CONZIP	13	CUVITRU	153
CLOZARIL	78	COPAXONE	98	CUVPOSA	132
C-NATE DHA	160	COPIKTRA	44	CUVRIOR	113
COARTEM	26	CORDRAN	183	<i>cyclobenzaprine</i>	100
COCAINE	173	COREG	58	<i>hydrochloride</i>	
HYDROCHLORIDE		COREG CR	58	<i>cyclobenzaprine</i>	100
CODEINE SULFATE	15	CORGARD	58	<i>hydrochloride er</i>	
COLAZAL	133	CORLANOR	62	CYCLOGYL	169
<i>colchicine</i>	9	CORTEF	121	<i>cyclopentolate hcl</i>	169
COLCHICINE	9	CORTENEMA	133	<i>cyclophosphamide</i>	36, 37
COLCRYS	9	CORTIFOAM	186	CYCLOPHOSPHAMIDE	36, 37
<i>colesevelam</i>	57	CORTISONE ACETATE	121	CYCLOPHOSPHAMIDE	36
<i>hydrochloride</i>		CORTISPORIN-TC	170	MONOHYDRATE	
COLESTID	57	CORTROPHIN	124	<i>cycloserine</i>	29
COLESTID FLAVORED	57	COSENTYX	148	CYCLOSET	108
<i>colestipol hcl</i>	57	COSENTYX	148	<i>cyclosporine</i>	155, 169
<i>colistimethate sodium</i>	21	SENSOREADY PEN		<i>cyclosporine modified</i>	155
COLUMVI	43	COSENTYX	148	CYKLOKAPRON	144
COLY-MYCIN M	21	UNOREADY		CYLTEZO	148
COMBIGAN	168	COSMEGEN	37	CYMBALTA	70
COMBIPATCH	120	COSOFT	168	<i>cyproheptadine hcl</i>	172
COMBIVENT	171	COSOFT PF	168	<i>cyproheptadine</i>	172
RESPIMAT		COTELLIC	44	<i>hydrochloride</i>	
COMBIVIR	28	COTEMPLA XR-ODT	89	CYRAMZA	44
COMBOGESIC	10	COZAAR	54	<i>cyred</i>	115
COMETRIQ	43, 44	CREON	136	<i>cyred eq</i>	115
COMPLERA	28	CRESEMBA	24	CYSTADANE	124
COMPLETENATE	160	CRESTOR	56	CYSTADROPS	169
<i>compro</i>	130	CRINONE	128	CYSTAGON	124
COMTAN	75	<i>cromolyn sodium</i>	135, 167, 174		

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
CYSTARAN	169	DAURISMO	44	DERMACINRX	186
<i>cytarabine</i>	38	DAYBUE	95	LIDOGEL	
CYTOGAM	153	DAYPRO	10	DERMA-SMOOTH/FS	183
CYTOMEL	128	<i>daysee</i>	115	BODY	
CYTOTEC	135	DAYTRANA	89	DERMA-SMOOTH/FS	183
<i>dabigatran etexilate</i>	141	DAYVIGO	92	SCALP	
<i>dacarbazine</i>	41	DDAVP	124	DERMOTIC	170
<i>dactinomycin</i>	37	<i>deblitane</i>	115	DESCOVY	28
<i>dalfampridine er</i>	98	<i>decitabine</i>	38	DESFERAL	113
DALIRESP	174	<i>deferasirox</i>	113	<i>desipramine</i>	70
DALVANCE	21	<i>deferiprone</i>	113	<i>hydrochloride</i>	
<i>danazol</i>	120	<i>deferoxamine</i>	113	<i>desloratadine</i>	172
DANTRIUM	100	<i>mesylate</i>		<i>desloratadine odt</i>	172
<i>dantrolene</i>	100	<i>deflazacort</i>	121	<i>desmopressin acetate</i>	124
<i>dapagliflozin</i>	108	DELESTROGEN	120	<i>desogestrel/ethinyl</i>	115
<i>propanediol</i>		DELSTRIGO	28	<i>estradiol</i>	
<i>dapagliflozin</i>	108	<i>delyla</i>	115	<i>desonide</i>	183
<i>propanediol/</i>		DELZICOL	133	DESOWEN	183
<i>metformin</i>		<i>demeclocycline hcl</i>	35	<i>desoximetasone</i>	183
<i>hydrochloride</i>		DEMEROL	15	<i>desrx</i>	183
<i>dapsone</i>	21, 179	DEM SER	62	<i>desvenlafaxine er</i>	70
DAPTACEL	156	DENAVIR	186	DESVENLAFAXINE ER	70
<i>daptomycin</i>	21	DENG VAXIA	156	DETROL	140
DAPTOMYCIN	21	<i>denta 5000</i>	189	DETROL LA	140
DARAPRIM	21	<i>denta 5000 plus</i>	189	DEXABLISS	121
<i>darifenacin</i>	139	<i>dentagel</i>	189	<i>dexamethasone</i>	122
<i>hydrobromide er</i>		DEPAKOTE	83	<i>dexamethasone 6-day</i>	121
DARTISLA ODT	132	DEPAKOTE ER	83	<i>dose pack</i>	
<i>darunavir</i>	26	DEPAKOTE SPRINKLES	83	<i>dexamethasone 10-</i>	121
DARZALEX	44	DEPEN TITRATABS	113	<i>day dose pack</i>	
DARZALEX FASPRO	44	DEPO-ESTRADIOL	120	<i>dexamethasone 13-day</i>	121
<i>dasetta 1/35</i>	115	DEPO-MEDROL	121	<i>dose pack</i>	
<i>dasetta 7/7/7</i>	115	DEPO-PROVERA	115	DEXAMETHASONE	121
<i>daunorubicin</i>	37	CONTRACEPTIVE		INTENSOL	
<i>hydrochloride</i>		DEPO-SUBQ	115	<i>dexamethasone</i>	122,
DAUNORUBICIN	37	PROVERA		<i>sodium phosphate</i>	166
HYDROCHLORIDE		DEPO-TESTOSTERONE	103	DEXEDRINE	89
				DEXILANT	137

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>dexlansoprazole</i>	137	DHIVY	75	DILANTIN INFATABS	83
<i>dexmethylphenidate</i>	89	DIACOMIT	83	DILAUDID	15
<i>hcl</i>		DIASTAT ACUDIAL	83	<i>diltiazem hcl</i>	59, 60
<i>dexmethylphenidate</i>	89	DIASTAT PEDIATRIC	83	DILTIAZEM HCL	60
<i>hcl er</i>		<i>diazepam</i>	83	<i>diltiazem hcl cd</i>	59
<i>dexmethylphenidate</i>	89	DIAZEPAM RECTAL	83	<i>diltiazem</i>	60
<i>hydrochloride</i>		GEL		<i>hydrochloride</i>	
<i>dexmethylphenidate</i>	89	<i>diazoxide</i>	123	<i>diltiazem</i>	60
<i>hydrochloride er</i>		DIBENZYLIN	62	<i>hydrochloride er</i>	
<i>dexrazoxane</i>	51	<i>dichlorphenamide</i>	61	<i>dilt-xr</i>	59
<i>dextroamphetamine</i>	89	DICLEGIS	130	DIMENHYDRINATE	130
<i>sulfate</i>		DICLOFENAC	186	<i>dimethyl fumarate</i>	98
<i>dextroamphetamine</i>	89	EPOLAMINE		<i>dimethyl fumarate</i>	98
<i>sulfate er</i>		<i>diclofenac potassium</i>	10, 94	<i>starterpack</i>	
DEXTROSE 2.5%/	158	<i>diclofenac sodium</i>	166, 186, 187	DIOVAN	54
SODIUM CHLORIDE		<i>diclofenac sodium dr</i>	10	DIOVAN HCT	53
<i>dextrose 5%</i>	158, 164	<i>diclofenac sodium er</i>	10	DIPENTUM	133
DEXTROSE 5% /	158	<i>diclofenac sodium/</i>	10	<i>diphenhydramine hcl</i>	172
ELECTROLYTE #48		<i>misoprostol</i>		<i>diphenoxylate/atropine</i>	135
VIAFLEX		<i>dicloxacillin sodium</i>	34	<i>diphenoxylate</i>	135
DEXTROSE 5%/	158	<i>dicyclomine hcl</i>	132	<i>hydrochloride/atropine</i>	
LACTATED RINGERS		<i>dicyclomine</i>	132	<i>sulfate</i>	
DEXTROSE 5%/NACL	158	<i>hydrochloride</i>		DIPHThERIA/	156
0.33%		DIFFERIN	179	TETANUS TOXOIDS	
DEXTROSE 5%/NACL	158	DIFICID	33	ADSORBED PEDIATRIC	
0.225%		<i>diflorasone diacetate</i>	183	DIPROLENE	183
<i>dextrose 5%/sodium</i>	158	DIFLUCAN	24	<i>dipyridamole</i>	146
<i>chloride</i>		<i>diflunisal</i>	10	<i>disopyramide</i>	55
DEXTROSE 5%/	158	<i>difluprednate</i>	166	<i>phosphate</i>	
SODIUM CHLORIDE		<i>digox</i>	63	<i>disulfiram</i>	102
<i>dextrose 10%</i>	158, 164	<i>digoxin</i>	63	DITROPAN XL	140
DEXTROSE 10%/	158	<i>digoxin</i>	63	DIURIL	61
SODIUM CHLORIDE		<i>dihydroergotamine</i>	94	<i>divalproex sodium</i>	83
DEXTROSE 25%	164	<i>mesylate</i>		<i>divalproex sodium dr</i>	83
DEXTROSE 50%	164	DILANTIN	83	<i>divalproex sodium er</i>	83
DEXTROSE 70%	164	DILANTIN-125	83	DIVIGEL	120
DEXYCU	166			<i>dobutamine hcl</i>	63

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
DOBUTAMINE HCL/ D5W	63	<i>doxorubicin hcl</i>	37	DURACLON	10
DOBUTAMINE	63	<i>doxorubicin</i>	37,	DURAMORPH	15
HYDROCHLORIDE/ DEXTROSE		<i>hydrochloride</i>	38	DUREZOL	166
<i>docetaxel</i>	42	<i>doxy 100</i>	35	DURYSTA	168
DOCETAXEL	42	<i>doxycycline</i>	35,	<i>dutasteride</i>	138
<i>dofetilide</i>	55		187	<i>dutasteride/tamsulosin</i>	138
DOJOLVI	124	DOXYCYCLINE	187	<i>hydrochloride</i>	
<i>dolishale</i>	115	<i>doxycycline hyclate</i>	35	DXEVO 11-DAY	122
<i>donepezil hcl</i>	68	<i>doxycycline hyclate dr</i>	35	DYANAVEL XR	89
<i>donepezil</i>	69	<i>doxycycline</i>	35	DYCLOPRO	186
<i>hydrochloride</i>		<i>monohydrate</i>		DYMISTA	171
DOPAMINE/D5W	63	<i>doxylamine</i>	130	DYRENIUM	61
DOPAMINE	63	<i>succinate/pyridoxine</i>		DYSPORT	100
HYDROCHLORIDE		<i>hydrochloride</i>		<i>ec-naproxen</i>	10, 11
DOPAMINE	63	DRIZALMA	70,	<i>econazole nitrate</i>	180
HYDROCHLORIDE			71	EDARBI	54
DOPAMINE	63	<i>dronabinol</i>	130	EDARBYCLOR	53
HYDROCHLORIDE/ DEXTROSE		<i>droperidol</i>	68	EDECRIN	61
DOPTELET	144	<i>drospirenone/ethinyl</i>	115	EDLUAR	92
DORYX	35	<i>estradiol</i>		EDURANT	26
DORYX MPC	35	<i>drospirenone/ethinyl</i>	115	E.E.S.	33
<i>dorzolamide hcl/</i>	168	<i>estradiol/levomefolate</i>		<i>e.e.s. 400</i>	33
<i>timolol maleate</i>		<i>calcium</i>		<i>efavirenz</i>	26,
<i>dorzolamide</i>	168	DROXIA	144		28
<i>hydrochloride</i>		<i>droxidopa</i>	63	<i>efavirenz/</i>	28
<i>dorzolamide</i>	168	DUAKLIR PRESSAIR	171	<i>emtricitabine/tenofovir</i>	
<i>hydrochloride/timolol</i>		DUAVEE	120	<i>disoproxil fumarate</i>	
<i>maleate</i>		DUETACT	108	<i>efavirenz/lamivudine/</i>	28
<i>dotti</i>	120	DUET DHA 400	160	<i>tenofovir disoproxil</i>	
DOVATO	28	DUET DHA BALANCED	160	<i>fumarate</i>	
<i>doxazosin mesylate</i>	52	DUEXIS	10	<i>effer-k</i>	160
<i>doxepin hcl</i>	70	DULERA	177	EFFER-K	160
<i>doxepin hydrochloride</i>	70,	<i>duloxetine hcl</i>	71	EFFEXOR XR	71
	92	<i>duloxetine</i>	71	EFFIENT	146
DOXEPIN	187	<i>hydrochloride</i>		EFUDEX	187
HYDROCHLORIDE		DUOBRII	183	EGRIFTA SV	124
<i>doxercalciferol</i>	130	DUOPA	75	ELAPRASE	124
DOXIL	37	DUPIXENT	148,	ELELYSO	124
			149		

