



Aetna Medicare (HMO), Aetna Medicare (PPO)

2025 Formulary (List of Covered Drugs or “Drug List”)

4T Comprehensive Plus

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

Formulary ID Number: 25110 Version Number 9

This formulary was updated on 01/01/2025. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-866-241-0357 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit AetnaRetireePlans.com and choose “Manage your prescription drugs.”

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

When this drug list (Formulary) refers to “we,” “us,” or “our,” it means Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drugs List (formulary) for our plan which is current as of 01/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (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, 2025, and from time to time during the year.

Table of contents

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?	3
Can the formulary change?	3
How do I use the formulary?	4
What are generic drugs?	5
What are original biological products and how are they related to biosimilars?	5
Are there any restrictions on my coverage?	5
What if my drug is not on the formulary?	6
How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s Formulary?	6
What can I do if my drug is not on the formulary or has a restriction?	7
For more information	7
Mail-order pharmacy	7
Aetna® Medicare Formulary	7
Drug tier copay levels	9
Formulary key	10
Drug list	10
Index of Drugs	194

What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: AetnaRetireePlans.com

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

- Substitutions of certain new versions of brand name drugs and original biological products.**

We may remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but move it to a different cost-sharing tier or add new restrictions.

We can make these changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make a 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 for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 (HMO), Aetna Medicare (PPO)’s formulary?”

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

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 01/01/2025. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 194. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s 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 waive coverage restrictions including prior authorization, step therapy, or a quantity limit 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.
- 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.

Generally, we will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a *tiering* or formulary exception, including an exception to a coverage restriction. **When you request an formulary, exception, your prescriber will need to explain the medical reasons why you need the exception.**

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

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30 day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

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

For more information

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

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

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

Mail-order pharmacy

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

Aetna® Medicare Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 194.

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 our plan has any special requirements for coverage of your drug.

QL Quantity limits

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

PA Prior authorization

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

ST Step therapy

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

LD Limited distribution

The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. *

MO Mail order

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

B/D Part B versus Part D

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

ACS Available at CVS Specialty Pharmacy

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

HRM High Risk Medication

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

*For more information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit AetnaRetireePlans.com

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

Drug tier copay levels

This 2025 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2025 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2025 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs Lowercase <i>italics</i> = Generic medications	1, 2, 3, 4 = Copay tier level	QL = Quantity Limits PA = Prior Authorization ST = Step Therapy LA = Limited Access MO = Mail-order Delivery B/D = Part B vs. Part D ACS = Available from CVS Specialty Pharmacy HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
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ANALGESICS		
GOUT		
<i>allopurinol sodium</i>	1	
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>allopurinol tablet 200mg</i>	3	MO
ALOPRIM	3	
COLCHICINE CAPSULE	3	QL (60 EA per 30 days) MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
COLCRYS	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
GLOPERBA	3	QL (300 ML per 30 days) PA MO
KRYSTEXXA	4	QL (2 ML per 28 days) PA; ACS LD
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
ULORIC	3	ST MO
MISCELLANEOUS		
<i>acetaminophen injection 10mg/ml</i>	1	
ALLZITAL	3	QL (180 EA per 30 days) PA MO
<i>bupap tablet 50mg; 300mg</i>	1	QL (180 EA per 30 days) PA
<i>bupivacaine fisiopharma injection 2.5mg/ml</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>bupivacaine fisiopharma injection 5mg/ml</i>	1	MO
<i>bupivacaine hcl injection 0.25%</i>	1	
<i>bupivacaine hcl injection 0.5%</i>	1	MO
<i>bupivacaine hydrochloride injection preservative free 0.25%, 0.75%</i>	1	
<i>bupivacaine hydrochloride injection preservative free 0.5%</i>	1	MO
<i>bupivacaine/epinephrine injection 0.25%; 1:200000, 0.5%; 1:200000 preservative free</i>	1	
<i>bupivacaine/epinephrine injection 0.5%; 1:200000</i>	1	MO
<i>butalbital/acetaminophen/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen capsule</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tablet 325mg; 50mg</i>	1	QL (180 EA per 30 days) PA MO
<i>butalbital/acetaminophen tablet 300mg; 50mg</i>	4	QL (180 EA per 30 days) PA MO
<i>butalbital/aspirin/caffeine</i>	1	QL (180 EA per 30 days) PA MO
<i>clonidine hcl</i>	1	
DURACLON	3	
ESGIC TABLET	3	QL (180 EA per 30 days) PA MO
<i>esgic capsule</i>	1	QL (180 EA per 30 days) PA
FIORICET	3	QL (180 EA per 30 days) PA MO
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine/epinephrine</i>	1	
MARCAINE/EPINEPHRINE INJECTION 0.25%; 1:200000, 0.5%; 1:200000	3	
MARCAINE/EPINEPHRINE INJECTION 0.5%; 1:200000	3	MO
MARCAINE INJECTION 0.25%, 0.75%	3	
MARCAINE INJECTION 0.5%	3	MO
NAROPIN	3	

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

Drug name	Drug tier	Requirements/Limits
PRIALT INJECTION 500MCG/20ML, 500MCG/5ML	3	B/D
PRIALT INJECTION 100MCG/ML	4	B/D
<i>ropivacaine hydrochloride</i>	1	
<i>sensorcaine-mpf</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION 0.5%; 1:200000, 0.75%; 1:200000	3	
<i>sensorcaine-mpf/epinephrine injection 0.25%; 1:200000</i>	1	
<i>sensorcaine/epinephrine</i>	1	
SENSORCAINE INJECTION 0.25%	3	
SENSORCAINE INJECTION 0.5%	3	MO
<i>tencon</i>	1	QL (180 EA per 30 days) PA
XYLOCAINE	3	
XYLOCAINE-MPF	3	
XYLOCAINE-MPF/EPINEPHRINE	3	
XYLOCAINE/EPINEPHRINE	3	
NSAIDS		
ARTHROTEC 50	3	QL (120 EA per 30 days) MO
ARTHROTEC 75	3	QL (90 EA per 30 days) MO
CALDOLOR	3	
CELEBREX CAPSULE 400MG	3	QL (30 EA per 30 days) ST MO
CELEBREX CAPSULE 100MG, 200MG, 50MG	3	QL (60 EA per 30 days) ST MO
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
COMBOGESIC	3	
DAYPRO	3	QL (90 EA per 30 days) MO
<i>diclofenac potassium capsule 25mg</i>	4	QL (120 EA per 30 days) PA MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac potassium tablet 25mg</i>	4	QL (120 EA per 30 days) PA MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	1	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO
<i>diflunisal</i>	1	QL (90 EA per 30 days) MO
DOLOBID	4	QL (90 EA per 30 days) ST
DUEXIS	4	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
FELDENE CAPSULE 20MG	3	QL (30 EA per 30 days) MO
FELDENE CAPSULE 10MG	3	QL (60 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	1	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO
<i>ibuprofen/famotidine</i>	1	QL (90 EA per 30 days) PA MO
INDOCIN SUSPENSION	4	PA MO
<i>indocin suppository</i>	4	PA MO; HRM
<i>indomethacin er</i>	1	PA MO
<i>indomethacin capsule</i>	1	PA MO
<i>indomethacin suspension</i>	4	PA MO
<i>indomethacin suppository</i>	4	PA MO; HRM
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketoprofen capsule 25mg</i>	4	QL (120 EA per 30 days)
<i>ketoprofen capsule 50mg</i>	4	QL (180 EA per 30 days)
<i>ketorolac tromethamine injection 15mg/ml, 30mg/ml</i>	1	QL (20 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>kiprofen</i>	4	QL (120 EA per 30 days)
<i>LODINE</i>	3	QL (90 EA per 30 days) ST MO
<i>lofena</i>	4	QL (120 EA per 30 days) PA
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam capsule 10mg</i>	1	MO
<i>meloxicam capsule 5mg</i>	4	MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
<i>NALFON TABLET</i>	3	QL (150 EA per 30 days) ST
<i>NALFON CAPSULE</i>	3	QL (240 EA per 30 days) ST MO
<i>NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375MG</i>	3	QL (120 EA per 30 days) ST MO
<i>NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500MG</i>	3	QL (90 EA per 30 days) ST MO
<i>NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750MG</i>	4	QL (60 EA per 30 days) ST MO
<i>NAPROSYN</i>	4	QL (1800 ML per 30 days) PA MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium</i>	1	MO
<i>NAPROXEN SODIUM CR</i>	3	QL (120 EA per 30 days) MO
<i>NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG</i>	3	QL (120 EA per 30 days) MO
<i>NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 750MG</i>	3	QL (60 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen/esomeprazole magnesium</i>	4	QL (60 EA per 30 days) PA MO
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	1	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	4	QL (1800 ML per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>oxaprozin</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
RELAFEN DS	4	QL (60 EA per 30 days) ST MO
<i>salsalate tablet 750mg</i>	1	QL (120 EA per 30 days) MO
<i>salsalate tablet 500mg</i>	1	QL (180 EA per 30 days) MO
SPRIX	4	QL (5 EA per 30 days) PA; ACS LD
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
TOLECTIN 600	4	QL (90 EA per 30 days) ST MO
<i>tolmetin sodium capsule</i>	1	MO
<i>tolmetin sodium tablet</i>	1	QL (90 EA per 30 days) MO
VIMOVO	4	QL (60 EA per 30 days) PA MO
ZIPSOR	4	QL (120 EA per 30 days) PA MO
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 150MCG, 300MCG, 450MCG, 600MCG, 75MCG	3	QL (60 EA per 30 days) PA MO
BELBUCA FILM 750MCG, 900MCG	4	QL (60 EA per 30 days) PA MO
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
BUTRANS PATCH WEEKLY 10MCG/ HR, 15MCG/HR, 5MCG/HR, 7.5MCG/HR	3	QL (4 EA per 28 days) PA MO
BUTRANS PATCH WEEKLY 20MCG/ HR	4	QL (4 EA per 28 days) PA MO
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 300MG	3	QL (30 EA per 30 days) MO; HRM
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200MG	4	QL (30 EA per 30 days) MO; HRM
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrant (generic Hysingla ER)</i>	1	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate er capsule extended release 12 hour (generic Zohydro ER)</i>	1	QL (60 EA per 30 days) PA MO
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days) PA MO
<i>hydromorphone hydrochloride er</i>	1	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20MG, 30MG, 40MG	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100MG, 120MG, 60MG, 80MG	4	QL (30 EA per 30 days) PA MO
<i>levorphanol tartrate</i>	4	QL (180 EA per 30 days) MO
METHADONE HCL INJECTION	4	PA
<i>methadone hcl oral solution</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
METHADOSE	3	QL (90 ML per 30 days) PA MO
METHADOSE SUGAR-FREE	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er capsule extended release 24 hour (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	1	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg, 200mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
MS CONTIN TABLET EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 15MG	3	QL (90 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 60MG	4	QL (60 EA per 30 days) MO
MS CONTIN TABLET EXTENDED RELEASE 100MG, 200MG	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 50MG	3	QL (60 EA per 30 days) PA MO
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100MG, 150MG, 200MG, 250MG	4	QL (60 EA per 30 days) PA MO
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 20MG, 40MG	3	QL (60 EA per 30 days) PA
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80MG	4	QL (60 EA per 30 days) PA
OXYCODONE HYDROCHLORIDE ER	3	QL (60 EA per 30 days) PA
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 10MG, 15MG, 20MG, 30MG	3	QL (60 EA per 30 days) PA MO
OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 40MG, 60MG, 80MG	4	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tablet extended release 12 hour 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tablet extended release 12 hour 30mg</i>	4	QL (60 EA per 30 days) PA MO
<i>oxymorphone hydrochloride er tablet extended release 12 hour 40mg</i>	4	QL (60 EA per 30 days) PA MO
TRAMADOL HCL ER CAPSULE EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hcl er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er</i>	1	QL (30 EA per 30 days) MO; HRM
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5MG, 18MG, 9MG	3	QL (60 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36MG	4	QL (240 EA per 30 days) PA MO
XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27MG	4	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/caffeine/ dihydrocodeine	1	QL (300 EA per 30 days) MO
acetaminophen/codeine tablet	1	QL (180 EA per 30 days) MO
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	1	QL (2700 ML per 30 days) MO
APADAZ	3	QL (168 EA per 30 days)
ascomp/codeine	1	QL (180 EA per 30 days) PA MO; HRM
BENZHYDROCODONE/ ACETAMINOPHEN	3	QL (168 EA per 30 days)
buprenorphine hcl injection 0.3mg/ ml	1	MO
butalbital/acetaminophen/caffeine/ codeine	1	QL (180 EA per 30 days) PA MO
butalbital/aspirin/caffeine/codeine	1	QL (180 EA per 30 days) PA MO; HRM
butorphanol tartrate nasal solution	1	QL (5 ML per 30 days) MO
butorphanol tartrate injection 1mg/ ml	1	
butorphanol tartrate injection 2mg/ ml	1	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
DEMEROL	3	PA; HRM
DILAUDID INJECTION	3	B/D
DILAUDID TABLET	3	QL (180 EA per 30 days) MO
DILAUDID LIQUID	3	QL (600 ML per 30 days) MO
DURAMORPH	3	B/D
endocet	1	QL (180 EA per 30 days)
fentanyl citrate oral transmucosal lozenge on a handle 200mcg	1	QL (120 EA per 30 days) PA MO
fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg	4	QL (120 EA per 30 days) PA MO
FENTANYL CITRATE TABLET 200MCG, 400MCG, 600MCG, 800MCG	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
FENTANYL CITRATE INJECTION 1000MCG/20ML, 100MCG/2ML, 2500MCG/50ML, 250MCG/5ML, 500MCG/10ML, 50MCG/ML	3	B/D
<i>fentanyl citrate prefilled syringe injection 100mcg/2ml, 25mcg/0.5ml, 50mcg/ml</i>	1	
FENTORA	4	QL (120 EA per 30 days) PA MO
FIORICET/CODEINE	3	QL (180 EA per 30 days) PA MO
<i>hydrocodone bitartrate/ acetaminophen tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/ acetaminophen solution 325mg/15ml; 10mg/15ml</i>	1	QL (2700 ML per 30 days)
<i>hydrocodone bitartrate/ acetaminophen solution 325mg/15ml; 7.5mg/15ml</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJECTION 4MG/ML	3	B/D
HYDROMORPHONE HCL INJECTION 1MG/ML	3	B/D MO
<i>hydromorphone hcl injection 10mg/ ml</i>	1	B/D
HYDROMORPHONE	3	B/D
HYDROCHLORIDE INJECTION 0.25MG/0.5ML, 1MG/ML PF, 2MG/ ML PF, 4MG/ML PF		
<i>hydromorphone hydrochloride injection 0.2mg/ml, 50mg/5ml</i>	1	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	1	B/D MO
INFUMORPH 200	3	B/D
INFUMORPH 500	3	B/D
<i>meperidine hcl oral solution</i>	1	QL (3600 ML per 30 days) PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
meperidine hcl tablet	4	QL (120 EA per 30 days) PA MO; HRM
meperidine hcl injection 25mg/ml	1	PA MO; HRM
meperidine hcl injection 100mg/ml, 50mg/ml	1	PA; HRM
mitigo	1	B/D
morphine sulfate tablet	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	3	B/D
morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial	1	B/D
morphine sulfate injection 1mg/ml	1	B/D MO
morphine sulfate oral solution 100mg/5ml	1	QL (180 ML per 30 days) MO
morphine sulfate oral solution 10mg/5ml, 20mg/5ml	1	QL (900 ML per 30 days) MO
morphine sulfate suppository 30mg, 5mg	1	QL (60 EA per 30 days)
morphine sulfate suppository 10mg, 20mg	1	QL (60 EA per 30 days) MO
nalbuphine hydrochloride	1	MO
nalocet	4	QL (180 EA per 30 days)
NUCYNTA TABLET 50MG, 75MG	3	QL (180 EA per 30 days) MO
NUCYNTA TABLET 100MG	4	QL (180 EA per 30 days) MO
OXAYDO TABLET 5MG	3	QL (180 EA per 30 days) MO
OXAYDO TABLET 7.5MG	4	QL (180 EA per 30 days) MO
OXYCODONE AND ACETAMINOPHEN	4	QL (180 EA per 30 days) PA
oxycodone hcl	1	QL (180 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
OXYCODONE HYDROCHLORIDE/ ACETAMINOPHEN SOLUTION 325MG/5ML; 5MG/5ML	3	QL (1800 ML per 30 days) MO
oxycodone hydrochloride/ acetaminophen solution 300mg/5ml; 10mg/5ml	4	QL (900 ML per 30 days) PA
oxycodone hydrochloride capsule	1	QL (180 EA per 30 days) MO
oxycodone hydrochloride concentrate	1	QL (180 ML per 30 days) MO
oxycodone hydrochloride solution	1	QL (900 ML per 30 days) MO
oxycodone hydrochloride tablet 30mg	1	QL (120 EA per 30 days) MO
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg	1	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	1	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 300mg; 2.5mg	4	QL (180 EA per 30 days)
oxycodone/acetaminophen tablet 300mg; 10mg, 300mg; 5mg	4	QL (180 EA per 30 days) PA
oxymorphone hydrochloride	1	QL (180 EA per 30 days) MO
pentazocine/naloxone hcl	1	QL (360 EA per 30 days) PA MO
PERCOCET TABLET 325MG; 2.5MG	3	QL (180 EA per 30 days) MO
PERCOCET TABLET 325MG; 10MG, 325MG; 5MG, 325MG; 7.5MG	4	QL (180 EA per 30 days) MO
PROLATE TABLET	4	QL (180 EA per 30 days) PA
PROLATE SOLUTION	4	QL (900 ML per 30 days) PA
QDOLO	3	QL (1800 ML per 30 days) PA MO
ROXICODONE TABLET 15MG	3	QL (180 EA per 30 days) MO
ROXICODONE TABLET 30MG	4	QL (120 EA per 30 days) MO
ROXYBOND TABLET ABUSE- DETERRENT 10MG, 15MG	4	QL (180 EA per 30 days)
ROXYBOND TABLET ABUSE- DETERRENT 30MG, 5MG	4	QL (180 EA per 30 days) MO
SEGLENTIS	3	QL (120 EA per 30 days) PA MO; HRM
tramadol hydrochloride/ acetaminophen	1	QL (240 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>tramadol hydrochloride solution</i>	1	QL (1800 ML per 30 days) PA MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 25mg</i>	1	QL (120 EA per 30 days) PA MO
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM
<i>trezix</i>	1	QL (300 EA per 30 days)
ANESTHETICS		
LOCAL ANESTHETICS		
EXPAREL	3	
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO	3	MO
<i>albendazole</i>	4	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	4	PA; LD
<i>atovaquone</i>	1	PA MO
AZACTAM	3	
<i>aztreonam</i>	1	MO
BACTRIM	3	MO
BACTRIM DS	3	MO
BENZNIDAZOLE	3	PA
BETHKIS	4	QL (224 ML per 56 days) PA; ACS LD
BILTRICIDE	3	MO
CAYSTON	4	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	1	
CLEOCIN PEDIATRIC GRANULES	3	MO
CLEOCIN PHOSPHATE INJECTION 300MG/2ML, 9GM/60ML	3	
CLEOCIN PHOSPHATE INJECTION 600MG/4ML, 900MG/6ML	3	MO
CLEOCIN CAPSULE 150MG, 300MG, 75MG	3	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin hydrochloride</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	1	
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	4	PA MO
COLY-MYCIN M	3	PA MO
CUBICIN RF	4	
DALVANCE	4	
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTO MYCIN/SODIUM CHLORIDE	3	
DAPTO MYCIN INJECTION 350MG	4	
<i>daptomycin injection 500mg</i>	4	
DARAPRIM	4	QL (90 EA per 30 days) PA MO
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
FIRVANQ	3	QL (1800 ML per 180 days)
FLAGYL	3	MO
<i>fosfomycin tromethamine</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
HIPREX	3	MO
HUMATIN	4	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	4	QL (84 EA per 28 days) PA MO
INVANZ	3	MO
<i>isotonic gentamicin</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
KIMYRSA	4	
KITABIS PAK	4	QL (280 ML per 56 days) PA; ACS LD
LAMPIT	3	PA
LINCOCIN	3	MO
<i>lincomycin hcl</i>	1	
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	4	QL (1800 ML per 30 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	1	PA
MACROBID	3	MO
MACRODANTIN	3	MO
<i>me/naphos(mb/hyo 1</i>	1	MO; HRM
MEPRON	4	PA MO
<i>meropenem</i>	1	MO
MEROPENEM/SODIUM CHLORIDE	3	
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
NEBUPENT	3	B/D MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	4	QL (6 EA per 30 days) MO
<i>nitrofurantin oral suspension 25mg/5ml</i>	4	MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	1	MO
ORBACTIV	4	MO
PENTAM 300	3	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE	3	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	1	
<i>vancomycin hydrochloride injection 500mg</i>	1	MO
<i>vancomycin hydrochloride oral solution reconstituted 25mg/ml</i>	1	QL (1800 ML per 180 days)
<i>vancomycin hydrochloride oral solution reconstituted 250mg/5ml</i>	1	QL (1800 ML per 180 days) MO
VIBATIV	4	PA
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ZEMDRI	4	PA
ZYVOX INJECTION	3	PA
ZYVOX SUSPENSION RECONSTITUTED	3	QL (1800 ML per 30 days) PA MO
ZYVOX TABLET	4	QL (56 EA per 28 days) PA MO
ANTIFUNGALS		
ABELCET	3	B/D
AMBISOME	4	B/D MO
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	4	B/D MO
ANCOBON CAPSULE 250MG	4	PA
ANCOBON CAPSULE 500MG	4	PA MO
CANCIDAS INJECTION 50MG	4	
CANCIDAS INJECTION 70MG	4	MO
<i>caspofungin acetate</i>	1	
CRESEMBA INJECTION	4	QL (34 EA per 30 days)
CRESEMBA CAPSULE 74.5MG	4	QL (175 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
CRESEMBA CAPSULE 186MG	4	QL (70 EA per 30 days) MO
DIFLUCAN SUSPENSION	3	MO
RECONSTITUTED 40MG/ML		
DIFLUCAN TABLET 100MG, 150MG	3	MO
DIFLUCAN TABLET 200MG	4	MO
ERAXIS INJECTION 100MG	3	PA
ERAXIS INJECTION 50MG	4	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	1	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	1	
<i>flucytosine</i>	4	PA MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole capsule</i>	1	PA MO
<i>itraconazole solution</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	1	
MICAFUNGIN/SODIUM CHLORIDE	4	
MYCAMINE INJECTION 100MG	4	
<i>mycamine injection 50mg</i>	1	MO
NOXAFIL INJECTION	4	
NOXAFIL PACKET	4	QL (32 EA per 30 days) PA MO
NOXAFIL SUSPENSION	4	QL (630 ML per 30 days) PA MO
NOXAFIL TABLET DELAYED RELEASE	4	QL (93 EA per 30 days) PA MO
<i>nystatin tablet 500000unit</i>	1	MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) PA MO
<i>posaconazole injection</i>	4	
<i>posaconazole suspension</i>	4	QL (630 ML per 30 days) PA MO
REZZAYO	4	PA
SPORANOX SOLUTION	3	PA MO
SPORANOX CAPSULE	4	PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO
TOLSURA	4	PA MO
VFEND IV	4	PA

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

Drug name	Drug tier	Requirements/Limits
VFEND SUSPENSION RECONSTITUTED	4	PA MO
VFEND TABLET 200MG	3	QL (120 EA per 30 days) MO
VFEND TABLET 50MG	3	QL (480 EA per 30 days) MO
VIVJOA	4	QL (18 EA per 84 days) PA
<i>voriconazole injection</i>	1	PA
<i>voriconazole suspension reconstituted</i>	4	PA MO
<i>voriconazole tablet 200mg</i>	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	MO
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
KRINTAFEL	3	PA MO
MALARONE	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
QUALAQUN	3	PA MO
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APTIVUS	4	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
EDURANT	4	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine</i>	1	MO
EMTRIVA	3	MO
EPIVIR	3	MO
<i>etravirine</i>	4	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	MO; LD
INTELENCE TABLET 25MG	3	
INTELENCE TABLET 100MG, 200MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
ISENTRESS HD	4	MO
ISENTRESS PACKET, TABLET	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
LEXIVA TABLET	4	MO
<i>maraviroc</i>	4	MO
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR	3	MO
PIFELTRO	4	MO
PREZISTA SUSPENSION	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 800MG	4	QL (30 EA per 30 days) MO
PREZISTA TABLET 600MG	4	QL (60 EA per 30 days) MO
RETROVIR CAPSULE, ORAL SYRUP	3	MO
RETROVIR IV INFUSION	3	
REYATAZ PACKET	3	MO
REYATAZ CAPSULE	4	MO
<i>ritonavir</i>	1	MO
RUKOBIA	4	MO
SELZENTRY SOLUTION	4	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	4	
SELZENTRY TABLET 150MG, 300MG	4	MO
SUNLENCA INJECTION	4	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	4	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	4	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY PD	4	MO
TIVICAY TABLET 10MG	2	MO

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

Drug name	Drug tier	Requirements/Limits
TIVICAY TABLET 25MG, 50MG	4	MO
TROGARZO	4	MO; LD
TYBOST	2	MO
VIRACEPT	4	MO
VIREAD	4	MO
ZIAGEN SOLUTION 20MG/ML	3	MO
<i>zidovudine</i>	1	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	1	MO
BIKTARVY	4	MO
CABENUVA INJECTION 400MG/2ML; 600MG/2ML	4	QL (4 ML per 30 days) MO
CABENUVA INJECTION 600MG/3ML; 900MG/3ML	4	QL (6 ML per 30 days) MO
CIMDUO	4	MO
COMBIVIR	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EPZICOM	4	MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
KALETRA SOLUTION	4	MO
KALETRA TABLET 100MG; 25MG	3	MO
KALETRA TABLET 200MG; 50MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMFIA	4	MO
SYMFIA LO	4	MO
SYMTUZA	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
TRUVADA	4	QL (30 EA per 30 days) MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
MYCOBUTIN	3	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
RIFADIN	3	
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRTURO	4	PA; ACS LD
TRECATOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium injection</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE TABLET	4	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION	4	QL (630 ML per 30 days) MO
<i>cidofovir</i>	4	
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA	4	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>foscarnet sodium</i>	4	PA
<i>ganciclovir</i>	1	B/D
HARVONI	4	PA; ACS
LAGEVRIO	4	QL (80 EA per 180 days) PA
<i>lamivudine tablet 100mg</i>	1	MO
LEDIPASVIR/SOFOSBUVIR	4	PA; ACS
LIVTENCITY	4	QL (336 EA per 28 days) PA; LD
MAVYRET	4	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	4	QL (60 EA per 180 days)
PEGASYS	4	PA; ACS
PREVYMIS INJECTION	4	
PREVYMIS TABLET	4	QL (28 EA per 28 days) PA MO
RAPIVAB	4	
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
SOFOSBUVIR/VELPATASVIR	4	PA; ACS
SOVALDI TABLET	4	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 150MG	4	QL (28 EA per 28 days) PA; ACS
SOVALDI PACKET 200MG	4	QL (56 EA per 28 days) PA; ACS
TAMIFLU SUSPENSION RECONSTITUTED	3	QL (1080 ML per 365 days) MO
TAMIFLU CAPSULE 30MG	3	QL (168 EA per 365 days) MO
TAMIFLU CAPSULE 45MG, 75MG	3	QL (84 EA per 365 days) MO
<i>valacyclovir hydrochloride</i>	1	MO
VALCYTE	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>valganciclovir hydrochloride oral solution</i>	4	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VALTREX TABLET 500MG	3	MO
VALTREX TABLET 1GM	4	MO
VEKLURY	4	QL (4 EA per 30 days) PA
VEMLIDY	4	MO
VOSEVI	4	PA; ACS
XOFLUZA	3	QL (1 EA per 180 days) MO
ZEPATIER	4	PA; ACS
CEPHALOSPORINS		
AVYCAZ	4	PA
CEFACLOR ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM/DEXTROSE	3	
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium intravenous injection 1gm</i>	1	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	1	MO
CEFAZOLIN/DEXTROSE	2	
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	3	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	1	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	1	MO
cefdinir	1	MO

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

Drug name	Drug tier	Requirements/Limits
CEFEPIME HYDROCHLORIDE INJECTION 100GM	3	
<i>cefepime hydrochloride injection</i> <i>2gm</i>	3	MO
CEFEPIME/DEXTROSE	3	
CEFEPIME INJECTION 1GM/50ML, 2GM/100ML	3	
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan injection 1gm/10ml,</i> <i>2gm/20ml</i>	1	
CEFOXITIN SODIUM INJECTION 1GM; 4%, 2GM; 2.2%	3	
<i>cefoxitin sodium injection 10gm,</i> <i>1gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>ceprozil</i>	1	MO
<i>ceftazidime injection 6gm</i>	1	
<i>ceftazidime injection 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAXONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium intravenous</i> <i>injection 1gm</i>	1	
<i>ceftriaxone sodium injection</i> <i>10gm (intravenous only), 1gm</i> <i>(intramuscular or intravenous),</i> <i>250mg (intramuscular or</i> <i>intravenous), 2gm (intramuscular or</i> <i>intravenous), 500mg (intramuscular</i> <i>or intravenous)</i>	1	MO
CEFTRIAXONE/DEXTROSE	3	
<i>cefuroxime axetil tablet</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO
<i>cephalexin</i>	1	MO
FETROJA	4	
<i>tazicef</i>	1	
TEFLARO	4	

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

Drug name	Drug tier	Requirements/Limits
ZERBAXA	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin injection, suspension reconstituted, tablet</i>	1	MO
<i>clarithromycin</i>	1	MO
<i>clarithromycin er</i>	1	MO
DIFICID SUSPENSION RECONSTITUTED	4	
DIFICID TABLET	4	MO
e.e.s. 400	1	MO
E.E.S. GRANULES	3	MO
<i>ery-tab</i>	1	
ERYPED 200	4	MO
ERYPED 400	4	MO
ERYTHROCIN LACTOBIONATE	4	
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tablet</i>	1	MO
<i>erythromycin ethylsuccinate suspension reconstituted 200mg/5ml</i>	1	MO
<i>erythromycin ethylsuccinate suspension reconstituted 400mg/5ml</i>	4	MO
<i>erythromycin lactobionate</i>	4	
<i>erythromycin stearate</i>	1	MO
ZITHROMAX	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
FLUOROQUINOLONES		
BAXDELA INJECTION	4	PA
BAXDELA TABLET	4	PA MO
CIPRO	3	MO
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	1	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	1	MO
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	1	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	1	
<i>moxifloxacin hydrochloride tablet 400mg</i>	1	MO
<i>ofloxacin tablet 300mg, 400mg</i>	1	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN SUSPENSION RECONSTITUTED	3	
AUGMENTIN TABLET	3	MO
BICILLIN C-R INJECTION 900000UNIT/2ML; 300000UNIT/2ML	3	
BICILLIN C-R INJECTION 300000UNIT/ML; 300000UNIT/ML	3	MO
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	1	MO
EXTENCILLINE	3	

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

Drug name	Drug tier	Requirements/Limits
LETOCILIN	3	
<i>nafcillin sodium injection 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nafcillin sodium injection 10gm</i>	4	
NAFCILLIN INJECTION 5%; 1GM/50ML	3	
NAFCILLIN INJECTION 5%; 2GM/100ML	4	
OXACILLIN SODIUM INJECTION 1.5GM/50ML; 1GM/50ML	3	
OXACILLIN SODIUM INJECTION 300MG/50ML; 2GM/50ML	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen injection 20000000unit</i>	1	
<i>pfizerpen injection 5000000unit</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
UNASYN BULK PACK	3	
UNASYN INJECTION 1GM; 0.5GM	3	
UNASYN INJECTION 2GM; 1GM	3	MO
ZOSYN	3	
TETRACYCLINES		
<i>demeclacycline hcl</i>	1	MO
DORYX MPC TABLET DELAYED RELEASE 120MG	3	ST MO
DORYX MPC TABLET DELAYED RELEASE 60MG	4	ST
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate</i>	1	MO
<i>doxycycline hyclate dr</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
MINOCIN	4	
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride capsule</i>	1	MO
<i>minocycline hydrochloride er</i>	1	ST MO
<i>monodoxine nl</i>	1	
NUZYRA	4	ACS LD
SEYSARA	4	QL (30 EA per 30 days) PA MO
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105MG	3	ST MO
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115MG, 65MG	4	ST MO
<i>targadox</i>	1	
<i>tetracycline hydrochloride capsule</i>	1	MO
<i>tetracycline hydrochloride tablet</i>	4	PA
<i>tigecycline</i>	4	
TYGACIL	4	
XERAVA INJECTION 50MG	3	
XERAVA INJECTION 100MG	4	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

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

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

Drug name	Drug tier	Requirements/Limits
CYCLOPHOSPHAMIDE INJECTION 1000MG/10ML, 1GM/5ML, 2000MG/20ML, 500MG/2.5ML, 500MG/5ML, 500MG/ML	4	
<i>cyclophosphamide injection 500mg</i>	1	
<i>cyclophosphamide injection 1gm,</i> <i>2gm</i>	4	
EVOMELA	4	ACS
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
IFEX	3	
IFOSFAMIDE INJECTION 3GM	3	
<i>ifosfamide injection 1gm/20ml, 1gm,</i> <i>3gm/60ml</i>	1	
LEUKERAN	4	MO
<i>melfalan hydrochloride injection</i>	4	
<i>oxaliplatin injection 100mg/20ml,</i> <i>200mg/40ml, 50mg/10ml</i>	1	
<i>oxaliplatin injection 100mg, 50mg</i>	4	
<i>paraplatin</i>	1	
TEMODAR	4	ACS
TEPADINA	4	ACS
<i>thiotepa</i>	4	
TREANDA	4	ACS LD
YONDELIS	4	PA; ACS
ZANOSAR	3	
ZEPZELCA	4	PA; ACS LD
ANTIBIOTICS		
<i>adriamycin</i>	1	B/D
ANTIMETABOLITES		
ALIMTA	4	
ARRANON	4	
<i>azacitidine</i>	4	ACS
<i>cladribine</i>	4	B/D
<i>clofarabine</i>	4	
CLOLAR	4	
<i>cytarabine injection 100mg/ml</i>	1	B/D

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

Drug name	Drug tier	Requirements/Limits
<i>cytarabine aqueous injection 20mg/ ml</i>	1	B/D
<i>decitabine</i>	4	ACS
<i>fludarabine phosphate</i>	1	
<i>fluorouracil injection 1gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	1	B/D
FOLOTYN	4	ACS
<i>gemcitabine hcl</i>	1	
GEMCITABINE HYDROCHLORIDE INJECTION 1GM/10ML, 2GM/20ML	3	
<i>gemcitabine hydrochloride injection 1gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2gm/52.6ml</i>	1	
INQOVI	4	QL (5 EA per 28 days) PA; ACS LD
LONSURF	4	PA; ACS LD
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
<i>nelarabine</i>	4	
ONUREG	4	QL (14 EA per 28 days) PA; ACS LD
PEMETREXED INJECTION 100MG/4ML, 100MG, 1GM/40ML, 500MG/20ML, 500MG	4	
PEMETREXED INJECTION 500MG/20ML	4	LD
<i>pemetrexed injection 1000mg, 100mg, 500mg, 750mg</i>	4	
PEMRYDI RTU	4	
<i>pralatrexate</i>	4	ACS
PURIXAN	4	ACS LD
TABLOID	4	MO
VIDAZA	4	ACS LD

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

Drug name	Drug tier	Requirements/Limits
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA; ACS
AKEEGA	4	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	1	MO
ARIMIDEX	4	MO
AROMASIN	4	MO
<i>bicalutamide</i>	1	MO
CASODEX	4	MO
ELIGARD	3	PA; ACS
EMCYT	4	MO
ERLEADA	4	PA; ACS LD
EULEXIN	4	
<i>exemestane</i>	1	MO
FARESTON	4	PA MO
FASLODEX	4	
FEMARA	3	MO
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	4	PA; ACS
<i>fulvestrant</i>	4	
<i>letrozole</i>	1	MO
LEUPROLIDE ACETATE INJECTION 22.5MG	4	PA; ACS
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH)	4	PA; ACS
LUPRON DEPOT (3-MONTH)	4	PA; ACS
LUPRON DEPOT (4-MONTH)	4	PA; ACS
LUPRON DEPOT (6-MONTH)	4	PA; ACS
LYSODREN	4	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
NILANDRON	4	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA; ACS LD
ORGOVYX	4	PA; LD
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
TRELSTAR MIXJECT INJECTION 3.75MG	3	PA; ACS
TRELSTAR MIXJECT INJECTION 11.25MG, 22.5MG	4	PA; ACS
XTANDI	4	PA; ACS LD
YONSA	4	PA; ACS LD
ZOLADEX	3	ACS
ZYTIGA	4	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	4	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	4	QL (28 EA per 28 days) PA; ACS LD
POMALYST	4	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 20MG, 25MG	4	QL (21 EA per 28 days) PA; ACS LD
REVLIMID CAPSULE 10MG, 15MG, 2.5MG, 5MG	4	QL (28 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	4	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	4	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	4	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide</i>	4	
ASPARLAS	4	PA; ACS LD
BESREMI	4	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	4	PA; ACS
<i>bleomycin sulfate</i>	1	B/D
CAMPTOSAR	3	
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	4	
DAUNORUBICIN HYDROCHLORIDE INJECTION 50MG/10ML	3	

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

Drug name	Drug tier	Requirements/Limits
<i>daunorubicin hydrochloride injection 20mg/4ml</i>	1	
DOXIL	4	
<i>doxorubicin hcl</i>	1	B/D
<i>doxorubicin hydrochloride</i>	1	B/D
<i>doxorubicin hydrochloride liposomal</i>	4	
ELLENCE	4	
HYCAMTIN	4	
HYDREA	3	MO
<i>hydroxyurea</i>	1	MO
IDAMYCIN PFS	4	
<i>idarubicin hcl</i>	1	
IMLYGIC	4	PA
<i>irinotecan</i>	1	
<i>irinotecan hydrochloride injection 300mg/15ml, 40mg/2ml</i>	1	
<i>irinotecan hydrochloride injection 100mg/5ml</i>	4	
IWILFIN	4	QL (240 EA per 30 days) PA; LD
MATULANE	4	LD
<i>mitomycin</i>	4	
<i>mitoxantrone hcl</i>	1	ACS
<i>mutamycin injection 20mg</i>	1	
<i>mutamycin injection 40mg, 5mg</i>	4	
NIPENT	4	
ONCASPAR	4	PA; LD
ONIVYDE	4	PA; ACS LD
RYLAZE	4	PA; ACS LD
SYLVANT	4	PA; ACS
TARGETIN CAPSULE 75MG	4	PA; ACS
TICE BCG	3	
TOPOTECAN HCL INJECTION 4MG/4ML	4	
<i>topotecan hcl injection 4mg</i>	4	
<i>tretinoi capsule 10mg</i>	4	MO
TRISENOX	4	
<i>valrubicin</i>	4	ACS
VALSTAR	4	ACS LD

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

Drug name	Drug tier	Requirements/Limits
VYXEOS	4	PA; ACS
WELIREG	4	QL (90 EA per 30 days) PA; LD
MITOTIC INHIBITORS		
ABRAXANE	4	ACS LD
DOCETAXEL INJECTION	4	
160MG/16ML, 160MG/8ML, 20MG/2ML, 80MG/8ML		
<i>docetaxel injection 20mg/ml</i>	1	
<i>docetaxel injection 80mg/4ml</i>	4	
<i>eribulin mesylate</i>	4	PA
ETOPOPHOS	4	
<i>etoposide</i>	1	
HALAVEN	4	PA; ACS
IXEMPRA KIT	4	PA; ACS
JEVTANA	4	PA; ACS LD
<i>paclitaxel</i>	1	
PACLITAXEL PROTEIN-BOUND PARTICLES	4	ACS
<i>vinblastine sulfate</i>	1	B/D
<i>vincristine sulfate</i>	1	B/D
<i>vinorelbine tartrate</i>	1	
MOLECULAR TARGET AGENTS		
AFINITOR	4	QL (30 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 2MG	4	QL (150 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 5MG	4	QL (60 EA per 30 days) PA; ACS
AFINITOR DISPERZ TABLET SOLUBLE 3MG	4	QL (90 EA per 30 days) PA; ACS
ALECENSA	4	QL (240 EA per 30 days) PA; ACS LD
ALIQOPA	4	QL (3 EA per 28 days) PA; LD
ALUNBRIG TABLET THERAPY PACK	4	PA; LD
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA; LD
ALYMSYS	4	PA; ACS
ARZERRA	4	PA; ACS LD

