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SilverScript Employer PDP sponsored by State Employee Health Plan (SilverScript)

2022 Formulary (List of Covered Drugs)

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

This formulary was updated on 09/29/2021. For more recent information or other questions, please contact Customer Care at 1-800-411-3986, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 21115

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the SilverScript Formulary?

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

Can the Formulary (drug list) change?

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

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

New generic drugs. We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 January 1, 2022. To get updated information about the drugs covered by SilverScript, please contact Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. 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?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA): SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.

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

Step Therapy (ST): In some cases, SilverScript 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, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

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

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

What if my drug is not on the Formulary?

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

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

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

SilverScript does not cover prescription drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover prescription drugs, vaccines, biological products, and medical supplies that are covered under the Medicare Part D prescription drug plan benefit and that are on our drug list.

How do I request an exception to the SilverScript Formulary?

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

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

Also, you may not ask us to provide a lower tier level of coverage for drugs that are in the Specialty Tier.

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

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

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

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

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

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

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

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has five Cost-Sharing Tiers

Every drug on the plan’s drug list is in one of five cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

Cost-Sharing Tier 1: Preferred Generic

Cost-Sharing Tier 2: Generic

Cost-Sharing Tier 3: Preferred Brand*

Cost-Sharing Tier 4: Non-Preferred Drug*

Cost-Sharing Tier 5: Specialty

*Please note: In some instances this tier may include both brand and higher cost generic drugs on the same tier.

To find out which cost-sharing tier your drug is in, look it up in the plan’s drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug:

	Preferred Network Retail Pharmacy (Up to a 30-day supply)	Standard Network Retail Pharmacy (Up to a 30-day supply)	Mail-Order Pharmacy (Up to a 30-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Preferred Generic	\$0	\$15	\$0	\$15
Tier 2: Generic	\$10	\$20	\$10	\$20
Tier 3: Preferred Brand	\$47	\$47	\$47	\$47
Tier 4: Non-Preferred Drug	50% of total cost	50% of total cost	50% of total cost	50% of total cost
Tier 5: Specialty	25% of total cost	25% of total cost	25% of total cost	25% of total cost

For more information

For more detailed information about your SilverScript 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 Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

