

Aetna Medicare Rx offered by SilverScript

2023 Formulary (List of Covered Drugs)

5T Comprehensive+ Formulary

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

This formulary was updated on 02/16/2023. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

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

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

Formulary ID Number: 23021

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

When this drug list (formulary) refers to "we," "us," or "our," it means SilverScript® Insurance Company. When it refers to "plan" or "our plan," it means Aetna Medicare Rx offered by SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of February 16, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Aetna Medicare Rx offered by SilverScript Formulary?

A formulary is a list of covered drugs selected by Aetna Medicare Rx offered by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Aetna Medicare Rx offered by SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare Rx offered by SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

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

Can the Formulary (drug list) change?

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

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

New generic drugs. When adding a new generic drug, we may move the brand drug to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

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

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of February 16, 2023. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?

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

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

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

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

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

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

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

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

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

Drug Tier Copay Levels

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

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

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

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

For more information

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

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

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

Aetna Medicare Rx offered by SilverScript's Formulary

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	2	QL (90 ML per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	2	QL (90 EA per 30 days) PA MO
METHADOSE	4	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE	4	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	2	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er (generic Kadian) cp24 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	2	QL (90 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
MS CONTIN TBCR 30MG	4	QL (60 EA per 30 days) PA MO
MS CONTIN TBCR 15MG	4	QL (90 EA per 30 days) PA MO
MS CONTIN TBCR 100MG, 200MG, 60MG	5	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 50MG	4	QL (60 EA per 30 days) PA MO
NUCYNTA ER TB12 100MG, 150MG, 200MG, 250MG	5	QL (60 EA per 30 days) PA MO
OXYCODONE HCL ER T12A 15MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA
OXYCODONE HCL ER T12A 10MG, 20MG, 40MG, 80MG	4	QL (60 EA per 30 days) PA MO
OXYCONTIN	4	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er</i>	2	QL (60 EA per 30 days) PA MO
<i>oxycodone hydrochloride er tb12 40mg</i>	5	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CP24	4	QL (30 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	2	QL (30 EA per 30 days) PA MO
XTAMPZA ER C12A 36MG	4	QL (240 EA per 30 days) PA MO
XTAMPZA ER C12A 13.5MG, 18MG, 27MG, 9MG	4	QL (60 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/caffeine/dihydrocodeine tabs</i>	2	QL (300 EA per 30 days)
<i>acetaminophen/caffeine/dihydrocodeine caps</i>	2	QL (300 EA per 30 days) MO
<i>acetaminophen/codeine tabs</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	2	QL (2700 ML per 30 days) MO
ACTIQ	5	QL (120 EA per 30 days) PA MO
<i>ascomp/codeine</i>	2	QL (180 EA per 30 days) PA MO
BUPRENEX	5	MO
<i>buprenorphine hcl inj 0.3mg/ml</i>	2	MO
<i>butalbital/acetaminophen/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine/codeine</i>	2	QL (180 EA per 30 days) PA MO
<i>butorphanol tartrate nasal soln</i>	2	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	2	
<i>butorphanol tartrate inj 2mg/ml</i>	2	MO
CODEINE SULFATE	4	QL (180 EA per 30 days) MO
DEMEROL INJ 100MG/2ML, 25MG/ML, 75MG/ML	4	PA

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

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

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

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

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

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

ANESTHETICS**LOCAL ANESTHETICS**

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

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

AEMCOLO	4	MO
<i>albendazole</i>	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
ALBENZA	4	MO
<i>amikacin sulfate</i>	2	MO
ARIKAYCE	5	PA LA
<i>atovaquone</i>	5	PA MO
AZACTAM	4	
<i>aztreonam inj 1gm</i>	2	MO
<i>aztreonam inj 2gm</i>	5	MO
<i>bacitracin inj 50000unit</i>	2	
BACTRIM	4	MO
BACTRIM DS	4	MO
BENZNIDAZOLE	4	PA
BETHKIS	5	QL (224 ML per 56 days) PA LA
BILTRICIDE	5	MO
CAYSTON	5	PA LA
<i>chloramphenicol sodium succinate</i>	2	
CLEOCIN PEDIATRIC GRANULES	4	MO
CLEOCIN PHOSPHATE INJ 300MG/2ML, 9GM/60ML	4	
CLEOCIN PHOSPHATE INJ 600MG/4ML, 900MG/6ML	4	MO
CLEOCIN CAPS 150MG, 300MG, 75MG	4	MO
<i>clindamycin hcl caps 150mg, 75mg</i>	2	MO
<i>clindamycin hcl caps 300mg</i>	2	MO
<i>clindamycin palmitate hcl</i>	2	MO
<i>clindamycin phosphate/dextrose</i>	2	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	2	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	2	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
COLY-MYCIN M	4	PA MO
CUBICIN	5	
CUBICIN RF	5	
DALVANCE	5	
<i>dapsone tabs 100mg, 25mg</i>	2	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	
DARAPRIM	5	QL (90 EA per 30 days) PA MO
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	2	MO
FIRVANQ ORAL SOLN 25MG/ML	4	QL (1800 ML per 180 days)
FIRVANQ ORAL SOLN 50MG/ML	4	QL (1800 ML per 180 days) MO
FLAGYL	4	MO
<i>fosfomicin tromethamine</i>	2	MO
<i>gentamicin sulfate pediatric</i>	2	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 2 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PRIMAXIN IV	4	MO
<i>pyrimethamine</i>	5	QL (90 EA per 30 days) PA MO
RECARBRIO	5	PA
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
SOLOSEC	4	MO
<i>streptomycin sulfate</i>	5	MO
STROMEKTOL	4	QL (12 EA per 90 days) PA MO
<i>sulfadiazine</i>	2	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	2	MO
SYNERCID	5	
<i>tinidazole</i>	2	MO
TOBI	5	QL (280 ML per 56 days) PA LA
TOBI PODHALER	5	QL (224 EA per 56 days) PA LA
<i>tobramycin sulfate inj 10mg/ml, 2gm/50ml</i>	2	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	2	MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<i>tobramycin nebu 300mg/4ml</i>	5	QL (224 ML per 56 days) PA
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	
<i>uro-458</i>	2	MO
UROGESIC-BLUE	4	MO
VABOMERE	5	PA
VANCOGIN CAPS 125MG	5	QL (120 EA per 30 days) MO
VANCOGIN CAPS 250MG	5	QL (240 EA per 30 days) MO
VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML, 2000MG/400ML	4	
VANCOMYCIN HCL INJ 0.9%; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	2	
VANCOMYCIN HYDROCHLORIDE/DEXTROSE	4	
VANCOMYCIN HYDROCHLORIDE ORAL SOLN	4	QL (1800 ML per 180 days) MO
<i>vancomycin hydrochloride caps 125mg</i>	2	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	2	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	2	
<i>vancomycin hydrochloride inj 500mg</i>	2	MO
VIBATIV	5	PA
XENLETA INJ	4	PA
XENLETA TABS	5	PA
XIFAXAN TABS 200MG	5	QL (9 EA per 30 days) PA MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
VFEND TABS 200MG	4	QL (120 EA per 30 days) MO
VFEND TABS 50MG	5	QL (480 EA per 30 days) MO
VIVJOA	4	QL (18 EA per 84 days) PA
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	2	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	2	MO
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
KRINTAFEL	4	PA
MALARONE	4	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	
QUALAQUIN	4	PA MO
<i>quinine sulfate</i>	2	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	2	MO
APRETUDE	5	QL (21 ML per 365 days) LA MO
APTIVUS	5	MO
<i>atazanavir sulfate</i>	2	MO
EDURANT	5	MO
<i>efavirenz</i>	2	MO
<i>emtricitabine</i>	2	MO
EMTRIVA	4	MO
EPIVIR	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK, TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	2	MO
<i>lamivudine tabs 150mg, 300mg</i>	2	MO
LEXIVA SUSP	4	MO
LEXIVA TABS	5	MO
<i>maraviroc</i>	5	MO
<i>nevirapine immediate release tabs, oral susp</i>	2	MO
<i>nevirapine er tb24 100mg</i>	2	

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RIFADIN	4	
<i>rifampin inj</i>	2	
<i>rifampin caps</i>	2	MO
SIRTURO	5	PA LA
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium inj</i>	2	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	2	QL (30 EA per 30 days) MO
BARACLUDE TABS	5	QL (30 EA per 30 days) MO
BARACLUDE SOLN	5	QL (630 ML per 30 days) MO
<i>cidofovir</i>	2	
<i>entecavir</i>	2	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>foscarnet sodium</i>	5	PA
<i>ganciclovir</i>	2	B/D
HARVONI	5	PA
HEPSERA	5	QL (30 EA per 30 days) ST MO
<i>lamivudine tabs 100mg</i>	2	MO
LEDIPASVIR/SOFOSBUVIR	5	PA
LIVTENCITY	5	QL (120 EA per 30 days) PA LA MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	2	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS INJ	5	
PREVYMIS TABS	5	QL (28 EA per 28 days) PA MO
RAPIVAB	5	
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin</i>	2	
<i>rimantadine hydrochloride</i>	2	MO
SITAVIG	5	QL (2 EA per 30 days) MO
SOFOSBUVIR/VELPATASVIR	5	PA
SOVALDI TABS	5	QL (28 EA per 28 days) PA
SOVALDI PACK 150MG	5	QL (28 EA per 28 days) PA
SOVALDI PACK 200MG	5	QL (56 EA per 28 days) PA
TAMIFLU ORAL SUSP	4	QL (1080 ML per 365 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30MG	4	QL (168 EA per 365 days) MO
TAMIFLU CAPS 45MG, 75MG	4	QL (84 EA per 365 days) MO
<i>valacyclovir hcl tabs 1gm</i>	2	MO
<i>valacyclovir hcl tabs 500mg</i>	2	MO
VALCYTE	5	MO
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	2	MO
VALTREX TABS 500MG	4	MO
VALTREX TABS 1GM	5	MO
VEKLURY	5	QL (4 EA per 30 days) PA
VEMLIDY	5	MO
VIEKIRA PAK	5	QL (112 EA per 28 days) PA
VOSEVI	5	PA
XOFLUZA	4	QL (1 EA per 180 days) MO
ZEPATIER	5	PA
ZOVIRAX SUSP 200MG/5ML	4	MO
CEPHALOSPORINS		
AVYCAZ	5	PA
<i>cefaclor</i>	2	MO
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium inj 1gm iv</i>	2	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	2	MO
CEFAZOLIN/DEXTROSE INJ 1GM/50ML;4%, 2GM/50ML;3%	4	
CEFAZOLIN INJ 2GM/100ML; 4%	3	
<i>cefazolin inj 2gm</i>	2	
<i>cefdinir</i>	2	MO
CEFEPIME HYDROCHLORIDE INJ 100GM	4	
CEFEPIME/DEXTROSE	4	
CEFEPIME INJ 1GM/50ML, 2GM/100ML	4	
<i>cefepime inj 1gm, 2gm</i>	2	MO
<i>cefixime</i>	2	MO
CEFOTAN	4	
<i>cefotetan inj 1gm/10ml, 2gm/20ml</i>	2	
CEFOTETAN/DEXTROSE	4	
CEFOXITIN SODIUM INJ 1GM; 4%, 2GM; 2.2%	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	2	
<i>cefpodoxime proxetil</i>	2	MO
<i>cefprozil</i>	2	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ZITHROMAX TRI-PAK	4	MO
ZITHROMAX Z-PAK	4	MO
FLUOROQUINOLONES		
BAXDELA INJ	5	PA
BAXDELA TABS	5	PA MO
CIPRO	4	MO
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	2	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	2	MO
<i>levofloxacin in d5w</i>	2	
<i>levofloxacin inj 25mg/ml</i>	2	
<i>levofloxacin oral soln 25mg/ml</i>	2	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	2	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	2	
<i>moxifloxacin hydrochloride tabs 400mg</i>	2	MO
<i>ofloxacin tabs 300mg, 400mg</i>	2	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	2	MO
<i>ampicillin caps</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	2	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	2	MO
<i>ampicillin-sulbactam</i>	2	
AUGMENTIN	4	MO
AUGMENTIN ES-600	4	MO
BICILLIN C-R INJ 900000UNIT/2ML; 300000UNIT/2ML	4	
BICILLIN C-R INJ 300000UNIT/ML; 300000UNIT/ML	4	MO
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	2	MO
<i>nafcillin sodium inj 1gm</i>	2	
<i>nafcillin sodium inj 2gm</i>	2	MO
<i>nafcillin sodium inj 10gm, 2gm iv</i>	5	
NAFCILLIN INJ 5%; 1GM/50ML	4	
NAFCILLIN INJ 5%; 2GM/100ML	5	
OXACILLIN SODIUM INJ 1GM/50ML, 2GM/50ML	4	
<i>oxacillin sodium inj 10gm, 1gm</i>	2	
<i>oxacillin sodium inj 2gm</i>	2	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC	4	
DEXTROSE		
<i>penicillin g potassium inj 2000000unit</i>	2	MO
<i>penicillin g potassium inj 5000000unit</i>	5	MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin hcl</i>	2	B/D
<i>doxorubicin hydrochloride</i>	2	B/D
<i>doxorubicin hydrochloride liposomal</i>	5	
ELLENC	5	
IDAMYCIN PFS	5	
<i>idarubicin hcl</i>	2	
<i>mitomycin inj 5mg</i>	2	
<i>mitomycin inj 20mg, 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	2	
<i>mutamycin inj 40mg</i>	5	
<i>valrubicin</i>	5	
VALSTAR	5	
ANTIMETABOLITES		
ALIMTA	5	
ARRANON	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
CLOLAR	5	
<i>cytarabine</i>	2	B/D
<i>cytarabine aqueous</i>	2	B/D
DACOGEN	5	
<i>decitabine</i>	5	
<i>fludarabine phosphate</i>	2	
<i>fluorouracil inj 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	2	B/D
FOLOTYN	5	
<i>gemcitabine hcl inj 1gm, 200mg, 2gm</i>	2	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	2	
INFUGEM	5	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA LA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium inj pf 50mg/2ml</i>	2	MO
<i>methotrexate sodium inj 1gm/40ml, 1gm</i>	2	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	2	MO
<i>nelarabine</i>	5	
ONUREG	5	QL (14 EA per 28 days) PA LA
PEMETREXED INJ 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	5	
<i>pemetrexed inj 1000mg, 100mg, 500mg, 750mg</i>	5	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
<i>lenalidomide caps 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA LA
POMALYST	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA LA
MISCELLANEOUS		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA LA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
CAMPTOSAR	4	
<i>dacarbazine</i>	2	
HYCAMTIN	5	
HYDREA	4	MO
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
<i>irinotecan hcl inj 500mg/25ml</i>	2	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	2	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	2	
NIPENT	5	
ONCASPAR	5	PA
ONIVYDE	5	PA LA
RYLAZE	5	PA LA
SYNRIBO	5	PA
TARGRETIN CAPS 75MG	5	PA
TICE BCG	4	
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	5	
<i>tretinoin caps 10mg</i>	5	MO
TRISENOX	5	
VYXEOS	5	PA
WELIREG	5	QL (90 EA per 30 days) PA LA MO
MITOTIC INHIBITORS		
ABRAXANE	5	LA
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML	5	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 28 days) PA LA
CYRAMZA	5	PA LA
DARZALEX	5	PA LA
DARZALEX FASPRO	5	PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
EMPLICITI	5	PA LA
ENHERTU	5	PA LA
ERBITUX	5	PA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA LA MO
FYARRO	5	PA LA
GAVRETO	5	QL (120 EA per 30 days) PA LA
GAZYVA	5	PA LA
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
GLEEVEC TABS 400MG	5	QL (60 EA per 30 days) PA
GLEEVEC TABS 100MG	5	QL (90 EA per 30 days) PA
HERCEPTIN	5	PA LA
HERCEPTIN HYLECTA	5	PA LA
HERZUMA	5	PA LA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 15MG, 45MG	5	QL (30 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA ORAL SUSP	5	QL (216 ML per 27 days) PA LA MO

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

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
IMFINZI	5	PA LA
IMJUDO	5	PA LA
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	5	
JAKAFI	5	QL (60 EA per 30 days) PA LA
JEMPERLI	5	PA LA
KADCYLA	5	LA
KANJINTI	5	PA LA
KEYTRUDA	5	PA LA
KIMMTRAK	5	PA LA
KISQALI	5	PA
KOSELUGO	5	PA LA
KRAZATI	5	QL (180 EA per 30 days) PA LA
KYPROLIS	5	PA LA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LUNSUMIO	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MARGENZA	5	PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MVASI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
OGIVRI	5	PA LA
ONTRUZANT	5	PA LA
OPDIVO	5	PA LA
OPDUALAG	5	PA
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PERJETA	5	PA LA
PHEGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA LA
PORTRAZZA	5	PA LA
POTELIGEO	5	PA LA
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
REZLIDHIA	5	QL (60 EA per 30 days) PA LA
RIABNI	5	PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
<i>romidepsin</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYBREVANT	5	PA LA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SCEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA LA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSE	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
TALZENNA CAPS 0.25MG	5	QL (90 EA per 30 days) PA LA
TARCEVA TABS 100MG, 150MG	5	QL (30 EA per 30 days) PA LA
TARCEVA TABS 25MG	5	QL (90 EA per 30 days) PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	PA LA
TECVAYLI	5	PA LA
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TIVDAK	5	PA LA
TORISEL	5	
TRAZIMERA	5	PA
TRODELVY	5	PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG DAILY DOSE	5	QL (21 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 125MG DAILY DOSE, 50MG DAILY DOSE	5	QL (42 EA per 28 days) PA LA
TRUSELTIQ CAPSULE THERAPY PACK 75MG DAILY DOSE	5	QL (63 EA per 28 days) PA LA
TRUXIMA	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO CAPS 125MG	5	QL (120 EA per 30 days) PA LA
TURALIO CAPS 200MG	5	QL (120 EA per 30 days) PA LA MO
TYKERB	5	QL (180 EA per 30 days) PA LA
UKONIQ	5	QL (120 EA per 30 days) PA LA MO
VECTIBIX	5	PA
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VONJO	5	QL (120 EA per 30 days) PA LA MO

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

Drug Name	Drug Tier	Requirements/Limits
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG ONCE WEEKLY (40MG TABS), 60MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO TBPK 40MG TWICE WEEKLY (40MG TABS), 80MG ONCE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA LA
ZALTRAP	5	PA LA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
ZYNLONTA	5	PA LA
PROTECTIVE AGENTS		
<i>dexrazoxane inj 500mg</i>	2	
<i>dexrazoxane inj 250mg</i>	5	
ELITEK	5	
KEPIVANCE	5	
KHAPZORY	5	B/D LA
<i>leucovorin calcium inj</i>	2	
<i>leucovorin calcium tabs</i>	2	MO
<i>levoleucovorin calcium inj 50mg</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	2	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>mesna</i>	2	
MESNEX INJ	4	
MESNEX TABS	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	4	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
LOTREL	4	QL (30 EA per 30 days) MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC	4	MO
ZESTORETIC	4	MO
ACE INHIBITORS		
ACCUPRIL	4	MO
ALTACE	4	MO
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tabs</i>	1	MO
<i>enalapril maleate soln</i>	5	MO
<i>enalaprilat inj</i>	2	
EPANED	5	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	4	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
QBRELIS	5	MO
<i>quinapril hcl tabs 20mg, 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC TABS 10MG, 2.5MG, 5MG	4	MO
VASOTEC TABS 20MG	5	MO
ZESTRIL	4	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	4	MO
CAROSPIR	4	MO
<i>eplerenone</i>	2	MO
INSPIRA	4	MO
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
CARDURA TABS 2MG, 4MG, 8MG	4	MO
CARDURA TABS 1MG	5	MO
<i>doxazosin mesylate</i>	2	MO
MINIPRESS	4	MO
<i>prazosin hydrochloride</i>	2	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ATACAND HCT TABS 32MG; 12.5MG, 32MG; 25MG	4	QL (30 EA per 30 days) ST MO
ATACAND HCT TABS 16MG; 12.5MG	4	QL (60 EA per 30 days) ST MO
AVALIDE TABS 12.5MG; 300MG	4	QL (30 EA per 30 days) ST MO
AVALIDE TABS 12.5MG; 150MG	4	QL (60 EA per 30 days) ST MO
AZOR	4	QL (30 EA per 30 days) ST MO
BENICAR HCT	4	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
DIOVAN HCT	4	QL (30 EA per 30 days) ST MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
EXFORGE	4	QL (30 EA per 30 days) ST MO
EXFORGE HCT	4	QL (30 EA per 30 days) ST MO
HYZAAR	4	QL (30 EA per 30 days) ST MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABS 12.5MG; 40MG, 25MG; 80MG	4	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABS 12.5MG; 80MG	4	QL (60 EA per 30 days) ST MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
TRIBENZOR	4	QL (30 EA per 30 days) ST MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABS 32MG	4	QL (30 EA per 30 days) ST MO
ATACAND TABS 16MG, 4MG, 8MG	4	QL (60 EA per 30 days) ST MO
AVAPRO	4	QL (30 EA per 30 days) ST MO
BENICAR TABS 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
BENICAR TABS 5MG	4	QL (60 EA per 30 days) ST MO
<i>candesartan cilexetil tabs 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
COZAAR TABS 100MG	4	QL (30 EA per 30 days) ST MO
COZAAR TABS 25MG, 50MG	4	QL (60 EA per 30 days) ST MO
DIOVAN TABS 320MG	4	QL (30 EA per 30 days) ST MO

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

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TABS 160MG, 40MG, 80MG	4	QL (60 EA per 30 days) ST MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
MICARDIS	4	QL (30 EA per 30 days) ST MO
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
VALSARTAN SOLN	5	QL (2400 ML per 30 days) PA
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	2	
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml</i>	2	
<i>amiodarone hydrochloride tabs</i>	2	MO
BETAPACE	5	MO
BETAPACE AF	4	MO
<i>disopyramide phosphate</i>	2	PA MO
<i>dofetilide</i>	2	
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML VIALS	4	
<i>lidocaine hcl inj 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	2	
<i>mexiletine hcl</i>	2	MO
MULTAQ	4	MO
NEXTERONE	4	
NORPACE CR	4	MO
NORPACE CAPS 100MG	4	PA MO
NORPACE CAPS 150MG	5	PA MO
<i>pacerone</i>	2	
<i>procainamide hcl</i>	2	
<i>propafenone hcl tabs</i>	2	MO
<i>propafenone hydrochloride er caps</i>	2	MO
<i>quinidine gluconate cr</i>	2	MO
<i>quinidine gluconate er</i>	2	MO
<i>quinidine sulfate</i>	2	MO
RYTHMOL SR CP12 225MG	4	MO
RYTHMOL SR CP12 325MG, 425MG	5	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
SOTYLIZE	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
TIKOSYN	4	ST
ANTILIPEMICS, FIBRATES		
ANTARA	4	MO
<i>fenofibrate tabs</i>	2	MO
FENOFIBRATE MICRONIZED CAPS 30MG, 90MG	4	MO
<i>fenofibrate micronized caps 150mg, 134mg, 130mg, 200mg, 67mg, 50mg, 43mg</i>	2	MO
<i>fenofibric acid dr</i>	2	MO
FENOGLIDE	4	MO
<i>gemfibrozil</i>	2	MO
LIPOFEN	4	MO
LOPID	4	MO
TRICOR	4	MO
TRILIPIX	4	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV	5	QL (30 EA per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	4	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	4	QL (30 EA per 30 days) ST MO
FLOLIPID	4	QL (300 ML per 30 days) ST MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	4	QL (30 EA per 30 days) ST MO
LIPITOR	4	QL (30 EA per 30 days) ST MO
LIVALO	4	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ZOCOR	4	QL (30 EA per 30 days) ST MO
ZYPITAMAG	4	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	2	MO
<i>cholestyramine light</i>	2	MO
<i>colesevelam hydrochloride</i>	2	MO
COLESTID	4	MO
COLESTID FLAVORED	4	MO
<i>colestipol hcl</i>	2	MO
EVKEEZA	5	PA LA MO
<i>ezetimibe</i>	2	MO
EZETIMIBE/ROSUVASTATIN	4	QL (30 EA per 30 days) ST MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID	5	PA LA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
INNOPRAN XL	5	MO
KAPSPARGO SPRINKLE	4	ST MO
<i>labetalol hydrochloride tabs, inj 5mg/ml</i>	2	MO
LABETALOL HYDROCHLORIDE/DEXTROSE	4	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE	4	
LOPRESSOR	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	2	
<i>nadolol</i>	2	MO
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	2	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	2	MO
<i>propranolol hcl er caps 60mg, 80mg</i>	2	MO
<i>propranolol hcl tabs</i>	2	MO
<i>propranolol hcl inj</i>	2	
<i>propranolol hcl oral soln</i>	2	MO
TENORMIN	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	4	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	2	
<i>amlodipine besylate</i>	1	MO
CALAN SR	4	MO
CARDENE IV	4	
CARDIZEM CD CP24 180MG, 300MG	4	MO
CARDIZEM CD CP24 120MG, 240MG, 360MG	5	MO
CARDIZEM LA	4	MO
CARDIZEM TABS 120MG, 30MG	4	MO
CARDIZEM TABS 60MG	5	MO
<i>cartia xt</i>	2	
CONJUPRI	4	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd caps</i>	2	MO
<i>diltiazem hcl er caps 12hr, er caps 24hr, er tabs</i>	2	MO
<i>diltiazem hcl inj 25mg/5ml</i>	2	
<i>diltiazem hcl immediate release tabs</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	2	
<i>felodipine er</i>	2	MO
<i>isradipine</i>	2	MO
KATERZIA	4	MO
LEVAMLODIPINE	4	

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

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

Drug Name	Drug Tier	Requirements/Limits
EDECIN TABS	5	MO
<i>ethacrynate sodium inj</i>	5	
<i>ethacrynic acid tabs</i>	5	MO
FUROSCIX	5	
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
KEVEYIS	5	QL (120 EA per 30 days) PA LA
LASIX	4	MO
MANNITOL INJ 20%	4	
<i>mannitol inj 25%</i>	2	MO
MAXZIDE	4	MO
MAXZIDE-25	4	MO
<i>methazolamide</i>	2	MO
<i>metolazone</i>	2	MO
OSMITROL VIAFLEX	4	
SOAANZ	4	MO
SODIUM DIURIL INJ	4	
SODIUM EDECIN INJ	4	
<i>spironolactone/hydrochlorothiazide</i>	2	MO
THALITONE	4	QL (390 EA per 30 days) MO
<i>toremide</i>	2	MO
<i>triamterene</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJ 30MG/30ML	4	
ADRENALIN INJ 1MG/ML	4	MO
<i>aliskiren</i>	2	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
ASPRUZYO SPRINKLE PACK 1000MG	4	QL (60 EA per 30 days) PA
ASPRUZYO SPRINKLE PACK 500MG	4	QL (60 EA per 30 days) PA MO
BIDIL	4	MO
CADUET	4	MO
CAMZYOS	5	QL (30 EA per 30 days) PA LA
CATAPRES-TTS-1	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-2	4	QL (8 EA per 28 days) MO
CATAPRES-TTS-3	5	QL (8 EA per 28 days) MO
<i>clonidine hcl patch weekly 0.1mg/24hr, 0.2mg/24hr, 0.3mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
DEMSER	5	PA MO

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Drug Name	Drug Tier	Requirements/Limits
DIBENZYLINE	5	MO
<i>digitek</i>	2	QL (30 EA per 30 days)
<i>digox tabs 0.25mg</i>	2	QL (30 EA per 30 days)
<i>digoxin inj, oral soln</i>	2	MO
<i>digoxin tabs 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>dobutamine hcl inj 250mg/20ml</i>	2	B/D
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	4	B/D
DOPAMINE HYDROCHLORIDE INJ 40MG/ML	4	B/D
DOPAMINE HYDROCHLORIDE/DEXTROSE	4	B/D
DOPAMINE/D5W	4	B/D
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	2	
<i>guanfacine hcl</i>	2	PA MO
<i>guanfacine hydrochloride tabs 2mg</i>	2	PA MO
<i>hydralazine hcl</i>	2	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	2	MO
LANOXIN PEDIATRIC	4	
LANOXIN INJ	4	MO
LANOXIN TABS 125MCG, 250MCG	4	QL (30 EA per 30 days) MO
LANOXIN TABS 62.5MCG	4	QL (90 EA per 30 days) MO
<i>metirosine</i>	5	PA MO
<i>midodrine hcl</i>	2	MO
<i>milrinone lactate in dextrose</i>	2	B/D
<i>milrinone lactate inj 10mg/10ml, 50mg/50ml</i>	2	B/D
<i>milrinone lactate inj 20mg/20ml</i>	5	B/D
<i>minoxidil</i>	2	MO
NORTHERA CAPS 200MG, 300MG	5	QL (180 EA per 30 days) PA LA
NORTHERA CAPS 100MG	5	QL (90 EA per 30 days) PA LA
<i>phenoxybenzamine hydrochloride</i>	5	MO
RANEXA	4	MO
<i>ranolazine er</i>	2	MO
TEKTURNA	4	MO
TEKTURNA HCT	4	MO
VECAMYL	5	QL (300 EA per 30 days) PA
VERQUVO	3	MO
VYNDAMAX	5	QL (30 EA per 30 days) PA LA
VYNDAQEL	5	QL (120 EA per 30 days) PA LA
NITRATES		
GONITRO	4	MO
ISORDIL TITRADOSE TABS 5MG	4	MO
ISORDIL TITRADOSE TABS 40MG	5	MO
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate er tabs 30mg, 60mg, 120mg</i>	2	MO
<i>isosorbide mononitrate immediate release tabs 10mg, 20mg</i>	1	MO
NITRO-BID	3	MO
NITRO-DUR PT24 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	4	MO
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	5	MO
NITROGLYCERIN IN DEXTROSE 5%	4	
<i>nitroglycerin lingual spray</i>	2	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin sublingual tabs</i>	2	MO
NITROLINGUAL PUMPSPRAY	4	MO
NITROSTAT	4	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	5	PA
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	2	B/D LA
FLOLAN INJ 0.5MG	4	B/D LA
FLOLAN INJ 1.5MG	5	B/D LA
LETAIRIS	5	QL (30 EA per 30 days) PA LA
OPSUMIT	5	QL (30 EA per 30 days) PA LA
ORENITRAM TBCR 0.125MG	4	PA LA
ORENITRAM TBCR 0.25MG, 1MG, 2.5MG, 5MG	5	PA LA
REMODULIN	5	PA LA
REVATIO INJ	5	QL (1125 ML per 30 days) PA
REVATIO ORAL SUSP	5	QL (224 ML per 30 days) PA
REVATIO TABS	5	QL (90 EA per 30 days) PA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	2	QL (90 EA per 30 days) PA
<i>sildenafil oral susp</i>	5	QL (224 ML per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	5	PA
TADLIQ	5	QL (300 ML per 30 days) PA LA
TRACLEER ORAL TABLET SOLUBLE	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 62.5MG	5	QL (120 EA per 30 days) PA LA
TRACLEER TABS 125MG	5	QL (60 EA per 30 days) PA LA
<i>treprostinil</i>	5	PA LA
TYVASO	5	PA LA
TYVASO DPI MAINTENANCE KIT POWD 16MCG, 32MCG, 48MCG, 64MCG	5	QL (112 EA per 28 days) PA LA

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

CENTRAL NERVOUS SYSTEM**ANTI-ANXIETY**

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

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Drug Name	Drug Tier	Requirements/Limits
LOREEV XR CS24 1.5MG	5	QL (150 EA per 30 days) PA
LOREEV XR CS24 1MG, 2MG	5	QL (150 EA per 30 days) PA MO
LOREEV XR CS24 3MG	5	QL (90 EA per 30 days) PA MO
<i>meprobamate</i>	2	PA MO
<i>oxazepam</i>	2	QL (120 EA per 30 days) PA MO
XANAX XR TB24 1MG	4	QL (30 EA per 30 days) ST MO
XANAX XR TB24 3MG	4	QL (60 EA per 30 days) ST MO
XANAX XR TB24 2MG	4	QL (90 EA per 30 days) ST MO
XANAX XR TB24 0.5MG	4	ST MO
XANAX TABS 0.25MG, 0.5MG	4	QL (120 EA per 30 days) ST MO
XANAX TABS 1MG	4	QL (150 EA per 30 days) ST MO
XANAX TABS 2MG	5	QL (150 EA per 30 days) ST MO
ANTICONVULSANTS		
APTIOM TABS 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
BANZEL SUSP	5	QL (2760 ML per 30 days) PA MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	2	MO
CARBATROL	4	MO
CELONTIN	4	MO
CEREBYX INJ 500MG PE/10ML	4	MO
CEREBYX INJ 100MG PE/2ML	5	
<i>clobazam susp</i>	2	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	2	QL (180 EA per 30 days) PA MO
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO
DEPAKOTE	4	MO
DEPAKOTE ER	4	MO
DEPAKOTE SPRINKLES	4	MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
DIASTAT ACUDIAL	4	MO
DIASTAT PEDIATRIC	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>diazepam oral soln</i>	2	QL (1200 ML per 30 days) PA MO
<i>diazepam oral conc, inj</i>	2	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	2	MO
<i>divalproex sodium sprinkle caps</i>	2	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide</i>	2	MO
<i>felbamate</i>	2	MO
FELBATOL	5	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	2	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	2	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin caps 100mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin caps 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin caps 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin soln</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	2	QL (90 EA per 30 days) MO
GABITRIL	5	MO
KEPPRA XR	5	MO
KEPPRA INJ	4	
KEPPRA ORAL SOLN	5	MO
KEPPRA TABS 250MG	4	MO
KEPPRA TABS 1000MG, 500MG, 750MG	5	MO
KLONOPIN TABS 2MG	4	QL (300 EA per 30 days) MO
KLONOPIN TABS 0.5MG, 1MG	4	QL (90 EA per 30 days) MO
<i>lacosamide inj</i>	2	
<i>lacosamide oral soln</i>	2	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	2	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
LAMICTAL CHEWABLE DISPERSIBLE	5	MO
LAMICTAL ODT KIT	4	MO
LAMICTAL ODT TBDP	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER KIT (ORANGE)	4	MO
LAMICTAL STARTER KIT (GREEN)	5	MO
LAMICTAL STARTER KIT (BLUE)	4	MO
LAMICTAL TABS	5	MO
LAMICTAL XR TB24	5	MO
LAMICTAL XR TITRATION KIT BLUE, ORANGE	4	MO
LAMICTAL XR TITRATION KIT GREEN	5	MO
<i>lamotrigine er</i>	2	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	2	MO
<i>lamotrigine odt</i>	2	MO
<i>lamotrigine odt titration kit (orange)</i>	2	MO
<i>lamotrigine starter kit/blue</i>	2	MO
<i>lamotrigine starter kit/green</i>	5	MO
<i>lamotrigine starter kit/orange</i>	2	MO
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride inj</i>	2	
<i>levetiracetam inj</i>	2	
<i>levetiracetam oral soln, tabs</i>	2	MO
LYRICA SOLN	5	QL (900 ML per 30 days) PA MO
LYRICA CAPS 100MG, 150MG, 25MG, 50MG, 75MG	4	QL (120 EA per 30 days) PA MO
LYRICA CAPS 225MG, 300MG	4	QL (60 EA per 30 days) PA MO
LYRICA CAPS 200MG	4	QL (90 EA per 30 days) PA MO
MYSOLINE	5	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
NEURONTIN SOLN	5	QL (2160 ML per 30 days) MO
NEURONTIN CAPS 100MG	4	QL (180 EA per 30 days) MO
NEURONTIN CAPS 400MG	5	QL (270 EA per 30 days) MO
NEURONTIN CAPS 300MG	5	QL (360 EA per 30 days) MO
NEURONTIN TABS 600MG	5	QL (180 EA per 30 days) MO
NEURONTIN TABS 800MG	5	QL (90 EA per 30 days) MO
ONFI SUSP	5	QL (480 ML per 30 days) PA MO
ONFI TABS	5	QL (60 EA per 30 days) PA MO
<i>oxcarbazepine</i>	2	MO
OXTELLAR XR TB24 150MG	4	MO
OXTELLAR XR TB24 300MG, 600MG	5	MO
<i>phenobarbital sodium inj</i>	2	PA
<i>phenobarbital tabs</i>	2	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	2	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin chew tabs, oral susp</i>	2	MO
<i>phenytoin sodium extended release caps</i>	2	MO
<i>phenytoin sodium inj</i>	2	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin caps 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
QUDEXY XR CS24 25MG, 50MG	4	MO
QUDEXY XR CS24 100MG, 150MG, 200MG	5	MO
<i>roweepra</i>	2	
<i>rufinamide susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	2	QL (480 EA per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
SABRIL	5	QL (180 EA per 30 days) PA LA
SPRITAM	4	PA MO
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/green</i>	5	
<i>subvenite starter kit/orange</i>	2	
<i>subvenite tabs</i>	2	
SYMPAZAN	5	QL (60 EA per 30 days) PA MO
TEGRETOL	4	MO
TEGRETOL-XR	4	MO
<i>tiagabine hydrochloride</i>	2	MO
TOPAMAX SPRINKLE CPSP 15MG	4	MO
TOPAMAX SPRINKLE CPSP 25MG	5	MO
TOPAMAX TABS 25MG	4	QL (90 EA per 30 days) MO
TOPAMAX TABS 100MG	5	QL (120 EA per 30 days) MO
TOPAMAX TABS 200MG	5	QL (60 EA per 30 days) MO
TOPAMAX TABS 50MG	5	QL (90 EA per 30 days) MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps</i>	2	MO
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
TRANXENE T	4	QL (90 EA per 30 days) PA MO
TRILEPTAL SUSP	5	MO
TRILEPTAL TABS 150MG	4	MO
TRILEPTAL TABS 300MG, 600MG	5	MO
TROKENDI XR CP24 25MG, 50MG	4	MO
TROKENDI XR CP24 100MG, 200MG	5	MO
VALIUM	4	QL (120 EA per 30 days) PA MO
<i>valproate sodium inj</i>	5	
<i>valproic acid caps, oral soln</i>	2	MO
VALTOCO LIQUID NASAL SPRAY	4	QL (10 EA per 30 days) PA MO
VALTOCO LIQUID THERAPY PACK	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	2	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	