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
ELESTRIN	120	<i>enalapril maleate/</i>	51	EPIVIR	26,
<i>eletriptan</i>	94	<i>hydrochlorothiazide</i>			29
<i>hydrobromide</i>		ENBRACE HR	160	EPIVIR HBV	29
ELFABRIO	124	ENBREL	149	EPKINLY	44
ELIDEL	187	ENBREL MINI	149	<i>eplerenone</i>	52
ELIGARD	39	ENBREL SURECLICK	149	EPOGEN	143
<i>elinest</i>	115	ENDARI	144	<i>epoprostenol sodium</i>	65
ELIQUIS	141	<i>endocet</i>	15	EPRONTIA	84
ELIQUIS STARTER	141	ENGERIX-B	156	EPSOLAY	179
PACK		ENHERTU	44	EPZICOM	28
ELITEK	51	<i>enilloring</i>	115	EQUETRO	95
ELITE-OB	160	ENJAYMO	145	ERAXIS	24
<i>elixophyllin</i>	174	<i>enoxaparin sodium</i>	141	ERBITUX	44
ELLA	115	<i>enpresse-28</i>	115	<i>ergoloid mesylates</i>	69
ELLENC	38	<i>enskyce</i>	115	ERGOMAR	94
ELMIRON	139	ENSPRYNG	95	<i>ergotamine tartrate/</i>	94
ELREXFIO	44	ENSTILAR	183	<i>caffeine</i>	
<i>eluryng</i>	115	<i>entacapone</i>	75	<i>eribulin mesylate</i>	42
ELYXYB	94	ENTADFI	138	ERIVEDGE	44
EMEND	130	<i>entecavir</i>	29	ERLEADA	39
EMEND TRIPACK	130	ENTRESTO	53	<i>erlotinib hydrochloride</i>	44
EMFLAZA	122	ENTYVIO	149	ERMEZA	128
EMGALITY	94	<i>enulose</i>	134	<i>errin</i>	115
EMPAVELI	144	ENVARUSUS XR	155	ERTACZO	180
EMPLICITI	44	EOHILIA	135	<i>ertapenem</i>	21
EMSAM	71	EPANED	52	<i>ertapenem sodium</i>	21
<i>emtricitabine</i>	26,	EPCLUSA	29	<i>ery</i>	179
	28	EPIDIOLEX	84	ERYGEL	179
<i>emtricitabine/tenofovir</i>	28	EPIDUO	179	ERYPED 200	33
<i>disoproxil</i>		EPIDUO FORTE	179	ERYPED 400	33
<i>emtricitabine/tenofovir</i>	28	EPIFOAM	183	<i>ery-tab</i>	33
<i>disoproxil fumarate</i>		<i>epinastine hcl</i>	167	ERYTHROCIN	33
EMTRIVA	26	<i>epinephrine</i>	63,	LACTOBIONATE	
EMVERM	21		174	<i>erythrocine stearate</i>	33
<i>emzahh</i>	115	EPIPEN	174	<i>erythromycin</i>	33,
<i>enalaprilat i.v.</i>	52	EPIPEN-JR	174		165,
<i>enalapril maleate</i>	51,	<i>epitol</i>	84		179
	52			<i>erythromycin base</i>	33



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>erythromycin/benzoyl peroxide</i>	179	<i>etravirine</i>	26	FABIOR	179
<i>erythromycin dr</i>	33	EUCRISA	187	FABRAZYME	124
<i>erythromycin</i>	33	EULEXIN	39	<i>falmina</i>	115
<i>ethylsuccinate</i>		<i>euthyrox</i>	129	<i>famciclovir</i>	29
<i>erythromycin lactobionate</i>	33	EVAMIST	121	<i>famotidine</i>	133
<i>erythromycin stearate</i>	33	EVEKEO	89	<i>famotidine premixed</i>	133
ESBRIET	174	EVEKEO ODT	89	FANAPT	78
<i>escitalopram oxalate</i>	71	EVENITY	112	FANAPT TITRATION	78
<i>esgic</i>	10	<i>everolimus</i>	44, 155	PACK	
ESGIC	10	EVISTA	124	FARESTON	39
<i>esomeprazole magnesium</i>	137	EVKEEZA	57	FARXIGA	108
<i>esomeprazole sodium</i>	137	EVOCLIN	179	FASENRA	174
<i>estarylla</i>	115	EVOMELA	37	FASENRA PEN	174
<i>estazolam</i>	92	EVOTAZ	28	FASLODEX	39
ESTRACE	120	EVOXAC	189	<i>fayosim</i>	115
<i>estradiol</i>	120, 121	EVRYSDI	95	<i>febuxostat</i>	9
<i>estradiol/norethindrone acetate</i>	120	EXELDERM	180	<i>felbamate</i>	84
ESTRING	121	EXELON	69	FELBATOL	84
ESTROGEL	121	<i>exemestane</i>	39	FELDENE	11
<i>eszopiclone</i>	92	EXFORGE	53	<i>felodipine er</i>	60
<i>ethacrynate sodium</i>	61	EXFORGE HCT	53	FEMARA	39
<i>ethacrynic acid</i>	61	EXJADE	113	FEMRING	121
<i>ethambutol hydrochloride</i>	29	EXKIVITY	44	<i>femynor</i>	115
<i>ethosuximide</i>	84	EXONDYS 51	96	<i>fenofibrate</i>	56
<i>ethynodiol diacetate/ethinyl estradiol</i>	115	EXPAREL	19	FENOFIBRATE	56
<i>etodolac</i>	11	EXSERVAN	96	FENOFIBRIC ACID	56, 57
<i>etodolac er</i>	11	EXTAVIA	98	<i>fenofibric acid dr</i>	56
ETONOGESTREL/ETHINYL ESTRADIOL	115	EXTENCILLINE	35	FENOGLIDE	56
ETOPOPHOS	42	EXTINA	180	<i>fenoprofen calcium</i>	11
<i>etoposide</i>	42	EYLEA	169	FENOPROFEN	11
		EYLEA HD	169	CALCIUM	
		EYSUVIS	166	FENSOLVI	124
		EZALLOR SPRINKLE	56	<i>fentanyl</i>	13
		<i>ezetimibe</i>	57	<i>fentanyl citrate</i>	15
		<i>ezetimibe/simvastatin</i>	57	FENTANYL CITRATE	15
		FABHALTA	145	FENTORA	15
				FERRIPROX	113

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
FERRIPROX TWICE-A-DAY	113	FLOVENT DISKUS	176	<i>fluoxetine</i>	71
<i>fesoterodine fumarate</i>	140	FLOVENT HFA	176	<i>hydrochloride</i>	
<i>er</i>		<i>fluconazole</i>	24, 25	<i>fluphenazine decanoate</i>	78
FETROJA	32	<i>fluconazole in sodium chloride</i>	25	<i>fluphenazine hcl</i>	78
FETZIMA	71	<i>fluconazole/sodium chloride</i>	25	<i>fluphenazine hydrochloride</i>	78
FETZIMA TITRATION PACK	71	<i>fluconazole</i>	25	<i>flurandrenolide</i>	184
<i>fexmid</i>	100	<i>flucytosine</i>	25	<i>flurazepam hcl</i>	92
FIASP	105	<i>fludarabine phosphate</i>	38	<i>flurazepam hydrochloride</i>	92
FIASP FLEXTOUCH	105	<i>fludrocortisone acetate</i>	122	<i>flurbiprofen</i>	11
FIASP PENFILL	105	<i>flumazenil</i>	96	<i>flurbiprofen sodium</i>	166
FILSPARI	139	<i>flunisolide</i>	175	FLUTICASONE	177
FILSUVEZ	189	<i>fluocinolone acetonide</i>	183, 184	FUROATE/ VILANTEROL ELLIPTA	
FINACEA	187	<i>fluocinolone acetonide</i>	183	<i>fluticasone propionate</i>	175, 184
<i>finasteride</i>	138	<i>fluocinolone acetonide body</i>	170	FLUTICASONE	176
<i>ingolimod hydrochloride</i>	98	<i>fluocinolone acetonide otic oil</i>	183	PROPIONATE DISKUS	
FINTEPLA	84	<i>fluocinolone acetonide scalp</i>	184	FLUTICASONE	176
<i>finzala</i>	116	<i>fluocinonide</i>	184	PROPIONATE HFA	
FIORICET	10	<i>fluocinonide emulsified</i>	184	<i>fluticasone propionate/ salmeterol</i>	177
FIORICET/CODEINE	15	<i>base</i>	160	FLUTICASONE	177
FIRAZYR	145	<i>fluoride</i>	189	PROPIONATE/ SALMETEROL	
FIRDAPSE	96	<i>fluoridex</i>	189	<i>fluticasone propionate/ salmeterol diskus</i>	177
FIRMAGON	39	<i>fluoridex sensitivity</i>	189	<i>fluticasone propionate/ salmeterol hfa</i>	177
FIRVANQ	21	<i>relief/sls free</i>	189	<i>fluvastatin</i>	56
<i>flac otic oil</i>	170	<i>fluorimax 5000</i>	189	<i>fluvastatin sodium er</i>	56
FLAGYL	21	<i>fluorimax 5000 sensitive</i>	189	<i>fluvoxamine maleate</i>	68
FLAREX	166	<i>fluoritab</i>	160	<i>fluvoxamine maleate er</i>	68
<i>flavoxate hcl</i>	139	FLUOROMETHOLONE	166	FML FORTE	166
FLEBOGAMMA DIF	153	<i>fluorouracil</i>	38, 187	FML LIQUIFILM	166
<i>flecainide acetate</i>	55	FLUOROURACIL	187	FOCALIN	90
FLECTOR	187	<i>fluoxetine dr</i>	71	FOCALIN XR	90
FLEQSUVY	100				
FLOLAN	65				
FLOLIPID	56				
FLOMAX	138				
FLORIVA	160				



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
FOCINVEZ	130	<i>gabapentin</i>	84,	<i>gengraf</i>	155,
FOLIVANE-OB	160		96		156
FOLOTYN	38	GABITRIL	84	GENOTROPIN	124,
<i>fomepizole</i>	124	GABLOFEN	100		125
<i>fondaparinux sodium</i>	141	GALAFOLD	124	GENOTROPIN	124,
FORFIVO XL	71	<i>galantamine</i>	69	MINIQUICK	125
<i>formoterol fumarate</i>	173	<i>hydrobromide</i>		<i>gentamicin sulfate</i>	21,
FORTEO	112	<i>galantamine</i>	69		165,
FOSAMAX	112	<i>hydrobromide er</i>			180
FOSAMAX PLUS D	112	GAMASTAN	153	<i>gentamicin sulfate</i>	21
<i>fosamprenavir calcium</i>	26	GAMMAGARD LIQUID	153	<i>pediatric</i>	
<i>fosaprepitant</i>	130	GAMMAGARD S/D	153	<i>gentamicin sulfate/</i>	21
<i>dimeglumine</i>		GAMMAKED	153	<i>sodium chloride</i>	
<i>foscarnet sodium</i>	29	GAMMAPLEX	153	GENVOYA	28
<i>fosfomycin</i>	21	GAMUNEX-C	153	GEODON	78
<i>tromethamine</i>		<i>ganciclovir</i>	30	GILENYA	98
<i>fosinopril sodium</i>	51,	GARDASIL 9	156	GILOTRIF	44
	52	GASTROCROM	135	GIMOTI	130
<i>fosinopril sodium/</i>	51	<i>gatifloxacin</i>	165	GIVLAARI	145
<i>hydrochlorothiazide</i>		GATTEX	135	GLASSIA	174
<i>fosphenytoin sodium</i>	84	GAUZE PADS	105	<i>glatiramer acetate</i>	98
FOSRENOL	128	<i>gavilyte-c</i>	134	<i>glatopa</i>	98
FOTIVDA	44	<i>gavilyte-g</i>	134	GLEEVEC	44,
FRAGMIN	141,	GAVRETO	44		45
	142	GAZYVA	44	GLEOSTINE	37
FRAICHE 5000	189	<i>gefitinib</i>	44	<i>glimepiride</i>	108
FROVA	94	GELNIQUE	140	<i>glipizide</i>	108
<i>frovatriptan succinate</i>	94	<i>gemcitabine hcl</i>	38	<i>glipizide er</i>	108
FRUZAQLA	44	<i>gemcitabine</i>	38	<i>glipizide/metformin</i>	108
FULPHILA	143	<i>hydrochloride</i>		<i>hydrochloride</i>	
<i>fulvestrant</i>	39	GEMCITABINE	38	<i>glipizide xl</i>	108
FUROSCIX	61	HYDROCHLORIDE		GLOPERBA	9
<i>furosemide</i>	61	<i>gemfibrozil</i>	56	GLUCAGEN HYPOKIT	123
FUZEON	26	<i>gemmily</i>	116	GLUCAGON	123
FYARRO	44	GEMTESA	140	EMERGENCY KIT FOR	
<i>fyavolv</i>	121	GENERESS FE	116	LOW BLOOD SUGAR	
FYCOMPA	84	<i>generlac</i>	134	GLUCOTROL XL	108,
FYLNETRA	143				109
				GLUMETZA	109

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>glyburide</i>	109	<i>hailey fe 1/20</i>	116	HETLIOZ LQ	92
<i>glyburide/metformin hydrochloride</i>	109	HALAVEN	42	HEXATRIONE	122
<i>glyburide micronized</i>	109	<i>halcinonide</i>	184	HIBERIX	157
GLYCATE	132	HALCION	92	<i>hidex 6-day</i>	122
<i>glycopyrrolate</i>	132	HALDOL DECANOATE	78	HIPREX	21
GLYCOPYRROLATE	132		100	HIZENTRA	153
<i>glydo</i>	186	<i>halobetasol propionate</i>	184	HORIZANT	96
GLYNASE	109	HALOBETASOL	184	HULIO	149
GLYXAMBI	109	PROPIONATE		HUMALOG	105
GOCOVRI	75	<i>haloette</i>	116	HUMALOG JUNIOR	105
GOLYTELY	134	HALOG	184	KWIKPEN	
GONITRO	64	<i>haloperidol</i>	78	HUMALOG KWIKPEN	105
GOPRELTO	174	<i>haloperidol decanoate</i>	78	HUMALOG MIX 50/50	105
GRALISE	96	<i>haloperidol lactate</i>	78	KWIKPEN	
<i>granisetron hcl</i>	130	HARVONI	30	HUMALOG MIX 75/25	105
<i>granisetron hydrochloride</i>	131	HAVRIX	157	HUMALOG MIX 75/25	105
GRANIX	143	<i>heather</i>	116	KWIKPEN	
GRASTEK	154	HECTOROL	130	HUMALOG TEMPO	105
<i>griseofulvin microsize</i>	25	HELIDAC THERAPY	135	PEN	
<i>griseofulvin ultramicrosize</i>	25	HEMADY	122	HUMATIN	21
<i>guanfacine hydrochloride</i>	63,	HEMANGEOL	58	HUMATROPE	125
<i>guanfacine hydrochloride er</i>	90	HEPAGAM B	153	HUMIRA	149
GVOKE HYPOPEN	123	<i>heparin sodium</i>	142	HUMIRA PEN	149
GVOKE KIT	123	HEPARIN SODIUM	142	HUMIRA PEN-	149
GVOKE PFS	123	HEPARIN SODIUM/	142	PEDIATRIC UC	
GYNAZOLE-1	141	D5W		STARTER PACK	
HADLIMA	149	HEPARIN SODIUM/	142	HUMULIN 70/30	105
HADLIMA	149	DEXTROSE		HUMULIN 70/30	105
PUSHTOUCH		HEPARIN SODIUM/	142	KWIKPEN	
HAEGARDA	145	NACL 0.45%		HUMULIN N	105
<i>hailey 1.5/30</i>	116	HEPARIN SODIUM/	142	HUMULIN N KWIKPEN	105
<i>hailey 24 fe</i>	116	SODIUM CHLORIDE		HUMULIN R	105
<i>hailey fe 1.5/30</i>	116	HEPATAMINE	164	HUMULIN R U-500	105
		HEPLISAV-B	157	(CONCENTRATED)	
		HERCEPTIN	45	HUMULIN R U-500	105
		HERCEPTIN HYLECTA	45	KWIKPEN	
		HERZUMA	45	HYCAMTIN	41
		HETLIOZ	92	<i>hydralazine hcl</i>	63