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

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

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

Drug name	Drug tier	Requirements/Limits
COTELLIC	4	QL (63 EA per 28 days) PA; ACS LD
CYRAMZA	4	PA; ACS LD
DARZALEX	4	PA; ACS LD
DARZALEX FASPRO	4	PA; ACS LD
<i>dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>dasatinib tablet 20mg</i>	4	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA; ACS LD
ELREXFIO	4	PA; LD
EMPLICITI	4	PA; ACS LD
ENHERTU	4	PA; ACS LD
EPKINLY	4	PA; LD
ERBITUX	4	PA; ACS
ERIVEDGE	4	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	4	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA; ACS
EXKIVITY	4	QL (120 EA per 30 days) PA; LD
FOTIVDA	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA; LD
FYARRO	4	PA; LD
GAVRETO	4	QL (120 EA per 30 days) PA; ACS LD
GAZYVA	4	PA; ACS LD
<i>gefitinib</i>	4	QL (60 EA per 30 days) PA; ACS
GILOTrif	4	QL (30 EA per 30 days) PA; LD
GLEEVEC TABLET 400MG	4	QL (60 EA per 30 days) PA; ACS
GLEEVEC TABLET 100MG	4	QL (90 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
HERCEPTIN	4	PA; ACS LD
HERCEPTIN HYLECTA	4	PA; ACS LD
HERZUMA	4	PA; ACS
IBRANCE	4	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	4	PA; LD
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA; LD
IDHIFA	4	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	4	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA; LD
IMDELLTRA	4	PA; ACS LD
IMFINZI	4	PA; ACS LD
IMJUDO	4	PA; ACS LD
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA; ACS LD
INREBIC	4	QL (120 EA per 30 days) PA; ACS LD
IRESSA	4	QL (60 EA per 30 days) PA; ACS LD
ISTODAX	4	ACS
ITOVEBI TABLET 9MG	4	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	4	QL (56 EA per 28 days) PA; ACS LD
JAKAFI	4	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA; ACS LD
JEMPERLI	4	PA; ACS LD
KADCYLA	4	ACS LD

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

Drug name	Drug tier	Requirements/Limits
KANJINTI	4	PA; ACS LD
KEYTRUDA INJECTION 100MG/4ML	4	PA; ACS LD
KIMMTRAK	4	PA; LD
KISQALI	4	PA; ACS
KISQALI FEMARA 200 DOSE	4	PA; ACS
KISQALI FEMARA 400 DOSE	4	PA; ACS
KISQALI FEMARA 600 DOSE	4	PA; ACS
KOSELUGO	4	PA; LD
KRAZATI	4	QL (180 EA per 30 days) PA; LD
KYPROLIS	4	PA; ACS LD
<i>lapatinib ditosylate</i>	4	QL (180 EA per 30 days) PA; ACS LD
LAZCLUZE TABLET 240MG	4	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	4	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 12MG DAILY DOSE	4	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	4	PA; ACS LD
LIBTAYO	4	PA; LD
LOQTORZI	4	PA; ACS LD
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA; ACS LD
LUNSUMIO	4	PA; ACS LD
LYNPARZA	4	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA; LD
MARGENZA	4	PA; ACS LD
MEKINIST SOLUTION RECONSTITUTED	4	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	4	QL (180 EA per 30 days) PA; ACS LD
MONJUVI	4	PA; LD
MVASI	4	PA; ACS LD
MYLOTARG	4	PA; ACS LD
NERLYNX	4	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR	4	QL (120 EA per 30 days) PA; ACS LD
NINLARO	4	PA; ACS
ODOMZO	4	PA; ACS LD
OGIVRI	4	PA; ACS LD
OGSIVEO TABLET 50MG	4	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	4	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	4	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	4	QL (96 ML per 28 days) PA; LD
OJJAARA	4	QL (30 EA per 30 days) PA; LD
ONTRUZANT	4	PA; ACS LD
OPDIVO	4	PA; ACS LD
OPDUALAG	4	PA; ACS LD
PADCEV	4	PA; ACS LD
<i>pazopanib hydrochloride</i>	4	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	4	QL (28 EA per 28 days) PA; LD
PERJETA	4	PA; ACS LD
PHESGO	4	PA; ACS LD
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
POLIVY	4	PA; ACS LD
PORTRAZZA	4	PA; ACS LD
POTELIGEO	4	PA; ACS LD
QINLOCK	4	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	4	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	4	QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	4	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	4	QL (60 EA per 30 days) PA; LD
RIABNI	4	PA; ACS LD
RITUXAN	4	PA; ACS LD
RITUXAN HYCELA	4	PA; ACS LD
<i>romidepsin</i>	4	ACS
ROZLYTREK PACKET	4	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	4	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	4	PA; ACS LD
RUXIENCE	4	PA; ACS
RYBREVANT	4	PA; ACS LD
RYDAPT	4	QL (224 EA per 28 days) PA; ACS
SARCLISA	4	PA; ACS LD
SCEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
STIVARGA	4	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	4	QL (30 EA per 30 days) PA; ACS
SUTENT	4	QL (30 EA per 30 days) PA; ACS LD
TABRECTA	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	4	QL (900 EA per 30 days) PA; ACS LD
TAGRISSO	4	QL (30 EA per 30 days) PA; ACS LD
TALVEY	4	PA; LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA; ACS LD
TARCEVA TABLET 100MG, 150MG	4	QL (30 EA per 30 days) PA; ACS LD
TARCEVA TABLET 25MG	4	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK	4	QL (240 EA per 30 days) PA; LD
TECENTRIQ	4	PA; ACS LD
TECENTRIQ HYBREZA	4	QL (15 ML per 21 days) PA; ACS LD
TECVAYLI	4	PA; LD
<i>temsirolimus</i>	4	ACS
TEPMETKO	4	QL (60 EA per 30 days) PA; LD
TEVIMBRA	4	PA; ACS LD
TIBSOVO	4	PA; LD
TIVDAK	4	PA; ACS LD
TORISEL	4	ACS
<i>torpenz</i>	4	QL (30 EA per 30 days) PA
TRAZIMERA	4	PA; ACS
TRODELVY	4	PA; LD
TRUQAP	4	QL (64 EA per 28 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
TRUXIMA	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA; LD
TURALIO	4	QL (120 EA per 30 days) PA; LD
TYKERB	4	QL (180 EA per 30 days) PA; ACS LD
VANFLYTA	4	QL (56 EA per 28 days) PA; LD
VECTIBIX	4	PA; ACS LD
VEGZELMA	4	PA; ACS
VELCADE	4	PA; ACS
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA; LD
VERZENIO	4	PA; ACS LD
VITRAKVI SOLUTION	4	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	4	QL (30 EA per 30 days) PA; ACS LD
VONJO	4	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	4	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	4	QL (60 EA per 30 days) PA; LD
VOTRIENT	4	QL (120 EA per 30 days) PA; ACS LD
VYLOY	4	PA; LD
XALKORI CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	4	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	4	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	4	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	4	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	4	QL (8 EA per 28 days) PA; LD
YERVOY	4	PA; ACS LD
ZALTRAP	4	PA; ACS LD
ZEJULA TABLET	4	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	4	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	4	PA; ACS LD
ZOLINZA	4	PA; ACS
ZYDELIG	4	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	4	QL (84 EA per 28 days) PA; ACS LD
ZYNLONTA	4	PA; LD
ZYNYZ	4	PA; ACS LD

PROTECTIVE AGENTS

dexrazoxane injection 500mg	1	
dexrazoxane injection 250mg	4	
ELITEK	4	
KEPIVANCE	4	
KHAPZORY	4	B/D; ACS LD
leucovorin calcium injection	1	
leucovorin calcium tablet	1	MO
levoleucovorin calcium injection 50mg	4	ACS
levoleucovorin calcium injection 250mg/25ml	1	ACS
levoleucovorin calcium injection 175mg/17.5ml	4	ACS
mesna	1	
MESNEX INJECTION	3	
MESNEX TABLET	4	MO

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

Drug name	Drug tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC	3	MO
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
LOTENSIN HCT	3	MO
LOTREL	3	QL (30 EA per 30 days) MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
VASERETIC	3	MO
ZESTORETIC	3	MO
ACE INHIBITORS		
ACCUPRIL	3	MO
ALTACE	3	MO
<i>benazepril hcl</i>	1	MO
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>enalapril maleate solution</i>	4	MO
<i>enalaprilat</i>	1	
EPANED	4	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
LOTENSIN	3	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
QBRELIS	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
VASOTEC TABLET 10MG, 2.5MG, 5MG	3	MO
VASOTEC TABLET 20MG	4	MO
ZESTRIL	3	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	3	MO
CAROSPIR	3	MO
<i>eplerenone</i>	1	MO
INSPRA	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
CARDURA TABLET 2MG, 4MG, 8MG	3	MO
CARDURA TABLET 1MG	4	MO
<i>doxazosin mesylate</i>	1	MO
MINIPRESS	3	MO
<i>prazosin hydrochloride</i>	1	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
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 TABLET 32MG; 12.5MG, 32MG; 25MG	3	QL (30 EA per 30 days) ST MO
ATACAND HCT TABLET 16MG; 12.5MG	3	QL (60 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 300MG	3	QL (30 EA per 30 days) ST MO
AVALIDE TABLET 12.5MG; 150MG	3	QL (60 EA per 30 days) ST MO
AZOR	3	QL (30 EA per 30 days) ST MO
BENICAR HCT	3	QL (30 EA per 30 days) ST MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg	1	QL (60 EA per 30 days) MO
DIOVAN HCT	3	QL (30 EA per 30 days) ST MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO	2	MO
EXFORGE	3	QL (30 EA per 30 days) ST MO
EXFORGE HCT	3	QL (30 EA per 30 days) ST MO
HYZAAR	3	QL (30 EA per 30 days) ST MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL (60 EA per 30 days) MO
losartan potassium/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
MICARDIS HCT TABLET 12.5MG; 40MG, 25MG; 80MG	3	QL (30 EA per 30 days) ST MO
MICARDIS HCT TABLET 12.5MG; 80MG	3	QL (60 EA per 30 days) ST MO
olmesartan medoxomil/amlodipine/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/ hydrochlorothiazide	1	QL (30 EA per 30 days) MO
telmisartan/amlodipine	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
TRIBENZOR	3	QL (30 EA per 30 days) ST MO
valsartan/hydrochlorothiazide	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND TABLET 32MG	3	QL (30 EA per 30 days) ST MO
ATACAND TABLET 16MG, 4MG, 8MG	3	QL (60 EA per 30 days) ST MO
AVAPRO	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 20MG, 40MG	3	QL (30 EA per 30 days) ST MO
BENICAR TABLET 5MG	3	QL (60 EA per 30 days) ST MO
candesartan cilexetil tablet 32mg	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
candesartan cilexetil tablet 16mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
COZAAR TABLET 100MG	3	QL (30 EA per 30 days) ST MO
COZAAR TABLET 25MG, 50MG	3	QL (60 EA per 30 days) ST MO
DIOVAN TABLET 320MG	3	QL (30 EA per 30 days) ST MO
DIOVAN TABLET 160MG, 40MG, 80MG	3	QL (60 EA per 30 days) ST MO
EDARBI	3	QL (30 EA per 30 days) MO
irbesartan	1	QL (30 EA per 30 days) MO
losartan potassium tablet 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 25mg, 50mg	1	QL (60 EA per 30 days) MO
MICARDIS	3	QL (30 EA per 30 days) ST MO
olmesartan medoxomil tablet 20mg, 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil tablet 5mg	1	QL (60 EA per 30 days) MO
telmisartan	1	QL (30 EA per 30 days) MO
VALSARTAN SOLUTION	4	QL (2400 ML per 30 days) PA MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hcl injection	1	
amiodarone hydrochloride injection	1	
amiodarone hydrochloride tablet	1	MO
BETAPACE	4	MO
BETAPACE AF	3	MO
disopyramide phosphate	1	PA MO
dofetilide	1	ACS
flecainide acetate	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
lidocaine hcl injection 100mg/5ml, 50mg/5ml	1	
mexiletine hcl	1	MO
MULTAQ	3	MO

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

Drug name	Drug tier	Requirements/Limits
NEXTERONE	3	
NORPACE CR	3	MO
NORPACE CAPSULE 100MG	3	PA MO
NORPACE CAPSULE 150MG	4	PA MO
<i>pacerone</i>	1	
<i>procainamide hcl</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine gluconate cr</i>	1	MO
<i>quinidine gluconate er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine tablet 160mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
SOTYLIZE	4	MO
TIKOSYN	3	ST; ACS
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
FENOFIBRIC ACID	3	
<i>fenofibric acid dr</i>	1	MO
FENOGLIDE	3	MO
<i>gemfibrozil</i>	1	MO
LIPOFEN	3	MO
LOPID	3	MO
TRICOR	3	MO
TRILIPIX	3	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) ST MO
ATORVALIQ	3	QL (600 ML per 30 days) ST MO
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
CRESTOR	3	QL (30 EA per 30 days) ST MO
EZALLOR SPRINKLE	3	QL (30 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
FLOLIPID	3	QL (300 ML per 30 days) ST
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
LESCOL XL	3	QL (30 EA per 30 days) ST MO
LIPITOR	3	QL (30 EA per 30 days) ST MO
LIVALO	3	QL (30 EA per 30 days) ST MO
<i>lovastatin</i>	1	MO
<i>pitavastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ZOCOR	3	QL (30 EA per 30 days) ST MO
ZYPITAMAG	3	QL (30 EA per 30 days) ST MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
COLESTID	3	MO
<i>colestipol hcl</i>	1	MO
EVKEEZA	4	PA; LD
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
<i>icosapent ethyl</i>	1	MO
JUXTAPID	4	PA; LD
LEQVIO	3	PA; ACS LD
LOVAZA	3	QL (120 EA per 30 days) PA MO
NEXLETOL	2	QL (30 EA per 30 days) MO
NEXLIZET	2	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	1	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacor</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) PA MO
PRALUENT	2	PA
<i>prevalite</i>	1	

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

Drug name	Drug tier	Requirements/Limits
QUESTRAN	3	MO
QUESTRAN LIGHT	3	MO
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
ROSZET	3	QL (30 EA per 30 days) ST MO
VASCEPA	3	MO
VYTORIN	3	QL (30 EA per 30 days) ST MO
WELCHOL	3	MO
ZETIA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone	1	MO
bisoprolol	1	MO
fumarate/hydrochlorothiazide		
metoprolol/hydrochlorothiazide	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
BETA-BLOCKERS		
acebutolol hydrochloride	1	MO
atenolol	1	MO
betaxolol hcl tablet 10mg, 20mg	1	MO
bisoprolol fumarate	1	MO
BYSTOLIC TABLET 10MG, 2.5MG, 5MG	3	QL (30 EA per 30 days) MO
BYSTOLIC TABLET 20MG	3	QL (60 EA per 30 days) MO
carvedilol phosphate er capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
carvedilol tablet	1	MO
COREG	3	MO
COREG CR	3	QL (30 EA per 30 days) MO
HEMANGEOL	3	ACS
INDERAL LA	4	MO
INDERAL XL	4	MO
INNOPRAN XL	4	MO
KAPSPARGO SPRINKLE	3	MO
LABETALOL HYDROCHLORIDE/ DEXTROSE	3	

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

Drug name	Drug tier	Requirements/Limits
LABETALOL HYDROCHLORIDE/ SODIUM CHLORIDE	3	
<i>labetalol hydrochloride tablet</i>	1	MO
LABETALOL HYDROCHLORIDE INJECTION 10MG/2ML	3	
<i>labetalol hydrochloride injection</i>	1	MO
<i>5mg/ml</i>		
LOPRESSOR	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol tartrate tablet</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution, tablet</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>propranolol hydrochloride oral solution, tablet</i>	1	MO
TENORMIN	3	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
TOPROL XL	3	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
CARDENE IV	3	
CARDIZEM CD	4	MO
CARDIZEM LA	3	MO
CARDIZEM TABLET 30MG	3	MO
CARDIZEM TABLET 120MG, 60MG	4	MO
<i>cartia xt</i>	1	
CONJUPRI	3	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection</i>	1	
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
KATERZIA	3	MO
LEVAMLODIPINE	3	
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
NICARDIPINE HYDROCHLORIDE/ SODIUM CHLORIDE INJECTION 40MG/200ML; 0.9%	3	
NICARDIPINE HYDROCHLORIDE INJECTION 20MG/200ML; 0.9%	3	
<i>nicardipine hydrochloride injection 2.5mg/ml</i>	1	
<i>nifedipine</i>	1	PA MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er tablet extended release 24 hour 20mg, 30mg, 40mg</i>	1	
<i>nisoldipine er tablet extended release 24 hour 17mg, 25.5mg, 34mg, 8.5mg</i>	1	MO
NORLIQVA	3	MO
NORVASC	3	MO
NYMALIZE	4	
PROCARDIA XL	3	MO
SULAR TABLET EXTENDED RELEASE 24 HOUR 17MG	3	MO
SULAR TABLET EXTENDED RELEASE 24 HOUR 34MG, 8.5MG	4	MO

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

Drug name	Drug tier	Requirements/Limits
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
TIAZAC	3	MO
verapamil hcl	1	MO
verapamil hcl er	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	1	MO
verapamil hcl sr tablet extended release	1	MO
verapamil hydrochloride	1	MO
verapamil hydrochloride er	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
DIURETICS		
acetazolamide er capsule extended release	1	MO
acetazolamide sodium injection	1	
acetazolamide tablet	1	MO
amiloride hcl	1	MO
amiloride/hydrochlorothiazide	1	MO
bumetanide	1	MO
BUMEX TABLET 0.5MG	3	
chlorothiazide sodium	1	
chlorthalidone	1	MO
dichlorphenamide	4	QL (120 EA per 30 days) PA; ACS LD
DIURIL	3	MO
DYRENIUM	3	MO
EDECRIN TABLET 25MG	4	MO
ethacrynat e sodium	4	
ethacrynic acid	4	MO

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

Drug name	Drug tier	Requirements/Limits
FUROSCIX	4	
<i>furosemide</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
KEVEYIS	4	QL (120 EA per 30 days) PA; LD
LASIX	3	MO
MANNITOL INJECTION 20%	3	
<i>mannitol injection 25%</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
<i>ormalvi</i>	4	QL (120 EA per 30 days) PA
OSMITROL VIAFLEX	3	
SOAANZ	3	MO
SODIUM EDECRIN	3	
<i>spironolactone/hydrochlorothiazide</i>	1	MO
THALITONE	3	QL (390 EA per 30 days) MO
<i>torsemide</i>	1	MO
<i>triamterene</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
ADRENALIN INJECTION 30MG/30ML	3	
ADRENALIN INJECTION 1MG/ML	3	MO
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
ASPRUZY SPRINKLE	3	QL (60 EA per 30 days) PA MO
BIDIL	3	MO
CADUET	3	MO
CAMZYOS	4	QL (30 EA per 30 days) PA; ACS LD
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride er tablet extended release 24 hour 0.17mg</i>	1	MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
DEMSER	4	PA

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

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

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

Drug name	Drug tier	Requirements/Limits
NORTHERA CAPSULE 200MG, 300MG	4	QL (180 EA per 30 days) PA; ACS LD
NORTHERA CAPSULE 100MG	4	QL (90 EA per 30 days) PA; ACS LD
<i>phenoxybenzamine hydrochloride</i>	4	MO
<i>ranolazine er</i>	1	MO
TEKTURNA	3	MO
TRYVIO	3	QL (30 EA per 30 days) PA
VECAMYL	4	QL (300 EA per 30 days) PA
VERQUVO	2	MO
VYNDAMAX	4	QL (30 EA per 30 days) PA; ACS LD
VYNDAQEL	4	QL (120 EA per 30 days) PA; ACS LD
NITRATES		
ISORDIL TITRADOSE TABLET 5MG	3	MO
ISORDIL TITRADOSE TABLET 40MG	4	MO
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID	2	MO
NITRO-DUR PATCH 24 HOUR 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	3	MO
NITRO-DUR PATCH 24 HOUR 0.3MG/HR, 0.8MG/HR	4	MO
NITROGLYCERIN IN DEXTROSE 5%	3	
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ ML	3	
<i>nitroglycerin translingual solution</i> 0.4mg/spray	1	MO
<i>nitroglycerin tablet sublingual</i> 0.3mg, 0.4mg, 0.6mg	1	MO
NITROLINGUAL	3	MO
NITROSTAT	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA	4	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ADEMPAS	4	QL (90 EA per 30 days) PA; ACS LD
<i>alyq</i>	4	PA; ACS
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	4	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	1	B/D; ACS LD
FLOLAN INJECTION 0.5MG	3	B/D; ACS LD
FLOLAN INJECTION 1.5MG	4	B/D; ACS LD
LETAIRIS	4	QL (30 EA per 30 days) PA; ACS LD
LIQREV	4	QL (244 ML per 30 days) PA; ACS
OPSUMIT	4	QL (30 EA per 30 days) PA; ACS LD
OPSYNVI	4	QL (30 EA per 30 days) PA; ACS LD
ORENITRAM TITRATION KIT MONTH 1	4	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 2	4	PA; ACS LD
ORENITRAM TITRATION KIT MONTH 3	4	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.125MG	3	PA; ACS LD
ORENITRAM TABLET EXTENDED RELEASE 0.25MG, 1MG, 2.5MG, 5MG	4	PA; ACS LD
REMODULIN	4	PA; ACS LD
REVATIO INJECTION	4	QL (1125 ML per 30 days) PA; ACS
REVATIO TABLET	4	QL (360 EA per 30 days) PA; ACS
<i>sildenafil injection</i>	4	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate tablet (generic Revatio)</i>	1	QL (360 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>sildenafil citrate suspension reconstituted (generic Revatio)</i>	4	QL (784 ML per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	4	PA; ACS
TADLIQ	4	QL (300 ML per 30 days) PA; ACS LD
TRACLEER TABLET SOLUBLE	4	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 62.5MG	4	QL (120 EA per 30 days) PA; ACS LD
TRACLEER TABLET 125MG	4	QL (60 EA per 30 days) PA; ACS LD
<i>treprostinil</i>	4	PA; ACS LD
TYVASO	4	PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 16MCG, 32MCG, 48MCG, 64MCG	4	QL (112 EA per 28 days) PA; ACS LD
TYVASO DPI MAINTENANCE KIT POWDER 32MCG; 48MCG	4	QL (224 EA per 28 days) PA; ACS LD
TYVASO DPI TITRATION KIT	4	QL (252 EA per 28 days) PA; ACS LD
TYVASO REFILL KIT	4	PA; ACS
TYVASO STARTER KIT	4	PA; ACS
UPTRAVI TITRATION PACK	4	PA; ACS LD
UPTRAVI INJECTION	4	QL (60 EA per 30 days) PA; LD
UPTRAVI TABLET 800MCG	4	QL (120 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 600MCG	4	QL (150 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 400MCG	4	QL (240 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 200MCG	4	QL (480 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1200MCG, 1400MCG, 1600MCG	4	QL (60 EA per 30 days) PA; ACS LD
UPTRAVI TABLET 1000MCG	4	QL (90 EA per 30 days) PA; ACS LD
VELETRI	4	B/D; ACS LD
VENTAVIS	4	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
WINREVAIR	4	PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam odt tablet disintegrating 0.25mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam odt tablet disintegrating 0.5mg, 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 1MG	3	QL (30 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) MO; HRM
ALPRAZOLAM XR TABLET EXTENDED RELEASE 24 HOUR 2MG	3	QL (90 EA per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
ATIVAN INJECTION 2MG/ML	3	QL (150 ML per 30 days) MO; HRM
ATIVAN INJECTION 4MG/ML	3	QL (150 ML per 30 days); HRM
ATIVAN TABLET 0.5MG	4	QL (120 EA per 30 days) MO; HRM
ATIVAN TABLET 1MG, 2MG	4	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	1	MO
<i>buspirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL (120 EA per 30 days) PA MO; HRM

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>ergoloid mesylates</i>	1	PA MO
EXELON	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	1	PA MO
<i>memantine hydrochloride solution</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	1	QL (60 EA per 30 days) PA MO
NAMENDA	3	QL (60 EA per 30 days) PA MO
NAMENDA TITRATION PAK	3	QL (98 EA per 365 days) PA MO
NAMENDA XR	3	PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate capsule</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride</i>	1	PA MO; HRM
<i>amoxapine</i>	1	MO; HRM
ANAFRANIL	4	PA MO; HRM
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348MG, 522MG	4	QL (30 EA per 30 days) ST MO
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174MG	4	QL (60 EA per 30 days) ST MO
AUVELITY	4	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
CELEXA TABLET 10MG	3	QL (120 EA per 30 days) ST MO; HRM
CELEXA TABLET 40MG	3	QL (30 EA per 30 days) ST MO; HRM
CELEXA TABLET 20MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
CITALOPRAM HYDROBROMIDE CAPSULE	3	QL (30 EA per 30 days) PA MO; HRM
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	1	PA MO; HRM
CYMBALTA	3	QL (60 EA per 30 days) MO; HRM
<i>desipramine hydrochloride</i>	1	PA MO; HRM
DESVENLAFAXINE ER TABLET (GENERIC KHEDEZLA) EXTENDED RELEASE 24 HOUR 100MG, 50MG	3	QL (30 EA per 30 days) PA; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl (generic Irenka) capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM

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

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

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

Drug name	Drug tier	Requirements/Limits
LEXAPRO TABLET 10MG, 5MG	3	QL (45 EA per 30 days) MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
NARDIL	3	MO
<i>nefazodone hydrochloride</i>	1	MO
NORPRAMIN	3	PA MO; HRM
<i>nortriptyline hcl</i>	1	MO; HRM
<i>nortriptyline hydrochloride</i>	1	MO; HRM
<i>olanzapine/fluoxetine</i>	1	QL (30 EA per 30 days) MO; HRM
PAMELOR	4	MO; HRM
PARNATE	4	MO
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	1	QL (900 ML per 30 days) MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5MG	3	QL (60 EA per 30 days) ST MO; HRM
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5MG, 25MG	3	QL (90 EA per 30 days) ST MO; HRM
PAXIL SUSPENSION	3	QL (900 ML per 30 days) MO; HRM
PAXIL TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) ST MO; HRM
PAXIL TABLET 30MG	3	QL (60 EA per 30 days) ST MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
<i>phenelzine sulfate</i>	1	MO
PRISTIQ	3	QL (30 EA per 30 days) ST MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>protriptyline hcl</i>	1	PA MO; HRM
PROZAC CAPSULE 10MG	3	QL (30 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 20MG	4	QL (120 EA per 30 days) ST MO; HRM
PROZAC CAPSULE 40MG	4	QL (60 EA per 30 days) ST MO; HRM
REMERON	3	QL (30 EA per 30 days) MO
REMERON SOLTAB	3	QL (30 EA per 30 days) MO
<i>sertraline hcl concentrate</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
SERTRALINE HYDROCHLORIDE CAPSULE	3	QL (30 EA per 30 days) ST MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
SYMBYAX	3	QL (30 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) PA MO
VENLAFAKINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
VIIBRYD	3	QL (30 EA per 30 days) MO
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
WELLBUTRIN SR	3	QL (60 EA per 30 days) ST MO
WELLBUTRIN XL	4	QL (30 EA per 30 days) ST MO
ZOLOFT CONCENTRATE	3	QL (300 ML per 30 days) MO; HRM
ZOLOFT TABLET 25MG	3	QL (30 EA per 30 days) ST MO; HRM
ZOLOFT TABLET 100MG, 50MG	3	QL (60 EA per 30 days) ST MO; HRM
ZULRESSO	4	B/D; ACS LD
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	1	MO
<i>amantadine hcl capsule</i>	1	QL (120 EA per 30 days) MO
APOKYN	4	QL (60 ML per 30 days) PA; ACS LD
<i>apomorphine hydrochloride</i>	4	QL (60 ML per 30 days) PA; ACS
AZILECT	4	MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE	3	MO
COMTAN	4	MO

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

Drug name	Drug tier	Requirements/Limits
CREXONT	3	ST MO
DHIVY	3	MO
DUOPA	4	B/D; ACS LD
<i>entacapone</i>	1	MO
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 68.5MG	4	QL (30 EA per 30 days); ACS LD
GOCOVRI CAPSULE EXTENDED RELEASE 24 HOUR 137MG	4	QL (60 EA per 30 days); ACS LD
INBRIJA	4	QL (300 EA per 30 days) PA; LD
LODOSYN	4	MO
NEUPRO	3	MO
NOURIANZ	4	QL (30 EA per 30 days) PA; ACS LD
ONGENTYS	3	QL (30 EA per 30 days) PA MO
OSMOLEX ER	3	QL (30 EA per 30 days) ST; ACS LD
PARLODEL	3	MO
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	1	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	1	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	1	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
RYTARY	3	ST MO
<i>selegiline hcl</i>	1	MO
SINEMET	3	MO
STALEVO 100	4	ST MO
STALEVO 125	4	ST MO
STALEVO 150	4	ST MO

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

Drug name	Drug tier	Requirements/Limits
STALEVO 200	4	ST MO
STALEVO 50	4	ST MO
STALEVO 75	4	ST MO
TASMAR	4	MO
<i>tolcapone</i>	4	MO
<i>trihexyphenidyl hcl</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride</i>	1	PA MO; HRM
XADAGO	4	QL (30 EA per 30 days) ST MO
ZELAPAR	4	QL (60 EA per 30 days) MO
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	4	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	4	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO; HRM
ABILIFY MYCITE MAINTENANCE KIT	4	QL (30 EA per 30 days) PA; HRM
ABILIFY MYCITE STARTER KIT	4	QL (30 EA per 30 days) PA; HRM
ABILIFY TABLET 10MG, 15MG	3	QL (30 EA per 30 days) MO; HRM
ABILIFY TABLET 20MG, 2MG, 30MG, 5MG	4	QL (30 EA per 30 days) MO; HRM
<i>ariPIPRAZOLE odt</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ariPIPRAZOLE tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>ariPIPRAZOLE solution</i>	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
CAPLYTA	4	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	1	MO; HRM
<i>chlorpromazine hcl injection</i>	1	HRM
<i>50mg/2ml</i>		
<i>chlorpromazine hcl injection 25mg/ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	1	HRM
<i>chlorpromazine hydrochloride tablet</i>	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM
CLOZARIL TABLET 25MG, 50MG	3	HRM
CLOZARIL TABLET 200MG	4	QL (120 EA per 30 days); HRM
CLOZARIL TABLET 100MG	4	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK	4	QL (112 EA per 365 days) PA MO
COBENFY CAPSULE 20MG; 100MG, 30MG; 125MG	4	QL (60 EA per 30 days) PA
COBENFY CAPSULE 20MG; 50MG	4	QL (60 EA per 30 days) PA MO
FANAPT	4	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate</i>	1	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride</i>	1	MO; HRM
GEODON INJECTION	3	QL (6 EA per 3 days) MO; HRM
GEODON CAPSULE	4	QL (60 EA per 30 days) MO; HRM
HALDOL DECANOATE 100	3	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>haloperidol</i>	1	MO; HRM
<i>haloperidol decanoate</i>	1	MO; HRM
<i>haloperidol lactate</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3MG, 9MG	3	QL (30 EA per 30 days) MO; HRM
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6MG	3	QL (60 EA per 30 days) MO; HRM
LATUDA TABLET 120MG, 20MG, 40MG, 60MG	4	QL (30 EA per 30 days) MO; HRM
LATUDA TABLET 80MG	4	QL (60 EA per 30 days) MO; HRM
<i>loxapine</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet</i> 120mg, 20mg, 40mg, 60mg	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet</i> 80mg	1	QL (60 EA per 30 days) MO; HRM

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Drug name	Drug tier	Requirements/Limits
LYBALVI	4	QL (30 EA per 30 days) PA MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	4	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	1	MO; HRM
PERSERIS	4	QL (1 EA per 30 days); HRM
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA INJECTION 12.5MG, 25MG	3	QL (2 EA per 28 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
RISPERDAL CONSTA INJECTION 37.5MG, 50MG	4	QL (2 EA per 28 days) MO; HRM
RISPERDAL SOLUTION	3	QL (480 ML per 30 days) MO; HRM
RISPERDAL TABLET 4MG	3	QL (120 EA per 30 days) MO; HRM
RISPERDAL TABLET 1MG, 2MG	3	QL (60 EA per 30 days) MO; HRM
RISPERDAL TABLET 0.5MG, 3MG	3	QL (90 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SAPHRIS	4	QL (60 EA per 30 days) MO; HRM
SECUADO	4	QL (30 EA per 30 days) MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150MG, 200MG	3	QL (30 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50MG	3	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 400MG	4	QL (60 EA per 30 days) PA MO; HRM
SEROQUEL TABLET 200MG	3	QL (120 EA per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
SEROQUEL TABLET 25MG	3	QL (180 EA per 30 days) MO; HRM
SEROQUEL TABLET 300MG	3	QL (60 EA per 30 days) MO; HRM
SEROQUEL TABLET 100MG, 50MG	3	QL (90 EA per 30 days) MO; HRM
SEROQUEL TABLET 400MG	4	QL (60 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	1	PA MO; HRM
<i>thiothixene</i>	1	MO; HRM
<i>trifluoperazine hcl</i>	1	MO; HRM
<i>trifluoperazine hydrochloride</i>	1	MO; HRM
UZEDY INJECTION 50MG/0.14ML	4	QL (0.14 ML per 30 days) PA MO
UZEDY INJECTION 75MG/0.21ML	4	QL (0.21 ML per 30 days) PA MO
UZEDY INJECTION 100MG/0.28ML	4	QL (0.28 ML per 30 days) PA MO
UZEDY INJECTION 125MG/0.35ML	4	QL (0.35 ML per 30 days) PA MO
UZEDY INJECTION 150MG/0.42ML	4	QL (0.42 ML per 60 days) PA MO
UZEDY INJECTION 200MG/0.56ML	4	QL (0.56 ML per 60 days) PA MO
UZEDY INJECTION 250MG/0.7ML	4	QL (0.7 ML per 60 days) PA MO
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	3	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	4	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA ZYDIS TABLET DISINTEGRATING 5MG	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ZYPREXA ZYDIS TABLET DISINTEGRATING 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO; HRM
ZYPREXA INJECTION	3	QL (3 EA per 1 days) MO; HRM
ZYPREXA TABLET 7.5MG	3	QL (30 EA per 30 days) MO; HRM
ZYPREXA TABLET 2.5MG, 5MG	3	QL (60 EA per 30 days) MO; HRM
ZYPREXA TABLET 10MG, 15MG, 20MG	4	QL (30 EA per 30 days) MO; HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BANZEL SUSPENSION	4	QL (2760 ML per 30 days) PA MO
BANZEL TABLET 400MG	4	QL (240 EA per 30 days) PA MO
BANZEL TABLET 200MG	4	QL (480 EA per 30 days) PA MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO
<i>carbamazepine er</i>	1	MO; HRM
<i>carbamazepine suspension, tablet</i>	1	MO; HRM
<i>carbamazepine tablet chewable 200mg</i>	1	
<i>carbamazepine tablet chewable 100mg</i>	1	MO; HRM
CARBATROL	3	MO; HRM
CELONTIN	3	MO
CEREBYX INJECTION 500MG PE/10ML	3	MO
CEREBYX INJECTION 100MG PE/2ML	4	
<i>clobazam suspension</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam concentrate, injection</i>	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FELBATOL	4	MO
FINTEPLA	4	QL (360 ML per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	1	QL (90 EA per 30 days) MO
KEPPRA XR	4	MO
KEPPRA INJECTION	3	
KEPPRA ORAL SOLUTION	4	MO
KEPPRA TABLET 250MG	3	MO
KEPPRA TABLET 1000MG, 500MG, 750MG	4	MO
KLONOPIN TABLET 2MG	3	QL (300 EA per 30 days) MO
KLONOPIN TABLET 0.5MG, 1MG	3	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	4	
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
LAMICTAL	4	MO
LAMICTAL CHEWABLE DISPERISIBLE	4	MO
LAMICTAL ODT TABLET DISINTEGRATING	4	MO
LAMICTAL ODT KIT BLUE, ORANGE	3	MO

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

Drug name	Drug tier	Requirements/Limits
LAMICTAL ODT KIT GREEN	4	MO
LAMICTAL STARTER/NOT TAKING	3	MO
CARBAMAZEPINE		
LAMICTAL STARTER/TAKING	4	MO
CARBAMAZEPINE/NOT TAKING		
VALPROATE		
LAMICTAL STARTER/TAKING	3	MO
VALPROATE		
LAMICTAL XR TABLET EXTENDED RELEASE 24 HOUR	4	MO
LAMICTAL XR TITRATION KIT BLUE, ORANGE	3	MO
LAMCITAL XR TITRATION KIT GREEN	4	MO
<i>lamotrigine</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>lamotrigine odt titration kit (blue and green)</i>	1	
<i>lamotrigine odt titration kit (orange)</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	1	
<i>levetiracetam injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
LIBERVANT	4	QL (10 EA per 30 days) PA
LYRICA SOLUTION	4	QL (900 ML per 30 days) PA MO
LYRICA CAPSULE 100MG, 150MG, 25MG, 50MG, 75MG	3	QL (120 EA per 30 days) PA MO
LYRICA CAPSULE 225MG, 300MG	3	QL (60 EA per 30 days) PA MO
LYRICA CAPSULE 200MG	3	QL (90 EA per 30 days) PA MO
<i>methylsuximide</i>	1	MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG	4	QL (120 EA per 30 days) PA MO
MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150MG, 200MG	4	QL (60 EA per 30 days) PA MO
MY SOLINE	4	MO

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

Drug name	Drug tier	Requirements/Limits
NAYZILAM	3	QL (10 EA per 30 days) PA MO
NEURONTIN SOLUTION	3	QL (2160 ML per 30 days) MO
NEURONTIN CAPSULE 100MG	3	QL (180 EA per 30 days) MO
NEURONTIN CAPSULE 400MG	4	QL (270 EA per 30 days) MO
NEURONTIN CAPSULE 300MG	4	QL (360 EA per 30 days) MO
NEURONTIN TABLET 600MG	4	QL (180 EA per 30 days) MO
NEURONTIN TABLET 800MG	4	QL (90 EA per 30 days) MO
ONFI SUSPENSION	4	QL (480 ML per 30 days) PA MO; HRM
ONFI TABLET	4	QL (60 EA per 30 days) PA MO; HRM
oxcarbazepine	1	MO; HRM
oxcarbazepine er tablet extended release 24 hour 150mg	1	
oxcarbazepine er tablet extended release 24 hour 300mg, 600mg	4	
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150MG	3	PA MO; HRM
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300MG, 600MG	4	PA MO; HRM
phenobarbital sodium injection	1	PA; HRM
phenobarbital tablet	1	QL (120 EA per 30 days) PA MO; HRM
phenobarbital elixir	1	QL (1500 ML per 30 days) PA MO; HRM
phenytek capsule 200mg	1	
phenytek capsule 300mg	1	MO
phenytoin oral suspension, tablet chewable	1	MO
phenytoin sodium extended release capsule	1	MO
phenytoin sodium injection	1	
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	1	QL (120 EA per 30 days) PA MO
pregabalin capsule 225mg, 300mg	1	QL (60 EA per 30 days) PA MO
pregabalin capsule 200mg	1	QL (90 EA per 30 days) PA MO
pregabalin solution	1	QL (900 ML per 30 days) PA MO
primidone	1	MO