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Drug Name	Drug Tier	Requirements/Limits
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	5	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	5	QL (56 EA per 28 days) MO
ZARONTIN	4	MO
ZONEGRAN	5	MO
ZONISADE	5	QL (900 ML per 30 days) PA MO
<i>zonisamide</i>	2	MO
ZTALMY	5	QL (1100 ML per 30 days) PA LA MO
ANTIDEMENTIA		
ADLARITY	4	QL (4 EA per 28 days) PA MO
ARICEPT	4	QL (30 EA per 30 days) MO
<i>donepezil hcl odt tabs</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs</i>	2	QL (30 EA per 30 days) MO
<i>ergoloid mesylates</i>	5	PA MO
EXELON	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er caps</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	2	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	2	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er caps</i>	2	PA MO
<i>memantine hydrochloride soln</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	2	QL (60 EA per 30 days) PA MO
NAMENDA	4	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	4	QL (98 EA per 365 days) PA MO
NAMENDA XR	4	PA MO
NAMZARIC	4	MO
RAZADYNE ER	4	QL (30 EA per 30 days) MO
<i>rivastigmine tartrate caps</i>	2	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	2	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	2	MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	2	MO
<i>amoxapine</i>	2	MO
ANAFRANIL	5	PA MO
APLENZIN TB24 348MG, 522MG	5	QL (30 EA per 30 days) ST MO
APLENZIN TB24 174MG	5	QL (60 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY	5	QL (60 EA per 30 days) PA MO
<i>bupropion hcl immediate release tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TB24 450MG	4	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
CELEXA TABS 10MG	4	QL (120 EA per 30 days) ST MO
CELEXA TABS 40MG	4	QL (30 EA per 30 days) ST MO
CELEXA TABS 20MG	4	QL (60 EA per 30 days) ST MO
<i>chlordiazepoxide/amitriptyline</i>	2	PA MO
CITALOPRAM HYDROBROMIDE CAPS	4	QL (30 EA per 30 days) PA MO
<i>citalopram hydrobromide soln</i>	2	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hydrochloride</i>	2	PA MO
CYMBALTA	4	QL (60 EA per 30 days) MO
<i>desipramine hydrochloride tabs</i>	2	MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO
<i>doxepin hcl oral conc, caps 75mg</i>	2	MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl</i>	2	QL (60 EA per 30 days) MO
EFFEXOR XR CP24 37.5MG, 75MG	4	QL (30 EA per 30 days) ST MO
EFFEXOR XR CP24 150MG	4	QL (60 EA per 30 days) ST MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	2	QL (600 ML per 30 days) MO
<i>escitalopram oxalate tabs 20mg</i>	2	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	2	QL (4 EA per 28 days) MO
<i>fluoxetine hydrochloride caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg</i>	2	MO
<i>fluoxetine hydrochloride tabs (generic Sarafem) 20mg</i>	2	QL (120 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine hydrochloride tabs (generic Sarafem) 10mg</i>	2	QL (30 EA per 30 days) MO
FORFIVO XL	4	QL (30 EA per 30 days) ST MO
<i>imipramine hcl tabs 25mg, 50mg</i>	2	MO
<i>imipramine hydrochloride tabs 10mg</i>	2	MO
<i>imipramine pamoate</i>	2	MO
LEXAPRO TABS 20MG	4	QL (30 EA per 30 days) MO
LEXAPRO TABS 10MG, 5MG	4	QL (45 EA per 30 days) MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
NARDIL	4	MO
<i>nefazodone hydrochloride</i>	2	MO
NORPRAMIN	4	PA MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	2	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	2	MO
<i>olanzapine/fluoxetine</i>	2	QL (30 EA per 30 days) MO
PAMELOR	5	MO
PARNATE	5	MO
<i>paroxetine hcl er tb24 37.5mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	2	QL (90 EA per 30 days) MO
<i>paroxetine hcl tabs 40mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	2	QL (900 ML per 30 days) MO
PAXIL CR TB24 37.5MG	4	QL (60 EA per 30 days) ST MO
PAXIL CR TB24 12.5MG, 25MG	4	QL (90 EA per 30 days) ST MO
PAXIL SUSP	4	QL (900 ML per 30 days) MO
PAXIL TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
PAXIL TABS 30MG	4	QL (60 EA per 30 days) ST MO
<i>perphenazine/amitriptyline</i>	2	PA MO
PEXEVA TABS 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) ST MO
PEXEVA TABS 30MG	4	QL (60 EA per 30 days) ST MO
<i>phenelzine sulfate</i>	2	MO
PRISTIQ	4	QL (30 EA per 30 days) ST MO
<i>protriptyline hcl</i>	2	PA MO
PROZAC CAPS 10MG	4	QL (30 EA per 30 days) ST MO
PROZAC CAPS 20MG	5	QL (120 EA per 30 days) ST MO
PROZAC CAPS 40MG	5	QL (60 EA per 30 days) ST MO
REMERON	4	QL (30 EA per 30 days) MO
REMERON SOLTAB	4	QL (30 EA per 30 days) MO
<i>sertraline oral conc</i>	2	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
SERTRALINE HYDROCHLORIDE CAPS	4	QL (30 EA per 30 days) ST MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
ABILIFY MYCITE	5	QL (30 EA per 30 days) PA
ABILIFY MYCITE MAINTENANCE KIT	5	QL (30 EA per 30 days) PA
ABILIFY MYCITE STARTER KIT	5	QL (30 EA per 30 days) PA
<i>aripiprazole odt</i>	2	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	2	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	2	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	2	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	2	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	2	
<i>chlorpromazine hcl inj 25mg/ml</i>	2	MO
<i>chlorpromazine hydrochloride oral conc 100mg/ml, 30mg/ml</i>	2	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	2	PA
<i>clozapine odt tbdp 100mg</i>	2	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	2	
<i>clozapine tabs 200mg</i>	2	QL (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	2	QL (270 EA per 30 days)
CLOZARIL TABS 25MG, 50MG	4	
CLOZARIL TABS 200MG	5	QL (120 EA per 30 days)
CLOZARIL TABS 100MG	5	QL (270 EA per 30 days)
FANAPT	5	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	4	PA MO
<i>fluphenazine decanoate inj</i>	2	MO
<i>fluphenazine hcl oral conc, tabs, inj</i>	2	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
GEODON INJ	4	QL (6 EA per 3 days) MO
GEODON CAPS	5	QL (60 EA per 30 days) MO
HALDOL DECANOATE 100	4	MO
HALDOL DECANOATE 50	4	MO
<i>haloperidol tabs, oral conc</i>	2	MO
<i>haloperidol decanoate inj</i>	2	MO
<i>haloperidol lactate inj</i>	2	MO
INVEGA HAFYERA INJ 1092MG/3.5ML	5	QL (3.5 ML per 180 days)
INVEGA HAFYERA INJ 1560MG/5ML	5	QL (5 ML per 180 days)
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
INVEGA TB24 1.5MG, 3MG, 9MG	5	QL (30 EA per 30 days) MO
INVEGA TB24 6MG	5	QL (60 EA per 30 days) MO
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine</i>	2	MO
LYBALVI	5	QL (30 EA per 30 days) PA MO
<i>molindone hydrochloride</i>	2	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	2	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 5mg</i>	2	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	2	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	2	QL (60 EA per 30 days) MO
<i>perphenazine</i>	2	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	2	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	2	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	2	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	2	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
RISPERDAL SOLN	4	QL (480 ML per 30 days) MO
RISPERDAL TABS 1MG	4	QL (60 EA per 30 days) MO
RISPERDAL TABS 0.5MG	4	QL (90 EA per 30 days) MO
RISPERDAL TABS 4MG	5	QL (120 EA per 30 days) MO
RISPERDAL TABS 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL TABS 3MG	5	QL (90 EA per 30 days) MO
<i>risperidone odt tbdp 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	2	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SAPHRIS	5	QL (60 EA per 30 days) MO
SECUADO	5	QL (30 EA per 30 days) MO
SEROQUEL XR TB24 150MG, 200MG	4	QL (30 EA per 30 days) PA MO
SEROQUEL XR TB24 50MG	4	QL (60 EA per 30 days) PA MO
SEROQUEL XR TB24 300MG, 400MG	5	QL (60 EA per 30 days) PA MO
SEROQUEL TABS 200MG	4	QL (120 EA per 30 days) MO
SEROQUEL TABS 25MG	4	QL (180 EA per 30 days) MO
SEROQUEL TABS 300MG	4	QL (60 EA per 30 days) MO
SEROQUEL TABS 100MG, 50MG	4	QL (90 EA per 30 days) MO
SEROQUEL TABS 400MG	5	QL (60 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	2	PA MO
<i>thiothixene</i>	2	MO
<i>trifluoperazine hcl tabs 10mg, 2mg, 5mg</i>	2	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	2	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAPSULE THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	2	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	2	QL (6 EA per 3 days) MO
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
ZYPREXA ZYDIS	5	QL (30 EA per 30 days) MO
ZYPREXA INJ	4	QL (3 EA per 1 days) MO
ZYPREXA TABS 7.5MG	4	QL (30 EA per 30 days) MO
ZYPREXA TABS 2.5MG, 5MG	4	QL (60 EA per 30 days) MO
ZYPREXA TABS 10MG, 15MG, 20MG	5	QL (30 EA per 30 days) MO
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	4	QL (30 EA per 30 days) MO
ADDERALL TABS 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	4	QL (60 EA per 30 days) MO
ADDERALL TABS 20MG	4	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	4	QL (30 EA per 30 days) MO
<i>amphetamine sulfate</i>	2	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine cp24</i>	2	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20 mg</i>	2	QL (90 EA per 30 days) MO
APTENSIO XR	4	QL (30 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 10mg, 25mg</i>	2	QL (120 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine caps 18mg</i>	2	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 60mg, 80mg</i>	2	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	2	QL (60 EA per 30 days) MO
AZSTARYS	4	QL (30 EA per 30 days) MO
<i>clonidine hcl er tabs</i>	2	MO
CONCERTA	4	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	4	QL (30 EA per 30 days) MO
DAYTRANA	4	QL (30 EA per 30 days) MO
DESOXYN	5	QL (150 EA per 30 days) MO
DEXEDRINE CP24 5MG	4	QL (120 EA per 30 days) MO
DEXEDRINE CP24 10MG, 15MG	5	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 20mg, 35mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs</i>	2	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er cp24 25mg</i>	2	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er caps</i>	2	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	2	QL (1800 ML per 30 days) MO
<i>dextroamphetamine sulfate tabs 15mg</i>	2	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 10mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 30mg</i>	2	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs 20mg</i>	2	QL (90 EA per 30 days) MO
DYANAVEL XR SUER	4	QL (240 ML per 30 days) MO
DYANAVEL XR CHER 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO
DYANAVEL XR CHER 5MG	4	QL (60 EA per 30 days) MO
EVEKEO	4	QL (180 EA per 30 days) MO
EVEKEO ODT	4	QL (60 EA per 30 days) MO
FOCALIN	4	QL (60 EA per 30 days) MO
FOCALIN XR	4	QL (30 EA per 30 days) MO
<i>guanfacine er tabs 2mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tb24 1mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tb24 3mg</i>	2	QL (60 EA per 30 days) PA MO
INTUNIV TB24 1MG, 2MG, 4MG	4	QL (30 EA per 30 days) PA MO
INTUNIV TB24 3MG	4	QL (60 EA per 30 days) PA MO
JORNAY PM	4	QL (30 EA per 30 days) MO
KAPVAY	4	MO
<i>methamphetamine hcl</i>	5	QL (150 EA per 30 days) MO
METHYLIN SOLN 5MG/5ML	4	QL (1800 ML per 30 days) MO
METHYLIN SOLN 10MG/5ML	4	QL (900 ML per 30 days) MO
<i>methylphenidate</i>	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	2	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA)</i> 10mg, 20mg, 40mg, 60mg	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Aptensio XR)</i> 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA)</i> 30mg	2	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tb24</i> 18mg, 27mg, 36mg, 54mg	2	QL (30 EA per 30 days)
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 45MG, 63MG, 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta)</i> 18mg, 27mg, 36mg, 54mg	2	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc</i> 10mg, 20mg	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chew tabs</i>	2	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tabs</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	2	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	2	QL (900 ML per 30 days) MO
MYDAYIS	4	QL (30 EA per 30 days) MO
<i>procentra</i>	5	QL (1800 ML per 30 days)
QELBREE CP24 100MG	4	QL (30 EA per 30 days) PA MO
QELBREE CP24 150MG	4	QL (60 EA per 30 days) PA MO
QELBREE CP24 200MG	4	QL (90 EA per 30 days) PA MO
QUILLICHEW ER CHER 40MG	4	QL (30 EA per 30 days) MO
QUILLICHEW ER CHER 30MG	4	QL (60 EA per 30 days) MO
QUILLICHEW ER CHER 20MG	4	QL (90 EA per 30 days) MO
QUILLIVANT XR	4	QL (360 ML per 30 days) MO
RELEXXII	4	QL (30 EA per 30 days) MO
RITALIN LA CP24 10MG, 20MG, 40MG	4	QL (30 EA per 30 days) MO
RITALIN LA CP24 30MG	4	QL (60 EA per 30 days) MO
RITALIN TABS	4	QL (90 EA per 30 days) MO
STRATTERA CAPS 10MG, 18MG, 25MG	4	QL (120 EA per 30 days) MO
STRATTERA CAPS 100MG, 60MG, 80MG	4	QL (30 EA per 30 days) MO
STRATTERA CAPS 40MG	4	QL (60 EA per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
XELSTRYM	4	QL (30 EA per 30 days)
<i>zenzedi tabs 15mg</i>	2	QL (120 EA per 30 days)
<i>zenzedi tabs 10mg, 5mg</i>	2	QL (180 EA per 30 days)
<i>zenzedi tabs 2.5mg</i>	2	QL (180 EA per 30 days) MO
<i>zenzedi tabs 7.5mg</i>	2	QL (240 EA per 30 days) MO
<i>zenzedi tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>zenzedi tabs 20mg</i>	2	QL (90 EA per 30 days)
HYPNOTICS		
AMBIEN	4	QL (30 EA per 30 days) PA MO
AMBIEN CR	4	QL (30 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
BELSOMRA	4	QL (30 EA per 30 days) MO
DAYVIGO	4	QL (30 EA per 30 days) PA MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO
EDLUAR SUBL 10MG	4	QL (30 EA per 30 days) PA MO
EDLUAR SUBL 5MG	4	QL (60 EA per 30 days) PA MO
<i>estazolam</i>	2	QL (30 EA per 30 days) PA MO
<i>eszopiclone</i>	2	QL (30 EA per 30 days) PA MO
<i>flurazepam hcl</i>	2	QL (30 EA per 30 days) MO
HALCION	4	QL (60 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA LA MO
LUNESTA	4	QL (30 EA per 30 days) PA MO
<i>midazolam hcl inj</i>	2	
<i>midazolam hcl syrp</i>	2	QL (300 ML per 30 days)
<i>midazolam hydrochloride</i>	2	
NEMBUTAL SODIUM	4	
<i>pentobarbital sodium</i>	2	
QUVIVIQ	4	QL (30 EA per 30 days) PA MO
<i>ramelteon</i>	2	QL (30 EA per 30 days) MO
RESTORIL CAPS 22.5MG	4	QL (30 EA per 30 days) PA MO
RESTORIL CAPS 15MG, 30MG, 7.5MG	5	QL (30 EA per 30 days) PA MO
ROZEREM	4	QL (30 EA per 30 days) MO
SILENOR	4	QL (30 EA per 30 days) MO
<i>temazepam</i>	2	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	2	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	2	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	2	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate tabs, subl</i>	2	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate er</i>	2	QL (30 EA per 30 days) PA MO
ZOLPIMIST	4	QL (9 ML per 30 days) PA MO
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
AJOVY AUTO-INJECTOR 225MG/1.5ML	4	QL (1.5 ML per 28 days) PA
AJOVY PREFILLED SYRINGE 225MG/1.5ML	4	QL (4.5 ML per 90 days) PA
<i>almotriptan malate</i>	2	QL (8 EA per 30 days) MO
AMERGE TABS 1MG	4	QL (9 EA per 30 days) ST MO
AMERGE TABS 2.5MG	5	QL (9 EA per 30 days) ST MO
CAMBIA	5	PA MO
D.H.E. 45	4	PA MO
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
ELYXYB	5	QL (28.8 ML per 21 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 120MG/ML	3	QL (2 ML per 30 days) PA
EMGALITY INJ 100MG/ML	3	QL (3 ML per 30 days) PA
ERGOMAR	5	
<i>ergotamine tartrate/caffeine</i>	2	QL (40 EA per 28 days) PA MO
FROVA	5	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	2	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL INJ 4MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE REFILL INJ 6MG/0.5ML	5	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 4MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJ 6MG/0.5ML	5	QL (4 ML per 30 days) ST MO
IMITREX NASAL SPRAY	4	QL (12 EA per 30 days) ST MO
IMITREX TABS 25MG	4	QL (9 EA per 30 days) ST MO
IMITREX TABS 100MG	5	QL (12 EA per 30 days) ST MO
IMITREX TABS 50MG	5	QL (9 EA per 30 days) ST MO
MAXALT	4	QL (12 EA per 30 days) ST MO
MAXALT-MLT	4	QL (12 EA per 30 days) ST MO
<i>migergot</i>	5	QL (20 EA per 28 days) PA MO
MIGRANAL	5	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
NURTEC	3	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	5	QL (16 EA per 30 days) ST MO
QULIPTA	5	QL (30 EA per 30 days) PA MO
RELPAX TABS 20MG	4	QL (12 EA per 30 days) MO
RELPAX TABS 40MG	5	QL (12 EA per 30 days) MO
REYVOW	5	QL (8 EA per 30 days) PA MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	2	QL (4 ML per 30 days) MO
<i>sumatriptan succinate inj</i>	2	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tabs 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	2	QL (9 EA per 30 days) MO
TOSYMRA	5	QL (12 EA per 30 days) ST MO
TREXIMET	5	QL (9 EA per 30 days) ST MO
TRUDHESA	5	QL (12 ML per 28 days) PA
UBRELVY	5	QL (16 EA per 30 days) PA MO
VYEPTI	5	QL (1 ML per 90 days) PA LA
ZEMBRACE SYMTOUCH	5	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	2	QL (6 EA per 30 days) MO
ZOLMITRIPTAN NASAL SPRAY	4	QL (12 EA per 30 days) ST MO
<i>zolmitriptan tabs</i>	2	QL (6 EA per 30 days) MO
ZOMIG TABS	5	QL (6 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 2.5MG	4	QL (12 EA per 30 days) ST MO

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

Drug Name	Drug Tier	Requirements/Limits
ZOMIG NASAL SPRAY 5MG	5	QL (12 EA per 30 days) ST MO
MISCELLANEOUS		
AMONDYS 45	5	PA MO
AMVUTTRA	5	QL (0.5 ML per 90 days) PA LA
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
ENSPRYNG	5	PA LA
EQUETRO	4	MO
EVRYSDI	5	QL (80 ML per 12 days) PA LA
EXONDYS 51	5	PA
EXSERVAN	5	QL (60 EA per 30 days) LA MO
FIRDAPSE	5	PA LA
<i>flumazenil</i>	2	
GRALISE TABS 300MG	4	QL (180 EA per 30 days) MO
GRALISE TABS 600MG	4	QL (90 EA per 30 days) MO
HORIZANT	4	QL (60 EA per 30 days) MO
INGREZZA THERAPY PACK	5	QL (28 EA per 28 days) PA LA
INGREZZA CAPS	5	QL (30 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er tabs</i>	2	MO
LITHIUM ORAL SOLN	4	MO
LITHOBID	5	MO
LYRICA CR TB24 330MG	4	QL (60 EA per 30 days) PA MO
LYRICA CR TB24 165MG, 82.5MG	4	QL (90 EA per 30 days) PA MO
MESTINON IMMEDIATE RELEASE TABS, ORAL SOLN	5	MO
MESTINON TIMESPAN	5	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>paroxetine</i>	2	PA MO
<i>pregabalin er tb24 330mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide immediate release tabs, oral soln</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
RADICAVA	5	QL (2800 ML per 28 days) PA LA
RADICAVA ORS	5	QL (50 ML per 28 days) PA LA
RADICAVA ORS STARTER KIT	5	QL (140 ML per 365 days) PA LA
REGONOL	5	
RELYVRIO	5	QL (56 EA per 28 days) PA
RILUTEK	5	MO
<i>riluzole</i>	2	MO
RUZURGI	5	PA LA
SAVELLA	4	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	4	QL (110 EA per 365 days) PA MO
TEGSEDI	5	QL (6 ML per 28 days) PA LA
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
TIGLUTIK	5	QL (600 ML per 30 days) LA
UPLIZNA	5	PA LA
VILTEPSO	5	PA
VYONDYS 53	5	PA
XENAZINE TABS 25MG	5	QL (120 EA per 30 days) PA LA
XENAZINE TABS 12.5MG	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	5	PA LA
AUBAGIO	5	QL (30 EA per 30 days) PA LA
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BAFIERTAM	5	QL (120 EA per 30 days) PA LA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	2	PA
<i>dimethyl fumarate starterpack</i>	5	QL (120 EA per 365 days) PA LA
<i>dimethyl fumarate cpdr 120mg</i>	5	QL (14 EA per 7 days) PA LA
<i>dimethyl fumarate cpdr 240mg</i>	5	QL (60 EA per 30 days) PA LA
EXTAVIA	5	QL (15 EA per 30 days) PA
<i>fingolimod</i>	5	QL (28 EA per 28 days) PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
<i>glatiramer acetate inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatiramer acetate inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
<i>glatopa inj 40mg/ml</i>	5	QL (12 ML per 28 days) PA
<i>glatopa inj 20mg/ml</i>	5	QL (30 ML per 30 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA LA
LEMTRADA	5	QL (6 ML per 365 days) PA LA
MAVENCLAD TBPK (4 TAB PACK) 10MG	5	QL (16 EA per 999 days) PA LA
MAVENCLAD TBPK (5 TAB PACK) 10MG	5	QL (20 EA per 999 days) PA LA
MAVENCLAD TBPK (6 TAB PACK) 10MG	5	QL (24 EA per 999 days) PA LA
MAVENCLAD TBPK (7 TAB PACK) 10MG	5	QL (28 EA per 999 days) PA LA
MAVENCLAD TBPK (8 TAB PACK) 10MG	5	QL (32 EA per 999 days) PA LA
MAVENCLAD TBPK (9 TAB PACK) 10MG	5	QL (36 EA per 999 days) PA LA
MAVENCLAD TBPK (10 TAB PACK) 10MG	5	QL (40 EA per 999 days) PA LA
MAYZENT STARTER PACK TBPK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	4	QL (14 EA per 365 days) PA LA
MAYZENT STARTER PACK TBPK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	5	QL (24 EA per 365 days) PA LA
MAYZENT TABS 0.25MG	5	QL (112 EA per 28 days) PA LA
MAYZENT TABS 1MG, 2MG	5	QL (30 EA per 30 days) PA LA
OCREVUS	5	QL (20 ML per 180 days) PA LA
PLEGRIDY STARTER PACK	5	QL (2 ML per 365 days) PA LA

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INTRAMUSCULAR INJ 125MCG/0.5ML	5	QL (0.5 ML per 14 days) PA LA
PLEGRIDY SUBCUTANEOUS INJ 125MCG/0.5ML	5	QL (1 ML per 28 days) PA LA
PONVORY	5	QL (30 EA per 30 days) PA LA
PONVORY 14-DAY STARTER PACK	5	QL (28 EA per 365 days) PA LA
REBIF	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE	5	QL (6 ML per 28 days) PA
REBIF REBIDOSE TITRATION PACK	5	QL (8.4 ML per 365 days) PA
REBIF TITRATION PACK	5	QL (8.4 ML per 365 days) PA
TASCENSO ODT	5	QL (30 EA per 30 days) PA LA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
TYSABRI	5	PA LA
VUMERITY	5	QL (120 EA per 30 days) PA LA
ZEPOSIA	5	QL (30 EA per 30 days) PA LA
ZEPOSIA 7-DAY STARTER PACK	5	QL (14 EA per 365 days) PA LA
ZEPOSIA STARTER KIT	5	QL (74 EA per 365 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	5	QL (30 EA per 30 days) PA MO
<i>baclofen tabs</i>	2	MO
BACLOFEN INJ 50MCG/ML	4	B/D
<i>baclofen inj 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	2	B/D
BOTOX INJ 200UNIT	4	QL (2 EA per 84 days) PA
BOTOX INJ 100UNIT	4	QL (4 EA per 84 days) PA
<i>carisoprodol</i>	2	QL (84 EA per 30 days) PA MO
CHLORZOXAZONE TABS 250MG	5	QL (120 EA per 30 days) PA
<i>chlorzoxazone tabs 375mg, 750mg</i>	2	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tabs 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tabs</i>	2	QL (90 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride er caps</i>	5	QL (30 EA per 30 days) PA MO
DANTRIUM	4	MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	2	MO
DYSPORT	4	PA
<i>fexmid</i>	2	QL (90 EA per 30 days) PA
FLEQSUVY	5	QL (480 ML per 30 days) PA MO
GABLOFEN INJ 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	4	B/D
GABLOFEN INJ 40000MCG/20ML	5	B/D
LIRESAL INTRATHECAL INJ 0.05MG/ML, 10MG/20ML, 10MG/5ML	4	B/D
LIRESAL INTRATHECAL INJ 40MG/20ML	5	B/D
LORZONE TABS 375MG	4	QL (120 EA per 30 days) PA
<i>lorzone tabs 750mg</i>	2	QL (120 EA per 30 days) PA
LYVISPAH PACK 10MG	4	QL (120 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
LYVISPAH PACK 5MG	4	QL (360 EA per 30 days) PA
LYVISPAH PACK 20MG	5	QL (120 EA per 30 days) PA
<i>metaxalone</i>	2	QL (120 EA per 30 days) PA MO
<i>methocarbamol inj</i>	2	PA
<i>methocarbamol tabs 750mg</i>	2	QL (240 EA per 30 days) PA MO
<i>methocarbamol tabs 500mg</i>	2	QL (360 EA per 30 days) PA MO
<i>methocarbamol tabs 1000mg</i>	5	QL (120 EA per 30 days) PA
MYOBLOC	4	PA
<i>norgesic</i>	5	QL (120 EA per 30 days) PA
NORGESIC FORTE	5	QL (120 EA per 30 days) PA
<i>orphenadrine citrate er tabs</i>	2	QL (60 EA per 30 days) PA MO
<i>orphenadrine citrate inj</i>	2	PA
<i>orphenadrine/aspirin/caffeine</i>	5	QL (120 EA per 30 days) PA
<i>orphengesic forte</i>	2	QL (120 EA per 30 days) PA
ROBAXIN	4	PA MO
SKELAXIN	5	QL (120 EA per 30 days) PA MO
SOMA TABS 250MG	4	QL (84 EA per 30 days) PA MO
SOMA TABS 350MG	5	QL (84 EA per 30 days) PA MO
<i>tizanidine hcl caps 4mg, tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	2	MO
XEOMIN	4	PA LA
ZANAFLEX TABS	4	MO
ZANAFLEX CAPS 2MG, 4MG	4	MO
ZANAFLEX CAPS 6MG	5	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	2	QL (60 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	2	QL (60 EA per 30 days) PA MO
NUVIGIL TABS 50MG	4	QL (60 EA per 30 days) PA MO
NUVIGIL TABS 150MG, 200MG, 250MG	5	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 100MG	5	QL (30 EA per 30 days) PA MO
PROVIGIL TABS 200MG	5	QL (60 EA per 30 days) PA MO
SUNOSI TABS 150MG	4	QL (30 EA per 30 days) PA MO
SUNOSI TABS 75MG	5	QL (30 EA per 30 days) PA MO
WAKIX	5	QL (60 EA per 30 days) PA LA
XYREM	5	QL (540 ML per 30 days) PA LA
XYWAV	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	2	MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	2	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram tabs</i>	2	MO
KLOXXADO	4	MO
LUCEMYRA	5	QL (224 EA per 14 days) PA MO
<i>naloxone hcl inj 2mg/2ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hydrochloride liqd nasal spray</i>	2	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	2	MO
NARCAN	4	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
SUBLOCADE	5	QL (1.5 ML per 30 days) PA
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
VARENICLINE TARTRATE	4	PA MO
VIVITROL	5	
ZIMHI	4	
ZUBSOLV SUBL 11.4MG; 2.9MG	4	QL (30 EA per 30 days) MO
ZUBSOLV SUBL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	4	QL (60 EA per 30 days) MO
ZUBSOLV SUBL 0.7MG; 0.18MG	4	QL (90 EA per 30 days) MO
Dermatological Agents		
<i>Topical Anti-infectives</i>		
EPSOLAY	4	QL (30 GM per 30 days) PA MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	QL (30 EA per 30 days) PA MO
ANDROGEL PUMP (1.62%)	5	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 20.25MG/1.25GM, 40.5MG/2.5GM (1.62%)	5	QL (150 GM per 30 days) PA MO
ANDROGEL GEL 25MG/2.5GM, 50MG/5GM (1%)	5	QL (300 GM per 30 days) PA MO
AVEED	4	LA
DEPO-TESTOSTERONE	4	PA MO
FORTESTA	4	QL (120 GM per 30 days) PA MO
JATENZO CAPS 158MG, 198MG	4	QL (120 EA per 30 days) PA MO
JATENZO CAPS 237MG	5	QL (60 EA per 30 days) PA MO
METHITEST	4	PA
<i>methyltestosterone</i>	5	PA MO
NATESTO	4	QL (21.96 GM per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tabs 2.5mg</i>	2	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	2	QL (60 EA per 30 days) PA MO
TESTIM	4	QL (300 GM per 30 days) PA MO
TESTOPEL	4	PA
<i>testosterone cypionate inj</i>	2	MO
<i>testosterone enanthate inj</i>	2	PA MO
<i>testosterone pump gel 1.62%</i>	2	QL (150 GM per 30 days) MO
<i>testosterone pump gel 1%</i>	2	QL (300 GM per 30 days) MO
<i>testosterone gel 2% (10mg/act) pump</i>	2	QL (120 GM per 30 days) MO
<i>testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm (1.62%)</i>	2	QL (150 GM per 30 days) MO
<i>testosterone gel 25mg/2.5gm, 50mg/5gm (1%)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone soln</i>	2	QL (180 ML per 30 days) MO
TLANDO	4	QL (120 EA per 30 days) PA MO
VOGELXO	4	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	4	QL (300 GM per 30 days) PA MO
XYOSTED	4	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG	4	ST MO
ADMELOG SOLOSTAR	4	ST MO
AFREZZA	4	MO
BD ALCOHOL SWABS	3	MO
APIDRA	4	ST MO
APIDRA SOLOSTAR	4	ST MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMALOG	4	ST MO
HUMALOG JUNIOR KWIKPEN	4	ST MO
HUMALOG KWIKPEN INJ 100UNIT/ML	4	ST MO
HUMALOG KWIKPEN INJ 200UNIT/ML	5	ST MO
HUMALOG MIX 50/50	5	ST MO
HUMALOG MIX 50/50 KWIKPEN	4	ST MO
HUMALOG MIX 75/25	4	ST MO
HUMALOG MIX 75/25 KWIKPEN	4	ST MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30	4	ST MO
HUMULIN 70/30 KWIKPEN	4	ST MO
HUMULIN N	4	ST MO
HUMULIN N KWIKPEN	4	ST MO
HUMULIN R	4	ST MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
INSULIN ASPART FLEXPEN	4	ST MO
INSULIN ASPART INJ 100UNIT/ML	4	ST MO
INSULIN ASPART PENFILL	4	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART 70/30 FLEXPEN	4	ST MO
INSULIN ASPART PROTAMINE/INSULIN ASPART INJ 70/30	4	ST MO
INSULIN DEGLUDEC	4	ST MO
INSULIN DEGLUDEC FLEXTOUCH	4	ST MO
INSULIN GLARGINE SOLOSTAR	4	ST
INSULIN GLARGINE INJ 100UNIT/ML VIALS	4	ST
INSULIN GLARGINE INJ 100UNIT/ML PREFILL PEN	4	ST MO
INSULIN LISPRO	4	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	4	ST MO
INSULIN LISPRO KWIKPEN	4	ST MO
INSULIN LISPRO PROTAMINE/INSULIN LISPRO INJ 75/25 KWIKPEN	4	ST MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXPEN	3	
LEVEMIR FLEXTOUCH	3	MO
LYUMJEV	4	ST MO
LYUMJEV KWIKPEN	4	ST MO
MYXREDLIN	4	ST
NOVOLIN 70/30	3	MO
NOVOLIN 70/30 FLEXPEN	3	MO
NOVOLIN 70/30 FLEXPEN RELION	4	ST MO
NOVOLIN 70/30 RELION	4	ST MO
NOVOLIN N	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N FLEXPEN RELION	4	ST MO
NOVOLIN N RELION	4	ST MO
NOVOLIN R	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R FLEXPEN RELION	4	ST MO
NOVOLIN R RELION	4	ST MO