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>hydralazine</i>	63	HYDROXYM	184	<i>icosapent ethyl</i>	57
<i>hydrochloride</i>		<i>hydroxyprogesterone</i>	40,	IDACIO	150
HYDREA	41	<i>caproate</i>	128	IDACIO STARTER	150
<i>hydrochlorothiazide</i>	62	<i>hydroxyurea</i>	41	PACKAGE FOR	
<i>hydrocodone/</i>	16	<i>hydroxyzine hcl</i>	172	CROHNS DISEASE	
<i>acetaminophen</i>		<i>hydroxyzine</i>	172	IDACIO STARTER	150
<i>hydrocodone</i>	16	<i>hydrochloride</i>		PACKAGE FOR	
<i>bitartrate/</i>		<i>hydroxyzine pamoate</i>	172	PLAQUE PSORIASIS	
<i>acetaminophen</i>		HYFTOR	187	IDAMYCIN PFS	38
<i>hydrocodone bitartrate</i>	13	<i>hyoscyamine sulfate</i>	132	<i>idarubicin hcl</i>	38
<i>er</i>		HYPERHEP B	153	IDHIFA	45
<i>hydrocodone/</i>	16	<i>hyperlyte-cr</i>	158	IFEX	37
<i>ibuprofen</i>		HYPERRAB	153	<i>ifosfamide</i>	37
<i>hydrocortisone</i>	122,	HYPERRHO S/D	153	IFOSFAMIDE	37
	133,	HYPERRHO S/D MINI-	153	IGALMI	92
	184	DOSE		ILARIS	154
<i>hydrocortisone</i>	187	HYPERTET	153	ILEVRO	166
<i>acetate/pramoxine</i>		HYQVIA	154	ILUMYA	150
<i>hydrocortisone/acetic</i>	170	HYRIMOZ	150	<i>imatinib mesylate</i>	45
<i>acid</i>		HYRIMOZ CROHN'S	149	IMBRUVICA	45
<i>hydrocortisone</i>	184	DISEASE AND		IMDELLTRA	45
<i>butyrate</i>		ULCERATIVE COLITIS		IMFINZI	45
<i>hydrocortisone</i>	184	HYRIMOZ PEDIATRIC	149,	<i>imipenem/cilastatin</i>	21
<i>butyrate (lipophilic)</i>		CROHN'S DISEASE	150	<i>imipramine hcl</i>	72
<i>hydrocortisone</i>	187	HYRIMOZ PLAQUE	150	<i>imipramine</i>	72
<i>perianal</i>		PSORIASIS		<i>hydrochloride</i>	
<i>hydrocortisone</i>	184	HYSINGLA ER	13	<i>imipramine pamoate</i>	72
<i>valerate</i>		HYZAAR	53	<i>imiquimod</i>	187
<i>hydromorphone hcl</i>	16	<i>ibandronate sodium</i>	112,	IMIQUIMOD PUMP	187
HYDROMORPHONE	16		113	IMITREX	94
HCL		IBRANCE	45	IMITREX STATDOSE	94
<i>hydromorphone hcl er</i>	13	IBSRELA	135	REFILL	
<i>hydromorphone</i>	16	<i>ibu</i>	11	IMITREX STATDOSE	94
<i>hydrochloride</i>		<i>ibuprofen</i>	11	SYSTEM	
HYDROMORPHONE	16	<i>ibuprofen/famotidine</i>	11	IMJUDO	45
HYDROCHLORIDE		<i>icatibant acetate</i>	145	IMLYGIC	41
<i>hydromorphone</i>	13	<i>iclevia</i>	116	IMOGAM RABIES-HT	154
<i>hydrochloride er</i>		ICLUSIG	45		
<i>hydroxychloroquine</i>	152				
<i>sulfate</i>					

Drug name	Page	Drug name	Page	Drug name	Page
IMOVAX RABIES (H.D.C.V.)	157	INSULIN ASPART	105	INVOKANA	109
IMPAVIDO	21	PROTAMINE/INSULIN ASPART		IOPIDINE	168
IMPEKLO	184	INSULIN ASPART	105	IPOL INACTIVATED IPV	157
IMURAN	156	PROTAMINE/INSULIN ASPART FLEXPEN		<i>ipratropium bromide</i>	171
IMVEXXY	121	INSULIN DEGLUDEC	105	<i>ipratropium bromide/ albuterol sulfaten</i>	171
MAINTENANCE PACK		INSULIN DEGLUDEC	105	<i>irbesartan</i>	53, 54
IMVEXXY STARTER PACK	121	INSULIN DEGLUDEC FLEXTOUCH		<i>irbesartan/ hydrochlorothiazide</i>	53
INBRIJA	75	INSULIN GLARGINE	105	IRESSA	45
<i>incassia</i>	116	INSULIN GLARGINE MAX SOLOSTAR	105	<i>irinotecan</i>	41
INCRELEX	125	INSULIN GLARGINE SOLOSTAR	105	<i>irinotecan hydrochloride</i>	41
INCRUSE ELLIPTA	171	INSULIN GLARGINE-YFGN	105	ISENTRESS	26
<i>indapamide</i>	62	INSULIN LISPRO	105, 106	ISENTRESS HD	26
INDERAL LA	58	INSULIN LISPRO JUNIOR KWIKPEN	105	<i>isibloom</i>	116
INDERAL XL	58	INSULIN LISPRO KWIKPEN	105	ISOLYTE-P/DEXTROSE 5%	158
<i>indocin</i>	11	INSULIN LISPRO	105	ISOLYTE-S	158
INDOCIN	11	JUNIOR KWIKPEN	105	ISOLYTE-S PH 7.4	158
<i>indomethacin</i>	11	INSULIN LISPRO	105	<i>isoniazid</i>	29
<i>indomethacin er</i>	11	INSULIN LISPRO KWIKPEN	105	ISOPTO ATROPINE	169
INFANRIX	157	INSULIN LISPRO	106	ISORDIL TITRADOSE	64
INFLECTRA	150	PROTAMINE/INSULIN LISPRO KWIKPEN		<i>isosorbide dinitrate</i>	63, 64
INFLIXIMAB	150	INTELENCE	26	<i>isosorbide dinitrate/ hydralazine hydrochloride</i>	63
INFUGEM	38	INTRALIPID	164	<i>isosorbide mononitrate</i>	64
INFUMORPH 200	16	INTRAROSA	139	<i>isosorbide mononitrate er</i>	64
INFUMORPH 500	16	<i>introvale</i>	116	<i>isotonic gentamicin</i>	21
INGREZZA	96	INTUNIV	90	<i>isotretinoin</i>	179
INLYTA	45	INVANZ	21	<i>isradipine</i>	60
INNOPRAN XL	58	INVEGA	79	ISTALOL	168
INPEFA	63	INVEGA HAFYERA	78	ISTODAX	45
INQOVI	38	INVEGA SUSTENNA	78	ISTURISA	125
INREBIC	45	INVEGA TRINZA	78, 79		
INSPIRA	52	INVELTYS	167		
INSULIN ASPART	105	INVOKAMET	109		
INSULIN ASPART FLEXPEN	105	INVOKAMET XR	109		
INSULIN ASPART PENFILL	105				

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>itraconazole</i>	25	<i>junel 1/20</i>	116	<i>kelnor 1/35</i>	116
<i>ivabradine</i>	63	<i>junel fe 1.5/30</i>	116	<i>kelnor 1/50</i>	116
<i>hydrochloride</i>		<i>junel fe 1/20</i>	116	KEMOPLAT	37
<i>ivermectin</i>	21, 187	<i>junel fe 24</i>	116	KENALOG	122, 184
IXCHIQ	157	<i>just right 5000</i>	190	KENALOG-10	122
IXEMPRA KIT	42	JUXTAPID	57	KENALOG-40	122
IXIARO	157	JWILFIN	41	KENALOG-80	122
IYUZEH	168	JYLAMVO	152	KEPIVANCE	51
IZERVAY	169	JYNARQUE	125	KEPPRA	84
JADENU	113	JYNNEOS	157	KEPPRA XR	84
<i>jaimiess</i>	116	KABIVEN	164	KERENDIA	52
JAKAFI	45	KADCYLA	45	KESIMPTA	98
<i>jantoven</i>	142	<i>kaitlib fe</i>	116	<i>ketoconazole</i>	25, 180, 181, 182
JANUMET	109	KALBITOR	145	<i>ketodan</i>	181
JANUMET XR	109	KALETRA	28	<i>ketoprofen</i>	11
JANUVIA	109	<i>kalliga</i>	116	<i>ketoprofen er</i>	11
JARDIANCE	109	KALYDECO	174	<i>ketorolac</i>	11, 167
<i>jasmiel</i>	116	KANJINTI	45	<i>tromethamine</i>	167
JATENZO	103	KANUMA	125	KEVEYIS	62
<i>javygtor</i>	125	KAPSPARGO	58	KEVZARA	150
JAYPIRCA	45	SPRINKLE		KEYTRUDA	46
JEMPERLI	45	KAPVAY	90	KHAPZORY	51
<i>jencycla</i>	116	<i>kariva</i>	116	KIMMTRAK	46
JENTADUETO	109, 110	KATERZIA	60	KIMYRSA	21
JENTADUETO XR	109, 110	KAZANO	110	KINERET	150
JEVTANA	42	KCL 0.3%/D5W/NACL	158	KINRIX	157
<i>jinteli</i>	121	0.9%		KIONEX	113
JOENJA	154	KCL 0.3%/D5W/NACL	158	<i>kiprofen</i>	11
JOLESSA	116	0.45%		KISQALI	46
JORNAY PM	90	KCL 0.15%/D5W/ NACL 0.2%	158	KISQALI FEMARA 200	41
<i>joyeaux</i>	116	KCL 0.15%/D5W/ NACL 0.9%	158	DOSE	
JUBLIA	180	KCL 0.15%/D5W/ NACL 0.45%	158	KISQALI FEMARA 400	41
<i>juleber</i>	116	KCL 0.075%/D5W/ NACL 0.45%	158	DOSE	
JULUCA	28	KEDRAB	154		
<i>junel 1.5/30</i>	116				

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
KISQALI FEMARA 600 DOSE	41	LABETALOL HYDROCHLORIDE/ SODIUM CHLORIDE	58	<i>lamotrigine starter kit/ orange</i>	85
KITABIS PAK	21	<i>lacosamide</i>	84	LAMPIT	21
KLARON	179	LACRISERT	169	LAMZEDE	125
<i>klayesta</i>	181	<i>lactated ringers</i>	158, 189	LANOXIN	63
KLISYRI	187	LACTATED RINGERS IRRIGATION	189	LANOXIN PEDIATRIC	63
KLONOPIN	84	<i>lactulose</i>	134	LANREOTIDE ACETATE	125
<i>klor-con</i>	160, 161	LACTULOSE	134	<i>lansoprazole</i>	137
<i>klor-con 8</i>	160	LAGEVRIO	30	<i>lansoprazole/ amoxicillin/ clarithromycin</i>	135
<i>klor-con 10</i>	160	LAMICTAL	85	<i>lanthanum carbonate</i>	128
<i>klor-con m10</i>	160	LAMICTAL ODT	85	LANTUS	106
<i>klor-con m15</i>	161	LAMICTAL STARTER/ NOT TAKING	85	LANTUS SOLOSTAR	106
<i>klor-con m20</i>	161	CARBAMAZEPINE	85	<i>lapatinib ditosylate</i>	46
KLOXXADO	102	LAMICTAL	85	<i>larin 1.5/30</i>	116
KOMBIGLYZE XR	110	STARTER/TAKING	85	<i>larin 1/20</i>	116
KONVOMEPEP	137	CARBAMAZEPINE/ NOT TAKING	85	<i>larin 24 fe</i>	116
KORLYM	125	VALPROATE	85	<i>larin fe 1.5/30</i>	116
KOSELUGO	46	LAMICTAL STARTER/ TAKING VALPROATE	85	<i>larin fe 1/20</i>	116
<i>kourzeq</i>	190	LAMICTAL XR	85	LASIX	62
KRAZATI	46	<i>lamivudine</i>	26, 30	<i>latanoprost</i>	168
KRINTAFEL	26	<i>lamivudine/zidovudine</i>	28	LATUDA	79
KRISTALOSE	134	<i>lamotrigine</i>	85	LAYOLIS FE	116
KRYSTEXXA	9	<i>lamotrigine er</i>	85	LEDIPASVIR/ SOFOSBUVIR	30
K-TAB	160	<i>lamotrigine odt</i>	85	LEENA	117
<i>kurvelo</i>	116	<i>lamotrigine odt titration</i>	85	<i>leflunomide</i>	152
KUVAN	125	<i>lamotrigine odt titration kit</i>	85	LEMTRADA	98
KYLEENA	116	<i>lamotrigine starter kit/ blue</i>	85	<i>lenalidomide</i>	40
KYPROLIS	46	<i>lamotrigine starter kit/ green</i>	85	LENVIMA	46
<i>labetalol hydrochloride</i>	58, 59			LENVIMA 8 MG DAILY DOSE	46
LABETALOL HYDROCHLORIDE	58			LENVIMA 10 MG DAILY DOSE	46
LABETALOL HYDROCHLORIDE/ DEXTROSE	58			LENVIMA 14 MG DAILY DOSE	46