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

Drug name	Drug tier	Requirements/Limits
QUDEXY XR CAPSULE ER 24 HOUR	3	MO
SPRINKLE 25MG, 50MG		
QUDEXY XR CAPSULE ER 24 HOUR	4	MO
SPRINKLE 100MG, 150MG, 200MG		
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	4	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
SABRIL	4	QL (180 EA per 30 days) PA; ACS LD
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	3	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN FILM 5MG	3	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	4	QL (60 EA per 30 days) PA MO; HRM
TEGRETOL	3	MO; HRM
TEGRETOL-XR	3	MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 15MG	3	MO
TOPAMAX SPRINKLE CAPSULE SPRINKLE 25MG	4	MO
TOPAMAX TABLET 25MG	3	QL (90 EA per 30 days) MO
TOPAMAX TABLET 100MG	4	QL (120 EA per 30 days) MO
TOPAMAX TABLET 200MG	4	QL (60 EA per 30 days) MO
TOPAMAX TABLET 50MG	4	QL (90 EA per 30 days) MO
<i>topiramate er</i>	1	MO
<i>topiramate capsule sprinkle</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
TRILEPTAL SUSPENSION	4	MO; HRM
TRILEPTAL TABLET 150MG	3	MO; HRM
TRILEPTAL TABLET 300MG, 600MG	4	MO; HRM
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 25MG, 50MG	3	PA MO
TROKENDI XR CAPSULE EXTENDED RELEASE 24 HOUR 100MG, 200MG	4	PA MO
VALIUM	3	QL (120 EA per 30 days) PA MO; HRM
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
vigabatrin	4	QL (180 EA per 30 days) PA; ACS LD
vigadron	4	QL (180 EA per 30 days) PA; LD
VIGAFYDE	4	QL (750 ML per 30 days) PA; LD
vigpoder	4	QL (180 EA per 30 days) PA; LD
VIMPAT INJECTION	4	
VIMPAT ORAL SOLUTION	4	QL (1200 ML per 30 days) MO
VIMPAT TABLET 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABLET 100MG, 150MG, 200MG	4	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 150MG; 200MG, 50MG; 100MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	4	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZARONTIN	3	MO
ZONEGRAN	4	MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	4	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL XR	3	QL (30 EA per 30 days) MO
ADDERALL TABLET 5MG, 7.5MG, 10MG, 12.5MG, 15MG, 30MG	3	QL (60 EA per 30 days) MO
ADDERALL TABLET 20MG	3	QL (90 EA per 30 days) MO
ADZENYS XR-ODT	3	QL (30 EA per 30 days) MO
<i>amphetamine sulfate</i>	1	QL (180 EA per 30 days) MO
<i>amphetamine/dextroamphetamine er</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
APTENSIO XR	3	QL (30 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
AZSTARYS	3	QL (30 EA per 30 days) MO
<i>clonidine hydrochloride er tablet extended release 12 hour 0.1mg</i>	1	MO
CONCERTA	3	QL (30 EA per 30 days) MO
COTEMPLA XR-ODT	3	QL (30 EA per 30 days) MO
DAYTRANA	3	QL (30 EA per 30 days) MO
DEXEDRINE	4	QL (120 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
dexamphetamine hcl er	1	QL (30 EA per 30 days) MO
dexamphetamine hydrochloride er	1	QL (30 EA per 30 days) MO
dexamphetamine hydrochloride capsule extended release 24 hour	1	QL (30 EA per 30 days) MO
dexamphetamine hydrochloride tablet	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate er	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate solution	1	QL (1800 ML per 30 days) MO
dextroamphetamine sulfate tablet 15mg	1	QL (120 EA per 30 days) MO
dextroamphetamine sulfate tablet 10mg, 2.5mg, 5mg	1	QL (180 EA per 30 days) MO
dextroamphetamine sulfate tablet 7.5mg	1	QL (240 EA per 30 days) MO
dextroamphetamine sulfate tablet 30mg	1	QL (60 EA per 30 days) MO
dextroamphetamine sulfate tablet 20mg	1	QL (90 EA per 30 days) MO
DYANAVEL XR SUSPENSION EXTENDED RELEASE	3	QL (240 ML per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
DYANAVEL XR TABLET EXTENDED RELEASE 5MG	3	QL (60 EA per 30 days) MO
EVEKEO	3	QL (180 EA per 30 days) MO
EVEKEO ODT	3	QL (60 EA per 30 days) MO
FOCALIN	3	QL (60 EA per 30 days) MO
FOCALIN XR	3	QL (30 EA per 30 days) MO
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg	1	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride er tablet extended release 24 hour 3mg	1	QL (60 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 1MG, 2MG, 4MG	3	QL (30 EA per 30 days) PA MO
INTUNIV TABLET EXTENDED RELEASE 24 HOUR 3MG	3	QL (60 EA per 30 days) PA MO
JORNAY PM	3	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
METADATE CD	3	QL (30 EA per 30 days) MO
<i>methamphetamine hcl</i>	4	QL (150 EA per 30 days) MO
METHYLIN SOLUTION 5MG/5ML	3	QL (1800 ML per 30 days) MO
METHYLIN SOLUTION 10MG/5ML	3	QL (900 ML per 30 days) MO
<i>methylphenidate transdermal patch</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Aptensio XR) 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA)10mg, 20mg, 30mg, 40mg</i>	1	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour (generic Concerta and Relexxii)</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate CD) 40mg</i>	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
MYDAYIS	3	QL (30 EA per 30 days) MO
ONYDA XR	3	QL (120 ML per 30 days)
<i>procentra</i>	4	QL (1800 ML per 30 days)
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100MG	3	QL (30 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150MG	3	QL (60 EA per 30 days) PA MO
QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200MG	3	QL (90 EA per 30 days) PA MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40MG	3	QL (30 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30MG	3	QL (60 EA per 30 days) MO
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20MG	3	QL (90 EA per 30 days) MO
QUILLIVANT XR	3	QL (360 ML per 30 days) MO
RELEXXII	3	QL (30 EA per 30 days) MO
RITALIN	3	QL (90 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30MG	3	QL (60 EA per 30 days) MO
STRATTERA CAPSULE 10MG, 18MG, 25MG	3	QL (120 EA per 30 days) MO
STRATTERA CAPSULE 100MG, 60MG, 80MG	3	QL (30 EA per 30 days) MO
STRATTERA CAPSULE 40MG	3	QL (60 EA per 30 days) MO
VYVANSE	3	QL (30 EA per 30 days) MO
XELSTRYM	3	QL (30 EA per 30 days) MO
<i>zenzedi tablet 15mg</i>	1	QL (120 EA per 30 days)
<i>zenzedi tablet 10mg, 2.5mg, 5mg</i>	1	QL (180 EA per 30 days)

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

Drug name	Drug tier	Requirements/Limits
<i>zenzedi tablet 7.5mg</i>	1	QL (240 EA per 30 days)
<i>zenzedi tablet 30mg</i>	1	QL (60 EA per 30 days)
<i>zenzedi tablet 20mg</i>	1	QL (90 EA per 30 days)
HYPNOTICS		
AMBIEN	3	QL (30 EA per 30 days) PA MO; HRM
AMBIEN CR	3	QL (30 EA per 30 days) PA MO; HRM
BELSOMRA	2	QL (30 EA per 30 days) MO
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
EDLUAR TABLET SUBLINGUAL 10MG	3	QL (30 EA per 30 days) PA MO; HRM
EDLUAR TABLET SUBLINGUAL 5MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>estazolam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>flurazepam hydrochloride capsule 15mg</i>	1	QL (30 EA per 30 days)
<i>flurazepam hydrochloride capsule 30mg</i>	1	QL (30 EA per 30 days) MO
HALCION	3	QL (60 EA per 30 days) PA MO; HRM
HETLIOZ CAPSULE	4	QL (30 EA per 30 days) PA; LD
HETLIOZ LQ ORAL SUSPENSION	4	QL (158 ML per 30 days) PA; LD
IGALMI	4	QL (60 EA per 30 days) PA
LUNESTA	3	QL (30 EA per 30 days) PA MO; HRM
<i>midazolam hcl injection 10mg/2ml, 2mg/2ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hcl syrup</i>	1	QL (300 ML per 30 days); HRM
<i>midazolam hydrochloride injection 10mg/10ml, 25mg/5ml, 2mg/2ml, 50mg/10ml, 5mg/5ml, 5mg/ml</i>	1	HRM
<i>midazolam hydrochloride injection 10mg/2ml</i>	1	MO; HRM

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Drug name	Drug tier	Requirements/Limits
<i>pentobarbital sodium</i>	1	
QUVIVIQ	2	QL (30 EA per 30 days) MO
<i>ramelteon</i>	1	QL (30 EA per 30 days) MO
RESTORIL CAPSULE 22.5MG	3	QL (30 EA per 30 days) PA MO; HRM
RESTORIL CAPSULE 15MG, 30MG, 7.5MG	4	QL (30 EA per 30 days) PA MO; HRM
ROZEREM	3	QL (30 EA per 30 days) MO
SILENOR	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	4	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate er</i>	1	QL (30 EA per 30 days) PA MO; HRM
ZOLPIDEM TARTRATE CAPSULE	3	QL (30 EA per 30 days) PA MO
<i>zolpidem tartrate tablet sublingual, tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
AJOVY AUTO-INJECTOR 225MG/1.5ML	2	QL (1.5 ML per 28 days) PA; ACS
AJOVY PREFILLED SYRINGE 225MG/1.5ML	2	QL (4.5 ML per 90 days) PA; ACS
<i>almotriptan</i>	1	QL (8 EA per 30 days) MO
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
CAMBIA	4	QL (9 EA per 30 days) PA MO
<i>diclofenac potassium packet 50mg</i>	4	QL (9 EA per 30 days) PA MO
<i>dihydroergotamine mesylate injection</i>	4	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
ELYXYB	4	QL (28.8 ML per 21 days) PA MO
EMGALITY INJECTION 120MG/ML	2	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	2	QL (3 ML per 30 days) PA; ACS
ERGOMAR	4	
<i>ergotamine tartrate/caffeine</i>	1	QL (40 EA per 28 days) PA MO
FROVA	4	QL (12 EA per 30 days) ST MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
IMITREX STATDOSE REFILL	4	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 4MG/0.5ML	3	QL (4 ML per 30 days) ST MO
IMITREX STATDOSE SYSTEM INJECTION 6MG/0.5ML	4	QL (4 ML per 30 days) ST MO
IMITREX TABLET 25MG, 50MG	3	QL (9 EA per 30 days) ST MO
IMITREX TABLET 100MG	4	QL (12 EA per 30 days) ST MO
MAXALT	3	QL (12 EA per 30 days) ST MO
MAXALT-MLT	3	QL (12 EA per 30 days) ST MO
<i>migergot</i>	4	QL (20 EA per 28 days) PA MO
MIGRALAN	4	QL (8 ML per 30 days) PA MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
ONZETRA XSAIL	4	QL (16 EA per 30 days) ST MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
RELPAX TABLET 20MG	3	QL (12 EA per 30 days) MO
RELPAX TABLET 40MG	4	QL (12 EA per 30 days) MO
REYVOW TABLET 50MG	3	QL (8 EA per 30 days) PA MO
REYVOW TABLET 100MG	4	QL (8 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg,</i> <i>50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
TOSYMRA	3	QL (12 EA per 30 days) ST MO
TREXIMET	4	QL (9 EA per 30 days) ST MO
TRUDHESA	4	QL (12 ML per 28 days) PA

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

Drug name	Drug tier	Requirements/Limits
UBRELVY	2	QL (16 EA per 30 days) PA MO
VYEPTI	4	QL (1 ML per 90 days) PA; ACS LD
ZAVZPRET	4	QL (6 EA per 21 days) PA MO
ZEMBRACE SYMTOUCH	4	QL (8 ML per 30 days) ST MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan solution 2.5mg</i>	1	QL (12 EA per 30 days)
<i>zolmitriptan solution 5mg</i>	1	QL (12 EA per 30 days) MO
<i>zomig tablet</i>	1	QL (6 EA per 30 days)
ZOMIG NASAL SPRAY 2.5MG	3	QL (12 EA per 30 days) ST MO
ZOMIG NASAL SPRAY 5MG	4	QL (12 EA per 30 days) ST MO
MISCELLANEOUS		
AMONDYS 45	4	PA
AMVUTTRA	4	QL (0.5 ML per 90 days) PA; ACS LD
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	4	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	4	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA; ACS LD
DAYBUE	4	QL (3600 ML per 30 days) PA; LD
DUVYZAT	4	QL (420 ML per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
edaravone	4	QL (2800 ML per 28 days) PA; ACS
ENSPRYNG	4	PA; ACS LD
EQUETRO	3	MO; HRM
EVRYSDI	4	QL (80 ML per 12 days) PA; LD
EXONDYS 51	4	PA
FIRDAPSE	4	PA; LD
<i>flumazenil</i>	1	
<i>gabapentin once-daily (generic Gralise) tablet 300mg</i>	1	QL (150 EA per 30 days) MO
<i>gabapentin once-daily (generic Gralise) tablet 600mg</i>	1	QL (90 EA per 30 days) MO
GRALISE TABLET 300MG	3	QL (150 EA per 30 days) MO
GRALISE TABLET 750MG, 900MG	3	QL (60 EA per 30 days) MO
GRALISE TABLET 450MG, 600MG	3	QL (90 EA per 30 days) MO
HORIZANT	3	QL (60 EA per 30 days) MO
INGREZZA CAPSULE THERAPY PACK	4	QL (28 EA per 28 days) PA; ACS LD
INGREZZA CAPSULE, CAPSULE SPRINKLE	4	QL (30 EA per 30 days) PA; ACS LD
<i>lithium</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
LITHOBID	4	MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 330MG	3	QL (60 EA per 30 days) PA MO
LYRICA CR TABLET EXTENDED RELEASE 24 HOUR 165MG, 82.5MG	3	QL (90 EA per 30 days) PA MO
MESTINON	4	MO
MESTINON TIMESPAN	4	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>paroxetine</i>	1	PA MO; HRM
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
RADICAVA INJECTION	4	QL (2800 ML per 28 days) PA; ACS LD
RADICAVA ORS ORAL SUSPENSION	4	QL (50 ML per 28 days) PA; ACS LD
RADICAVA ORS ORAL SUSPENSION STARTER KIT	4	QL (140 ML per 365 days) PA; ACS LD
REGONOL	4	
RELYVRI	4	QL (56 EA per 28 days) PA; ACS LD
RILUTEK	4	MO
<i>riluzole</i>	1	MO
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
SKYCLARYS	4	QL (90 EA per 30 days) PA; LD
TEGLUTIK	4	QL (600 ML per 30 days); ACS LD
TEGSEDI	4	QL (6 ML per 28 days) PA; LD
<i>tetrabenazine tablet 25mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	4	QL (90 EA per 30 days) PA; ACS LD
TIGLUTIK	4	QL (600 ML per 30 days); ACS LD
UPLIZNA	4	PA; ACS LD
VILTEPSO	4	PA
VYONDYS 53	4	PA
WAINUA	4	QL (0.8 ML per 30 days) PA; LD
XENAZINE TABLET 25MG	4	QL (120 EA per 30 days) PA; ACS LD
XENAZINE TABLET 12.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	4	PA; ACS LD
AUBAGIO	4	QL (30 EA per 30 days) PA; ACS LD
AVONEX	4	QL (1 EA per 28 days) PA; ACS
AVONEX PEN	4	QL (1 EA per 28 days) PA; ACS
BAFIERTAM	4	QL (120 EA per 30 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
BETASERON	4	QL (14 EA per 28 days) PA; ACS
BRIUMVI	4	QL (42 ML per 365 days) PA; ACS LD
COPAXONE INJECTION 40MG/ML	4	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	4	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i>dimethyl fumarate starterpack</i>	4	QL (120 EA per 365 days) PA; ACS LD
<i>dimethyl fumarate capsule delayed release 120mg</i>	4	QL (14 EA per 7 days) PA; ACS LD
<i>dimethyl fumarate capsule delayed release 240mg</i>	4	QL (60 EA per 30 days) PA; ACS LD
EXTAVIA	4	QL (15 EA per 30 days) PA; ACS
<i>fingolimod hydrochloride</i>	4	QL (30 EA per 30 days) PA; ACS
GILENYA CAPSULE 0.25MG	4	QL (28 EA per 28 days) PA; ACS
GILENYA CAPSULE 0.5MG	4	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
KESIMPTA	4	QL (6.4 ML per 365 days) PA; ACS LD
LEMTRADA	4	QL (6 ML per 365 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (4 TAB PACK) 10MG	4	QL (16 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (5 TAB PACK) 10MG	4	QL (20 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (6 TAB PACK) 10MG	4	QL (24 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (7 TAB PACK) 10MG	4	QL (28 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (8 TAB PACK) 10MG	4	QL (32 EA per 999 days) PA; ACS LD
MAVENCLAD TABLET THERAPY PACK (9 TAB PACK) 10MG	4	QL (36 EA per 999 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
MAVENCLAD TABLET THERAPY PACK (10 TAB PACK) 10MG	4	QL (40 EA per 999 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 1MG MAINTENANCE DOSAGE)	3	QL (14 EA per 365 days) PA; ACS LD
MAYZENT STARTER PACK TABLET THERAPY PACK 0.25MG (FOR 2MG MAINTENANCE DOSAGE)	4	QL (24 EA per 365 days) PA; ACS LD
MAYZENT TABLET 0.25MG	4	QL (112 EA per 28 days) PA; ACS LD
MAYZENT TABLET 1MG, 2MG	4	QL (30 EA per 30 days) PA; ACS LD
OCREVUS	4	QL (20 ML per 180 days) PA; ACS LD
PLEGRIDY	4	QL (1 ML per 28 days) PA; ACS LD
PLEGRIDY STARTER PACK	4	QL (2 ML per 365 days) PA; ACS LD
PONVORY	4	QL (30 EA per 30 days) PA; ACS LD
PONVORY 14-DAY STARTER PACK	4	QL (28 EA per 365 days) PA; ACS LD
REBIF	4	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE	4	QL (6 ML per 28 days) PA; ACS
REBIF REBIDOSE TITRATION PACK	4	QL (8.4 ML per 365 days) PA; ACS
REBIF TITRATION PACK	4	QL (8.4 ML per 365 days) PA; ACS
TASCENO ODT	4	QL (30 EA per 30 days) PA; LD
TECFIDERA STARTER PACK	4	QL (120 EA per 365 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 120MG	4	QL (14 EA per 7 days) PA; ACS LD
TECFIDERA CAPSULE DELAYED RELEASE 240MG	4	QL (60 EA per 30 days) PA; ACS LD
<i>teriflunomide</i>	4	QL (30 EA per 30 days) PA; ACS
TYSABRI	4	PA; ACS LD
VUMERTY	4	QL (120 EA per 30 days) PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
ZEPOSIA	4	QL (30 EA per 30 days) PA; ACS LD
ZEPOSIA 7-DAY STARTER PACK	4	QL (14 EA per 365 days) PA; ACS LD
ZEPOSIA STARTER KIT	4	QL (56 EA per 365 days) PA; ACS LD
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	4	QL (30 EA per 30 days) PA MO; HRM
BACLOFEN SUSPENSION	4	QL (480 ML per 30 days) PA MO
<i>baclofen tablet</i>	1	MO
BACLOFEN INJECTION 50MCG/ML	3	B/D
<i>baclofen injection 20000mcg/20ml, 40mg/20ml, 500mcg/ml</i>	1	B/D
<i>baclofen oral solution 5mg/5ml</i>	4	QL (1200 ML per 30 days) PA
<i>baclofen oral solution 10mg/5ml</i>	4	QL (1200 ML per 30 days) PA MO
BOTOX INJECTION 200UNIT	3	QL (2 EA per 84 days) PA
BOTOX INJECTION 100UNIT	3	QL (4 EA per 84 days) PA
<i>carisoprodol</i>	1	QL (84 EA per 30 days) PA MO
<i>chlorzoxazone tablet 375mg, 750mg</i>	1	QL (120 EA per 30 days) PA MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>chlorzoxazone tablet 250mg</i>	4	QL (120 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>cyclobenzaprine hydrochloride er</i>	4	QL (30 EA per 30 days) PA MO; HRM
DANTRIUM CAPSULE 25MG	3	MO
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	1	MO
DYSPORT	3	PA; ACS
<i>fexmid</i>	1	QL (90 EA per 30 days) PA; HRM
FLEQSUVY	4	QL (480 ML per 30 days) PA MO
GABLOFEN INJECTION 10000MCG/20ML, 20000MCG/20ML, 50MCG/ML	3	B/D
GABLOFEN INJECTION 40000MCG/20ML	4	B/D
LYVISPANH PACKET 10MG, 20MG	3	QL (120 EA per 30 days) PA MO
LYVISPANH PACKET 5MG	3	QL (360 EA per 30 days) PA MO

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Drug name	Drug tier	Requirements/Limits
<i>metaxalone</i>	1	QL (120 EA per 30 days) PA MO
<i>methocarbamol injection</i>	1	PA
<i>methocarbamol tablet 750mg</i>	1	QL (240 EA per 30 days) PA MO
<i>methocarbamol tablet 500mg</i>	1	QL (360 EA per 30 days) PA MO
<i>methocarbamol tablet 1000mg</i>	4	QL (120 EA per 30 days) PA; HRM
MYOBLOC INJECTION 2500UNIT/0.5ML, 5000UNIT/ML	3	PA; ACS
MYOBLOC INJECTION 10000UNIT/2ML	4	PA; ACS
<i>norgesic</i>	4	QL (120 EA per 30 days) PA; HRM
NORGESIC FORTE	4	QL (120 EA per 30 days) PA; HRM
<i>orphenadrine citrate</i>	1	PA MO; HRM
<i>orphenadrine citrate er</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>orphenadrine/aspirin/caffeine</i>	4	QL (120 EA per 30 days) PA; HRM
<i>orphengesic forte</i>	1	QL (120 EA per 30 days) PA; HRM
OZOBAX DS	4	QL (1200 ML per 30 days) PA
ROBAXIN	3	PA MO
SOHONOS	4	PA; ACS LD
SOMA	3	QL (84 EA per 30 days) PA MO
<i>tanlor</i>	4	QL (120 EA per 30 days) PA
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride</i>	1	MO
XEOMIN	3	PA; ACS LD
ZANAFLEX TABLET	3	MO
ZANAFLEX CAPSULE 2MG, 4MG	3	MO
ZANAFLEX CAPSULE 6MG	4	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
LUMRYZ	4	QL (30 EA per 30 days) PA; LD
LUMRYZ STARTER PACK	4	QL (56 EA per 365 days) PA; ACS LD
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
NUVIGIL TABLET 50MG	3	QL (60 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
NUVIGIL TABLET 150MG, 200MG, 250MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 100MG	4	QL (30 EA per 30 days) PA MO
PROVIGIL TABLET 200MG	4	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	4	QL (540 ML per 30 days) PA; LD
SUNOSI TABLET 150MG	3	QL (30 EA per 30 days) PA MO
SUNOSI TABLET 75MG	4	QL (30 EA per 30 days) PA MO
WAKIX	4	QL (60 EA per 30 days) PA; ACS LD
XYREM	4	QL (540 ML per 30 days) PA; LD
XYWAV	4	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr	1	MO
BRIXADI INJECTION 64MG/0.18ML	4	QL (0.18 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 96MG/0.27ML	4	QL (0.27 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 128MG/0.36ML	4	QL (0.36 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 8MG/0.16ML	4	QL (0.64 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 16MG/0.32ML	4	QL (1.28 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 24MG/0.48ML	4	QL (1.92 ML per 28 days) PA; ACS LD
BRIXADI INJECTION 32MG/0.64ML	4	QL (2.56 ML per 28 days) PA; ACS LD
buprenorphine hcl/naloxone hcl sublingual tablet	1	QL (90 EA per 30 days) MO
buprenorphine hcl tablet sublingual 2mg, 8mg	1	QL (90 EA per 30 days) PA MO
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg	1	QL (60 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg	1	QL (90 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>disulfiram</i>	1	MO
KLOXXADO	3	MO
<i>lofexidine hydrochloride</i>	4	QL (224 EA per 14 days) PA MO
LUCEMYRA	4	QL (224 EA per 14 days) PA MO
<i>naloxone hcl</i>	1	MO
<i>naloxone hydrochloride nasal spray</i>	1	MO
<i>naloxone hydrochloride injection 0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>	1	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naltrexone hcl</i>	1	MO
NARCAN	3	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	QL (360 ML per 365 days) MO
OPVEE	3	
SUBLOCADE	4	QL (1.5 ML per 30 days) PA; ACS LD
SUBOXONE FILM 12MG; 3MG	3	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	3	QL (90 EA per 30 days) MO
<i>varenicline starting month box</i>	1	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	1	PA MO
VIVITROL	4	ACS
ZIMHI	3	
ZUBSOLV TABLET SUBLINGUAL 11.4MG; 2.9MG	3	QL (30 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 1.4MG; 0.36MG, 2.9MG; 0.71MG, 5.7MG; 1.4MG, 8.6MG; 2.1MG	3	QL (60 EA per 30 days) MO
ZUBSOLV TABLET SUBLINGUAL 0.7MG; 0.18MG	3	QL (90 EA per 30 days) MO

ENDOCRINE AND METABOLIC**ANDROGENS**

ANDRODERM	3	QL (30 EA per 30 days) PA MO
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*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANDROGEL PUMP	4	QL (150 GM per 30 days) PA MO
AVEED	3	ACS LD
<i>danazol</i>	1	MO
<i>depo-testosterone</i>	3	PA
JATENZO CAPSULE 158MG, 198MG	3	QL (120 EA per 30 days) PA MO
JATENZO CAPSULE 237MG	4	QL (60 EA per 30 days) PA MO
<i>methitest</i>	4	PA
<i>methyltestosterone</i>	4	PA MO
NATESTO	3	QL (21.96 GM per 30 days) PA MO
TESTIM	3	QL (300 GM per 30 days) PA MO
TESTOPEL	3	PA; ACS
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	PA MO
<i>testosterone pump gel 1.62%</i>	1	QL (150 GM per 30 days) MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1.62% (20.25mg/1.25gm, 40.5mg/2.5gm)</i>	1	QL (150 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) MO
TLANDO	3	QL (120 EA per 30 days) PA MO
UNDECATREX	4	QL (120 EA per 30 days) PA
VOGELXO	3	QL (300 GM per 30 days) PA MO
VOGELXO PUMP	3	QL (300 GM per 30 days) PA MO
XYOSTED	3	PA MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
AFREZZA POWDER 4UNIT, 8UNIT	3	MO
AFREZZA POWDER 12UNIT, 8UNIT & 12 UNIT, TITRATION PACK	4	MO
BD ALCOHOL SWABS	2	PA MO
APIDRA	3	ST MO
APIDRA SOLOSTAR	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN	2	MO
BASAGLAR TEMPO PEN	3	ST MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN	2	MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	PA MO
CEQUR SIMPLICITY 2U	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	PA MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	MO
HUMALOG	3	ST MO
HUMALOG JUNIOR KWIKPEN	3	ST MO
HUMALOG KWIKPEN INJECTION 100UNIT/ML	3	ST MO
HUMALOG KWIKPEN INJECTION 200UNIT/ML	4	ST MO
HUMALOG MIX 50/50 KWIKPEN	3	ST MO
HUMALOG MIX 75/25	3	ST MO
HUMALOG MIX 75/25 KWIKPEN	3	ST MO
HUMALOG TEMPO PEN	3	ST MO
HUMULIN 70/30	3	ST MO
HUMULIN 70/30 KWIKPEN	3	ST MO
HUMULIN N	3	ST MO
HUMULIN N KWIKPEN	3	ST MO
HUMULIN R	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
INSULIN ASPART	3	ST MO
INSULIN ASPART FLEXPEN	3	ST MO
INSULIN ASPART PENFILL	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART	3	ST MO
INSULIN ASPART PROTAMINE/ INSULIN ASPART FLEXPEN	3	ST MO
INSULIN DEGLUDEC	3	ST MO
INSULIN DEGLUDEC FLEXTOUCH	3	ST MO
INSULIN GLARGINE	3	ST
INSULIN GLARGINE MAX	3	ST MO
SOLOSTAR		
INSULIN GLARGINE SOLOSTAR	3	ST MO
INSULIN GLARGINE-YFGN	3	ST MO
INSULIN LISPRO	3	ST MO
INSULIN LISPRO JUNIOR KWIKPEN	3	ST MO
INSULIN LISPRO KWIKPEN	3	ST MO
INSULIN LISPRO PROTAMINE/ INSULIN LISPRO KWIKPEN	3	ST MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
LYUMJEV	3	ST MO
LYUMJEV KWIKPEN INJECTION 100UNIT/ML	3	ST MO
LYUMJEV KWIKPEN INJECTION 200UNIT/ML	4	ST MO
LYUMJEV TEMPO PEN	3	ST MO
MYXREDLIN	3	ST
NOVOLIN 70/30	2	MO
NOVOLIN 70/30 FLEXPEN	2	MO
NOVOLIN 70/30 FLEXPEN RELION	3	ST MO
NOVOLIN 70/30 RELION	3	ST MO
NOVOLIN N	2	MO
NOVOLIN N FLEXPEN	2	MO
NOVOLIN N FLEXPEN RELION	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
NOVOLIN N RELION	3	ST MO
NOVOLIN R	2	MO
NOVOLIN R FLEXPEN	2	MO
NOVOLIN R FLEXPEN RELION	3	ST MO
NOVOLIN R RELION	3	ST MO
NOVOLOG	2	MO
NOVOLOG FLEXPEN	2	MO
NOVOLOG FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION	3	ST MO
NOVOLOG MIX 70/30 RELION	3	ST MO
NOVOLOG PENFILL	2	MO
NOVOLOG RELION	3	ST MO
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	
OMNIPOD 5 DEXCOM G7G6 PODS (GEN 5) MISCELLANEOUS	3	MO
OMNIPOD 5 G7 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G7 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	MO
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	MO
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	MO
OMNIPOD POD PALS	3	
REZVOGLAR KWIKPEN	3	ST MO
SEMGLEE	3	ST MO

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

Drug name	Drug tier	Requirements/Limits
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
V-GO 20	3	QL (30 EA per 30 days) MO
V-GO 30	3	QL (30 EA per 30 days) MO
V-GO 40	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose	1	QL (90 EA per 30 days) MO
ACTOPLUS MET	3	QL (90 EA per 30 days) MO
ACTOS	3	QL (30 EA per 30 days) MO
ALOGLIPTIN	3	QL (30 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HCL	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/METFORMIN HYDROCHLORIDE	3	QL (60 EA per 30 days) ST MO
ALOGLIPTIN/PIOGLITAZONE	3	QL (30 EA per 30 days) ST MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	3	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	3	QL (2.4 ML per 30 days) PA MO
CYCLOSET	3	QL (180 EA per 30 days) PA MO
<i>dapagliflozin propanediol</i>	1	QL (30 EA per 30 days) PA MO
<i>dapagliflozin propanediol/metformin hydrochloride tablet extended release 24 hour 10mg; 1000mg</i>	1	QL (30 EA per 30 days) PA MO
<i>dapagliflozin propanediol/metformin hydrochloride tablet extended release 24 hour 5mg; 1000mg</i>	1	QL (60 EA per 30 days) PA MO
DUETACT	3	QL (30 EA per 30 days) MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glimepiride tablet 3mg</i>	4	QL (60 EA per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide xl tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 10MG	3	QL (60 EA per 30 days) MO
GLUCOTROL XL TABLET EXTENDED RELEASE 24 HOUR 2.5MG, 5MG	3	QL (90 EA per 30 days) MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500MG	4	QL (120 EA per 30 days) PA MO
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000MG	4	QL (60 EA per 30 days) PA MO
glyburide	1	PA MO
glyburide micronized	1	PA MO
glyburide/metformin hydrochloride	1	PA MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO
INVOKAMET TABLET 50MG; 500MG	3	QL (120 EA per 30 days) ST MO
INVOKAMET TABLET 150MG; 1000MG, 150MG; 500MG, 50MG; 1000MG	3	QL (60 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
INVOKANA TABLET 300MG	3	QL (30 EA per 30 days) ST MO
INVOKANA TABLET 100MG	3	QL (60 EA per 30 days) ST MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
KAZANO	3	QL (60 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 5MG, 500MG; 5MG	3	QL (30 EA per 30 days) ST MO
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 2.5MG	3	QL (60 EA per 30 days) ST MO
LIRAGLUTIDE	3	QL (9 ML per 30 days) PA
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour 1000mg</i>	4	QL (60 EA per 30 days) PA MO
<i>metformin hydrochloride solution</i>	1	MO
METFORMIN HYDROCHLORIDE TABLET 625MG	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
NESINA	3	QL (30 EA per 30 days) ST MO
ONGLYZA	3	QL (30 EA per 30 days) ST MO
OSENI	3	QL (30 EA per 30 days) ST MO
OZEMPIC	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</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</i>	1	QL (30 EA per 30 days) MO
QTERN	3	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RIOMET	3	MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
<i>saxagliptin hydrochloride</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 5mg, 500mg; 5mg</i>	1	QL (30 EA per 30 days) ST MO
<i>saxagliptin hydrochloride/metformin hydrochloride er tablet extended release 24 hour 1000mg; 2.5mg</i>	1	QL (60 EA per 30 days) ST MO
SEGLUROMET TABLET 2.5MG; 500MG	3	QL (120 EA per 30 days) ST MO

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

Drug name	Drug tier	Requirements/Limits
SEGLUROMET TABLET 2.5MG; 1000MG, 7.5MG; 1000MG, 7.5MG; 500MG	3	QL (60 EA per 30 days) ST MO
SITAGLIPTIN	3	QL (30 EA per 30 days) ST MO
SITAGLIPTIN/METFORMIN HYDROCHLORIDE	3	QL (60 EA per 30 days) ST
STEGLATRO	3	QL (30 EA per 30 days) ST MO
STEGLUJAN	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA
TZIELD	4	PA; LD
VICTOZA	3	QL (9 ML per 30 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
ZITUVIMET	3	QL (60 EA per 30 days) ST
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) ST

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

Drug name	Drug tier	Requirements/Limits
ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) ST
ZITUVIO TABLET 25MG	3	QL (30 EA per 30 days) ST
ZITUVIO TABLET 100MG, 50MG	3	QL (30 EA per 30 days) ST MO
CALCIUM REGULATORS		
ACTONEL TABLET 150MG	3	QL (1 EA per 28 days) ST MO
ACTONEL TABLET 35MG	3	QL (4 EA per 28 days) ST MO
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
ATELVIA	3	QL (4 EA per 28 days) ST MO
BINOSTO	3	QL (4 EA per 28 days) ST MO
<i>calcitonin salmon injection</i>	4	PA MO
<i>calcitonin-salmon nasal spray</i>	1	MO
EVENITY	4	QL (2.34 ML per 28 days) PA; ACS
FORTEO	4	PA; ACS
FOSAMAX	3	QL (4 EA per 28 days) ST MO
FOSAMAX PLUS D	3	QL (4 EA per 28 days) ST MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
MIACALCIN	4	PA MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA	3	QL (1 ML per 180 days); ACS
RECLAST	3	ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620MCG/2.48ML	4	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>teriparatide injection 600mcg/2.4ml</i>	4	PA; ACS
TYMLOS	4	PA; ACS
XGEVA	4	PA; ACS
YORVIPATH INJECTION 168MCG/0.56ML	4	QL (1.12 ML per 28 days) PA; LD
YORVIPATH INJECTION 294MCG/0.98ML	4	QL (1.96 ML per 28 days) PA; LD
YORVIPATH INJECTION 420MCG/1.4ML	4	QL (2.8 ML per 28 days) PA; LD
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS
CHELATIN AGENTS		
CHEMET	4	MO
CUPRIMINE	4	ACS
CUVRIOR	4	PA; LD
<i>deferasirox tablet</i>	1	PA; ACS
<i>deferasirox packet</i>	4	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; ACS
<i>deferiprone</i>	4	PA; ACS LD
<i>deferoxamine mesylate</i>	1	B/D; ACS
DEPEN TITRATABS	4	ACS
DESFERAL	3	B/D; ACS
EXJADE	4	PA; ACS LD
FERRIPROX	4	PA; LD
FERRIPROX TWICE-A-DAY	4	PA; LD
JADENU	4	PA; ACS LD
JADENU SPRINKLE PACKET 90MG	3	PA; ACS LD
JADENU SPRINKLE PACKET 180MG, 360MG	4	PA; ACS LD
KIONEX	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine</i>	4	ACS

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

Drug name	Drug tier	Requirements/Limits
sodium polystyrene sulfonate oral powder	1	MO
sps	1	MO
SYPRINE	4	PA; ACS
<i>trientine hydrochloride capsule 500mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	4	PA; ACS
VELTASSA PACKET 1GM	2	QL (240 EA per 30 days)
VELTASSA PACKET 16.8GM, 25.2GM	2	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	2	QL (90 EA per 30 days) MO
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
ANNOVERA	3	QL (1 EA per 365 days) MO
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
BALCOLTRA	3	MO
<i>balziva</i>	1	
BEYAZ	3	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>briellyn</i>	1	
<i>camila</i>	1	MO
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-PROVERA CONTRACEPTIVE	3	MO
DEPO-SUBQ PROVERA 104	2	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium</i>	1	MO
<i>elonest</i>	1	
<i>eluryng</i>	1	
<i>emzahh</i>	1	
<i>enilloring</i>	1	MO
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarrylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>gummily</i>	1	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>levonorgestrel/ethinyl estradiol/ferrous bisglycinate</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	2	ACS
LO LOESTRIN FE	3	MO
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutera</i>	1	MO
<i>lyeq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>merzee</i>	1	
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
MIRENA	3	ACS
<i>mono-linyah</i>	1	
NATAZIA	3	MO
<i>necon 0.5/35-28</i>	1	
NEXPLANON	2	ACS
NEXTSTELLIS	3	MO
<i>nikki</i>	1	
NORA-BE	2	
<i>norelgestromin/ethinyl estradiol</i>	1	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	1	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
NUVARING	3	MO
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
PHEXXI	3	MO
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
QUARTETTE	3	MO
<i>reclipsen</i>	1	
RIVELSA	2	
SAFYRAL	3	MO
SEASONIQUE	3	MO
<i>setlakin</i>	1	
<i>sharobel</i>	1	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
SKYLA	3	ACS
SLYND	2	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
syeda	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
<i>taysofy</i>	1	
TAYTULLA	3	MO
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
TYBLUME	3	MO
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienna</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
YASMIN 28	3	MO
YAZ	3	MO
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>zumandimine</i>	1	
ESTROGENS		
ACTIVELLA	3	MO
<i>amabelz</i>	1	MO
ANGELIQ	3	MO
BIJUVA	3	QL (30 EA per 30 days) MO
CLIMARA	3	QL (4 EA per 28 days) MO
CLIMARA PRO	3	QL (4 EA per 28 days) MO
COMBIPATCH	3	QL (8 EA per 28 days) MO
DELESTROGEN INJECTION 10MG/ ML, 20MG/ML	3	MO
DEPO-ESTRADIOL	3	MO
DIVIGEL	3	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	1	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO
DUAVEE	3	MO
ELESTRIN	3	MO
ESTRACE	3	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal cream, gel, oral tablet, vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
ESTROGEL	3	MO
EVAMIST	3	QL (16.2 ML per 30 days) MO
FEMRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>jintel</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)
MENEST	3	MO
MENOSTAR	3	QL (4 EA per 28 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>mimvey</i>	1	
MINIVELLE	3	QL (8 EA per 28 days) MO
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	QL (8 EA per 28 days) MO
<i>yuvafem</i>	1	
GLUCOCORTICOIDS		
AGAMREE	4	QL (200 ML per 26 days) PA; LD
ALKINDI SPRINKLE	4	PA; ACS LD
<i>betamethasone sodium phosphate/betamethasone acetate</i>	1	MO
CELESTONE-SOLUSPAN	3	MO
CORTEF	3	MO
CORTISONE ACETATE TABLET	3	
deflazacort	4	PA; ACS
DEPO-MEDROL	3	B/D MO
DEXABLISS	3	
<i>dexamethasone</i>	1	MO
<i>dexamethasone 10-day dose pack</i>	1	
<i>dexamethasone 13-day dose pack</i>	1	MO
<i>dexamethasone 6-day dose pack</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
EMFLAZA	4	PA
<i>fludrocortisone acetate</i>	1	MO
HEMADY	3	
HEXATRIONE	3	
<i>hidex 6-day</i>	1	
<i>hydrocortisone sodium succinate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
hydrocortisone tablet 10mg, 20mg, 5mg	1	MO
KENALOG-10	3	MO
KENALOG-40	3	MO
KENALOG-80	3	MO
MEDROL	3	B/D MO
MEDROL DOSEPAK	3	MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
ORAPRED ODT	3	B/D MO
PEDIAPRED	3	B/D MO
<i>prednisolone</i>	1	B/D MO
<i>prednisolone sodium phosphate odt</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
RAYOS	4	B/D MO
SOLU-CORTEF	3	MO
SOLU-MEDROL INJECTION 2GM	3	B/D
SOLU-MEDROL INJECTION 1000MG, 125MG, 40MG, 500MG	3	B/D MO
<i>taperdex 12-day</i>	1	
<i>taperdex 6-day</i>	1	MO
<i>taperdex 7-day</i>	1	
<i>triamcinolone acetonide injection 40mg/ml</i>	1	MO
ZILRETTA	3	ACS LD