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG	3	MO
NOVOLOG FLEXPEN	3	MO
NOVOLOG FLEXPEN RELION	4	ST MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	4	ST MO
NOVOLOG MIX 70/30 RELION	4	ST MO
NOVOLOG PENFILL	3	MO
NOVOLOG RELION	4	ST MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	4	MO
OMNIPOD 5 G6 PODS (GEN 5)	4	MO
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3)	4	MO
OMNIPOD CLASSIC PODS (GEN 3)	4	MO
OMNIPOD DASH INTRO KIT (GEN 4)	4	MO
OMNIPOD DASH PODS (GEN 4)	4	MO
SEMGLEE	4	ST MO
SOLIQUA 100/33	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
V-GO 20	4	QL (30 EA per 30 days) MO
V-GO 30	4	QL (30 EA per 30 days) MO
V-GO 40	4	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	4	QL (90 EA per 30 days) MO
ACTOS	4	QL (30 EA per 30 days) MO
ADLYXIN	4	QL (6 ML per 28 days) ST MO
ADLYXIN STARTER PACK	4	QL (6 ML per 28 days) ST MO
ALOGLIPTIN	4	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	4	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	4	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	4	QL (30 EA per 30 days) ST MO
AMARYL TABS 4MG	4	QL (60 EA per 30 days) MO
AMARYL TABS 1MG, 2MG	4	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
CYCLOSET	4	QL (180 EA per 30 days) PA MO
DUETACT	4	QL (30 EA per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TB24 10MG	4	QL (60 EA per 30 days) MO
GLUCOTROL XL TB24 2.5MG, 5MG	4	QL (90 EA per 30 days) MO
GLUMETZA TB24 500MG	5	QL (120 EA per 30 days) PA MO
GLUMETZA TB24 1000MG	5	QL (60 EA per 30 days) PA MO
<i>glyburide</i>	2	PA MO
<i>glyburide micronized</i>	2	PA MO
<i>glyburide/metformin hydrochloride</i>	2	PA MO
GLYNASE	4	PA MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
INVOKAMET XR TB24 50MG; 500MG	4	QL (120 EA per 30 days) ST MO
INVOKAMET XR TB24 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	4	QL (60 EA per 30 days) ST MO
INVOKAMET TABS 50MG; 500MG	4	QL (120 EA per 30 days) ST MO
INVOKAMET TABS 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	4	QL (60 EA per 30 days) ST MO
INVOKANA TABS 300MG	4	QL (30 EA per 30 days) ST MO
INVOKANA TABS 100MG	4	QL (60 EA per 30 days) ST MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
KAZANO	4	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 5MG, 500MG; 5MG	4	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TB24 1000MG; 2.5MG	4	QL (60 EA per 30 days) ST MO
<i>metformin hydrochloride er (generic Glucophage XR) tb24 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tb24 750mg</i>	1	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tb24 500mg</i>	2	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tb24 1000mg</i>	5	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride soln</i>	2	MO
METFORMIN HYDROCHLORIDE TABS 625MG	5	QL (120 EA per 30 days) PA
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	2	QL (90 EA per 30 days) MO
MOUNJARO INJ 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	4	QL (2 ML per 28 days) PA MO
MOUNJARO INJ 2.5MG/0.5ML	4	QL (4 ML per 365 days) PA MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
NESINA	4	QL (30 EA per 30 days) ST MO
ONGLYZA	4	QL (30 EA per 30 days) ST MO
OSENI	4	QL (30 EA per 30 days) ST MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE)	3	QL (3 ML per 28 days)
OZEMPIC INJ 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
PRECOSE	4	QL (90 EA per 30 days) MO
QTERN	4	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	4	MO
RYBELSUS	3	QL (30 EA per 30 days) MO
SEGLUROMET TABS 2.5MG; 500MG	4	QL (120 EA per 30 days) ST MO
SEGLUROMET TABS 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	4	QL (60 EA per 30 days) ST MO
STEGLATRO TABS 15MG	4	QL (30 EA per 30 days) ST MO
STEGLATRO TABS 5MG	4	QL (60 EA per 30 days) ST MO
STEGLUJAN	4	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
ACTONEL TABS 150MG	4	QL (1 EA per 28 days) ST MO
ACTONEL TABS 35MG	4	QL (12 EA per 84 days) ST MO
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
AELVIA	4	QL (4 EA per 28 days) ST MO
BINOSTO	4	QL (4 EA per 28 days) ST MO
<i>calcitonin salmon inj</i>	5	PA MO
<i>calcitonin-salmon nasal spray</i>	2	MO
EVENITY	5	QL (2.34 ML per 28 days) PA
FORTEO	5	PA
FOSAMAX	4	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	4	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tabs</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	2	QL (3 ML per 90 days) MO
MIACALCIN	5	PA MO
NATPARA	5	PA LA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i>	2	
PROLIA	4	QL (1 ML per 180 days)
RECLAST	4	
<i>risedronate sodium dr tab 35mg</i>	2	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	2	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	2	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO
TERIPARATIDE	5	PA
TYMLOS	5	PA
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	2	
CHELATING AGENTS		
CHEMET	4	MO
CUPRIMINE	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	2	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
<i>deferasirox tablet soluble 125mg</i>	2	PA
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA
<i>deferiprone</i>	5	PA LA
<i>deferoxamine mesylate</i>	2	B/D
DEPEN TITRATABS	5	
DESFERAL	5	B/D
EXJADE	5	PA LA
FERRIPROX	5	PA LA
FERRIPROX TWICE-A-DAY	5	PA LA
JADENU	5	PA LA
JADENU SPRINKLE PACK 90MG	4	PA LA
JADENU SPRINKLE PACK 180MG, 360MG	5	PA LA
LOKELMA PACK 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps oral susp 15gm/60ml</i>	2	MO
SYPRINE	5	PA
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
ANNOVERA	4	QL (1 EA per 365 days) MO
<i>apri</i>	2	
<i>aranelle</i>	2	MO
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
BALCOLTRA	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>balziva</i>	2	
BEYAZ	4	MO
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	2	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	2	
<i>delyla</i>	2	
DEPO-PROVERA CONTRACEPTIVE	4	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	2	MO
<i>elinest</i>	2	
ELLA	3	
<i>eluryng</i>	2	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
ETONOGESTREL/ETHINYL ESTRADIOL	4	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
<i>finzala</i>	2	
<i>gemmily</i>	2	
GENERESS FE	4	MO
GIANVI	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	2	
<i>heather</i>	2	
<i>iclevia</i>	2	
<i>incassia</i>	2	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	MO
<i>jasmiel</i>	2	
<i>jencycla</i>	2	
JOLESSA	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	MO
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
KYLEENA	4	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
LAYOLIS FE	4	
LEENA	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
LILETTA	4	
<i>lillow</i>	2	
LO LOESTRIN FE	4	MO
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30-21</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
LOSEASONIQUE	4	MO
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	MO
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	2	MO
<i>merzee</i>	2	MO
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
MINASTRIN 24 FE	4	MO
MIRCETTE	4	MO
MIRENA	4	
<i>mono-linyah</i>	2	
NATAZIA	4	MO
<i>necon 0.5/35-28</i>	2	
NEXPLANON	4	
NEXTSTELLIS	4	MO
<i>nikki</i>	2	
NORA-BE	3	
<i>norethindrone tabs 0.35mg</i>	2	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate caps, 2 chew tabs, tabs</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
NUVARING	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	MO
<i>nymyo</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	4	
PHEXXI	4	MO
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
QUARTETTE	4	MO
<i>reclipsen</i>	2	
RIVELSA	3	
SAFYRAL	4	MO
SEASONIQUE	4	MO
<i>setlakin</i>	2	
<i>sharobel</i>	2	
<i>simliya</i>	2	
<i>simpesse</i>	2	
SKYLA	4	
SLYND	3	MO
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
<i>taysofy</i>	2	MO
TAYTULLA	4	MO
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	MO
TYBLUME	4	MO
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>xulane</i>	2	MO
YASMIN 28	4	MO
YAZ	4	MO
<i>zafemy</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol caps</i>	2	MO
ORILISSA TABS 150MG	5	QL (28 EA per 28 days) PA MO
ORILISSA TABS 200MG	5	QL (56 EA per 28 days) PA MO
SYNAREL	5	MO
ESTROGENS		
ACTIVELLA	4	MO
<i>amabelz</i>	2	MO
ANGELIQ	4	MO
BIJUVA	4	QL (30 EA per 30 days) MO
CLIMARA	4	QL (4 EA per 28 days) MO
CLIMARA PRO	4	QL (4 EA per 28 days) MO
COMBIPATCH	4	QL (8 EA per 28 days) MO
DELESTROGEN	4	MO
DEPO-ESTRADIOL	4	MO
DIVIGEL	4	MO
<i>dotti</i>	2	QL (8 EA per 28 days)
DUAVEE	4	MO
ELESTRIN	4	MO
ESTRACE	4	MO
<i>estradiol valerate inj</i>	2	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol vaginal crea, topical gel, oral tabs, vaginal tabs</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
ESTRING	4	QL (1 EA per 90 days) MO
ESTROGEL	4	MO
EVAMIST	4	QL (16.2 ML per 30 days) MO
FEMRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	2	MO
IMVEXXY MAINTENANCE PACK	4	PA MO
IMVEXXY STARTER PACK	4	PA MO
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 EA per 28 days)
MENEST	4	MO
MENOSTAR	4	QL (4 EA per 28 days) MO
<i>mimvey</i>	2	
MINIVELLE	4	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO
PREFEST	4	MO
PREMARIN	4	MO
PREMPHASE	4	MO
PREMPRO	4	MO
VAGIFEM	4	MO
VIVELLE-DOT	4	QL (8 EA per 28 days) MO
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	5	PA LA
<i>betamethasone sodium phosphate/betamethasone acetate inj</i>	2	MO
CELESTONE-SOLUSPAN	4	MO
CORTEF	4	MO
DEPO-MEDROL	4	B/D MO
DEXABLISS	4	
<i>dexamethasone 10-day dose pack</i>	2	MO
<i>dexamethasone 13-day dose pack</i>	2	MO
<i>dexamethasone 6-day dose pack</i>	2	MO
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml vial, 10mg/ml pf prefilled syringe</i>	2	
<i>dexamethasone sodium phosphate vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	2	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO
DXEVO 11-DAY	4	
EMFLAZA	5	PA
<i>fludrocortisone acetate tabs</i>	2	MO
HEMADY	4	

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

Drug Name	Drug Tier	Requirements/Limits
HEXATRIONE	4	
<i>hidex 6-day</i>	2	
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	2	MO
KENALOG-10	4	MO
KENALOG-40	4	MO
KENALOG-80	4	MO
MEDROL	4	B/D MO
MEDROL DOSEPAK	4	MO
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 40mg, 125mg</i>	2	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	2	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	2	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO
MILLIPRED	5	B/D MO
ORAPRED ODT	4	B/D MO
PEDIAPRED	4	B/D MO
<i>prednisolone sodium phosphate odt</i>	2	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISONONE INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone therapy pack</i>	1	MO
RAYOS	5	B/D MO
SOLU-CORTEF	4	MO
SOLU-MEDROL INJ 2GM	4	B/D
SOLU-MEDROL INJ 1000MG, 125MG, 40MG, 500MG	4	B/D MO
<i>taperdex 12-day</i>	2	
<i>taperdex 6-day</i>	2	MO
<i>taperdex 7-day</i>	2	
<i>triamcinolone acetonide inj 40mg/ml</i>	2	MO
ZCORT 7-DAY	4	
ZILRETTA	4	
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK	4	MO
BAQSIMI TWO PACK	4	MO
<i>diazoxide oral susp</i>	5	MO
GLUCAGEN HYPOKIT	4	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	4	
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE KIT	3	MO
GVOKE PFS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PROGLYCEM	5	MO
ZEGALOGUE	4	MO
MISCELLANEOUS		
ACETADOTE	4	
<i>acetylcysteine inj 200mg/ml</i>	2	
ACTHAR	5	QL (1.5 ML per 1 days) PA LA
ALDURAZYME	5	PA LA
<i>betaine anhydrous</i>	5	LA MO
BUPHENYL	5	PA LA
<i>cabergoline</i>	2	MO
CARBAGLU	5	PA LA MO
<i>carglumic acid</i>	5	PA LA MO
CARNITOR	4	MO
CARNITOR SF	4	MO
CERDELGA	5	PA LA
CEREZYME	5	PA LA
CHORIONIC GONADOTROPIN	4	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	2	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CORTROPHIN	5	QL (1.5 ML per 1 days) PA LA
CRYSVITA	5	PA LA
CYSTADANE	5	LA
CYSTAGON	4	PA LA
DDAVP	5	MO
<i>desmopressin acetate nasal soln, tabs</i>	2	MO
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
DOJOLVI	5	PA LA
EGRIFTA SV	5	QL (30 EA per 30 days) PA LA
ELAPRASE	5	PA LA
ELELYSO	5	PA LA
EVISTA	4	MO
FABRAZYME	5	PA LA
FENSOLVI	5	PA LA
<i>fomepizole</i>	5	
GALAFOLD	5	QL (14 EA per 28 days) PA LA
GENOTROPIN CARTRIDGE 12MG, 5MG	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
HUMATROPE	5	PA
INCRELEX	5	PA LA
ISTURISA TABS 10MG	5	QL (180 EA per 30 days) PA LA
ISTURISA TABS 1MG	5	QL (240 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
ISTURISA TABS 5MG	5	QL (60 EA per 30 days) PA LA
<i>javygtor</i>	5	PA LA
JYNARQUE TABS	5	PA LA
JYNARQUE THERAPY PACK 30MG; 15MG, 45MG; 15MG, 60MG; 30MG, 90MG; 30MG	5	PA LA
JYNARQUE THERAPY PACK 15MG	5	PA LA MO
KANUMA	5	PA LA
KORLYM	5	PA LA
KUVAN	5	PA LA
LANREOTIDE ACETATE	5	PA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	2	MO
LUMIZYME	5	PA LA
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA
MEPSEVII	5	PA
<i>methergine</i>	2	
<i>methylergonovine maleate tabs</i>	5	MO
<i>mifepristone</i>	2	
<i>miglustat</i>	5	QL (90 EA per 30 days) PA LA
MYALEPT	5	QL (30 EA per 30 days) PA LA
MYCAPSSA	5	QL (112 EA per 28 days) PA LA
MYFEMBREE	5	QL (28 EA per 28 days) PA MO
NAGLAZYME	5	PA LA
NEXVIAZYME	5	PA LA
<i>nitisinone</i>	5	PA
NITYR	5	PA LA
NOCDURNA	4	QL (30 EA per 30 days) PA MO
NORDITROPIN FLEXPRO	5	PA
NOVAREL	4	PA
NULIBRY	5	PA MO
NUTROPIN AQ NUSPIN 10	5	PA LA
NUTROPIN AQ NUSPIN 20	5	PA LA
NUTROPIN AQ NUSPIN 5	5	PA LA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	2	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
OMNITROPE	5	PA LA
ORFADIN	5	PA LA
ORIAHNN	5	QL (56 EA per 28 days) PA MO
OSPHENA	4	QL (30 EA per 30 days) PA MO
PALYNZIQ	5	PA LA
PHEBURANE	5	PA LA MO
PREGNYL W/DILUENT BENZYL ALCOHOL/NACL	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
PROCYSBI PACK	5	PA LA
PROCYSBI CPDR 25MG	5	QL (120 EA per 30 days) PA LA
PROCYSBI CPDR 75MG	5	QL (810 EA per 30 days) PA LA
<i>raloxifene hydrochloride</i>	2	MO
RAVICTI	5	PA LA
RECORLEV	5	QL (240 EA per 30 days) PA LA MO
REVCOVI	5	PA LA
SAIZEN	5	PA LA
SAIZENPREP RECONSTITUTIONKIT	5	PA LA
SAMSCA TABS 15MG	5	QL (30 EA per 30 days) PA LA
SAMSCA TABS 30MG	5	QL (60 EA per 30 days) PA LA
SANDOSTATIN	5	PA
SANDOSTATIN LAR DEPOT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SENSIPAR TABS 30MG	4	QL (60 EA per 30 days)
SENSIPAR TABS 90MG	5	QL (120 EA per 30 days)
SENSIPAR TABS 60MG	5	QL (60 EA per 30 days)
SEROSTIM	5	PA LA
SIGNIFOR	5	PA LA
SIGNIFOR LAR	5	QL (1 EA per 28 days) PA LA
SKYTROFA	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA LA
SOMAVERT	5	PA LA
STRENSIQ	5	PA LA
TEPEZZA	5	PA LA
<i>tolvaptan tabs 15mg</i>	5	QL (30 EA per 30 days) PA LA
<i>tolvaptan tabs 30mg</i>	5	QL (60 EA per 30 days) PA LA
TRIPTODUR	5	PA
<i>vasopressin</i>	2	
VASOSTRICT	4	
VIJOICE TBPK 125MG, 50MG	5	QL (28 EA per 28 days) PA LA
VIJOICE TBPK 250MG	5	QL (56 EA per 28 days) PA LA
VIMIZIM	5	PA LA
VISTOGARD	5	QL (20 EA per 166 days)
VOXZOGO	5	QL (30 EA per 30 days) PA LA
VPRIV	5	PA LA
XENPOZYME	5	PA LA
XIAFLEX	5	PA
XURIDEN	5	QL (120 EA per 30 days) PA
ZAVESCA	5	QL (90 EA per 30 days) PA LA
ZOKINVY	5	QL (120 EA per 30 days) PA MO
ZOMACTON	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ZORBTIVE	5	PA
PHOSPHATE BINDER AGENTS		
AURYXIA	5	QL (360 EA per 30 days) PA MO
<i>calcium acetate caps, tabs 667mg</i>	2	QL (360 EA per 30 days) MO
FOSRENOL	5	MO
<i>lanthanum carbonate</i>	5	MO
PHOSLYRA	4	MO
RENAGEL	5	ST MO
REVELA TABS	5	QL (540 EA per 30 days) ST MO
REVELA PACK 2.4GM	5	QL (180 EA per 30 days) ST MO
REVELA PACK 0.8GM	5	QL (540 EA per 30 days) ST MO
<i>sevelamer carbonate (generic Renvela) tabs 800mg</i>	2	QL (540 EA per 30 days) MO
<i>sevelamer carbonate pack 2.4gm</i>	5	QL (180 EA per 30 days) MO
<i>sevelamer carbonate pack 0.8gm</i>	5	QL (540 EA per 30 days) MO
<i>sevelamer hydrochloride</i>	2	MO
VELPHORO	5	QL (180 EA per 30 days) MO
PROGESTINS		
AYGESTIN	4	MO
CRINONE	4	PA MO
<i>hydroxyprogesterone caproate inj 250mg/ml</i>	5	
MAKENA	5	
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml, 625mg/5ml</i>	2	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone</i>	2	MO
PROMETRIUM	4	MO
PROVERA	4	MO
THYROID AGENTS		
ARMOUR THYROID	4	MO
CYTOMEL	4	MO
ERMEZA	4	
<i>euthyrox</i>	1	MO
LEVO-T	4	
LEVOTHYROXINE SODIUM CAPS	4	MO
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ 100MCG/ML, 200MCG/5ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJ 100MCG/5ML	5	
<i>levothyroxine sodium inj 100mcg, 200mcg, 500mcg</i>	5	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	2	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	1	MO
<i>np thyroid 120</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>np thyroid 15</i>	2	MO
<i>np thyroid 30</i>	2	MO
<i>np thyroid 60</i>	2	MO
<i>np thyroid 90</i>	2	MO
<i>propylthiouracil tabs</i>	2	MO
SYNTHROID	4	MO
THYQUIDITY	4	MO
TIROSINT	4	MO
TIROSINT-SOL SOLN 37.5MCG/ML, 44MCG/ML	4	
TIROSINT-SOL SOLN 100MCG/ML, 112MCG/ML, 125MCG/ML, 137MCG/ML, 13MCG/ML, 150MCG/ML, 175MCG/ML, 200MCG/ML, 25MCG/ML, 50MCG/ML, 62.5MCG/ML, 75MCG/ML, 88MCG/ML	4	MO
TRIOSTAT	5	
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol inj 1mcg/ml</i>	2	
<i>calcitriol oral soln 1mcg/ml</i>	2	MO
<i>doxercalciferol inj</i>	2	
<i>doxercalciferol caps</i>	2	MO
HECTOROL	4	
<i>paricalcitol</i>	2	MO
RAYALDEE	5	MO
ROCALTROL	4	MO
ZEMPLAR CAPS	4	MO
ZEMPLAR INJ 2MCG/ML	4	MO
ZEMPLAR INJ 5MCG/ML	5	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPS	5	QL (4 EA per 30 days) B/D
AKYNZEO INJ 235MG; 0.25MG	4	MO
AKYNZEO INJ 235MG/20ML; 0.25MG/20ML	5	MO
ALOXI	4	
ANTIVERT	4	PA
ANZEMET	4	B/D
<i>aprepitant caps therapy pack, caps 40mg, caps 80mg</i>	2	B/D MO
<i>aprepitant caps 125mg</i>	5	B/D MO
BONJESTA	4	QL (60 EA per 30 days) MO
CINVANTI	4	PA
<i>compro</i>	2	MO
DICLEGIS	4	QL (120 EA per 30 days) MO
DIMENHYDRINATE INJ	4	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	2	QL (120 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dronabinol</i>	2	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	4	B/D MO
EMEND CAPS	4	B/D MO
EMEND INJ	4	MO
EMEND ORAL SUSP	5	B/D MO
<i>fosaprepitant dimeglumine</i>	2	MO
GIMOTI	5	QL (9.8 ML per 28 days) PA
<i>granisetron hcl inj</i>	2	MO
<i>granisetron hcl tabs</i>	2	QL (60 EA per 30 days) B/D MO
MARINOL CAPS 2.5MG	4	QL (60 EA per 30 days) PA MO
MARINOL CAPS 10MG, 5MG	5	QL (60 EA per 30 days) PA MO
<i>meclizine hcl tabs 12.5mg, 25mg</i>	2	MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	2	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	2	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hcl tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron hydrochloride inj</i>	2	MO
<i>ondansetron odt</i>	2	B/D MO
PALONOSETRON HYDROCHLORIDE INJ 0.25MG/2ML	4	
<i>palonosetron hydrochloride inj 0.25mg/5ml</i>	2	
PHENERGAN	4	PA MO
<i>prochlorperazine edisylate inj</i>	2	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine rectal supp</i>	2	MO
<i>promethazine hcl tabs 12.5mg, inj, supp</i>	2	PA MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	2	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO
PROMETHEGAN SUPP 50MG	2	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	2	PA
REGLAN	4	MO
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	2	QL (10 EA per 30 days) PA MO
SUSTOL	4	
SYNDROS	5	PA MO
TIGAN	5	PA MO
TRANSDERM-SCOP	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	2	PA MO
VARUBI	5	QL (4 EA per 30 days) B/D MO
ANTISPASMODICS		
ANASPAZ	4	PA MO

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

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE INJ 0.25MG/5ML, 8MG/20ML	4	PA
ATROPINE SULFATE INJ 1MG/10ML	4	PA MO
<i>atropine sulfate inj 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml</i>	2	PA
<i>atropine sulfate inj 0.4mg/ml</i>	2	PA MO
BELLADONNA/OPIUM	4	PA MO
BENTYL	4	PA MO
CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	5	QL (240 EA per 30 days) PA MO
CHLORDIAZEPOXIDE HYDROCHLORIDE/CLIDINIUM BROMIDE	5	QL (240 EA per 30 days) PA MO
CUVPOSA	4	QL (1350 ML per 30 days) MO
DARTISLA ODT	4	QL (120 EA per 30 days) MO
<i>dicyclomine hcl oral soln</i>	2	MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	MO
<i>dicyclomine hydrochloride inj</i>	2	PA MO
<i>ed-spaz</i>	2	PA
GLYCATE	4	MO
<i>glycopyrrolate oral soln</i>	2	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml, 0.6mg/3ml</i>	2	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	2	MO
GLYCOPYRROLATE TABS 1.5MG	4	MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	2	MO
<i>hyoscyamine sulfate odt</i>	2	PA MO
<i>hyoscyamine sulfate elix, subl, tabs</i>	2	PA MO
<i>hyoscyamine sulfate soln</i>	5	PA MO
LEVSIN/SL	4	PA MO
LEVSIN INJ	4	PA
LEVSIN TABS	4	PA MO
LIBRAX	5	QL (240 EA per 30 days) PA MO
<i>methscopolamine bromide tabs</i>	2	PA MO
<i>nulev</i>	2	PA MO
<i>oscimin tabs</i>	2	PA
<i>oscimin subl</i>	2	PA MO
ROBINUL	4	MO
ROBINUL FORTE	4	MO
GLUCOCORTICOIDS		
TARPEYO	5	QL (120 EA per 30 days) PA LA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride oral soln</i>	2	MO
<i>cimetidine tabs</i>	2	MO
<i>famotidine premixed inj</i>	2	
<i>famotidine inj</i>	2	
<i>famotidine oral susp, tabs</i>	2	MO
<i>nizatidine</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
PEPCID TABS 20MG	4	MO
PEPCID TABS 40MG	5	MO
INFLAMMATORY BOWEL DISEASE		
APRISO	4	QL (120 EA per 30 days) MO
ASACOL HD	5	MO
AZULFIDINE	4	MO
AZULFIDINE EN-TABS	4	MO
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tabs 9mg</i>	5	MO
<i>budesonide dr caps 3mg</i>	2	MO
CANASA	5	MO
COLAZAL	5	MO
CORTENEMA	4	MO
DELZICOL	4	MO
DIPENTUM	5	MO
ENTOCORT EC	5	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
LIALDA	5	MO
<i>mesalamine</i>	2	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	2	MO
<i>mesalamine er caps 0.375gm</i>	2	QL (120 EA per 30 days) MO
<i>mesalamine er caps 500mg</i>	5	QL (240 EA per 30 days) MO
ORTIKOS	5	MO
PENTASA CPCR 500MG	5	QL (240 EA per 30 days) MO
PENTASA CPCR 250MG	5	QL (480 EA per 30 days) MO
ROWASA	5	MO
SFROWASA	5	QL (1680 ML per 28 days) MO
<i>sulfasalazine</i>	2	MO
UCERIS FOAM	4	QL (66.8 GM per 28 days) MO
UCERIS TB24	5	MO
LAXATIVES		
CLENPIQ	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
LACTULOSE PACK	5	PA MO
<i>lactulose soln</i>	2	MO
MOVIPREP	4	MO
NULYTELY	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OSMOPREP	4	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/electrolytes/ascorbate</i>	2	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	2	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	5	QL (60 EA per 30 days) PA MO
AMITIZA	4	QL (60 EA per 30 days) PA MO
BYLVAY (PELLETS) CPSP 600MCG	5	QL (300 EA per 30 days) PA LA MO
BYLVAY (PELLETS) CPSP 200MCG	5	QL (900 EA per 30 days) PA LA MO
BYLVAY CAPS 1200MCG	5	QL (150 EA per 30 days) PA LA MO
BYLVAY CAPS 400MCG	5	QL (450 EA per 30 days) PA LA MO
CARAFATE	4	MO
CHENODAL	5	PA MO
CHOLBAM	5	PA LA
<i>cromolyn sodium oral conc 100mg/5ml</i>	2	MO
CYTOTEC	4	MO
<i>difenoxylate hydrochloride/atropine sulfate tabs</i>	2	MO
<i>difenoxylate/atropine oral soln</i>	2	MO
GASTROCROM	5	MO
GATTEX	5	PA LA
HELIDAC THERAPY	5	QL (448 EA per 365 days)
IBSRELA	5	QL (60 EA per 30 days) PA MO
<i>lansoprazole/amoxicillin/clarithromycin</i>	2	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
LIVMARLI	5	QL (90 ML per 30 days) PA LA MO
LOMOTIL	4	MO
<i>loperamide hcl caps</i>	2	MO
LOTRONEX	5	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	4	QL (60 EA per 30 days) PA MO
<i>misoprostol tabs</i>	2	MO
MOTEGRITY	4	QL (30 EA per 30 days) PA MO
MOTOFEN	4	QL (240 EA per 30 days) ST MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
MYTESI	5	PA
OCALIVA	5	QL (30 EA per 30 days) PA LA
OMECLAMOX-PAK	4	QL (160 EA per 365 days) MO
<i>opium tincture</i>	2	MO
PYLERA	5	MO
RELISTOR INJ	5	PA MO
RELISTOR TABS	5	QL (90 EA per 30 days) PA MO
RELTONE	5	PA
SUCRAID	5	LA
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
SYMPROIC	4	MO
TALICIA	4	QL (336 EA per 365 days) MO
TRULANCE	4	QL (30 EA per 30 days) MO
URSO 250	4	MO
URSO FORTE	4	MO
URSODIOL CAPS 200MG, 400MG	4	PA
<i>ursodiol caps 300mg</i>	2	MO
<i>ursodiol tabs</i>	2	MO
VIBERZI	5	QL (60 EA per 30 days) PA MO
VOQUEZNA DUAL PAK	4	QL (224 EA per 365 days)
VOQUEZNA TRIPLE PAK	4	QL (224 EA per 365 days)
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
PANCREAZE CPEP 2600UNIT, 4200UNIT, 10500UNIT	4	MO
PANCREAZE CPEP 16800UNIT, 21000UNIT, 37000UNIT	5	MO
PERTZYE CPEP 4000UNIT, 8000UNIT	4	MO
PERTZYE CPEP 16000UNIT, 24000UNIT	5	MO
VIOKACE TABS 10440UNIT	4	MO
VIOKACE TABS 20880UNIT	5	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
ACIPHEX	4	QL (30 EA per 30 days) MO
DEXILANT	4	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps, oral packet</i>	2	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	2	
<i>lansoprazole cpdr 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole cpdr 30mg</i>	2	QL (42 EA per 30 days) MO
<i>lansoprazole tbdd 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole tbdd 30mg</i>	2	QL (42 EA per 30 days) MO
NEXIUM	4	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
NEXIUM I.V.	4	PA
<i>omeprazole</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	5	QL (30 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	2	
<i>pantoprazole sodium pack</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID	4	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TBDD 15MG	4	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TBDD 30MG	4	QL (42 EA per 30 days) MO
PRILOSEC PACK 10MG	4	QL (120 EA per 30 days) MO
PRILOSEC PACK 2.5MG	4	QL (90 EA per 30 days) MO
PROTONIX INJ	4	
PROTONIX PACK	4	QL (30 EA per 30 days) MO
PROTONIX TBEC 20MG	4	QL (30 EA per 30 days) MO
PROTONIX TBEC 40MG	4	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	2	QL (30 EA per 30 days) MO
ZEGERID	5	QL (30 EA per 30 days) PA MO

GENITOURINARY***BENIGN PROSTATIC HYPERPLASIA***

<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
AVODART	4	QL (30 EA per 30 days)
CARDURA XL TB24 8MG	4	QL (30 EA per 30 days) MO
CARDURA XL TB24 4MG	4	QL (60 EA per 30 days) MO
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	2	QL (30 EA per 30 days) MO
ENTADFI	4	QL (30 EA per 30 days) PA
<i>finasteride tabs</i>	1	QL (30 EA per 30 days) MO
FLOMAX	4	QL (60 EA per 30 days) MO
JALYN	4	QL (30 EA per 30 days) MO
PROSCAR	4	QL (30 EA per 30 days) MO
RAPAFLO	4	QL (30 EA per 30 days) MO
<i>silodosin</i>	2	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
UROXATRAL	4	QL (30 EA per 30 days) MO

MISCELLANEOUS

<i>acetic acid 0.25% irrigation soln</i>	2	MO
<i>bethanechol chloride</i>	2	MO
ELMIRON	5	QL (90 EA per 30 days) MO
<i>flavoxate hcl</i>	2	MO
INTRAROSA	4	QL (28 EA per 28 days) PA MO
LITHOSTAT	5	MO
<i>neomycin/polymyxin b sulfates irrigation soln</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
ORACIT	4	MO
OXLUMO	5	PA LA MO
<i>potassium citrate er tabs</i>	2	MO
<i>potassium citrate/citric acid oral soln</i>	2	MO
<i>potassium citrate/sodium citrate/citric acid oral soln</i>	2	MO
RENACIDIN	4	MO
RIMSO-50	5	MO
<i>sodium citrate/citric acid</i>	2	MO
SORBITOL IRRIGATION SOLN	4	
THIOLA	5	LA MO
THIOLA EC	5	MO
<i>tiopronin</i>	5	
<i>tricitrates</i>	2	MO
UROCIT-K 10	4	MO
UROCIT-K 15	4	MO
UROCIT-K 5	4	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	2	QL (30 EA per 30 days) MO
DETROL	4	QL (60 EA per 30 days) ST MO
DETROL LA	4	QL (30 EA per 30 days) ST MO
DITROPAN XL TB24 5MG	4	QL (30 EA per 30 days) MO
DITROPAN XL TB24 10MG	4	QL (60 EA per 30 days) MO
<i>fesoterodine fumarate er</i>	2	QL (30 EA per 30 days) MO
GELNIQUE	4	QL (30 GM per 30 days) MO
GEMTESA	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIX ORAL SUSP	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tb24 5mg</i>	2	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO
<i>oxybutynin chloride immediate release tabs 5mg</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO
OXYTROL	4	QL (8 EA per 28 days) MO
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate er caps</i>	2	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	2	QL (60 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) ST MO
<i>tropium chloride er caps</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tab</i>	2	QL (60 EA per 30 days) MO
VESICARE	4	QL (30 EA per 30 days) ST MO
VESICARE LS	4	QL (300 ML per 30 days) ST
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%	4	MO
CLEOCIN SUPP 100MG	4	MO
<i>clindamycin phosphate vaginal cre 2%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
CLINDESSE	4	QL (5 GM per 30 days) MO
GYNAZOLE-1	4	MO
<i>metronidazole vaginal</i>	2	MO
<i>miconazole 3</i>	2	MO
NUVESSA	4	MO
<i>terconazole</i>	2	MO
VANDAZOLE	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ARGATROBAN	4	
ARIXTRA INJ 2.5MG/0.5ML	4	MO
ARIXTRA INJ 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	5	MO
<i>dabigatran etexilate</i>	2	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	2	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	2	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
FRAGMIN INJ 2500UNIT/ML	4	
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/DEXTROSE	4	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
LOVENOX INJ 300MG/3ML, 30MG/0.3ML	4	MO
LOVENOX INJ 100MG/ML, 120MG/0.8ML, 150MG/ML, 40MG/0.4ML, 60MG/0.6ML, 80MG/0.8ML	5	MO
PRADAXA CAPS 110MG	4	QL (120 EA per 30 days) MO
PRADAXA CAPS 150MG, 75MG	4	QL (60 EA per 30 days) MO
SAVAYSA	4	QL (30 EA per 30 days) ST MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO ORAL SUSP	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJ 60MCG/0.3ML	4	QL (1.2 ML per 28 days) PA