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
LENVIMA 18 MG DAILY DOSE	46	<i>levonorgestrel and ethinyl estradiol</i>	117	<i>lidocan</i>	186
LENVIMA 20 MG DAILY DOSE	46	<i>levonorgestrel/ethinyl estradiol</i>	117	LIDODERM	186
LENVIMA 24 MG DAILY DOSE	46	<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	117	LIDOREX	186
LEQVIO	57	<i>levora</i>	117	LILETTA	117
LESCOL XL	56	<i>levorphanol tartrate</i>	13	LINCOCIN	21
<i>lessina</i>	117	<i>levo-t</i>	129	<i>lincomycin hcl</i>	21
LETAIRIS	65	<i>levothyroxine sodium</i>	129	<i>lindane</i>	189
<i>letrozole</i>	40	LEVOTHYROXINE SODIUM	129	<i>linezolid</i>	22
<i>leucovorin calcium</i>	51	<i>levoxyl</i>	129	LINEZOLID	22
LEUKERAN	37	LEVSIN	132	LINZESS	135
LEUKINE	143	LEVSIN/SL	132	<i>liothyronine sodium</i>	129
<i>leuprolide acetate</i>	40	LEVULAN KERASTICK	187	LIPITOR	56
LEUPROLIDE ACETATE	40	LEXAPRO	72	LIPOFEN	56
<i>levalbuterol</i>	173	LEXETTE	184	LIQREV	65
<i>levalbuterol hcl</i>	173	LEXIVA	26	<i>lisdexamphetamine dimesylate</i>	90
LEVALBUTEROL TARTRATE HFA	173	LIALDA	133	<i>lisinopril</i>	51, 52
LEVAMLODIPINE	60	LIBERVANT	85	<i>lisinopril/ hydrochlorothiazide</i>	51
LEVEMIR	106	LIBRAX	133	LITFULO	150
LEVEMIR FLEXPEN	106	LIBTAYO	46	LITHIUM	96
LEVEMIR FLEXTOUCH	106	LICART	187	<i>lithium carbonate</i>	96
<i>levetiracetam</i>	85	<i>lidocaine</i>	186	<i>lithium carbonate er</i>	96
<i>levetiracetam er</i>	85	<i>lidocaine/epinephrine</i>	19	LITHOBID	96
<i>levetiracetam/sodium chloride</i>	85	<i>lidocaine hcl</i>	19, 55, 186, 190	LITHOSTAT	139
<i>levobunolol hcl</i>	168	LIDOCAINE HCL	55	LIVALO	56
<i>levocarnitine</i>	125	LIDOCAINE HCL IN D5W	55	LIVMARLI	135
LEVOCARNITINE	125	<i>lidocaine hydrochloride</i>	19, 186	LIVTENCITY	30
<i>levocetirizine dihydrochloride</i>	172	<i>lidocaine hydrochloride viscous</i>	190	LOCOID	184
<i>levofloxacin</i>	34, 165	<i>lidocaine/prilocaine</i>	186	LOCOID LIPOCREAM	185
<i>levofloxacin in d5w</i>	34			LODINE	11
<i>levoleucovorin calcium</i>	51			LODOCO	63
<i>levonest</i>	117			LODOSYN	75
				<i>loestrin 1.5/30-21</i>	117
				<i>loestrin 1/20-21</i>	117
				<i>loestrin fe 1.5/30</i>	117
				<i>loestrin fe 1/20</i>	117

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>lofena</i>	11	LUCEMYRA	102	<i>mafenide acetate</i>	180
<i>lojaimiess</i>	117	LUCENTIS	169	<i>magnesium sulfate</i>	159
LOKELMA	113, 114	LULICONAZOLE	181	MAGNESIUM SULFATE	159
LO LOESTRIN FE	117	LUMAKRAS	46	<i>magnesium sulfate in</i>	158
LOMOTIL	135	LUMIGAN	168	<i>d5w</i>	
LONSURF	38	LUMIZYME	125	MAKENA	128
<i>loperamide hcl</i>	135	LUMRYZ	101	MALARONE	26
LOPID	56	LUNESTA	93	<i>malathion</i>	189
<i>lopinavir/ritonavir</i>	28	LUNSUMIO	46	<i>mannitol</i>	62
LOPRESSOR	59	LUPKYNIS	156	MANNITOL	62
LOPROX	181	LUPRON DEPOT	40	<i>maraviroc</i>	26
LOQTORZI	46	(1-MONTH)		MARCAINE	19
<i>lorazepam</i>	68	LUPRON DEPOT	40	MARCAINE/ EPINEPHRINE	19
<i>lorazepam intensol</i>	68	(3-MONTH)		MARGENZA	46
LORBRENA	46	LUPRON DEPOT	40	MARINOL	131
LOREEV XR	68	(4-MONTH)		<i>marlissa</i>	117
<i>loryna</i>	117	LUPRON DEPOT	40	MARPLAN	72
<i>lorzone</i>	100	(6-MONTH)		MATULANE	41
LORZONE	100	LUPRON DEPOT-PED	125	<i>matzim la</i>	60
<i>losartan potassium</i>	54	<i>lurasidone</i>	79	MAVENCLAD	98
<i>losartan potassium/ hydrochlorothiazide</i>	53	<i>hydrochloride</i>		MAVYRET	30
LOTEMAX	167	<i>lutra</i>	117	MAXALT	94
LOTEMAX SM	167	LUZU	181	MAXALT-MLT	94
LOTENSIN	51, 52	LYBALVI	79	MAXIDEX	167
LOTENSIN HCT	51	<i>lyleq</i>	117	MAXITROL	164
<i>loteprednol etabonate</i>	167	<i>lyllana</i>	121	MAYZENT	98, 99
LOTREL	51	LYNPARZA	46	<i>meclizine hcl</i>	131
LOTRONEX	136	LYRICA	85	<i>meclizine</i>	131
<i>lovastatin</i>	56	LYRICA CR	96	<i>hydrochloride</i>	
LOVAZA	57	LYSODREN	40	<i>meclofenamate</i>	11
LOVENOX	142	LYTGOBI	46	<i>sodium</i>	
<i>low-ogestrel</i>	117	LYUMJEV	106	MEDROL	122
<i>loxapine</i>	79	LYUMJEV KWIKPEN	106	MEDROL DOSEPAK	122
<i>lo-zumandimine</i>	117	LYUMJEV TEMPO PEN	106	<i>medroxyprogesterone</i>	117, 128
LUBIPROSTONE	136	LYVISPAH	100	<i>acetate</i>	
		<i>lyza</i>	117	<i>mefenamic acid</i>	12
		MACROBID	22		
		MACRODANTIN	22		



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>mefloquine hcl</i>	26	<i>metaxalone</i>	100	<i>methylphenidate</i>	90
<i>megestrol acetate</i>	40, 128	<i>metformin</i>	110	<i>hydrochloride cd</i>	
MEKINIST	47	<i>hydrochloride</i>		<i>methylphenidate</i>	90,
MEKTOVI	47	METFORMIN	110	<i>hydrochloride er</i>	91
<i>meloxicam</i>	12	HYDROCHLORIDE		<i>methylphenidate</i>	90
<i>melphalan</i>	37	<i>metformin</i>	110	<i>transdermal</i>	
<i>melphalan</i>	37	<i>hydrochloride er</i>		<i>methylprednisolone</i>	122
<i>hydrochloride</i>		<i>methadone hcl</i>	13	<i>methylprednisolone</i>	122
<i>memantine hcl</i>	69	METHADONE HCL	13	<i>acetate</i>	
<i>memantine</i>	69	METHADOSE	13	<i>methylprednisolone</i>	122
<i>hydrochloride</i>		METHADOSE SUGAR-	13	<i>sodium succinate</i>	
<i>memantine</i>	69	FREE		<i>methyltestosterone</i>	103
<i>hydrochloride er</i>		<i>methamphetamine hcl</i>	90	<i>metoclopramide hcl</i>	131
MENACTRA	157	<i>methazolamide</i>	62	<i>metoclopramide</i>	131
<i>me/naphos/mb/hyo 1</i>	22	<i>methenamine</i>	22	<i>hydrochloride</i>	
MENEST	121	<i>hippurate</i>		<i>metoclopramide odt</i>	131
MENOSTAR	121	<i>methenamine</i>	22	<i>metolazone</i>	62
MENQUADFI	157	<i>mandelate</i>		<i>metoprolol/</i>	58
MENTAX	181	<i>methergine</i>	125	<i>hydrochlorothiazide</i>	
MENVEO	157	<i>methimazole</i>	129	<i>metoprolol succinate</i>	59
<i>mepерidine hcl</i>	16	METHITEST	103	<i>er</i>	
<i>meprobamate</i>	68	<i>methocarbamol</i>	100, 101	<i>metoprolol tartrate</i>	59
MEPRON	22	<i>methotrexate</i>	38, 39, 152	METROCREAM	187
MEPSEVII	125	<i>methotrexate sodium</i>	38, 39, 152	METROGEL	187
<i>mercaptopurine</i>	38	<i>methoxsalen</i>	181	METROLOTION	187
<i>meropenem</i>	22	<i>methscopolamine</i>	133	<i>metronidazole</i>	22, 141, 187
MEROPENEM/ SODIUM CHLORIDE	22	<i>bromide</i>		<i>metyrosine</i>	63
<i>merzee</i>	117	<i>methsuximide</i>	85	<i>mexiletine hcl</i>	55
<i>mesalamine</i>	133	<i>methylergonovine</i>	125	MIACALCIN	113
<i>mesalamine dr</i>	134	<i>maleate</i>		<i>mibelas 24 fe</i>	117
<i>mesalamine er</i>	134	METHYLIN	90	<i>micafungin</i>	25
<i>mesna</i>	51	<i>methylphenidate</i>	91	MICAFUNGIN/ SODIUM CHLORIDE	25
MESNEX	51	<i>hydrochloride</i>		MICARDIS	53, 54
MESTINON	96			MICARDIS HCT	53
MESTINON TIMESPAN	96			<i>miconazole 3</i>	141
METADATE CD	90				

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
MICONAZOLE	181	<i>mirabegron er</i>	140	<i>moxifloxacin</i>	34
NITRATE/ZINC OXIDE/ WHITE PETROLATUM		MIRAPEX ER	75	<i>hydrochloride/sodium</i>	
MICRHOGAM ULTRA- FILTERED PLUS	154	MIRCETTE	117	<i>hydrochloride</i>	
MICROGESTIN 1.5/30	117	MIRENA	117	MOZOBIL	143
MICROGESTIN 1/20	117	<i>mirtazapine</i>	72	MS CONTIN	14
<i>microgestin 24 fe</i>	117	<i>mirtazapine odt</i>	72	MULPLETA	145
MICROGESTIN FE	117	MIRVASO	187	MULTAQ	55
1.5/30		<i>misoprostol</i>	136	<i>multiple electrolytes</i>	159
MICROGESTIN FE 1/20	117	MITIGARE	9	<i>multi-vitamin</i>	161
<i>midazolam hcl</i>	93	<i>mitigo</i>	16	<i>multivitamin/fluoride</i>	161
<i>midazolam</i>	93	<i>mitomycin</i>	38	<i>multi-vitamin/fluoride/</i>	161
<i>hydrochloride</i>		<i>mitoxantrone hcl</i>	41	<i>iron</i>	
<i>midodrine hcl</i>	63	M-M-R II	157	<i>mupirocin</i>	180
MIEBO	169	M-NATAL PLUS	161	<i>mutamycin</i>	38
<i>mifepristone</i>	125	<i>modafinil</i>	101	MVASI	47
<i>migergot</i>	94	<i>moexipril hcl</i>	52	MYALEPT	125
<i>miglitol</i>	110	<i>molindone</i>	79	MYAMBUTOL	29
<i>miglustat</i>	125	<i>hydrochloride</i>		<i>mycamine</i>	25
MIGRANAL	94	<i>mometasone furoate</i>	175, 185	MYCAMINE	25
<i>mili</i>	117	<i>mondoxylene nl</i>	36	MYCAPSSA	125
<i>millipred</i>	122	MONJUVI	47	MYCOBUTIN	29
<i>milrinone lactate</i>	63, 64	<i>mono-lynyah</i>	117	<i>mycophenolate mofetil</i>	156
<i>milrinone lactate in</i>	64	<i>montelukast sodium</i>	173	<i>mycophenolic acid dr</i>	156
<i>dextrose</i>		<i>morphine sulfate</i>	16, 17	MYDAYIS	91
<i>mimvey</i>	121	MORPHINE SULFATE	16	MYFEMBREE	125
MINASTRIN 24 FE	117	<i>morphine sulfate er</i>	13, 14	MYFORTIC	156
MINIVELLE	121	MORPHINE SULFATE/ SODIUM CHLORIDE	14	MYHIBBIN	156
MINOCIN	35	MOTEGRITY	136	MYLOTARG	47
<i>minocycline hcl</i>	36	MOTOFEN	136	MYOBLOC	101
<i>minocycline</i>	36	MOTPOLY XR	85	MYRBETRIQ	140
<i>hydrochloride</i>		MOUNJARO	110	MYSOLINE	85
<i>minocycline</i>	36	MOVANTIK	136	MYTESI	136
<i>hydrochloride er</i>		MOVIPREP	134	MYXREDLIN	106
MINOLIRA	36	<i>moxifloxacin</i>	34,	NABI-HB	154
<i>minoxidil</i>	64	<i>hydrochloride</i>	165	<i>nabumetone</i>	12
				<i>nadolol</i>	59
				NAFCILLIN	35
				<i>nafcillin sodium</i>	35