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

Drug name	Drug tier	Requirements/Limits
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK	3	MO
BAQSIMI TWO PACK	3	MO
<i>diazoxide</i>	4	MO
GLUCAGON EMERGENCY KIT	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG/ML	3	MO
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR INJECTION 1MG	3	MO
GVOKE HYPOOPEN 1-PACK	2	MO
GVOKE HYPOOPEN 2-PACK	2	MO
GVOKE KIT	2	MO
GVOKE PFS	2	MO
PROGLYCEM	4	MO
ZEGALOGUE	2	MO
MISCELLANEOUS		
ACETADOTE	3	
<i>acetylcysteine injection 200mg/ml</i>	1	
ACTHAR	4	QL (1.5 ML per 1 days) PA; ACS LD
ACTHAR GEL INJECTION 40UNIT/0.5ML	4	QL (15 ML per 30 days) PA; ACS LD
ACTHAR GEL INJECTION 80UNIT/ ML	4	QL (30 ML per 30 days) PA; ACS LD
ALDURAZYME	4	PA; ACS LD
<i>betaine anhydrous</i>	4	LD
BUPHENYL	4	PA; ACS LD
<i>cabergoline</i>	1	MO
CARBAGLU	4	PA; LD
<i>carglumic acid</i>	4	PA; LD
CARNITOR	3	MO
CARNITOR SF	3	MO
CERDELGA	4	PA; ACS LD
CEREZYME	4	PA; ACS LD
CHORIONIC GONADOTROPIN	3	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
<i>cinacalcet hydrochloride tablet 30mg</i>	1	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL (60 EA per 30 days); ACS
CORTROPHIN	4	QL (1.5 ML per 1 days) PA; ACS LD
CRYSVITA	4	PA; ACS LD
CYSTADANE	4	LD
CYSTAGON	3	PA; ACS LD
DDAVP	4	MO
<i>desmopressin acetate nasal solution, tablet</i>	1	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
DOJOLVI	4	PA; ACS LD
EGRIFTA SV	4	QL (30 EA per 30 days) PA; ACS LD
ELAPRASE	4	PA; ACS LD
ELELYSO	4	PA; ACS LD
ELFABRIO INJECTION 5MG/2.5ML	4	PA; ACS LD
ELFABRIO INJECTION 20MG/10ML	4	PA; LD
EVISTA	3	MO
FABRAZYME	4	PA; ACS LD
FENSOLVI	4	PA; ACS LD
<i>fomepizole</i>	4	
GALAFOLD	4	QL (14 EA per 28 days) PA; LD
GENOTROPIN	4	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
HUMATROPE	4	PA; ACS
INCRELEX	4	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
ISTURISA TABLET 1MG	4	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	4	QL (360 EA per 30 days) PA; LD
<i>javygtor</i>	4	PA; LD
JYNARQUE	4	PA; LD
KANUMA	4	PA; ACS LD
KORLYM	4	PA; LD
KUVAN	4	PA; ACS LD
LAMZEDE	4	PA; LD
LANREOTIDE ACETATE	4	PA; ACS
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	1	
<i>levocarnitine oral solution</i>	1	MO
LUMIZYME	4	PA; ACS LD
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
MEPSEVII	4	PA
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	4	MO
<i>mifepristone</i>	4	PA
<i>miglustat</i>	4	QL (90 EA per 30 days) PA; ACS LD
MYALEPT	4	QL (30 EA per 30 days) PA; LD
MYCAPSSA	4	QL (112 EA per 28 days) PA; LD
MYFEMBREE	4	QL (28 EA per 28 days) PA MO
NAGLAZYME	4	PA; ACS LD
NEXVIAZYME	4	PA; ACS LD
NGENLA	4	PA; ACS LD
<i>nitisinone</i>	4	PA; ACS
NITYR	4	PA; LD
NORDITROPIN FLEXPRO	4	PA; ACS
NOVAREL	3	PA; ACS
NULIBRY	4	PA
NUTROPIN AQ NUSPIN 10	4	PA; ACS LD
NUTROPIN AQ NUSPIN 20	4	PA; ACS LD

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Drug name	Drug tier	Requirements/Limits
NUTROPIN AQ NUSPIN 5	4	PA; ACS LD
<i>octreotide acetate injection</i>	1	PA; ACS
<i>100mcg/ml, 200mcg/ml, 50mcg/ml</i>		
<i>octreotide acetate injection</i>	4	PA; ACS
<i>1000mcg/ml, 20mg, 30mg,</i>		
<i>500mcg/ml</i>		
OLPRUVA	4	PA; ACS LD
OMNITROPE	4	PA; ACS LD
OPFOLDA	3	QL (8 EA per 28 days) PA; ACS LD
ORFADIN	4	PA; LD
ORIAHNN	4	QL (56 EA per 28 days) PA MO
ORILISSA TABLET 150MG	4	QL (28 EA per 28 days) PA MO
ORILISSA TABLET 200MG	4	QL (56 EA per 28 days) PA MO
OSPHENA	3	QL (30 EA per 30 days) PA MO
PALYNZIQ	4	PA; ACS LD
PHEBURANE	4	PA; LD
POMBILITI	4	PA; ACS LD
PREGNYL INJECTION	3	PA; ACS
PROCYSBI PACKET	4	PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 25MG	4	QL (120 EA per 30 days) PA; LD
PROCYSBI CAPSULE DELAYED RELEASE 75MG	4	QL (810 EA per 30 days) PA; LD
<i>raloxifene hydrochloride</i>	1	MO
RAVICTI	4	PA; ACS LD
RECORLEV	4	QL (240 EA per 30 days) PA; LD
REVCovi	4	PA; LD
REZDIFRA	4	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 15MG	4	QL (30 EA per 30 days) PA; ACS LD
SAMSCA TABLET 30MG	4	QL (60 EA per 30 days) PA; ACS LD
SANDOSTATIN LAR DEPOT KIT	4	PA; ACS
SANDOSTATIN INJECTION 50MCG/ML	3	PA; ACS
SANDOSTATIN INJECTION 100MCG/ML, 500MCG/ML	4	PA; ACS

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

Drug name	Drug tier	Requirements/Limits
sapropterin dihydrochloride	4	PA; ACS
SENSIPAR TABLET 30MG	3	QL (60 EA per 30 days); ACS
SENSIPAR TABLET 90MG	4	QL (120 EA per 30 days); ACS
SENSIPAR TABLET 60MG	4	QL (60 EA per 30 days); ACS
SEROSTIM	4	PA; ACS LD
SIGNIFOR INJECTION	4	PA; LD
SIGNIFOR LAR INJECTION	4	QL (1 EA per 28 days) PA; LD
SKYTROFA	4	PA; ACS LD
<i>sodium phenylbutyrate</i>	4	PA; ACS
SOGROYA	4	PA; ACS LD
SOMATULINE DEPOT	4	PA; ACS LD
SOMAVERT	4	PA; ACS LD
STRENSIQ	4	PA; LD
SYNAREL	4	MO
TEPEZZA	4	PA; ACS LD
<i>tolvaptan tablet 15mg</i>	4	QL (30 EA per 30 days) PA; ACS LD
<i>tolvaptan tablet 30mg</i>	4	QL (60 EA per 30 days) PA; ACS LD
TRIPTODUR	4	PA
<i>vasopressin</i>	1	
VASOPRESSIN/SODIUM CHLORIDE	3	
VASOSTRICT	3	
VEOZAH	3	QL (30 EA per 30 days) PA MO
VIJOICE PACKET	4	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 125MG, 50MG	4	QL (28 EA per 28 days) PA; ACS LD
VIJOICE TABLET THERAPY PACK 250MG	4	QL (56 EA per 28 days) PA; ACS LD
VIMIZIM	4	PA; ACS LD
VISTOGARD	4	QL (20 EA per 166 days)
VOXZOGO	4	QL (30 EA per 30 days) PA; ACS LD
VPRI	4	PA; ACS LD
XENPOZYME	4	PA; ACS LD
XIAFLEX	4	PA; ACS
XPHOZAH	4	QL (60 EA per 30 days) PA; LD

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

Drug name	Drug tier	Requirements/Limits
XURIDEN	4	QL (120 EA per 30 days) PA
yargesa	4	QL (90 EA per 30 days) PA; LD
ZAVESCA	4	QL (90 EA per 30 days) PA; LD
ZOKINVY	4	QL (120 EA per 30 days) PA; ACS
ZOMACTON	3	PA; ACS
PROGESTINS		
CRINONE	3	PA MO
<i>gallifrey</i>	1	
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone</i>	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
THYROID AGENTS		
ADTHYZA	3	MO
ARMOUR THYROID	3	MO
CYTOMEL	3	MO
ERMEZA	3	MO
euthyrox	1	MO
<i>levo-t</i>	1	
LEVOTHYROXINE SODIUM CAPSULE	3	MO
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	4	
<i>levothyroxine sodium injection 100mcg</i>	4	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	4	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tablet</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>liothyronine sodium injection</i>	4	
<i>methimazole</i>	1	MO
NIVA THYROID	3	MO
NP THYROID 120	3	MO
NP THYROID 15	3	MO
NP THYROID 30	3	MO
NP THYROID 60	3	MO
NP THYROID 90	3	MO
<i>propylthiouracil</i>	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection</i>	1	
<i>doxercalciferol capsule</i>	1	MO
HECTOROL	3	
<i>paricalcitol</i>	1	MO
RAYALDEE	4	MO
ROCALTROL	3	MO
ZEMPLAR CAPSULE	3	MO
ZEMPLAR INJECTION 2MCG/ML	3	MO
ZEMPLAR INJECTION 5MCG/ML	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAPSULE	3	QL (4 EA per 30 days) B/D
AKYNZEO INJECTION POWDER 235MG; 0.25MG	3	ACS LD
AKYNZEO INJECTION SOLUTION 235MG/20ML; 0.25MG/20ML	4	ACS LD
ANTIVERT	3	HRM
ANZEMET	3	B/D
APONVIE	3	

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

Drug name	Drug tier	Requirements/Limits
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	1	B/D MO
<i>aprepitant capsule 125mg</i>	4	B/D MO
BONJESTA	3	QL (60 EA per 30 days) MO; HRM
CINVANTI	3	PA
<i>compro</i>	1	MO; HRM
DICLEGIS	3	QL (120 EA per 30 days) MO; HRM
DIMENHYDRINATE	3	
<i>doxylamine succinate/pyridoxine hydrochloride</i>	1	QL (120 EA per 30 days) MO; HRM
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND TRIPACK	3	B/D MO
EMEND SUSPENSION RECONSTITUTED	3	B/D
EMEND CAPSULE	3	B/D MO
EMEND INJECTION	3	MO
FOCINVEZ	3	
<i>fosaprepitant dimeglumine</i>	1	MO
GIMOTI	4	QL (9.8 ML per 28 days) PA
<i>gransetron hcl injection</i>	1	MO
<i>gransetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO
MARINOL	3	QL (60 EA per 30 days) PA MO
<i>meclizine hcl</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl</i>	1	MO
<i>metoclopramide hydrochloride</i>	1	MO
<i>metoclopramide odt</i>	1	MO
<i>ondansetron hcl tablet</i>	1	B/D
<i>ondansetron hcl solution</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	1	MO
<i>ondansetron odt tablet</i>	1	B/D
<i>disintegrating 16mg</i>		
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
PALONOSETRON	3	
HYDROCHLORIDE INJECTION		
0.25MG/2ML		
<i>palonosetron hydrochloride injection 0.25mg/5ml</i>	1	
PHENERGAN	3	PA MO; HRM
<i>prochlorperazine edisylate injection</i>	1	MO; HRM
<i>prochlorperazine maleate</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl</i>	1	PA MO; HRM
<i>promethazine hydrochloride</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain</i>	1	PA MO; HRM
<i>promethegan suppository 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
REGLAN	3	MO
SANCUSO	4	QL (4 EA per 28 days) MO
<i>scopolamine</i>	1	QL (10 EA per 30 days) PA MO; HRM
SUSTOL	4	
SYNDROS	4	PA MO
TIGAN	4	PA MO
TRANSDERM-SCOP	3	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	1	PA MO
VARUBI	4	QL (4 EA per 30 days) B/D; ACS
ANTISPASMODICS		
ATROPINE SULFATE INJECTION	3	PA
0.25MG/5ML, 8MG/20ML		
ATROPINE SULFATE INJECTION	3	PA MO
1MG/10ML		
<i>atropine sulfate injection 0.4mg/ml, 0.5mg/5ml, 1mg/ml, 8mg/20ml</i>	1	PA
BELLADONNA/OPIUM	3	PA MO
CHLORDIAZEPOXIDE	3	QL (240 EA per 30 days) PA MO; HRM
HYDROCHLORIDE/CLIDINIUM		
BROMIDE		
CUVPOSA	3	QL (1350 ML per 30 days) MO
<i>dicyclomine hcl</i>	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>dicyclomine hydrochloride</i>	1	PA MO; HRM
GLYCATE	3	
<i>glycopyrrolate oral solution</i>	1	MO
GLCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO
GLCOPYRROLATE TABLET 1.5MG	4	
<i>glycopyrrolate tablet 1mg, 2mg</i>	1	MO
<i>hyoscyamine sulfate</i>	1	PA MO; HRM
<i>hyoscyamine sulfate odt</i>	1	PA MO; HRM
LEVSIN	3	PA MO; HRM
LEVSIN/SL	3	PA MO; HRM
LIBRAX	4	QL (240 EA per 30 days) PA MO; HRM
<i>methscopolamine bromide</i>	1	PA MO
nulev	1	PA MO; HRM
<i>oscimin tablet sublingual</i>	1	PA MO; HRM
<i>oscimin tablet</i>	1	PA; HRM
ROBINUL	3	MO
ROBINUL FORTE	3	MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine injection</i>	1	
<i>famotidine suspension reconstituted, tablet</i>	1	MO
<i>nizatidine</i>	1	MO
PEPCID TABLET 20MG	3	MO
PEPCID TABLET 40MG	4	MO
INFLAMMATORY BOWEL DISEASE		
APRISO	3	QL (120 EA per 30 days) MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
<i>balsalazide disodium</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	MO
<i>budesonide capsule delayed release particles 3mg</i>	1	MO
<i>budesonide foam 2mg</i>	1	QL (66.8 GM per 28 days) MO
CANASA	4	MO
COLAZAL	4	MO
CORTENEMA	3	MO
DELZICOL	3	MO
DIPENTUM	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
LIALDA	4	MO
<i>mesalamine</i>	1	MO
<i>mesalamine dr</i>	1	MO
<i>mesalamine er capsule extended release 24 hour 0.375gm</i>	1	QL (120 EA per 30 days) MO
<i>mesalamine er capsule extended release 500mg</i>	4	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 500MG	4	QL (240 EA per 30 days) MO
PENTASA CAPSULE EXTENDED RELEASE 250MG	4	QL (480 EA per 30 days) MO
ROWASA	4	MO
SFROWASA	4	QL (1680 ML per 28 days) MO
<i>sulfasalazine</i>	1	MO
UCERIS FOAM	3	QL (66.8 GM per 28 days) MO
UCERIS TABLET EXTENDED RELEASE 24 HOUR	4	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	

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

Drug name	Drug tier	Requirements/Limits
generlac	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
LACTULOSE PACKET	4	PA MO
<i>lactulose solution</i>	1	MO
MOVIPREP	3	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/electrolytes/ascorbate</i>	1	
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUFLAVE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	4	QL (60 EA per 30 days) PA MO
AMITIZA	3	QL (60 EA per 30 days) PA MO
<i>bismuth subcitrate pot/metronidazole/tetracycline hydrochloride</i>	1	MO
BYLVAY (PELLETS) CAPSULE SPRINKLE 200MCG	4	QL (1080 EA per 30 days) PA; LD
BYLVAY (PELLETS) CAPSULE SPRINKLE 600MCG	4	QL (360 EA per 30 days) PA; LD
BYLVAY CAPSULE 1200MCG	4	QL (180 EA per 30 days) PA; LD
BYLVAY CAPSULE 400MCG	4	QL (540 EA per 30 days) PA; LD
CARAFATE	3	MO
CHENODAL	4	PA
CHOLBAM	4	PA; LD
CREON	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
CYTOTEC	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	1	MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
EOHILIA	4	QL (600 ML per 30 days) PA MO
GASTROCROM	4	MO
GATTEX	4	PA; ACS LD
HELIDAC THERAPY	4	QL (448 EA per 365 days)
IBSRELA	4	PA MO
IQIRVO	4	QL (30 EA per 30 days) PA; ACS LD
<i>lansoprazole/amoxicillin/ clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	2	QL (30 EA per 30 days) MO
LIVDELZI	4	QL (30 EA per 30 days) PA; LD
LIVMARLI SOLUTION 19MG/ML	4	QL (60 ML per 30 days) PA; LD
LIVMARLI SOLUTION 9.5MG/ML	4	QL (90 ML per 30 days) PA; LD
LOMOTIL	3	MO; HRM
<i>loperamide hcl</i>	1	MO
LOTRONEX	4	QL (60 EA per 30 days) PA MO
LUBIPROSTONE	3	QL (60 EA per 30 days) PA MO
<i>misoprostol</i>	1	MO
MOTEGRITY	3	QL (30 EA per 30 days) PA MO
MOTOFEN	4	QL (240 EA per 30 days) ST MO; HRM
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
MYTESI	4	PA; ACS
OCALIVA	4	QL (30 EA per 30 days) PA; ACS LD
OMECLAMOX-PAK	3	QL (160 EA per 365 days) MO
<i>opium tincture</i>	1	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600UNIT, 4200UNIT, 10500UNIT	3	MO
PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000UNIT, 16800UNIT	4	MO
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000UNIT, 8000UNIT	3	MO

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

Drug name	Drug tier	Requirements/Limits
PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000UNIT, 24000UNIT	4	MO
PYLERA	4	MO
REBYOTA	4	PA; LD
RELISTOR INJECTION	4	PA MO
RELISTOR TABLET	4	QL (90 EA per 30 days) PA MO
RELTONE	4	PA
SUCRAID	4	LD
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
SYMPROIC	3	MO
TALICIA	3	QL (336 EA per 365 days) MO
TRULANCE	3	QL (30 EA per 30 days) MO
URSO 250	3	MO
URSO FORTE	3	MO
URSODIOL CAPSULE 200MG, 400MG	4	PA
<i>ursodiol capsule 300mg</i>	1	MO
<i>ursodiol tablet</i>	1	MO
VIBERZI	4	QL (60 EA per 30 days) PA MO
VIOKACE TABLET 10440UNIT	3	MO
VIOKACE TABLET 20880UNIT	4	MO
VOQUEZNA DUAL PAK	3	QL (224 EA per 365 days) MO
VOQUEZNA TRIPLE PAK	3	QL (224 EA per 365 days) MO
VOWST	4	PA; LD
XERMELO	4	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	4	PA MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
ACIPHEX	4	QL (30 EA per 30 days) MO
DEXILANT	3	QL (30 EA per 30 days) MO
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
KONVOMEP	3	QL (600 ML per 30 days) PA
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole tablet delayed release disintegrating 30mg</i>	1	QL (42 EA per 30 days) MO
NEXIUM CAPSULE, PACKET	3	QL (30 EA per 30 days) MO
NEXIUM I.V. INJECTION	3	PA
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>omeprazole/sodium bicarbonate</i>	4	QL (30 EA per 30 days) MO
PANTOPRAZOLE SODIUM/SODIUM CHLORIDE	3	
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium packet</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
PREVACID CAPSULE DELAYED RELEASE 30MG	3	QL (42 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 15MG	3	QL (30 EA per 30 days) MO
PREVACID SOLUTAB TABLET DELAYED RELEASE DISINTEGRATING 30MG	3	QL (42 EA per 30 days) MO
PRILOSEC PACKET 10MG	3	QL (120 EA per 30 days) MO
PRILOSEC PACKET 2.5MG	3	QL (90 EA per 30 days) MO
PROTONIX INJECTION	3	
PROTONIX PACKET	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 20MG	3	QL (30 EA per 30 days) MO
PROTONIX TABLET DELAYED RELEASE 40MG	3	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 10MG	3	QL (30 EA per 30 days) MO
VOQUEZNA TABLET 20MG	3	QL (60 EA per 30 days) MO
ZGERID	4	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
AVODART	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 8MG	3	QL (30 EA per 30 days) MO
CARDURA XL TABLET EXTENDED RELEASE 24 HOUR 4MG	3	QL (60 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
ENTADFI	3	QL (30 EA per 30 days) PA
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
FLOMAX	3	QL (60 EA per 30 days) MO
PROSCAR	3	QL (30 EA per 30 days) MO
RAPAFLO	3	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
UROXATRAL	3	QL (30 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	1	MO
<i>bethanechol chloride</i>	1	MO
ELMIRON	3	QL (90 EA per 30 days) MO
FILSPARI	4	QL (30 EA per 30 days) PA; ACS LD
<i>flavoxate hcl</i>	1	MO; HRM
INTRAROSA	3	QL (28 EA per 28 days) PA MO
LITHOSTAT	3	MO
<i>neomycin/polymyxin b sulfates</i>	1	MO
ORACIT	3	MO
ORAL CITRATE	3	MO
OXLUMO	4	PA; LD
<i>potassium citrate er</i>	1	MO
<i>potassium citrate/citric acid</i>	1	MO
RENACIDIN	3	MO
RIMSO-50	4	MO

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

Drug name	Drug tier	Requirements/Limits
RIVFLOZA INJECTION 128MG/0.8ML	4	QL (0.8 ML per 30 days) PA; LD
RIVFLOZA INJECTION 160MG/ML, 80MG/0.5ML	4	QL (1 ML per 30 days) PA; LD
<i>sodium citrate/citric acid</i>	1	MO
SORBITOL IRRIGATION SOLUTION	3	
TARPEYO	4	QL (120 EA per 30 days) PA; LD
THIOLA	4	LD
THIOLA EC	4	LD
<i>tiopronin</i>	4	ACS
<i>tiopronin dr</i>	4	
<i>tricitrates</i>	1	MO
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM
DETROL	3	QL (60 EA per 30 days) MO; HRM
DETROL LA	3	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GELNIQUE	3	QL (30 GM per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
<i>mirabegron er</i>	1	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM

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

Drug name	Drug tier	Requirements/Limits
OXYBUTYNIN CHLORIDE TABLET 2.5MG	3	QL (90 EA per 30 days) MO
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
OXYTROL	3	QL (8 EA per 28 days) MO; HRM
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO; HRM
TOVIAZ	3	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VESICARE	3	QL (30 EA per 30 days) MO; HRM
VESICARE LS	3	QL (300 ML per 30 days); HRM
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREAM 2%	3	MO
CLEOCIN SUPPOSITORY 100MG	3	MO
<i>clindamycin phosphate cream 2%</i>	1	MO
CLINDESSE	3	QL (5 GM per 30 days) MO
GYNAZOLE-1	3	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
NUVESSA	3	MO
<i>terconazole vaginal cream, suppository</i>	1	MO
VANDAZOLE	3	MO
XACIATO	3	

HEMATOLOGIC**ANTICOAGULANTS**

<i>argatroban</i>	1	
ARIXTRA INJECTION 2.5MG/0.5ML	3	MO
ARIXTRA INJECTION 10MG/0.8ML, 5MG/0.4ML, 7.5MG/0.6ML	4	MO

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

Drug name	Drug tier	Requirements/Limits
dabigatran etexilate capsule 110mg	1	QL (120 EA per 30 days) MO
dabigatran etexilate capsule 150mg, 75mg	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
enoxaparin sodium	1	MO
fondaparinux sodium injection 2.5mg/0.5ml	1	MO
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 2500UNIT/0.2ML, 9500UNIT/3.8ML	3	MO
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/DEXTROSE	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	1	MO
jantoven	1	MO
LOVENOX INJECTION 120MG/0.8ML, 300MG/3ML, 30MG/0.3ML, 40MG/0.4ML	3	MO
LOVENOX INJECTION 100MG/ ML, 150MG/ML, 60MG/0.6ML, 80MG/0.8ML	4	MO
PRADAXA CAPSULE 110MG	3	QL (120 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
PRADAXA CAPSULE 150MG, 75MG	3	QL (60 EA per 30 days) MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
SAVAYSA <i>warfarin sodium</i>	3 1	QL (30 EA per 30 days) ST MO MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE INJECTION 60MCG/0.3ML	3	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 10MCG/0.4ML, 40MCG/0.4ML	3	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/0.42ML	3	QL (1.68 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 25MCG/ML, 40MCG/ML, 60MCG/ML	3	QL (4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 500MCG/ML	4	QL (1 ML per 21 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 150MCG/0.3ML	4	QL (1.2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 200MCG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/0.5ML	4	QL (2 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 300MCG/0.6ML	4	QL (2.4 ML per 28 days) PA; ACS
ARANESP ALBUMIN FREE INJECTION 100MCG/ML, 200MCG/ML	4	QL (4 ML per 28 days) PA; ACS
EPOGEN	3	QL (12 ML per 28 days) PA; ACS
FULPHILA	4	PA; ACS
FYLNTRA	4	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
GRANIX	4	PA; ACS
LEUKINE	4	PA; ACS
MOZOBIL	4	PA; ACS LD
NEULASTA	4	PA; ACS
NEULASTA ONPRO KIT	4	PA; ACS
NEUPOGEN	4	PA; ACS
NIVESTYM	4	PA; ACS
NPLATE	4	PA; ACS
NYVEPRIA	4	PA; ACS
<i>plerixafor</i>	4	PA; ACS
PROCIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	4	PA; ACS
RELEUKO	4	PA; ACS LD
RETACRIT INJECTION 10000UNIT/ ML, 20000UNIT/2ML, 20000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
RETACRIT INJECTION 40000UNIT/ ML	4	PA; ACS
ROLVEDON	4	PA; ACS LD
STIMUFEND	4	PA; ACS
UDENYCA	4	PA; ACS
UDENYCA ONBODY	4	PA; ACS
XOLREMDI	4	QL (120 EA per 30 days) PA; LD
ZARXIO	4	PA; ACS
ZIEXTENZO	4	PA; ACS
MISCELLANEOUS		
ADAKVEO	4	PA; ACS
ADZYNMA	4	PA; ACS LD
AGRYLIN	3	MO
ALVAIZ TABLET 54MG, 9MG	4	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	4	QL (90 EA per 30 days) PA; ACS LD
<i>aminocaproic acid injection</i>	1	

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

Drug name	Drug tier	Requirements/Limits
<i>aminocaproic acid oral solution, tablet</i>	4	MO
<i>anagrelide hydrochloride</i>	1	MO
BERINERT	4	QL (24 EA per 30 days) PA; ACS LD
CABLIVI	4	PA; LD
<i>cilostazol</i>	1	MO
CINRYZE	4	QL (20 EA per 30 days) PA; ACS LD
CYKLOKAPRON	3	
DOPTELET	4	QL (60 EA per 30 days) PA; ACS LD
DROXIA	2	MO
EMPAVELI	4	QL (200 ML per 30 days) PA; LD
ENDARI	4	PA; ACS LD
ENJAYMO	4	PA; ACS LD
FABHALTA	4	QL (60 EA per 30 days) PA; LD
FIRAZYR	4	QL (27 ML per 30 days) PA; ACS
GIVLAARI	4	PA; LD
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA; ACS
KALBITOR	4	QL (12 ML per 30 days) PA; ACS LD
<i>l-glutamine</i>	4	PA; ACS
MULPLETA	4	QL (14 EA per 365 days) PA; ACS
ORLADEYO	4	QL (28 EA per 28 days) PA; LD
OXBRYTA TABLET SOLUBLE	4	QL (150 EA per 30 days) PA; ACS LD
OXBRYTA TABLET	4	QL (90 EA per 30 days) PA; ACS LD
<i>pentoxifylline er</i>	1	MO
PIASKY	4	PA
PROMACTA PACKET 25MG	4	QL (180 EA per 30 days) PA; ACS LD
PROMACTA PACKET 12.5MG	4	QL (360 EA per 30 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
PROMACTA TABLET 12.5MG, 25MG	4	QL (30 EA per 30 days) PA; ACS LD
PROMACTA TABLET 50MG, 75MG	4	QL (60 EA per 30 days) PA; ACS LD
PYRUKYND	4	QL (56 EA per 28 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 20MG; 5MG, 50MG; 20MG	4	QL (14 EA per 14 days) PA; LD
PYRUKYND TAPER PACK TABLET THERAPY PACK 5MG	4	QL (7 EA per 7 days) PA; LD
REBLOZYL	4	PA; ACS LD
RUCONEST	4	QL (12 EA per 30 days) PA; ACS LD
RYPLAZIM	4	PA; LD
RYTELO	4	PA; LD
sajazir	4	QL (27 ML per 30 days) PA; LD
SIKLOS TABLET 100MG	3	PA MO
SIKLOS TABLET 1000MG	4	PA MO
SOLIRIS	4	PA; ACS LD
TAKHZYRO INJECTION 150MG/ML	4	QL (2 ML per 28 days) PA; ACS LD
TAKHZYRO INJECTION 300MG/2ML	4	QL (4 ML per 28 days) PA; ACS LD
TAVALISSE	4	QL (60 EA per 30 days) PA; LD
TAVNEOS	4	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	1	
<i>tranexamic acid injection</i>	1	
<i>tranexamic acid tablet</i>	1	MO
ULTOMIRIS	4	PA; ACS LD
VEOPOZ	4	PA
VOYDEYA	4	QL (180 EA per 30 days) PA; LD
ZILBRYSQ INJECTION 16.6MG/0.416ML	4	QL (11.65 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 23MG/0.574ML	4	QL (16.08 ML per 28 days) PA; LD
ZILBRYSQ INJECTION 32.4MG/0.81ML	4	QL (22.68 ML per 28 days) PA; LD
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er	1	QL (60 EA per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	1	PA MO
EFFIENT	3	MO
PLAVIX	3	QL (30 EA per 30 days) ST MO
<i>prasugrel hydrochloride</i>	1	MO
ZONTIVITY	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ABRILADA 1-PEN KIT	4	QL (56 EA per 365 days) PA; ACS
ABRILADA INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ABRILADA INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ACTEMRA ACTPEN	4	QL (3.6 ML per 28 days) PA; ACS LD
ACTEMRA INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
ACTEMRA INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS LD
ADALIMUMAB-AACF (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	4	QL (28 EA per 365 days) PA
ADALIMUMAB-AATY 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-AATY 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADAZ	4	QL (22.4 ML per 365 days) PA; ACS
ADALIMUMAB-ADBM CROHNS/ UC/HS STARTER	4	QL (12 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM PSORIASIS/ UVEITIS STARTER	4	QL (8 EA per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
ADALIMUMAB-ADBM STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM STARTER PACKAGE FOR PSORIASIS/UVEITIS	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 10MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-ADBM INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA
ADALIMUMAB-ADBM INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
ADALIMUMAB-FKJP INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK	4	QL (56 EA per 365 days) PA; ACS
ADALIMUMAB-RYVK (2 PEN)	4	QL (56 EA per 365 days) PA; ACS
ADBRY	4	QL (56 ML per 365 days) PA; ACS LD
AMJEVITA INJECTION 20MG/0.2ML	4	QL (10.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 20MG/0.4ML	4	QL (20.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.4ML, 80MG/0.8ML	4	QL (22.4 ML per 365 days) PA; ACS
AMJEVITA INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
AMJEVITA INJECTION 10MG/0.2ML	4	QL (5.2 ML per 365 days) PA; ACS
AVSOLA	4	PA; ACS LD
BIMZELX	4	QL (2 ML per 28 days) PA; ACS
CIBINQO	4	QL (30 EA per 30 days) PA; ACS
CIMZIA	4	QL (2 EA per 28 days) PA; ACS
CIMZIA STARTER KIT	4	QL (6 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	4	QL (32 ML per 365 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
COSENTYX UNOREADY	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	4	PA; ACS LD
COSENTYX INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	4	QL (8 ML per 365 days) PA; ACS LD
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS	4	QL (12 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS	4	QL (8 EA per 365 days) PA; ACS
CYLTEZO STARTER PACKAGE FOR PSORIASIS/UVEITIS	4	QL (8 EA per 365 days) PA; ACS
CYLTEZO INJECTION 10MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
CYLTEZO INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
CYLTEZO INJECTION 40MG/0.4ML, 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
EBGLYSS	4	QL (40 ML per 365 days) PA; ACS LD
ENBREL	4	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA; ACS
ENTYVIO	4	QL (8 EA per 365 days) PA; ACS LD
ENTYVIO PEN	4	QL (1.36 ML per 28 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	4	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	4	QL (22.4 ML per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
HADLIMA INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
HULIO INJECTION 20MG/0.4ML	4	QL (52 EA per 365 days) PA; ACS
HULIO INJECTION 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER (BRAND CORDAVIS NOT COVERED)	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	4	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML (BRAND CORDAVIS NOT COVERED)	4	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	4	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	4	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK	4	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK 80MG/0.8ML; 40MG/0.4ML	4	QL (2.4 ML per 365 days) PA; ACS
HYRIMOZ PEDIATRIC CROHN'S DISEASE STARTER PACK 80MG/0.8ML	4	QL (4.8 ML per 365 days) PA; ACS
HYRIMOZ PLAQUE PSORIASIS/ UVEITIS STARTER PACK	4	QL (3.2 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 20MG/0.2ML	4	QL (10.4 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 10MG/0.1 ML	4	QL (2.6 ML per 365 days) PA; ACS
HYRIMOZ INJECTION 40MG/0.4ML, 80MG/0.8ML	4	QL (22.4 ML per 365 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
HYRIMOZ INJECTION 40MG/0.8ML	4	QL (44.8 ML per 365 days) PA; ACS
IDACIO (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	4	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	4	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	4	PA; ACS
ILUMYA	4	PA; ACS LD
INFLECTRA	4	PA; ACS LD
INFLIXIMAB	4	PA; ACS LD
KEVZARA	4	QL (2.28 ML per 28 days) PA; ACS
KINERET	4	QL (18.76 ML per 28 days) PA
LITFULO	4	QL (28 EA per 28 days) PA; LD
NEMLUVIO	4	QL (2 EA per 28 days) PA; ACS LD
OLUMIANT	4	QL (30 EA per 30 days) PA; ACS LD
OMVOH INJECTION 300MG/15ML	4	PA; ACS LD
OMVOH INJECTION 100MG/ML	4	QL (2 ML per 28 days) PA; ACS LD
ORENCIA CLICKJECT	4	QL (4 ML per 28 days) PA; ACS
ORENCIA INJECTION 250MG	4	PA; ACS
ORENCIA INJECTION 50MG/0.4ML	4	QL (1.6 ML per 28 days) PA; ACS
ORENCIA INJECTION 87.5MG/0.7ML	4	QL (2.8 ML per 28 days) PA; ACS
ORENCIA INJECTION 125MG/ML	4	QL (4 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	4	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	4	QL (60 EA per 30 days) PA; ACS
REMICADE	4	PA; ACS LD
RENFLEXIS	4	PA; ACS LD
RINVOQ LQ	4	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	4	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	QL (30 EA per 30 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
SILIQ	4	QL (4.5 ML per 28 days) PA; ACS
SIMLANDI 1-PEN KIT	4	QL (56 EA per 365 days) PA; ACS
SIMLANDI 2-PEN KIT	4	QL (56 EA per 365 days) PA; ACS
SIMPONI ARIA	4	PA; ACS
SIMPONI INJECTION 50MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS
SIMPONI INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA; ACS
SKYRIZI PEN	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA; ACS
SOTYKTU	4	QL (30 EA per 30 days) PA; ACS LD
SPEVIGO INJECTION 450MG/7.5ML	4	PA; LD
SPEVIGO INJECTION 150MG/ML	4	QL (28 ML per 365 days) PA
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	4	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS LD
TALTZ INJECTION 20MG/0.25ML	4	QL (0.25 ML per 28 days) PA; ACS LD
TALTZ INJECTION 40MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD
TALTZ INJECTION 80MG/ML	4	QL (3 ML per 28 days) PA; ACS LD
TOFIDENCE	4	QL (40 ML per 28 days) PA; ACS LD
TREMFYA INJECTION 100MG/ML	4	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	4	QL (2 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	4	QL (20 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS

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

Drug name	Drug tier	Requirements/Limits
VELSIPITY	4	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	4	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	4	QL (60 EA per 30 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
YUFLYMA 1-PEN KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 20MG/0.2ML	4	QL (26 EA per 365 days) PA; ACS
YUFLYMA 2-SYRINGE KIT INJECTION 40MG/0.4ML	4	QL (56 EA per 365 days) PA; ACS
YUFLYMA CD/UC/HS STARTER	4	QL (6 EA per 365 days) PA; ACS
YUSIMRY	4	QL (44.8 ML per 365 days) PA; ACS
ZYMFENTRA 2-PEN	4	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE	4	QL (2 EA per 28 days) PA; ACS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

ARAVA	4	QL (30 EA per 30 days) MO
<i>hydroxychloroquine sulfate</i>	1	MO
JYLAMVO	3	
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
OTREXUP	3	QL (1.6 ML per 28 days); ACS
PLAQUENIL	3	MO
RASUVO INJECTION 7.5MG/0.15ML	3	QL (0.6 ML per 28 days); ACS
RASUVO INJECTION 10MG/0.2ML	3	QL (0.8 ML per 28 days); ACS
RASUVO INJECTION 12.5MG/0.25ML	3	QL (1 ML per 28 days); ACS
RASUVO INJECTION 15MG/0.3ML	3	QL (1.2 ML per 28 days); ACS
RASUVO INJECTION 17.5MG/0.35ML	3	QL (1.4 ML per 28 days); ACS
RASUVO INJECTION 20MG/0.4ML	3	QL (1.6 ML per 28 days); ACS
RASUVO INJECTION 22.5MG/0.45ML	3	QL (1.8 ML per 28 days); ACS
RASUVO INJECTION 25MG/0.5ML	3	QL (2 ML per 28 days); ACS
RASUVO INJECTION 30MG/0.6ML	3	QL (2.4 ML per 28 days); ACS

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

Drug name	Drug tier	Requirements/Limits
RIDAURA	4	MO
SOVUNA TABLET 300MG	3	
SOVUNA TABLET 200MG	3	MO
TREXALL	3	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
ALYGLO	4	PA
ASCENIV	4	PA; ACS
BIVIGAM	4	PA; ACS LD
CUTAQUIG INJECTION 1GM/6ML	3	PA; ACS LD
CUTAQUIG INJECTION 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	4	PA; ACS LD
CUVITRU	4	PA; ACS LD
CYTOGAM	4	ACS
FLEBOGAMMA DIF	4	PA; ACS
GAMASTAN	2	B/D; ACS LD
GAMMAGARD LIQUID	4	PA; ACS
GAMMAGARD S/D INJ LESS THAN 1MCG/ML 5GM	4	PA; ACS
GAMMAKED	4	PA; ACS
GAMMAPLEX	4	PA; ACS LD
GAMUNEX-C	4	PA; ACS
HEPAGAM B	3	ACS
HIZENTRA	4	PA; ACS LD
HYPERHEP B	3	ACS
HYPERRAB INJECTION 300UNIT/ ML	3	
HYPERRAB INJECTION 1500UNIT/5ML, 900UNIT/3ML	4	
HYPERRHO S/D	3	ACS
HYPERRHO S/D MINI-DOSE	3	ACS
HYPERTET	3	
HYQVIA	4	PA; ACS LD
IMOGLAM RABIES-HT	3	
KEDRAB INJECTION 300UNIT/2ML	3	

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

Drug name	Drug tier	Requirements/Limits
KEDRAB INJECTION 1500UNIT/10ML	4	
MICRHOGAM ULTRA-FILTERED PLUS	3	ACS
NABI-HB	3	ACS
OCTAGAM	4	PA; ACS
PANZYGA	4	PA; ACS
PRIVIGEN	4	PA; ACS
RHOGAM ULTRA-FILTERED PLUS	3	ACS
RHOPHYLAC	3	ACS
VARIZIG	4	ACS
WINRHO SDF INJECTION 15000UNIT/13ML, 1500UNIT/1.3ML	3	
WINRHO SDF INJECTION 2500UNIT/2.2ML, 5000UNIT/4.4ML	3	ACS
XEMBIFY	4	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE	4	PA; ACS LD
ARCALYST	4	PA; ACS LD
BEYFORTUS	3	
GRASTEK	3	QL (30 EA per 30 days) PA MO
ILARIS	4	QL (2 ML per 28 days) PA; ACS LD
JOENJA	4	QL (60 EA per 30 days) PA; LD
ODACTRA	3	QL (30 EA per 30 days) PA MO
ORALAIR	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA INITIAL DOSE ESCALATION	3	QL (26 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 1	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 10	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 11 (MAINTENANCE)	3	QL (30 EA per 30 days) PA; ACS LD
PALFORZIA LEVEL 11 (TITRATION)	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 2	3	QL (180 EA per 365 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
PALFORZIA LEVEL 3	3	QL (90 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 4	3	QL (30 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 5	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 6	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 7	3	QL (60 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 8	3	QL (120 EA per 365 days) PA; ACS LD
PALFORZIA LEVEL 9	3	QL (60 EA per 365 days) PA; ACS LD
RAGWITEK	3	QL (30 EA per 30 days) PA MO
RYSTIGGO INJECTION 420MG/3ML	4	QL (12 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 560MG/4ML	4	QL (16 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 840MG/6ML	4	QL (24 ML per 28 days) PA; ACS LD
RYSTIGGO INJECTION 280MG/2ML	4	QL (24 ML per 28 days) PA; LD
SYNAGIS	4	ACS
VYVGART	4	QL (240 ML per 28 days) PA; ACS LD
VYVGART HYTRULO	4	QL (22.4 ML per 28 days) PA; LD
ZINPLAVA	4	PA
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
ATGAM	4	B/D
azasan	1	B/D
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA	4	PA; ACS LD
CELLCEPT	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
CELLCEPT INTRAVENOUS	3	B/D
<i>cyclosporine modified</i>	1	B/D MO
<i>cyclosporine capsule 100mg, 25mg</i>	1	B/D MO
<i>cyclosporine injection 50mg/ml</i>	1	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG	3	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 4MG	4	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>gengraf capsule</i>	1	B/D
<i>gengraf solution</i>	1	B/D MO
IMURAN	3	B/D MO
LUPKYNIS	4	QL (180 EA per 30 days) PA; LD
<i>mycophenolate mofetil capsule, injection, tablet</i>	1	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
MYFORTIC TABLET DELAYED RELEASE 180MG	3	B/D MO
MYFORTIC TABLET DELAYED RELEASE 360MG	4	B/D MO
MYHIBBIN	4	B/D MO
NEORAL	3	B/D MO
NULOJIX	4	B/D
PROGRAF INJECTION	3	B/D
PROGRAF PACKET	3	B/D MO
PROGRAF CAPSULE 0.5MG, 1MG	3	B/D MO
PROGRAF CAPSULE 5MG	4	B/D MO
RAPAMUNE SOLUTION 1MG/ML, TABLET 1MG, TABLET 2MG	4	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA; LD
SANDIMMUNE INJECTION	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D MO
SANDIMMUNE CAPSULE 25MG	3	B/D MO
SANDIMMUNE CAPSULE 100MG	4	B/D MO