SilverScript's Formulary

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

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

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

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- MO Mail Order Delivery.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-800-411-3986, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Please Note: Our plan, in some instances, combines higher cost generic drugs on brand tiers. Refer to the drug list to determine the tier of coverage for each drug you take.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tabs</i>	1	MO
<i>colchicine tabs</i>	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	3	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	3	MO
<i>probenecid/colchicine</i>	3	MO
NSAIDS		
<i>cataflam</i>	2	QL (120 EA per 30 days)
<i>celecoxib caps 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib caps 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium</i>	2	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	4	QL (90 EA per 30 days) MO
DUEXIS	5	QL (90 EA per 30 days) PA MO
<i>ec-naproxen tbec 375mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen tbec 500mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tb24 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tb24 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac caps 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac caps 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tabs 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac tabs 400mg</i>	3	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPS 400MG	4	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tabs</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tabs 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu tabs 600mg, 800mg</i>	2	
<i>ibuprofen tabs 400mg, 600mg, 800mg, susp 100mg/5ml</i>	2	MO
<i>ibuprofen/famotidine</i>	4	QL (90 EA per 30 days) PA
<i>ketoprofen er</i>	4	QL (30 EA per 30 days) MO
<i>ketoprofen caps 75mg</i>	4	QL (120 EA per 30 days) MO
<i>ketoprofen caps 50mg</i>	4	QL (180 EA per 30 days)
<i>ketoprofen caps 25mg</i>	5	QL (120 EA per 30 days) MO
<i>ketorolac tromethamine inj 15mg/ml, 30mg/ml, 60mg/2ml</i>	4	QL (20 ML per 30 days) PA MO
<i>ketorolac tromethamine tabs 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	4	QL (120 EA per 30 days) MO
<i>meloxicam tabs</i>	1	MO
<i>nabumetone</i>	2	MO
NAPROXEN SODIUM CR	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	4	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen/esomeprazole magnesium</i>	5	QL (60 EA per 30 days) PA MO
<i>naproxen tabs 250mg, 375mg, 500mg</i>	1	MO
<i>naproxen susp</i>	2	MO
<i>naproxen dr tabs 375mg</i>	2	QL (120 EA per 30 days) MO
<i>naproxen dr tabs 500mg</i>	2	QL (90 EA per 30 days) MO
<i>oxaprozin</i>	4	QL (90 EA per 30 days) MO
<i>piroxicam caps 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam caps 10mg</i>	3	QL (60 EA per 30 days) MO
<i>relafen</i>	2	
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	4	QL (4 EA per 28 days) PA MO
<i>fentanyl pt72 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr</i>	4	QL (10 EA per 30 days) PA MO
<i>fentanyl pt72 87.5mcg/hr</i>	5	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tabs</i>	3	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJ	5	PA
<i>methadone hcl oral soln</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tabs</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	3	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) PA MO
<i>morphine sulfate er cap24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 100mg, 200mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tbcr 15mg</i>	3	QL (90 EA per 30 days) PA MO
<i>tramadol hcl er tb24</i>	4	QL (30 EA per 30 days) PA MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tabs</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine soln</i>	3	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal soln</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate inj 1mg/ml</i>	4	
<i>butorphanol tartrate inj 2mg/ml</i>	4	MO
CODEINE SULFATE TABS	4	QL (180 EA per 30 days) MO
<i>endocet tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lpop 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen soln 325mg/15ml; 7.5mg/15ml</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen tabs 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg</i>	3	QL (180 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg, 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydromorphone hcl oral liqd</i>	4	QL (600 ML per 30 days) MO
HYDROMORPHONE HCL INJ 1MG/ML, 4MG/ML	4	B/D MO
<i>hydromorphone hcl inj 10mg/ml</i>	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE PF INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride PF inj 50mg/5ml</i>	4	B/D
<i>hydromorphone hydrochloride inj 2mg/ml</i>	4	B/D MO
<i>morphine sulfate tabs</i>	3	QL (180 EA per 30 days) MO
MORPHINE SULFATE IV OR IM INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	4	B/D
<i>morphine sulfate IV inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate IV, epidural, or intrathecal inj 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate oral soln 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>nalbuphine hcl inj 10mg/ml, 20mg/ml</i>	3	MO
<i>oxycodone hcl caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride oral soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride oral conc</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tabs 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tabs 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/aspirin tabs 325mg; 4.835mg</i>	4	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride tabs 100mg</i>	2	QL (120 EA per 30 days) MO

ANESTHETICS**LOCAL ANESTHETICS**

<i>lidocaine hcl PF inj 0.5%, 1%, 1.5%, 2%, 4%</i>	4	
<i>lidocaine hydrochloride inj 1%, 2%</i>	4	

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

<i>albendazole</i>	5	MO
<i>amikacin sulfate</i>	4	MO
<i>atovaquone</i>	5	PA MO
<i>aztreonam inj 1gm</i>	4	MO
<i>aztreonam inj 2gm</i>	5	MO