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>naftifine hcl</i>	181	NATROBA	189	NESTABS ONE	161
<i>naftifine hydrochloride</i>	181	NAYZILAM	86	<i>neuac</i>	179
NAFTIN	181	<i>nebivolol</i>	59	NEULASTA	143
NAGLAZYME	125	<i>hydrochloride</i>		NEULASTA ONPRO KIT	143
<i>nalbuphine hcl</i>	17	NEBUPENT	22	NEUPOGEN	143
NALFON	12	<i>necon 0.5/35-28</i>	118	NEUPRO	75
<i>nalocet</i>	17	<i>nefazodone</i>	72	NEURONTIN	86
<i>naloxone hcl</i>	102	<i>hydrochloride</i>		NEVANAC	167
<i>naloxone</i>	102,	<i>nelarabine</i>	39	<i>nevirapine</i>	26,
<i>hydrochloride</i>	103	<i>neomycin/bacitracin/</i>	165		27
<i>naltrexone hcl</i>	103	<i>polymyxin</i>		<i>nevirapine er</i>	27
NAMENDA	69	<i>neomycin/polymyxin/</i>	164	NEXAVAR	47
NAMENDA TITRATION	69	<i>bacitracin/</i>		NEXICLON XR	64
PAK		<i>hydrocortisone</i>		NEXIUM	137
NAMENDA XR	69	<i>neomycin/polymyxin/</i>	164	NEXIUM I.V.	137
NAMZARIC	69	<i>dexamethasone</i>		NEXLETOL	57
NAPRELAN	12	<i>neomycin/polymyxin/</i>	165	NEXLIZET	57
NAPROSYN	12	<i>gramicidin</i>		NEXPLANON	118
<i>naproxen</i>	12	<i>neomycin/polymyxin/</i>	170	NEXTERONE	55
<i>naproxen/</i>	12	<i>hc</i>		NEXTSTELLIS	118
<i>esomeprazole</i>		<i>neomycin/polymyxin/</i>	165,	NEXVIAZYME	125
<i>magnesium</i>		<i>hydrocortisone</i>	170	NGENLA	125
<i>naproxen sodium</i>	12	<i>neomycin sulfate</i>	22,	<i>niacin</i>	57
NAPROXEN SODIUM	12		139	<i>niacin er</i>	57
NAPROXEN SODIUM	12	<i>neomycin sulfate/</i>	139	<i>niacor</i>	57
CR		<i>polymyxin b sulfate</i>		<i>nicardipine hcl</i>	60
<i>naproxen sodium er</i>	12	<i>solution for irrigation</i>		<i>nicardipine</i>	60
NAPROXEN SODIUM	12	NEONATAL 19	161	<i>hydrochloride</i>	
ER		NEONATAL	161	NICARDIPINE	60
<i>naratriptan hcl</i>	94	COMPLETE		HYDROCHLORIDE/ SODIUM CHLORIDE	
NARCAN	103	NEONATAL FE	161	NICOTROL	103
NARDIL	72	NEONATAL PLUS	161	NICOTROL INHALER	103
NAROPIN	19	<i>neo-polycin</i>	165	<i>nifedipine</i>	60
NATACHEW	161	<i>neo-polycin hc</i>	164	<i>nifedipine er</i>	60
NATACYN	165	NEORAL	156	<i>nikki</i>	118
NATAZIA	117	NEO-SYNALAR	180	NILANDRON	40
<i>nateglinide</i>	110	NERLYNX	47	<i>nilutamide</i>	40
NATESTO	103	NESINA	110		
		NESTABS	161		

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>nimodipine</i>	60	<i>norethindrone acetate/</i>	118,	NOVOLIN 70/30	106
NINLARO	47	<i>ethinyl estradiol</i>	121	RELION	
NIPENT	41	<i>norethindrone acetate/</i>	118	NOVOLIN N	106
<i>nisoldipine er</i>	60	<i>ethinyl estradiol/</i>		NOVOLIN N FLEXPEN	106
<i>nitazoxanide</i>	22	<i>ferrous fumarate</i>		NOVOLIN N FLEXPEN	106
<i>nitisinone</i>	125	<i>norethindrone &amp;</i>	118	RELION	
NITRO-BID	64	<i>ethinyl estradiol</i>		NOVOLIN N RELION	106
NITRO-DUR	64	<i>ferrous fumarate</i>		NOVOLIN R	106
<i>nitrofurantin</i>	22	<i>norethindrone/ethinyl</i>	118	NOVOLIN R FLEXPEN	106
<i>nitrofurantoin</i>	22	<i>estradiol/ferrous</i>		NOVOLIN R FLEXPEN	106
<i>monohydrate</i>		<i>fumarate</i>		RELION	
<i>macrocrystals</i>		<i>norgesic</i>	101	NOVOLIN R RELION	106
<i>nitrofurantoin</i>	22	NORGESIC FORTE	101	NOVOLOG	106
<i>monohydrate/</i>		<i>norgestimate/ethinyl</i>	118	NOVOLOG FLEXPEN	106
<i>macrocrystals</i>		<i>estradiol</i>		NOVOLOG FLEXPEN	106
<i>nitroglycerin</i>	64,	NORITATE	187	RELION	
	187	NORLIQVA	60	NOVOLOG MIX 70/30	106
NITROGLYCERIN	64	<i>norlyda</i>	118	NOVOLOG MIX 70/30	106
NITROGLYCERIN IN	64	<i>norlyroc</i>	118	PREFILLED FLEXPEN	
DEXTROSE 5%		NORPACE	55	NOVOLOG MIX 70/30	106
<i>nitroglycerin</i>	64	NORPACE CR	55	PREFILLED FLEXPEN	
<i>transdermal</i>		NORPRAMIN	72	RELION	
NITROLINGUAL	64	NORTHERA	64	NOVOLOG MIX 70/30	106
NITROSTAT	64	<i>nortrel 0.5/35 (28)</i>	118	RELION	
NITYR	125	<i>nortrel 1/35</i>	118	NOVOLOG PENFILL	106
NIVA-PLUS	161	<i>nortrel 7/7/7</i>	118	NOVOLOG RELION	106
<i>niva thyroid</i>	129	<i>nortriptyline hcl</i>	72	NOXAFIL	25
NIVESTYM	143	<i>nortriptyline</i>	72	NPLATE	143
<i>nizatidine</i>	133	<i>hydrochloride</i>		<i>np thyroid</i>	129
NOC DURNA	126	NORVASC	60	NUBEQA	40
NORA-BE	118	NORVIR	27	NUCALA	174
NORDITROPIN	126	NOURIANZ	75	NUCYNTA	14, 17
FLEXPRO		NOVAREL	126	NUCYNTA ER	14
<i>norelgestromin/ethinyl</i>	118	NOVOLIN 70/30	106	NUDEXTA	96
<i>estradiol</i>		NOVOLIN 70/30	106	<i>nulev</i>	133
<i>norethindrone</i>	118	FLEXPEN		NULIBRY	126
<i>norethindrone acetate</i>	128	NOVOLIN 70/30	106	NULOJIX	156
		FLEXPEN RELION		NUMBRINO	174

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
NUPLAZID	79	<i>ofloxacin</i>	34,	OMNIPOD GO 10	107
NURTEC	94		165,	UNITS/DAY	
NUTRILIPID	164		171	OMNIPOD GO 15	107
NUTROPIN AQ	126	OGIVRI	47	UNITS/DAY	
NUSPIN		OGSIVEO	47	OMNIPOD GO 20	107
NUVARING	118	OJEMDA	47	UNITS/DAY	
NUVESSA	141	OJJAARA	47	OMNIPOD GO 25	107
NUVIGIL	101	<i>olanzapine</i>	79	UNITS/DAY	
NUZYRA	36	<i>olanzapine/fluoxetine</i>	72	OMNIPOD GO 30	107
<i>nyamyc</i>	181	<i>olanzapine odt</i>	79	UNITS/DAY	
<i>nylia 1/35</i>	118	<i>olmesartan medoxomil</i>	54	OMNIPOD GO 35	107
<i>nylia 7/7/7</i>	118	<i>olmesartan</i>	54	UNITS/DAY	
NYMALIZE	60	<i>medoxomil/</i>		OMNIPOD GO 40	107
<i>nymyo</i>	118	<i>amlodipine/</i>		UNITS/DAY	
<i>nystatin</i>	25,	<i>hydrochlorothiazide</i>		OMNITROPE	126
	181,	<i>olmesartan</i>	54	OMVOH	150
	190	<i>medoxomil/</i>		ONCASPAR	41
<i>nystatin/triamcinolone</i>	181	<i>hydrochlorothiazide</i>		<i>ondansetron hcl</i>	131
<i>nystatin/triamcinolone</i>	181	<i>olopatadine hcl</i>	167,	<i>ondansetron</i>	131
<i>acetonide</i>			172	<i>hydrochloride</i>	
<i>nystop</i>	181	<i>olopatadine</i>	167	<i>ondansetron odt</i>	131
NYVEPRIA	143	<i>hydrochloride</i>		ONEXTON	179
OB COMPLETE	161	OLPRUVA	126	ONFI	86
OB COMPLETE/DHA	161	OLUMIANT	150	ONGENTYS	75
OB COMPLETE ONE	161	OLUX	185	ONGLYZA	110
OB COMPLETE PETITE	161	OLUX-E	185	ONIVYDE	41
OB COMPLETE	161	OMECLAMOX-PAK	136	ONTRUZANT	47
PREMIER		<i>omega-3-acid ethyl</i>	57	ONUREG	39
OALIVA	136	<i>esters</i>		ONZETRA XSAIL	94
OCELLA	118	OMEGAVEN	164	OPDIVO	47
OCREVUS	99	<i>omeprazole dr</i>	137	OPDUALAG	47
OCTAGAM	154	<i>omeprazole/sodium</i>	137	OPFOLDA	126
<i>octreotide acetate</i>	126	<i>bicarbonate</i>		<i>opium tincture</i>	136
OCUFLOX	165	OMNARIS	175	OPSUMIT	65
ODACTRA	154	OMNIPOD	106,	OPSYNVI	65
ODEFSEY	28		107	OPVEE	103
ODOMZO	47	OMNIPOD 5	106	OPZELURA	187
OFEV	174	OMNIPOD CLASSIC	107	ORACEA	188
		OMNIPOD DASH	107		

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
ORACIT	139	<i>oxacillin sodium</i>	35	OZOBAX DS	101
ORALAIR	154	OXACILLIN SODIUM	35	OZURDEX	167
<i>oralone dental paste</i>	190	<i>oxaliplatin</i>	37	<i>pacerone</i>	55
ORAPRED ODT	122	<i>oxandrolone</i>	103	<i>paclitaxel</i>	42
ORBACTIV	22	<i>oxaprozin</i>	12	<i>paclitaxel protein-bound particles</i>	42
ORENCIA	150	OXAYDO	17	PADCEV	47
ORENCIA CLICKJECT	150	<i>oxazepam</i>	68	PALFORZIA INITIAL DOSE ESCALATION	154
ORENITRAM	65	OXBRYTA	145	PALFORZIA LEVEL 1	154
ORENITRAM TITRATION	65	<i>oxcarbazepine</i>	86	PALFORZIA LEVEL 1 (TITRATION)	154
ORFADIN	126	OXERVATE	170	PALFORZIA LEVEL 2	154
ORGOVYX	40	<i>oxiconazole nitrate</i>	181	PALFORZIA LEVEL 3	155
ORIAHNN	126	OXISTAT	181	PALFORZIA LEVEL 4	155
ORILISSA	120	OXLUMO	139	PALFORZIA LEVEL 5	155
ORKAMBI	174	OXTELLAR XR	86	PALFORZIA LEVEL 6	155
ORLADEYO	145	<i>oxybutynin chloride</i>	140	PALFORZIA LEVEL 7	155
<i>ormalvi</i>	62	OXYBUTYNIN CHLORIDE	140	PALFORZIA LEVEL 8	155
<i>orphenadrine/aspirin/caffeine</i>	101	<i>oxybutynin chloride er</i>	140	PALFORZIA LEVEL 9	155
<i>orphenadrine citrate</i>	101	<i>oxycodone/acetaminophen</i>	17	PALFORZIA LEVEL 10	154
<i>orphenadrine citrate er</i>	101	OXYCODONE AND ACETAMINOPHEN	17	PALFORZIA LEVEL 11 (MAINTENANCE)	154
<i>orphengesic forte</i>	101	OXYCODONE HCL ER	14	<i>paliperidone er</i>	79
ORSERDU	40	<i>oxycodone hydrochloride</i>	17	<i>palonosetron hydrochloride</i>	131
<i>orsythia</i>	118	<i>oxycodone hydrochloride/acetaminophen</i>	17	PALONOSETRON HYDROCHLORIDE	131
ORTIKOS	134	OXYCODONE	17	PALYNZIQ	126
<i>oscimin</i>	133	HYDROCHLORIDE/ACETAMINOPHEN	17	PAMELOR	72
<i>oscimin sublingual</i>	133	OXYCONTIN	14	<i>pamidronate disodium</i>	113
<i>oseltamivir phosphate</i>	30	<i>oxymorphone hydrochloride</i>	18	PAMIDRONATE DISODIUM	113
OSENI	111	<i>oxymorphone hydrochloride er</i>	14	PANCREAZE	137
OSMITROL VIAFLEX	62	OXYTROL	140	PANDEL	185
OSMOLEX ER	75	OZEMPIC	111	PANRETIN	188
OSMOPREP	134			<i>pantoprazole sodium</i>	137
OSPHENA	126			PANZYGA	154
OTEZLA	150, 151				
OTOVEL	171				
OTREXUP	152				
OVIDE	189				