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

Drug name	Drug tier	Requirements/Limits
SAPHNELO	4	QL (2 ML per 28 days) PA; ACS LD
SIMULECT	4	B/D
<i>sirolimus tablet</i>	1	B/D MO
<i>sirolimus solution</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
THYMOGLOBULIN	4	B/D
ZORTRESS	4	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENGVAXIA	1	
DIPHTHERIA/TETANUS TOXOIDS	1	
ADSORBED PEDIATRIC		
ENGERIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	2	QL (0.5 ML per 999 days)

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

Drug name	Drug tier	Requirements/Limits
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIOS	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
VAXCHORA	1	
YF-VAX	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

CALCIUM GLUCONATE INJECTION SOLUTION 10%	3
calcium gluconate/sodium chloride	1
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3
DEXTROSE 5%/LACTATED RINGERS	3

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

Drug name	Drug tier	Requirements/Limits
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	1	
<i>magnesium sulfate in d5w</i>	1	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
PLASMA-LYTE A	3	
PLASMA-LYTE-148	3	
POTASSIUM ACETATE	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	

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

Drug name	Drug tier	Requirements/Limits
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	1	MO
<i>potassium phosphate</i>	1	
POTASSIUM PHOSPHATE/SODIUM CHLORIDE	3	
<i>potassium phosphates injection 236mg/ml; 224mg/ml</i>	1	
RINGERS INJECTION	2	
SODIUM ACETATE INJECTION 2MEQ/ML	3	
<i>sodium acetate injection 4meq/ml</i>	1	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	1	MO
<i>sodium phosphate</i>	1	
<i>sodium phosphates</i>	1	
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
C-NATE DHA	2	MO
CITRANATAL 90 DHA	2	MO
CITRANATAL B-CALM	2	MO
CITRANATAL HARMONY	2	MO
CITRANATAL MEDLEY	2	MO
COMPLETENATE	2	MO
CONCEPT DHA	2	MO
CONCEPT OB	2	MO

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

Drug name	Drug tier	Requirements/Limits
EFFER-K TABLET EFFERVESCENT 0.84GM; 1GM, 1.68GM; 2GM	3	MO
<i>effer-k tablet effervescent 25meq</i>	1	MO
ELITE-OB	2	MO
ENBRACE HR	2	MO
FLORAFOL PEDIATRIC	3	MO
FLORIVA	3	MO
<i>fluoride chewable tablet</i>	1	MO
FOLIVANE-OB	2	MO
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con powder packet 20meq</i>	1	
<i>klor-con effervescent tablet</i>	1	
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	1	
<i>multi-vitamin/fluoride drops</i>	1	MO
<i>multi-vitamin/fluoride/iron</i>	1	MO
<i>multivitamin/fluoride</i>	1	MO
NEONATAL 19	2	
NEONATAL COMPLETE	2	MO
NEONATAL FE	2	
NEONATAL PLUS	2	MO
NESTABS	2	MO
NESTABS ONE	2	MO
NIVA-PLUS	2	MO
OB COMPLETE	2	MO
OB COMPLETE ONE	2	MO
OB COMPLETE PETITE	2	MO
OB COMPLETE PREMIER	2	MO
OB COMPLETE/DHA	2	MO
PNV PRENATAL PLUS	2	MO
MULTIVITAMIN		
<i>pnv-dha</i>	1	MO
PNV-DHA+DOCUSATE	2	MO

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

Drug name	Drug tier	Requirements/Limits
PNV-OMEGA	2	MO
<i>pnv-select</i>	1	MO
POLY-VI-FLOR	3	MO
POLY-VI-FLOR/IRON TABLET	3	MO
CHEWABLE		
POLY-VI-FLOR/IRON SUSPENSION	3	MO
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENAISSANCE	2	MO
PRENAISSANCE PLUS	2	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
PRENATE	2	MO
PRENATE AM	2	MO
PRENATE DHA	2	MO
PRENATE ELITE	2	MO
PRENATE ENHANCE	2	MO
PRENATE ESSENTIAL	2	MO
PRENATE MINI	2	MO
PRENATE PIXIE	2	MO
PRENATE RESTORE	2	MO
PRENATVITE COMPLETE	2	
PRENATVITE PLUS	2	
PRIMACARE	2	MO
PROVIDA OB	2	MO
QUFLORA FE	3	
QUFLORA FE PEDIATRIC	3	
QUFLORA PEDIATRIC TABLET	3	MO
CHEWABLE		

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

Drug name	Drug tier	Requirements/Limits
QUFLORA PEDIATRIC SOLUTION 0.5MG/ML	3	
QUFLORA PEDIATRIC SOLUTION 0.25 MG/ML	3	MO
SE-NATAL 19	2	MO
SELECT-OB CHEWABLE TABLET 29MG; 1MG	2	
SELECT-OB CHEWABLE TABLET 29MG; 0.6MG; 0.4MG	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
TARON-C DHA	2	MO
THRIVITE RX	2	MO
TRI-VI-FLOR	3	MO
<i>tri-vite/fluoride</i>	1	MO
TRINATAL RX 1	2	MO
TRISTART DHA	2	MO
VITAFOL GUMMIES	2	MO
VITAFOL STRIPS	2	
VITAFOL ULTRA	2	MO
VITAFOL-NANO	2	MO
VITAFOL-OB	2	MO
VITAFOL-ONE	2	MO
<i>vitamins a/c/d/fluoride</i>	1	MO
WESCAP-C DHA	2	MO
WESCAP-PN DHA	2	MO
WESNATE DHA	2	MO
WESTAB PLUS	2	MO
WESTGEL DHA	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D

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

Drug name	Drug tier	Requirements/Limits
CLINIMIX E 2.75%/DEXTROSE 5%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX E 5%/DEXTROSE 15%	3	B/D
CLINIMIX E 5%/DEXTROSE 20%	3	B/D
CLINIMIX E 8/10	3	B/D
CLINIMIX E 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
DEXTROSE 25%	3	B/D
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
INTRALIPID INJECTION 20GM/100ML	2	B/D
INTRALIPID INJECTION 30GM/100ML	3	B/D
KABIVEN	3	B/D
NUTRILIPID	2	B/D
OMEGAVEN	4	B/D
PERIKABIVEN	3	B/D
<i>plenamine</i>	1	B/D
POTASSIUM PHOSPHATES INJECTION 45MMOLE/15ML; 71MEQ/15ML	3	
PREMASOL	4	B/D
PROSOL	3	B/D
SMOFLIPID	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

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

MAXITROL	3	MO
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	MO

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

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

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

Drug name	Drug tier	Requirements/Limits
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO
<i>sulfacetamide sodium solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
TOBREX	3	MO
<i>trifluridine</i>	1	MO
VIGAMOX	3	QL (12 ML per 30 days) MO
XDEMVY	4	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ACULAR	3	MO
ACULAR LS	3	MO
ACUVAIL	3	MO
ALREX	2	MO
<i>bromfenac</i>	1	MO
<i>bromfenac sodium</i>	1	PA MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
DEXYCU	4	LD
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
DUREZOL	3	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
ILEVRO	3	MO
INVELTYS	3	MO
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
LOTEMAX SM	2	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX GEL, SUSPENSION	3	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	3	MO
NEVANAC	3	MO
OZURDEX	4	ACS
PRED FORTE	3	MO
PRED MILD	3	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM	2	MO
PHOSPHATE OPHTHALMIC SOLUTION 1%		
PROLENSA	2	MO
TRIESENCE	3	MO
XIPERE	4	PA; LD
YUTIQ	4	LD
ANTIALLERGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
<i>azelastine hcl ophthalmic solution</i> 0.05%	1	MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	3	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
ZERVIATE	3	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLUTION 0.1%	2	MO
ALPHAGAN P SOLUTION 0.15%	3	MO
<i>apraclonidine</i>	1	MO
AZOPT	3	MO
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETIMOL	3	MO
BETOPTIC-S	2	MO
<i>bimatoprost</i>	1	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.1%, 0.2%</i>	1	MO
brinzolamide	1	MO
carteolol hcl	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT PF	3	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	1	MO
DURYSTA	4	PA; ACS
IOPIDINE	4	MO
ISTALOL	3	MO
IYUZEH	3	ST MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost</i>	1	ST MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate solution 0.25%, 0.5%</i>	1	MO
TIMOPTIC OCUDOSE	3	MO
TRAVATAN Z	3	MO
<i>travoprost</i>	1	MO
VURITY	3	PA MO
VYZULTA	3	MO
XALATAN	3	ST MO
XELPROS	3	ST

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

Drug name	Drug tier	Requirements/Limits
ZIOPTAN	3	ST MO
MISCELLANEOUS		
ALCAINE	3	MO
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
BEOVU	4	PA; ACS LD
BYOOVIZ	4	PA; ACS LD
CEQUA	3	QL (60 EA per 30 days) PA MO
CIMERLI	4	PA; ACS LD
CYCLOGYL	3	MO
cyclopentolate hcl ophthalmic solution 1%	1	MO
cyclosporine emulsion 0.05%	1	QL (60 EA per 30 days) MO
CYSTADROPS	4	PA; LD
CYSTARAN	4	PA; LD
EYLEA	4	PA; ACS LD
EYLEA HD	4	PA; ACS LD
EYSUVIS	3	MO
IZERVAY	4	PA; ACS LD
LACRISERT	3	MO
LUCENTIS SOLUTION PREFILLED SYRINGE 0.5MG/0.05ML	4	PA; ACS
LUCENTIS SOLUTION PREFILLED SYRINGE 0.3MG/0.05ML	4	PA; ACS LD
MIEBO	2	QL (12 ML per 30 days) MO
OXERVATE	4	QL (28 ML per 28 days) PA; LD
PHENYLEPHRINE HCL OPHTHALMIC SOLUTION 10%, 2.5%	3	MO
proparacaine hcl	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
SUSVIMO	4	PA; ACS LD
SYFOVRE	4	PA; LD
TETRACAINE HYDROCHLORIDE	3	MO
TYRVAYA	3	QL (8.4 ML per 30 days) MO
VABYSMO	4	PA; ACS LD
VERKAZIA	4	QL (120 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
VEVYE	3	QL (2 ML per 30 days) PA MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid	1	MO
CETRAXAL	3	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
ciprofloxacin/dexamethasone	1	MO
CIPROFLOXACIN/FLUOCINOLONE	3	MO
ACETONIDE PF		
CORTISPORIN-TC	3	MO
DERMOTIC	3	MO
flac	1	
fluocinolone acetonide oil 0.01%	1	MO
hydrocortisone/acetic acid	1	MO
neomycin/polymyxin/hc	1	MO
neomycin/polymyxin/ hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	1	MO
ofloxacin otic solution 0.3%	1	MO
OTOVEL	3	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
DUAKLIR PRESSAIR	3	QL (1 EA per 30 days) ST MO
ipratropium bromide/albuterol sulfate	1	B/D MO
STIOLTO RESPIMAT	3	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	1	B/D MO

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

Drug name	Drug tier	Requirements/Limits
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days) MO
<i>tiotropium bromide</i>	1	QL (30 EA per 30 days) MO
TUDORZA PRESSAIR	3	QL (1 EA per 30 days) ST MO
YUPELRI	4	QL (90 ML per 30 days) PA MO
ANTIHISTAMINE COMBINATIONS		
<i>azelastine hydrochloride/fluticasone propionate</i>	1	QL (23 GM per 30 days) MO
CLARINEX-D 12 HOUR	3	MO
DYMISTA	3	QL (23 GM per 30 days) MO
<i>promethazine vc</i>	1	PA MO; HRM
RYALTRIS	3	MO
ANTIHISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate solution</i>	1	PA MO
CARBINOXAMINE MALEATE TABLET 6MG	4	PA MO
<i>carbinoxamine maleate tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
CLARINEX	3	QL (30 EA per 30 days) MO
CLEMASTINE FUMARATE SYRUP	4	QL (1800 ML per 30 days) PA
<i>clemastine fumarate tablet</i>	1	PA MO
<i>cyproheptadine hcl syrup</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	1	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	1	MO; HRM
<i>diphenhydramine hcl elixir</i>	1	PA; HRM
<i>hydroxyzine hcl</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	1	PA MO; HRM

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

Drug name	Drug tier	Requirements/Limits
<i>hydroxyzine pamoate</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution</i>	1	MO
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl</i>	1	QL (30.5 GM per 30 days) MO
QUZYTIR	4	PA MO
<i>ryclora</i>	1	PA MO; HRM
RYVENT	3	PA MO
VISTARIL	3	PA MO; HRM
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
ARFORMOTEROL TARTRATE	3	QL (120 ML per 30 days) PA MO
BROVANA	4	QL (120 ML per 30 days) PA MO
<i>formoterol fumarate</i>	1	QL (120 ML per 30 days) PA MO
<i>levalbuterol hcl</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
PERFOROMIST	4	QL (120 ML per 30 days) PA MO
PROAIR DIGIHALER	3	QL (2 EA per 30 days) PA MO
PROAIR RESPICLICK	3	QL (2 EA per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
STRIVERDI RESPIMAT	3	QL (4 GM per 30 days) MO
<i>terbutaline sulfate</i>	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
XOPENEX HFA	3	QL (30 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
montelukast sodium	1	QL (30 EA per 30 days) MO
SINGULAIR	3	QL (30 EA per 30 days) ST MO
zafirlukast	1	QL (60 EA per 30 days) MO
zileuton er	4	QL (120 EA per 30 days) MO
ZYFLO	4	QL (120 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation solution 10%, 20%	1	B/D MO
aminophylline	1	
ARALAST NP	4	PA; ACS LD
AUVI-Q INJECTION 0.1MG/0.1ML	3	QL (2 EA per 30 days) MO
AUVI-Q INJECTION 0.15MG/0.15ML, 0.3MG/0.3ML	4	QL (2 EA per 30 days) ST MO
BRONCHITOL	4	QL (560 EA per 28 days) PA
CINQAIR	4	PA; ACS LD
COCAINE HYDROCHLORIDE	3	PA
cromolyn sodium nebulization solution 20mg/2ml	1	B/D MO
DALIRESP	3	MO
elixophyllin	1	
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	1	QL (2 EA per 30 days) MO
EPIPEN 2-PAK	3	QL (2 EA per 30 days) MO
EPIPEN-JR 2-PAK	3	QL (2 EA per 30 days) MO
ESBRIET CAPSULE	4	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 267MG	4	QL (270 EA per 30 days) PA; ACS LD
ESBRIET TABLET 801MG	4	QL (90 EA per 30 days) PA; ACS LD
FASENRA PEN	4	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
GLASSIA	4	PA; ACS LD
GOPRELTO	3	PA
KALYDECO PACKET	4	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	4	QL (60 EA per 30 days) PA; LD
NEFFY	3	QL (2 EA per 30 days) MO
NUCALA INJECTION 40MG/0.4ML	4	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	4	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	4	QL (3 ML per 28 days) PA; ACS LD
OFEV	4	QL (60 EA per 30 days) PA; ACS LD
OHTUVAYRE	4	QL (150 ML per 30 days) PA; ACS LD
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	4	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	4	PA; LD
PULMOZYME	4	PA; ACS
<i>roflumilast</i>	1	MO
SYMDEKO	4	QL (56 EA per 28 days) PA; LD
TEZSPIRE	4	QL (1.91 ML per 28 days) PA; ACS LD
THEO-24	3	MO
<i>theophylline</i>	1	MO
<i>theophylline er tablet extended release 24 hour</i>	1	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
TRIKAFTA GRANULES THERAPY PACK	4	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	4	QL (84 EA per 28 days) PA; LD
XOLAIR	4	PA; ACS LD

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

Drug name	Drug tier	Requirements/Limits
ZEMAIRA	4	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
OMNARIS	3	QL (12.5 GM per 30 days) MO
QNASL	3	QL (10.6 GM per 30 days) MO
QNASL CHILDRENS	3	QL (6.8 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARMONAIR DIGIHALER 55MCG/ACTUATION	3	QL (1 EA per 30 days) ST MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
ASMANEX HFA	3	QL (13 GM per 30 days) ST MO
ASMANEX TWISTHALER 120 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 14 METERED DOSES	3	QL (2 EA per 28 days) ST MO
ASMANEX TWISTHALER 30 METERED DOSES	3	QL (1 EA per 30 days) ST MO
ASMANEX TWISTHALER 60 METERED DOSES	3	QL (1 EA per 30 days) ST MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 50MCG/ACT	3	QL (120 EA per 30 days) PA MO
FLUTICASONE PROPIONATE DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/ACT	3	QL (240 EA per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 44MCG/ACT	3	QL (21.2 GM per 30 days) PA MO
FLUTICASONE PROPIONATE HFA AEROSOL 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
PULMICORT	3	B/D MO
PULMICORT FLEXHALER	3	QL (2 EA per 30 days) ST MO
QVAR REDIHALER	3	QL (21.2 GM per 30 days) ST MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) ST MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
AIRDUO DIGIHALER 55/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 113/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 232/14	3	QL (1 EA per 30 days) ST MO
AIRDUO RESPICLICK 55/14	3	QL (1 EA per 30 days) ST MO
AIRSUPRA	3	QL (32.1 GM per 30 days) MO
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>breyna</i>	1	QL (10.3 GM per 30 days) ST MO
<i>budesonide/formoterol fumarate dihydrate</i>	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/ VILANTEROL ELLIPTA	3	QL (60 EA per 30 days) PA MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	1	QL (12 GM per 30 days) MO
FLUTICASONE PROPIONATE/ SALMETEROL AEROSOL POWDER BREATH ACTIVATED 113MCG/ ACT; 14MCG/ACT, 232MCG/ACT; 14MCG/ACT, 55MCG/ACT; 14MCG/ ACT	3	QL (1 EA per 30 days) ST MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) ST MO
<i>wixela inhba</i>	1	QL (60 EA per 30 days) MO

TOPICAL

DERMATOLOGY, ACNE

ABSORICA	4	PA
ABSORICA LD	4	
ACANYA	3	MO
<i>accutane</i>	1	PA

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

Drug name	Drug tier	Requirements/Limits
ACZONE	3	QL (90 GM per 30 days) MO
<i>adapalene pump</i>	1	QL (45 GM per 30 days) PA MO
ADAPALENE/BENZOYL PEROXIDE PAD	4	QL (28 EA per 28 days) PA
<i>adapalene/benzoyl peroxide gel 0.1%; 2.5%</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene/benzoyl peroxide gel 0.3%; 2.5%</i>	1	QL (70 GM per 30 days) PA MO
ADAPALENE SOLUTION	3	QL (120 ML per 30 days) PA
<i>adapalene cream, gel</i>	1	QL (45 GM per 30 days) PA MO
<i>adapalene pad</i>	4	QL (28 EA per 28 days) PA
AKLIEF	3	QL (45 GM per 30 days) PA MO
ALTRENO	3	QL (45 GM per 30 days) PA MO
<i>amnesteem</i>	1	PA
AMZEEQ	3	QL (30 GM per 30 days) MO
ARAZLO	3	MO
ATRALIN	3	QL (45 GM per 30 days) PA MO
AZELEX	3	QL (50 GM per 30 days) MO
BENZAMYCIN	3	MO
CABTREO	4	QL (50 GM per 30 days) PA MO
<i>claravis</i>	1	PA
CLEOCIN-T LOTION 1%	3	QL (60 ML per 30 days) MO
<i>clindacin</i>	1	QL (100 GM per 30 days)
<i>clindacin etz pledges</i>	1	
<i>clindacin-p</i>	1	MO
CLINDAGEL	4	QL (75 ML per 30 days) MO
<i>clindamycin phosphate/benzoyl peroxide</i>	1	MO
<i>clindamycin phosphate/tretinoin</i>	1	QL (60 GM per 30 days) PA MO
<i>clindamycin phosphate foam 1%</i>	1	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	1	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	1	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	1	QL (60 ML per 30 days) MO
<i>clindamycin phosphate swab 1%</i>	1	MO
<i>clindamycin/benzoyl peroxide</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
dapsone gel 5%, 7.5%	1	QL (90 GM per 30 days) MO
DIFFERIN LOTION	3	QL (118 ML per 30 days) PA MO
DIFFERIN CREAM, GEL	3	QL (45 GM per 30 days) PA MO
EPIDUO	3	QL (45 GM per 30 days) PA MO
EPIDUO FORTE	3	QL (70 GM per 30 days) PA MO
EPSOLAY	3	QL (30 GM per 30 days) PA MO
ery pad 2%	1	MO
ERYGEL	3	QL (60 GM per 30 days) MO
erythromycin/benzoyl peroxide	1	MO
erythromycin gel 2%	1	QL (60 GM per 30 days) MO
erythromycin solution 2%	1	QL (60 ML per 30 days) MO
FABIOR	3	QL (100 GM per 30 days) MO
isotretinoin	1	PA
KLARON	3	MO
neuac	1	
ONEXTON	3	MO
RETIN-A	3	QL (45 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.04%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO PUMP GEL 0.08%, 0.1%	4	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
RETIN-A MICRO GEL 0.06%	4	QL (50 GM per 30 days) PA MO
sodium sulfacetamide/sulfur suspension 8%; 4%	1	QL (473 ML per 30 days) MO
sulfacetamide sodium lotion 10%	1	MO
sulfacleanse 8/4	1	QL (473 ML per 30 days) MO
TAZAROTENE FOAM 0.1%	3	QL (100 GM per 30 days) MO
TRETINOIN MICROSPHERE PUMP	3	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	3	QL (50 GM per 30 days) PA MO
tretinoind microsphere gel 0.08%	1	QL (50 GM per 30 days) PA MO
tretinoind cream 0.025%, 0.05%, 0.1%	1	QL (45 GM per 30 days) PA MO
tretinoind gel 0.01%, 0.025%, 0.05%	1	QL (45 GM per 30 days) PA MO
TWYNEO	3	QL (30 GM per 30 days) PA MO
VELTIN	3	QL (60 GM per 30 days) PA MO
WINLEVI	3	QL (60 GM per 30 days) PA MO
zenatane	1	PA

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

Drug name	Drug tier	Requirements/Limits
ZIANA	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mafénide acetate</i>	1	MO
<i>mupirocin</i>	1	QL (30 GM per 30 days) MO
NEO-SYNALAR	3	QL (60 GM per 30 days) MO
SILVADENE	3	MO
<i>silver sulfadiazine</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclodan topical solution 8%</i>	1	QL (6.6 ML per 30 days)
<i>ciclopirox nail lacquer</i>	1	QL (6.6 ML per 30 days) MO
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate lotion</i>	1	QL (30 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	1	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
EXELDERM SOLUTION	3	QL (30 ML per 30 days) MO
EXELDERM CREAM	3	QL (60 GM per 30 days) MO
JUBLIA	4	QL (8 ML per 30 days) PA MO
KERYDIN	3	QL (10 ML per 30 days) PA MO
<i>ketoconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>ketodan</i>	1	QL (100 GM per 30 days)
<i>klavesta</i>	1	QL (60 GM per 30 days)
LOPROX SHAMPOO	3	QL (120 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
LULICONAZOLE	3	QL (60 GM per 30 days) ST MO
LUZU	3	QL (60 GM per 30 days) ST MO
MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	3	QL (50 GM per 30 days) PA MO
MYCOZYL HC LIQUID	3	QL (30 ML per 30 days) PA
MYCOZYL HC GEL	4	QL (28 GM per 30 days) PA
<i>naftifine hcl cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 28 days) MO
<i>naftifine hydrochloride gel 2%</i>	1	QL (60 GM per 30 days) MO
NAFTIN GEL 2%	3	QL (60 GM per 30 days) MO
NAFTIN GEL 1%	3	QL (90 GM per 30 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin/triamcinolone</i>	1	QL (60 GM per 30 days) MO
<i>nystatin/triamcinolone acetonide</i>	1	QL (60 GM per 30 days) MO
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days)
<i>oxiconazole nitrate</i>	1	QL (90 GM per 30 days) MO
OXISTAT LOTION	3	QL (60 ML per 30 days) MO
OXISTAT CREAM	3	QL (90 GM per 30 days) MO
<i>selenium sulfide lotion</i>	1	MO
<i>selenium sulfide shampoo</i>	1	QL (180 ML per 30 days) MO
<i>tavaborole</i>	1	QL (10 ML per 30 days) PA MO
VUSION	3	QL (50 GM per 30 days) PA MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
CALCIPOTRIENE/	4	QL (120 GM per 30 days) PA MO
BETAMETHASONE DIPROPIONATE SUSPENSION		
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
CALCIPOTRIENE FOAM	3	QL (120 GM per 30 days) PA
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
<i>methoxsalen</i>	4	MO
SORILUX	4	QL (120 GM per 30 days) PA MO
TACLONEX SUSPENSION	4	QL (120 GM per 30 days) PA MO
<i>tazarotene cream 0.05%</i>	1	QL (60 GM per 30 days) PA
<i>tazarotene cream 0.1%</i>	1	QL (60 GM per 30 days) PA MO
<i>tazarotene gel 0.05%, 0.1%</i>	1	QL (100 GM per 30 days) PA MO
TAZORAC CREAM	3	QL (60 GM per 30 days) PA MO
TAZORAC GEL 0.05%	3	QL (100 GM per 30 days) PA MO
TAZORAC GEL 0.1%	4	QL (100 GM per 30 days) PA MO
VECTICAL	4	QL (800 GM per 28 days) PA MO
VTAMA	4	QL (60 GM per 30 days) PA MO
ZORYVE CREAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
ZORYVE FOAM 0.3%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
ALA-SCALP	4	MO
<i>alclometasone dipropionate</i>	1	QL (60 GM per 30 days) MO
<i>amcinonide ointment 0.1%</i>	1	QL (60 GM per 30 days) MO
APEXICON E	4	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	MO
<i>betamethasone dipropionate augmented lotion</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO
<i>betamethasone valerate foam</i>	1	QL (120 GM per 30 days) MO
BRYHALI	3	QL (100 GM per 30 days) MO
CAPEX	3	QL (120 ML per 30 days) MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	1	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotion, shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate liquid</i>	1	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	1	QL (50 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>clobetasol propionate cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
CLOBEX LOTION, SHAMPOO	3	QL (118 ML per 30 days) MO
CLOBEX LIQUID	4	QL (125 ML per 30 days) MO
CLOCORTOLONE PIVALATE	3	QL (90 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
CORDRAN CREAM	3	QL (120 GM per 30 days) MO
CORDRAN TAPE	4	MO
CORDRAN LOTION	4	QL (120 ML per 30 days) MO
DERMA-SMOOTH/FS BODY	3	QL (118.28 ML per 30 days) MO
DERMA-SMOOTH/FS SCALP	3	QL (118.28 ML per 30 days) MO
<i>desonide lotion</i>	1	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
DESOWEN	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	1	QL (100 GM per 30 days) MO
<i>desoximetasone liquid</i>	1	QL (100 ML per 30 days) MO
<i>desoximetasone gel</i>	1	QL (60 GM per 30 days) MO
<i>diflorasone diacetate</i>	1	QL (60 GM per 30 days) MO
DIPROLENE	3	MO
DUOBRII	3	QL (200 GM per 28 days) PA MO
EPIFOAM	3	QL (10 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.1%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	1	QL (60 ML per 30 days) MO
<i>flurandrenolide cream</i>	1	QL (120 GM per 30 days) MO
<i>flurandrenolide lotion</i>	1	QL (120 ML per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluticasone propionate cream 0.05%</i>	1	MO
<i>fluticasone propionate lotion 0.05%</i>	1	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	1	MO
<i>halcinonide</i>	4	QL (60 GM per 30 days) MO
HALOBETASOL PROPIONATE FOAM	3	QL (100 GM per 30 days)
<i>halobetasol propionate cream, ointment</i>	1	QL (50 GM per 30 days) MO
HALOG CREAM, OINTMENT	3	QL (60 GM per 30 days) MO
HALOG SOLUTION	4	QL (120 ML per 30 days) PA MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	1	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate cream, ointment</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2%, 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
HYDROXYM	4	QL (28 GM per 30 days) PA
KENALOG	3	MO
LEXETTE	3	QL (100 GM per 30 days) MO
LIDOTRAL + HYDROCORTISONE	3	QL (85 GM per 30 days) PA
LIDOTRAL/HYDROCORTISONE W/ PEPTIDES & ARNICA	3	QL (85 GM per 30 days) PA
LOCOID	3	QL (118 ML per 30 days) MO
LOCOID LIPOCREAM	3	QL (60 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
PANDEL	4	QL (80 GM per 30 days) MO
<i>proctosol hc</i>	1	
SYNALAR	3	QL (120 GM per 30 days) MO
TEXACORT	3	MO
TOPICORT CREAM, OINTMENT	3	QL (100 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
TOPICORT LIQUID	3	QL (100 ML per 30 days) MO
TOPICORT GEL	4	QL (60 GM per 30 days) MO
<i>tovet</i>	1	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol solution 0.147mg/gm</i>	1	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
<i>triamcinolone acetonide ointment 0.05%</i>	1	QL (430 GM per 30 days) MO
<i>triderm cream 0.5%</i>	1	
<i>triderm cream 0.1%</i>	1	QL (454 GM per 30 days)
ULTRAVATE	4	QL (60 ML per 30 days) MO
VANOS	4	QL (120 GM per 30 days) MO
VERDESO	4	QL (100 GM per 30 days)
DERMATOLOGY, LOCAL ANESTHETICS		
BRUSELIX	3	QL (57 GM per 30 days) PA
DERMACINRX LIDOGEN	4	QL (100 GM per 30 days) PA
DYCLOPRO	3	QL (30 ML per 30 days) PA
<i>glydo</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hcl prefilled syringe 2%</i>	1	QL (60 ML per 30 days) PA MO
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO
<i>lidocaine ointment</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	1	QL (90 EA per 30 days) PA
LIDODERM	4	QL (90 EA per 30 days) PA MO
LIDOREX	4	QL (100 GM per 30 days) PA
LIDOTRAL 1	3	QL (90 EA per 30 days) PA
LIDOTRAL LIQUID, SOLUTION	3	QL (30 ML per 30 days) PA
LIDOTRAL GEL	3	QL (85 GM per 30 days) PA

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

Drug name	Drug tier	Requirements/Limits
PLIAGLIS	3	QL (30 GM per 30 days) PA
QUTENZA KIT 8% (1-PATCH)	4	QL (1 EA per 90 days) PA; LD
QUTENZA KIT 8% (2-PATCH)	4	QL (2 EA per 90 days) PA; LD
QUTENZA KIT 8% (4-PATCH)	4	QL (4 EA per 90 days) PA; LD
<i>tridacaine</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	1	QL (90 EA per 30 days) PA
ZTLIDO	3	QL (90 EA per 30 days) PA MO
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ACYCLOVIR CREAM 5%	3	QL (5 GM per 30 days) MO
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
ANUSOL-HC	3	MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
BENSAL HP	4	QL (30 GM per 30 days) MO
<i>bexarotene gel 1%</i>	4	QL (60 GM per 30 days) PA; ACS
<i>brimonidine tartrate gel 0.33%</i>	1	MO
CARAC	4	QL (30 GM per 30 days) PA MO
CONDYLOX	3	QL (7 GM per 28 days) MO
CORTIFOAM	3	QL (15 GM per 30 days) MO
DENAVIR	3	QL (5 GM per 30 days) MO
DICLOFENAC EPOLAMINE	3	QL (60 EA per 30 days) PA MO
<i>diclofenac sodium gel 3%</i>	1	QL (100 GM per 30 days) PA MO
<i>diclofenac sodium external solution 1.5%</i>	1	QL (300 ML per 28 days) MO
<i>diclofenac sodium external solution 2%</i>	4	QL (224 GM per 28 days) PA MO
DOXE PIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
EFUDEX	3	QL (40 GM per 30 days) PA MO
ELIDEL	3	QL (100 GM per 30 days) ST MO
EUCRISA	3	QL (60 GM per 30 days) ST MO
FINACEA	3	QL (50 GM per 30 days) MO
FLECTOR	3	QL (60 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO

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

Drug name	Drug tier	Requirements/Limits
<i>fluorouracil external solution 2%, 5%</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone acetate/pramoxine</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
HYFTOR	4	QL (20 GM per 25 days) PA; ACS LD
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>ivermectin cream 1%</i>	1	QL (45 GM per 30 days) MO
KLISYRI	4	QL (5 EA per 30 days) PA MO
LEVULAN KERASTICK	3	QL (6 EA per 30 days)
LICART	4	PA MO
METROCREAM	3	MO
METROGEL	3	MO
METROLOTION	3	MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
MIRVASO	3	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE	4	QL (60 GM per 30 days) MO
OPZELURA	4	QL (60 GM per 28 days) PA MO
ORACEA	3	QL (30 EA per 30 days) PA MO
PANRETIN	4	QL (60 GM per 30 days) PA
<i>penciclovir</i>	1	QL (5 GM per 30 days) MO
PENNSAID	4	QL (224 GM per 28 days) PA MO
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) MO
PODOCON-25	3	QL (15 ML per 30 days)
<i>podofilox solution</i>	1	MO
<i>podofilox gel</i>	1	QL (7 GM per 28 days) MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
PROCTOFOAM HC	3	QL (10 GM per 30 days) MO
<i>protozone-hc</i>	1	
PRUDOXIN	3	QL (45 GM per 30 days) PA MO
QBREXZA	3	QL (30 EA per 30 days) PA MO

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

Drug name	Drug tier	Requirements/Limits
RECTIV	3	QL (30 GM per 30 days) MO
RHOFADE	3	QL (30 GM per 30 days) PA
<i>salicylic acid wart remover</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid solution</i>	1	QL (10 ML per 30 days) MO
<i>salicylic acid shampoo</i>	1	QL (177 ML per 30 days) MO
SILVER NITRATE	3	QL (960 ML per 30 days) MO
SOOLANTRA	3	QL (45 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
TARGRETIN GEL 1%	4	QL (60 GM per 30 days) PA; ACS
TOLAK	3	QL (40 GM per 30 days) PA
VALCHLOR	4	QL (60 GM per 30 days) PA; LD
VEREGEN	4	QL (30 GM per 28 days) MO
VIRASAL	3	QL (10 ML per 30 days) MO
XERESE	4	QL (5 GM per 30 days) MO
YCANTH	4	PA
ZONALON	3	QL (45 GM per 30 days) PA MO
ZORYVE CREAM 0.15%	3	QL (60 GM per 30 days) PA
ZOVIRAX OINTMENT	3	QL (30 GM per 30 days) MO
ZOVIRAX CREAM	3	QL (5 GM per 30 days) MO
ZYCLARA	4	QL (28 EA per 28 days) MO
ZYCLARA PUMP CREAM 3.75%	4	QL (15 GM per 28 days) MO
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>crotan</i>	4	QL (237 GM per 30 days)
<i>malathion</i>	1	MO
NATROBA	3	QL (120 ML per 30 days) MO
OVIDE	3	MO
<i>permethrin cream 5%</i>	1	MO
SPINOSAD	3	QL (120 ML per 30 days) MO
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ	4	QL (2106 GM per 30 days) PA; LD
LACTATED RINGERS IRRIGATION	3	
PHYSIOLYTE	3	
REGRANEX	4	QL (30 GM per 30 days) PA MO
RINGERS IRRIGATION	3	
SANTYL	3	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO

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

Drug name	Drug tier	Requirements/Limits
<i>sterile water for irrigation</i>	1	MO
TIS-U-SOL	3	
VYJUVEK	4	QL (10 ML per 28 days) PA; LD
MOUTH/THROAT/DENTAL AGENTS		
ARESTIN	4	PA; ACS
<i>cevimeline hydrochloride</i>	1	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	1	MO
<i>clotrimazole troche 10mg</i>	1	MO
<i>denta 5000 plus sensitive</i>	1	MO
<i>denta 5000 plus cream 1.1% (2-pack)</i>	1	QL (51 GM per 30 days)
<i>denta 5000 plus cream 1.1%</i>	1	QL (51 GM per 30 days) MO
<i>dentagel</i>	1	MO
EVOXAC	3	MO
<i>fluoridex daily defense</i>	1	
<i>fluoridex sensitivity relief/sls free</i>	1	
<i>fluorimax 5000</i>	1	
<i>fluorimax 5000 sensitive</i>	1	
<i>fraiche 5000 dental</i>	1	
FRAICHE 5000 PREVI	3	
FRAICHE 5000 SENSITIVE	3	
<i>just right 5000</i>	1	
<i>kourzeq</i>	1	
<i>lidocaine hcl mouth/throat solution 4%</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	1	MO
<i>lidocaine viscous solution 2%</i>	1	MO
<i>nystatin suspension 100000unit/ml</i>	1	MO
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	3	MO
PREVIDENT 5000 DRY MOUTH	3	MO
PREVIDENT 5000 ENAMEL PROTECT	1	MO

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

Drug name	Drug tier	Requirements/Limits
PREVIDENT 5000 ORTHO DEFENSE	3	MO
PREVIDENT 5000 PLUS	3	QL (51 GM per 30 days) MO
PREVIDENT FLUORIDE	3	MO
PREVIDENT RINSE	3	MO
SALAGEN	3	MO
<i>sf gel 1.1%</i>	1	MO
<i>sf 5000 plus</i>	1	QL (51 GM per 30 days) MO
<i>sodium fluoride 5000 plus</i>	1	QL (51 GM per 30 days)
<i>sodium fluoride 5000 ppm sensitive</i>	1	
<i>sodium fluoride 5000 ppm paste</i>	1	MO
<i>sodium fluoride 5000 ppm cream</i>	1	QL (51 GM per 30 days)
<i>sodium fluoride/potassium nitrate/ sensitive</i>	1	
<i>sodium fluoride gel 1.1%</i>	1	MO
<i>triamicinolone acetonide dental paste</i>	1	MO

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

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
<i>abacavir</i>	28, 30	<i>acetylcysteine</i>	127, 177	<i>adapalene/benzoyl peroxide</i>	181
<i>abacavir sulfate/ lamivudine</i>	30	<i>ACIPHEX</i>	140	<i>ADAPALENE/ BENZOYL PEROXIDE</i>	181
<i>ABELCET</i>	26	<i>acitretin</i>	184	<i>ADBRY</i>	151
<i>ABILIFY</i>	78	<i>ACTEMRA</i>	150	<i>ADCIRCA</i>	66
<i>ABILIFY ASIMTUFI</i>	78	<i>ACTEMRA ACTPEN</i>	150	<i>ADDERALL</i>	91
<i>ABILIFY MAINTENA</i>	78	<i>ACTHAR</i>	127	<i>ADDERALL XR</i>	91
<i>ABILIFY MYCITE</i>	78	<i>ACTHIB</i>	161	<i>adefovir dipivoxil</i>	31
<i>abiraterone acetate</i>	41	<i>ACTIMMUNE</i>	158	<i>ADEMPAS</i>	67
<i>ABRAXANE</i>	44	<i>ACTIVELLA</i>	124	<i>ADLARITY</i>	70
<i>ABRILADA</i>	150	<i>ACTONEL</i>	116	<i>ADMELOG</i>	107
<i>ABRYSVO</i>	161	<i>ACTOPLUS MET</i>	111	<i>ADMELOG SOLOSTAR</i>	107
<i>ABSORICA</i>	180	<i>ACTOS</i>	111	<i>ADRENALIN</i>	64
<i>ABSORICA LD</i>	180	<i>ACULAR</i>	170	<i>adriamycin</i>	39
<i>acamprosate calcium</i>	105	<i>ACULAR LS</i>	170	<i>ADTHYZA</i>	132
<i>ACANYA</i>	180	<i>ACUVAIL</i>	170	<i>ADVAIR DISKUS</i>	180
<i>acarbose</i>	111	<i>acyclovir</i>	31, 189	<i>ADVAIR HFA</i>	180
<i>ACCUPRIL</i>	54	<i>ACYCLOVIR</i>	189	<i>ADZENYS XR-ODT</i>	91
<i>ACCURETIC</i>	54	<i>acyclovir sodium</i>	31	<i>ADZYNMA</i>	147
<i>accutane</i>	180	<i>ACZONE</i>	181	<i>AEMCOLO</i>	22
<i>acebutolol</i>	60	<i>ADACEL</i>	161	<i>AFINITOR</i>	44
<i>hydrochloride</i>		<i>ADAKVEO</i>	147	<i>AFINITOR DISPERZ</i>	44
<i>ACETADOTE</i>	127	<i>ADALIMUMAB</i>	150	<i>afirmelle</i>	118
<i>acetaminophen</i>	10	<i>ADALIMUMAB-AACF</i>	150	<i>AFREZZA</i>	107
<i>acetaminophen/ caffeine/ dihydrocodeine</i>	18	<i>ADALIMUMAB-AATY</i>	150	<i>AGAMREE</i>	125
<i>acetaminophen/ codeine</i>	18	<i>ADALIMUMAB-ADAZ</i>	150	<i>AGRYLIN</i>	147
<i>acetazolamide</i>	63	<i>ADALIMUMAB-ADBM</i>	151	<i>AIMOVIG</i>	96
<i>acetazolamide er</i>	63	<i>ADALIMUMAB-FKJP</i>	151	<i>AIRDUO DIGIHALER</i>	180
<i>acetazolamide sodium</i>	63	<i>ADALIMUMAB-RYVK</i>	151	<i>AIRDUO RESPICLICK</i>	180
<i>acetic acid</i>	142, 174	<i>ADALIMUMAD-ADBM</i>	150, 151	<i>AIRSUPRA</i>	180
		<i>adapalene</i>	181	<i>AJOVY</i>	96
		<i>ADAPALENE</i>	181	<i>AKEEGA</i>	41
				<i>AKLIEF</i>	181