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE INJ 10MCG/0.4ML, 40MCG/0.4ML	4	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML	4	QL (1.68 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 25MCG/ML, 40MCG/ML, 60MCG/ML	4	QL (4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 500MCG/ML	5	QL (1 ML per 21 days) PA
ARANESP ALBUMIN FREE INJ 150MCG/0.3ML	5	QL (1.2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 200MCG/0.4ML	5	QL (1.6 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/0.5ML	5	QL (2 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 300MCG/0.6ML	5	QL (2.4 ML per 28 days) PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 200MCG/ML	5	QL (4 ML per 28 days) PA
EPOGEN INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	QL (12 ML per 28 days) PA
EPOGEN INJ 20000UNIT/ML	5	QL (12 ML per 28 days) PA
FULPHILA	5	PA
FYLNETRA	5	PA LA
GRANIX	5	PA
LEUKINE	5	PA
MOZOBIL	5	PA LA
NEULASTA	5	PA
NEULASTA ONPRO KIT	5	PA
NEUPOGEN	5	PA
NIVESTYM	5	PA
NPLATE	5	PA
NYVEPRIA	5	PA
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
RELEUKO	5	PA LA
RETACRIT INJ 10000UNIT/ML, 20000UNIT/2ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	4	PA
RETACRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
UDENYCA	5	PA
ZARXIO	5	PA
ZIEXTENZO	5	PA
MISCELLANEOUS		
ADAKVEO	5	PA
AGRYLIN	4	MO
AMICAR	5	MO
<i>aminocaproic acid inj</i>	2	
<i>aminocaproic acid oral soln, tabs</i>	5	MO
<i>anagrelide hydrochloride</i>	2	MO
BERINERT	5	QL (24 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
CABLIVI	5	PA LA
<i>cilostazol</i>	1	MO
CINRYZE	5	QL (20 EA per 30 days) PA LA
CYKLOKAPRON	4	
DOPTELET	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
EMPAVELI	5	QL (200 ML per 30 days) PA LA MO
ENDARI	5	PA LA
ENJAYMO	5	PA LA
FIRAZYR	5	QL (27 ML per 30 days) PA
GIVLAARI	5	PA LA
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
KALBITOR	5	QL (12 ML per 30 days) PA LA
MULPLETA	5	QL (14 EA per 365 days) PA
ORLADEYO	5	QL (28 EA per 28 days) PA LA MO
OXBRYTA SOLUBLE TABS	5	QL (150 EA per 30 days) PA LA
OXBRYTA TABS	5	QL (90 EA per 30 days) PA LA
<i>pentoxifylline er</i>	2	MO
PROMACTA PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
PYRUKYND	5	QL (56 EA per 28 days) PA LA MO
PYRUKYND TAPER PACK TBPK 20MG; 5MG, 50MG; 20MG	5	QL (14 EA per 14 days) PA LA MO
PYRUKYND TAPER PACK TBPK 5MG	5	QL (7 EA per 7 days) PA LA MO
REBLOZYL	5	PA LA
RUCONEST	5	QL (12 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA LA MO
SIKLOS TABS 100MG	4	PA MO
SIKLOS TABS 1000MG	5	PA MO
SOLIRIS	5	PA LA
TAKHZYRO	5	QL (4 ML per 28 days) PA LA
TAVALISSE	5	QL (60 EA per 30 days) PA LA
TAVNEOS	5	QL (180 EA per 30 days) PA LA MO
<i>tranexamic acid inj</i>	2	
<i>tranexamic acid tabs</i>	2	MO
ULTOMIRIS	5	PA LA
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	2	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
BRILINTA	3	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	2	PA MO
EFFIENT	4	MO
PLAVIX	4	QL (30 EA per 30 days) ST MO
<i>prasugrel</i>	2	MO
ZONTIVITY	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA ACTPEN	5	QL (3.6 ML per 28 days) PA LA
ACTEMRA INJ 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA
ACTEMRA INJ 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA LA
ADBRY	5	QL (56 ML per 365 days) PA LA
AVSOLA	5	PA LA
CIBINQO	5	QL (30 EA per 30 days) PA
CIMZIA	5	QL (2 EA per 28 days) PA
CIMZIA STARTER KIT	5	QL (6 EA per 365 days) PA
COSENTYX SENSOREADY PEN	5	QL (32 ML per 365 days) PA LA
COSENTYX INJ 150MG/ML	5	QL (32 ML per 365 days) PA LA
COSENTYX INJ 75MG/0.5ML	5	QL (8 ML per 365 days) PA LA
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENTYVIO	5	QL (8 EA per 365 days) PA LA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
ILUMYA	5	PA LA
INFLECTRA	5	PA LA
INFLIXIMAB	5	PA LA
KEVZARA	5	QL (2.28 ML per 28 days) PA
KINERET	5	QL (18.76 ML per 28 days) PA
OLUMIANT	5	QL (30 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT	5	QL (4 ML per 28 days) PA
ORENCIA INJ 250MG	5	PA
ORENCIA INJ 50MG/0.4ML	5	QL (1.6 ML per 28 days) PA
ORENCIA INJ 87.5MG/0.7ML	5	QL (2.8 ML per 28 days) PA
ORENCIA INJ 125MG/ML	5	QL (4 ML per 28 days) PA
OTEZLA TABLET THERAPY PACK	5	QL (110 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
REMICADE	5	PA LA
RENFLEXIS	5	PA LA
RINVOQ	5	QL (30 EA per 30 days) PA
SILIQ	5	QL (4.5 ML per 28 days) PA
SIMPONI ARIA	5	PA
SIMPONI INJ 50MG/0.5ML	5	QL (0.5 ML per 28 days) PA
SIMPONI INJ 100MG/ML	5	QL (3 ML per 28 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA
SKYRIZI INJ 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 600MG/10ML	5	QL (60 ML per 365 days) PA
SOTYKTU	5	QL (30 EA per 30 days) PA LA
SPEVIGO	5	PA LA MO
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	5	QL (0.5 ML per 28 days) PA
STELARA INJ 45MG/0.5ML VIAL	5	QL (0.5 ML per 28 days) PA LA
STELARA INJ 90MG/ML	5	QL (1 ML per 28 days) PA
STELARA INJ 130MG/26ML	5	QL (104 ML per 365 days) PA LA
TALTZ	5	QL (3 ML per 28 days) PA LA
TREMFYA	5	QL (1 ML per 28 days) PA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ ORAL SOLN	5	QL (480 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	5	QL (30 EA per 30 days) MO
HYDROXYCHLOROQUINE SULFATE TABS 100MG, 300MG, 400MG	4	MO
<i>hydroxychloroquine sulfate tabs 200mg</i>	2	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	1	MO
OTREXUP	4	QL (1.6 ML per 28 days)
PLAQUENIL	4	MO
RASUVO INJ 7.5MG/0.15ML	4	QL (0.6 ML per 28 days)
RASUVO INJ 10MG/0.2ML	4	QL (0.8 ML per 28 days)
RASUVO INJ 12.5MG/0.25ML	4	QL (1 ML per 28 days)
RASUVO INJ 15MG/0.3ML	4	QL (1.2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
RASUVO INJ 17.5MG/0.35ML	4	QL (1.4 ML per 28 days)
RASUVO INJ 20MG/0.4ML	4	QL (1.6 ML per 28 days)
RASUVO INJ 22.5MG/0.45ML	4	QL (1.8 ML per 28 days)
RASUVO INJ 25MG/0.5ML	4	QL (2 ML per 28 days)
RASUVO INJ 30MG/0.6ML	4	QL (2.4 ML per 28 days)
REDITREX INJ 7.5MG/0.3ML	4	QL (1.2 ML per 28 days)
REDITREX INJ 10MG/0.4ML	4	QL (1.6 ML per 28 days)
REDITREX INJ 12.5MG/0.5ML	4	QL (2 ML per 28 days)
REDITREX INJ 15MG/0.6ML	4	QL (2.4 ML per 28 days)
REDITREX INJ 17.5MG/0.7ML	4	QL (2.8 ML per 28 days)
REDITREX INJ 20MG/0.8ML	4	QL (3.2 ML per 28 days)
REDITREX INJ 22.5MG/0.9ML	4	QL (3.6 ML per 28 days)
REDITREX INJ 25MG/ML	4	QL (4 ML per 28 days)
RIDAURA	5	MO
TREXALL	4	MO
XATMEP	4	MO
<i>IMMUNOGLOBULINS</i>		
ASCENIV	5	PA
BIVIGAM	5	PA LA
CUTAQUIG	5	PA LA
CUVITRU	5	PA LA
CYTOGAM	5	
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D LA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA LA
GAMUNEX-C	5	PA
HEPAGAM B	4	
HIZENTRA	5	PA LA
HYPERHEP B	4	
HYPERRAB INJ 300UNIT/ML	4	
HYPERRAB INJ 1500UNIT/5ML, 900UNIT/3ML	5	
HYPERRHO S/D	4	
HYPERRHO S/D MINI-DOSE	4	
HYPERTET	4	
HYQVIA	5	PA LA
IMOGAM RABIES-HT	4	
KEDRAB INJ 300UNIT/2ML	4	
KEDRAB INJ 1500UNIT/10ML	5	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	4	
OCTAGAM	5	PA

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Drug Name	Drug Tier	Requirements/Limits
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
VARIZIG	5	
WINRHO SDF	4	
XEMBIFY	5	PA LA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA LA
GRASTEK	4	QL (30 EA per 30 days) PA MO
ILARIS	5	QL (2 ML per 28 days) PA LA
INTRON A	5	LA
ODACTRA	4	QL (30 EA per 30 days) PA MO
ORALAIR	4	QL (30 EA per 30 days) PA LA
RAGWITEK	4	QL (30 EA per 30 days) PA MO
SYNAGIS	5	
VYVGART	5	QL (240 ML per 28 days) PA LA
ZINPLAVA	5	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CP24 5MG	5	B/D MO
ATGAM	5	B/D
<i>azasan</i>	2	B/D
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	2	B/D MO
BENLYSTA	5	PA LA
CELLCEPT INTRAVENOUS	4	B/D
CELLCEPT ORAL SUSP, CAPS, TABS	5	B/D MO
<i>cyclosporine modified</i>	2	B/D MO
<i>cyclosporine caps 100mg, 25mg</i>	2	B/D MO
<i>cyclosporine inj 50mg/ml</i>	2	B/D MO
ENVARUSUS XR TB24 0.75MG, 1MG	4	B/D MO
ENVARUSUS XR TB24 4MG	5	B/D MO
<i>everolimus tabs 0.25mg</i>	2	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraf caps</i>	2	B/D
<i>engraf soln</i>	2	B/D MO
IMURAN	4	B/D MO
LUPKYNIS	5	QL (180 EA per 30 days) PA LA
<i>mycophenolic acid tabs dr</i>	2	B/D MO
<i>mycophenolate mofetil caps, inj, tabs</i>	2	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO

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Drug Name	Drug Tier	Requirements/Limits
MYFORTIC TBEC 180MG	4	B/D MO
MYFORTIC TBEC 360MG	5	B/D MO
NEORAL	4	B/D MO
NULOJIX	5	B/D
PROGRAF INJ	4	B/D
PROGRAF GRANULES	4	B/D MO
PROGRAF CAPS 0.5MG, 1MG	4	B/D MO
PROGRAF CAPS 5MG	5	B/D MO
RAPAMUNE SOLN	5	B/D MO
RAPAMUNE TABS 0.5MG	4	B/D MO
RAPAMUNE TABS 1MG, 2MG	5	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE INJ	4	B/D
SANDIMMUNE ORAL SOLN	4	B/D MO
SANDIMMUNE CAPS 25MG	4	B/D MO
SANDIMMUNE CAPS 100MG	5	B/D MO
SAPHNELO	5	QL (2 ML per 28 days) PA LA MO
SIMULECT	5	B/D
<i>sirolimus soln</i>	5	B/D MO
<i>sirolimus tabs 0.5mg, 1mg</i>	2	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	2	B/D MO
THYMOGLOBULIN	5	B/D
ZORTRESS	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
JYNNEOS	3	B/D
KINRIX	3	

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES/MINERALS, INJECTABLE***

CALCIUM GLUCONATE	4	MO
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
<i>dextrose 5%/nacl 0.3%</i>	2	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
<i>hyperlyte-cr</i>	2	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	

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

Drug Name	Drug Tier	Requirements/Limits
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	2	
<i>magnesium sulfate in d5w 1gm/100ml</i>	2	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	2	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM ACETATE	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%, 20meq/l; 0.9%</i>	2	
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	2	MO
<i>potassium phosphate</i>	2	
RINGERS INJECTION	3	
SODIUM ACETATE INJ 2MEQ/ML	4	
<i>sodium acetate inj 4meq/ml</i>	2	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	2	
<i>sodium bicarbonate inj 8.4%</i>	2	MO
<i>sodium chloride 0.45%</i>	2	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	2	MO
<i>sodium phosphate</i>	2	
<i>sodium phosphates</i>	2	
TPN ELECTROLYTES	4	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>adc/fluoride drops</i>	2	MO
C-NATE DHA	3	MO
CITRANATAL 90 DHA	3	MO
CITRANATAL B-CALM	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
CITRANATAL BLOOM	3	MO
CITRANATAL HARMONY	3	MO
CITRANATAL MEDLEY	3	
CITRANATAL RX	3	
COMPLETENATE	3	MO
CONCEPT DHA	3	MO
CONCEPT OB	3	MO
DUET DHA 400	3	MO
DUET DHA BALANCED	3	MO
EFFER-K TBEF 0.84GM; 1GM, 1.68GM; 2GM	4	MO
<i>effe-r-k tbe-f 25meq</i>	2	MO
ELITE-OB	3	MO
ENBRACE HR	3	MO
FLORIVA	4	MO
<i>fluoride chew</i>	2	MO
<i>fluoritab</i>	2	
FOLIVANE-OB	3	MO
K-TAB	4	MO
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	2	
<i>klor-con/ef 25meq</i>	2	MO
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride chew</i>	2	MO
<i>multi-vitamin/fluoride drops</i>	2	MO
<i>multi-vitamin/fluoride/iron drops</i>	2	MO
NATACHEW	3	MO
NEONATAL 19	3	
NEONATAL COMPLETE	3	MO
NEONATAL FE	3	
NEONATAL PLUS	3	MO
NESTABS	3	MO
NESTABS ONE	3	MO
NIVA-PLUS	3	MO
OB COMPLETE	3	MO
OB COMPLETE ONE	3	MO
OB COMPLETE PETITE	3	MO
OB COMPLETE PREMIER	3	MO
OB COMPLETE/DHA	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
PNV TABS 29-1	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pnv-dha</i>	2	MO
PNV-DHA+DOCUSATE	3	MO
PNV-OMEGA	3	MO
<i>pnv-select</i>	2	MO
POLY-VI-FLOR	4	MO
POLY-VI-FLOR/IRON	4	MO
<i>poly-vitamin/fluoride drops</i>	2	
<i>potassium chloride er caps</i>	2	MO
<i>potassium chloride er tabs 15meq</i>	2	
<i>potassium chloride er tabs 10meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride pack 20meq</i>	2	MO
<i>potassium chloride oral soln 10%, 20%</i>	2	MO
PRENAISSANCE	3	MO
PRENAISSANCE PLUS	3	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PRENATE	3	MO
PRENATE AM	3	MO
PRENATE DHA	3	MO
PRENATE ELITE	3	MO
PRENATE ENHANCE	3	MO
PRENATE ESSENTIAL	3	MO
PRENATE MINI	3	MO
PRENATE PIXIE	3	MO
PRENATE RESTORE	3	MO
PRENATVITE COMPLETE	3	
PRENATVITE PLUS	3	
PREPLUS	3	MO
PRETAB	3	MO
PRIMACARE	3	MO
PROVIDA OB	3	MO
QUFLORA FE CHEW	4	
QUFLORA FE PEDIATRIC DROPS	4	
QUFLORA GUMMIES	4	MO
QUFLORA PEDIATRIC CHEW	4	MO
QUFLORA PEDIATRIC SOLN W/FLUORIDE 0.5MG/ML	4	
QUFLORA PEDIATRIC SOLN W/FLUORIDE 0.25MG/ML	4	MO
SE-NATAL 19	3	MO
SELECT-OB CHEW 29MG-1MG	3	
SELECT-OB CHEW 26MG-0.6MG-0.4MG	3	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	2	MO
<i>sodium fluoride oral soln 0.5mg/ml</i>	2	MO
TARON-C DHA	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
THRIVITE RX	3	MO
TRI-VI-FLOR	4	MO
<i>tri-vite/fluoride drops</i>	2	MO
TRICARE PRENATAL TABS	3	MO
TRINATAL RX 1	3	MO
TRISTART DHA	3	MO
TRISTART FREE	3	
TRISTART ONE	3	
VIRT-C DHA	3	MO
VIRT-NATE DHA	3	MO
VIRT-PN DHA	3	MO
VIRT-PN PLUS	3	MO
VITAFOL GUMMIES	3	MO
VITAFOL STRIPS	3	
VITAFOL ULTRA	3	MO
VITAFOL-NANO	3	MO
VITAFOL-OB	3	MO
VITAFOL-ONE	3	MO
VITAMEDMD ONE RX/QUATREFOLIC	3	MO
VP-PNV-DHA	3	MO
WESCAP-C DHA	3	MO
WESCAP-PN DHA	3	MO
WESNATE DHA	3	MO
WESTAB PLUS	3	MO
WESTGEL DHA	3	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX E 5%/DEXTROSE 15%	4	B/D
CLINIMIX E 5%/DEXTROSE 20%	4	B/D
CLINIMIX E 8/10	4	B/D
CLINIMIX E 8/14	4	B/D
<i>clinisol sf 15%</i>	2	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	2	
DEXTROSE 25%	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
INTRALIPID INJ 20GM/100ML	3	B/D
INTRALIPID INJ 30GM/100ML	4	B/D
KABIVEN	4	B/D
NUTRILIPID	3	B/D
OMEGAVEN	5	B/D
PERIKABIVEN	4	B/D
<i>plenamine</i>	2	B/D
POTASSIUM PHOSPHATES	4	
PREMASOL	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
SMOFLIPID	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

BLEPHAMIDE S.O.P. OINT	4	MO
BLEPHAMIDE SUSP	4	MO
MAXITROL	4	MO
<i>neo-polycin hc oint</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone oint</i>	2	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
PRED-G S.O.P. OINT	4	MO
PRED-G SUSP	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX ST SUSP	3	MO
TOBRADEX OINT	3	MO
TOBRADEX SUSP	4	MO
<i>tobramycin dexamethasone susp</i>	2	MO
ZYLET	3	MO

ANTI-INFECTIVES

<i>ak-poly-bac oint</i>	2	
AZASITE	4	MO
<i>bacitracin/polymyxin b oint</i>	2	MO
<i>bacitracin oint 500unit/gm</i>	2	MO
BESIVANCE	3	MO
BETADINE OPHTHALMIC PREP	4	MO

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Drug Name	Drug Tier	Requirements/Limits
BLEPH-10 SOLN	4	QL (90 ML per 30 days) MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
CILOXAN SOLN	4	QL (30 ML per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	2	QL (20 ML per 30 days) MO
<i>gentak oint</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 1.5%</i>	2	QL (20 ML per 30 days)
<i>levofloxacin ophthalmic soln 0.5%</i>	2	QL (30 ML per 30 days) MO
MOXEZA	4	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin oint</i>	2	
<i>neomycin/bacitracin/polymyxin oint</i>	2	MO
<i>neomycin/polymyxin/gramicidin soln</i>	2	MO
OCUFLOX	4	QL (60 ML per 30 days) MO
<i>ofloxacin ophthalmic soln 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin oint</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln</i>	1	MO
POLYTRIM	4	MO
<i>sulfacetamide sodium oint 10%</i>	2	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	2	QL (30 ML per 30 days) MO
TOBREX OINT	4	MO
TOBREX SOLN	4	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
<i>trimethoprim sulfate/polymyxin b sulfate soln</i>	1	MO
VIGAMOX	4	QL (12 ML per 30 days) MO
ZIRGAN	4	MO
ZYMAXID	4	QL (20 ML per 30 days) MO
ANTI-INFLAMMATORIES		
ACULAR	4	MO
ACULAR LS	4	MO
ACUVAIL	4	MO
ALREX	3	MO
<i>bromfenac</i>	2	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
DEXYCU	5	LA
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	2	MO
DUREZOL	3	MO
EYSUVIS	4	PA MO

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Drug Name	Drug Tier	Requirements/Limits
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
FML FORTE SUSP	4	MO
FML LIQUIFILM	4	MO
FML OINT	4	MO
ILEVRO	3	MO
INVELTYS	4	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX SM GEL 0.38%	3	MO
LOTEMAX OINT	3	MO
LOTEMAX GEL 0.5%, SUSP	4	MO
<i>loteprednol etabonate</i>	2	MO
MAXIDEX	4	MO
NEVANAC	4	MO
OZURDEX	5	
PRED FORTE	4	MO
PRED MILD	4	MO
<i>prednisolone acetate ophthalmic susp</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
TRIESENCE	4	MO
XIPERE	5	PA LA MO
YUTIQ	5	LA
ANTIALLERGICS		
ALOCRIL	4	MO
ALOMIDE	4	MO
<i>azelastine hcl ophthalmic soln 0.05%</i>	2	MO
<i>bepotastine besilate</i>	2	MO
BEPREVE	4	MO
<i>cromolyn sodium soln 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
LASTACAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	2	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	2	MO
ZERVIAE	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO
ALPHAGAN P SOLN 0.15%	4	MO
<i>apraclonidine</i>	2	MO
AZOPT	4	MO
<i>betaxolol hcl soln 0.5%</i>	2	MO
BETIMOL	4	MO

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Drug Name	Drug Tier	Requirements/Limits
BETOPTIC-S	3	MO
<i>bimatoprost</i>	2	MO
<i>brimonidine tartrate/timolol maleate</i>	2	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	2	MO
<i>brinzolamide</i>	2	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
COSOPT	4	MO
COSOPT PF	4	MO
<i>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	2	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate pf</i>	2	MO
DURYSTA	5	PA
IOPIDINE	5	MO
ISTALOL	4	MO
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic soln</i>	2	MO
RHOPRESSA	3	MO
ROCKLATAN	4	MO
SIMBRINZA	3	MO
<i>tafluprost</i>	2	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate (generic Istalol and Timoptic Ocudose) soln 0.25%, 0.5%</i>	2	MO
TIMOPTIC	4	MO
TIMOPTIC OCUDOSE	4	MO
TIMOPTIC-XE	4	MO
TRAVATAN Z	4	MO
<i>travoprost</i>	2	MO
TRUSOPT	4	MO
VUITY	4	PA MO
VYZULTA	4	MO
XALATAN	4	MO
XELPROS	4	ST
ZIOPTAN	4	ST MO
MISCELLANEOUS		
ALCAINE	4	MO
<i>atropine sulfate oint 1%</i>	2	MO
ATROPINE SULFATE OPHTHALMIC SOLN 1%	3	MO

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Drug Name	Drug Tier	Requirements/Limits
BEOVU	5	PA LA
BYOOVIZ	5	PA LA
CEQUA	4	QL (60 EA per 30 days) PA MO
CIMERLI SOLN 0.5MG/0.05ML	5	PA
CIMERLI SOLN 0.3MG/0.05ML	5	PA LA
CYCLOGYL	4	MO
<i>cyclopentolate hcl soln 0.5%, 1%, 2%</i>	2	MO
<i>cyclosporine emul 0.05%</i>	2	QL (60 EA per 30 days) MO
CYSTADROPS	5	PA LA
CYSTARAN	5	PA LA
EYLEA	5	PA LA
ISOPTO ATROPINE	3	MO
LACRISERT	4	MO
LUCENTIS INJ	5	PA LA
LUCENTIS SOSY PREFILLED SYRINGE 0.5MG/0.05ML	5	PA
LUCENTIS SOSY PREFILLED SYRINGE 0.3MG/0.05ML	5	PA LA
OXERVATE	5	QL (28 ML per 28 days) PA LA
PHENYLEPHRINE HCL SOLN 10%	4	
PHENYLEPHRINE HCL SOLN 2.5%	4	MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
SUSVIMO	5	PA LA
TETRACAINE HYDROCHLORIDE	4	MO
TYRVAYA	4	QL (8.4 ML per 30 days) MO
VABYSMO	5	PA LA
VERKAZIA	5	QL (120 EA per 30 days) PA MO
XIIDRA	3	QL (60 EA per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid otic soln 2%</i>	2	MO
CETRAXAL	4	MO
CIPRO HC	4	MO
CIPRODEX	4	MO
CIPROFLOXACIN OTIC SOLN 0.2%	3	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
CIPROFLOXACIN/FLUOCINOLONE ACETONIDE PF	4	MO
CORTISPORIN-TC	4	MO
DERMOTIC	4	QL (20 ML per 30 days) MO
<i>flac otic oil</i>	2	QL (20 ML per 30 days)
<i>fluocinolone acetonide oil 0.01%</i>	2	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	2	MO
<i>neomycin/polymyxin/hc otic soln</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>ofloxacin otic soln 0.3%</i>	2	MO
OTOVEL	4	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	4	QL (1 EA per 30 days) ST MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	2	B/D MO
STIOLTO RESPIMAT	4	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO
LONHALA MAGNAIR REFILL KIT	4	QL (60 ML per 30 days) MO
SPIRIVA HANDIHALER	4	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	4	QL (4 GM per 30 days) MO
TUDORZA PRESSAIR	4	QL (1 EA per 30 days) ST MO
YUPELRI	5	QL (90 ML per 30 days) PA MO
ANTI-HISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate</i>	2	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	4	MO
DYMISTA	4	QL (23 GM per 30 days) MO
<i>promethazine vc</i>	2	PA MO
RYALTRIS	4	QL (29 GM per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal soln 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	2	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	2	PA MO
<i>cetirizine hydrochloride oral soln 1mg/ml</i>	2	QL (300 ML per 30 days) MO
CLARINEX	4	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRP	5	QL (1800 ML per 30 days) PA
<i>clemastine fumarate tabs</i>	2	PA MO
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	2	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	2	PA MO
<i>desloratadine odt tabs 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	2	MO
<i>diphenhydramine hcl elix</i>	2	PA
<i>hydroxyzine hcl tabs</i>	2	PA MO
<i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i>	2	PA MO
<i>hydroxyzine pamoate caps</i>	2	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	2	MO
<i>olopatadine hcl nasal soln 0.6%</i>	2	QL (30.5 GM per 30 days) MO
PATANASE	4	QL (30.5 GM per 30 days) MO
QUZYTTIR	5	PA MO
<i>ryclora</i>	2	PA MO
RYVENT	4	PA MO
VISTARIL	4	PA MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act 2</i>		QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aers 108mcg/act 2</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act 2</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp, tabs</i>	2	MO
ARFORMOTEROL TARTRATE	4	QL (120 ML per 30 days) PA MO
BROVANA	5	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	5	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl nebu 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</i>	2	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
PERFOROMIST	5	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	4	QL (2 EA per 30 days) PA MO
PROAIR HFA	4	QL (17 GM per 30 days) MO
PROAIR RESPICLICK	4	QL (2 EA per 30 days) MO
PROVENTIL HFA	4	QL (13.4 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	4	QL (4 GM per 30 days) MO
<i>terbutaline sulfate inj, tabs</i>	2	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
XOPENEX CONCENTRATE	4	B/D MO
XOPENEX HFA	4	QL (30 GM per 30 days) MO
XOPENEX NEBU 0.31MG/3ML, 0.63MG/3ML	4	B/D MO
XOPENEX NEBU 1.25MG/3ML	5	B/D MO
LEUKOTRIENE MODULATORS		
ACCOLATE	4	QL (60 EA per 30 days) MO
<i>montelukast sodium</i>	2	QL (30 EA per 30 days) MO
SINGULAIR	4	QL (30 EA per 30 days) ST MO
<i>zafirlukast</i>	2	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>zileuton er</i>	5	QL (120 EA per 30 days) MO
ZYFLO	5	QL (120 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	2	
ARALAST NP	5	PA LA
AUVI-Q INJ 0.1MG/0.1ML	5	QL (2 EA per 30 days)
AUVI-Q INJ 0.15MG/0.15ML, 0.3MG/0.3ML	5	QL (2 EA per 30 days) ST MO
BRONCHITOL	5	QL (560 EA per 28 days) PA LA
BRONCHITOL TOLERANCE TEST	5	QL (560 EA per 28 days) PA LA
CINQAIR	5	PA LA
COCAINE HYDROCHLORIDE	4	PA
<i>cromolyn sodium nebu 20mg/2ml</i>	2	B/D MO
DALIRESP	4	MO
<i>elixophyllin</i>	2	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	4	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	4	QL (2 EA per 30 days) MO
ESBRIET CAPS	5	QL (270 EA per 30 days) PA LA
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA LA
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA LA
FASENRA	5	QL (1 ML per 28 days) PA LA
FASENRA PEN	5	QL (1 ML per 28 days) PA LA
GLASSIA	5	PA LA
GOPRELTO	4	PA
KALYDECO PACK	5	QL (56 EA per 28 days) PA LA
KALYDECO TABS	5	QL (60 EA per 30 days) PA LA
NUCALA INJ 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA LA
NUCALA VIAL INJ 100MG	5	QL (3 EA per 28 days) PA LA
NUCALA INJ 100MG/ML PREFILLED SYRINGE, AUTO INJECTOR	5	QL (3 ML per 28 days) PA LA
NUMBRINO	4	PA
OFEV	5	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA LA
ORKAMBI PACK 125MG; 100MG, 188MG; 150MG	5	QL (56 EA per 28 days) PA LA
ORKAMBI PACK 94MG; 75MG	5	QL (56 EA per 28 days) PA LA MO
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>roflumilast</i>	2	MO
SYMDEKO	5	QL (56 EA per 28 days) PA LA
SYMJEPI	4	QL (2 EA per 30 days) MO
TEZSPIRE	5	QL (1.91 ML per 28 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
THEO-24	4	MO
<i>theophylline er tabs</i>	2	MO
<i>theophylline oral soln</i>	2	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA LA MO
XOLAIR	5	PA LA
ZEMAIRA	5	PA LA
NASAL STEROIDS		
BECONASE AQ	4	QL (50 GM per 30 days) MO
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate susp 50mcg/act</i>	2	QL (34 GM per 30 days) MO
OMNARIS	4	QL (12.5 GM per 30 days) MO
QNASL	4	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	4	QL (6.8 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA MO
ZETONNA	4	QL (6.1 GM per 30 days) MO
STEROID INHALANTS		
ALVESCO	4	QL (12.2 GM per 30 days) ST MO
ARMONAIR DIGIHALER	4	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
ASMANEX HFA	4	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	4	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	4	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	4	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	4	QL (1 EA per 30 days) ST MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	2	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
FLUTICASONE PROPIONATE HFA AERO 44MCG/ACT	4	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AERO 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) PA MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
PULMICORT SUSP 0.25MG/2ML, 0.5MG/2ML	4	B/D MO
PULMICORT SUSP 1MG/2ML	5	B/D MO
QVAR REDIHALER	4	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 113/14	4	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 232/14	4	QL (1 EA per 30 days) ST MO
AIRDUO DIGIHALER 55/14	4	QL (1 EA per 30 days) ST MO

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

Drug Name	Drug Tier	Requirements/Limits
AIRDUO RESPICLICK 113/14	4	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	4	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	4	QL (1 EA per 30 days) ST MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	3	QL (10.2 GM per 30 days) MO
DULERA	4	QL (13 GM per 30 days) ST MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA	4	QL (60 EA per 30 days) PA MO
FLUTICASONE PROPIONATE/SALMETEROL	4	QL (1 EA per 30 days) ST MO
FLUTICASONE PROPIONATE/SALMETEROL DISKUS	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