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>paraplatin</i>	37	<i>penicillin g sodium</i>	35	<i>phenytoin sodium</i>	86
<i>paricalcitol</i>	130	<i>penicillin v potassium</i>	35	<i>phenytoin sodium er</i>	86
PARLODEL	75	PENNSAID	188	PHESGO	47
PARNATE	72	PENTACEL	157	PHEXXI	118
<i>paromomycin sulfate</i>	22	PENTAM 300	22	<i>philith</i>	118
<i>paroxetine</i>	96	<i>pentamidine</i>	22	PHOSLYRA	128
<i>paroxetine hcl</i>	72	<i>isethionate</i>		PHOSPHOLINE IODIDE	168
<i>paroxetine hcl er</i>	72	PENTASA	134	PHYSIOLYTE	189
<i>paroxetine hydrochloride</i>	72	<i>pentazocine/naloxone hcl</i>	18	PIFELTRO	27
PAXIL	72, 73	<i>pentobarbital sodium</i>	93	<i>pilocarpine hcl</i>	168
PAXIL CR	72	<i>pentoxifylline er</i>	145	<i>pilocarpine hydrochloride</i>	190
PAXLOVID	30	PEPCID	133	<i>pimecrolimus</i>	188
<i>pazopanib hydrochloride</i>	47	PERCOCET	18	<i>pimozide</i>	79
PEDIAPRED	122	PERFOROMIST	173	<i>pimtrea</i>	118
PEDIARIX	157	PERIKABIVEN	164	<i>pindolol</i>	59
PEDVAX HIB	157	<i>perindopril erbumine</i>	52	<i>pioglitazone hcl</i>	111
<i>peg-3350/electrolytes</i>	134	<i>periogard</i>	190	<i>pioglitazone hcl-glimepiride</i>	111
<i>peg-3350/electrolytes/ascorbate</i>	134	PERJETA	47	<i>pioglitazone hcl/metformin hcl</i>	111
<i>peg-3350/nacl/na bicarbonate/kcl</i>	134	<i>permethrin</i>	189	<i>pioglitazone hydrochloride</i>	111
PEGASYS	30	<i>perphenazine amitriptyline</i>	73	<i>piperacillin sodium/tazobactam sodium</i>	35
PEMAZYRE	47	PERSERIS	79	PIQRAY	47
PEMETREXED	39	PERTZYE	137	<i>pirfenidone</i>	174
PEMRYDI RTU	39	PEXEVA	73	<i>pirmella 1/35</i>	118
<i>pemtrexed</i>	39	<i>pfizerpen</i>	35	<i>pirmella 7/7/7</i>	118
PENBRAYA	157	PHEBURANE	126	<i>piroxicam</i>	12
<i>penciclovir</i>	188	<i>phenelzine sulfate</i>	73	<i>pitavastatin calcium</i>	56
<i>penicillamine</i>	114	PHENERGAN	131	PLAQUENIL	152
<i>penicillin g potassium</i>	35	<i>phenobarbital</i>	86	PLASMA-LYTE-148	159
PENICILLIN G	35	<i>phenobarbital sodium</i>	86	PLASMA-LYTE A	159
POTASSIUM IN ISO-OSMOTIC DEXTROSE		<i>phenoxybenzamine hydrochloride</i>	64	PLAVIX	146
PENICILLIN G	35	PHENYLEPHRINE HCL	170	PLEGRIDY	99
PROCAINE		<i>phenytek</i>	86	PLEGRIDY STARTER	99
		<i>phenytoin</i>	86	PACK	

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>plenamine</i>	164	POTASSIUM	159	PRED MILD	167
PLENVU	135	CHLORIDE/ DEXTROSE/LACTATED RINGERS		<i>prednicarbate</i>	185
<i>plerixafor</i>	143	POTASSIUM	159	<i>prednisolone</i>	122, 167
PLIAGLIS	186	CHLORIDE/ DEXTROSE/SODIUM CHLORIDE		<i>prednisolone acetate</i>	167
<i>pnv-dha</i>	161	<i>potassium chloride er</i>	161, 162	<i>prednisolone sodium phosphate</i>	122
PNV-DHA+DOCUSATE	161	<i>potassium chloride/ sodium chloride</i>	159	PREDNISOLONE	167
PNV-OMEGA	161	POTASSIUM	159	SODIUM PHOSPHATE	
PNV PRENATAL PLUS MULTIVITAMIN	161	CHLORIDE/SODIUM CHLORIDE		<i>prednisolone sodium phosphate odt</i>	122
<i>pnv-select</i>	161	<i>potassium citrate/citric acid</i>	139	<i>prednisone</i>	123
PODOCON-25	188	POTASSIUM	159	PREDNISONONE	123
<i>podofilox</i>	188	CHLORIDE/SODIUM CHLORIDE		INTENSOL	
POLIVY	47	<i>potassium citrate/citric acid</i>	139	<i>pregabalin</i>	86
<i>polycin</i>	165	<i>potassium citrate er</i>	139	<i>pregabalin er</i>	96
<i>polymyxin b sulfate</i>	22, 166	<i>potassium citrate/ sodium citrate/citric acid</i>	139	PREGNYL	126
<i>polymyxin b sulfate/ trimethoprim sulfate</i>	166	<i>potassium phosphate</i>	159	PREHEVBRIO	157
POLYTRIM	166	<i>potassium phosphates</i>	159	PREMARIN	121
POLY-VI-FLOR	161	POTASSIUM	164	PREMASOL	164
POLY-VI-FLOR/IRON	161	PHOSPHATES		PREMPHASE	121
POMALYST	40	POTELIGEO	47	PREMPRO	121
POMBILITI	126	PRADAXA	142	PRENAISSANCE	162
PONVORY	99	<i>pralatrexate</i>	39	PRENAISSANCE PLUS	162
PONVORY 14-DAY STARTER PACK	99	PRALUENT	57	PRENATAL	162
<i>portia-28</i>	118	<i>pramipexole</i>	75	PRENATAL PLUS	162
PORTRAZZA	47	<i>dihydrochloride</i>		PRENATE	162
<i>posaconazole</i>	25	<i>pramipexole</i>	75	PRENATE AM	162
<i>posaconazole dr</i>	25	<i>dihydrochloride er</i>		PRENATE DHA	162
POTASSIUM ACETATE	159	<i>pramipexole</i>	75	PRENATE ELITE	162
<i>potassium chloride</i>	159, 162	<i>prasugrel</i>	146	PRENATE ENHANCE	162
POTASSIUM	159	<i>hydrochloride</i>		PRENATE ESSENTIAL	162
CHLORIDE		<i>pravastatin sodium</i>	56	PRENATE MINI	162
POTASSIUM	159	<i>praziquantel</i>	22	PRENATE PIXIE	162
CHLORIDE/DEXTROSE		<i>prazosin hydrochloride</i>	52	PRENATE RESTORE	162
		PRED FORTE	167	PRENATVITE	162
				COMPLETE	
				PRENATVITE PLUS	162



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
PRETOMANID	29	<i>prochlorperazine</i>	131	PROVERA	128
PREVACID	138	<i>edisylate</i>		PROVIDA OB	162
PREVACID SOLUTAB	138	<i>prochlorperazine</i>	131	PROVIGIL	101
<i>prevalite</i>	57	<i>maleate</i>		PROZAC	73
PREVIDENT 5000	190	PROCRIT	143	PRUDOXIN	188
BOOSTER PLUS		PROCTOFOAM HC	188	PULMICORT	176
PREVIDENT 5000 DRY	190	<i>procto-med hc</i>	188	PULMICORT	176
MOUTH		<i>proctosol hc</i>	185	FLEXHALER	
PREVIDENT 5000	190	<i>proctozone-hc</i>	188	PULMOZYME	175
ENAMEL PROTECT		PROCYSBI	126	PURIXAN	39
PREVIDENT 5000	190	<i>progesterone</i>	128	PYLERA	136
ORTHO DEFENSE		PROGLYCEM	123	<i>pyrazinamide</i>	29
PREVIDENT 5000	190	PROGRAF	156	<i>pyridostigmine</i>	96
PLUS		PROLASTIN-C	175	<i>bromide</i>	
PREVIDENT FLUORIDE	190	PROLATE	18	<i>pyridostigmine</i>	96
PREVIDENT RINSE	190	PROLENSA	167	<i>bromide er</i>	
PREVYMIS	30	PROLIA	113	<i>pyrimethamine</i>	22
PREZCOBIX	28	PROMACTA	145	PYRUKYND	145
PREZISTA	27	<i>promethazine hcl</i>	131	PYRUKYND TAPER	145
PRIALT	10	<i>promethazine</i>	131	PACK	
PRIFTIN	29	<i>hydrochloride</i>		QBRELIS	52
PRILOSEC	138	<i>promethazine</i>	131	QBREXZA	188
PRIMACARE	162	<i>hydrochloride plain</i>		QDOLO	18
<i>primaquine phosphate</i>	26	<i>promethazine vc</i>	171	QELBREE	91
PRIMAXIN IV	22	<i>promethegan</i>	131	QINLOCK	48
<i>primidone</i>	86	PROMETRIUM	128	QNASL	175
PRIORIX	157	<i>propafenone hcl</i>	55	QNASL CHILDRENS	175
PRISTIQ	73	<i>propafenone</i>	55	QTERN	111
PRIVIGEN	154	<i>hydrochloride er</i>		QUADRACEL	157
PROAIR DIGIHALER	173	<i>proparacaine hcl</i>	170	QUALAQUIN	26
PROAIR RESPICLICK	173	<i>propranolol hcl</i>	59	QUARTETTE	118
<i>probenecid</i>	9	<i>propranolol hcl er</i>	59	QUDEXY XR	86
<i>probenecid/colchicine</i>	9	<i>propylthiouracil</i>	129	QUESTRAN	57
<i>procainamide hcl</i>	55	PROQUAD	157	QUESTRAN LIGHT	57
PROCARDIA XL	60	PROSCAR	138	<i>quetiapine fumarate</i>	80
<i>procentra</i>	91	PROSOL	164	<i>quetiapine fumarate er</i>	79,
<i>prochlorperazine</i>	131	PROTONIX	138		80
		<i>protriptyline hcl</i>	73	QUFLORA FE	162

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
QUFLORA FE	162	REBIF REBIDOSE	99	RESTASIS	170
PEDIATRIC		TITRATION PACK		RESTASIS MULTIDOSE	170
QUILLICHEW ER	91	REBIF TITRATION	99	RESTORIL	93
QUILLIVANT XR	91	PACK		RETACRIT	144
<i>quinapril</i>	52	REBLOZYL	145	RETEVMO	48
<i>quinapril/</i>	51	REBYOTA	136	RETIN-A	179
<i>hydrochlorothiazide</i>		RECARBRIO	23	RETIN-A MICRO	179
<i>quinidine gluconate cr</i>	55	RECLAST	113	RETIN-A MICRO PUMP	179
<i>quinidine gluconate er</i>	55	<i>reclipsen</i>	118	RETROVIR	27
<i>quinidine sulfate</i>	55	RECOMBIVAX HB	157	RETROVIR IV	27
<i>quinine sulfate</i>	26	RECORLEV	126	REVATIO	65
QULIPTA	94	RECTIV	188	REVCovi	126
QUTENZA KIT	186	REDITREX	152,	REVLIMID	41
QUVIVIQ	93		153	REXULTI	80
QUZYTIR	172	REGLAN	131	REYATAZ	27
QVAR REDIHALER	176	REGONOL	97	REYVOW	94
RABAVERT	157	REGRANEX	189	REZDIFFRA	126
<i>rabeprazole sodium dr</i>	138	RELAFEN DS	12	REZLIDHIA	48
RADICAVA	96	RELENZA DISKHALER	30	REZUROCK	156
RADICAVA ORS	97	RELEUKO	144	REZVOGLAR	107
RAGWITEK	155	RELEXXII	91	KWIKPEN	
<i>raloxifene</i>	126	RELISTOR	136	REZZAYO	25
<i>hydrochloride</i>		RELPAK	94	RHOGAM ULTRA-	154
<i>ramelteon</i>	93	RELTONE	136	FILTERED PLUS	
<i>ramipril</i>	52	RELYVRIO	97	RHOPHYLAC	154
RANEXA	64	REMERON	73	RHOPRESSA	168
<i>ranolazine er</i>	64	REMERON SOLTAB	73	RIABNI	48
RAPAFLO	138	REMICADE	151	<i>ribavirin</i>	30
RAPAMUNE	156	REMODULIN	65	RIDAURA	153
RAPIVAB	30	RENACIDIN	139	<i>rifabutin</i>	29
<i>rasagiline mesylate</i>	75	RENFLEXIS	151	RIFADIN	29
RASUVO	152	REVELA	128	<i>rifampin</i>	29
RAVICTI	126	<i>repaglinide</i>	111	<i>riluzole</i>	97
RAYALDEE	130	REPATHA	57	<i>rimantadine</i>	30
RAYOS	123	REPATHA	57	<i>hydrochloride</i>	
RAZADYNE ER	69	PUSHTRONEX		RIMSO-50	139
REBIF	99	SYSTEM		RINGERS INJECTION	159
REBIF REBIDOSE	99	REPATHA SURECLICK	57	RINGERS IRRIGATION	189