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON	5	PA LA
<i>chloramphenicol inj 1gm</i>	4	
<i>clindamycin hcl caps 300mg, 75mg</i>	2	MO
<i>clindamycin hydrochloride caps 150mg</i>	2	MO
<i>clindamycin palmitate hcl oral soln 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i>	4	
<i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tabs 100mg, 25mg</i>	3	MO
DAPTOMYCIN INJ 350MG	5	
<i>daptomycin inj 500mg</i>	5	MO
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate inj 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>isotonic gentamicin</i>	4	MO
<i>ivermectin</i>	3	MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 28 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	4	PA
<i>meropenem inj 500mg</i>	4	
<i>meropenem inj 1gm</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate</i>	4	MO
<i>metronidazole caps 375mg</i>	3	MO
<i>metronidazole inj 5mg/ml; 0.79%</i>	4	
<i>metronidazole tabs 250mg, 500mg</i>	3	MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	3	MO
<i>nitrofurantoin monohydrate/macrocrystals</i>	3	MO
<i>paromomycin sulfate</i>	4	MO
<i>pentamidine isethionate inj</i>	4	
<i>pentamidine isethionate inhalation soln</i>	4	B/D MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate</i>	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
SULFADIAZINE	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tabs</i>	1	MO
<i>sulfamethoxazole/trimethoprim inj, susp</i>	4	MO
SYNERCID	5	
<i>tinidazole</i>	4	MO
<i>tobramycin sulfate inj 1.2gm, 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin nebu 300mg/5ml</i>	5	QL (280 ML per 56 days) PA
<i>trimethoprim</i>	1	MO
VANCOMYCIN INJ 0.9% ; 500MG/100ML, 0.9% ; 750MG/150ML	4	
VANCOMYCIN HCL INJ 0.9% ; 1GM/200ML	4	
<i>vancomycin hcl inj 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride caps 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride caps 250mg</i>	4	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJ 1.25GM, 1.5GM, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 250MG, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	MO
ANTIFUNGALS		
ABELCET	4	B/D
AMBISOME	5	B/D
<i>amphotericin b</i>	4	B/D MO
<i>caspofungin acetate</i>	5	
<i>fluconazole in sodium chloride inj</i>	4	
<i>fluconazole tabs</i>	2	MO
<i>fluconazole oral susp</i>	3	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole caps</i>	4	PA MO
<i>ketoconazole tabs 200mg</i>	2	PA MO
<i>micafungin</i>	5	
NOXAFIL ORAL SUSP	5	QL (630 ML per 30 days) MO
<i>nystatin tabs 500000unit</i>	4	MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) MO
<i>terbinafine hcl</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole inj</i>	5	PA
<i>voriconazole oral susp</i>	5	PA MO
<i>voriconazole tabs 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tabs 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>chloroquine phosphate</i>	2	MO
COARTEM	4	MO
<i>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir tabs, oral soln</i>	4	MO
APTIVUS SOLN	5	
APTIVUS CAPS	5	MO
<i>atazanavir sulfate</i>	4	MO
CRIXIVAN	4	MO
EDURANT	5	MO
<i>efavirenz caps 50mg</i>	3	MO
<i>efavirenz caps 200mg</i>	4	MO
<i>efavirenz tabs</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLN	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	
INTELENCE TABS 25MG	4	
INTELENCE TABS 100MG, 200MG	5	MO
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACKET FOR ORAL SUSP	4	MO
ISENTRESS TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA ORAL SUSP	4	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</i>	3	MO
<i>nevirapine tabs</i>	3	MO
<i>nevirapine susp</i>	4	
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ PACKET FOR ORAL SUSP	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLN	5	
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
SELZENTRY TABS 150MG, 300MG	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	4	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT TABS 250MG	4	MO
VIRACEPT TABS 625MG	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	MO
<i>zidovudine</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
<i>abacavir sulfate/lamivudine/zidovudine</i>	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
KALETRA TABS 100MG; 25MG	4	MO
KALETRA TABS 200MG; 50MG	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir oral soln</i>	4	MO
<i>lopinavir/ritonavir tabs 100mg; 25mg</i>	4	MO
<i>lopinavir/ritonavir tabs 200mg; 50mg</i>	5	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TEMIXYS	5	MO