ABSORICA	5	PA
ABSORICA LD	5	
ACANYA	4	MO
<i>accutane</i>	2	PA
ACZONE	4	QL (90 GM per 30 days) MO
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	2	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	2	QL (70 GM per 30 days) PA MO
ADAPALENE SOLN	4	QL (60 ML per 30 days) PA
<i>adapalene crea, gel</i>	2	QL (45 GM per 30 days) PA MO
<i>adapalene pads</i>	5	QL (28 EA per 28 days) PA
AKLIEF	4	QL (45 GM per 30 days) PA MO
ALTRENO	4	QL (45 GM per 30 days) PA MO
<i>amnestem</i>	2	PA
AMZEEQ	4	QL (30 GM per 30 days) MO
ARAZLO	4	MO
ATRALIN	4	QL (45 GM per 30 days) PA MO
AVITA CREA	4	QL (45 GM per 30 days) PA
AVITA GEL	4	QL (45 GM per 30 days) PA MO
AZELEX	4	QL (50 GM per 30 days) MO
BENZAACLIN	4	MO
BENZAACLIN WITH PUMP	4	MO
BENZAMYCIN	4	MO
<i>claravis</i>	2	PA
CLEOCIN-T	4	QL (60 ML per 30 days) MO
<i>clindacin etz pledgets</i>	2	MO
<i>clindacin-p</i>	2	MO
CLINDAGEL	5	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide gel 1.2-2.5%, 1.2-5%2</i>		MO
<i>clindamycin phosphate/tretinoin</i>	2	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	2	QL (100 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate lotn 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	2	MO
<i>clindamycin/benzoyl peroxide gel 1-5%</i>	2	MO
<i>dapsone gel 5%, 7.5%</i>	2	QL (90 GM per 30 days) MO
DIFFERIN CREA, GEL	4	QL (45 GM per 30 days) PA MO
DIFFERIN LOTN	4	QL (59 ML per 30 days) PA MO
EPIDUO	4	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	4	QL (70 GM per 30 days) PA MO
<i>ery pad 2%</i>	2	MO
ERYGEL	4	QL (60 GM per 30 days) MO
<i>erythromycin/benzoyl peroxide</i>	2	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
EVOCLIN	4	QL (100 GM per 30 days) MO
FABIOR	4	QL (100 GM per 30 days) MO
<i>isotretinoin</i>	2	PA
KLARON	4	MO
<i>myorisan</i>	2	PA
<i>neuac</i>	2	
ONEXTON	4	MO
RETIN-A	4	QL (45 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.06%, 0.1%	5	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.04%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.08%, 0.1%	5	QL (50 GM per 30 days) PA MO
SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMULSION	4	QL (355 ML per 30 days) MO
<i>sodium sulfacetamide/sulfur susp</i>	2	QL (473 ML per 30 days) MO
<i>sulfacetamide sodium lotn 10%</i>	2	MO
<i>sulfacleanse 8/4</i>	2	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	4	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL PUMP 0.04%, 0.1%	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	2	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	2	QL (45 GM per 30 days) PA MO
TWYNEO	4	QL (30 GM per 30 days) PA MO
VELTIN	4	QL (60 GM per 30 days) PA MO
WINLEVI	4	QL (60 GM per 30 days) PA MO
<i>zenatane</i>	2	PA
ZIANA	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	4	QL (30 GM per 30 days) MO
CENTANY	4	QL (30 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate crea 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</i>	2	MO
<i>mupirocin</i>	2	QL (30 GM per 30 days) MO
NEO-SYNALAR	5	QL (60 GM per 30 days) MO
SILVADENE	4	MO
<i>silver sulfadiazine cream</i>	2	MO
SSD	3	
SULFAMYLON	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan</i>	2	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer</i>	2	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine crea 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotn</i>	2	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate cream</i>	2	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
EXELDERM SOLN	4	QL (30 ML per 30 days) MO
EXELDERM CREA	4	QL (60 GM per 30 days) MO
EXTINA	5	QL (100 GM per 30 days) MO
JUBLIA	5	QL (8 ML per 30 days) PA MO
KERYDIN	5	QL (10 ML per 30 days) PA MO
<i>ketoconazole crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	2	QL (100 GM per 30 days) MO
<i>ketodan</i>	2	QL (100 GM per 30 days)
LOPROX SHAMPOO	4	QL (120 ML per 30 days) MO
LOPROX SUSP	4	QL (60 ML per 30 days) MO
LOPROX CREA	4	QL (90 GM per 30 days) MO
LULICONAZOLE	4	QL (60 GM per 30 days) ST MO
LUZU	4	QL (60 GM per 30 days) ST MO
MENTAX	5	QL (30 GM per 30 days) MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE	4	QL (50 GM per 30 days) PA MO
PETROLATUM		
<i>naftifine hcl cream 1%</i>	2	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride crea 2%</i>	2	QL (60 GM per 30 days) MO
<i>naftifine hydrochloride gel</i>	2	QL (90 GM per 30 days) MO
NAFTIN GEL 2%	4	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	4	QL (90 GM per 30 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin/triamcinolone crea, oint</i>	2	QL (60 GM per 30 days) MO
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days)
<i>oxiconazole nitrate</i>	5	QL (90 GM per 30 days) MO
OXISTAT LOTN	4	QL (60 ML per 30 days) MO
OXISTAT CREA	4	QL (90 GM per 30 days) MO
<i>tavaborole</i>	5	QL (10 ML per 30 days) PA MO
VUSION	4	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
CALCIPOTRIENE FOAM	4	QL (120 GM per 30 days) PA
<i>calcipotriene crea, oint</i>	2	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	2	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	2	QL (120 GM per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
DOVONEX	5	QL (120 GM per 30 days) PA MO
<i>methoxsalen caps</i>	5	MO
SORILUX	5	QL (120 GM per 30 days) PA MO
<i>tazarotene crea 0.1%</i>	2	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	2	QL (100 GM per 30 days) PA MO
TAZORAC GEL	4	QL (100 GM per 30 days) PA MO
TAZORAC CREA	4	QL (60 GM per 30 days) PA MO
VECTICAL	5	QL (800 GM per 28 days) PA MO
VTAMA	5	QL (60 GM per 30 days) PA MO
ZORYVE	4	QL (60 GM per 30 days) PA
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	MO
<i>selenium sulfide lotn</i>	2	MO
<i>selenium sulfide sham</i>	2	QL (180 ML per 30 days) MO
XOLEGEL	5	QL (45 GM per 30 days) MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
ALA-SCALP	4	MO
<i>alclometasone dipropionate</i>	2	MO
AMCINONIDE OINT	4	QL (60 GM per 30 days) MO
<i>amcinonide crea</i>	2	QL (60 GM per 30 days) MO
<i>amcinonide lotn</i>	2	QL (60 ML per 30 days) MO
APEXICON E	5	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone dipropionate augmented crea, gel, oint</i>	2	MO
<i>betamethasone dipropionate augmented lotn</i>	2	QL (60 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate crea, lotn, oint</i>	2	MO
<i>betamethasone valerate foam</i>	2	QL (100 GM per 30 days) MO
BRYHALI	4	QL (100 GM per 30 days) MO
CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE SUSP	5	QL (120 GM per 30 days) PA MO
<i>calcipotriene/betamethasone dipropionate oint</i>	2	QL (400 GM per 28 days) PA MO
CAPEX	4	QL (120 ML per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	2	QL (60 GM per 30 days) MO
<i>clobetasol propionate emulsion foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	2	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	2	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	2	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	2	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	2	QL (60 GM per 30 days) MO
CLOBEX LOTN, SHAM	4	QL (118 ML per 30 days) MO
CLOBEX LIQD	5	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	4	QL (90 GM per 30 days) MO
<i>clodan</i>	2	QL (118 ML per 30 days)
CLODERM	4	QL (90 GM per 30 days) MO
CORDRAN CREA	4	QL (120 GM per 30 days) MO
CORDRAN TAPE	5	MO
CORDRAN LOTN	5	QL (120 ML per 30 days) MO
CORDRAN OINT	5	QL (60 GM per 30 days) MO
CUTIVATE	4	QL (120 ML per 30 days) MO
DERMA-SMOOTHIE/FS BODY	4	QL (118.28 ML per 30 days) MO
DERMA-SMOOTHIE/FS SCALP	4	QL (118.28 ML per 30 days) MO
<i>desonide lotn</i>	2	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	2	QL (60 GM per 30 days) MO
DESOWEN	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	2	QL (100 GM per 30 days) MO
<i>desoximetasone spray liquid</i>	2	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	2	QL (60 GM per 30 days) MO
<i>desrx</i>	2	QL (60 GM per 30 days)
<i>diflorasone diacetate crea</i>	2	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
DIPROLENE	4	MO
DIPROLENE AF	4	MO
DUOBRII	4	QL (200 GM per 28 days) PA MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
EPIFOAM	4	QL (10 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	2	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	2	QL (60 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oint 0.025%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	2	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.05%</i>	2	QL (120 GM per 30 days) MO
<i>fluocinonide crea 0.1%</i>	5	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	2	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	2	QL (60 ML per 30 days) MO
<i>flurandrenolide crea</i>	2	QL (120 GM per 30 days) MO
<i>flurandrenolide lotn</i>	2	QL (120 ML per 30 days) MO
<i>flurandrenolide oint</i>	5	QL (60 GM per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	2	MO
<i>fluticasone propionate lotn 0.05%</i>	2	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	2	MO
<i>halcinonide</i>	5	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	5	QL (100 GM per 30 days) MO
<i>halobetasol propionate crea, oint</i>	2	QL (50 GM per 30 days) MO
HALOG CREA, OINT	4	QL (60 GM per 30 days) MO
HALOG SOLN	5	QL (120 ML per 30 days) PA MO
<i>hydrocortisone butyrate (lipophilic)</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	2	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	2	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	2	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	2	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone oint 1%</i>	2	QL (30 GM per 30 days) MO
IMPEKLO	4	QL (68 GM per 30 days) MO
KENALOG AEROSOL SOLN	4	MO
LEXETTE	5	QL (100 GM per 30 days) MO
LOCOID	4	QL (118 ML per 30 days) MO
LOCOID LIPOCREAM	4	QL (60 GM per 30 days) MO
LUXIQ	4	QL (100 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	2	MO
<i>mometasone furoate oint 0.1%</i>	2	MO
<i>mometasone furoate soln 0.1%</i>	2	MO
<i>nolix crea</i>	2	QL (120 GM per 30 days) MO
<i>nolix lotn</i>	2	QL (120 ML per 30 days)
OLUX	4	QL (100 GM per 30 days) MO
OLUX-E	5	QL (100 GM per 30 days) MO
PANDEL	5	QL (80 GM per 30 days) MO
<i>prednicarbate</i>	2	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
PSORCON	4	QL (60 GM per 30 days)
SERNIVO	5	QL (120 ML per 30 days) MO
SYNALAR CREA, OINT	4	QL (120 GM per 30 days) MO
SYNALAR SOLN	4	QL (90 ML per 30 days) MO
TACLONEX SUSP	5	QL (120 GM per 30 days) PA MO
TACLONEX OINT	5	QL (400 GM per 28 days) PA MO
TEMOVATE OINT	4	QL (60 GM per 30 days) MO
TEMOVATE CREA	5	QL (60 GM per 30 days) MO
TEXACORT	4	MO
TOPICORT CREA, OINT	4	QL (100 GM per 30 days) MO
TOPICORT SPRAY LIQUID	4	QL (100 ML per 30 days) MO
TOPICORT GEL	5	QL (60 GM per 30 days) MO
<i>tovet</i>	2	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers 0.147mg/gm</i>	2	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
<i>triamcinolone acetonide oint 0.05%</i>	2	QL (430 GM per 30 days) MO
<i>trianex</i>	2	QL (430 GM per 30 days)
<i>triderm crea 0.5%</i>	2	
<i>triderm crea 0.1%</i>	2	QL (454 GM per 30 days)
<i>tritocin</i>	2	QL (430 GM per 30 days)
ULTRAVATE	5	QL (60 ML per 30 days) MO
VANOS	5	QL (120 GM per 30 days) MO
VERDESO	5	QL (100 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>glydo</i>	2	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl jelly</i>	2	QL (30 ML per 30 days) PA MO
<i>lidocaine hcl gel prefilled syringe 2%</i>	2	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl external soln 4%</i>	2	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) MO
<i>lidocaine patch 5%</i>	2	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	2	QL (35.44 GM per 30 days) PA MO
LIDODERM PATCH 5%	5	QL (3 EA per 1 days) PA MO
PLIAGLIS	4	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	5	QL (1 EA per 90 days) PA LA MO
QUTENZA KIT 8% (2-PATCH)	5	QL (2 EA per 90 days) PA LA
QUTENZA KIT 8% (4-PATCH)	5	QL (4 EA per 90 days) PA LA
SYNERA	4	QL (10 EA per 30 days) PA MO
ZTLIDO	4	QL (3 EA per 1 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACYCLOVIR CREA 5%	5	QL (5 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oint 5%</i>	2	QL (30 GM per 30 days) MO
ALDARA	4	QL (24 EA per 30 days) MO
<i>ammonium lactate</i>	2	MO
ANUSOL-HC	4	MO
<i>azelaic acid gel</i>	2	QL (50 GM per 30 days) MO
BENSAL HP	5	QL (30 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA
<i>brimonidine tartrate gel 0.33%</i>	2	
CARAC	5	QL (30 GM per 30 days) PA MO
CONDYLOX	4	QL (7 GM per 28 days) MO
CORTIFOAM	4	QL (15 GM per 30 days) MO
DENAVIR	5	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE PATCH	4	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	2	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO
<i>diclofenac sodium external soln 1.5%</i>	2	QL (300 ML per 28 days) PA MO
<i>diclofenac sodium external soln 2%</i>	5	QL (224 GM per 28 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
EFUDEX	4	QL (40 GM per 30 days) PA MO
ELIDEL	4	QL (100 GM per 30 days) ST MO
EUCRISA	4	QL (60 GM per 30 days) ST MO
FINACEA	4	QL (50 GM per 30 days) MO
FLECTOR	4	QL (60 EA per 30 days) PA MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	2	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	2	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
HYFTOR	5	QL (20 GM per 25 days) PA LA MO
IMIQUIMOD PUMP	5	QL (15 GM per 28 days) MO
<i>imiquimod crea 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>ivermectin crea 1%</i>	2	QL (45 GM per 30 days) MO
KLISYRI	5	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	4	QL (6 EA per 30 days)
LICART	5	PA MO
METROCREAM	4	MO
METROGEL	4	MO
METROLOTION	4	MO
<i>metronidazole crea 0.75%</i>	2	MO
<i>metronidazole gel 0.75%, 1%</i>	2	MO
<i>metronidazole lotn 0.75%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
MIRVASO	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
OPZELURA	5	QL (60 GM per 28 days) PA MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
<i>penciclovir</i>	5	QL (5 GM per 30 days) MO
PENNSAID	5	QL (224 GM per 28 days) PA MO
<i>pimecrolimus</i>	2	QL (100 GM per 30 days) ST MO
PODOCON-25	4	QL (15 ML per 30 days)
<i>podofilox</i>	2	MO
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	MO
PROCTOCORT	4	MO
PROCTOFOAM HC	4	QL (10 GM per 30 days) MO
<i>proctozone-hc</i>	2	
PROTOPIC	4	QL (60 GM per 30 days) ST MO
PRUDOXIN	4	QL (45 GM per 30 days) PA MO
QBREXZA	4	QL (30 EA per 30 days) PA MO
RECTIV	4	QL (30 GM per 30 days) MO
RHOFADE	4	QL (60 GM per 30 days) PA MO
<i>rosadan</i>	2	
<i>salicylic acid wart remover film forming liquid 27.5%</i>	2	QL (10 ML per 30 days) MO
SALICYLIC ACID OINT	4	QL (30 GM per 30 days) MO
<i>salicylic acid soln</i>	2	QL (10 ML per 30 days) MO
<i>salicylic acid sham</i>	2	QL (177 ML per 30 days) MO
SILVER NITRATE	4	QL (960 ML per 30 days) MO
SOOLANTRA	4	QL (45 GM per 30 days) MO
<i>tacrolimus oint 0.03%, 0.1%</i>	2	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
VEREGEN	5	QL (30 GM per 28 days) MO
VIRASAL	4	QL (10 ML per 30 days) MO
XERESE	5	QL (5 GM per 30 days) MO
ZILXI	4	QL (30 GM per 30 days) PA MO
ZONALON	4	QL (45 GM per 30 days) PA MO
ZOVIRAX CREA 5%	5	QL (5 GM per 30 days) MO
ZOVIRAX OINT 5%	4	QL (30 GM per 30 days) MO
ZYCLARA	5	QL (28 EA per 28 days) MO
ZYCLARA PUMP CREA 3.75%	5	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREA 2.5%	5	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	5	QL (237 GM per 30 days)
<i>ivermectin lotn 0.5%</i>	2	QL (117 GM per 30 days) MO
<i>lindane</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	2	MO
NATROBA	4	QL (120 ML per 30 days) MO
OVIDE	4	MO
<i>permethrin cream 5%</i>	2	MO
SPINOSAD	4	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
LACTATED RINGERS IRRIGATION	4	
PHYSIOLYTE	4	
REGRANEX	5	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	4	
SANTYL	4	MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
TIS-U-SOL	4	
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN	5	PA
<i>cevimeline hydrochloride</i>	2	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	2	MO
<i>clotrimazole troc 10mg</i>	2	MO
<i>denta 5000 plus crea 1.1% (2-pack)</i>	2	QL (51 GM per 30 days)
<i>denta 5000 plus crea 1.1%</i>	2	QL (51 GM per 30 days) MO
<i>dentagel</i>	2	MO
EVOXAC	4	MO
<i>fluoridex daily defense</i>	2	
<i>fluoridex sensitivity relief/sls free</i>	2	
<i>fluorimax 5000</i>	2	
<i>fluorimax 5000 sensitive</i>	2	
<i>just right 5000</i>	2	
<i>lidocaine hcl mouth/throat soln 4%</i>	2	
<i>lidocaine viscous soln 2%</i>	2	MO
<i>nystatin susp 100000unit/ml</i>	2	MO
<i>oralone dental paste</i>	2	
<i>paroex</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tabs</i>	2	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
PREVIDENT 5000 ENAMEL PROTECT	4	MO
PREVIDENT 5000 PLUS	4	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE GEL	4	MO
PREVIDENT RINSE	4	MO
SALAGEN	4	MO
<i>sf 5000 plus</i>	2	QL (51 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sf gel</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm sensitive gel</i>	2	MO
<i>sodium fluoride 5000 ppm pste</i>	2	MO
<i>sodium fluoride 5000 ppm crea</i>	2	QL (51 GM per 30 days)
<i>sodium fluoride gel 1.1%</i>	2	MO
<i>sodium fluoride mouth/throat soln 0.2%</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO

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

Index

<i>abacavir</i>	12, 13	ACYCLOVIR	116
<i>abacavir sulfate/lamivudine</i>	13	<i>acyclovir sodium</i>	15
ABELCET	11	ACZONE	110
ABILIFY	49, 50	ADACEL	95
ABILIFY MAINTENA	50	ADAKVEO	89
ABILIFY MYCITE	50	<i>adapalene</i>	110
ABILIFY MYCITE MAINTENANCE KIT	50	ADAPALENE	110
ABILIFY MYCITE STARTER KIT	50	<i>adapalene/benzoyl peroxide</i>	110
<i>abiraterone acetate</i>	22	ADBRY	91
ABRAXANE	23	<i>adc/fluoride</i>	97
ABSORICA	110	ADCIRCA	39
ABSORICA LD	110	ADDERALL	52
<i>acamprosate calcium dr</i>	60	ADDERALL XR	52
ACANYA	110	<i>adefovir dipivoxil</i>	15
<i>acarbose</i>	64	ADEMPAS	39
ACCOLATE	107	ADLARITY	45
ACCUPRIL	30	ADLYXIN	64
ACCURETIC	29	ADLYXIN STARTER PACK	64
<i>accutane</i>	110	ADMELOG	62
<i>acebutolol hydrochloride</i>	34	ADMELOG SOLOSTAR	62
ACETADOTE	76	ADRENALIN	37
<i>acetaminophen</i>	1	<i>adriamycin</i>	20
<i>acetaminophen/caffeine/dihydrocodeine</i>	4	ADVAIR DISKUS	109
<i>acetaminophen/codeine</i>	4	ADVAIR HFA	109
<i>acetazolamide</i>	36	ADZENYS XR-ODT	52
<i>acetazolamide er</i>	36	AEMCOLO	7
<i>acetazolamide sodium</i>	36	<i>afeditab cr</i>	35
<i>acetic acid</i>	86, 105	AFINITOR	24
<i>acetylcysteine</i>	76, 108	AFINITOR DISPERZ	24
ACIPHEX	85	<i>afirmelle</i>	68
<i>acitretin</i>	113	AFREZZA	62
ACTEMRA	91	AGRYLIN	89
ACTEMRA ACTPEN	91	AIMOVIG	55
ACTHAR	76	AIRDUO DIGIHALER	109
ACTHIB	95	AIRDUO RESPICLICK	110
ACTICLATE	19	AJOVY	55
ACTIMMUNE	94	AKLIEF	110
ACTIQ	4	<i>ak-poly-bac</i>	101
ACTIVELLA	73	AKYNZEO	80
ACTONEL	67	<i>ala-cort</i>	113
ACTOPLUS MET	64	ALA-SCALP	113
ACTOS	64	<i>albendazole</i>	7
ACULAR	102	ALBENZA	8
ACULAR LS	102	<i>albuterol sulfate</i>	107
ACUVAIL	102	<i>albuterol sulfate hfa</i>	107
<i>acyclovir</i>	15, 116, 117	ALCAINE	104

<i>alclometasone dipropionate</i>	113	AMBIEN	54
ALDACTAZIDE	36	AMBIEN CR	54
ALDACTONE	30	AMBISOME	11
ALDARA	117	<i>ambrisentan</i>	39
ALDURAZYME	76	<i>amcinonide</i>	113
ALECENSA	24	AMCINONIDE	113
<i>alendronate sodium</i>	67	AMERGE	55
<i>alfuzosin hcl</i>	86	<i>amethia</i>	68
ALIMTA	21	<i>amethyst</i>	68
ALIQOPA	24	AMICAR	89
<i>aliskiren</i>	37	<i>amikacin sulfate</i>	8
ALKERAN	20	<i>amiloride hcl</i>	36
ALKINDI SPRINKLE	74	<i>amiloride/hydrochlorothiazide</i>	36
<i>allopurinol</i>	1	<i>aminocaproic acid</i>	89
ALLOPURINOL	1	<i>aminophylline</i>	108
<i>allopurinol sodium</i>	1	<i>amiodarone hcl</i>	32
ALLZITAL	1	<i>amiodarone hydrochloride</i>	32
<i>almotriptan malate</i>	55	AMITIZA	84
ALOCRIAL	103	<i>amitriptyline hcl</i>	45
ALOGLIPTIN	64	<i>amitriptyline hydrochloride</i>	45
ALOGLIPTIN/METFORMIN HCL	64	<i>amlodipine besylate</i>	29, 31, 35, 37
ALOGLIPTIN/METFORMIN		<i>amlodipine besylate/atorvastatin calcium</i>	37
HYDROCHLORIDE	64	<i>amlodipine besylate/benazepril hydrochloride</i>	29
ALOGLIPTIN/PIOGLITAZONE	64	<i>amlodipine besylate/valsartan</i>	31
ALOMIDE	103	<i>amlodipine/olmesartan medoxomil</i>	31
ALOPRIM	1	<i>amlodipine/valsartan/hydrochlorothiazide</i>	31
<i>alose tron hydrochloride</i>	84	<i>ammonium lactate</i>	117
ALOXI	80	<i>amnestem</i>	110
ALPHAGAN P	103	AMONDYS 45	57
<i>alprazolam</i>	40	<i>amoxapine</i>	45
<i>alprazolam er</i>	40	<i>amoxicillin</i>	18, 84
ALPRAZOLAM INTENSOL	40	<i>amoxicillin/clavulanate potassium</i>	18
<i>alprazolam odt</i>	40	<i>amoxicillin/clavulanate potassium er</i>	18
ALPRAZOLAM XR	40	<i>amphetamine sulfate</i>	52
ALREX	102	<i>amphetamine/dextroamphetamine</i>	52
ALTABAX	111	<i>amphotericin b</i>	11
ALTACE	30	<i>amphotericin b liposome</i>	11
<i>altavera</i>	68	<i>ampicillin</i>	18
ALTOPREV	33	<i>ampicillin sodium</i>	18
ALTRENO	110	<i>ampicillin-sulbactam</i>	18
ALUNBRIG	24	AMPYRA	58
ALVESCO	109	AMRIX	59
<i>alyacen 1/35</i>	68	AMVUTTRA	57
<i>alyacen 7/7/7</i>	68	AMZEEQ	110
ALYMSYS	24	ANAFRANIL	45
<i>alyq</i>	39	<i>anagrelide hydrochloride</i>	89
<i>amabelz</i>	73	ANASPAZ	81
<i>amantadine hcl</i>	48	<i>anastrozole</i>	22
AMARYL	64	ANCOBON	11

ANDRODERM	61	ARTHROTEC 75	1
ANDROGEL	61	ARZERRA	24
ANDROGEL PUMP	61	ASACOL HD	83
ANGELIQ	73	ASCENIV	93
ANNOVERA	68	<i>ascomp/codeine</i>	4
ANORO ELLIPTA	106	<i>asenapine maleate sl</i>	50
ANTARA	33	<i>ashlyna</i>	68
ANTIVERT	80	ASMANEX HFA	109
ANUSOL-HC	117	ASMANEX TWISTHALER	109
ANZEMET	80	ASPARLAS	23
APEXICON E	113	<i>aspirin/dipyridamole er</i>	90
APIDRA	62	ASPRUZYO	37
APIDRA SOLOSTAR	62	ASTAGRAF XL	94
APLENZIN	45	ATACAND	31
APOKYN	48	ATACAND HCT	31
<i>apomorphine hydrochloride</i>	48	<i>atazanavir</i>	12
<i>apraclonidine</i>	103	<i>atazanavir sulfate</i>	12
<i>aprepitant</i>	80	ATELVIA	67
APRETUDE	12	<i>atenolol</i>	34
<i>apri</i>	68	<i>atenolol/chlorthalidone</i>	34
APRISO	83	ATGAM	94
APTENSIO XR	52	ATIVAN	40
APTIOM	41	<i>atomoxetine</i>	53
APTIVUS	12	<i>atomoxetine hydrochloride</i>	52
ARALAST NP	108	<i>atorvastatin calcium</i>	33, 37
<i>aranelle</i>	68	<i>atovaquone</i>	8, 12
ARANESP ALBUMIN FREE	88, 89	<i>atovaquone/proguanil hcl</i>	12
ARAVA	92	ATRALIN	110
ARAZLO	110	<i>atropine sulfate</i>	82, 104
ARCALYST	94	ATROPINE SULFATE	82, 104
ARESTIN	119	ATROVENT HFA	106
ARFORMOTEROL TARTRATE	107	AUBAGIO	58
ARGATROBAN	88	<i>aubra</i>	68
ARICEPT	45	<i>aubra eq</i>	68
ARIKAYCE	8	AUGMENTIN	18
ARIMIDEX	22	AUGMENTIN ES-600	18
<i>aripiprazole</i>	50	<i>aurovela 1.5/30</i>	68
<i>aripiprazole odt</i>	50	<i>aurovela 24 fe</i>	68
ARISTADA	50	<i>aurovela fe 1.5/30</i>	68
ARISTADA INITIO	50	<i>aurovela fe 1/20</i>	68
ARIXTRA	88	AURYXIA	79
<i>armodafinil</i>	60	AUSTEDO	57
ARMONAIR DIGIHALER	109	AUVELITY	46
ARMOUR THYROID	79	AUVI-Q	108
ARNUITY ELLIPTA	109	AVALIDE	31
AROMASIN	22	AVAPRO	31
ARRANON	21	AVASTIN	24
<i>arsenic trioxide</i>	23	AVEED	61
ARTHROTEC 50	1	<i>aviane</i>	68

AVITA	110	BD/NOVO PEN NEEDLE	62
AVODART	86	BECONASE AQ	109
AVONEX	58	BELBUCA	3
AVSOLA	91	BELEODAQ	24
AVYCAZ	16	BELLADONNA/OPIUM	82
AYGESTIN	79	BELSOMRA	55
<i>ayuna</i>	68	<i>benazepril hcl</i>	30
AYVAKIT	24	<i>benazepril hcl/hydrochlorothiazide</i>	29
<i>azacitidine</i>	21	<i>benazepril hydrochloride</i>	30
AZACTAM	8	<i>benazepril hydrochloride/hydrochlorothiazide</i>	29
<i>azasan</i>	94	BENDEKA	20
AZASITE	101	BENICAR	31
azathioprine	94	BENICAR HCT	31
<i>azelaic acid</i>	117	BENLYSTA	94
<i>azelastine hcl</i>	103, 106	BENSAL HP	117
<i>azelastine hydrochloride</i>	106	BENTYL	82
<i>azelastine hydrochloride/fluticasone propionate</i>	106	BENZACLIN	110
	106	BENZACLIN WITH PUMP	110
AZELEX	110	BENZAMYCIN	110
AZILECT	48	BENZNIDAZOLE	8
<i>azithromycin</i>	17	<i>benztropine mesylate</i>	48
AZITHROMYCIN	17	BEOVU	105
AZOPT	103	<i>bepotastine besilate</i>	103
AZOR	31	BEPREVE	103
AZSTARYS	53	BERINERT	89
<i>aztreonam</i>	8	BESIVANCE	101
AZULFIDINE	83	BESPONSA	24
AZULFIDINE EN-TABS	83	BESREMI	23
<i>bacitracin</i>	8, 101, 102	BETADINE OPHTHALMIC PREP	101
<i>bacitracin/polymyxin b</i>	101	<i>betaine anhydrous</i>	76
<i>baclofen</i>	59	<i>betamethasone dipropionate</i>	113
BACLOFEN	59	<i>betamethasone dipropionate augmented</i>	113
BACTRIM	8	<i>betamethasone sodium phosphate/betamethasone acetate</i>	74
BACTRIM DS	8	<i>betamethasone valerate</i>	114
BAFIERTAM	58	BETAPACE	32
BALCOLTRA	68	BETAPACE AF	32
<i>balsalazide disodium</i>	83	BETASERON	58
BALVERSA	24	<i>betaxolol hcl</i>	34, 103
<i>balziva</i>	69	<i>bethanechol chloride</i>	86
BANZEL	41	BETHKIS	8
BAQSIMI ONE PACK	75	BETIMOL	103
BAQSIMI TWO PACK	75	BETOPTIC-S	104
BARACLUDE	15	BEVESPI AEROSPHERE	106
BASAGLAR KWIKPEN	62	<i>bexarotene</i>	23, 117
BAVENCIO	24	BEXSERO	95
BAXDELA	18	BEYAZ	69
BCG VACCINE	95	<i>bicalutamide</i>	22
BD ALCOHOL SWABS	62	BICILLIN C-R	18
BD INSULIN SYRINGE	62		

BICILLIN L-A	18	<i>bumetanide</i>	36
BICNU	20	BUMEX	36
BIDIL	37	<i>bupap</i>	1
BIJUVA	73	BUPHENYL	76
BIKTARVY	13	<i>bupivacaine hcl</i>	7
BILTRICIDE	8	<i>bupivacaine hydrochloride</i>	7
<i>bimatoprost</i>	104	<i>bupivacaine/epinephrine</i>	7
BINOSTO	67	BUPRENEX	4
<i>bisoprolol fumarate</i>	34	<i>buprenorphine</i>	3
<i>bisoprolol fumarate/hydrochlorothiazide</i>	34	<i>buprenorphine hcl</i>	4, 60
BIVIGAM	93	<i>buprenorphine hcl/naloxone hcl</i>	60
BLENREP	24	<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	60, 61
<i>bleomycin sulfate</i>	20	<i>bupropion hcl</i>	46
BLEPH-10	102	<i>bupropion hydrochloride er</i>	61
BLEPHAMIDE	101	<i>bupropion hydrochloride er (sr)</i>	46
BLEPHAMIDE S.O.P. OINT	101	<i>bupropion hydrochloride er (xl)</i>	46
BLINCYTO	24	BUPROPION HYDROCHLORIDE ER (XL)	46
<i>blisovi 24 fe</i>	69	<i>buspirone hcl</i>	40
<i>blisovi fe 1.5/30</i>	69	<i>busulfan</i>	20
<i>blisovi fe 1/20</i>	69	BUSULFEX	20
BONJESTA	80	<i>butalbital/acetaminophen</i>	1
BOOSTRIX	95	<i>butalbital/acetaminophen/caffeine</i>	1, 4
<i>bortezomib</i>	24	<i>butalbital/acetaminophen/caffeine/codeine</i>	4
BORTEZOMIB	24	<i>butalbital/aspirin/caffeine</i>	1, 4
<i>bosentan</i>	39	<i>butalbital/aspirin/caffeine/codeine</i>	4
BOSULIF	24	<i>butorphanol tartrate</i>	4
BOTOX	59	BUTRANS	3
BRAFTOVI	24	BYDUREON BCISE	64
BREO ELLIPTA	110	BYETTA	64
BREZTRI AEROSPHERE	106	BYLVAY	84
<i>briellyn</i>	69	BYOOVIZ	105
BRILINTA	91	BYSTOLIC	34
<i>brimonidine tartrate</i>	104, 117	CABENUVA	13
BRIMONIDINE TARTRATE	104	<i>cabergoline</i>	76
<i>brimonidine tartrate/timolol maleate</i>	104	CABLIVI	90
<i>brinzolamide</i>	104	CABOMETYX	24
BRIVIACT	41	CADUET	37
<i>bromfenac</i>	102	CALAN SR	35
<i>bromocriptine mesylate</i>	48	<i>calcipotriene</i>	113
BROMSITE	102	CALCIPOTRIENE	113
BRONCHITOL	108	<i>calcipotriene/betamethasone dipropionate</i>	114
BROVANA	107	CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	114
BRUKINSA	24	<i>calcitonin salmon</i>	67
BRYHALI	114	<i>calcitonin-salmon</i>	67
<i>budesonide</i>	109	<i>calcitrene</i>	113
<i>budesonide dr</i>	83	<i>calcitriol</i>	80
<i>budesonide er</i>	83	CALCITRIOL	113
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE	110		

<i>calcium acetate</i>	79	CASODEX	22
CALCIUM GLUCONATE	96	<i>caspofungin acetate</i>	11
CALDOLOR	1	<i>cataflam</i>	1
CALQUENCE	25	CATAPRES-TTS-1	37
CAMBIA	55	CATAPRES-TTS-2	37
<i>camila</i>	69	CATAPRES-TTS-3	37
CAMPTOSAR	23	CAYSTON	8
CAMRESE	69	<i>caziant</i>	69
CAMRESE LO	69	<i>cefaclor</i>	16
CAMZYOS	37	CEFACLOR ER	16
CANASA	83	<i>cefadroxil</i>	16
CANCIDAS	11	<i>cefazolin</i>	16
<i>candesartan cilexetil</i>	31	CEFAZOLIN	16
<i>candesartan cilexetil/hydrochlorothiazide</i>	31	<i>cefazolin sodium</i>	16
CAPASTAT SULFATE	14	CEFAZOLIN SODIUM	16
CAPEX	114	CEFAZOLIN/DEXTROSE	16
CAPLYTA	50	<i>cefdinir</i>	16
CAPRELSA	25	<i>cefepime</i>	16
<i>captopril</i>	30	CEFEPIME	16
CARAC	117	CEFEPIME HYDROCHLORIDE	16
CARAFATE	84	CEFEPIME/DEXTROSE	16
CARBAGLU	76	<i>cefixime</i>	16
<i>carbamazepine</i>	41	CEFOTAN	16
<i>carbamazepine er</i>	41	<i>cefotetan</i>	16
CARBATROL	41	CEFOTETAN/DEXTROSE	16
<i>carbidopa</i>	48	<i>cefoxitin sodium</i>	16
<i>carbidopa/levodopa</i>	48	CEFOXITIN SODIUM	16
<i>carbidopa/levodopa er</i>	48	<i>cefpodoxime proxetil</i>	16
<i>carbidopa/levodopa odt</i>	48	<i>cefprozil</i>	16
CARBIDOPA/LEVODOPA/ENTACAPONE	48	<i>ceftazidime</i>	16, 17
<i>carbinoxamine maleate</i>	106	CEFTAZIDIME/DEXTROSE	16
CARBINOXAMINE MALEATE	106	<i>ceftriaxone in iso-osmotic dextrose</i>	17
<i>carboplatin</i>	20	<i>ceftriaxone sodium</i>	17
CARDENE IV	35	CEFTRIAZONE SODIUM	17
CARDIZEM	35	CEFTRIAZONE/DEXTROSE	17
CARDIZEM CD	35	<i>cefuroxime axetil</i>	17
CARDIZEM LA	35	<i>cefuroxime sodium</i>	17
CARDURA	30, 86	CELEBREX	1
CARDURA XL	86	<i>celecoxib</i>	2
<i>carglumic acid</i>	76	CELESTONE-SOLUSPAN	74
<i>carisoprodol</i>	59	CELEXA	46
<i>carmustine</i>	20	CELLCEPT	94
CARNITOR	76	CELONTIN	41
CARNITOR SF	76	CENTANY	111
CAROSPIR	30	<i>cephalexin</i>	17
<i>carteolol hcl</i>	104	CEQUA	105
<i>cartia xt</i>	35	CERDELGA	76
<i>carvedilol</i>	34	CEREBYX	41
<i>carvedilol phosphate er</i>	34	CEREZYME	76