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
RINVOQ	151	ROSUVASTATIN/	57	SAMSCA	126
RINVOQ LQ	151	EZETIMIBE		SANDIMMUNE	156
RIOMET	111	ROSZET	57	SANDOSTATIN	126
<i>risedronate sodium</i>	113	ROTARIX	157	SANDOSTATIN LAR	126
<i>risedronate sodium dr</i>	113	ROTATEQ	157	SANTYL	189
RISPERDAL	80	ROWASA	134	SAPHNELO	156
RISPERDAL CONSTA	80	<i>roweepra</i>	86	SAPHRIS	81
<i>risperidone</i>	80, 81	ROXICODONE	18	<i>sapropterin</i>	126
<i>risperidone er</i>	80	ROXYBOND	18	<i>dihydrochloride</i>	
<i>risperidone odt</i>	80	ROZEREM	93	SARCLISA	48
RITALIN	91	ROZLYTREK	48	SAVAYSA	142
RITALIN LA	91	RUBRACA	48	SAVELLA	97
<i>ritonavir</i>	27	RUCONEST	145	SAVELLA TITRATION	97
RITUXAN	48	<i>rufinamide</i>	86	PACK	
RITUXAN HYCELA	48	RUKOBIA	27	<i>saxagliptin</i>	111
<i>rivastigmine tartrate</i>	69	RUXIENCE	48	<i>hydrochloride</i>	
<i>rivastigmine</i>	69	RYALTRIS	171	<i>saxagliptin</i>	111
<i>transdermal system</i>		RYBELSUS	111	<i>hydrochloride/</i>	
RIVELSA	118	RYBREVANT	48	<i>metformin</i>	
RIVFLOZA	139	<i>ryclora</i>	172	<i>hydrochloride er</i>	
<i>rizatriptan benzoate</i>	94	RYDAPT	48	SCEMBLIX	48
<i>rizatriptan benzoate</i>	94	RYLAZE	41	<i>scopolamine</i>	131
<i>odt</i>		RYPLAZIM	145	SECUADO	81
ROBAXIN	101	RYSTIGGO	155	SEGLENTIS	18
ROBINUL	133	RYTARY	76	SEGLUROMET	111
ROBINUL FORTE	133	RYTHMOL SR	55	SELECT-OB	162
ROCALTROL	130	RYVENT	172	<i>selegiline hcl</i>	76
ROCKLATAN	168	SABRIL	86	<i>selenium sulfide</i>	182
<i>roflumilast</i>	175	SAFYRAL	119	SELZENTRY	27
ROLVEDON	144	SAIZENPREP	126	SEMGLEE	107
<i>romidepsin</i>	48	RECONSTITUTIONKIT		SE-NATAL 19	162
<i>ropinirole er</i>	76	<i>sajazir</i>	145	SENSIPAR	127
<i>ropinirole hcl</i>	76	SALAGEN	190	SENSORCAINE	19
<i>ropivacaine</i>	19	<i>salicylic acid</i>	188	<i>sensorcaine/</i>	19
<i>hydrochloride</i>		SALICYLIC ACID	188	<i>epinephrine</i>	
<i>rosuvastatin calcium</i>	56	<i>salsalate</i>	12	<i>sensorcaine-mpf</i>	19
		<i>salsalate 750mg</i>	12	<i>sensorcaine-mpf/</i>	19
				<i>epinephrine</i>	

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
SENSORCAINE-MPF/	19	SIMPONI	151	sodium fluoride 5000	190
EPINEPHRINE		SIMPONI ARIA	151	ppm	
SEREVENT DISKUS	173	SIMULECT	156	sodium fluoride 5000	190
SERNIVO	185	simvastatin	56	ppm paste	
SEROQUEL	81	SINEMET	76	sodium fluoride 5000	190
SEROQUEL XR	81	SINGULAIR	173	ppm sensitive	
SEROSTIM	127	sirolimus	156	sodium fluoride	190
sertraline hcl	73	SIRTURO	29	mouth/throat	
sertraline	73	SITAVIG	30	SODIUM OXYBATE	101
hydrochloride		SIVEXTRO	23	sodium phenylbutyrate	127
SERTRALINE	73	SKYCLARYS	97	sodium phosphate	160
HYDROCHLORIDE		SKYLA	119	sodium polystyrene	114
setlakin	119	SKYRIZI	151	sulfonate	
sevelamer carbonate	128	SKYRIZI PEN	151	sodium sulfacetamide/	179
sevelamer	128	SKYTROFA	127	sulfur	
hydrochloride		SLYND	119	SODIUM	179
SEYSARA	36	SMOFLIPID	164	SULFACETAMIDE/	
sf	190	SOAANZ	62	SULFUR CLEANSER IN	
sf 5000 plus	190	sodium acetate	159	UREA	
SFROWASA	134	SODIUM ACETATE	159	SODIUM SULFATE/	135
sharobel	119	sodium bicarbonate	159	POTASSIUM SULFATE/	
SHINGRIX	157	SODIUM	159	MAGNESIUM SULFATE	
SIGNIFOR	127	BICARBONATE		SOFOSBUVIR/	30
SIGNIFOR LAR	127	sodium chloride	160	VELPATASVIR	
SIKLOS	145	SODIUM CHLORIDE	160	SOGROYA	127
sildenafil	65	sodium chloride 0.9%	189	SOHONOS	101
sildenafil citrate	65	irrigation soln		solifenacin succinate	140
SILENOR	93	sodium chloride	160	SOLIQUA 100/33	107
SILIQ	151	0.45%		SOLIRIS	145
silodosin	138	sodium citrate/citric	139	SOLODYN	36
SILVADENE	180	acid		SOLOSEC	23
SILVER NITRATE	188	SODIUM EDECRIN	62	SOLTAMOX	40
silver sulfadiazine	180	sodium fluoride	162,	SOLU-CORTEF	123
SIMBRINZA	168		163,	SOLU-MEDROL	123
SIMLANDI	111,		190	SOMA	101
	151	sodium fluoride 5000	190	SOMATULINE DEPOT	127
simliya	119	sodium fluoride 5000	190	SOMAVERT	127
simpesse	119	plus		SOOLANTRA	188
				sorafenib tosylate	48

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
SORBITOL IRRIGATION SOLUTION	139	<i>sterile water for irrigation</i>	189	<i>sumatriptan succinate</i>	94, 95
SORILUX	181	STIMUFEND	144	<i>sunitinib malate</i>	48
<i>sorine</i>	55	STIOLTO RESPIMAT	171	SUNLENCA	27
<i>sotalol hcl</i>	55	STIVARGA	48	SUNOSI	101
<i>sotalol hydrochloride (af)</i>	55	STRATTERA	92	SUPRAX	32
SOTYKTU	151	STRENSIQ	127	SUPREP BOWEL PREP	135
SOTYLIZE	55	<i>streptomycin sulfate</i>	23	SUSTIVA	27
SOVALDI	30	STRIBILD	28	SUSTOL	131
SOVUNA	153	STRIVERDI RESPIMAT	173	SUSVIMO	170
SPEVIGO	151	STROMECTOL	23	SUTAB	135
SPINOSAD	189	SUBLOCADE	103	SUTENT	48
SPIRIVA HANDIHALER	171	SUBOXONE	103	<i>syeda</i>	119
SPIRIVA RESPIMAT	171	SUBSYS	18	SYFOVRE	170
<i>spironolactone</i>	52, 62	<i>subvenite</i>	87	SYLVANT	41
<i>spironolactone/ hydrochlorothiazide</i>	62	<i>subvenite starter kit</i>	87	SYMBICORT	177
SPORANOX	25	SUCRAID	136	SYMBYAX	73
<i>sprintec 28</i>	119	<i>sucralfate</i>	136	SYMDEKO	175
SPRITAM	86	SUCRALFATE	136	SYMFI	28
SPRIX	12	SUFLAVE	135	SYMFI LO	28
SPRYCEL	48	SULAR	60	SYMJEPI	175
<i>sps</i>	114	<i>sulfacetamide sodium</i>	166, 179	SYMLINPEN 60	111
<i>sronyx</i>	119	<i>sulfacetamide sodium/ prednisolone sodium phosphate</i>	165	SYMLINPEN 120	111
SSD	180	<i>sulfacleanse</i>	179	SYMPAZAN	87
STALEVO 50	76	<i>sulfadiazine</i>	23	SYMPROIC	136
STALEVO 75	76	<i>sulfamethoxazole/ trimethoprim</i>	23	SYMTUZA	28
STALEVO 100	76	<i>sulfamethoxazole/ trimethoprim ds</i>	23	SYNAGIS	155
STALEVO 125	76	SULFAMYLON	180	SYNALAR	185
STALEVO 150	76	<i>sulfasalazine</i>	134	SYNAREL	120
STALEVO 200	76	<i>sulindac</i>	12	SYNDROS	131
<i>stavudine</i>	27	<i>sumatriptan</i>	94	SYNERA	186
STEGLATRO	111	<i>sumatriptan/naproxen sodium</i>	95	SYNJARDY	111, 112
STEGLUJAN	111			SYNJARDY XR	111
STELARA	151			SYNTHROID	129
				SYPRINE	114
				TABLOID	39

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
TABRECTA	48	<i>tazarotene</i>	181,	<i>terazosin hcl</i>	53
TACLONEX	185		182	<i>terazosin</i>	53
<i>tacrolimus</i>	156,	TAZAROTENE	179	<i>hydrochloride</i>	
	188	<i>tazicef</i>	32	<i>terbinafine hcl</i>	25
<i>tadalafil</i>	65	TAZORAC	182	<i>terbutaline sulfate</i>	173
TADLIQ	66	<i>taztia xt</i>	60	<i>terconazole</i>	141
TAFINLAR	48	TAZVERIK	49	<i>teriflunomide</i>	99
<i>tafluprost</i>	168	TDVAX	157	<i>teriparatide</i>	113
TAGRISSE	49	TECENTRIQ	49	TERIPARATIDE	113
TAKHZYRO	146	TECFIDERA	99	TESTIM	103
TALICIA	136	TECFIDERA STARTER	99	TESTOPEL	104
TALTZ	151	PACK		<i>testosterone</i>	104
TALVEY	49	TECVAYLI	49	<i>testosterone cypionate</i>	104
TALZENNA	49	TEFLARO	32	<i>testosterone enanthate</i>	104
TAMIFLU	30	TEGLUTIK	97	<i>testosterone gel</i>	104
<i>tamoxifen citrate</i>	40	TEGRETOL	87	<i>testosterone pump</i>	104
<i>tamsulosin</i>	138	TEGRETOL-XR	87	<i>tetrabenazine</i>	97
<i>hydrochloride</i>		TEGSEDI	97	TETRACAINE	170
<i>taperdex 6-day</i>	123	TEKTURNA	64	HYDROCHLORIDE	
<i>taperdex 7-day</i>	123	TEKTURNA HCT	64	<i>tetracycline</i>	36
<i>taperdex 12-day</i>	123	<i>telmisartan</i>	54	<i>hydrochloride</i>	
TARCEVA	49	<i>telmisartan/</i>	54	TEXACORT	185
<i>targadox</i>	36	<i>amlodipine</i>		TEZSPIRE	175
TARGRETIN	41,	<i>telmisartan/</i>	54	THALITONE	62
	188	<i>hydrochlorothiazide</i>		THALOMID	41
<i>tarina 24 fe</i>	119	<i>temazepam</i>	93	THEO-24	175
<i>tarina fe 1/20 eq</i>	119	TEMODAR	37	<i>theophylline</i>	175
TARON-C DHA	163	<i>temsirolimus</i>	49	<i>theophylline er</i>	175
TARPEYO	139	<i>tencon</i>	10	THIOLA	139
TASCENSO ODT	99	TENIVAC	157	THIOLA EC	139
TASIGNA	49	<i>tenofovir disoproxil</i>	27	<i>thioridazine hcl</i>	81
<i>tasimelteon</i>	93	<i>fumarate</i>		<i>thiotepa</i>	37
TASMAR	76	TENORETIC 50	58	<i>thiothixene</i>	81
<i>tavaborole</i>	181	TENORETIC 100	58	THRIVITE RX	163
TAVALISSE	146	TENORMIN	59	THYMOGLOBULIN	156
TAVNEOS	146	TEPADINA	37	THYQUIDITY	129
<i>taysofy</i>	119	TEPEZZA	127	<i>tiadylt er</i>	60
TAYTULLA	119	TEPMETKO	49		



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>tiagabine</i>	87	<i>tobramycin sulfate</i>	23	<i>tramadol</i>	18
<i>hydrochloride</i>		TOBEX	166	<i>hydrochloride/</i>	
TIAZAC	60	TOLAK	188	<i>acetaminophen</i>	
TIBSOVO	49	<i>tolcapone</i>	76	<i>tramadol</i>	14
TICE BCG	41	TOLECTIN	13	<i>hydrochloride er</i>	
TICOVAC	157	<i>tolmetin sodium</i>	13	<i>trandolapril</i>	52
TIGAN	131	TOLSURA	25	<i>trandolapril/verapamil</i>	52
<i>tigecycline</i>	36	<i>tolterodine tartrate</i>	140	<i>hcl er</i>	
TIGLUTIK	97	<i>tolterodine tartrate er</i>	140	<i>tranexamic acid</i>	146
TIKOSYN	56	<i>tolvaptan</i>	127	<i>tranexamic acid/</i>	146
TILIA FE	119	TOPAMAX	87	<i>sodium chloride</i>	
<i>timolol maleate</i>	59, 169	TOPAMAX SPRINKLE	87	TRANSDERM-SCOP	132
TIMOLOL MALEATE	168	TOPICORT	185	<i>tranylcypromine</i>	73
TIMOPTIC	169	<i>topiramate</i>	87	<i>sulfate</i>	
TIMOPTIC OCUDOSE	169	<i>topiramate er</i>	87	TRAVASOL	164
TIMOPTIC-XE	169	<i>toposar</i>	42	TRAVATAN Z	169
<i>tinidazole</i>	23	<i>topotecan hcl</i>	41, 42	<i>travoprost</i>	169
<i>tiopronin</i>	139	TOPOTECAN HCL	41	TRAZIMERA	49
<i>tiotropium bromide</i>	171	TOPROL XL	59	<i>trazodone</i>	73
TIROSINT	129	<i>toremifene citrate</i>	40	<i>hydrochloride</i>	
TIROSINT-SOL	129	TORISEL	49	TREANDA	37
TIS-U-SOL	189	<i>torpenz</i>	49	TRECATOR	29
TIVDAK	49	<i>torseamide</i>	62	TRELEGY ELLIPTA	171
TIVICAY	27	TOSYMRA	95	TRELSTAR MIXJECT	40
TIVICAY PD	27	TOUJEO MAX	107	TREMFYA	151
<i>tizanidine hcl</i>	101	SOLOSTAR		<i>treprostinil</i>	66
<i>tizanidine</i>	101	TOUJEO SOLOSTAR	107	TRESIBA	107
<i>hydrochloride</i>		<i>tovet</i>	185	TRESIBA FLEXTOUCH	107
TLANDO	104	TOVIAZ	140	<i>tretinoin</i>	42, 179, 180
TOBI	23	TPN ELECTROLYTES	160	TRETINOIN	179
TOBI PODHALER	23	TRACLEER	66	MICROSPHERE	
TOBRADEX	165	TRADJENTA	112	<i>tretinoin microsphere</i>	179
TOBRADEX ST	165	<i>tramadol hcl er</i>	14	<i>gel</i>	
<i>tobramycin</i>	23, 166	TRAMADOL HCL ER	14	TREXALL	153
<i>tobramycin/</i>	165	<i>tramadol</i>	18	TREXIMET	95
<i>dexamethasone</i>		<i>hydrochloride</i>		<i>trezix</i>	18