Drug name	Page	Drug name	Page	Drug name	Page
AKYNZEO	133	alprazolam er	69	AMITIZA	138
ala-cort	185	ALPRAZOLAM	69	amitriptyline hcl	71
ALA-SCALP	185	INTENSOL		amitriptyline	71
albendazole	22	alprazolam odt	69	hydrochloride	
albuterol sulfate	176	ALPRAZOLAM XR	69	AMJEVITA	151
albuterol sulfate hfa	176	ALREX	170	amlodipine besylate	54,
ALCAINE	173	ALTABAX	183		55,
aclometasone	185	ALTACE	54		61,
dipropionate		altavera	118		64
ALDACTONE	55	ALTOPREV	58	amlodipine besylate/	64
ALDURAZYME	127	ALTRENO	181	atorvastatin calcium	
ALECENSA	44	ALUNBRIG	44	amlodipine	54
alendronate sodium	116	ALVAIZ	147	besylate/benazepril	
alfuzosin hcl	142	ALVESCO	179	hydrochloride	
ALIMTA	39	alyacen 1/35	118	amlodipine besylate/	55
ALIQOPA	44	alyacen 7/7/7	118	valsartan	
aliskiren	64	ALYGLO	157	amlodipine/	55
ALKINDI SPRINKLE	125	ALYMSYS	44	olmesartan medoxomil	
allopurinol	10	alyq	67	amlodipine/valsartan/	55
allopurinol sodium	10	amabelz	124	hydrochlorothiazide	
ALLZITAL	10	amantadine hcl	76	ammonium lactate	189
almotriptan	96	AMBIEN	95	amnesteem	181
almotriptan malate	96	AMBIEN CR	95	AMONDYS 45	98
ALOCRIL	171	AMBISOME	26	amoxapine	71
ALOGLIPTIN	111	ambrisentan	67	amoxicillin	36
ALOGLIPTIN/	111	amcinonide	185	amoxicillin/clavulanate	36
METFORMIN HCL		amethia	118	potassium	
ALOGLIPTIN/	111	amethyst	118	amoxicillin/clavulanate	36
METFORMIN		amikacin sulfate	22	potassium er	
HYDROCHLORIDE		amiloride hcl	63	amphetamine/	91
ALOGLIPTIN/	111	amiloride/	63	dextroamphetamine	
PIOGLITAZONE		hydrochlorothiazide		amphetamine/	91
ALOMIDE	171	aminocaproic acid	147,	dextroamphetamine er	
ALOPRIM	10		148	amphetamine sulfate	91
alosetron	138	aminophylline	177	amphotericin b	26
hydrochloride		amiodarone hcl	57	amphotericin b	26
ALPHAGAN P	171	amiodarone	57	liposome	
alprazolam	69	hydrochloride		ampicillin	36
				ampicillin sodium	36

Drug name	Page	Drug name	Page	Drug name	Page
ampicillin-sulbactam	36	ARAVA	156	ATACAND	56
AMPYRA	100	ARAZLO	181	ATACAND HCT	55
AMRIX	103	ARCALYST	158	atazanavir	28
AMVUTTRA	98	ARESTIN	192	atazanavir sulfate	28
AMZEEQ	181	AREXVY	161	ATELVIA	116
ANAFRANIL	71	ARFORMOTEROL	176	atenolol	60
anagrelide	148	TARTRATE		atenolol/chlorthalidone	60
hydrochloride		argatroban	144	ATGAM	159
anastrozole	41	ARICEPT	70	ATIVAN	69
ANCOBON	26	ARIKAYCE	22	atomoxetine	91
ANDRODERM	106	ARIMIDEX	41	ATORVALIQ	58
ANDROGEL PUMP	107	ariPIPRAZOLE	78	atorvastatin calcium	58
ANGELIQ	124	ariPIPRAZOLE odt	78	atovaquone	22,
ANNOVERA	118	ARISTADA	78		28
ANORO ELLIPTA	174	ARISTADA INITIO	78	atovaquone/proguanil	28
ANTIVERT	133	ARIIXTRA	144	hcl	
ANUSOL-HC	189	armodafinil	104	ATRALIN	181
ANZEMET	133	ARMONAIR	179	atropine sulfate	135
APADAZ	18	DIGIHALER		ATROPINE SULFATE	135,
APEXICON E	185	ARMOUR THYROID	132		173
APIDRA	107	ARNUITY ELLIPTA	179	ATROVENT HFA	174
APIDRA SOLOSTAR	107	AROMASIN	41	AUBAGIO	100
APLENZIN	71	ARRANON	39	aubra eq	118
APOKYN	76	arsenic trioxide	42	AUGMENTIN	36
apomorphine	76	ARTHROTEC 50	12	AUGMENTIN ES	36
hydrochloride		ARTHROTEC 75	12	AUGTYRO	45
APONVIE	133	ARZERRA	44	aurovela 1.5/30	118
apraclonidine	171	ASCENIV	157	aurovela 1/20	118
aprepitant	134	ascomp/codeine	18	aurovela 24 fe	118
apri	118	asenapine maleate sl	78	aurovela fe 1.5/30	118
APRISO	136	ashlyna	118	aurovela fe 1/20	118
APTENSIO XR	91	ASMANEX HFA	179	AUSTEDO	98
APTIOM	84	ASMANEX	179	AUSTEDO XR	98
APТИВУС	28	TWISTHALER		AUVELITY	71
ARALAST NP	177	ASPARLAS	42	AUVI-Q	177
aranelle	118	aspirin/dipyridamole er	149	AVALIDE	55
ARANESP ALBUMIN	146	ASPRUZY SPRINKLE	64	AVAPRO	56
FREE		ASTAGRAF XL	159	AVASTIN	45

Drug name	Page	Drug name	Page	Drug name	Page
AVEED	107	BACTRIM DS	22	BENICAR HCT	55
<i>aviane</i>	118	BAFIERTAM	100	BENLYSTA	159
AVODART	142	BALCOLTRA	118	BENSAL HP	189
AVONEX	100	<i>balsalazide disodium</i>	136	BENZAMYCIN	181
AVSOLA	151	BALVERSA	45	BENZHYDROCO-	18
AVYCAZ	33	<i>balziva</i>	118	DONE/	
<i>ayuna</i>	118	BANZEL	84	ACETAMINOPHEN	
AYVAKIT	45	BAQSIMI ONE PACK	127	BENZNIDAZOLE	22
<i>azacitidine</i>	39	BAQSIMI TWO PACK	127	<i>benztropine mesylate</i>	76
AZACTAM	22	BARACLUIDE	31	BEOVU	173
<i>azasan</i>	159	BASAGLAR KWIKPEN	108	<i>bepotastine besilate</i>	171
AZASITE	169	BASAGLAR TEMPO	108	BEPREVE	171
<i>azathioprine</i>	159	PEN		BERINERT	148
AZATHIOPRINE	159	BAVENCIO	45	BESIVANCE	169
<i>azelaic acid</i>	189	BAXDELA	35	BESPONSA	45
<i>azelastine hcl</i>	171,	BCG VACCINE	161	BESREMI	42
	175	BD ALCOHOL SWABS	107	BETADINE	169
<i>azelastine</i>	175	BD INSULIN SYRINGE	108	OPHTHALMIC PREP	
<i>hydrochloride</i>		BD PEN	108	<i>betaine anhydrous</i>	127
<i>azelastine</i>	175	BD PEN NEEDLE/	108	<i>betamethasone</i>	185
<i>hydrochloride/</i>		ORIGINAL/ULTRA-		<i>dipropionate</i>	
<i>fluticasone propionate</i>		FINE/29G X 1/2		<i>betamethasone</i>	185
AZELEX	181	BELBUCA	15	<i>dipropionate</i>	
AZILECT	76	BELEODAQ	45	<i>augmented</i>	
<i>azithromycin</i>	35	BELLADONNA/OPIUM	135	<i>betamethasone</i>	125
AZITHROMYCIN	35	BELSOMRA	95	<i>sodium phosphate/</i>	
AZOPT	171	<i>benazepril hcl</i>	54	<i>betamethasone</i>	
AZOR	55	<i>benazepril</i>	54	<i>acetate</i>	
AZSTARYS	91	<i>hydrochloride</i>		<i>betamethasone</i>	185
<i>aztreonam</i>	22	<i>benazepril</i>	54	<i>valerate</i>	
AZULFIDINE	136	<i>hydrochloride/</i>		BETAPACE	57
AZULFIDINE EN-TABS	136	<i>hydrochlorothiazide</i>		BETAPACE AF	57
<i>azurette</i>	118	<i>bendamustine</i>	38	BETASERON	101
<i>bacitracin</i>	169	<i>hydrochloride</i>		<i>betaxolol hcl</i>	60,
<i>bacitracin/polymyxin b</i>	169	BENDAMUSTINE	38		171
<i>baclofen</i>	103	HYDROCHLORIDE		<i>bethanechol chloride</i>	142
BACLOFEN	103	BENDEKA	38	BETHKIS	22
BACTRIM	22	BENICAR	56	BETIMOL	171
				BETOPTIC-S	171

Drug name	Page	Drug name	Page	Drug name	Page
BEVESPI	174	BREO ELLIPTA	180	bupivacaine/	11
AEROSPHERE		breyna	180	epinephrine	
bexarotene	42, 189	BREZTRI	174	bupivacaine	10, 11
BEXSERO	161	AEROSPHERE		fisiopharma	
BEYAZ	118	briellyn	119	bupivacaine hcl	11
BEYFORTUS	158	BRILINTA	150	bupivacaine	11
bicalutamide	41	brimonidine tartrate	172, 189	hydrochloride	
BICILLIN C-R	36	BRIMONIDINE	172	buprenorphine	15
BICILLIN L-A	36	TARTRATE		buprenorphine hcl	18, 105
BIDIL	64	brimonidine tartrate/ timolol maleate	171	buprenorphine hcl/	105
BIJUVA	124	brinzolamide	172	naloxone hcl	
BIKTARVY	30	BRIUMVI	101	buprenorphine	105
BILTRICIDE	22	BRIVIACT	84	hydrochloride/	
bimatoprost	171	BRIXADI	105	naloxone	
BIMZELX	151	bromfenac	170	hydrochloride	
BINOSTO	116	bromfenac sodium	170	bupropion	71
bismuth subcitrate	138	bromocriptine	76	bupropion	71,
pot/metronidazole/		mesylate		hydrochloride	106
tetracycline		BROMSITE	170	bupropion	71,
hydrochloride		BRONCHITOL	177	hydrochloride er	106
bisoprolol fumarate	60	BROVANA	176	BUPROPION	71
bisoprolol fumarate/	60	BRUKINSA	45	HYDROCHLORIDE ER	
hydrochlorothiazide		BRUSELIX	188	(XL)	
BIVIGAM	157	BRYHALI	185	buspirone	69
bleomycin sulfate	42	budesonide	137, 179	buspirone	69
BLINCYTO	45	budesonide dr	137	hydrochloride	
blisovi 24 fe	118	budesonide er	137	busulfan	38
blisovi fe 1.5/30	118	budesonide/	180	BUSULFEX	38
blisovi fe 1/20	118	formoterol fumarate		butalbital/	11, 18
BONJESTA	134	dihydrate		acetaminophen	
BOOSTRIX	161	bumetanide	63	butalbital/	11, 18
bortezomib	45	BUMEX	63	acetaminophen/	
BORTEZOMIB	45	bupap	10	caffeine	
bosentan	67	BUPHENYL	127	butalbital/	18
BOSULIF	45			acetaminophen/	
BOTOX	103			caffeine/codeine	
BRAFTOVI	45			butalbital/aspirin/	11, 18
				caffeine	

Drug name	Page	Drug name	Page	Drug name	Page
butalbital/aspirin/ caffeine	18	CAMRESE LO	119	CARDURA	55, 142
butorphanol tartrate	18	CAMZYOS	64	CARDURA XL	142
BUTRANS	15	CANASA	137	carglumic acid	127
BYDUREON BCISE	111	CANCIDAS	26	carisoprodol	103
BYETTA	111	candesartan cilexetil	56, 57	carmustine	38
BYLVAY	138	candesartan cilexetil/ hydrochlorothiazide	55, 56	CARNITOR	127
BYOOVIZ	173	CAPEX	185	CARNITOR SF	127
BYSTOLIC	60	CAPLYTA	79	CAROSPIR	55
CABENUVA	30	CAPRELSA	45	carteolol hcl	172
cabergoline	127	captopril	54	cartia xt	61
CABLIVI	148	captopril/ hydrochlorothiazide	54	carvedilol	60
CABOMETYX	45	CARAC	189	carvedilol phosphate	60
CABTREO	181	CARAFATE	138	er	
CADUET	64	CARBAGLU	127	CASODEX	41
calcipotriene	184	carbamazepine	84	caspofungin acetate	26
CALCIPOTRIENE	184	carbamazepine er	84	CAYSTON	22
calcipotriene/ betamethasone dipropionate	184	CARBATROL	84	cefaclor	33
CALCIPOTRIENE/ BETAMETHASONE DIPROPIONATE	184	carbidopa	76	CEFACLOR ER	33
calcitonin salmon	116	carbidopa/levodopa	76	cefadroxil	33
calcitonin-salmon	116	CARBIDOPA/ LEVODOPA/ ENTACAPONE	76	cefazolin	33
calcitrene	184	carbidopa/levodopa er	76	CEFAZOLIN	33
calcitriol	133	carbidopa/levodopa odt	76	CEFAZOLIN/ DEXTROSE	33
CALCITRIOL	184	carbinoxamine	175	cefazolin sodium	33
CALCIUM GLUCONATE	162	maleate		CEFAZOLIN SODIUM	33
calcium gluconate/ sodium chloride	162	CARBINOXAMINE	175	CEFAZOLIN SODIUM/ DEXTROSE	33
CALDOLOR	12	MALEATE		cefdinir	33
CALQUENCE	45	carboplatin	38	cefepime	34
CAMBIA	96	CARDENE IV	61	CEFEPIME	34
camila	119	CARDIZEM	61	CEFEPIME/DEXTROSE	34
CAMPTOSAR	42	CARDIZEM CD	61	CEFEPIME	34
CAMRESE	119	CARDIZEM LA	61	HYDROCHLORIDE	
				cefixime	34
				cefotetan	34
				cefoxitin sodium	34
				CEFOXITIN SODIUM	34

Drug name	Page	Drug name	Page	Drug name	Page
<i>cefpodoxime proxetil</i>	34	<i>chloramphenicol</i>	22	<i>cinacalcet</i>	72,
<i>cefprozil</i>	34	<i>sodium succinate</i>		<i>hydrochloride</i>	128
<i>ceftazidime</i>	34	<i>chlordiazepoxide/</i>	72	<i>CINQAIR</i>	177
<i>CEFTRIAXONE/</i>	34	<i>amitriptyline</i>		<i>CINRYZE</i>	148
<i>DEXTROSE</i>		<i>chlordiazepoxide hcl</i>	69	<i>CINVANTI</i>	134
<i>ceftriaxone in iso-</i>	34	<i>chlordiazepoxide</i>	70,	<i>CIPRO</i>	35,
<i>osmotic dextrose</i>		<i>hydrochloride</i>	135		174
<i>ceftriaxone sodium</i>	34	CHLORDIAZEPOXIDE	135	CIPROFLOXACIN	35,
<i>CEFTRIAXONE</i>	34	HYDROCHLORIDE/			36,
<i>SODIUM</i>		CLIDINIUM BROMIDE			169,
<i>cefuroxime axetil</i>	34	<i>chlorhexidine</i>	192		174
<i>cefuroxime sodium</i>	34	<i>gluconate</i>		<i>ciprofloxacin/</i>	174
<i>CELEBREX</i>	12	<i>chloroquine phosphate</i>	28	<i>dexamethasone</i>	
<i>celecoxib</i>	12	<i>chlorothiazide sodium</i>	63	CIPROFLOXACIN/	174
<i>CELESTONE-</i>	125	<i>chlorpromazine hcl</i>	79	FLUOCINOLONE	
<i>SOLUSPAN</i>		<i>chlorpromazine</i>	79	ACETONIDE PF	
<i>CELEXA</i>	72	<i>hydrochloride</i>		<i>ciprofloxacin hcl</i>	35
<i>CELLCEPT</i>	159,	<i>chlorthalidone</i>	63	<i>ciprofloxacin</i>	35,
	160	<i>chlorzoxazone</i>	103	<i>hydrochloride</i>	169
<i>CELONTIN</i>	84	CHOLBAM	138	<i>ciprofloxacin i.v.-in d5w</i>	36
<i>cephalexin</i>	34	<i>cholestyramine</i>	59	<i>CIPRO HC</i>	174
		<i>cholestyramine light</i>	59	<i>cisplatin</i>	38
<i>CEQUA</i>	173	CHORIONIC	127	<i>citalopram</i>	72
CEQUR SIMPLICITY 2U	108	GONADOTROPIN		<i>hydrobromide</i>	
CEQUR SIMPLICITY	108	<i>CIBINQO</i>	151	CITALOPRAM	72
<i>INSERTER</i>		<i>ciclodan</i>	183	HYDROBROMIDE	
<i>CERDELGA</i>	127	<i>ciclopirox</i>	183	CITRANATAL 90 DHA	164
<i>CEREBYX</i>	84	<i>ciclopirox nail lacquer</i>	183	CITRANATAL B-CALM	164
<i>CEREZYME</i>	127	<i>ciclopirox olamine</i>	183	CITRANATAL	164
<i>cetirizine</i>	175	<i>cidofovir</i>	31	<i>HARMONY</i>	
<i>hydrochloride</i>		<i>cilostazol</i>	148	CITRANATAL MEDLEY	164
<i>CETRAXAL</i>	174	<i>CILOXAN</i>	169	<i>cladribine</i>	39
<i>cevimeline</i>	192	<i>CIMDUO</i>	30	<i>claravis</i>	181
<i>hydrochloride</i>		<i>CIMERLI</i>	173	CLARINEX	175
<i>charlotte 24 fe</i>	119	<i>cimetidine</i>	136	CLARINEX-D	175
<i>chateal eq</i>	119	<i>CIMZIA</i>	151	<i>clarithromycin</i>	35
<i>CHEMET</i>	117	CIMZIA STARTER KIT	151	<i>clarithromycin er</i>	35
<i>CHENODAL</i>	138			<i>clemastine fumarate</i>	175

Drug name	Page	Drug name	Page	Drug name	Page
CLEMASTINE	175	CLINIMIX 8/14	167	clonidine	64
FUMARATE		CLINIMIX/DEXTROSE	167	hydrochloride	
CLENPIQ	137	CLINIMIX E 2.75%/ DEXTROSE 5%	168	clonidine	64,
CLEOCIN	22, 144	CLINIMIX E 4.25%/ DEXTROSE 5%	168	hydrochloride er	91
CLEOCIN PEDIATRIC	22	CLINIMIX E 4.25%/ DEXTROSE 10%	168	clopidogrel	150
CLEOCIN PHOSPHATE	22	CLINIMIX E 5%/ DEXTROSE 15%	168	clorazepate	85
CLEOCIN-T	181	CLINIMIX E 5%/ DEXTROSE 20%	168	dipotassium	
CLIMARA	124	CLINIMIX E 8/10	168	clotrimazole	183
CLIMARA PRO	124	CLINIMIX E 8/14	168	clotrimazole/	183
clindacin	181	clinisol sf	168	betamethasone	
clindacin etz	181	CLINOLIPID	168	dipropionate	
clindacin-p	181	clinpro 5000	192	clotrimazole troche	192
CLINDAGEL	181	clobazam	84	clozapine	79
clindamycin	181	clobetasol propionate	185,	clozapine odt	79
clindamycin/benzoyl peroxide	181		186	CLOZAPINE ODT	79
clindamycin hcl	22	clobetasol propionate	185	CLOZARIL	79
clindamycin	22	emollient		C-NATE DHA	164
hydrochloride		CLOBEX	186	COARTEM	28
clindamycin palmitate	23	PIVALATE		COBENFY	79
hcl		clodan	186	COBENFY STARTER	79
clindamycin	23	clofarabine	39	PACK	
phosphate		CLOLAR	39	COCAINE	177
clindamycin phosphate	23,	clomipramine	72	HYDROCHLORIDE	
	144,	hydrochloride		CODEINE SULFATE	18
	181	clonazepam	85	COLAZAL	137
clindamycin	181	clonazepam odt	84,	colchicine	10
phosphate/benzoyl peroxide			85	COLCHICINE	10
clindamycin	23	clonidine	11,	COLCRYS	10
phosphate/dextrose			64,	colesevelam	59
clindamycin	181		91	hydrochloride	
phosphate/tretinoin		clonidine hcl	11	COlestid	59
CLINDAMYCIN/	23			colestipol hcl	59
SODIUM CHLORIDE				colistimethate sodium	23
CLINDESSE	144			COLUMVI	45
CLINIMIX 6/5	167			COLY-MYCIN M	23
CLINIMIX 8/10	167			COMBIGAN	172
				COMBIPATCH	124

Drug name	Page	Drug name	Page	Drug name	Page
COMBIVENT	174	CREON	138	<i>cyproheptadine hcl</i>	175
RESPIMAT		CRESEMBA	26, 27	<i>cyproheptadine</i>	175
COMBIVIR	30	CRESTOR	58	<i>hydrochloride</i>	
COMBOGESIC	12	CREXONT	77	CYRAMZA	46
COMETRIQ KIT	45	CRINONE	132	<i>cyred eq</i>	119
COMPLERA	30	<i>cromolyn sodium</i>	138, 171, 177	CYSTADANE	128
COMPLETENATE	164	<i>crotan</i>	191	CYSTADROPS	173
<i>compro</i>	134	<i>cryselle-28</i>	119	CYSTAGON	128
COMTAN	76	CRYSVITA	128	CYSTARAN	173
CONCEPT DHA	164	CUBICIN RF	23	<i>cytarabine</i>	39, 40
CONCEPT OB	164	CUPRIMINE	117	CYTOGAM	157
CONCERTA	91	CUTAQUIG	157	CYTOMEL	132
CONDYLOX	189	CUVITRU	157	CYTOTEC	138
CONJUPRI	61	CUVPOSA	135	<i>dabigatran</i>	145
<i>constulose</i>	137	CUVRIOR	117	<i>dacarbazine</i>	42
CONZIP	15	<i>cyclobenzaprine</i>	103	<i>dactinomycin</i>	42
COPAXONE	101	<i>hydrochloride</i>		<i>dalfampridine er</i>	101
COPIKTRA	45	<i>cyclobenzaprine</i>	103	DALIRESP	177
CORDRAN	186	<i>hydrochloride er</i>		DALVANCE	23
COREG	60	CYCLOGYL	173	<i>danazol</i>	107
COREG CR	60	<i>cyclopentolate hcl</i>	173	DANTRIUM	103
CORLANOR	64	<i>cyclophosphamide</i>	38, 39	<i>dantrolene</i>	103
CORTEF	125	CYCLOPHOSPHAMIDE	38, 39	<i>dapagliflozin</i>	111
CORTENEMA	137	CYCLOPHOSPHAMIDE	38	<i>propanediol</i>	
CORTIFOAM	189	MONOHYDRATE		<i>dapagliflozin</i>	111
CORTISONE ACETATE	125	<i>cycloserine</i>	31	<i>propanediol/</i>	
CORTISPORIN-TC	174	CYCLOSET	111	<i>metformin</i>	
CORTROPHIN	128	<i>cyclosporine</i>	160, 173	<i>hydrochloride</i>	
COSENTYX	152	<i>cyclosporine modified</i>	160	<i>dapsone</i>	23, 182
COSENTYX	151	CYKLOKAPRON	148	DAPTACEL	161
SENSOREADY PEN		CYLTEZO	152	<i>daptomycin</i>	23
COSENTYX	152	CYMBALTA	72	DAPTONYCIN	23
UNOREADY				DARAPRIM	23
COSOPT	172			<i>darifenacin</i>	143
COSOPT PF	172			<i>hydrobromide er</i>	
COTELLIC	46			<i>darunavir</i>	28
COTEMPLA XR-ODT	91				
COZAAR	57				

Drug name	Page	Drug name	Page	Drug name	Page
DARZALEX	46	DEPEN TITRATABS	117	DEXEDRINE	91
DARZALEX FASPRO	46	DEPO-ESTRADIOL	124	DEXILANT	140
dasatinib	46	DEPO-MEDROL	125	dexlansoprazole	140
dasetta 1/35	119	DEPO-PROVERA	119	dexamethylphenidate	91,
dasetta 7/7/7	119	CONTRACEPTIVE		hcl	92
daunorubicin	43	DEPO-SUBQ	119	dexamethylphenidate	92
hydrochloride		PROVERA		hcl er	
DAUNORUBICIN	42	DEPO-TESTOTERONE	107	dexamethylphenidate	92
HYDROCHLORIDE		DERMACINRX	188	hydrochloride	
DAURISMO	46	LIDOGEL		dexamethylphenidate	92
DAYBUE	98	DERMA-SMOOTH/FS	186	hydrochloride er	
DAYPRO	12	BODY		dextroamphetamine	92
daysee	119	DERMA-SMOOTH/FS	186	sulfate	
DAYTRANA	91	SCALP		dextroamphetamine	92
DAYVIGO	95	DERMOTIC	174	sulfate er	
DDAVP	128	DESCOVY	30	dextrose	162,
deblitane	119	DESFERAL	117	163,	
decitabine	40	desipramine	72	168	
deferasirox	117	hydrochloride		DEXTROSE	162,
deferiprone	117	desloratadine	175	163,	
deferoxamine	117	desloratadine odt	175	168	
mesylate		desmopressin acetate	128	DEXTROSE 25%	168
deflazacort	125	desogestrel/ethynodiol	119	DEXTROSE/	162
DELESTROGEN	124	desonide	186	ELECTROLYTE #48	
DELSTRIGO	30	DESOWEN	186	VIAFLEX	
delyla	119	desoximetasone	186	DEXTROSE/LACTATED	162
DELZICOL	137	desvenlafaxine er	72	RINGERS	
demeclocycline hcl	37	DESVENLAFAKINE ER	72	DEXTROSE/NACL	163
DEMEROL	18	DETROL	143	DEXYCU	170
DEM SER	64	DETROL LA	143	DHIVY	77
DENAVIR	189	DEXABLISS	125	DIACOMIT	85
DENGVAXIA	161	dexamethasone	125,	diazepam	85
denta	192		170	DIAZEPAM RECTAL	85
denta 5000 plus	192	DEXAMETHASONE	125	GEL	
dentagel	192	INTENSOL		diazoxide	127
DEPAKOTE	85	dexamethasone	125,	DIBENZYLINE	65
DEPAKOTE ER	85	sodium phosphate	170	dichlorphenamide	63
DFPAKOTF SPRINKLS	85			DICLEGIS	134

Drug name	Page	Drug name	Page	Drug name	Page
DICLOFENAC	189	dimethyl fumarate	101	DOPAMINE	65
EPOLAMINE		DIOVAN	57	HYDROCHLORIDE	
<i>diclofenac potassium</i>	12, 96	DIOVAN HCT	56	DOPAMINE	65
<i>diclofenac sodium</i>	170, 189	DIPENTUM	137	HYDROCHLORIDE/	
<i>diclofenac sodium dr</i>	12	diphenhydramine hcl	175	DEXTROSE	
<i>diclofenac sodium er</i>	12	diphenoxylate/atropine	139	DOPTELET	148
<i>diclofenac sodium/ misoprostol</i>	12, 13	diphenoxylate	138	DORYX MPC	37
<i>dicloxacillin sodium</i>	36	hydrochloride/atropine		<i>dorzolamide hcl/ timolol maleate</i>	
<i>dicyclomine hcl</i>	135	sulfate		<i>dorzolamide hydrochloride</i>	
<i>dicyclomine hydrochloride</i>	136	DIPHTHERIA/	161	<i>dorzolamide hydrochloride/timolol maleate</i>	
DIFFERIN	182	TETANUS TOXOIDS		<i>dotti</i>	124
DIFICID	35	ADSORBED PEDIATRIC		DOVATO	30
<i>diflorasone diacetate</i>	186	DIPROLENE	186	<i>doxazosin mesylate</i>	55
DIFLUCAN	27	dipyridamole	150	<i>doxepin hcl</i>	72
<i>diflunisal</i>	13	disopyramide	57	<i>doxepin hydrochloride</i>	72, 95
<i>diluprednate</i>	170	phosphate		DOXE PIN	189
<i>digox</i>	65	disulfiram	106	HYDROCHLORIDE	
<i>digoxin</i>	65	DIURIL	63	<i>doxercalciferol</i>	133
<i>dihydroergotamine mesylate</i>	96	divalproex sodium dr	85	DOXIL	43
DILANTIN	85	divalproex sodium er	85	<i>doxorubicin hcl</i>	43
DILANTIN-125	85	DIVIGEL	124	<i>doxorubicin hydrochloride</i>	
DILANTIN INFATABS	85	dobutamine hcl	65	<i>doxorubicin hydrochloride liposomal</i>	
DILAUDID	18	DOBUTAMINE HCL/	65	<i>doxy 100</i>	37
<i>diltiazem hcl</i>	62	HYDROCHLORIDE/		<i>doxycycline</i>	38
DILTIAZEM HCL	62	DEXTROSE		DOXYCYCLINE	189
<i>diltiazem hcl cd</i>	61	docetaxel	44	<i>doxycycline hyalate</i>	37
<i>diltiazem hcl er</i>	62	DOCETAXEL	44	<i>doxycycline hyalate dr</i>	37
<i>diltiazem hydrochloride</i>	62	dofetilide	57	<i>doxycycline</i>	37
<i>diltiazem hydrochloride er</i>		DOJOLVI	128	<i>monohydrate</i>	
<i>dilt-xr</i>	61	dolishale	119		
DIMENHYDRINATE	134	DOLOBID	13		
		donepezil hcl	70		
		donepezil	71		
		hydrochloride			
		DOPAMINE/D5W	65		

Drug name	Page	Drug name	Page	Drug name	Page
doxylamine succinate/pyridoxine hydrochloride	134	ec-naproxen	13	ELLENCE	43
DRIZALMA	72	econazole nitrate	183	ELMIRON	142
dronabinol	134	edaravone	99	ELREXFIO	46
droperidol	70	EDARBI	57	eluryng	119
drospirenone/ethinyl estradiol	119	EDARBYCLOR	56	ELYXYB	97
drospirenone/ethinyl estradiol/levomefolate calcium	119	EDECRRIN	63	EMCYT	41
DROXIA	148	EDLUAR	95	EMEND	134
droxidopa	65	EDURANT	28	EMEND TRIPACK	134
DUAKLIR PRESSAIR	174	E.E.S.	35	EMFLAZA	125
DUAVEE	124	e.e.s. 400	35	EMGALITY	97
DUETACT	111	efavirenz	28	EMPAVELI	148
DUEXIS	13	efavirenz/	30	EMPLICITI	46
DULERA	180	emtricitabine/tenofovir disoproxil fumarate		EMSAM	73
duloxetine hcl	72	efavirenz/lamivudine/ tenofovir disoproxil fumarate	30	emtricitabine	28, 30
duloxetine hydrochloride	73	effer-k	165	emtricitabine/tenofovir disoproxil	30
DUOBRII	186	EFFEXOR XR	73	emtricitabine/tenofovir disoproxil fumarate	30
DUOPA	77	EFFIENT	150	EMTRIVA	28
DUPIXENT	152	EFUDEX	189	EMVERM	23
DURACLON	11	EGRIFTA SV	128	emzahh	119
DURAMORPH	18	ELAPRASE	128	enalaprilat	54
DUREZOL	170	ELELYSO	128	enalapril maleate	54
DURYSTA	172	ELESTRIN	124	enalapril maleate/ hydrochlorothiazide	54
dutasteride	142	eletriptan	96	ENBRACE HR	165
dutasteride/tamsulosin hydrochloride	142	hydrobromide		ENBREL	152
DUVYZAT	98	ELFABRIO	128	ENBREL MINI	152
DYANAVEL XR	92	ELIDEL	189	ENBREL SURECLICK	152
DYCLOPRO	188	ELIGARD	41	ENDARI	148
DYMISTA	175	elinest	119	endocet	18
DYRENium	63	ELIQUIS	145	ENGERIX-B	161
DYSport	103	ELIQUIS STARTER	145	ENHERTU	46
EBGLYSS	152	PACK		enilloring	119
		ELITEK	53	ENJAYMO	148
		ELITE-OB	165	enoxaparin sodium	145
		elixophyllin	177	enpresso-28	119

Drug name	Page	Drug name	Page	Drug name	Page
enskyce	119	ergotamine tartrate/	97	estradiol	124
ENSPRYNG	99	caffeine		estradiol/	124
ENSTILAR	184	eribulin mesylate	44	norethindrone acetate	
entacapone	77	ERIVEDGE	46	estradiol valerate	124
ENTADFI	142	ERLEADA	41	ESTRING	124
entecavir	31	erlotinib hydrochloride	46	ESTROGEL	124
ENTRESTO	56	ERMEZA	132	eszopiclone	95
ENTYVIO	152	errin	119	ethacrynone sodium	63
ENTYVIO PEN	152	ERTACZO	183	ethacrynic acid	63
enulose	137	ertapenem	23	ethambutol	31
ENVARSUS XR	160	ery	182	hydrochloride	
EOHILIA	139	ERYGEL	182	ethosuximide	85
EPANED	54	ERYPED 200	35	ethynodiol diacetate/	119
EPCLUSA	31	ERYPED 400	35	ethynodiol estradiol	
EPIDIOLEX	85	ery-tab	35	etodolac	13
EPIDUO	182	ERYTHROCIN	35	etodolac er	13
EPIDUO FORTE	182	LACTOBIONATE		etonogestrel/ethinyl	119
EPIFOAM	186	erythromycin	169,	estradiol	
epinastine hcl	171	182		ETOPOPHOS	44
epinephrine	65, 177	erythromycin base	35	etoposide	44
EPIPEN	177	erythromycin/benzoyl	182	etravirine	28
EPIPEN-JR	177	peroxide		EUCRISA	189
epitol	85	erythromycin dr	35	EULEXIN	41
EPIVIR	28	erythromycin	35	euthyrox	132
EPKINLY	46	ethylsuccinate		EVAMIST	124
eplerenone	55	erythromycin	35	EVEKEO	92
EPOGEN	146	lactobionate		EVEKEO ODT	92
epoprostenol sodium	67	erythromycin stearate	35	EVERNITY	116
EPRONTIA	85	ESBRIET	177	everolimus	46,
EPSOLAY	182	escitalopram oxalate	73	160	
EPZICOM	30	esgic	11	EVISTA	128
EQUETRO	99	ESGIC	11	EVKEEZA	59
ERAXIS	27	esomeprazole	140	EVOMELA	39
ERBITUX	46	magnesium		EVOTAZ	30
ergoloid mesylates	71	esomeprazole sodium	140	EVOXAC	192
ERGOMAR	97	estarrylla	119	EVRYSDI	99
		estazolam	95	EXELDERM	183
		ESTRACE	124	EXELON	71

Drug name	Page	Drug name	Page	Drug name	Page
exemestane	41	<i>fenofibrate</i>	58	FIORICET/CODEINE	19
EXFORGE	56	<i>fenofibrate micronized</i>	58	FIRAZYR	148
EXFORGE HCT	56	FENOFIBRIC ACID	58	FIRDAPSE	99
EXJADE	117	<i>fenofibric acid dr</i>	58	FIRMAGON	41
EXKIVITY	46	FENOGLIDE	58	FIRVANQ	23
EXONDYS 51	99	<i>fenoprofen calcium</i>	13	<i>flac</i>	174
EXPAREL	22	FENOPROFEN	13	FLAGYL	23
EXTAVIA	101	CALCIUM		FLAREX	170
EXTENCILLINE	36	FENSOLVI	128	<i>flavoxate hcl</i>	142
EYLEA	173	<i>fentanyl</i>	15	FLEBOGAMMA DIF	157
EYLEA HD	173	<i>fentanyl citrate</i>	18, 19	<i>flecainide acetate</i>	57
EYSUVIS	173	FENTANYL CITRATE	18, 19	FLECTOR	189
EZALLOR SPRINKLE	58	<i>fentanyl citrate oral</i>	18	FLEQSUHV	103
<i>ezetimibe</i>	59	<i>transmucosal</i>		FLOLAN	67
<i>ezetimibe/simvastatin</i>	59	FENTORA	19	FLOLIPID	59
FABHALTA	148	FERRIPROX	117	FLOMAX	142
FABIOR	182	FERRIPROX TWICE-A-DAY	117	FLORAFOL PEDIATRIC	165
FABRAZYME	128	fesoterodine fumarate er	143	FLORIVA	165
<i>falmina</i>	119	FETROJA	34	<i>fluconazole</i>	27
<i>famciclovir</i>	32	FETZIMA	73	<i>fluconazole in sodium chloride</i>	27
<i>famotidine</i>	136	FETZIMA TITRATION PACK	73	<i>fluconazole/sodium chloride</i>	27
<i>famotidine premixed</i>	136	<i>fexmid</i>	103	FLUCTICASONE PROPIONATE/SALMETEROL	180
FANAPT	79	FIASP	108	<i>flucytosine</i>	27
FANAPT TITRATION	79	FIASP FLEXTOUCH	108	fludarabine phosphate	40
PACK		FIASP PENFILL	108	<i>fludrocortisone acetate</i>	125
FARESTON	41	FILSPARI	142	<i>flumazenil</i>	99
FARXIGA	111	FILSUVET	191	<i>flunisolide</i>	179
FASENRA	177	FINACEA	189	<i>fluocinolone acetonide</i>	174, 186
FASENRA PEN	177	<i>finasteride</i>	142	<i>fluocinolone acetonide body</i>	186
FASLODEX	41	fingolimod	101	<i>fluocinonide</i>	186
<i>febuxostat</i>	10	FINTEPLA	85		
<i>felbamate</i>	85	<i>finzala</i>	119		
FELBATOL	85	FIORICET	11, 19		
FELDENE	13				
<i>felodipine er</i>	62				
FEMARA	41				
FEMRING	124				

Drug name	Page	Drug name	Page	Drug name	Page
<i>fluocinonide emulsified base</i>	186	<i>fluticasone propionate/ salmeterol diskus</i>	180	FULPHILA	146
<i>fluoride</i>	165	<i>fluticasone propionate/ salmeterol hfa</i>	180	fulvestrant	41
<i>fluoridex</i>	192	<i>fluvastatin</i>	59	FUROSCIX	64
<i>fluoridex sensitivity relief/sls free</i>	192	<i>fluvastatin sodium er</i>	59	furosemide	64
<i>fluorimax 5000</i>	192	<i>fluvoxamine maleate</i>	70	FUZEON	28
<i>fluorimax 5000 sensitive</i>	192	<i>fluvoxamine maleate er</i>	70	FYARRO	46
FLUOROMETHOLONE	170	FML FORTE	170	<i>fyavolv</i>	124
<i>fluorouracil</i>	40, 189, 190	FML LIQUIFILM	170	FYCOMPA	86
FLUOROURACIL	189	FOCALIN	92	FYLNETRA	146
<i>fluoxetine dr</i>	73	FOCALIN XR	92	<i>gabapentin</i>	86
<i>fluoxetine hydrochloride</i>	73	FOCINVEZ	134	<i>gabapentin once-daily</i>	99
<i>fluphenazine decanoate</i>	79	FOLIVANE-OB	165	GABLOFEN	103
<i>fluphenazine hcl</i>	79	FOLOTYN	40	GALAFOLD	128
<i>fluphenazine hydrochloride</i>	79	<i>fomepizole</i>	128	<i>galantamine</i>	71
<i>flurandrenolide</i>	186	<i>fondaparinux sodium</i>	145	<i>hydrobromide</i>	
<i>flurazepam hydrochloride</i>	95	<i>formoterol fumarate</i>	176	<i>galantamine</i>	71
<i>flurbiprofen</i>	13	FORTEO	116	<i>hydrobromide er</i>	
<i>flurbiprofen sodium</i>	170	FOSAMAX	116	<i>gallifrey</i>	132
FLUTICASONE	180	FOSAMAX PLUS D	116	GAMASTAN	157
FUROATE/		fosamprenavir calcium	28	GAMMAGARD LIQUID	157
VILANTEROL ELLIPTA		<i>fosaprepitant</i>	134	GAMMAGARD S/D	157
<i>fluticasone propionate</i>	179, 187	<i>dimeglumine</i>		GAMMAKED	157
FLUTICASONE	179	foscarnet sodium	32	GAMMAPLEX	157
PROPIONATE DISKUS		<i>fosfomycin</i>	23	GAMUNEX-C	157
FLUTICASONE	179	<i>tromethamine</i>		<i>ganciclovir</i>	32
PROPIONATE HFA		fosinopril sodium	54	GARDASIL	161
<i>fluticasone propionate/ salmeterol</i>	180	<i>fisinopril sodium/ hydrochlorothiazide</i>	54	GASTROCROM	139
		fosphenytoin sodium	86	<i>gatifloxacin</i>	169
		FOTIVDA	46	GATTEX	139
		FRAGMIN	145	GAUZE PADS	108
		FRAICHE 5000	192	<i>gavilyte-c</i>	137
		<i>fraiche 5000 dental</i>	192	<i>gavilyte-g</i>	137
		FROVA	97	<i>gavilyte-n/flavor pack</i>	137
		<i>frovatriptan succinate</i>	97	GAVRETO	46
		FRUZAQLA	46	GAZYVA	46