<i>cetirizine hydrochloride</i>	106	CIPRODEX	105
CETRALAX	105	CIPROFLOXACIN	105
<i>cevimeline hydrochloride</i>	119	<i>ciprofloxacin hcl</i>	18
<i>charlotte 24 fe</i>	69	<i>ciprofloxacin hydrochloride</i>	18, 102
<i>chateal</i>	69	<i>ciprofloxacin i.v.-in d5w</i>	18
<i>chateal eq</i>	69	<i>ciprofloxacin/dexamethasone</i>	105
CHEMET	67	CIPROFLOXACIN/FLUOCINOLONE	
CHENODAL	84	ACETONIDE PF	105
<i>chloramphenicol sodium succinate</i>	8	<i>cisplatin</i>	20
<i>chlordiazepoxide hcl</i>	40, 82	<i>citalopram hydrobromide</i>	46
CHLORDIAZEPOXIDE HCL/CLIDINIUM		CITALOPRAM HYDROBROMIDE	46
BROMIDE	82	CITRANATAL 90 DHA	97
<i>chlordiazepoxide hydrochloride</i>	82	CITRANATAL B-CALM	97
CHLORDIAZEPOXIDE		CITRANATAL BLOOM	98
HYDROCHLORIDE/CLIDINIUM BROMIDE		CITRANATAL HARMONY	98
	82	CITRANATAL MEDLEY	98
<i>chlordiazepoxide/amitriptyline</i>	46	CITRANATAL RX	98
<i>chlorhexidine gluconate</i>	119	<i>cladribine</i>	21
<i>chloroquine phosphate</i>	12	<i>claravis</i>	110
<i>chlorothiazide sodium</i>	36	CLARINEX	106
<i>chlorpromazine hcl</i>	50	CLARINEX-D	106
<i>chlorpromazine hydrochloride</i>	50	<i>clarithromycin</i>	17
<i>chlorthalidone</i>	34, 36	<i>clarithromycin er</i>	17
<i>chlorzoxazone</i>	59	<i>clemastine fumarate</i>	106
CHLORZOAZONE	59	CLEMASTINE FUMARATE	106
CHOLBAM	84	CLENPIQ	83
<i>cholestyramine</i>	33	CLEOCIN	8, 87
<i>cholestyramine light</i>	33	CLEOCIN PEDIATRIC	8
CHORIONIC GONADOTROPIN	76	CLEOCIN PHOSPHATE	8
CIBINQO	91	CLEOCIN-T	110
<i>ciclodan</i>	112	CLIMARA	73
<i>ciclopirox</i>	112	CLIMARA PRO	73
<i>ciclopirox nail lacquer</i>	112	<i>clindacin etz pledgets</i>	110
<i>ciclopirox olamine</i>	112	<i>clindacin-p</i>	110
<i>cidofovir</i>	15	CLINDAGEL	110
<i>cilostazol</i>	90	<i>clindamycin hcl</i>	8
CILOXAN	102	<i>clindamycin palmitate hcl</i>	8
CIMDUO	13	<i>clindamycin phosphate</i>	8, 87, 110, 111
CIMERLI	105	<i>clindamycin phosphate/benzoyl peroxide</i>	110
<i>cimetidine</i>	82	<i>clindamycin phosphate/dextrose</i>	8
<i>cimetidine hydrochloride</i>	82	<i>clindamycin phosphate/tretinoin</i>	110
CIMZIA	91	<i>clindamycin/benzoyl peroxide</i>	111
CIMZIA STARTER KIT	91	CLINDAMYCIN/SODIUM CHLORIDE	8
<i>cinacalcet hydrochloride</i>	76	CLINDESSE	88
CINQAIR	108	CLINIMIX 4.25%/DEXTROSE 10%	100
CINRYZE	90	CLINIMIX 4.25%/DEXTROSE 5%	100
CINVANTI	80	CLINIMIX 5%/DEXTROSE 15%	100
CIPRO	18, 105	CLINIMIX 5%/DEXTROSE 20%	100
CIPRO HC	105	CLINIMIX 6/5	100

CLINIMIX 8/10	100	<i>colistimethate sodium</i>	8
CLINIMIX 8/14	100	COLY-MYCIN M	8
CLINIMIX E 2.75%/DEXTROSE 5%	100	COMBIGAN	104
CLINIMIX E 4.25%/DEXTROSE 10%	100	COMBIPATCH	73
CLINIMIX E 4.25%/DEXTROSE 5%	100	COMBIVENT RESPIMAT	106
CLINIMIX E 5%/DEXTROSE 15%	100	COMBIVIR	13
CLINIMIX E 5%/DEXTROSE 20%	100	COMETRIQ	25
CLINIMIX E 8/10	100	COMPLERA	13
CLINIMIX E 8/14	100	COMPLETENATE	98
<i>clinisol sf 15%</i>	100	<i>compro</i>	80
CLINOLIPID	100	COMTAN	48
<i>clinpro 5000</i>	119	CONCEPT DHA	98
<i>clobazam</i>	41	CONCEPT OB	98
<i>clobetasol propionate</i>	114	CONCERTA	53
<i>clobetasol propionate e</i>	114	CONDYLOX	117
CLOBEX	114	CONJUPRI	35
CLOCORTOLONE PIVALATE	114	<i>constulose</i>	83
<i>clodan</i>	114	CONZIP	3
CLODERM	114	COPAXONE	58
<i>clofarabine</i>	21	COPIKTRA	25
CLOLAR	21	CORDRAN	114
<i>clomipramine hydrochloride</i>	46	COREG	34
<i>clonazepam</i>	41	COREG CR	34
<i>clonazepam odt</i>	41	CORGARD	34
<i>clonidine hcl</i>	1, 37	CORLANOR	37
<i>clonidine hcl er</i>	53	CORTEF	74, 75
<i>clonidine hydrochloride</i>	37	CORTENEMA	83
<i>clopidogrel</i>	91	CORTIFOAM	117
<i>clorazepate dipotassium</i>	41	CORTISPORIN-TC	105
<i>clotrimazole</i>	112	CORTROPHIN	76
<i>clotrimazole troc</i>	119	COSENTYX	91
<i>clotrimazole/betamethasone dipropionate</i>	112	COSENTYX SENSOREADY PEN	91
<i>clozapine</i>	50	COSMEGEN	20
<i>clozapine odt</i>	50	COSOPT	104
CLOZAPINE ODT	50	COSOPT PF	104
CLOZARIL	50	COTELLIC	25
C-NATE DHA	97	COTEMPLA XR-ODT	53
COARTEM	12	COZAAR	31
COCAINE HYDROCHLORIDE	108	CREON	85
CODEINE SULFATE	4	CRESEMBA	11
COGENTIN	48	CRESTOR	33
COLAZAL	83	CRINONE	79
<i>colchicine</i>	1	<i>cromolyn sodium</i>	84, 103, 108
COLCHICINE	1	<i>crotan</i>	118
COLCRYS	1	<i>cryselle-28</i>	69
<i>colesevelam hydrochloride</i>	33	CRYSVITA	76
COLESTID	33	CUBICIN	8
COLESTID FLAVORED	33	CUBICIN RF	8
<i>colestipol hcl</i>	33	CUPRIMINE	67

CURITY GAUZE PADS 2	62	DARZALEX FASPRO	25
CUTAQUIG	93	<i>dasetta 1/35</i>	69
CUTIVATE	114	<i>dasetta 7/7/7</i>	69
CUVITRU	93	<i>daunorubicin hydrochloride</i>	20
CUVPOSA	82	DAUNORUBICIN HYDROCHLORIDE	20
<i>cyclobenzaprine hydrochloride</i>	59	DAURISMO	25
<i>cyclobenzaprine hydrochloride er</i>	59	DAYPRO	2
CYCLOGYL	105	<i>daysee</i>	69
<i>cyclopentolate hcl</i>	105	DAYTRANA	53
<i>cyclophosphamide</i>	20	DAYVIGO	55
CYCLOPHOSPHAMIDE	20	DDAVP	76
<i>cycloserine</i>	14	<i>deblitane</i>	69
CYCLOSET	64	<i>decitabine</i>	21
<i>cyclosporine</i>	94, 105	<i>deferasirox</i>	68
<i>cyclosporine modified</i>	94	<i>deferiprone</i>	68
CYKLOKAPRON	90	<i>deferroxamine mesylate</i>	68
CYMBALTA	46	DELESTROGEN	73
<i>cyproheptadine hcl</i>	106	DELSTRIGO	14
CYRAMZA	25	<i>delyla</i>	69
<i>cyred</i>	69	DELZICOL	83
<i>cyred eq</i>	69	<i>demeclocycline hcl</i>	19
CYSTADANE	76	DEMEROL	4, 5
CYSTADROPS	105	DEMSEER	37
CYSTAGON	76	DENAVIR	117
CYSTARAN	105	DENGVAXIA	95
<i>cytarabine</i>	21	<i>denta 5000 plus</i>	119
<i>cytarabine aqueous</i>	21	<i>dentagel</i>	119
CYTOGAM	93	DEPAKOTE	41
CYTOMEL	79	DEPAKOTE ER	41
CYTOTEC	84	DEPAKOTE SPRINKLES	41
D.H.E. 45	55	DEPEN TITRATABS	68
<i>dabigatran etexilate</i>	88	DEPO-ESTRADIOL	73
<i>dacarbazine</i>	23	DEPO-MEDROL	74
DACOGEN	21	DEPO-PROVERA CONTRACEPTIVE	69
<i>dactinomycin</i>	20	DEPO-SUBQ PROVERA	69
<i>dalfampridine er</i>	58	DEPO-TESTOSTERONE	61
DALIRESP	108	DERMA-SMOOTH/FS BODY	114
DALVANCE	8	DERMA-SMOOTH/FS SCALP	114
<i>danazol</i>	73	DERMOTIC	105
DANTRIUM	59	DESCOVY	14
<i>dantrolene sodium</i>	59	DESFERAL	68
<i>dapsone</i>	8, 111	<i>desipramine hydrochloride</i>	46
DAPTACEL	95	<i>desloratadine</i>	106, 107
<i>daptomycin</i>	8	<i>desmopressin acetate</i>	76
DAPTOMYCIN	8	<i>desogestrel/ethinyl estradiol</i>	69
DARAPRIM	8	<i>desonide</i>	114
<i>darifenacin hydrobromide er</i>	87	DESOWEN	114
DARTISLA ODT	82	<i>desoximetasone</i>	114
DARZALEX	25	DESOXYN	53

<i>desrx</i>	114	DICLOFENAC EPOLAMINE	117
<i>desvenlafaxine er</i>	46	<i>diclofenac potassium</i>	2
DESVENLAFAXINE ER	46	<i>diclofenac sodium</i>	102, 117
DETROL	87	<i>diclofenac sodium dr</i>	2
DETROL LA	87	<i>diclofenac sodium er</i>	2
DEXABLISS	74	<i>diclofenac sodium external</i>	117
<i>dexamethasone</i>	74	<i>diclofenac sodium/misoprostol</i>	2
<i>dexamethasone 10-day dose pack</i>	74	<i>dicloxacillin sodium</i>	18
<i>dexamethasone 13-day dose pack</i>	74	<i>dicyclomine hcl</i>	82
<i>dexamethasone 6-day dose pack</i>	74	<i>dicyclomine hydrochloride</i>	82
DEXAMETHASONE INTENSOL	74	DIFFERIN	111
<i>dexamethasone sodium phosphate</i>	74, 102	DIFICID	17
DEXEDRINE	53	<i>diflorasone diacetate</i>	114
DEXILANT	85	DIFLUCAN	11
<i>dexlansoprazole</i>	85	<i>diflunisal</i>	2
<i>dexamethylphenidate hcl</i>	53	<i>difluprednate</i>	102
<i>dexamethylphenidate hcl er</i>	53	<i>digitek</i>	38
<i>dexamethylphenidate hydrochloride</i>	53	<i>digox</i>	38
<i>dexamethylphenidate hydrochloride er</i>	53	<i>digoxin</i>	38
<i>dexrazoxane</i>	29	<i>dihydroergotamine mesylate</i>	55
<i>dextroamphetamine sulfate</i>	53	DILANTIN	42
<i>dextroamphetamine sulfate er</i>	53	DILANTIN INFATABS	42
DEXTROSE 10%/NACL 0.45%	96	DILANTIN-125	42
DEXTROSE 5% /ELECTROLYTE #48		DILAUDID	5
VIAFLEX	96	<i>diltiazem hcl</i>	35
<i>dextrose 10%</i>	96, 100	DILTIAZEM HCL	35
DEXTROSE 10%/NACL 0.2%	96	<i>diltiazem hcl cd</i>	35
DEXTROSE 2.5%/NACL 0.45%	96	<i>diltiazem hcl er</i>	35
DEXTROSE 25%	100	<i>diltiazem hcl inj</i>	35
<i>dextrose 5%</i>	38, 39, 96, 100, 101	<i>dilt-xr</i>	35
DEXTROSE 5%/LACTATED RINGERS	96	DIMENHYDRINATE	80
DEXTROSE 5%/NACL 0.2%	96	<i>dimethyl fumarate</i>	58
DEXTROSE 5%/NACL 0.225%	96	<i>dimethyl fumarate starterpack</i>	58
<i>dextrose 5%/nacl 0.3%</i>	96	DIOVAN	31, 32
DEXTROSE 5%/NACL 0.33%	96	DIOVAN HCT	31
DEXTROSE 5%/NACL 0.45%	96	DIPENTUM	83
DEXTROSE 5%/NACL 0.9%	96	<i>diphenhydramine hcl</i>	107
DEXTROSE 50%	101	<i>diphenoxylate hydrochloride/atropine sulfate</i>	84
DEXTROSE 70%	101	<i>diphenoxylate/atropine</i>	84
DEXYCU	102	DIPHThERIA/TETANUS TOXOIDS	
DHIVY	48	ADSORBED PEDIATRIC	95
DIACOMIT	41	DIPROLENE	114
DIASTAT ACUDIAL	41	DIPROLENE AF	114
DIASTAT PEDIATRIC	41	<i>dipyridamole</i>	91
<i>diazepam</i>	42	<i>disopyramide phosphate</i>	32
DIAZEPAM RECTAL GEL	42	<i>disulfiram</i>	61
<i>diazoxide</i>	75	DITROPAN XL	87
DIBENZYLINE	38	DIURIL	36
DICLEGIS	80	<i>divalproex sodium</i>	42

<i>divalproex sodium dr</i>	42	DUAKLIR PRESSAIR	106
<i>divalproex sodium er</i>	42	DUAVEE	73
DIVIGEL	73	DUET DHA 400	98
<i>dobutamine hcl</i>	38	DUET DHA BALANCED	98
DOBUTAMINE		DUETACT	64
HYDROCHLORIDE/DEXTROSE 5%	38	DUEXIS	2
<i>docetaxel</i>	24	DULERA	110
DOCETAXEL	23	<i>duloxetine hcl</i>	46
<i>dofetilide</i>	32	DUOBRII	114
DOJOLVI	76	DUOPA	48
<i>dolishale</i>	69	DUPIXENT	91
<i>donepezil hcl</i>	45	DURACLON	1
<i>donepezil hcl odt</i>	45	DURAMORPH	5
DOPAMINE HYDROCHLORIDE	38	DUREZOL	102
DOPAMINE HYDROCHLORIDE/DEXTROSE	38	DURYSTA	104
	38	<i>dutasteride</i>	86
DOPAMINE/D5W	38	<i>dutasteride/tamsulosin hydrochloride</i>	86
DOPTelet	90	DXEVO 11-DAY	74
DORYX	19	DYANAVEL XR	53
<i>dorzolamide hcl/timolol maleate</i>	104	DYMISTA	106
<i>dorzolamide hydrochloride</i>	104	DYRENIUM	36
<i>dorzolamide hydrochloride/timolol maleate pf</i>	104	DYSPORT	59
<i>dotti</i>	73	<i>e.e.s. 400</i>	17
DOVATO	14	E.E.S. GRANULES	17
DOVONEX	113	<i>ec-naproxen</i>	2
<i>doxazosin mesylate</i>	30	<i>econazole nitrate</i>	112
<i>doxepin hcl</i>	46	EDARBI	32
<i>doxepin hydrochloride</i>	46, 55	EDARBYCLOR	31
DOXEPIN HYDROCHLORIDE	117	EDECIN	37
<i>doxercalciferol</i>	80	EDLUAR	55
DOXIL	20	<i>ed-spaz</i>	82
<i>doxorubicin hcl</i>	21	EDURANT	12
<i>doxorubicin hydrochloride</i>	21	<i>efavirenz</i>	12, 14
<i>doxorubicin hydrochloride liposomal</i>	21	<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	14
<i>doxy 100</i>	19	<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	14
<i>doxycycline</i>	19, 117	<i>effer-k</i>	98
DOXYCYCLINE	117	EFFER-K	98
<i>doxycycline hyclate</i>	19	EFFEXOR XR	46
<i>doxycycline hyclate dr</i>	19	EFFIENT	91
<i>doxycycline monohydrate</i>	19	EFUDEX	117
<i>doxylamine succinate/pyridoxine hydrochloride</i>	80	EGRIFTA SV	76
DRIZALMA	46	ELAPRASE	76
<i>dronabinol</i>	81	ELELYSO	76
<i>droperidol</i>	40	ELESTRIN	73
<i>drospirenone/ethinyl estradiol</i>	69	<i>eletriptan hydrobromide</i>	55
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	69	ELIDEL	117
DROXIA	90	ELIGARD	22
<i>droxidopa</i>	38		

<i>elinest</i>	69	ENVARBUS XR	94
ELIQUIS	88	EPANED	30
ELIQUIS STARTER PACK	88	EPCLUSA	15
ELITEK	29	EPIDIOLEX	42
ELITE-OB	98	EPIDUO	111
ELIXOPHYLLIN	108	EPIDUO FORTE	111
ELLA	69	EPIFOAM	114
ELLENCÉ	21	<i>epinastine hcl</i>	103
ELMIRON	86	<i>epinephrine</i>	38, 108
<i>eluryng</i>	69	EPIPEN	108
ELYXYB	55	EPIPEN-JR	108
EMCYT	22	<i>epitol</i>	42
EMEND	81	EPIVIR	12, 15
EMEND TRIPACK	81	EPIVIR HBV	15
EMFLAZA	74	<i>eplerenone</i>	30
EMGALITY	56	EPOGEN	89
<i>emoquette</i>	69	<i>epoprostenol sodium</i>	39
EMPAVELI	90	EPRONTIA	42
EMPLICITI	25	EPSOLAY	61
EMSAM	46	EPZICOM	14
<i>emtricitabine</i>	12, 14	EQUETRO	57
<i>emtricitabine/tenofovir disoproxil</i>	14	ERAXIS	11
<i>emtricitabine/tenofovir disoproxil fumarate</i>	14	ERBITUX	25
EMTRIVA	12	<i>ergoloid mesylates</i>	45
EMVERM	8	ERGOMAR	56
<i>enalapril maleate</i>	29, 30	<i>ergotamine tartrate/caffeine</i>	56
<i>enalapril maleate/hydrochlorothiazide</i>	29	ERIVEDGE	25
<i>enalaprilat</i>	30	ERLEADA	22
ENBRACE HR	98	<i>erlotinib hydrochloride</i>	25
ENBREL	91	ERMEZA	79
ENBREL MINI	91	<i>errin</i>	69
ENBREL SURECLICK	91	ERTACZO	112
ENDARI	90	<i>ertapenem</i>	8
<i>endocet</i>	5	<i>ery</i>	111
ENGERIX-B	95	ERYGEL	111
ENHERTU	25	ERYPED 200	17
ENJAYMO	90	ERYPED 400	17
<i>enoxaparin sodium</i>	88	<i>ery-tab</i>	17
<i>enpresse-28</i>	69	ERYTHROCIN LACTOBIONATE	17
<i>enskyce</i>	69	<i>erythrocine stearate</i>	17
ENSPRYNG	57	<i>erythromycin</i>	102, 111
ENSTILAR	114	<i>erythromycin base</i>	17
<i>entacapone</i>	48, 49	<i>erythromycin dr</i>	17
ENTADFI	86	<i>erythromycin ethylsuccinate</i>	17
<i>entecavir</i>	15	<i>erythromycin lactobionate</i>	17
ENTOCORT EC	83	<i>erythromycin stearate</i>	17
ENTRESTO	31	<i>erythromycin/benzoyl peroxide</i>	111
ENTYVIO	91	ESBRIET	108
<i>enulose</i>	83	<i>escitalopram oxalate</i>	46

<i>esgic</i>	1	EXTINA	112
ESGIC	1	EYLEA	105
<i>esomeprazole magnesium</i>	85	EYSUVIS	102
<i>esomeprazole sodium</i>	85	EZALLOR SPRINKLE	33
<i>estarylla</i>	69, 72	<i>ezetimibe</i>	33
<i>estazolam</i>	55	EZETIMIBE/ROSUVASTATIN	33
ESTRACE	73	<i>ezetimibe/simvastatin</i>	33
<i>estradiol</i>	73, 74	FABIOR	111
<i>estradiol valerate</i>	73	FABRAZYME	76
<i>estradiol/norethindrone acetate</i>	73	<i>falmina</i>	69
ESTRING	74	<i>famciclovir</i>	15
ESTROGEL	74	<i>famotidine</i>	82
<i>eszopiclone</i>	55	<i>famotidine premixed</i>	82
<i>ethacrynate sodium</i>	37	FANAPT	50
<i>ethacrynic acid</i>	37	FANAPT TITRATION PACK	50
<i>ethambutol hydrochloride</i>	14	FARESTON	22
<i>ethosuximide</i>	42	FARXIGA	64
<i>ethynodiol diacetate/ethinyl estradiol</i>	69	FARYDAK	25
<i>etodolac</i>	2	FASENRA	108
<i>etodolac er</i>	2	FASENRA PEN	108
ETONOGESTREL/ETHINYL ESTRADIOL	69	FASLODEX	22
ETOPOPHOS	24	<i>fayosim</i>	69
<i>etoposide</i>	24	<i>febuxostat</i>	1
<i>etravirine</i>	12	<i>felbamate</i>	42
EUCRISA	117	FELBATOL	42
EULEXIN	22	FELDENE	2
<i>euthyrox</i>	79	<i>felodipine er</i>	35
EVAMIST	74	FEMARA	22, 23
EVEKEO	53	FEMRING	74
EVEKEO ODT	53	<i>femynor</i>	69, 72
EVENITY	67	<i>fenofibrate</i>	33
<i>everolimus</i>	25, 94	FENOFIBRATE MICRONIZED	33
EVISTA	76	<i>fenofibric acid dr</i>	33
EVKEEZA	33	FENOGLIDE	33
EVOCLIN	111	<i>fenopropfen calcium</i>	2
EVOMELA	20	FENOPROFEN CALCIUM	2
EVOTAZ	14	FENSOLVI	76
EVOXAC	119	<i>fentanyl</i>	3, 5
EVRYSDI	57	<i>fentanyl citrate</i>	5
EXELDERM	112	FENTANYL CITRATE	5
EXELON	45	FENTORA	5
<i>exemestane</i>	22	FERRIPROX	68
EXFORGE	31	FERRIPROX TWICE-A-DAY	68
EXFORGE HCT	31	<i>fesoterodine fumarate er</i>	87
EXJADE	68	FETROJA	17
EXKIVITY	25	FETZIMA	46
EXONDYS 51	57	FETZIMA TITRATION PACK	46
EXSERVAN	57	<i>fexmid</i>	59
EXTAVIA	58	FIASP	62

FIASP FLEXTOUCH	62	FLUOROURACIL CREA 0.5%	117
FIASP PENFILL	62	<i>fluorouracil external</i>	117
FINACEA	117	<i>fluoxetine dr</i>	46
<i>finasteride</i>	86	<i>fluoxetine hcl</i>	46
<i> fingolimod</i>	58	<i>fluoxetine hydrochloride</i>	46, 47
FINTEPLA	42	<i>fluphenazine decanoate</i>	50
<i>finzala</i>	69	<i>fluphenazine hcl</i>	50
FIORICET	1, 5	<i>fluphenazine hydrochloride</i>	50
FIORICET/CODEINE	5	<i>flurandrenolide</i>	115
FIRAZYR	90	<i>flurazepam hcl</i>	55
FIRDAPSE	57	<i>flurbiprofen</i>	2
FIRMAGON	22	<i>flurbiprofen sodium</i>	103
FIRVANQ	8	<i>flutamide</i>	22
<i>flac otic oil</i>	105	FLUTICASONE FUROATE/VILANTEROL	
FLAGYL	8	ELLIPTA	110
FLAREX	103	<i>fluticasone propionate</i>	109, 115
<i>flavoxate hcl</i>	86	FLUTICASONE PROPIONATE HFA	109
FLEBOGAMMA DIF	93	FLUTICASONE	
<i>flecainide acetate</i>	32	PROPIONATE/SALMETEROL	110
FLECTOR	117	FLUTICASONE	
FLEQSUVY	59	PROPIONATE/SALMETEROL DISKUS	110
FLOLAN	39	<i>fluvastatin</i>	33
FLOLIPID	33	<i>fluvastatin sodium er</i>	33
FLOMAX	86	<i>fluvoxamine maleate</i>	40
FLORIVA	98	<i>fluvoxamine maleate er</i>	40
FLOVENT DISKUS	109	FML	103
FLOVENT HFA	109	FML FORTE	103
<i>fluconazole</i>	11	FML LIQUIFILM	103
<i>fluconazole in sodium chloride</i>	11	FOCALIN	53
<i>fluconazole/sodium chloride</i>	11	FOCALIN XR	53
<i>flucytosine</i>	11	FOLIVANE-OB	98
<i>fludarabine phosphate</i>	21	FOLOTYN	21
<i>fludrocortisone acetate</i>	74	<i>fomepizole</i>	76
<i>flumazenil</i>	57	<i>fondaparinux sodium</i>	88
<i>flunisolide</i>	109	FORFIVO XL	47
<i>fluocinolone acetonide</i>	105, 114, 115	<i>formoterol fumarate</i>	107
<i>fluocinolone acetonide body</i>	114	FORTAZ	17
<i>fluocinolone acetonide scalp</i>	114	FORTEO	67
<i>fluocinonide</i>	115	FORTESTA	61
<i>fluocinonide emulsified base</i>	115	FOSAMAX	67
<i>fluoride</i>	98, 99	FOSAMAX PLUS D	67
<i>fluoridex</i>	119	<i>fosamprenavir calcium</i>	12
<i>fluoridex sensitivity relief/sls free</i>	119	<i>fosaprepitant dimeglumine</i>	81
<i>fluorimax 5000</i>	119	<i>foscarnet sodium</i>	15
<i>fluorimax 5000 sensitive</i>	119	<i>fosfomycin tromethamine</i>	8
<i>fluoritab</i>	98	<i>fosinopril sodium</i>	29, 30
FLUOROMETHOLONE	103	<i>fosinopril sodium/hydrochlorothiazide</i>	29
FLUOROPLEX	117	<i>fosphenytoin sodium</i>	42
<i>fluorouracil</i>	21, 117	FOSRENOL	79

FOTIVDA	25	<i>gentamicin sulfate</i>	9, 102, 112
FRAGMIN	88	<i>gentamicin sulfate pediatric</i>	8
FREAMINE III	101	<i>gentamicin sulfate/0.9% sodium chloride</i>	8, 9
FROVA	56	GENVOYA	14
<i>frovatriptan succinate</i>	56	GEODON	50
FULPHILA	89	GIANVI	69
<i>fulvestrant</i>	22	GILENYA	58
FUROSCIX	37	GILOTRIF	25
<i>furosemide</i>	37	GIMOTI	81
FUZEON	12	GIVLAARI	90
FYARRO	25	GLASSIA	108
<i>fyavolv</i>	74	<i>glatiramer acetate</i>	58
FYCOMPA	42	<i>glatopa</i>	58
FYLNETRA	89	GLEEVEC	25
<i>gabapentin</i>	42	GLEOSTINE	20
GABITRIL	42	<i>glimepiride</i>	64, 65
GABLOFEN	59	<i>glipizide</i>	65
GALAFOLD	76	<i>glipizide er</i>	65
<i>galantamine hydrobromide</i>	45	<i>glipizide xl</i>	65
<i>galantamine hydrobromide er</i>	45	<i>glipizide/metformin hydrochloride</i>	65
GAMASTAN	93	GLOPERBA	1
GAMMAGARD LIQUID	93	GLUCAGEN HYPOKIT	75
GAMMAGARD S/D	93	GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	75
GAMMAKED	93	GLUCOTROL XL	65
GAMMAPLEX	93	GLUMETZA	65
GAMUNEX-C	93	<i>glyburide</i>	65
<i>ganciclovir</i>	15	<i>glyburide micronized</i>	65
GARDASIL 9	95	<i>glyburide/metformin hydrochloride</i>	65
GASTROCROM	84	GLYCATE	82
<i>gatifloxacin</i>	102	<i>glycopyrrolate</i>	82
GATTEX	84	GLYCOPYRROLATE	82
<i>gavilyte-c</i>	83	<i>glydo</i>	116
<i>gavilyte-g</i>	83	GLYNASE	65
<i>gavilyte-n/fluor pack</i>	83	GLYXAMBI	65
GAVRETO	25	GOCOVRI	49
GAZYVA	25	GOLYTELY	83
GELNIQUE	87	GONITRO	38
<i>gemcitabine hcl</i>	21	GOPRELTO	108
<i>gemcitabine hydrochloride</i>	21	GRALISE	57
GEMCITABINE HYDROCHLORIDE	21	<i>granisetron hcl</i>	81
<i>gemfibrozil</i>	33	GRANIX	89
<i>gemmily</i>	69	GRASTEK	94
GEMTESA	87	<i>griseofulvin microsize</i>	11
GENERESS FE	69	<i>griseofulvin ultramicrosize</i>	11
<i>generlac</i>	83	<i>guanfacine er</i>	53
<i>gengraf</i>	94	<i>guanfacine hcl</i>	38
GENOTROPIN	76	<i>guanfacine hydrochloride</i>	38
GENOTROPIN MINIQUICK	76	<i>guanfacine hydrochloride er</i>	53
<i>gentak</i>	102		

GVOKE HYPOPEN	75	HUMALOG MIX 50/50	62
GVOKE KIT	75	HUMALOG MIX 50/50 KWIKPEN	62
GVOKE PFS	75	HUMALOG MIX 75/25	62
GYNAZOLE-1	88	HUMALOG MIX 75/25 KWIKPEN	62
HAEGARDA	90	HUMATIN	9
<i>hailey 1.5/30</i>	70	HUMATROPE	76
<i>hailey 24 fe</i>	70	HUMIRA	91
<i>hailey fe 1.5/30</i>	70	HUMIRA PEDIATRIC CROHNS DISEASE	
<i>hailey fe 1/20</i>	70	STARTER PACK	91
HALAVEN	24	HUMIRA PEN	91
<i>halcinonide</i>	115	HUMIRA PEN-PEDIATRIC UC STARTER	
HALCION	55	PACK	91
HALDOL DECANOATE 100	50	HUMULIN 70/30	63
HALDOL DECANOATE 50	50	HUMULIN 70/30 KWIKPEN	63
<i>halobetasol propionate</i>	115	HUMULIN N	63
HALOBETASOL PROPIONATE	115	HUMULIN N KWIKPEN	63
<i>haloette</i>	70	HUMULIN R	63
HALOG	115	HUMULIN R U-500 (CONCENTRATED)	63
<i>haloperidol</i>	50	HUMULIN R U-500 KWIKPEN	63
<i>haloperidol decanoate</i>	50	HYCAMTIN	23
<i>haloperidol lactate</i>	50	<i>hydralazine hcl</i>	38
HARVONI	15	<i>hydralazine hydrochloride</i>	38
HAVRIX	95	HYDREA	23
<i>heather</i>	70	<i>hydrochlorothiazide</i>	29, 30, 31, 34, 36, 37
HECTOROL	80	<i>hydrocodone bitartrate er</i>	3
HELIDAC THERAPY	84	<i>hydrocodone bitartrate/acetaminophen</i>	5
HEMADY	74	<i>hydrocodone/ibuprofen</i>	5
HEMANGEOL	34	<i>hydrocortisone</i>	75, 83, 115
HEPAGAM B	93	<i>hydrocortisone acetate/pramoxine</i>	117
<i>heparin sodium</i>	88	<i>hydrocortisone butyrate</i>	115
HEPARIN SODIUM	88	<i>hydrocortisone butyrate (lipophilic)</i>	115
HEPARIN SODIUM/DEXTROSE	88	<i>hydrocortisone perianal</i>	117
HEPARIN SODIUM/NACL 0.45%	88	<i>hydrocortisone valerate</i>	115
HEPATAMINE	101	<i>hydrocortisone/acetic acid</i>	105
HEPSERA	15	<i>hydromorphone hcl</i>	5
HERCEPTIN	25	HYDROMORPHONE HCL	5
HERCEPTIN HYLECTA	25	<i>hydromorphone hcl er</i>	3
HERZUMA	25	<i>hydromorphone hydrochloride</i>	5
HETLIOZ	55	HYDROMORPHONE HYDROCHLORIDE	5
HETLIOZ LQ ORAL SUSP	55	<i>hydroxychloroquine sulfate</i>	92
HEXATRIONE	75	HYDROXYCHLOROQUINE SULFATE	92
HIBERIX	95	<i>hydroxyprogesterone caproate</i>	22, 79
<i>hidex 6-day</i>	75	<i>hydroxyurea</i>	23
HIPREX	9	<i>hydroxyzine hcl</i>	107
HIZENTRA	93	<i>hydroxyzine hydrochloride</i>	107
HORIZANT	57	<i>hydroxyzine pamoate</i>	107
HUMALOG	62	HYFTOR	117
HUMALOG JUNIOR KWIKPEN	62	<i>hyoscyamine sulfate</i>	82
HUMALOG KWIKPEN	62	HYPERHEP B	93

<i>hyperlyte-cr</i>	96	<i>incassia</i>	70
HYPERRAB	93	INCRELEX	76
HYPERRHO S/D	93	INCRUSE ELLIPTA	106
HYPERRHO S/D MINI-DOSE	93	<i>indapamide</i>	37
HYPERTET	93	INDERAL LA	34
HYQVIA	93	INDERAL XL	34
HYSINGLA ER	4	INDOCIN	2
HYZAAR	31	<i>indomethacin</i>	2
<i>ibandronate sodium</i>	67	<i>indomethacin er</i>	2
IBRANCE	25	INFANRIX	95
IBSRELA	84	INFLECTRA	91
<i>ibu</i>	2	INFLIXIMAB	91
<i>ibuprofen</i>	2	INFUGEM	21
<i>ibuprofen/famotidine</i>	2	INFUMORPH 200	5
<i>icatibant acetate</i>	90	INFUMORPH 500	5
<i>iclevia</i>	70	INGREZZA	57
ICLUSIG	25	INLYTA	26
<i>icosapent ethyl</i>	33	INNOPRAN XL	35
IDAMYCIN PFS	21	INQOVI	21
<i>idarubicin hcl</i>	21	INREBIC	26
IDHIFA	25	INSPIRA	30
IFEX	20	INSULIN ASPART	63
<i>ifosfamide</i>	20	INSULIN ASPART FLEXPEN	63
IFOSFAMIDE	20	INSULIN ASPART PENFILL	63
ILARIS	94	INSULIN ASPART PROTAMINE/INSULIN	
ILEVRO	103	ASPART 70/30	63
ILUMYA	91	INSULIN DEGLUDEC	63
<i>imatinib mesylate</i>	25	INSULIN DEGLUDEC FLEXTOUCH	63
IMBRUVICA	25, 26	INSULIN GLARGINE	63
IMFINZI	26	INSULIN GLARGINE SOLOSTAR	63
<i>imipenem/cilastatin</i>	9	INSULIN LISPRO	63
<i>imipramine hcl</i>	47	INSULIN LISPRO JUNIOR KWIKPEN	63
<i>imipramine hydrochloride</i>	47	INSULIN LISPRO KWIKPEN	63
<i>imipramine pamoate</i>	47	INSULIN LISPRO PROTAMINE/INSULIN	
<i>imiquimod</i>	117	LISPRO 75/25	63
IMIQUIMOD PUMP	117	INTELENCE	12
IMITREX	56	INTRALIPID	101
IMITREX STATDOSE REFILL	56	INTRAROSA	86
IMITREX STATDOSE SYSTEM	56	INTRON A	94
IMJUDO	26	<i>introvale</i>	70
IMLYGIC	23	INTUNIV	53
IMOGAM RABIES-HT	93	INVANZ	9
IMOVAX RABIES (H.D.C.V.)	95	INVEGA	51
IMPAVIDO	9	INVEGA HAFYERA	50
IMPEKLO	115	INVEGA SUSTENNA	50, 51
IMURAN	94	INVEGA TRINZA	51
IMVEXXY MAINTENANCE PACK	74	INVELTYS	103
IMVEXXY STARTER PACK	74	INVIRASE	12
INBRIJA	49	INVOKAMET	65