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
<i>triamcinolone</i>	123,	<i>trimethoprim</i>	23	TRUVADA	29
<i>acetonide</i>	185	<i>tri-mili</i>	119	TRUXIMA	49
<i>triamcinolone</i>	190	<i>trimipramine maleate</i>	73,	TUDORZA PRESSAIR	171
<i>acetonide dental paste</i>			74	TUKYSA	49
<i>triamterene</i>	62	TRINATAL RX 1	163	TURALIO	49
<i>triamterene/</i>	62	TRINTELLIX	74	<i>turqoz</i>	119
<i>hydrochlorothiazide</i>		<i>tri-nymyo</i>	119	TWINRIX	157
<i>trianex</i>	185	TRIOSTAT	129	TWYNEO	180
<i>triazolam</i>	93	TRIPTODUR	127	TYBLUME	119
TRIBENZOR	54	TRISENOX	42	TYBOST	27
TRICARE PRENATAL	163	<i>tri-sprintec</i>	119	<i>tydemy</i>	119
<i>tricitrates</i>	139	TRISTART DHA	163	TYGACIL	36
TRICOR	56	TRISTART FREE	163	TYKERB	49
<i>tridacaine</i>	186	TRISTART ONE	163	TYMLOS	113
<i>triderm</i>	185	<i>tritocin</i>	185	TYPHIM VI	157
<i>trientine hydrochloride</i>	114	TRIUMEQ	28	TYRENNE	151
TRIESENCE	167	TRIUMEQ PD	28	TYRVAYA	170
<i>tri-estarylla</i>	119	TRI-VI-FLOR	163	TYSABRI	99
<i>tri femynor</i>	119	<i>tri-vite/fluoride</i>	163	<i>tyvaso</i>	66
<i>trifluoperazine hcl</i>	81	<i>trivora-28</i>	119	TYVASO	66
<i>trifluoperazine</i>	81	<i>tri-vylibra</i>	119	TYVASO DPI	66
<i>hydrochloride</i>		<i>tri-vylibra lo</i>	119	MAINTENANCE	
<i>trifluridine</i>	166	TRIZIVIR	29	TZIELD	112
<i>trihexyphenidyl hcl</i>	76	TRODELVY	49	UBRELVY	95
<i>trihexyphenidyl</i>	76	TROGARZO	27	UCERIS	134
<i>hydrochloride</i>		TROKENDI XR	87	UCERIS FOAM	134
TRIJARDY XR	112	TROPHAMINE	164	UDENYCA	144
TRIKAFTA	175	<i>trospium chloride</i>	140,	UDENYCA ONBODY	144
<i>tri-legest fe</i>	119		141	ULORIC	9
TRILEPTAL	87	<i>trospium chloride er</i>	141	ULTOMIRIS	146
<i>tri-linyah</i>	119	TRUDHESA	95	ULTRAVATE	185
TRILIPIX	56	TRULANCE	136	UNASYN	35
<i>tri-lo-estarylla</i>	119	TRULICITY	112	UNASYN BULK PACK	35
<i>tri-lo-marzia</i>	119	TRUMENBA	157	<i>unithroid</i>	129
<i>tri-lo-mili</i>	119	TRUQAP	49	UPLIZNA	97
<i>tri-lo-sprintec</i>	119	TRUSELTIQ	49	UPTRAVI	66
<i>trimethobenzamide</i>	132	TRUSOPT	169		
<i>hydrochloride</i>					



<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
UPTRAVI TITRATION PACK	66	VANCOMYCIN HYDROCHLORIDE	24	VENLAFAXINE BESYLATE ER	74
UROCIK-K	139	VANCOMYCIN	23	<i>venlafaxine hcl er</i>	74
UROGESIC-BLUE	23	HYDROCHLORIDE/ DEXTROSE		<i>venlafaxine hydrochloride</i>	74
UROXATRAL	139	VANDAZOLE	141	<i>venlafaxine</i>	74
URSO 250	136	VANFLYTA	49	<i>hydrochloride er</i>	
<i>ursodiol</i>	136	VANOS	185	VENTAVIS	66
URSODIOL	136	VAQTA	157	VENTOLIN HFA	173
URSO FORTE	136	VARENICLINE	103	VEOPOZ	146
UZEDY	81	STARTING MONTH BOX		VEOZAH	127
VABOMERE	23	<i>varenicline tartrate</i>	103	<i>verapamil hcl</i>	61
VABYSMO	170	VARIVAX	157	<i>verapamil hcl er</i>	61
VAGIFEM	121	VARIZIG	154	<i>verapamil hcl sr</i>	61
<i>valacyclovir</i>	31	VARUBI	132	VERAPAMIL HCL SR	61
<i>hydrochloride</i>		VASCEPA	57	<i>verapamil</i>	61
VALCHLOR	188	VASERETIC	52	<i>hydrochloride</i>	
VALCYTE	31	<i>vasopressin</i>	127	<i>verapamil</i>	61
<i>valganciclovir</i>	31	VASOPRESSIN	127	<i>hydrochloride er</i>	
<i>valganciclovir</i>	31	VASOSTRICT	127	VERDESO	185
<i>hydrochloride</i>		VASOTEC	52	VEREGEN	188
VALIUM	87	VECAMEYL	64	VERELAN	61
<i>valproate sodium</i>	87	VECTIBIX	50	VERELAN PM	61
<i>valproic acid</i>	87	VECTICAL	182	VERKAZIA	170
<i>valrubicin</i>	38	VEGZELMA	50	VERQUVO	64
<i>valsartan</i>	55	VEKLURY	31	VERSACLOZ	81
VALSARTAN	54	VELCADE	50	VERZENIO	50
<i>valsartan/ hydrochlorothiazide</i>	54	VELETRI	66	VESICARE	141
VALSTAR	38	<i>velivet</i>	119	VESICARE LS	141
VALTREX	31	VELPHORO	128	<i>vestura</i>	119
VANOCOCIN	23	VELSIPITY	151	VEVYE	170
VANCOMYCIN	23,	VELTASSA	114	VFEND	25
	24	VELTIN	180	VFEND IV	25
<i>vancomycin hcl</i>	23	VEMLIDY	31	V-GO 20	107
VANCOMYCIN HCL	23	VENCLEXTA	50	V-GO 30	107
<i>vancomycin</i>	23,	VENCLEXTA	50	V-GO 40	107
<i>hydrochloride</i>	24	STARTING PACK		VIBATIV	24
				VIBERZI	136

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
VIBRAMYCIN	36	VITAFOL ULTRA	163	VYVANSE	92
VICTOZA	112	VITAMEDMD ONE RX/	163	VYVGART	155
VIDAZA	39	QUATREFOLIC		VYVGART HYTRULO	155
VIEKIRA PAK	31	VITRAKVI	50	VYXEOS	42
<i>vienva</i>	119	VIVELLE-DOT	121	VYZULTA	169
<i>vigabatrin</i>	87	VIVITROL	103	WAINUA	97
<i>vigadrone</i>	87	VIVJOA	25	WAKIX	101
VIGAMOX	166	VIZIMPRO	50	<i>warfarin sodium</i>	142
<i>vigpoder</i>	87	VOGELXO	104	WELCHOL	57
VIIBRYD	74	VOGELXO PUMP	104	WELIREG	42
VIIBRYD STARTER	74	<i>volnea</i>	119	WELLBUTRIN SR	74
PACK		VONJO	50	WELLBUTRIN XL	74
VIJOICE	127	VOQUEZNA	138	<i>wera</i>	120
<i>vilazodone</i>	74	VOQUEZNA DUAL PAK	136	WESCAP-C DHA	163
<i>hydrochloride</i>		VOQUEZNA TRIPLE	136	WESCAP-PN DHA	163
VILTEPSO	97	PAK		WESNATE DHA	163
VIMIZIM	127	<i>voriconazole</i>	25, 26	WESTAB PLUS	163
VIMOVO	13	VOSEVI	31	WESTGEL DHA	163
VIMPAT	87	VOTRIENT	50	WINLEVI	180
<i>vinblastine sulfate</i>	42	VOWST	136	WINREVAIR	66
<i>vincasar pfs</i>	42	VOXZOGO	127	WINRHO SDF	154
<i>vincristine sulfate</i>	42	VOYDEYA	146	<i>wixela inhub</i>	177
<i>vinorelbine tartrate</i>	42	VPRIV	127	<i>wymzya fe</i>	120
VIOKACE	137	VRAYLAR	81, 82	XACIATO	141
<i>viorele</i>	119	VTAMA	182	XADAGO	76
VIRACEPT	27	VUITY	169	XALATAN	169
VIRASAL	188	VUMERITY	99	XALKORI	50
VIREAD	27	VUSION	181	XANAX	68
VIRT-NATE DHA	163	VYEPTI	95	XANAX SR	68
VIRT-PN DHA	163	<i>vyfemla</i>	120	XARELTO	142
VISTARIL	172	VYJUVEK	189	XARELTO STARTER	142
VISTOGARD	127	<i>vylibra</i>	120	PACK	
VITAFOL GUMMIES	163	VYNDAMAX	64	XATMEP	153
VITAFOL-NANO	163	VYNDAMAX	64	XCOPRI	88
VITAFOL-OB	163	VYNDAMAX	64	XDEMVY	166
VITAFOL-ONE	163	VYONDAQEL	64	XELJANZ	152
VITAFOL STRIPS	163	VYONDYS 53	97	XELJANZ XR	151
		VYTORIN	57		

<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>	<b>Drug name</b>	<b>Page</b>
XELPROS	169	XYWAV	102	<i>zenatane</i>	180
XELSTRYM	92	<i>yargesa</i>	127	ZENPEP	137
XEMBIFY	154	YASMIN 28	120	<i>zenzedi</i>	92
XENAZINE	97	YAZ	120	ZEPATIER	31
XENLETA	24	YCANTH	188	ZEPOSIA	99, 100
XENPOZYME	127	YERVOY	50	ZEPOSIA 7-DAY STARTER PACK	99
XEOMIN	101	YF-VAX	157	ZEPZELCA	37
XERAHA	36	YONDELIS	37	ZERBAXA	32
XERESE	188	YONSA	40	ZERVIAE	167
XERMELO	136	YUFLYMA	152	ZESTORETIC	52
XGEVA	113	YUFLYMA CD/UC/HS	152	ZESTRIL	52
XHANCE	175	STARTER		ZETIA	58
XIAFLEX	127	YUPELRI	171	ZETONNA	175
XIFAXAN	24	YUSIMRY	152	ZIAC	58
XIGDUO XR	112	YUTIQ	167	ZIAGEN	27
XIIDRA	170	<i>yuvafem</i>	121	ZIANA	180
XIPERE	167	<i>zafemy</i>	120	<i>zidovudine</i>	28
XOFLUZA	31	<i>zafirlukast</i>	173	ZIEXTENZO	144
XOLAIR	175	<i>zaleplon</i>	93	ZILBRYSQ	146
XOLREMDI	144	ZALTRAP	50	<i>zileuton er</i>	173
XOPENEX HFA	173	ZANAFLEX	101	ZILRETTA	123
XOSPATA	50	ZANOSAR	37	ZILXI	188
XPHOZAH	127	ZARONTIN	88	ZIMHI	103
XPOVIO	50	ZARXIO	144	ZINPLAVA	155
XTAMPZA ER	14	ZAVESCA	128	ZIOPTAN	169
XTANDI	40	ZAVZPRET	95	<i>ziprasidone hcl</i>	82
<i>xulane</i>	120	<i>zebutal</i>	10	<i>ziprasidone mesylate</i>	82
XULTOPHY	107	ZEGALOGUE	123	ZIPSOR	13
XURIDEN	127	ZEGERID	138	ZIRABEV	51
XYLOCAINE	19	ZEJULA	50	ZIRGAN	166
XYLOCAINE/ EPINEPHRINE	19	ZELAPAR	76	ZITHROMAX	33
XYLOCAINE-MPF	19	ZELBORAF	50	ZITHROMAX TRI-PAK	33
XYLOCAINE-MPF/ EPINEPHRINE	19	ZEMAIRA	175	ZITHROMAX Z-PAK	33
XYOSTED	104	ZEMBRACE	95	ZITUVIO	112
XYREM	102	SYMTOUCH		ZOCOR	56
		ZEMDRI	24		
		ZEMPLAR	130		

<b>Drug name</b>	<b>Page</b>
ZOKINVY	128
ZOLADEX	40
<i>zoledronic acid</i>	113
ZOLEDRONIC ACID	113
ZOLINZA	51
<i>zolmitriptan</i>	95
<i>zolmitriptan odt</i>	95
ZOLOFT	74
<i>zolpidem tartrate</i>	93
ZOLPIDEM TARTRATE	93
<i>zolpidem tartrate er</i>	93
ZOLPIMIST	93
ZOMACTON	128
ZOMIG	95
ZONALON	188
ZONEGRAN	88
ZONISADE	88
<i>zonisamide</i>	88
ZONTIVITY	146
ZORBTIVE	128
ZORTRESS	156
ZORVOLEX	13
ZORYVE	182
ZOSYN	35
<i>zovia 1/35</i>	120
ZOVIRAX	31, 188
ZTALMY	88
ZTLIDO	186
ZUBSOLV	103
ZULRESSO	74
<i>zumandimine</i>	120

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**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

**注意：**如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

## Multi-Language Insert

### Multi-language Interpreter Services

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**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

**Hawaiian:** He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

This formulary was updated on 09/01/2024. For more recent information or other questions, please contact Aetna® Medicare Member Services at **1-866-241-0357** or for **TTY users: 711**, 24 hours a day, 7 days a week, or visit **AetnaRetireePlans.com** choose “Manage your prescription drugs.”



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