Drug name	Page	Drug name	Page	Drug name	Page
gemcitabine hcl	40	GLUCAGON	127	hailey fe 1.5/30	119
gemcitabine	40	GLUCOTROL XL	112	hailey fe 1/20	120
hydrochloride		GLUMETZA	112	HALAVEN	44
GEMCITABINE	40	glyburide	112	halcinonide	187
HYDROCHLORIDE		glyburide/metformin	112	HALCION	95
gemfibrozil	58	hydrochloride		HALDOL DECANOATE	79
gemmily	119	glyburide micronized	112		100
GEMTESA	143	GLYCATE	136	halobetasol propionate	187
generlac	138	glycopyrrolate	136	HALOBETASOL PROPIONATE	
gengraf	160	GLYCOPYRROLATE	136	haloette	120
GENOTROPIN	128	glydo	188	HALOG	187
GENOTROPIN	128	GLYXAMBI	112	haloperidol	80
MINIQUICK		GOCOVRI	77	haloperidol decanoate	80
gentamicin sulfate	23, 169, 183	GOLYTELY	138	haloperidol lactate	80
gentamicin sulfate	23	GOPRELTO	178	HARVONI	32
pediatric		GRALISE	99	HAVRIX	161
gentamicin sulfate/ sodium chloride	23	granisetron hcl	134	heather	120
GENVOYA	30	granisetron	134	HECTOROL	133
GEODON	79	hydrochloride		HELIDAC THERAPY	139
GILENYA	101	GRANIX	147	HEMADY	125
GILOTrif	46	GRASTEK	158	HEMANGEOL	60
GIMOTI	134	griseofulvin microsize	27	HEPAGAM B	157
GIVLAARI	148	griseofulvin	27	heparin sodium	145
GLASSIA	178	ultramicrosize		HEPARIN SODIUM	145
glatiramer acetate	101	guanfacine	92	HEPARIN SODIUM/ D5W	145
glatopa	101	guanfacine	65,	HEPARIN SODIUM/ DEXTROSE	
GLEEVEC	46	hydrochloride	92	HEPARIN SODIUM/ NACL	
GLEOSTINE	39	GVOKE HYPOPEN	127	HEPARIN SODIUM/ SODIUM CHLORIDE	
glimepiride	111	GVOKE KIT	127	HEPLISAV-B	161
glipizide	112	GVOKE PFS	127	HERCEPTIN	47
glipizide er	112	GYNIAZOLE-1	144	HERCEPTIN HYLECTA	47
glipizide/metformin	112	HADLIMA	152,	HERZUMA	47
hydrochloride			153	HETLIOZ	95
glipizide xl	112	HADLIMA	152		
GLOPERBA	10	PUSHTOUCH			
		HAEGARDA	148		
		hailey 1.5/30	119		
		hailey 24 fe	119		

Drug name	Page	Drug name	Page	Drug name	Page
HETLIOZ LQ	95	hydralazine	65	hydroxychloroquine	156
HEXATRIONE	125	hydrochloride		sulfate	
HIBERIX	161	HYDREA	43	HYDROXYM	187
hidex 6-day	125	hydrochlorothiazide	64	hydroxyurea	43
HIPREX	23	hydrocodone/	19	hydroxyzine hcl	175
HIZENTRA	157	acetaminophen		hydroxyzine	175
HORIZANT	99	hydrocodone	19	hydrochloride	
HULIO	153	bitartrate/		hydroxyzine pamoate	176
HUMALOG	108	acetaminophen		HYFTOR	190
HUMALOG JUNIOR	108	hydrocodone bitartrate	15	hyoscyamine sulfate	136
KWIKPEN		er		HYPERHEP B	157
HUMALOG KWIKPEN	108	hydrocodone/	19	HYPERRAB	157
HUMALOG MIX 50/50	108	ibuprofen		HYPERRHO S/D	157
KWIKPEN		hydrocortisone	126,	HYPERRHO S/D MINI-	157
HUMALOG MIX 75/25	108	137,	DOSE		
HUMALOG MIX 75/25	108	187	HYPERTET	157	
KWIKPEN		hydrocortisone	190	HYQVIA	157
HUMALOG TEMPO	108	acetate/pramoxine		HYRIMOZ	153,
PEN		hydrocortisone/acetic	174	154	
HUMATIN	23	acid		HYSINGLA ER	16
HUMATROPE	128	hydrocortisone	187	HYZAAR	56
HUMIRA	153	butyrate		ibandronate sodium	116
HUMIRA PEN	153	hydrocortisone	187	IBRANCE	47
HUMIRA PEN-CD/UC/	153	butyrate (lipophilic)		IBSRELA	139
HS STARTER		hydrocortisone	190	ibu	13
HUMULIN 70/30	108	perianal		ibuprofen	13
HUMULIN 70/30	108	hydrocortisone sodium	125	ibuprofen/famotidine	13
KWIKPEN		succinate		icatibant acetate	148
HUMULIN N	108	hydrocortisone	187	iclevia	120
HUMULIN N KWIKPEN	108	valerate		ICLUSIG	47
HUMULIN R	108,	hydromorphone hcl	19	icosapent ethyl	59
	109	HYDROMORPHONE	19	IDACIO	154
HUMULIN R U-500	109	HCL		IDACIO STARTER	154
(CONCENTRATED)		hydromorphone hcl er	15	PACKAGE FOR	
HUMULIN R U-500	109	hydromorphone	19	CROHNS DISEASE	
KWIKPEN		hydrochloride		IDACIO STARTER	154
HYCAMTIN	43	HYDROMORPHONE	19	PACKAGE FOR	
hydralazine hcl	65	HYDROCHLORIDE		PLAQUE PSORIASIS	
		hydromorphone	15		
		hydrochloride er			

Drug name	Page	Drug name	Page	Drug name	Page
IDAMYCIN PFS	43	<i>indocin</i>	13	INSULIN LISPRO	109
<i>idarubicin hcl</i>	43	INDOCIN	13	JUNIOR KWIKPEN	
IDHIFA	47	<i>indomethacin</i>	13	INSULIN LISPRO	109
IFEX	39	<i>indomethacin er</i>	13	KWIKPEN	
<i>ifosfamide</i>	39	INFANRIX	161	INSULIN LISPRO	109
IFOSFAMIDE	39	INFLECTRA	154	PROTAMINE/INSULIN	
IGALMI	95	INFLIXIMAB	154	LISPRO KWIKPEN	
ILARIS	158	INFUMORPH 200	19	INTELENCE	28
ILEVRO	170	INFUMORPH 500	19	INTRALIPID	168
ILUMYA	154	INGREZZA	99	INTRAROSA	142
<i>imatinib mesylate</i>	47	INLYTA	47	<i>introvale</i>	120
IMBRUVICA	47	INNOPRAN XL	60	INTUNIV	92
IMDELLTRA	47	INPEFA	65	INVANZ	23
IMFINZI	47	INQOVI	40	INVEGA	80
<i>imipenem/cilastatin</i>	23	INREBIC	47	INVEGA HAFYERA	80
<i>imipramine hcl</i>	73	INSPIRA	55	INVEGA SUSTENNA	80
<i>imipramine hydrochloride</i>	73	INSULIN ASPART	109	INVEGA TRINZA	80
<i>imipramine pamoate</i>	73	INSULIN ASPART	109	INVELTYS	170
<i>imiquimod</i>	190	FLEXPEN		INVOKAMET	112
IMIQUIMOD PUMP	190	INSULIN ASPART	109	INVOKAMET XR	112
IMITREX	97	PENFILL		INVOKANA	113
IMJUDO	47	INSULIN ASPART	109	IOPIDINE	172
IMLYGIC	43	PROTAMINE/INSULIN		IPOL INACTIVATED IPV	161
IMOGRAM RABIES-HT	157	ASPART		<i>ipratropium bromide</i>	174,
IMOVAX RABIES (H.D.C.V.)	161	INSULIN ASPART	109		175
IMPAVIDO	23	PROTAMINE/INSULIN		<i>ipratropium bromide/</i>	174
IMURAN	160	ASPART FLEXPEN		<i>albuterol sulfate</i>	
IMVEXXY	124	INSULIN DEGLUDEC	109	IQIRVO	139
INBRIJA	77	INSULIN DEGLUDEC	109	<i>irbesartan</i>	56,
<i>incassia</i>	120	FLEXTOUCH			57
INCRELEX	128	INSULIN GLARGINE	109	<i>irbesartan/</i>	56
INCRUSE ELLIPTA	174	INSULIN GLARGINE	109	hydrochlorothiazide	
<i>indapamide</i>	64	MAX SOLOSTAR		IRESSA	47
INDERAL LA	60	INSULIN GLARGINE	109	<i>irinotecan</i>	43
INDERAL XL	60	SOLOSTAR		<i>irinotecan</i>	43
		INSULIN GLARGINE-	109	hydrochloride	
		YFGN		ISENTRESS	29
		INSULIN LISPRO	109	ISENTRESS HD	29

Drug name	Page	Drug name	Page	Drug name	Page
<i>isibloom</i>	120	JANUVIA	113	KANUMA	129
ISOLYTE-P/DEXTROSE	163	JARDIANCE	113	KAPSPARGO	60
ISOLYTE-S	163	<i>jasmiel</i>	120	<i>kariva</i>	120
ISOLYTE-S PH 7.4	163	JATENZO	107	KATERZIA	62
<i>isoniazid</i>	31	<i>javygtor</i>	129	KAZANO	113
ISORDIL TITRADOSE	66	JAYPIRCA	47	KCL/D5W/NACL	163
<i>isosorbide dinitrate</i>	65,	JEMPERLI	47	KEDRAB	157,
66		<i>jencycla</i>	120	158	
<i>isosorbide dinitrate/</i>	65	JENTADUETO	113	<i>kelnor 1/35</i>	120
<i>hydralazine</i>		JENTADUETO XR	113	<i>kelnor 1/50</i>	120
<i>hydrochloride</i>		JEVTANA	44	KENALOG	126,
<i>isosorbide mononitrate</i>	66	<i>jinteli</i>	124	187	
<i>isosorbide mononitrate</i>	66	JOENJA	158	KENALOG-10	126
<i>er</i>		JOLESSA	120	KENALOG-40	126
<i>isotonic gentamicin</i>	23	JORNAY PM	92	KENALOG-80	126
<i>isotretinoiin</i>	182	<i>joyeaux</i>	120	KEPIVANCE	53
<i>isradipine</i>	62	JUBLIA	183	KEPPRA	86
ISTALOL	172	<i>juleber</i>	120	KEPPRA XR	86
ISTODAX	47	JULUCA	30	KERENDIA	55
ISTURISA	129	<i>junel 1.5/30</i>	120	KERYDIN	183
ITOVEBI	47	<i>junel 1/20</i>	120	KESIMPTA	101
itraconazole	27	<i>junel fe 1.5/30</i>	120	ketoconazole	27,
<i>ivabradine</i>	65	<i>junel fe 1/20</i>	120	183	
<i>hydrochloride</i>		<i>junel fe 24</i>	120	<i>ketodan</i>	183
ivermectin	24,	<i>just right 5000</i>	192	ketoprofen	13
190		JUXTAPIID	59	<i>ketoprofen er</i>	13
IWIFIN	43	JYLMAMVO	156	<i>ketorolac</i>	13,
IXCHIQ	161	JYNARQUE	129	<i>tromethamine</i>	14,
IXEMPRA KIT	44	JYNNEOS	161	170	
IXIARO	161	KABIVEN	168	KEVEYIS	64
IYUZEH	172	KADCYLA	47	KEVZARA	154
IZERVAY	173	<i>kaitlib fe</i>	120	KEYTRUDA	48
JADENU	117	KALBITOR	148	KHAPZORY	53
jaimiess	120	KALETRA	30	KIMMTRAK	48
JAKAFI	47	<i>kalliga</i>	120	KIMYRSA	24
jantoven	145	KALYDECO	178	KINERET	154
JANUMET	113	KANJINTI	48	KINRIX	161
JANUMET XR	113			KIONEX	117

Drug name	Page	Drug name	Page	Drug name	Page
<i>kiprofen</i>	14	LABETALOL	60	<i>lansoprazole</i>	140, 141
KISQALI	48	HYDROCHLORIDE/ DEXTROSE		<i>lansoprazole/ amoxicillin/ clarithromycin</i>	139
KISQALI FEMARA 200 DOSE	48	LABETALOL	61	LANTUS	109
KISQALI FEMARA 400 DOSE	48	HYDROCHLORIDE/ SODIUM CHLORIDE		LANTUS SOLOSTAR	109
KISQALI FEMARA 600 DOSE	48	<i>lacosamide</i>	86	<i>lapatinib ditosylate</i>	48
KITABIS PAK	24	LACRISERT	173	<i>larin 1.5/30</i>	120
KLARON	182	<i>lactated ringers</i>	163, 191	<i>larin 1/20</i>	120
<i>klayesta</i>	183	LACTATED RINGERS	191	<i>larin 24 fe</i>	120
KLISYRI	190	<i>lactulose</i>	138	<i>larin fe 1.5/30</i>	120
KLONOPIN	86	LACTULOSE	138	<i>larin fe 1/20</i>	120
<i>klor-con</i>	165	LAGEVRIA	32	LASIX	64
<i>klor-con 8</i>	165	LAMCITAL XR	87	latanoprost	172
<i>klor-con 10</i>	165	LAMICTAL	86, 87	LATUDA	80
<i>klor-con m10</i>	165	LAMICTAL ODT	86, 87	LAYOLIS FE	120
<i>klor-con m15</i>	165	LAMICTAL XR	87	LAZCLUZE	48
<i>klor-con m20</i>	165	LAMICTAL XR	87	LEDIPASVIR/ SOFOSBUVIR	32
KLOXXADO	106	TITRATION KIT		LEENA	120
KOMBIGLYZE XR	113	<i>lamivudine</i>	29, 32	<i>leflunomide</i>	156
KONVOMEП	140	<i>lamivudine/zidovudine</i>	31	LEMTRADA	101
KORLYM	129	<i>lamotrigine</i>	87	lenalidomide	42
KOSELUGO	48	<i>lamotrigine er</i>	87	LETOCILIN	37
<i>kourzeq</i>	192	<i>lamotrigine odt</i>	87	LENVIMA	48
KRAZATI	48	<i>lamotrigine starter kit/ blue</i>	87	LENVIMA 8 MG DAILY	48
KRINTAFEL	28	<i>lamotrigine starter kit/ green</i>	87	DOSE	
KRISTALOSE	138	<i>lamotrigine starter kit/ orange</i>	87	LENVIMA 10 MG DAILY	48
KRYSTEXXA	10	LAMPIT	24	DOSE	
<i>kurvelo</i>	120	LAMZEDE	129	LENVIMA 14 MG DAILY	48
KUVAN	129	LANOXIN	65	DOSE	
KYLEENA	120	LANREOTIDE ACETATE	129	LENVIMA 18 MG DAILY	48
KYPROLIS	48			DOSE	
<i>labetalol hydrochloride</i>	61			LENVIMA 20 MG DAILY	48
LABETALOL HYDROCHLORIDE	61			DAILY DOSE	
				LENVIMA 24 MG DAILY	48
				DOSE	

Drug name	Page	Drug name	Page	Drug name	Page
LEQVIO	59	<i>levora</i>	121	LIDOTRAL +	187
LESCOL XL	59	<i>levorphanol tartrate</i>	16	HYDROCORTISONE	
<i>lessina</i>	120	<i>levo-t</i>	132	LIDOTRAL 1	188
LETAIRIS	67	<i>levothyroxine sodium</i>	132	LIDOTRAL/	187
<i>letrozole</i>	41	LEVOHYROXINE	132	HYDROCORTISONE	
<i>leucovorin calcium</i>	53	SODIUM		W/PEPTIDES &	
LEUKERAN	39	<i>levoxyl</i>	132	ARNICA	
LEUKINE	147	LEVSIN	136	LILERVANT	87
<i>leuprolide acetate</i>	41	LEVULAN KERASTICK	190	LILETTA	121
LEUPROLIDE ACETATE	41	LEXAPRO	73, 74	LINCOCIN	24
<i>levalbuterol</i>	176	LEXETTE	187	<i>lincomycin hcl</i>	24
<i>levalbuterol hcl</i>	176	LEXIVA	29	<i>linezolid</i>	24
<i>levalbuterol hydrochloride</i>	176	<i>l-glutamine</i>	148	LINEZOLID IN SODIUM	24
LEVALBUTEROL	176	LIALDA	137	CHLORIDE	
TARTRATE HFA		LIBRAX	136	LINZESS	139
LEVAMLODIPINE	62	LIBTAYO	48	<i>liothyronine sodium</i>	132, 133
<i>levetiracetam</i>	87	LICART	190	LIPITOR	59
<i>levetiracetam er</i>	87	<i>lidocaine</i>	188	LIPOFEN	58
<i>levetiracetam/sodium chloride</i>	87	<i>lidocaine/epinephrine</i>	11	LIQREV	67
<i>levobunolol hcl</i>	172	<i>lidocaine hcl</i>	11, 57, 188, 192	LIRAGLUTIDE	113
<i>levocarnitine</i>	129	LIDOCAINE HCL	57	<i>lisdexamfetamine dimesylate</i>	93
LEVOCARNITINE	129	LIDOCAINE HCL IN	57	<i>lisinopril</i>	54
<i>levocetirizine dihydrochloride</i>	176	D5W		<i>lisinopril/</i>	54
<i>levofloxacin</i>	36, 169	<i>lidocaine</i>	11,	hydrochlorothiazide	
<i>levofloxacin in d5w</i>	36	<i>hydrochloride</i>	188	LITFULO	154
<i>levoleucovorin calcium</i>	53	<i>lidocaine</i>	192	<i>lithium</i>	99
<i>levonest</i>	120	<i>hydrochloride viscous</i>		<i>lithium carbonate</i>	99
<i>levonorgestrel and ethynodiol</i>	120	<i>lidocaine/prilocaine</i>	188	<i>lithium carbonate er</i>	99
<i>levonorgestrel/ethynodiol</i>	120, 121	<i>lidocaine viscous</i>	192	LITHOBID	99
<i>levonorgestrel/ethynodiol/ferrous bisglycinate</i>	121	<i>lidocan</i>	188	LITHOSTAT	142
		LIDODERM	188	LIVALO	59
		LIDOREX	188	LIVDELZI	139
		LIDOTRAL	188	LIVMARLI	139
				LIVTENCITY	32
				LOCOID	187
				LOCOID LIPOCREAM	187

Drug name	Page	Drug name	Page	Drug name	Page
LODINE	14	LOVAZA	59	MACROBID	24
LODOCO	65	LOVENOX	145	MACRODANTIN	24
LODOSYN	77	<i>low-ogestrel</i>	121	<i>mafénide acetate</i>	183
<i>loestrin 1.5/30-21</i>	121	<i>loxapine</i>	80	<i>magnesium sulfate</i>	163
<i>loestrin 1/20-21</i>	121	<i>lo-zumandimine</i>	121	MAGNESIUM SULFATE	163
<i>loestrin fe 1.5/30</i>	121	LUBIPROSTONE	139	<i>magnesium sulfate in</i>	163
<i>loestrin fe 1/20</i>	121	LUCEMYRA	106	<i>d5w</i>	
<i>lofena</i>	14	LUCENTIS	173	MALARONE	28
<i>lofexidine hydrochloride</i>	106	LULICONAZOLE	184	<i>malathion</i>	191
<i>lojaimies</i>	121	LUMAKRAS	48	<i>mannitol</i>	64
LOKELMA	117	LUMIGAN	172	MANNITOL	64
LO LOESTRIN FE	121	LUMIZYME	129	<i>maraviroc</i>	29
LOMOTIL	139	LUMRYZ	104	MARCAINE	11
LONSURF	40	LUMRYZ STARTER	104	MARCAINE/	11
<i>loperamide hcl</i>	139	PACK		EPINEPHRINE	
LOPID	58	LUNESTA	95	MARGENZA	49
<i>lopinavir/ritonavir</i>	31	LUNSUMIO	48	MARINOL	134
LOPRESSOR	61	LUPKYNIS	160	<i>marlissa</i>	121
LOPROX	183	LUPRON DEPOT	41	MARPLAN	74
LOQTORZI	48	LUPRON DEPOT-PED	129	MATULANE	43
<i>lorazepam</i>	70	<i>lurasidone</i>	80	<i>matzim la</i>	62
<i>lorazepam intensol</i>	70	<i>hydrochloride</i>		MAVENCLAD	101, 102
LORBRENA	48	<i>lutera</i>	121	MAVYRET	32
LOREEV XR	70	LUZU	184	MAXALT	97
<i>loryna</i>	121	LYBALVI	81	MAXALT-MLT	97
<i>losartan potassium</i>	57	<i>lyleq</i>	121	MAXIDEX	171
<i>losartan potassium/ hydrochlorothiazide</i>	56	<i>lyllana</i>	124	MAXITROL	168
LOTEMAX	171	LYNPARZA	48	MAYZENT	102
LOTEMAX SM	171	LYRICA	87	<i>meclizine hcl</i>	134
LOTENSIN	54	LYRICA CR	99	<i>meclizine</i>	134
LOTENSIN HCT	54	LYSODREN	41	<i>hydrochloride</i>	
<i>loteprednol etabonate</i>	171	LYTGOBI	48,	<i>meclofenamate</i>	14
LOTREL	54	LYUMJEV	109	<i>sodium</i>	
LOTRONEX	139	LYUMJEV KWIKPEN	109	MEDROL	126
<i>lovastatin</i>	59	LYUMJEV TEMPO PEN	109	<i>medroxyprogesterone acetate</i>	121, 132
		LYVISPAH	103	<i>mefenamic acid</i>	14
		<i>lyza</i>	121		

Drug name	Page	Drug name	Page	Drug name	Page
<i>mefloquine hcl</i>	28	<i>metaxalone</i>	104	<i>methylprednisolone</i>	126
<i>megestrol acetate</i>	41, 132	<i>metformin</i>	113, 114	<i>methylprednisolone</i>	126
MEKINIST	49	<i>HYDROCHLORIDE</i>		acetate	
MEKTOVI	49	<i>METFORMIN</i>	113	<i>methylprednisolone</i>	126
<i>meloxicam</i>	14	<i>metformin</i>	113	<i>sodium succinate</i>	
<i>melphalan</i>	39	<i>hydrochloride er</i>		<i>methyltestosterone</i>	107
<i>hydrochloride</i>		<i>methadone hcl</i>	16	<i>metoclopramide hcl</i>	134
<i>memantine hcl</i>	71	<i>METHADONE HCL</i>	16	<i>metoclopramide</i>	134
<i>memantine</i>	71	<i>METHADOSE</i>	16	<i>hydrochloride</i>	
<i>hydrochloride</i>		<i>methamphetamine hcl</i>	93	<i>metoclopramide odt</i>	134
memantine	71	<i>methazolamide</i>	64	<i>metolazone</i>	64
<i>hydrochloride er</i>		<i>methenamine</i>	24	<i>metoprolol/</i>	60
MENACTRA	161	<i>hippurate</i>		<i>hydrochlorothiazide</i>	
<i>me/naphos(mb/hyo 1</i>	24	<i>methenamine</i>	24	<i>metoprolol succinate</i>	61
MENEST	124	<i>mandelate</i>		<i>er</i>	
MENOSTAR	124	<i>methergine</i>	129	<i>metoprolol tartrate</i>	61
MENQUADFI	161	<i>methimazole</i>	133	<i>METROCREAM</i>	190
MENVEO	161	<i>methitest</i>	107	<i>METROGEL</i>	190
<i>meperidine hcl</i>	19, 20	<i>methocarbamol</i>	104	<i>METROLOTION</i>	190
<i>meprobamate</i>	70	<i>methotrexate sodium</i>	40, 156	<i>metronidazole</i>	24, 144, 190
MEPRON	24	<i>methoxsalen</i>	185	<i>metyrosine</i>	65
MEPSEVII	129	<i>methscopolamine</i>	136	<i>mexiletine hcl</i>	57
<i>mercaptopurine</i>	40	<i>bromide</i>		MIACALCIN	116
<i>meropenem</i>	24	<i>methsuximide</i>	87	<i>mibelas 24 fe</i>	121
MEROOPENEM/	24	<i>methylergonovine</i>	129	<i>micafungin</i>	27
SODIUM CHLORIDE		<i>maleate</i>		<i>MICAFUNGIN/</i>	27
<i>merzee</i>	121	<i>METHYLIN</i>	93	SODIUM CHLORIDE	
<i>mesalamine</i>	137	<i>methylphenidate</i>	93, 94	MICARDIS	56, 57
<i>mesalamine dr</i>	137	<i>hydrochloride cd</i>		MICARDIS HCT	56
<i>mesalamine er</i>	137	<i>methylphenidate</i>	93	<i>miconazole 3</i>	144
<i>mesna</i>	53	<i>hydrochloride er</i>		<i>MICONAZOLE</i>	184
MESNEX	53	<i>METHYLPHENIDATE</i>	93	NITRATE/ZINC OXIDE/ WHITE PETROLATUM	
MESNEX TABLET	53	<i>HYDROCHLORIDE ER</i>		MICRHOGAM ULTRA- FILTERED PLUS	158
MESTINON	99	<i>methylphenidate</i>	93	MICROGESTIN 1.5/30	121
MESTINON TIMESPAN	99	<i>transdermal</i>			
METADATE CD	93				

Drug name	Page	Drug name	Page	Drug name	Page
MICROGESTIN 1/20	121	<i>mitoxantrone hcl</i>	43	<i>multi-vitamin/fluoride/</i>	165
<i>microgestin 24 fe</i>	121	M-M-R II	161	<i>iron</i>	
MICROGESTIN FE	121	M-NATAL PLUS	165	<i>mupirocin</i>	183
1.5/30		<i>modafinil</i>	104	<i>mutamycin</i>	43
MICROGESTIN FE 1/20	121	<i>moexipril hcl</i>	54	<i>MVASI</i>	49
<i>midazolam hcl</i>	95	<i>molindone</i>	81	<i>MYALEPT</i>	129
<i>midazolam</i>	95	<i>hydrochloride</i>		<i>mycamine</i>	27
<i>hydrochloride</i>		<i>mometasone furoate</i>	179, 187	<i>MYCAMINE</i>	27
<i>midodrine hcl</i>	65	<i>monodoxine nl</i>	38	<i>MYCAPSSA</i>	129
MIEBO	173	<i>MONJUVI</i>	49	<i>MYCOBUTIN</i>	31
<i>mifepristone</i>	129	<i>mono-linyah</i>	121	<i>mycophenolate mofetil</i>	160
<i>migergot</i>	97	<i>montelukast sodium</i>	177	<i>mycophenolic acid dr</i>	160
<i>miglitol</i>	114	<i>morphine</i>	20	<i>MYCOZYL HC</i>	184
<i> miglustat</i>	129	<i>morphine sulfate</i>	20	<i>MYDAYIS</i>	94
MIGRALAN	97	<i>morphine sulfate er</i>	16	<i>MYFEMBREE</i>	129
<i> mili</i>	121	MORPHINE SULFATE/	16	<i>MYFORTIC</i>	160
<i>milrinone lactate</i>	65	SODIUM CHLORIDE		<i>MYHIBBIN</i>	160
<i>milrinone lactate in</i>	65	MOTEGRITY	139	<i>MYLOTARG</i>	49
<i>dextrose</i>		MOTOFEN	139	<i>MYOBLOC</i>	104
<i>mimvey</i>	125	MOTPOLY XR	87	<i>MYRBETRIQ</i>	143
MINIPRESS	55	MOUNJARO	114	<i>MYSOLINE</i>	87
MINIVELLE	125	MOVANTIK	139	<i>MYTESI</i>	139
MINOCIN	38	MOVIPREP	138	<i>MYXREDLIN</i>	109
<i>minocycline hcl</i>	38	<i>moxifloxacin</i>	36,	<i>NABI-HB</i>	158
<i>minocycline</i>	38	<i>hydrochloride</i>	169	<i>nabumetone</i>	14
<i>hydrochloride</i>		<i>moxifloxacin</i>	36	<i>nadolol</i>	61
<i> minocycline</i>	38	hydrochloride/sodium		<i>NAFCILLIN</i>	37
<i>hydrochloride er</i>		<i>hydrochloride</i>		<i>nafcillin sodium</i>	37
<i> minoxidil</i>	65	MOZOBIL	147	<i>naftifine hcl</i>	184
<i>mirabegron er</i>	143	MRESVIA	161	<i>naftifine hydrochloride</i>	184
MIRENA	121	MS CONTIN	16	<i>NAFTIN</i>	184
<i>mirtazapine</i>	74	MULPLETA	148	<i>NAGLAZYME</i>	129
<i>mirtazapine odt</i>	74	MULTAQ	57	<i>nalbuphine</i>	20
MIRVASO	190	<i>multiple electrolytes</i>	163	<i>hydrochloride</i>	
<i>misoprostol</i>	139	<i>multi vitamin/fluoride</i>	165	<i>NALFON</i>	14
MITIGARE	10	<i>multi-vitamin/fluoride</i>	165	<i>nalocet</i>	20
<i> mitigo</i>	20	<i>multivitamin/fluoride</i>	165	<i>naloxone hcl</i>	106
<i>mitomycin</i>	43				

Drug name	Page	Drug name	Page	Drug name	Page
naloxone	106	nelarabine	40	NEVANAC	171
hydrochloride		NEMLUVIO	154	nevirapine	29
naltrexone hcl	106	neomycin/bacitracin/	169	nevirapine er	29
NAMENDA	71	polymyxin		NEXAVAR	49
NAMENDA TITRATION	71	neomycin/polymyxin/	168	NEXICLON XR	65
PAK		bacitracin/		NEXIUM	141
NAMENDA XR	71	hydrocortisone		NEXIUM I.V.	141
NAMZARIC	71	neomycin/polymyxin b	142	NEXLETOL	59
NAPRELAN	14	sulfates		NEXLIZET	59
NAPROSYN	14	neomycin/polymyxin/	169	NEXPLANON	121
naproxen	14	dexamethasone		NEXTERONE	58
naproxen dr	14	neomycin/polymyxin/	169	NEXTSTELLIS	121
naproxen/	14	gramicidin		NEXVIAZYME	129
esomeprazole		neomycin/polymyxin/	174	NGENLA	129
magnesium		hc		niacin	59
naproxen sodium	14	neomycin/polymyxin/	169,	niacin er	59
NAPROXEN SODIUM	14	hydrocortisone	174	niacor	59
CR		neomycin sulfate	24	nicardipine hcl	62
naproxen sodium er	14	NEONATAL	165	nicardipine	62
NAPROXEN SODIUM	14	NEONATAL	165	hydrochloride	
ER		COMPLETE		NICARDIPINE	62
naratriptan hcl	97	NEONATAL FE	165	HYDROCHLORIDE/	
NARCAN	106	NEONATAL PLUS	165	SODIUM CHLORIDE	
NARDIL	74	neo-polycin	168,	NICOTROL INHALER	106
NAROPIN	11		169	NICOTROL NS	106
NATACYN	169	neo-polycin hc	168	nifedipine	62
NATAZIA	121	NEORAL	160	nifedipine er	62
nateglinide	114	NEO-SYNALAR	183	nikki	121
NATESTO	107	NERLYNX	49	NILANDRON	41
NATROBA	191	NESINA	114	nilutamide	41
NAYZILAM	88	NESTABS	165	nimodipine	62
nebivolol	61	NESTABS ONE	165	NINLARO	49
hydrochloride		neuac	182	NIPENT	43
NEBUPENT	24	NEULASTA	147	nisoldipine er	62
necon 0.5/35-28	121	NEULASTA ONPRO KIT	147	nitazoxanide	24
nefazodone	74	NEUPOGEN	147	nitisinone	129
hydrochloride		NEUPRO	77	NITRO-BID	66
NEFFY	178	NEURONTIN	88	NITRO-DUR	66

Drug name	Page	Drug name	Page	Drug name	Page
<i>nitrofurantin</i>	24	<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	122	NOVOLIN R	110
<i>nitrofurantoin</i>	24	<i>norgesic</i>	104	NOVOLIN R FLEXPEN	110
<i>macrocrystals</i>		<i>NORGESIC FORTE</i>	104	NOVOLIN R FLEXPEN	110
<i>nitrofurantoin</i>	24	<i>norgestimate/ethinyl estradiol</i>	122	RELION	
<i>monohydrate/ macrocrystals</i>		<i>NORITATE</i>	190	NOVOLIN R RELION	110
<i>nitroglycerin</i>	66, 190	<i>NORLIQVA</i>	62	NOVOLOG	110
NITROGLYCERIN	66	<i>norlyda</i>	122	NOVOLOG FLEXPEN	110
NITROGLYCERIN IN DEXTROSE 5%	66	<i>norlyroc</i>	122	NOVOLOG FLEXPEN	110
<i>nitroglycerin</i>	66	<i>NORPACE</i>	58	PREFILLED FLEXPEN	
<i>transdermal</i>		<i>NORPACE CR</i>	58	NOVOLOG MIX 70/30	110
<i>nitroglycerin</i>	66	<i>NORPRAMIN</i>	74	PREFILLED FLEXPEN	
<i>translingual</i>		<i>NORTHERA</i>	66	RELION	
NITROLINGUAL	66	<i>nortrel 0.5/35 (28)</i>	122	NOVOLOG MIX 70/30	110
NITROSTAT	66	<i>nortrel 1/35</i>	122	RELION	
NITYR	129	<i>nortrel 7/7/7</i>	122	NOVOLOG PENFILL	110
NIVA-PLUS	165	<i>nortriptyline hcl</i>	74	NOVOLOG RELION	110
NIVA THYROID	133	<i>nortriptyline</i>	74	NOXAFIL	27
NIVESTYM	147	<i>hydrochloride</i>		NPLATE	147
<i>nizatidine</i>	136	<i>NORVASC</i>	62	NP THYROID	133
NORA-BE	121	<i>NORVIR</i>	29	NUBEQA	41
NORDITROPIN FLEXPRO	129	<i>NOURIANZ</i>	77	NUCALA	178
<i>norelgestromin/ethinyl estradiol</i>	121	<i>NOVAREL</i>	129	NUCYNTA	17, 20
<i>norethindrone</i>	122	<i>NOVOLIN 70/30</i>	109	NUCYNTA ER	17
<i>norethindrone acetate</i>	132	<i>NOVOLIN 70/30</i>	109	NUEDEXTA	99
<i>norethindrone acetate/ ethinyl estradiol</i>	122, 125	<i>FLEXPEN</i>		<i>nulev</i>	136
<i>norethindrone acetate/ ethinyl estradiol/ ferrous fumarate</i>	122	<i>NOVOLIN 70/30</i>	109	NULIBRY	129
<i>norethindrone & ethinyl estradiol/ ferrous fumarate</i>	121	<i>RELION</i>		NULOJIX	160
		<i>NOVOLIN N</i>	109, 110	NUPLAZID	81
		<i>NOVOLIN N FLEXPEN</i>	109	NURTEC	97
		<i>NOVOLIN N FLEXPEN</i>	109	NUTRILIPID	168
		<i>RELION</i>		NUTROPIN AQ	129,
		<i>NOVOLIN N RELION</i>	110	NUSPIN	130
				NUVARING	122
				NUVESSA	144

Drug name	Page	Drug name	Page	Drug name	Page
NUVIGIL	104, 105	OJEMDA	49	OMNIPOD GO 20	110
NUZYRA	38	OJJAARA	49	UNITS/DAY	
nyamyc	184	olanzapine	81	OMNIPOD GO 25	110
nylia 1/35	122	olanzapine/fluoxetine	74	UNITS/DAY	
nylia 7/7/7	122	olanzapine odt	81	OMNIPOD GO 30	110
NYMALIZE	62	olmesartan medoxomil	57	UNITS/DAY	
nymyo	122	olmesartan	56	OMNIPOD GO 35	110
nystatin	27, 184, 192	medoxomil/ amlodipine/ hydrochlorothiazide		UNITS/DAY	
nystatin/triamcinolone	184	olmesartan	56	OMNIPOD GO 40	110
nystatin/triamcinolone	184	medoxomil/ hydrochlorothiazide		UNITS/DAY	
acetonide		olopatadine hcl	176	OMNITROPE	130
nystop	184	OLPRUVA	130	OMVOH	154
NYVEPRIA	147	OLUMIANT	154	ONCASPAR	43
OB COMPLETE	165	OMECLAMOX-PAK	139	ondansetron hcl	134
OB COMPLETE/DHA	165	omega-3-acid ethyl	59	ondansetron	134
OB COMPLETE ONE	165	esters		hydrochloride	
OB COMPLETE PETITE	165	OMEGAVEN	168	ondansetron odt	134
OB COMPLETE	165	omeprazole	141	ONEXTON	182
PREMIER		omeprazole dr	141	ONFI	88
OCALIVA	139	omeprazole/sodium	141	ONGENTYS	77
OCELLA	122	bicarbonate		ONGLYZA	114
OCREVUS	102	OMNARIS	179	ONIVYDE	43
OCTAGAM	158	OMNIPOD	110	ONTRUZANT	49
octreotide acetate	130	OMNIPOD 5 DEXCOM	110	ONUREG	40
OCUFLOX	169	G7G6 INTRO KIT (GEN		ONYDA XR	94
ODACTRA	158	5)		ONZETRA XSAIL	97
ODEFSEY	31	OMNIPOD 5 DEXCOM	110	OPDIVO	49
ODOMZO	49	G7G6 PODS (GEN 5)		OPDUALAG	49
OFEV	178	MISCELLANEOUS		OPFOLDA	130
ofloxacin	36, 169, 174	OMNIPOD CLASSIC	110	opium tincture	139
OGIVRI	49	OMNIPOD DASH	110	OPSUMIT	67
OGSIVEO	49	OMNIPOD GO 10	110	OPSYNVI	67
OHTUVAYRE	178	UNITS/DAY		OPVEE	106
		OMNIPOD GO 15	110	OPZELURA	190
		UNITS/DAY		ORACEA	190
				ORACIT	142
				ORALAIR	158
				ORAL CITRATE	142

Drug name	Page	Drug name	Page	Drug name	Page
oralone dental paste	192	OXBRYTA	148	pacerone	58
ORAPRED ODT	126	oxcarbazepine	88	paclitaxel	44
ORBACTIV	24	oxcarbazepine er	88	PACLITAXEL PROTEIN-	44
ORENCIA	154	OXERVATE	173	BOUNDED PARTICLES	
ORENCIA CLICKJECT	154	oxiconazole nitrate	184	PADCEV	49
ORENITRAM	67	OXISTAT	184	PALFORZIA INITIAL	158
ORFADIN	130	OXLUMO	142	DOSE ESCALATION	
ORGOVYX	41	OXTELLAR XR	88	PALFORZIA LEVEL 1	158
ORIAHNN	130	oxybutynin chloride	143,	PALFORZIA LEVEL 2	158
ORLISSA	130		144	PALFORZIA LEVEL 3	159
ORKAMBI	178	OXYBUTYNIN	144	PALFORZIA LEVEL 4	159
ORLADEYO	148	CHLORIDE		PALFORZIA LEVEL 5	159
ormalvi	64	oxybutynin chloride er	143	PALFORZIA LEVEL 6	159
orphenadrine/aspirin/	104	oxycodone/	21	PALFORZIA LEVEL 7	159
caffeine		acetaminophen		PALFORZIA LEVEL 8	159
orphenadrine citrate	104	OXYCODONE AND	20	PALFORZIA LEVEL 9	159
orphenadrine citrate er	104	ACETAMINOPHEN		PALFORZIA LEVEL 10	158
orphengesic forte	104	oxycodone hcl	17,	PALFORZIA LEVEL 11	158
			20	(MAINTENANCE)	
ORSERDU	41	OXYCODONE HCL ER	17	PALFORZIA LEVEL 11	158
		oxycodone	21	(TITRATION)	
orsythia	122	hydrochloride		paliperidone er	81
oscimin	136	oxycodone	21	palonosetron	135
oscimin sublingual	136	hydrochloride/		hydrochloride	
oseltamivir phosphate	32	acetaminophen		PALONOSETRON	135
		OXYCODONE	21	HYDROCHLORIDE	
OSENI	114	HYDROCHLORIDE/		PALYNZIQ	130
OSMITROL VIAFLEX	64	ACETAMINOPHEN		PAMELOR	74
		OXYCODONE	17	pamidronate disodium	116
OSMOLEX ER	77	HYDROCHLORIDE ER		PAMIDRONATE	116
		OXYCONTIN	17	DISODIUM	
OSPHENA	130	oxymorphone	17, 21	PANCREAZE	139
		hydrochloride		PANDEL	187
OTEZLA	154	oxymorphone	17	PANRETIN	190
		hydrochloride er		pantoprazole sodium	141
OTOVEL	174	OXYTROL	144	PANTOPRAZOLE	141
OTREXUP	156	OZEMPIC	114	SODIUM/SODIUM	
		OZOBAX	104	CHLORIDE	
OVIDE	191	OZURDEX	171		
oxacillin sodium	37				
OXACILLIN SODIUM	37				
oxaliplatin	39				
oxaprozin	15				
OXAYDO	20				
oxazepam	70				