INVOKAMET XR	65	JEMPERLI	26
INVOKANA	65	<i>jencycla</i>	70
IOPIDINE	104	JENTADUETO	65
IPOL INACTIVATED IPV	95	JENTADUETO XR	65
<i>ipratropium bromide</i>	106	JEVTANA	24
<i>ipratropium bromide nasal</i>	106	<i>jinteli</i>	74
<i>ipratropium bromide/albuterol sulfat</i>	106	JOLESSA	70
<i>irbesartan</i>	31, 32	JORNAY PM	53
<i>irbesartan/hydrochlorothiazide</i>	31	JUBLIA	112
IRESSA	26	<i>juleber</i>	70
<i>irinotecan hcl</i>	23	JULUCA	14
<i>irinotecan hydrochloride</i>	23	<i>junel 1.5/30</i>	70
ISENTRESS	12	<i>junel 1/20</i>	70
ISENTRESS HD	12	<i>junel fe 1.5/30</i>	70
<i>isibloom</i>	70	<i>junel fe 1/20</i>	70
ISOLYTE-P/DEXTROSE 5%	96	<i>junel fe 24</i>	70
ISOLYTE-S	96	<i>just right 5000</i>	119
ISOLYTE-S PH 7.4	96	JUXTAPID	33
<i>isoniazid</i>	14	JYNARQUE	77
ISOPTO ATROPINE	105	JYNNEOS	95
ISORDIL	38	KABIVEN	101
ISORDIL TITRADOSE	38	KADCYLA	26
<i>isosorbide dinitrate</i>	38, 39	<i>kaitlib fe</i>	70
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	38	KALBITOR	90
<i>isosorbide mononitrate</i>	39	KALETRA	14
<i>isosorbide mononitrate er</i>	39	<i>kalliga</i>	70
<i>isotonic gentamicin</i>	9	KALYDECO	108
<i>isotretinoin</i>	111	KANJINTI	26
<i>isradipine</i>	35	KANUMA	77
ISTALOL	104	KAPSPARGO SPRINKLE	35
ISTODAX (OVERFILL)	26	KAPVAY	53
ISTURISA	76, 77	<i>kariva</i>	70
<i>itraconazole</i>	11	KATERZIA	35
<i>ivermectin</i>	9, 117, 118	KAZANO	65
IXEMPRA KIT	24	KCL 0.075%/D5W/NACL 0.45%	96
IXIARO	95	KCL 0.15%/D5W/NACL 0.2%	97
JADENU	68	KCL 0.15%/D5W/NACL 0.45%	97
JADENU SPRINKLE	68	KCL 0.15%/D5W/NACL 0.9%	97
<i>jaimiess</i>	70	KCL 0.3%/D5W/NACL 0.45%	97
JAKAFI	26	KCL 0.3%/D5W/NACL 0.9%	97
JALYN	86	KEDRAB	93
<i>jantoven</i>	88	<i>kelnor 1/35</i>	70
JANUMET	65	<i>kelnor 1/50</i>	70
JANUMET XR	65	KENALOG	115
JANUVIA	65	KENALOG-10	75
JARDIANCE	65	KENALOG-40	75
<i>jasmiel</i>	70	KENALOG-80	75
JATENZO	61	KEPIVANCE	29
<i>javygtor</i>	77	KEPPRA	42

KEPPRA XR	42	LABETALOL HYDROCHLORIDE/SODIUM	
KERENDIA	30	CHLORIDE	35
KERYDIN	112	<i>lacosamide</i>	42
KESIMPTA	58	LACRISERT	105
<i>ketoconazole</i>	11, 112, 113	<i>lactated ringers</i>	96, 97, 119
<i>ketodan</i>	112	LACTATED RINGERS IRRIGATION	119
<i>ketoprofen</i>	2	<i>lactulose</i>	83
<i>ketoprofen er</i>	2	LACTULOSE	83
<i>ketorolac tromethamine</i>	2, 103	LAMCITAL XR	43
KEVEYIS	37	LAMICTAL	42, 43
KEVZARA	91	LAMICTAL ODT	42
KEYTRUDA	26	LAMICTAL STARTER KIT	43
KHAPZORY	29	LAMICTAL XR	43
KIMMTRAK	26	LAMICTAL XR TITRATION KIT	43
KIMYRSA	9	<i>lamivudine</i>	12, 15
KINERET	91	<i>lamivudine/zidovudine</i>	14
KINRIX	95	<i>lamotrigine</i>	43
KISQALI	23, 26	<i>lamotrigine er</i>	43
KISQALI FEMARA 200 DOSE	23	<i>lamotrigine odt</i>	43
KISQALI FEMARA 400 DOSE	23	<i>lamotrigine odt titration kit</i>	43
KISQALI FEMARA 600 DOSE	23	<i>lamotrigine starter kit/blue</i>	43
KITABIS PAK	9	<i>lamotrigine starter kit/green</i>	43
KLARON	111	<i>lamotrigine starter kit/orange</i>	43
KLISYRI	117	LAMPIT	9
KLONOPIN	42	LANOXIN	38
<i>klor-con</i>	98	LANOXIN PEDIATRIC	38
<i>klor-con 10</i>	98	LANREOTIDE ACETATE	77
<i>klor-con 8</i>	98	<i>lansoprazole</i>	85
<i>klor-con m10</i>	98	<i>lansoprazole/amoxicillin/clarithromycin</i>	84
<i>klor-con m15</i>	98	<i>lanthanum carbonate</i>	79
<i>klor-con m20</i>	98	LANTUS	63
<i>klor-con/ef</i>	98	LANTUS SOLOSTAR	63
KLOXXADO	61	<i>lapatinib ditosylate</i>	26
KOMBIGLYZE XR	65	<i>larin 1.5/30</i>	70
KORLYM	77	<i>larin 1/20</i>	70
KOSELUGO	26	<i>larin 24 fe</i>	70
KRAZATI	26	<i>larin fe 1.5/30</i>	70
KRINTAFEL	12	<i>larin fe 1/20</i>	70
KRISTALOSE	83	<i>larissia</i>	70
KRYSTEXXA	1	LASIX	37
K-TAB	98	LASTACAFT	103
<i>kurvelo</i>	70	<i>latanoprost</i>	104
KUVAN	77	LATUDA	51
KYLEENA	70	LAYOLIS FE	70
KYNMOBI	49	LAZANDA	5
KYPROLIS	26	LEDIPASVIR/SOFOSBUVIR	15
<i>labetalol hydrochloride</i>	35	LEENA	70
LABETALOL		<i>leflunomide</i>	92
HYDROCHLORIDE/DEXTROSE	35	LEMTRADA	58

<i>lenalidomide</i>	23	LIALDA	83
LENVIMA	26	LIBRAX	82
LENVIMA 10 MG DAILY DOSE	26	LIBTAYO	26
LENVIMA 14 MG DAILY DOSE	26	LICART	117
LENVIMA 18 MG DAILY DOSE	26	<i>lidocaine</i>	116
LENVIMA 20 MG DAILY DOSE	26	<i>lidocaine hcl</i>	7, 32, 116
LENVIMA 24 MG DAILY DOSE	26	LIDOCAINE HCL	32
LENVIMA 8 MG DAILY DOSE	26	<i>lidocaine hcl external</i>	116
LEQVIO	34	LIDOCAINE HCL IN D5W	32
LESCOL XL	33	<i>lidocaine hcl jelly</i>	116
<i>lessina</i>	70	<i>lidocaine hcl mouth/throat</i>	119
LETAIRIS	39	<i>lidocaine hydrochloride</i>	7
<i>letrozole</i>	22	<i>lidocaine patch</i>	116
<i>leucovorin calcium</i>	29	<i>lidocaine viscous</i>	119
LEUKERAN	20	<i>lidocaine/epinephrine</i>	7
LEUKINE	89	<i>lidocaine/prilocaine</i>	116
<i>leuprolide acetate</i>	22	LIDODERM	116
LEUPROLIDE ACETATE	22	LILETTA	70
<i>levabuterol</i>	107	<i>lillow</i>	70
<i>levabuterol hcl</i>	107	LINCOCIN	9
LEVABUTEROL TARTRATE HFA	107	<i>lincomycin hcl</i>	9
LEVAMLODIPINE	35	<i>lindane</i>	118
LEVEMIR	63	<i>linezolid</i>	9
LEVEMIR FLEXPEN	63	LINEZOLID	9
LEVEMIR FLEXTOUCH	63	LINZESS	84
<i>levetiracetam</i>	43	LIORESAL INTRATHECAL	59
<i>levetiracetam er</i>	43	<i>liothyronine sodium</i>	79
<i>levetiracetam/sodium chloride</i>	43	LIPITOR	33
<i>levobunolol hcl</i>	104	LIPOFEN	33
<i>levocarnitine</i>	77	<i>lisinopril</i>	29, 30
LEVOCARNITINE	77	<i>lisinopril/hydrochlorothiazide</i>	29
<i>levocetirizine dihydrochloride</i>	107	LITHIUM	57
<i>levofloxacin</i>	18, 102	<i>lithium carbonate</i>	57
<i>levofloxacin in d5w</i>	18	<i>lithium carbonate er</i>	57
<i>levoleucovorin calcium</i>	29	LITHOBID	57
<i>levonest</i>	70	LITHOSTAT	86
<i>levonorgestrel/ethinyl estradiol</i>	70	LIVALO	33
<i>levora</i>	70	LIVMARLI	84
<i>levorphanol tartrate</i>	5	LIVTENCITY	15
LEVO-T	79	LO LOESTRIN FE	70
<i>levothyroxine sodium</i>	79	LOCOID	115
LEVOTHYROXINE SODIUM	79	LOCOID LIPOCREAM	115
LEVOXYL	79	LODINE	2
LEVSIN	82	LODOSYN	49
LEVSIN/SL	82	<i>loestrin 1.5/30-21</i>	70
LEVULAN KERASTICK	117	<i>loestrin 1/20-21</i>	71
LEXAPRO	47	<i>loestrin fe 1.5/30</i>	71
LEXETTE	115	<i>loestrin fe 1/20</i>	71
LEXIVA	12	<i>lofena</i>	2

<i>lojaimiess</i>	71	LUPRON DEPOT-PED (1-MONTH)	77
LOKELMA	68	LUPRON DEPOT-PED (3-MONTH)	77
LOMOTIL	84	<i>lutra</i>	71
LONHALA MAGNAIR	106	LUXIQ	115
LONSURF	21	LUZU	112
<i>loperamide hcl</i>	84	LYBALVI	51
LOPID	33	<i>lyleq</i>	71
<i>lopinavir/ritonavir</i>	14	<i>lyllana</i>	74
LOPRESSOR	35	LYNPARZA	26
LOPROX	112	LYRICA	43
<i>lorazepam</i>	40	LYRICA CR	57
<i>lorazepam intensol</i>	40	LYSODREN	22
LORBRENA	26	LYUMJEV	63
LOREEV XR	41	LYUMJEV KWIKPEN	63
LORTAB	5	LYVISPAH	59, 60
<i>loryna</i>	71	<i>lyza</i>	71
<i>lorzone</i>	59	MACROBID	9
LORZONE	59	MACRODANTIN	9
<i>losartan potassium</i>	32	<i>mafenide acetate</i>	112
<i>losartan potassium/hydrochlorothiazide</i>	31	<i>magnesium sulfate</i>	97
LOSEASONIQUE	71	MAGNESIUM SULFATE	97
LOTEMAX	103	<i>magnesium sulfate in d5w</i>	97
LOTEMAX SM	103	MAKENA	79
LOTENSIN	29, 30	MALARONE	12
LOTENSIN HCT	29	<i>malathion</i>	119
<i>loteprednol etabonate</i>	103	<i>mannitol</i>	37
LOTREL	30	MANNITOL	37
LOTRONEX	84	<i>maraviroc</i>	12
<i>lovastatin</i>	33	MARCAINE	7
LOVAZA	34	MARCAINE/EPINEPHRINE	7
LOVENOX	88	MARGENZA	26
<i>low-ogestrel</i>	71	MARINOL	81
<i>loxapine</i>	51	<i>marlissa</i>	71
<i>lo-zumandimine</i>	70	MARPLAN	47
LUBIPROSTONE	84	MARQIBO	24
LUCEMYRA	61	MATULANE	23
LUCENTIS	105	<i>matzim la</i>	36
LULICONAZOLE	112	MAVENCLAD	58
LUMAKRAS	26	MAVYRET	15
LUMIGAN	104	MAXALT	56
LUMIZYME	77	MAXALT-MLT	56
LUMOXITI	26	MAXIDEX	103
LUNESTA	55	MAXITROL	101
LUNSUMIO	26	MAXZIDE	37
LUPKYNIS	94	MAXZIDE-25	37
LUPRON DEPOT (1-MONTH)	22	MAYZENT	58
LUPRON DEPOT (3-MONTH)	22	MAYZENT STARTER PACK	58
LUPRON DEPOT (4-MONTH)	22	<i>me/naphos/mb/hyo 1</i>	9
LUPRON DEPOT (6-MONTH)	22	<i>meclizine hcl</i>	81

<i>meclofenamate sodium</i>	2	<i>methimazole</i>	79
MEDROL	74, 75	METHITEST	61
MEDROL DOSEPAK	75	<i>methocarbamol</i>	60
<i>medroxyprogesterone acetate</i>	71, 79	<i>methotrexate sodium</i>	21, 92
<i>mefenamic acid</i>	2	<i>methoxsalen</i>	113
<i>mefloquine hcl</i>	12	<i>methscopolamine bromide</i>	82
<i>megestrol acetate</i>	22, 79	<i>methylergonovine maleate</i>	77
MEKINIST	26	METHYLIN	53
MEKTOVI	26	<i>methylphenidate</i>	53, 54
<i>meloxicam</i>	2	<i>methylphenidate hydrochloride</i>	54
<i>melphalan</i>	20	<i>methylphenidate hydrochloride cd</i>	53
<i>melphalan hydrochloride</i>	20	<i>methylphenidate hydrochloride er</i>	54
<i>memantine hcl</i>	45	METHYLPHENIDATE HYDROCHLORIDE ER	54
<i>memantine hydrochloride</i>	45	<i>methylprednisolone</i>	75
<i>memantine hydrochloride er</i>	45	<i>methylprednisolone acetate</i>	75
MENACTRA	96	<i>methylprednisolone sodium succinate</i>	75
MENEST	74	<i>methyltestosterone</i>	61
MENOSTAR	74	<i>metoclopramide hcl</i>	81
MENQUADFI	96	<i>metoclopramide hydrochloride</i>	81
MENTAX	112	<i>metoclopramide odt</i>	81
MENVEO	96	METOCLOPRAMIDE ODT	81
<i>meperidine hcl</i>	5	<i>metolazone</i>	37
<i>meprobamate</i>	41	<i>metoprolol succinate er</i>	35
MEPRON	9	<i>metoprolol tartrate</i>	35
MEPSEVII	77	<i>metoprolol/hydrochlorothiazide</i>	34
<i>mercaptapurine</i>	21	METROCREAM	117
<i>meropenem</i>	9	METROGEL	117
MEROPENEM/SODIUM CHLORIDE	9	METROLOTION	117
<i>merzee</i>	71	<i>metronidazole</i>	9, 117
<i>mesalamine</i>	83	<i>metronidazole vaginal</i>	88
<i>mesalamine dr</i>	83	<i>metyrosine</i>	38
<i>mesalamine er</i>	83	<i>mexiletine hcl</i>	32
<i>mesna</i>	29	MIACALCIN	67
MESNEX	29	<i>mibelas 24 fe</i>	71
MESTINON	57	<i>micafungin</i>	11
MESTINON TIMESPAN	57	MICARDIS	31, 32
<i>metaxalone</i>	60	MICARDIS HCT	31
<i>metformin hydrochloride</i>	66	<i>miconazole 3</i>	88
METFORMIN HYDROCHLORIDE	66	MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	112
<i>metformin hydrochloride er</i>	65, 66	MICRHOGAM ULTRA-FILTERED PLUS	93
<i>methadone hcl</i>	4	MICROGESTIN 1.5/30	71
METHADONE HCL INJ	4	MICROGESTIN 1/20	71
METHADOSE	4	<i>microgestin 24 fe</i>	71
METHADOSE SUGAR-FREE	4	MICROGESTIN FE 1.5/30	71
<i>methamphetamine hcl</i>	53	MICROGESTIN FE 1/20	71
<i>methazolamide</i>	37	<i>midazolam hcl</i>	55
<i>methenamine hippurate</i>	9	<i>midazolam hydrochloride</i>	55
<i>methenamine mandelate</i>	9		
<i>methergine</i>	77		

<i>midodrine hcl</i>	38	MOVANTIK	84
<i>mifepristone</i>	77	MOVIPREP	83
<i>migergot</i>	56	MOXEZA	102
<i>miglitol</i>	66	<i>moxifloxacin hydrochloride/sodium</i>	
<i>miglustat</i>	77	<i>hydrochloride</i>	18
MIGRANAL	56	<i>moxifloxacin hydrochloride</i>	18, 102
<i>mili</i>	71, 72	MOZOBIL	89
MILLIPRED	75	MS CONTIN	4
<i>milrinone lactate</i>	38	MULPLETA	90
<i>milrinone lactate in dextrose</i>	38	MULTAQ	32
<i>mimvey</i>	74	<i>multi-vitamin/fluoride</i>	98
MINASTRIN 24 FE	71	<i>multi-vitamin/fluoride/iron</i>	98
MINIPRESS	30	<i>mupirocin</i>	112
MINIVELLE	74	<i>mutamycin</i>	21
MINOCIN	19	MVASI	26
<i>minocycline hcl</i>	19	MYALEPT	77
<i>minocycline hydrochloride er</i>	19	MYAMBTOL	14
MINOLIRA	19	MYCAPSSA	77
<i>minoxidil</i>	38	MYCOBUTIN	14
MIRAPEX ER	49	<i>mycohenolic acid</i>	94
MIRCETTE	71	<i>mycophenolate mofetil</i>	94
MIRENA	71	MYDAYIS	54
<i>mirtazapine</i>	47	MYFEMBREE	77
<i>mirtazapine odt</i>	47	MYFORTIC	95
MIRVASO	118	MYLOTARG	26
<i>misoprostol</i>	84	MYOBLOC	60
MITIGARE	1	<i>myorisan</i>	111
<i>mitigo</i>	5	MYRBETRIQ	87
<i>mitomycin</i>	21	MYRBETRIX	87
<i>mitoxantrone hcl</i>	23	MYSOLINE	43
M-M-R II	96	MYTESI	85
M-NATAL PLUS	98	MYXREDLIN	63
MOBIC	3	NABI-HB	93
<i>modafinil</i>	60	<i>nabumetone</i>	3
<i>moexipril hcl</i>	30	<i>nadolol</i>	35
<i>molindone hydrochloride</i>	51	NAFCILLIN	18
<i>mometasone furoate</i>	109, 115	<i>nafcillin sodium</i>	18
<i>mondoxyne nl</i>	19	<i>naftifine hcl</i>	112
MONJUVI	26	<i>naftifine hydrochloride</i>	112
<i>mono-lyyah</i>	71	NAFTIN	112
<i>montelukast sodium</i>	107	NAGLAZYME	77
MONUROL	9	<i>nalbuphine hcl</i>	6
<i>morphine sulfate</i>	5, 6	NALFON	3
MORPHINE SULFATE	6	<i>nalocet</i>	6
<i>morphine sulfate er</i>	4	<i>naloxone hcl</i>	61
MORPHINE SULFATE/SODIUM CHLORIDE	4	<i>naloxone hydrochloride</i>	61
MOTEGRITY	84	<i>naltrexone hcl</i>	61
MOTOFEN	84	NAMENDA	45
MOUNJARO	66	NAMENDA TITRATION PAK	45

NAMENDA XR	45	<i>neuac</i>	111
NAMZARIC	45	NEULASTA	89
NAPRELAN	3	NEULASTA ONPRO KIT	89
<i>naproxen</i>	2, 3	NEUPOGEN	89
<i>naproxen sodium</i>	3	NEUPRO	49
NAPROXEN SODIUM	3	NEURONTIN	43
NAPROXEN SODIUM CR	3	NEVANAC	103
<i>naproxen sodium er</i>	3	<i>nevirapine</i>	12, 13
NAPROXEN SODIUM ER	3	<i>nevirapine er</i>	12, 13
<i>naproxen/esomeprazole magnesium</i>	3	NEXAVAR	27
<i>naratriptan hcl</i>	56	NEXIUM	85, 86
NARCAN	61	NEXIUM I.V.	86
NARDIL	47	NEXLETOL	34
NAROPIN	7	NEXLIZET	34
NATACHEW	98	NEXPLANON	71
NATACYN	102	NEXTERONE	32
NATAZIA	71	NEXTSTELLIS	71
<i>nateglinide</i>	66	NEXVIAZYME	77
NATESTO	61	<i>niacin</i>	34
NATPARA	67	<i>niacin er</i>	34
NATROBA	119	<i>niacor</i>	34
NAYZILAM	43	<i>nicardipine hcl</i>	36
<i>nebivolol hydrochloride</i>	35	<i>nicardipine hydrochloride</i>	36
NEBUPENT	9	NICARDIPINE HYDROCHLORIDE	36
<i>necon 0.5/35-28</i>	71	NICARDIPINE HYDROCHLORIDE/SODIUM	
<i>nefazodone hydrochloride</i>	47	CHLORIDE	36
<i>nelarabine</i>	21	NICOTROL	61
NEMBUTAL SODIUM	55	NICOTROL INHALER	61
<i>neomycin sulfate</i>	9	<i>nifedipine</i>	36
<i>neomycin/bacitracin/polymyxin</i>	102	<i>nifedipine er</i>	36
<i>neomycin/polymyxin b sulfates irrigation</i>	86	<i>nikki</i>	71
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	101	NILANDRON	22
<i>neomycin/polymyxin/dexamethasone</i>	101	<i>nilutamide</i>	22
<i>neomycin/polymyxin/gramicidin</i>	102	<i>nimodipine</i>	36
<i>neomycin/polymyxin/hc</i>	105	NINLARO	27
<i>neomycin/polymyxin/hydrocortisone</i>	101, 106	NIPENT	23
NEONATAL 19	98	<i>nisoldipine er</i>	36
NEONATAL COMPLETE	98	<i>nitazoxanide</i>	9
NEONATAL FE	98	<i>nitisinone</i>	77
NEONATAL PLUS	98	NITRO-BID	39
<i>neo-polycin</i>	102	NITRO-DUR	39
<i>neo-polycin hc</i>	101	<i>nitrofurantoin</i>	9
NEORAL	95	<i>nitrofurantoin macrocrystals</i>	9
NEO-SYNALAR	112	<i>nitrofurantoin monohydrate/macrocrystals</i>	9
NERLYNX	26	NITROGLYCERIN IN DEXTROSE 5%	39
NESINA	66	NITROGLYCERIN INJ	39
NESTABS	98	<i>nitroglycerin lingual spray</i>	39
NESTABS ONE	98	<i>nitroglycerin subl</i>	39
		<i>nitroglycerin sublingual</i>	39

<i>nitroglycerin transdermal</i>	39	NOVOLIN R RELION	63
NITROLINGUAL PUMPSPRAY	39	NOVOLOG	64
NITROSTAT	39	NOVOLOG FLEXPEN	64
NITYR	77	NOVOLOG FLEXPEN RELION	64
NIVA-PLUS	98	NOVOLOG MIX 70/30	64
NIVESTYM	89	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
<i>nizatidine</i>	82		64
NOCDURNA	77	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	
<i>nolix</i>	115	RELION	64
NORA-BE	71	NOVOLOG MIX 70/30 RELION	64
NORDITROPIN FLEXPEN	77	NOVOLOG PENFILL	64
<i>norethindrone</i>	71	NOVOLOG RELION	64
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	71	NOXAFIL	11
<i>norethindrone acetate</i>	79	<i>np thyroid</i>	79, 80
<i>norethindrone acetate/ethinyl estradiol</i>	71, 74	NPLATE	89
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	71	NUBEQA	22
<i>norgesic</i>	60	NUCALA	108
NORGESIC FORTE	60	NUCYNTA	4, 6
<i>norgestimate/ethinyl estradiol</i>	71	NUCYNTA ER	4
NORITATE	118	NUEDEXTA	57
NORLIQVA	36	<i>nulev</i>	82
<i>norlyda</i>	71	NULIBRY	77
<i>norlyroc</i>	71	NULOJIX	95
NORPACE	32	NULYTELY	83
NORPACE CR	32	NUMBRINO	108
NORPRAMIN	47	NUPLAZID	51
NORTHERA	38	NURTEC	56
<i>nortrel 0.5/35 (28)</i>	71	NUTRILIPID	101
<i>nortrel 1/35</i>	71	NUTROPIN AQ NUSPIN	77
<i>nortrel 7/7/7</i>	71	NUVARING	71
<i>nortriptyline hcl</i>	47	NUVESSA	88
<i>nortriptyline hydrochloride</i>	47	NUVIGIL	60
NORVASC	36	NUZYRA	19
NORVIR	13	<i>nyamyc</i>	112
NOURIANZ	49	<i>nylia 1/35</i>	72
NOVAREL	77	<i>nylia 7/7/7</i>	72
NOVOLIN 70/30	63	NYMALIZE	36
NOVOLIN 70/30 FLEXPEN	63	<i>nymyo</i>	72
NOVOLIN 70/30 FLEXPEN RELION	63	<i>nystatin</i>	11, 113, 119
NOVOLIN 70/30 RELION	63	<i>nystatin/triamcinolone</i>	113
NOVOLIN N	63	<i>nystop</i>	113
NOVOLIN N FLEXPEN	63	NYVEPRIA	89
NOVOLIN N FLEXPEN RELION	63	OB COMPLETE	98
NOVOLIN N RELION	63	OB COMPLETE ONE	98
NOVOLIN R	63	OB COMPLETE PETITE	98
NOVOLIN R FLEXPEN	63	OB COMPLETE PREMIER	98
NOVOLIN R FLEXPEN RELION	63	OB COMPLETE/DHA	98
		OCALIVA	85
		OCELLA	72

OCREVUS	58	ORACEA	118
OCTAGAM	93	ORACIT	87
<i>octreotide acetate</i>	77	ORALAIR	94
OCUFLOX	102	<i>oralone dental paste</i>	119
ODACTRA	94	ORAPRED ODT	75
ODEFSEY	14	ORBACTIV	9
ODOMZO	27	ORENCIA	92
OFEV	108	ORENCIA CLICKJECT	92
<i>ofloxacin</i>	18, 102, 106	ORENITRAM	39
OGIVRI	27	ORFADIN	77
<i>olanzapine</i>	51	ORGOVYX	22
<i>olanzapine odt</i>	51	ORIAHNN	77
<i>olanzapine/fluoxetine</i>	47	ORLISSA	73
<i>olmesartan medoxomil</i>	32	ORKAMBI	108
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	31	ORLADEYO	90
<i>olmesartan medoxomil/hydrochlorothiazide</i>	31	<i>orphenadrine citrate</i>	60
<i>olopatadine hcl</i>	103, 107	<i>orphenadrine citrate er</i>	60
<i>olopatadine hydrochloride</i>	103	<i>orphenadrine/aspirin/caffeine</i>	60
OLUMIANT	91	<i>orphengesic forte</i>	60
OLUX	115	<i>orsythia</i>	72
OLUX-E	115	ORTIKOS	83
OMECLAMOX-PAK	85	<i>oscimin</i>	82
<i>omega-3-acid ethyl esters</i>	34	<i>oseltamivir phosphate</i>	15
OMEGAVEN	101	OSENI	66
<i>omeprazole</i>	86	OSMITROL VIAFLEX	37
<i>omeprazole/sodium bicarbonate</i>	86	OSMOLEX ER	49
OMNARIS	109	OSMOPREP	84
OMNIPOD 5	64	OSPHENA	77
OMNIPOD CLASSIC	64	OTEZLA	92
OMNIPOD DASH	64	OTOVEL	106
OMNITROPE	77	OTREXUP	92
ONCASPAR	23	OVIDE	119
<i>ondansetron hcl</i>	81	<i>oxacillin sodium</i>	18
<i>ondansetron hydrochloride</i>	81	OXACILLIN SODIUM	18
<i>ondansetron odt</i>	81	<i>oxaliplatin</i>	20
ONEXTON	111	<i>oxandrolone</i>	62
ONFI	43	<i>oxaprozin</i>	3
ONGENTYS	49	OXAYDO	6
ONGLYZA	66	<i>oxazepam</i>	41
ONIVYDE	23	OXBRYTA	90
ONTRUZANT	27	<i>oxcarbazepine</i>	43
ONUREG	21	OXERVATE	105
ONZETRA XSAIL	56	<i>oxiconazole nitrate</i>	113
OPDIVO	27	OXISTAT	113
OPDUALAG	27	OXLUMO	87
<i>opium tincture</i>	85	OXTELLAR XR	43
OPSUMIT	39	<i>oxybutynin chloride</i>	87
OPZELURA	118	<i>oxybutynin chloride er</i>	87
		OXYCODONE AND ACETAMINOPHEN	6

<i>oxycodone hcl</i>	4	<i>peg-3350/electrolytes/ascorbate</i>	84
OXYCODONE HCL ER	4	<i>peg-3350/nacl/na bicarbonate/kcl</i>	84
<i>oxycodone hydrochloride</i>	6	PEGASYS	15
<i>oxycodone hydrochloride/acetaminophen</i>	6	PEMAZYRE	27
OXYCODONE		<i>pemetrexed</i>	21
HYDROCHLORIDE/ACETAMINOPHEN	6	PEMETREXED	21
<i>oxycodone/acetaminophen</i>	6	<i>penciclovir</i>	118
OXYCONTIN	4	<i>penicillamine</i>	68
<i>oxymorphone hydrochloride</i>	4, 6	<i>penicillin g potassium</i>	18
<i>oxymorphone hydrochloride er</i>	4	PENICILLIN G POTASSIUM IN ISO-	
OXYTROL	87	OSMOTIC DEXTROSE	18
OZEMPIC	66	PENICILLIN G PROCAINE	19
OZURDEX	103	<i>penicillin g sodium</i>	19
<i>pacerone</i>	32	<i>penicillin v potassium</i>	19
<i>paclitaxel</i>	24	PENNSAID	118
<i>paclitaxel protein-bound particles</i>	24	PENTACEL	96
PADCEV	27	PENTAM 300	9
<i>paliperidone er</i>	51	<i>pentamidine isethionate</i>	9
<i>palonosetron hydrochloride</i>	81	PENTASA	83
PALONOSETRON HYDROCHLORIDE	81	<i>pentazocine/naloxone hcl</i>	6
PALYNZIQ	77	<i>pentobarbital sodium</i>	55
PAMELOR	47	<i>pentoxifylline er</i>	90
<i>pamidronate disodium</i>	67	PEPCID	83
PAMIDRONATE DISODIUM	67	PERCOCET	6
PANCREAZE	85	PERFOROMIST	107
PANDEL	115	PERIKABIVEN	101
PANRETIN	118	<i>perindopril erbumine</i>	30
<i>pantoprazole sodium</i>	86	<i>perio gard</i>	119
PANZYGA	94	PERJETA	27
PARAGARD INTRAUTERINE COPPER		<i>permethrin</i>	119
CONTRACEPTIVE	72	<i>perphenazine</i>	47, 51
<i>paraplatin</i>	20	<i>perphenazine/amitriptyline</i>	47
<i>paricalcitol</i>	80	PERSERIS	51
PARLODEL	49	PERTZYE	85
PARNATE	47	PEXEVA	47
<i>paroex</i>	119	<i>pfizerpen</i>	19
<i>paromomycin sulfate</i>	9	PHEBURANE	77
<i>paroxetine</i>	47, 57	<i>phenelzine sulfate</i>	47
<i>paroxetine hcl</i>	47	PHENERGAN	81
<i>paroxetine hcl er</i>	47	<i>phenobarbital</i>	43
<i>paroxetine hydrochloride</i>	47	<i>phenobarbital sodium</i>	43
PASER	14	<i>phenoxybenzamine hydrochloride</i>	38
PATANASE	107	PHENYLEPHRINE HCL	105
PAXIL	47	PHENYTEK	43
PAXIL CR	47	<i>phenytoin</i>	43
PEDIAPRED	75	<i>phenytoin sodium</i>	43
PEDIARIX	96	<i>phenytoin sodium extended release</i>	43
PEDVAX HIB	96	PHESGO	27
<i>peg-3350/electrolytes</i>	84	PHEXXI	72

<i>philit</i>	72	<i>portia-28</i>	72
PHOSLYRA	79	PORTRAZZA	27
PHOSPHOLINE IODIDE	104	<i>posaconazole dr</i>	11
PHYSIOLYTE	119	POTASSIUM ACETATE	97
PIFELTRO	13	<i>potassium chloride</i>	97, 99
<i>pilocarpine hcl</i>	104	POTASSIUM CHLORIDE	97
<i>pilocarpine hydrochloride</i>	119	<i>potassium chloride er</i>	99
<i>pimecrolimus</i>	118	POTASSIUM CHLORIDE/DEXTROSE	97
<i>pimozide</i>	51	POTASSIUM	
<i>pimtrea</i>	72	CHLORIDE/DEXTROSE/LACTATED	
<i>pindolol</i>	35	RINGERS	97
<i>pioglitazone hcl</i>	66	POTASSIUM	
<i>pioglitazone hcl/metformin hcl</i>	66	CHLORIDE/DEXTROSE/SODIUM	
<i>pioglitazone hcl-glimepiride</i>	66	CHLORIDE	97
<i>pioglitazone hydrochloride</i>	66	<i>potassium chloride/sodium chloride</i>	97
<i>piperacillin sodium/tazobactam sodium</i>	19	POTASSIUM CHLORIDE/SODIUM	
PIQRAY	27	CHLORIDE	97
<i>pirfenidone</i>	108	<i>potassium citrate er</i>	87
<i>pirmella 1/35</i>	72	<i>potassium citrate/citric acid</i>	87
<i>pirmella 7/7/7</i>	72	<i>potassium citrate/sodium citrate/citric acid</i>	87
<i>piroxicam</i>	3	<i>potassium phosphate</i>	97, 101
PLAQUENIL	92	POTASSIUM PHOSPHATES	101
PLASMA-LYTE A	97	POTELIGEO	27
PLASMA-LYTE-148	97	PRADAXA	88
PLAVIX	91	PRALUENT	34
PLEGRIDY	59	<i>pramipexole dihydrochloride</i>	49
PLEGRIDY STARTER PACK	58	<i>pramipexole dihydrochloride er</i>	49
<i>plenamine</i>	101	<i>prasugrel</i>	91
PLENVU	84	<i>pravastatin sodium</i>	33
PLIAGLIS	116	<i>praziquantel</i>	9
PNV	98	<i>prazosin hydrochloride</i>	30
PNV PRENATAL PLUS MULTIVITAMIN	98	PRECOSE	66
<i>pnv-dha</i>	99, 100	PRED FORTE	103
PNV-DHA+DOCUSATE	99	PRED MILD	103
PNV-OMEGA	99	PRED-G	101
<i>pnv-select</i>	99	PRED-G S.O.P.	101
PODOCON-25	118	<i>prednicarbate</i>	115
<i>podofilox</i>	118	<i>prednisolone</i>	75, 101, 103
POLIVY	27	<i>prednisolone acetate</i>	103
<i>polycin</i>	102	<i>prednisolone sodium phosphate</i>	75
<i>polymyxin b sulfate</i>	9	<i>prednisolone sodium phosphate odt</i>	75
<i>polymyxin b sulfate/trimethoprim sulfate</i>	102	PREDNISOLONE SODIUM PHOSPHATE	
POLYTRIM	102	OPHTHALMIC SOLN 1%	103
POLY-VI-FLOR	99	<i>prednisone</i>	75
POLY-VI-FLOR/IRON	99	PREDNISONONE INTENSOL	75
<i>poly-vitamin/fluoride</i>	99	PREFEST	74
POMALYST	23	<i>pregabalin</i>	43, 44
PONVORY	59	<i>pregabalin er</i>	57
PONVORY 14-DAY STARTER PACK	59		

PREGNYL W/DILUENT BENZYL		PROAIR DIGIHALER	107
ALCOHOL/NACL	77	PROAIR HFA	107
PREHEVBRIO	96	PROAIR RESPICLICK	107
PREMARIN	74	<i>probenecid</i>	1
PREMASOL	101	<i>probenecid/colchicine</i>	1
PREMPHASE	74	<i>procainamide hcl</i>	32
PREMPRO	74	PROCALAMINE	101
PRENAISSANCE	99	PROCARDIA XL	36
PRENAISSANCE PLUS	99	<i>procentra</i>	54
PRENATAL	98, 99, 100	<i>prochlorperazine</i>	81
PRENATAL PLUS	98, 99	<i>prochlorperazine edisylate</i>	81
PRENATAL PLUS LOW IRON	99	<i>prochlorperazine maleate</i>	81
PRENATE	99	PROCRIT	89
PRENATE AM	99	PROCTOCORT	118
PRENATE DHA	99	PROCTOFOAM HC	118
PRENATE ELITE	99	<i>procto-med hc</i>	118
PRENATE ENHANCE	99	<i>procto-pak</i>	118
PRENATE ESSENTIAL	99	<i>proctosol hc</i>	115
PRENATE MINI	99	<i>proctozone-hc</i>	118
PRENATE PIXIE	99	PROCYSBI	78
PRENATE RESTORE	99	<i>progesterone</i>	79
PRENATVITE COMPLETE	99	PROGLYCEM	76
PRENATVITE PLUS	99	PROGRAF	95
PREPLUS	99	PROLASTIN-C	108
PRETAB	99	PROLATE	6
PRETOMANID	14	PROLENSA	103
PREVACID	86	PROLIA	67
PREVACID SOLUTAB	86	PROMACTA	90
<i>prevalite</i>	34	<i>promethazine hcl</i>	81
PREVIDENT 5000 BOOSTER PLUS	119	<i>promethazine hydrochloride</i>	81
PREVIDENT 5000 DRY MOUTH	119	<i>promethazine vc</i>	106
PREVIDENT 5000 ENAMEL PROTECT	119	<i>promethegan</i>	81
PREVIDENT 5000 PLUS	119	PROMETHEGAN	81
PREVIDENT FLUORIDE	119	PROMETRIUM	79
PREVIDENT RINSE	119	<i>propafenone hcl</i>	32
<i>previfem</i>	72	<i>propafenone hydrochloride er</i>	32
PREVYMIS	15	<i>proparacaine hcl</i>	105
PREZCOBIX	14	<i>propranolol hcl</i>	35
PREZISTA	13	<i>propranolol hcl er</i>	35
PRIALT	1	<i>propylthiouracil</i>	80
PRIFTIN	14	PROQUAD	96
PRILOSEC	86	PROSCAR	86
PRIMACARE	99	PROSOL	101
<i>primaquine phosphate</i>	12	PROTONIX	86
PRIMAXIN IV	10	PROTONIX PACK	86
<i>primidone</i>	44	PROTOPIC	118
PRIORIX	96	<i>protriptyline hcl</i>	47
PRISTIQ	47	PROVENTIL HFA	107
PRIVIGEN	94	PROVERA	69, 79

PROVIDA OB	99	<i>rabeprazole sodium dr</i>	86
PROVIGIL	60	RADICAVA	57
PROZAC	47	RADICAVA ORS	57
PRUDOXIN	118	RADICAVA ORS STARTER KIT	57
PSORCON	116	RAGWITEK	94
PULMICORT	109	<i>raloxifene hydrochloride</i>	78
PULMICORT FLEXHALER	109	<i>ramelteon</i>	55
PULMOZYME	108	<i>ramipril</i>	30
PURIXAN	22	RANEXA	38
PYLERA	85	<i>ranolazine er</i>	38
<i>pyrazinamide</i>	14	RAPAFLO	86
<i>pyridostigmine bromide</i>	57	RAPAMUNE	95
<i>pyridostigmine bromide er</i>	57	RAPIVAB	15
<i>pyrimethamine</i>	10	<i>rasagiline mesylate</i>	49
PYRUKYND	90	RASUVO	92, 93
PYRUKYND TAPER PACK	90	RAVICTI	78
QBRELIS	30	RAYALDEE	80
QBREXZA	118	RAYOS	75
QELBREE	54	RAZADYNE ER	45
QINLOCK	27	REBIF	59
QNASL	109	REBIF REBIDOSE	59
QNASL CHILDRENS	109	REBIF REBIDOSE TITRATION PACK	59
QTERN	66	REBIF TITRATION PACK	59
QUADRACEL	96	REBLOZYL	90
QUALAQUIN	12	RECARBRIO	10
QUARTETTE	72	RECLAST	67
QUDEXY XR	44	<i>reclipsen</i>	72
QUESTRAN	34	RECOMBIVAX HB	96
QUESTRAN LIGHT	34	RECORLEV	78
<i>quetiapine fumarate</i>	51	RECTIV	118
<i>quetiapine fumarate er</i>	51	REDITREX	93
QUFLORA	99	REGLAN	81
QUFLORA FE	99	REGONOL	57
QUFLORA PEDIATRIC	99	REGRANEX	119
QUILLICHEW ER	54	<i>relafen</i>	3
QUILLIVANT XR	54	RELAFEN DS	3
<i>quinapril hcl</i>	30	RELENZA DISKHALER	15
<i>quinapril hydrochloride</i>	30	RELEUKO	89
<i>quinapril/hydrochlorothiazide</i>	30	RELEXXII	54
<i>quinidine gluconate cr</i>	32	RELISTOR	85
<i>quinidine gluconate er</i>	32	RELPAX	56
<i>quinidine sulfate</i>	32	RELTONE	85
<i>quinine sulfate</i>	12	RELYVRIO	57
QULIPTA	56	REMERON	47
QUTENZA KIT	116	REMERON SOLTAB	47
QUVIVIQ	55	REMICADE	92
QUZYTIR	107	REMODULIN	39
QVAR REDIHALER	109	RENACIDIN	87
RABAVERT	96	RENAGEL	79

RENFLXIS	92	RITALIN LA	54
REVELA	79	<i>ritonavir</i>	13, 14
REVELA PACK	79	RITUXAN	27
<i>repaglinide</i>	66	RITUXAN HYCELA	27
REPATHA	34	<i>rivastigmine tartrate</i>	45
REPATHA PUSHTRONEX SYSTEM	34	<i>rivastigmine transdermal system</i>	45
REPATHA SURECLICK	34	RIVELSA	72
RESTASIS	105	<i>rizatriptan benzoate</i>	56
RESTASIS MULTIDOSE	105	<i>rizatriptan benzoate odt</i>	56
RESTORIL	55	ROBAXIN	60
RETACRIT	89	ROBINUL	82
RETEVMO	27	ROBINUL FORTE	82
RETIN-A	111	ROCALTROL	80
RETIN-A MICRO PUMP	111	ROCKLATAN	104
RETROVIR	13	<i>roflumilast</i>	108
RETROVIR IV	13	<i>romidepsin</i>	27
REVATIO	39	<i>ropinirole er</i>	49
REVCOVI	78	<i>ropinirole hcl</i>	49
REVLIMID	23	<i>ropivacaine hydrochloride</i>	7
REXULTI	51	<i>rosadan</i>	118
REYATAZ	13	<i>rosuvastatin calcium</i>	33
REYVOW	56	ROSZET	34
REZLIDHIA	27	ROTARIX	96
REZUROCK	95	ROTATEQ	96
RHOFADE	118	ROWASA	83
RHOGAM ULTRA-FILTERED PLUS	94	<i>roweepra</i>	44
RHOPHYLAC	94	ROXICODONE	6
RHOPRESSA	104	ROZEREM	55
RIABNI	27	ROZLYTREK	27
<i>ribavirin</i>	15	RUBRACA	27
RIDAURA	93	RUCONEST	90
<i>rifabutin</i>	14	<i>rufinamide</i>	44
RIFADIN	15	RUKOBIA	13
<i>rifampin</i>	15	RUXIENCE	27
RILUTEK	57	RUZURGI	57
<i>riluzole</i>	57	RYALTRIS	106
<i>rimantadine hydrochloride</i>	15	RYBELSUS	66
RIMSO-50	87	RYBREVANT	27
RINGERS INJECTION	97	<i>ryclora</i>	107
RINGERS IRRIGATION	119	RYDAPT	27
RINVOQ	92	RYLAZE	23
RIOMET	66	RYTARY	49
<i>risedronate sodium</i>	67	RYTHMOL SR	32
<i>risedronate sodium dr</i>	67	RYVENT	107
RISPERDAL	51	SABRIL	44
RISPERDAL CONSTA	51	SAFYRAL	72
<i>risperidone</i>	51, 52	SAIZEN	78
<i>risperidone odt</i>	51	SAIZENPREP RECONSTITUTIONKIT	78
RITALIN	54	<i>sajazir</i>	90

SALAGEN	119	SFROWASA	83
<i>salicylic acid</i>	118	<i>sharobel</i>	72
SALICYLIC ACID	118	SHINGRIX	96
<i>salicylic acid wart remover</i>	118	SIGNIFOR	78
<i>salsalate</i>	3	SIGNIFOR LAR	78
SAMSCA	78	SIKLOS	90
SANCUSO	81	<i>sildenafil</i>	39
SANDIMMUNE	95	SILENOR	55
SANDOSTATIN	78	SILIQ	92
SANDOSTATIN LAR	78	<i>silodosin</i>	86
SANTYL	119	SILVADENE	112
SAPHNELO	95	SILVER NITRATE	118
SAPHRIS	52	<i>silver sulfadiazine</i>	112
<i>sapropterin dihydrochloride</i>	78	SIMBRINZA	104
SARCLISA	27	<i>simliya</i>	72
SAVAYSA	88	<i>simpesse</i>	72
SAVELLA	57	SIMPONI	92
SAVELLA TITRATION PACK	57	SIMPONI ARIA	92
SCSEMBLIX	27	SIMULECT	95
<i>scopolamine</i>	81	<i>simvastatin</i>	33
SEASONIQUE	72	SINEMET	49
SECUADO	52	SINGULAIR	107
SEGLENTIS	7	<i>sirolimus</i>	95
SEGLUROMET	66	SIRTURO	15
SELECT-OB	99	SITAVIG	15
<i>selegiline hcl</i>	49	SIVEXTRO	10
<i>selenium sulfide</i>	113	SKELAXIN	60
SELZENTRY	13	SKYLA	72
SEMGLEE	64	SKYRIZI	92
SE-NATAL 19	99	SKYRIZI PEN	92
SENSIPAR	78	SKYTROFA	78
SENSORCAINE	7	SLYND	72
<i>sensorcaine/epinephrine</i>	7	SMOFLIPID	101
<i>sensorcaine-mpf</i>	7	SOANZ	37
<i>sensorcaine-mpf/epinephrine</i>	7	<i>sodium acetate</i>	97
SENSORCAINE-MPF/EPINEPHRINE	7	SODIUM ACETATE	97
SEREVENT DISKUS	107	<i>sodium bicarbonate</i>	97
SERNIVO	116	SODIUM BICARBONATE	97
SEROQUEL	52	<i>sodium chloride</i>	97
SEROQUEL XR	52	SODIUM CHLORIDE	97
SEROSTIM	78	<i>sodium chloride 0.45%</i>	97
<i>sertraline hcl</i>	47, 48	<i>sodium chloride 0.9% irrigation soln</i>	119
SERTRALINE HYDROCHLORIDE	47	<i>sodium citrate/citric acid</i>	87
<i>setlakin</i>	72	SODIUM DIURIL	37
<i>sevelamer carbonate</i>	79	SODIUM EDECRIN	37
<i>sevelamer hydrochloride</i>	79	<i>sodium fluoride</i>	99, 120
SEYSARA	19	<i>sodium fluoride 5000 plus</i>	120
<i>sf 5000 plus</i>	119	<i>sodium fluoride 5000 ppm</i>	120
<i>sf gel</i>	120	<i>sodium fluoride 5000 ppm pste</i>	120

<i>sodium fluoride 5000 ppm sensitive</i>	120	STALEVO 150	49
<i>sodium fluoride mouth/throat soln 0.2%</i>	120	STALEVO 200	49
<i>sodium phenylbutyrate</i>	78	STALEVO 50	49
<i>sodium phosphate</i> 74, 75, 97, 101, 102, 103	103	STALEVO 75	49
<i>sodium phosphates</i>	97	<i>stavudine</i>	13
<i>sodium polystyrene sulfonate</i>	68	STEGLATRO	66
<i>sodium sulfacetamide/sulfur</i>	111	STEGLUJAN	66
SODIUM SULFACETAMIDE/SULFUR		STELARA	92
CLEANSER IN UREA EMULSION	111	<i>sterile water for irrigation</i>	119
SODIUM SULFATE/POTASSIUM		STIOLTO RESPIMAT	106
SULFATE/MAGNESIUM SULFATE	84	STIVARGA	27
SOFOSBUVIR/VELPATASVIR	15	STRATTERA	54
<i>solifenacin succinate</i>	87	STRENSIQ	78
SOLQUA 100/33	64	<i>streptomycin sulfate</i>	10
SOLIRIS	90	STRIBILD	14
SOLODYN	19	STRIVERDI RESPIMAT	107
SOLOSEC	10	STROMECTOL	10
SOLTAMOX	22	SUBLOCADE	61
SOLU-CORTEF	75	SUBOXONE	61
SOLU-MEDROL	75	SUBSYS	7
SOMA	60	<i>subvenite</i>	44
SOMATULINE DEPOT	78	<i>subvenite starter kit</i>	44
SOMAVERT	78	SUCRAID	85
SOOLANTRA	118	<i>sucrafate</i>	85
<i>sorafenib tosylate</i>	27	SUCRALFATE SUSP	85
SORBITOL IRRIGATION	87	SULAR	36
SORILUX	113	<i>sulfacetamide sodium</i>	102, 111
<i>sorine</i>	32	<i>sulfacetamide sodium/prednisolone sodium</i>	
<i>sotalol hcl</i>	32	<i>phosphate</i>	101
<i>sotalol hydrochloride (af)</i>	32	<i>sulfacleanse</i>	111
SOTYKTU	92	<i>sulfadiazine</i>	10
SOTYLIZE	32	<i>sulfamethoxazole/trimethoprim</i>	10
SOVALDI	15	<i>sulfamethoxazole/trimethoprim ds</i>	10
SPEVIGO	92	SULFAMYLON	112
SPINOSAD	119	<i>sulfasalazine</i>	83
SPIRIVA HANDIHALER	106	<i>sulindac</i>	3
SPIRIVA RESPIMAT	106	<i>sumatriptan</i>	56
<i>spironolactone</i>	30, 37	<i>sumatriptan succinate</i>	56
<i>spironolactone/hydrochlorothiazide</i>	37	<i>sumatriptan succinate refill</i>	56
SPORANOX	11	<i>sumatriptan/naproxen sodium</i>	56
<i>sprintec 28</i>	72	<i>sunitinib malate</i>	27
SPRITAM	44	SUNLENCA	13
SPRIX	3	SUNOSI	60
SPRYCEL	27	SUPRAX	17
<i>sps</i>	68	SUPREP BOWEL PREP	84
<i>sronyx</i>	72	SUSTIVA	13
SSD	112	SUSTOL	81
STALEVO 100	49	SUSVIMO	105
STALEVO 125	49	SUTAB	84

SUTENT	27	TARON-C DHA	99
<i>syeda</i>	72	TARPEYO	82
SYMBICORT	110	TASCENSO ODT	59
SYMBYAX	48	TASIGNA	28
SYMDEKO	108	TASMAR	49
SYMFI	14	<i>tavaborole</i>	113
SYMFI LO	14	TAVALISSE	90
SYMJEPI	108	TAVNEOS	90
SYMLINPEN 120	66	<i>taysofy</i>	72
SYMLINPEN 60	66	TAYTULLA	72
SYMPAZAN	44	<i>tazarotene</i>	113
SYMPROIC	85	TAZAROTENE	111
SYMTUZA	14	<i>tazicef</i>	17
SYNAGIS	94	TAZORAC	113
SYNALAR	116	<i>taztia xt</i>	36
SYNAREL	73	TAZVERIK	28
SYNDROS	81	TDVAX	96
SYNERA	116	TECENTRIQ	28
SYNERCID	10	TECFIDERA	59
SYNJARDY	66	TECFIDERA STARTER PACK	59
SYNJARDY XR	66	TECVAYLI	28
SYNRIBO	23	TEFLARO	17
SYNTHROID	80	TEGRETOL	44
SYPRINE	68	TEGRETOL-XR	44
TABLOID	22	TEGSEDI	57
TABRECTA	27	TEKTRUNA	38
TACLONEX	116	TEKTRUNA HCT	38
<i>tacrolimus</i>	95, 118	<i>telmisartan</i>	31, 32
<i>tadalafil</i>	39	<i>telmisartan/amlodipine</i>	31
TADLIQ	39	<i>telmisartan/hydrochlorothiazide</i>	31
TAFINLAR	27	<i>temazepam</i>	55
<i>tafluprost</i>	104	TEMIXYS	14
TAGRISSO	27	TEMODAR	20
TAKHZYRO	90	TEMOVATE	116
TALICIA	85	<i>temsirolimus</i>	28
TALTZ	92	<i>tencon</i>	1
TALZENNA	27, 28	TENIVAC	96
TAMIFLU	15, 16	<i>tenofovir disoproxil fumarate</i>	13, 14
<i>tamoxifen citrate</i>	22	TENORETIC 100	34
<i>tamsulosin hydrochloride</i>	86	TENORETIC 50	34
<i>taperdex 12-day</i>	75	TENORMIN	35
<i>taperdex 6-day</i>	75	TEPADINA	20
<i>taperdex 7-day</i>	75	TEPEZZA	78
TARCEVA	28	TEPMETKO	28
<i>targadox</i>	19	<i>terazosin hcl</i>	30
TARGETIN	23, 118	<i>terazosin hydrochloride</i>	30
<i>tarina 24 fe</i>	72	<i>terbinafine hcl</i>	11
<i>tarina fe 1/20</i>	72	<i>terbutaline sulfate</i>	107
<i>tarina fe 1/20 eq</i>	72	<i>terconazole</i>	88

TERIPARATIDE	67	<i>tizanidine hcl</i>	60
TESTIM	62	<i>tizanidine hydrochloride</i>	60
TESTOPEL	62	TLANDO	62
<i>testosterone</i>	62	TOBI	10
<i>testosterone cypionate</i>	62	TOBI PODHALER	10
<i>testosterone enanthate</i>	62	TOBRADEX	101
<i>testosterone pump</i>	62	TOBRADEX ST	101
<i>tetrabenazine</i>	57, 58	<i>tobramycin</i>	10, 102
TETRACAINE HYDROCHLORIDE	105	<i>tobramycin dexamethasone</i>	101
<i>tetracycline hydrochloride</i>	19	<i>tobramycin nebu</i>	10
TEXACORT	116	<i>tobramycin sulfate</i>	10
TEZSPIRE	108	TOBEX	102
THALITONE	37	<i>tolcapone</i>	49
THALOMID	23	TOLSURA	11
THEO-24	109	<i>tolterodine tartrate</i>	87
<i>theophylline</i>	109	<i>tolterodine tartrate er</i>	87
<i>theophylline er</i>	109	<i>tolvaptan</i>	78
THIOLA	87	TOPAMAX	44
THIOLA EC	87	TOPAMAX SPRINKLE	44
<i>thioridazine hcl</i>	52	TOPICORT	116
<i>thiotepa</i>	20	<i>topiramate</i>	44
<i>thiothixene</i>	52	TOPIRAMATE ER	44
THRIVITE RX	100	<i>toposar</i>	24
THYMOGLOBULIN	95	<i>topotecan hcl</i>	23
THYQUIDITY	80	TOPOTECAN HCL	23
<i>tiadylt er</i>	36	TOPROL XL	35
<i>tiagabine hydrochloride</i>	44	<i>toremifene citrate</i>	22
TIAZAC	36	TORISEL	28
TIBSOVO	28	<i>torseamide</i>	37
TICE BCG	23	TOSYMRA	56
TICOVAC	96	TOUJEO MAX SOLOSTAR	64
TIGAN	81	TOUJEO SOLOSTAR	64
<i>tigecycline</i>	19	<i>tovet</i>	116
TIGLUTIK	58	TOVIAZ	87
TIKOSYN	33	TPN ELECTROLYTES	97
TILIA FE	72	TRACLEER	39
<i>timolol maleate</i>	35, 104	TRADJENTA	67
TIMOLOL MALEATE	104	<i>tramadol hcl</i>	7
TIMOPTIC	104	<i>tramadol hcl er</i>	4
TIMOPTIC OCUDOSE	104	TRAMADOL HCL ER	4
TIMOPTIC-XE	104	<i>tramadol hydrochloride/acetaminophen</i>	7
<i>tinidazole</i>	10	<i>trandolapril</i>	30
<i>tiopronin</i>	87	<i>trandolapril/verapamil hcl er</i>	30
TIROSINT	80	<i>tranexamic acid</i>	90
TIROSINT-SOL	80	TRANSDERM-SCOP	81
TIS-U-SOL	119	TRANXENE T	44
TIVDAK	28	<i>tranlycypromine sulfate</i>	48
TIVICAY	13	TRAVASOL	101
TIVICAY PD	13	TRAVATAN Z	104

<i>travoprost</i>	104	<i>trimethoprim sulfate/polymyxin b sulfate</i>	102
TRAZIMERA	28	<i>tri-mili</i>	72
<i>trazodone hydrochloride</i>	48	<i>trimipramine maleate</i>	48
TREANDA	20	TRINATAL RX 1	100
TRECTOR	15	TRINTELLIX	48
TRELEGY ELLIPTA	106	<i>tri-nymyo</i>	72
TRELSTAR MIXJECT	22	TRIOSTAT	80
TREMFYA	92	TRIPTODUR	78
<i>treprostinil</i>	39	TRISENOX	23
TRESIBA	64	<i>tri-sprintec</i>	73
TRESIBA FLEXTOUCH	64	TRISTART DHA	100
<i>tretinoin</i>	23, 111	TRISTART FREE	100
TRETINOIN MICROSPHERE	111	TRISTART ONE	100
TRETINOIN MICROSPHERE PUMP	111	<i>tritocin</i>	116
TREXALL	93	TRIUMEQ	14
TREXIMET	56	TRIUMEQ PD	14
<i>trezix</i>	7	TRI-VI-FLOR	100
<i>tri femynor</i>	72	<i>tri-vite/fluoride</i>	100
<i>triamcinolone acetonide</i>	75, 116	<i>trivora-28</i>	73
<i>triamcinolone acetonide dental paste</i>	120	<i>tri-vylibra</i>	73
<i>triamterene</i>	37	<i>tri-vylibra lo</i>	73
<i>triamterene/hydrochlorothiazide</i>	37	TRIZIVIR	14
<i>trianex</i>	116	TRODELVY	28
<i>triazolam</i>	55	TROGARZO	13
TRIBENZOR	31	TROKENDI XR	44
TRICARE PRENATAL	100	TROPHAMINE	101
<i>tricitrates</i>	87	<i>trospium chloride</i>	87
TRICOR	33	<i>trospium chloride er</i>	87
<i>triderm</i>	116	TRUDHESA	56
<i>trientine hydrochloride</i>	68	TRULANCE	85
TRIESENCE	103	TRULICITY	67
<i>tri-estarylla</i>	72	TRUMENBA	96
<i>trifluoperazine hcl</i>	52	TRUSELTIQ	28
<i>trifluoperazine hydrochloride</i>	52	TRUSOPT	104
<i>trifluridine</i>	102	TRUVADA	14
<i>trihexyphenidyl hcl</i>	49	TRUXIMA	28
<i>trihexyphenidyl hydrochloride</i>	49	TUDORZA PRESSAIR	106
TRIJARDY XR	67	TUKYSA	28
TRIKAFTA	109	TURALIO	28
<i>tri-legest fe</i>	72	TWINRIX	96
TRILEPTAL	44	TWYNEO	111
<i>tri-lynyah</i>	72	TYBLUME	73
TRILIPIX	33	TYBOST	13
<i>tri-lo-estarylla</i>	72	<i>tydemy</i>	73
<i>tri-lo-marzia</i>	72	TYGACIL	19
<i>tri-lo-mili</i>	72	TYKERB	28
<i>tri-lo-sprintec</i>	72	TYMLOS	67
<i>trimethobenzamide hydrochloride</i>	81	TYPHIM VI	96
<i>trimethoprim</i>	10, 102	TYRVAYA	105

TYSABRI	59	VANCOMYCIN HCL	10
TYVASO	39, 40	<i>vancomycin hydrochloride</i>	10
TYVASO DPI MAINTENANCE KIT	39, 40	VANCOMYCIN HYDROCHLORIDE	10
TYVASO DPI TITRATION KIT	40	VANCOMYCIN	
TYVASO REFILL	40	HYDROCHLORIDE/DEXTROSE	10
TYVASO STARTER	40	VANDAZOLE	88
UBRELVY	56	VANOS	116
UCERIS	83	VAQTA	96
UCERIS FOAM	83	VARENICLINE STARTING MONTH BOX	61
UDENYCA	89	VARENICLINE TARTRATE	61
UKONIQ	28	VARIVAX	96
ULORIC	1	VARIZIG	94
ULTOMIRIS	90	VARUBI	81
ULTRACET	7	VASCEPA	34
ULTRAM	7	VASERETIC	30
ULTRAVATE	116	<i>vasopressin</i>	78
UNASYN	19	VASOSTRICT	78
UNITHROID	80	VASOTEC	30
UPLIZNA	58	VECAMYL	38
UPTRAVI	40	VECTIBIX	28
UPTRAVI TITRATION PACK	40	VECTICAL	113
<i>uro-458</i>	10	VEKLURY	16
UROCIT-K	87	VELCADE	28
UROGESIC-BLUE	10	VELETRI	40
UROXATRAL	86	<i>velivet</i>	73
URSO 250	85	VELPHORO	79
URSO FORTE	85	VELTASSA	68
<i>ursodiol</i>	85	VELTIN	111
URSODIOL	85	VEMLIDY	16
VABOMERE	10	VENCLEXTA	28
VABYSMO	105	VENCLEXTA STARTING PACK	28
VAGIFEM	74	VENLAFAXINE BESYLATE ER	48
<i>valacyclovir hcl</i>	16	<i>venlafaxine hcl er</i>	48
VALCHLOR	118	<i>venlafaxine hydrochloride</i>	48
VALCYTE	16	<i>venlafaxine hydrochloride er</i>	48
<i>valganciclovir</i>	16	VENTAVIS	40
<i>valganciclovir hydrochloride</i>	16	VENTOLIN HFA	107
VALIUM	44	<i>verapamil hcl</i>	36
<i>valproate sodium</i>	44	<i>verapamil hcl er</i>	36
<i>valproic acid</i>	44	<i>verapamil hcl sr</i>	36
<i>valrubicin</i>	21	VERAPAMIL HCL SR	36
<i>valsartan</i>	32	<i>verapamil hydrochloride</i>	36
<i>valsartan/hydrochlorothiazide</i>	31	<i>verapamil hydrochloride er</i>	36
VALSTAR	21	VERDESO	116
VALTOCO	44	VEREGEN	118
VALTREX	16	VERELAN	36
VANCOCIN	10	VERELAN PM	36
VANCOMYCIN	10	VERKAZIA	105
<i>vancomycin hcl</i>	10	VERQUVO	38

VERSACLOZ	52	VITAMEDMD ONE RX/QUATREFOLIC	100
VERZENIO	28	VITRAKVI	28
VESICARE	87	VIVELLE-DOT	74
VESICARE LS	87	VIVITROL	61
<i>vestura</i>	73	VIVJOA	12
VFEND	11, 12	VIVLODEX	3
VFEND IV	11	VIZIMPRO	28
V-GO 20	64	VOGELXO	62
V-GO 30	64	VOGELXO PUMP	62
V-GO 40	64	<i>volnea</i>	73
VIBATIV	10	VONJO	28
VIBERZI	85	VOQUEZNA DUAL PAK	85
VIBRAMYCIN	19	VOQUEZNA TRIPLE PAK	85
VICTOZA	67	<i>voriconazole</i>	12
VIDAZA	22	VOSEVI	16
VIEKIRA PAK	16	VOTRIENT	29
<i>vienva</i>	73	VOXZOGO	78
<i>vigabatrin</i>	44	VP-PNV-DHA	100
<i>vigadrone</i>	44	VPRIV	78
VIGAMOX	102	VRAYLAR	52
VIIBRYD	48	VTAMA	113
VIIBRYD STARTER PACK	48	<i>vtol lq</i>	1
VIJOICE	78	VUITY	104
<i>vilazodone hydrochloride</i>	48	VUMERITY	59
VILTEPSO	58	VUSION	113
VIMIZIM	78	VYEPTI	56
VIMOVO	3	<i>vyfemla</i>	73
VIMPAT	44, 45	<i>vylibra</i>	73
<i>vinblastine sulfate</i>	24	VYNDAMAX	38
<i>vincristine sulfate</i>	24	VYNDAQEL	38
<i>vinorelbine tartrate</i>	24	VYONDYS 53	58
VIOKACE	85	VYTORIN	34
<i>viorele</i>	73	VYVANSE	54
VIRACEPT	13	VYVGART	94
VIRAMUNE XR	13	VYXEOS	23
VIRASAL	118	VYZULTA	104
VIREAD	13	WAKIX	60
VIRT-C DHA	100	<i>warfarin sodium</i>	88
VIRT-NATE DHA	100	WELCHOL	34
VIRT-PN DHA	100	WELIREG	23
VIRT-PN PLUS	100	WELLBUTRIN SR	48
VISTARIL	107	WELLBUTRIN XL	48
VISTOGARD	78	<i>vera</i>	73
VITAFOL GUMMIES	100	WESCAP-C DHA	100
VITAFOL STRIPS	100	WESCAP-PN DHA	100
VITAFOL ULTRA	100	WESNATE DHA	100
VITAFOL-NANO	100	WESTAB PLUS	100
VITAFOL-OB	100	WESTGEL DHA	100
VITAFOL-ONE	100	WINLEVI	111

WINRHO SDF	94	XYOSTED	62
<i>wixela inhub</i>	110	XYREM	60
<i>wymzya fe</i>	73	XYWAV	60
XADAGO	49	YASMIN 28	73
XALATAN	104	YAZ	73
XALKORI	29	YERVOY	29
XANAX	41	YF-VAX	96
XANAX XR	41	YONDELIS	20
XARELTO	88	YONSA	22
XARELTO STARTER PACK	88	YUPELRI	106
XATMEP	93	YUTIQ	103
XCOPRI	45	<i>yuvafem</i>	74
XELJANZ	92	<i>zafemy</i>	73
XELJANZ XR	92	<i>zafirlukast</i>	107
XELPROS	104	<i>zaleplon</i>	55
XELSTRYM	54	ZALTRAP	29
XEMBIFY	94	ZANAFLEX	60
XENAZINE	58	ZANOSAR	20
XENLETA	10	ZARONTIN	45
XENPOZYME	78	ZARXIO	89
XEOMIN	60	ZAVESCA	78
XERAVA	19	ZCORT 7-DAY	75
XERESE	118	<i>zebutal</i>	1
XERMELO	85	ZEGALOGUE	76
XGEVA	67	ZEGERID	86
XHANCE	109	ZEJULA	29
XIAFLEX	78	ZELAPAR	49
XIFAXAN	10	ZELBORAF	29
XIGDUO XR	67	ZEMAIRA	109
XIIDRA	105	ZEMBRACE SYMTOUCH	56
XIMINO	19	ZEMDRI	11
XIPERE	103	ZEMPLAR	80
XOFLUZA	16	<i>zenatane</i>	111
XOLAIR	109	ZENPEP	85
XOLEGEL	113	<i>zenzedi</i>	54
XOPENEX	107	ZEPATIER	16
XOPENEX CONCENTRATE	107	ZEPOSIA	59
XOPENEX HFA	107	ZEPOSIA 7-DAY STARTER PACK	59
XOSPATA	29	ZEPOSIA STARTER KIT	59
XPOVIO	29	ZEPZELCA	20
XTAMPZA ER	4	ZERBAXA	17
XTANDI	22	ZERVIATE	103
<i>xulane</i>	73	ZESTORETIC	30
XULTOPHY	64	ZESTRIL	30
XURIDEN	78	ZETIA	34
XYLOCAINE	7	ZETONNA	109
XYLOCAINE/EPINEPHRINE	7	ZIAC	34
XYLOCAINE-MPF	7	ZIAGEN	13
XYLOCAINE-MPF/EPINEPHRINE	7	ZIANA	111

<i>zidovudine</i>	13, 14	ZONEGRAN	45
ZIEXTENZO	89	ZONISADE	45
<i>zileuton er</i>	108	<i>zonisamide</i>	45
ZILRETTA	75	ZONTIVITY	91
ZILXI	118	ZORBTIVE	79
ZIMHI	61	ZORTRESS	95
ZINPLAVA	94	ZORVOLEX	3
ZIOPTAN	104	ZORYVE	113
<i>ziprasidone hcl</i>	52	ZOSYN	19
<i>ziprasidone mesylate</i>	52	<i>zovia 1/35</i>	73
ZIPSOR	3	ZOVIRAX	16, 118
ZIRABEV	29	ZTALMY	45
ZIRGAN	102	ZTLIDO	116
ZITHROMAX	17	ZUBSOLV	61
ZITHROMAX TRI-PAK	18	ZULRESSO	48
ZITHROMAX Z-PAK	18	<i>zumandimine</i>	70, 73
ZOCOR	33	ZYCLARA	118
ZOKINVY	78	ZYCLARA PUMP	118
ZOLADEX	22	ZYDELIG	29
<i>zoledronic acid</i>	67	ZYFLO	108
ZOLEDRONIC ACID	67	ZYKADIA	29
ZOLINZA	29	ZYLET	101
<i>zolmitriptan</i>	56	ZYLOPRIM	1
ZOLMITRIPTAN	56	ZYMAXID	102
<i>zolmitriptan odt</i>	56	ZYNLONTA	29
ZOLOFT	48	ZYPITAMAG	33
<i>zolpidem tartrate</i>	55	ZYPREXA	52
<i>zolpidem tartrate er</i>	55	ZYPREXA RELPREVV	52
ZOLPIMIST	55	ZYPREXA ZYDIS	52
ZOMACTON	78	ZYTIGA	22
ZOMIG	56, 57	ZYVOX	11
ZONALON	118		

SilverScript®

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



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