Drug name	Page	Drug name	Page	Drug name	Page
PANZYGA	158	PENNSAID	190	PHESGO	49
<i>paraplatin</i>	39	PENTACEL	162	PHEXXI	122
<i>paricalcitol</i>	133	PENTAM 300	24	<i>philith</i>	122
PARLODEL	77	<i>pentamidine</i>	24	PHOSPHOLINE IODIDE	172
PARNATE	74	<i>isethionate</i>		PHYSIOLYTE	191
<i>paroxetine</i>	74, 99	PENTASA	137	PIASKY	148
<i>paroxetine hcl</i>	74	<i>pentazocine/naloxone</i>	21	PIFELTRO	29
<i>paroxetine hcl er</i>	74	<i>hcl</i>		<i>pilocarpine hcl</i>	172
<i>paroxetine hydrochloride</i>	74	<i>pentobarbital sodium</i>	96	<i>pilocarpine</i>	192
PAXIL	74	<i>pentoxifylline er</i>	148	<i>hydrochloride</i>	
PAXIL CR	74	PEPCID	136	<i>pimecrolimus</i>	190
PAXLOVID	32	PERCOCET	21	<i>pimozide</i>	81
<i>pazopanib</i>	49	PERFOROMIST	176	<i>pimtrexa</i>	122
<i>hydrochloride</i>		PERIKABIVEN	168	<i>pindolol</i>	61
PEDIAPRED	126	<i>perindopril erbumine</i>	54	<i>pioglitazone hcl</i>	114
PEDIARIX	162	<i>periogard</i>	192	<i>pioglitazone hcl-</i>	114
PEDVAX HIB	162	PERJETA	49	<i>glimepiride</i>	
<i>peg-3350/electrolytes</i>	138	<i>permethrin</i>	191	<i>pioglitazone hcl/</i>	114
<i>peg-3350/electrolytes/ascorbate</i>	138	<i>perphenazine</i>	74, 81	<i>metformin hcl</i>	
<i>peg-3350-nacl/na bicarbonate/kcl</i>	138	<i>perphenazine/amitriptyline</i>		<i>pioglitazone</i>	114
PEGASYS	32	PERSERIS	81	<i>hydrochloride</i>	
PEMAZYRE	49	PERTZYE	139, 140	<i>piperacillin sodium/tazobactam sodium</i>	37
PEMETREXED	40	<i>pfizerpen</i>	37	PIQRAY	49, 50
PEMRYDI RTU	40	PHEBURANE	130	<i>pirfenidone</i>	178
<i>pemetrexed</i>	40	<i>phenelzine sulfate</i>	74	<i>piroxicam</i>	15
PENBRAYA	162	PHENERGAN	135	<i>pitavastatin calcium</i>	59
<i>penciclovir</i>	190	<i>phenobarbital</i>	88	PLAQUENIL	156
<i>penicillamine</i>	117	<i>phenobarbital sodium</i>	88	PLASMA-LYTE-148	163
<i>penicillin g potassium</i>	37	<i>phenoxybenzamine</i>	66	PLASMA-LYTE A	163
PENICILLIN G	37	<i>hydrochloride</i>		PLAVIX	150
POTASSIUM IN ISO-OSMOTIC DEXTROSE		PHENYLEPHRINE HCL	173	PLEGRIDY	102
<i>penicillin g sodium</i>	37	<i>phenytek</i>	88	plenamine	168
<i>penicillin v potassium</i>	37	<i>phenytoin</i>	88	PLENUVU	138
		<i>phenytoin sodium</i>	88	<i>plerixafor</i>	147
		<i>phenytoin sodium er</i>	88	PLIAGLIS	189
				<i>pnv-dha</i>	165

Drug name	Page	Drug name	Page	Drug name	Page
PNV-DHA+DOCUSATE	165	potassium chloride er	166	prednisolone sodium	126
PNV-OMEGA	166	potassium chloride/ sodium chloride	164	phosphate odt	
PNV PRENATAL PLUS	165	POTASSIUM	163	prednisone	126
MULTIVITAMIN		CHLORIDE/SODIUM		PREDNISONE	126
pnv-select	166	CHLORIDE		INTENSOL	
PODOCON-25	190	potassium citrate/citric acid	142	pregabalin	88
<podofilox< td=""><td>190</td><td>potassium citrate er</td><td>142</td><td>pregabalin er</td><td>99</td></podofilox<>	190	potassium citrate er	142	pregabalin er	99
POLIVY	50	potassium phosphate	164	PREGNYL	130
polycin	170	potassium phosphates	164	PREHEVBARIO	162
polymyxin b sulfate	25, 170	POTASSIUM	168	PREMARIN	125
polymyxin b sulfate/ trimethoprim sulfate	170	PHOSPHATES		PREMASOL	168
POLY-VI-FLOR	166	POTASSIUM	164	PREMPHASE	125
POLY-VI-FLOR/IRON	166	PHOSPHATE/SODIUM		PREMPRO	125
POMALYST	42	CHLORIDE		PRENAISSANCE	166
POMBILITI	130	POTELIGEO	50	PRENAISSANCE PLUS	166
PONVORY	102	PRADAXA	145, 146	PRENATAL	166
PONVORY 14-DAY	102	pralatrexate	40	PRENATAL PLUS	166
STARTER PACK		PRALUENT	59	PRENATE	166
portia-28	122	pramipexole	77	PRENATE AM	166
PORTRAZZA	50	dihydrochloride		PRENATE DHA	166
posaconazole	27	pramipexole	77	PRENATE ELITE	166
posaconazole dr	27	dihydrochloride er		PRENATE ENHANCE	166
POTASSIUM ACETATE	163	prasugrel	150	PRENATE ESSENTIAL	166
potassium chloride	164, 166	pravastatin sodium	59	PRENATE MINI	166
POTASSIUM	164	praziquantel	25	PRENATE PIXIE	166
CHLORIDE		prazosin hydrochloride	55	PRENATE RESTORE	166
POTASSIUM	163	PRED FORTE	171	PRENATVITE	166
CHLORIDE/DEXTROSE		PRED MILD	171	COMPLETE	
POTASSIUM	163	prednisolone	126, 171	PRENATVITE PLUS	166
CHLORIDE/		prednisolone acetate	171	PRETOMANID	31
DEXTROSE/LACTATED		prednisolone sodium	126	PREVACID	141
RINGERS		phosphate		PREVACID SOLUTAB	141
POTASSIUM	163	PREDNISOLONE	171	prevalite	59
CHLORIDE/		SODIUM PHOSPHATE		PREVIDENT 5000	192
DEXTROSE/SODIUM				BOOSTER PLUS	
CHLORIDE				PREVIDENT 5000 DRY	192

Drug name	Page	Drug name	Page	Drug name	Page
PREVIDENT 5000	192	<i>proctozone-hc</i>	190	PROVERA	132
ENAMEL PROTECT		PROCYSBI	130	PROVIDA OB	166
PREVIDENT 5000	193	<i>progesterone</i>	132	PROVIGIL	105
ORTHO DEFENSE		PROGLYCEM	127	PROZAC	75
PREVIDENT 5000	193	<i>PROGRAF</i>	160	PRUDOXIN	190
PLUS		PROGRAF PACKET	160	PULMICORT	180
PREVIDENT FLUORIDE	193	PROLASTIN-C	178	PULMICORT	180
PREVIDENT RINSE	193	<i>PROLATE</i>	21	FLEXHALER	
PREVYMIS	32	PROLENSA	171	PULMOZYME	178
PREZCOBIX	31	<i>PROLIA</i>	116	PURIXAN	40
PREZISTA	29	PROMACTA	148, 149	PYLERA	140
PRIALT	12	<i>promethazine hcl</i>	135	<i>pyrazinamide</i>	31
PRIFTIN	31	<i>promethazine</i>	135	<i>pyridostigmine</i>	99
PRILOSEC	141	<i>hydrochloride</i>		<i>bromide</i>	
PRIMACARE	166	<i>promethazine</i>	135	<i>pyridostigmine</i>	99
<i>primaquine phosphate</i>	28	<i>hydrochloride plain</i>		<i>bromide er</i>	
PRIMAXIN IV	25	<i>promethazine vc</i>	175	<i>pyrimethamine</i>	25
<i>primidone</i>	88	<i>promethegan</i>	135	PYRUKYND	149
PRIORIX	162	PROMETRIUM	132	QBRELIS	54
PRISTIQ	74	<i>propafenone hcl</i>	58	QBREXZA	190
PRIVIGEN	158	<i>propafenone</i>	58	QDOLO	21
PROAIR DIGIHALER	176	<i>hydrochloride</i>		QUELBREE	94
PROAIR RESPICLICK	176	<i>propafenone</i>	58	QINLOCK	50
<i>probenecid</i>	10	<i>hydrochloride er</i>		QNDSL	179
<i>probenecid/colchicine</i>	10	<i>proparacaine hcl</i>	173	QNDSL CHILDRENS	179
<i>procainamide hcl</i>	58	<i>propranolol hcl</i>	61	QTERN	114
PROCARDIA XL	62	<i>propranolol hcl er</i>	61	QUADRACEL	162
<i>procenutra</i>	94	<i>propranolol</i>	61	QUALAQUIN	28
<i>prochlorperazine</i>	135	<i>hydrochloride</i>		QUARTETTE	122
<i>prochlorperazine edisylate</i>	135	<i>propranolol</i>	61	QUDEXY XR	89
<i>prochlorperazine maleate</i>	135	<i>hydrochloride er</i>		QUESTRAN	60
PROCRIT	147	<i>propylthiouracil</i>	133	QUESTRAN LIGHT	60
<i>proctocort</i>	190	<i>PROQUAD</i>	162	<i>quetiapine fumarate</i>	81
PROCTOFOAM HC	190	<i>PROSCAR</i>	142	<i>quetiapine fumarate er</i>	81
<i>proto-med hc</i>	190	<i>PROSOL</i>	168	QUFLORA FE	166
<i>proctosol hc</i>	187	<i>PROTONIX</i>	141	QUFLORA FE	166,
		<i>protriptyline hcl</i>	75	PEDIATRIC	167
				QUILLICHEW ER	94

Drug name	Page	Drug name	Page	Drug name	Page
QUILLIVANT XR	94	REBYOTA	140	RETIN-A MICRO PUMP	182
<i>quinapril hydrochloride</i>	55	RECARBRIOD	25	RETROVIR	29
<i>quinapril/ hydrochlorothiazide</i>	54	RECLAST	116	RETROVIR IV	29
<i>quinidine gluconate cr</i>	58	<i>reclipsen</i>	122	REVATIO	67
<i>quinidine gluconate er</i>	58	RECOMBIVAX HB	162	REVCORI	130
<i>quinidine sulfate</i>	58	RECORLEV	130	REVLIMID	42
<i>quinine sulfate</i>	28	RECTIV	191	REXULTI	81
<i>QULIPTA</i>	97	REGLAN	135	REYATAZ	29
<i>QUTENZA KIT</i>	189	REGONOL	100	REYVOW	97
<i>QUVIVIQ</i>	96	REGRANEX	191	REZDIFRA	130
<i>QUZYTTIR</i>	176	RELAFEN DS	15	REZLIDHIA	50
<i>QVAR REDIHALER</i>	180	RELENZA DISKHALER	32	REZUROCK	160
<i>RABAVERT</i>	162	RELEUKO	147	REZVOGLAR	110
<i>rabeprazole sodium</i>	141	RELEXXII	94	KWIKPEN	
<i>RADICAVA</i>	100	RELISTOR	140	REZZAYO	27
<i>RADICAVA ORS</i>	100	RELPAX	97	RHOFADE	191
<i>RAGWITEK</i>	159	RELTONE	140	RHOGAM ULTRA-	158
<i>raloxifene hydrochloride</i>	130	RELYVRIOD	100	FILTERED PLUS	
<i>ramelteon</i>	96	REMERON	75	RHOPHYLAC	158
<i>ramipril</i>	55	REMERON SOLTAB	75	RHOPRESSA	172
<i>ranolazine er</i>	66	REMICADE	154	RIABNI	50
<i>RAPAFLO</i>	142	REMODULIN	67	<i>ribavirin</i>	32
<i>RAPAMUNE</i>	160	RENACIDIN	142	RIDAURA	157
<i>RAPIVAB</i>	32	RENFLEXIS	154	<i>rifabutin</i>	31
<i>rasagiline mesylate</i>	77	<i>repaglinide</i>	114	RIFADIN	31
<i>RASUVO</i>	156	REPATHA	60	<i>rifampin</i>	31
<i>RAVICTI</i>	130	REPATHA	60	RILUTEK	100
<i>RAYALDEE</i>	133	PUSHTRONEX		<i>riluzole</i>	100
<i>RAYOS</i>	126	SYSTEM		<i>rimantadine</i>	32
<i>REBIF</i>	102	REPATHA SURECLICK	60	hydrochloride	
<i>REBIF REBIDOSE</i>	102	RESTASIS	173	RIMSO-50	142
<i>REBIF REBIDOSE</i>	102	RESTASIS MULTIDOSE	173	RINGERS	164
TITRATION PACK		RESTORIL	96	RINGERS IRRIGATION	191
<i>REBIF TITRATION</i>	102	RETACRIT	147	RINVOQ	154
<i>PACK</i>		RETEVMO	50	RIOMET	114
<i>REBLOZYL</i>	149	RETIN-A	182	<i>risedronate sodium</i>	116
		RETIN-A MICRO	182	<i>risedronate sodium dr</i>	116
				RISPERDAL	82

Drug name	Page	Drug name	Page	Drug name	Page
RISPERDAL CONSTA	81,	ROXICODONE	21	SAVAYSA	146
	82	ROXYBOND	21	SAVELLA	100
<i>risperidone</i>	82	ROZEREM	96	<i>saxagliptin</i>	114
<i>risperidone er</i>	82	ROZLYTREK	50	<i>hydrochloride</i>	
<i>risperidone odt</i>	82	RUBRACA	50	<i>saxagliptin</i>	114
RITALIN	94	RUCONEST	149	<i>hydrochloride/metformin</i>	
RITALIN LA	94	<i>rufinamide</i>	89	<i>hydrochloride er</i>	
<i>ritonavir</i>	29	RUKOBIA	29	SCEMBLIX	50
RITUXAN	50	RUXIENCE	50	scopolamine	135
RITUXAN HYCELA	50	RYALTRIS	175	SEASONIQUE	122
<i>rivastigmine tartrate</i>	71	RYBELSUS	114	SECUADO	82
<i>rivastigmine transdermal system</i>	71	RYBREVANT	50	SEGLENLITIS	21
RIVELSA	122	<i>ryclora</i>	176	SEGLUROMET	114,
RIVFLOZA	143	RYDAPT	50	115	
<i>rizatriptan benzoate</i>	97	RYLAZE	43	SELECT-OB	167
<i>rizatriptan benzoate odt</i>	97	RYPLAZIM	149	<i>selegiline hcl</i>	77
ROBAXIN	104	RYSTIGGO	159	<i>selenium sulfide</i>	184
ROBINUL	136	RYTARY	77	SELZENTRY	29
ROBINUL FORTE	136	RYTELO	149	SEMGLEE	110
ROCALTROL	133	RYVENT	176	SE-NATAL	19
ROCKLATAN	172	SABRIL	89	SENSIPAR	131
<i>roflumilast</i>	178	SAFYRAL	122	SENSORCAINE	12
ROLVEDON	147	<i>sajazir</i>	149	<i>sensorcaine/epinephrine</i>	12
<i>romidepsin</i>	50	SALAGEN	193	<i>sensorcaine-mpf</i>	12
<i>ropinirole er</i>	77	<i>salicylic acid</i>	191	<i>sensorcaine-mpf/epinephrine</i>	12
<i>ropinirole hcl</i>	77	<i>salsalate</i>	15	SENSORCAINE-MPF/EPINEPHRINE	12
<i>ropinirole hydrochloride</i>	77	SAMSCA	130	SEREVENT DISKUS	176
<i>ropivacaine hydrochloride</i>	12	SANCUSO	135	SEROQUEL	82,
<i>rosuvastatin calcium</i>	59	SANDIMMUNE	160	83	
ROSZET	60	SANDOSTATIN	130	SEROQUEL XR	82
ROTARIX	162	SANDOSTATIN LAR	130	SEROSTIM	131
ROTATEQ	162	SANTYL	191	<i>sertraline hcl</i>	75
ROWASA	137	SAPHNELO	161	<i>sertraline</i>	75
<i>roweepra</i>	89	SAPHRIS	82	<i>hydrochloride</i>	
		<i>sapropterin dihydrochloride</i>	131		
		SARCLISA	50		

Drug name	Page	Drug name	Page	Drug name	Page
SERTRALINE	75	SKYCLARYS	100	sodium sulfacetamide/	182
HYDROCHLORIDE		SKYLA	122	sulfur	
<i>setlakin</i>	122	SKYRIZI	155	SOFOSBUVIR/	32
SEYSARA	38	SKYRIZI PEN	155	VELPATASVIR	
<i>sf</i>	193	SKYTROFA	131	SOGROYA	131
<i>sf 5000 plus</i>	193	SLYND	122	SOHONOS	104
SFROWASA	137	SMOFLIPID	168	<i>solifenacin succinate</i>	144
<i>sharobel</i>	122	SOAANZ	64	SOLIQUA 100/33	111
SHINGRIX	162	SODIUM	138	SOLIRIS	149
SIGNIFOR	131	<i>sodium acetate</i>	164	SOLODYN	38
SIGNIFOR LAR	131	SODIUM ACETATE	164	SOLOSEC	25
SIKLOS	149	<i>sodium bicarbonate</i>	164	SOLTAMOX	42
<i>sildenafil</i>	67	SODIUM	164	SOLU-CORTEF	126
<i>sildenafil citrate</i>	67, 68	BICARBONATE		SOLU-MEDROL	126
SILENOR	96	<i>sodium chloride</i>	164	SOMA	104
SILIQ	155	SODIUM CHLORIDE	164	SOMATULINE DEPOT	131
<i>silodosin</i>	142	<i>sodium chloride 0.9% irrigation soln</i>	191	SOMAVERT	131
SILVADENE	183	<i>sodium citrate/citric acid</i>	143	SOOLANTRA	191
SILVER NITRATE	191	SODIUM EDECIN	64	<i>sorafenib tosylate</i>	50
silver sulfadiazine	183	<i>sodium fluoride</i>	167, 193	SORBITOL	143
SIMBRINZA	172	<i>sodium fluoride 5000 plus</i>	193	SORILUX	185
SIMLANDI	155	<i>sodium fluoride 5000 ppm</i>	193	<i>sorine</i>	58
<i>simliya</i>	122	<i>sodium fluoride 5000 ppm sensitive</i>	193	<i>sotalol hcl</i>	58
<i>simpesse</i>	122	<i>sodium fluoride/ potassium nitrate/ sensitive</i>	193	<i>sotalol hydrochloride (af)</i>	58
SIMPONI	155	SODIUM OXYBATE	105	SOTYKTU	155
SIMPONI ARIA	155	<i>sodium phenylbutyrate</i>	131	SOTYLIZE	58
SIMULECT	161	<i>sodium phosphate</i>	164	SOVALDI	32
<i>simvastatin</i>	59	<i>sodium phosphates</i>	164	SOVUNA	157
SINEMET	77	<i>sodium polystyrene sulfonate</i>	118	SPEVIGO	155
SINGULAIR	177			SPINOSAD	191
<i>sirolimus</i>	161			SPIRIVA HANDIHALER	175
SIRTURO	31			SPIRIVA RESPIMAT	175
SITAGLIPTIN	115			<i>spironolactone</i>	55, 64
SITAGLIPTIN/ METFORMIN	115			<i>spironolactone/ hydrochlorothiazide</i>	64
HYDROCHLORIDE				SPORANOX	27
SIVEXTRO	25				

Drug name	Page	Drug name	Page	Drug name	Page
sprintec	28	sulfacetamide sodium	170,	SYMPAZAN	89
SPRITAM	89		182	SYMPROIC	140
SPRIX	15	sulfacetamide sodium/	169	SYMTUZA	31
SPRYCEL	50	prednisolone sodium		SYNAGIS	159
sps	118	phosphate		SYNALAR	187
sronyx	122	sulfacleanse	182	SYNAREL	131
SSD	183	sulfadiazine	25	SYNDROS	135
STALEVO	50	sulfamethoxazole/	25	SYNJARDY	115
STALEVO	75	trimethoprim		SYNJARDY XR	115
STALEVO	100	sulfamethoxazole/	25	SYNTHROID	133
STALEVO	125	trimethoprim ds		SYPRINE	118
STALEVO	150	SULFAMYLYON	183	TABLOID	40
STALEVO	200	sulfasalazine	137	TABRECTA	51
STEGLATRO	115	sulindac	15	TACLONEX	185
STEGLUJAN	115	sumatriptan	97	tacrolimus	161,
STELARA	155	sumatriptan/naproxen	97		191
sterile water for	192	sodium		adalafil	68,
irrigation		sumatriptan succinate	97		142
STIMUFEND	147	sumatriptan succinate	97	TADLIQ	68
STIOLTO RESPIMAT	174	refill		TAFINLAR	51
STIVARGA	51	sunitinib malate	51	tafluprost	172
STRATTERA	94	SUNLENCA	29	TAGRISSO	51
STRENSIQ	131	SUNOSI	105	TAKHZYRO	149
streptomycin sulfate	25	SUPREP BOWEL PREP	138	TALICIA	140
STRIBILD	31	SUSTOL	135	TALTZ	155
STRIVERDI RESPIMAT	176	SUSVIMO	173	TALVEY	51
STROMECTOL	25	SUTAB	138	TALZENNA	51
SUBLOCADE	106	SUTENT	51	TAMIFLU	32
SUBOXONE	106	syeda	123	tamoxifen citrate	42
subvenite	89	SYFOVRE	173	tamsulosin	142
subvenite starter kit	89	SYLVANT	43	hydrochloride	
SUCRAID	140	SYMBICORT	180	tanlor	104
sucralfate	140	SYMBYAX	75	taperdex	126
SUCRALFATE	140	SYMDEKO	178	TARCEVA	51
SUFLAVE	138	SYMFI	31	targadox	38
SULAR	62	SYMFI LO	31	TARGRETIN	43,
		SYMLINPEN 60	115		191
		SYMLINPEN 120	115	tarina 24 fe	123

Drug name	Page	Drug name	Page	Drug name	Page
<i>tarina fe 1/20 eq</i>	123	TENIVAC	162	THIOLA EC	143
TARON-C DHA	167	<i>tenofovir disoproxil fumarate</i>	29	<i>thioridazine hcl</i>	83
TARPEYO	143	TENORETIC	50	<i>thiotepa</i>	39
TASCENSO ODT	102	TENORETIC	100	<i>thiothixene</i>	83
TASIGNA	51	TENORMIN	61	THRIVITE RX	167
<i>tasimelteon</i>	96	TEPADINA	39	THYMOGLOBULIN	161
TASMAR	78	TEPEZZA	131	THYQUIDITY	133
<i>tavaborole</i>	184	TEPMETKO	51	<i>tiadylt er</i>	63
TAVALISSE	149	terazosin <i>hcl</i>	55	<i>tiagabine hydrochloride</i>	89
TAVNEOS	149	terazosin	55	TIAZAC	63
<i>taysofy</i>	123	hydrochloride		TIBSOVO	51
TAYTULLA	123	<i>terbinafine hcl</i>	27	TICE BCG	43
<i>tazarotene</i>	185	terbutaline sulfate	176	TICOVAC	162
TAZAROTENE	182	terconazole	144	TIGAN	135
<i>tazicef</i>	34	teriflunomide	102	<i>tigecycline</i>	38
TAZORAC	185	teriparatide	117	TIGLUTIK	100
TAZVERIK	51	TERIPARATIDE	116	TIKOSYN	58
TDVAX	162	TESTIM	107	TILIA FE	123
TECENTRIQ	51	TESTOPEL	107	<i>timolol maleate</i>	61, 172
TECENTRIQ HYBREZA	51	testosterone	107	TIMOLOL MALEATE	172
TECFIDERA	102	testosterone cypionate	107	TIMOPTIC OCUDOSE	172
TECVAYLI	51	testosterone enanthate	107	<i>tinidazole</i>	25
TEFLARO	34	testosterone pump	107	<i>tiopronin</i>	143
TEGLUTIK	100	tetrabenazine	100	<i>tiopronin dr</i>	143
TEGRETOL	89	TETRACAINE	173	<i>tiotropium bromide</i>	175
TEGRETOL-XR	89	HYDROCHLORIDE		TIROSINT	133
TEGSEDI	100	<i>tetracycline hydrochloride</i>	38	TIROSINT-SOL	133
TEKTURNA	66	TEVIMBRA	51	TIS-U-SOL	192
<i>telmisartan</i>	56, 57	TEXACORT	187	TIVDAK	51
<i>telmisartan/ amlodipine</i>	56	TEZSPIRE	178	TIVICAY	29, 30
<i>telmisartan/ hydrochlorothiazide</i>	56	THALITONE	64	TIVICAY PD	29
<i>temazepam</i>	96	THALOMID	42	<i>tizanidine hcl</i>	104
TEMODAR	39	THEO-24	178	<i>tizanidine</i>	104
temsirolimus	51	<i>theophylline</i>	178	hydrochloride	
<i>tencon</i>	12	<i>theophylline er</i>	178	TLANDO	107
		THIOLA	143		

Drug name	Page	Drug name	Page	Drug name	Page
TOBI	25	TPN ELECTROLYTES	164	TRETINOIN	182
TOBI PODHALER	25	TRACLEER	68	MICROSPHERE	
TOBRADEX	169	TRADJENTA	115	<i>tretinoin microsphere</i>	182
TOBRADEX ST	169	<i>tramadol hcl er</i>	17	<i>gel</i>	
<i>tobramycin</i>	25, 170	TRAMADOL HCL ER	17	TRETINOIN	182
<i>tobramycin/</i>	169	<i>tramadol</i>	22	MICROSPHERE PUMP	
<i>dexamethasone</i>		<i>hydrochloride</i>		TREXALL	157
<i>tobramycin sulfate</i>	25	<i>tramadol</i>	21	TREXIMET	97
TOBREX	170	<i>hydrochloride/</i>		<i>trezix</i>	22
TOFIDENCE	155	<i>acetaminophen</i>		<i>triamcinolone</i>	126,
TOLAK	191	<i>tramadol</i>	17	<i>acetonide</i>	188
<i>tolcapone</i>	78	<i>hydrochloride er</i>		<i>triamcinolone</i>	193
TOLECTIN 600	15	<i>trandolapril</i>	54, 55	<i>acetonide dental paste</i>	
<i>tolmetin sodium</i>	15	<i>trandolapril/verapamil</i>	54	<i>triamterene</i>	64
TOLSURA	27	<i>hcl er</i>		<i>triamterene/</i>	64
<i>tolterodine tartrate</i>	144	<i>tranexamic</i>	149	<i>hydrochlorothiazide</i>	
<i>tolterodine tartrate er</i>	144	<i>tranexamic acid</i>	149	<i>triazolam</i>	96
<i>tolvaptan</i>	131	TRANSDERM-SCOP	135	TRIBENZOR	56
TOPAMAX	89	<i>tranylcypromine</i>	75	<i>tricitrates</i>	143
TOPICORT	187, 188	<i>sulfate</i>		TRICOR	58
<i>topiramate</i>	89, 90	TRAVASOL	168	<i>tridacaine</i>	189
<i>topiramate er</i>	89	TRAVATAN Z	172	<i>tridacaine ii</i>	189
<i>topotecan hcl</i>	43	<i>travoprost</i>	172	<i>triderm</i>	188
TOPOTECAN HCL	43	TRAZIMERA	51	<i>trientine hydrochloride</i>	118
TOPROL XL	61	<i>trazodone</i>	75	TRIESENCE	171
<i>toremifene citrate</i>	42	<i>hydrochloride</i>		<i>tri-estarrylla</i>	123
TORISEL	51	TREANDA	39	<i>tri femynor</i>	123
<i>torpenz</i>	51	TRECATOR	31	<i>trifluoperazine hcl</i>	83
<i>torsemide</i>	64	TRELEGY ELLIPTA	174	<i>trifluoperazine</i>	83
TOSYMRA	97	TRELSTAR MIXJECT	42	<i>hydrochloride</i>	
TOUJEO MAX	111	TREMFYA	155	<i>trifluridine</i>	170
SOLOSTAR		<i>treprostинil</i>	68	<i>trihexyphenidyl hcl</i>	78
TOUJEO SOLOSTAR	111	TRESIBA	111	<i>trihexyphenidyl</i>	78
<i>tovet</i>	188	TRESIBA FLEXTOUCH	111	<i>hydrochloride</i>	
TOVIAZ	144	<i>tretinoin</i>	43, 182	TRIJARDY XR	115
				TRIKAFTA	178
				<i>tri-legest fe</i>	123
				TRILEPTAL	90

Drug name	Page	Drug name	Page	Drug name	Page
<i>tri-linyah</i>	123	TRUXIMA	52	URSODIOL	140
TRILIPIX	58	TRYVIO	66	URSO FORTE	140
<i>tri-lo-estarrylla</i>	123	TUDORZA PRESSAIR	175	UZEDY	83
<i>tri-lo-marzia</i>	123	TUKYSA	52	VABOMERE	25
<i>tri-lo-mili</i>	123	TURALIO	52	VABYSMO	173
<i>tri-lo-sprintec</i>	123	<i>turqoz</i>	123	VAGIFEM	125
<i>trimethobenzamide</i>	135	TWINRIX	162	<i>valacyclovir</i>	32
<i>hydrochloride</i>		TWYNEO	182	<i>hydrochloride</i>	
<i>trimethoprim</i>	25	TYBLUME	123	VALCHLOR	191
<i>tri-mili</i>	123	TYBOST	30	VALCYTE	32
<i>trimipramine maleate</i>	75	<i>tydemy</i>	123	<i>valganciclovir</i>	33
TRINATAL RX 1	167	TYENNE	155	<i>valganciclovir</i>	33
TRINTELLIX	75	TYGACIL	38	<i>hydrochloride</i>	
<i>tri-nymyo</i>	123	TYKERB	52	VALIUM	90
TRIPTODUR	131	TYMLOS	117	<i>valproate sodium</i>	90
TRISENOX	43	TYPHIM VI	162	<i>valproic acid</i>	90
<i>tri-sprintec</i>	123	TYRVAYA	173	<i>valrubicin</i>	43
TRISTART DHA	167	TYSABRI	102	<i>valsartan</i>	57
TRIUMEQ	31	TYVASO	68	VALSARTAN	57
TRIUMEQ PD	31	TYVASO DPI	68	<i>valsartan/</i>	56
TRI-VI-FLOR	167	TZIELD	115	<i>hydrochlorothiazide</i>	
<i>tri-vite/fluoride</i>	167	UBRELVY	98	VALSTAR	43
<i>trivora-28</i>	123	UCERIS	137	VALTOCO	90
<i>tri-vylibra</i>	123	UDENYCA	147	VALTREX	33
<i>tri-vylibra lo</i>	123	ULORIC	10	VANCOCIN	25
TRODELVY	51	ULTOMIRIS	149	VANCOMYCIN	25,
TROGARZO	30	ULTRAVATE	188	26	
TROKENDI XR	90	UNASYN	37	<i>vancomycin hcl</i>	25
TROPHAMINE	168	UNDECATREX	107	VANCOMYCIN HCL	25
<i>trospium chloride</i>	144	<i>unithroid</i>	133	<i>vancomycin</i>	26
<i>trospium chloride er</i>	144	UPLIZNA	100	<i>hydrochloride</i>	
TRUDHESA	97	UPTRAVI	68	VANCOMYCIN	26
TRULANCE	140	UROCIT-K	143	HYDROCHLORIDE	
TRULICITY	115	UROGESIC-BLUE	25	VANCOMYCIN	26
TRUMENBA	162	UROXATRAL	142	HYDROCHLORIDE/	
TRUQAP	51	URSO 250	140	DEXTROSE	
TRUVADA	31	<i>ursodiol</i>	140	VANDAZOLE	144
				VANFLYTA	52

Drug name	Page	Drug name	Page	Drug name	Page
VANOS	188	VENTOLIN HFA	176	vigpoder	90
VAQTA	162	VEOPOZ	149	VIIBRYD	76
<i>varenicline</i>	106	VEOZAH	131	VIJOICE	131
<i>varenicline tartrate</i>	106	<i>verapamil hcl</i>	63	vilazodone	76
VARIVAX	162	<i>verapamil hcl er</i>	63	hydrochloride	
VARIZIG	158	<i>verapamil hcl sr</i>	63	VILTEPSO	100
VARUBI	135	VERAPAMIL HCL SR	63	VIMIZIM	131
VASCEPA	60	<i>verapamil</i>	63	VIMOVO	15
VASERETIC	54	<i>hydrochloride</i>		VIMPAT	90
<i>vasopressin</i>	131	<i>verapamil</i>	63	vinblastine sulfate	44
VASOPRESSIN/	131	<i>hydrochloride er</i>		vincristine sulfate	44
SODIUM CHLORIDE		VERDESO	188	vinorelbine tartrate	44
VASOSTRICT	131	VEREGEN	191	VIOKACE	140
VASOTEC	55	VERELAN	63	<i>viorele</i>	123
VAXCHORA	162	VERELAN PM	63	VIRACEPT	30
VECAMYL	66	VERKAZIA	173	VIRASAL	191
VECTIBIX	52	VERQUVO	66	VIREAD	30
VECTICAL	185	VERSACLOZ	83	VISTARIL	176
VEGZELMA	52	VERZENIO	52	VISTOGARD	131
VEKLURY	33	VESICARE	144	VITAFOL GUMMIES	167
VELCADE	52	VESICARE LS	144	VITAFOL-NANO	167
VELETRI	68	<i>vestura</i>	123	VITAFOL-OB	167
<i>velvet</i>	123	VEVYE	174	VITAFOL-ONE	167
VELSIPITY	156	VFEND	28	VITAFOL STRIPS	167
VELTASSA	118	VFEND IV	27	VITAFOL ULTRA	167
VELTIN	182	V-GO 20	111	<i>vitamins a/c/d/fluoride</i>	167
VEMLIDY	33	V-GO 30	111	VITRAKVI	52
VENCLEXTA	52	V-GO 40	111	VIVELLE-DOT	125
VENCLEXTA	52	VIBATIV	26	VIVITROL	106
STARTING PACK		VIBERZI	140	VIVJOA	28
VENLAFAKINE	75	VICTOZA	115	VIZIMPRO	52
BESYLATE ER		VIDAZA	40	VOGELXO	107
<i>venlafaxine hcl er</i>	75	<i>vienva</i>	123	<i>volnea</i>	123
<i>venlafaxine</i>	75,	<i>vigabatrin</i>	90	VONJO	52
<i>hydrochloride</i>	76	<i>vigadron</i>	90	VOQUENZA	140,
<i>venlafaxine</i>	75,	VIGAFYDE	90		141
<i>hydrochloride er</i>	76	VIGAMOX	170	VORANIGO	52
VENTAVIS	68				

Drug name	Page	Drug name	Page	Drug name	Page
voriconazole	28	WESTAB PLUS	167	XIPERE	171
VOSEVI	33	WESTGEL DHA	167	XOFLUZA	33
VOTRIENT	52	WINLEVI	182	XOLAIR	178
VOVDEYA	149	WINREVAIR	69	XOLREMDI	147
VOWST	140	WINRHO SDF	158	XOPENEX HFA	177
VOXZOGO	131	wixela inhub	180	XOSPATA	52
VPRIV	131	wymzya fe	123	XPHOZAH	131
VRAYLAR	83	XACIATO	144	XPOVIO	53
VTAMA	185	XADAGO	78	XTAMPZA ER	17
VUITY	172	XALATAN	172	XTANDI	42
VUMERITY	102	XALKORI	52	xulane	123
VUSION	184	XANAX	70	XULTOPHY	111
VYEPTI	98	XANAX SR	70	XURIDEN	132
vyfemla	123	XARELTO	146	XYLOCAINE	12
VYJUVEK	192	XARELTO STARTER	146	XYLOCAINE/	12
vylibra	123	PACK		EPINEPHRINE	
VYLOY	52	XATMEP	157	XYLOCAINE-MPF	12
VYNDAMAX	66	XCOPRI	90,	XYLOCAINE-MPF/	12
VYNDAQEL	66		91	EPINEPHRINE	
VYONDYS 53	100	XDEMVY	170	XYOSTED	107
VYTORIN	60	XELJANZ	156	XYREM	105
VYVANSE	94	XELJANZ XR	156	XYWAV	105
VYVGART	159	XELPROS	172	yargesa	132
VYVGART HYTRULO	159	XELSTRYM	94	YASMIN	28
VYXEOS	44	XEMBIFY	158	YAZ	123
VYZULTA	172	XENAZINE	100	YCANTH	191
WAINUA	100	XENPOZYME	131	YERVOY	53
WAKIX	105	XEOMIN	104	YF-VAX	162
warfarin sodium	146	XERAVA	38	YONDELIS	39
WELCHOL	60	XERESE	191	YONSA	42
WELIREG	44	XERMELO	140	YORVIPATH	117
WELLBUTRIN SR	76	XGEVA	117	YUFLYMA	156
WELLBUTRIN XL	76	XHANCE	179	YUPELRI	175
wera	123	XIAFLEX	131	YUSIMRY	156
WESCAP-C DHA	167	XIFAXAN	26,	YUTIQ	171
WESCAP-PN DHA	167		140	yuvafem	125
WESNATE DHA	167	XIGDUO XR	115	zafemy	123
		XXIIDRA	174		

Drug name	Page	Drug name	Page	Drug name	Page
zafirlukast	177	ZILRETTA	126	ZOSYN	37
zaleplon	96	ZIMHI	106	zovia	1/35 123
ZALTRAP	53	ZINPLAVA	159	ZOVIRAX	191
ZANAFLEX	104	ZIOPTAN	173	ZTALMY	91
ZANOSAR	39	ziprasidone hcl	83	ZTLIDO	189
ZARONTIN	91	ziprasidone mesylate	83	ZUBSOLV	106
ZARXIO	147	ZIPSOR	15	ZULRESSO	76
ZAVESCA	132	ZIRABEV	53	zumandimine	124
ZAVZPRET	98	ZIRGAN	170	ZURZUVAE	76
ZEGALOGUE	127	ZITHROMAX	35	ZYCLARA	191
ZEGERID	141	ZITUVIMET	115,	ZYDELIG	53
ZEJULA	53		116	ZYFLO	177
ZELAPAR	78	ZITUVIMET XR	115,	ZYKADIA	53
ZELBORAF	53		116	ZYLET	169
ZEMAIRA	179	ZITUvio	116	ZYMFENTRA	156
ZEMBRACE	98	ZOCOR	59	ZYNLONTA	53
SYMTOUCH		ZOKINVY	132	ZYNYZ	53
ZEMDRI	26	ZOLADEX	42	ZYPITAMAG	59
ZEMPLAR	133	zoledronic acid	117	ZYPREXA	84
zenatane	182	ZOLEDRONIC ACID	117	ZYPREXA RELPREVV	83
ZENPEP	140	ZOLINZA	53	ZYPREXA ZYDIS	83,
zenzedi	94, 95	zolmitriptan	98		84
ZEPATIER	33	zolmitriptan odt	98	ZYTIGA	42
ZEPOSIA	103	ZOLOFT	76	ZYVOX	26
ZEPZELCA	39	zolpidem tartrate	96		
ZERBAXA	35	ZOLPIDEM TARTRATE	96		
ZERVIADE	171	zolpidem tartrate er	96		
ZESTORETIC	54	ZOMACTON	132		
ZESTRIL	55	zomig	98		
ZETIA	60	ZOMIG	98		
ZIAGEN	30	ZONALON	191		
ZIANA	183	ZONEGRAN	91		
zidovudine	30	ZONISADE	91		
ZIEXTENZO	147	zonisamide	91		
ZILBRYSQ	149	ZONTIVITY	150		
zileuton er	177	ZORTRESS	161		
		ZORYVE	185,		
			191		

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

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

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

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

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

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

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

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

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

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

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

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

Hawaiian: He kōkua māhele ūlelo kā mākou i mea e pane ē ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāau lapa'au paha. I mea e loaā ai ke kōkua māhele ūlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahī mea ūlelo Pelekānia/Ūlelo ke kōkua iā 'be. He pōmaikaí manuahi kēia.

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

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

This formulary was updated on 01/01/2025. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-866-241-0357 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit AetnaRetireePlans.com and choose “Manage your prescription drugs.”



AetnaRetireePlans.com

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