TRIUMEQ	5	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tabs</i>	1	MO
<i>isoniazid syrp</i>	2	MO
<i>isoniazid inj</i>	4	
PASER	4	MO
PRETOMANID	4	QL (30 EA per 30 days) PA
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin caps</i>	3	MO
<i>rifampin inj</i>	4	
SIRTURO	5	PA LA
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium iv soln 50mg/ml</i>	4	B/D
<i>acyclovir caps 200mg</i>	2	MO
<i>acyclovir susp 200mg/5ml</i>	2	MO
<i>acyclovir tabs 400mg, 800mg</i>	2	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLN	5	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA
EPIVIR HBV ORAL SOLN	4	MO
<i>famciclovir tabs 500mg</i>	2	QL (21 EA per 30 days) MO
<i>famciclovir tabs 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO
<i>ganciclovir inj 500mg/10ml, 500mg</i>	3	B/D
HARVONI	5	PA
<i>lamivudine tabs 100mg</i>	3	MO
MAVYRET	5	PA
<i>oseltamivir phosphate caps 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate caps 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate oral susp</i>	3	QL (1080 ML per 365 days) MO
PEGASYS	5	PA
PREVYMIS TABS	5	QL (28 EA per 28 days) MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin caps, tabs</i>	3	
<i>ribavirin inhal soln</i>	5	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hydrochloride tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</i>	3	MO
<i>valganciclovir tabs 450mg</i>	3	MO
VOSEVI	5	PA
CEPHALOSPORINS		
<i>cefaclor</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
CEFACLOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 2GM/100ML; 4%	3	
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	
<i>cefazolin sodium iv inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
<i>cefdinir caps</i>	2	MO
<i>cefdinir oral susp</i>	3	MO
<i>cefepime inj 1gm, 2gm</i>	4	MO
<i>cefixime caps</i>	3	MO
<i>cefixime oral susp</i>	4	MO
<i>cefotetan inj 1gm, 2gm</i>	4	
<i>cefoxitin sodium inj 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
CEFTAZIDIME/DEXTROSE	4	
<i>ceftazidime inj 6gm</i>	4	
<i>ceftazidime inj 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
CEFTRIAZONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium iv inj 1gm</i>	4	
<i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tabs</i>	3	MO
<i>cefuroxime sodium inj 1.5gm</i>	4	
<i>cefuroxime sodium inj 750mg</i>	4	MO
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSP 500MG/ML	3	
<i>tazicef</i>	4	
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACK	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO
<i>azithromycin inj</i>	4	MO
<i>clarithromycin</i>	3	MO
<i>clarithromycin er</i>	4	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
ERYTHROCIN LACTOBIONATE INJ 500MG	5	
<i>erythrocin stearate</i>	4	MO
<i>erythromycin base</i>	3	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin stearate</i>	3	MO
<i>erythromycin cpep 250mg</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tab 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i>	4	MO
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin inj 25mg/ml</i>	4	
<i>levofloxacin oral soln 25mg/ml</i>	3	MO
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride iv soln 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin caps 500mg</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium inj 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	3	MO
<i>nafcillin sodium inj 1gm</i>	4	
<i>nafcillin sodium inj 2gm</i>	4	MO
<i>nafcillin sodium iv inj 10gm, 2gm</i>	5	
<i>oxacillin sodium inj 10gm, 1gm</i>	4	
<i>oxacillin sodium inj 2gm</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	4	
<i>penicillin g potassium inj 2000000unit</i>	4	MO
<i>penicillin g potassium inj 5000000unit</i>	5	MO
PENICILLIN G PROCAINE	4	MO
<i>penicillin g sodium</i>	5	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium inj 12gm; 1.5gm, 2gm; 0.25gm, 3gm; 0.375gm, 4gm; 0.5gm, 36gm; 4.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate dr 100mg, 150mg, 200mg, 50mg, 75mg</i>	4	MO
<i>doxycycline hyclate caps 100mg, 50mg, tabs 100mg, 150mg, and 20mg</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO
<i>doxycycline monohydrate caps</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps 75mg</i>	2	MO
<i>minocycline hcl tabs</i>	4	ST MO
<i>minocycline hydrochloride caps 50mg, 100mg</i>	2	MO
<i>minocycline hydrochloride er tabs</i>	4	ST MO
<i>mondoxyne nl caps 100mg, 75mg</i>	4	
<i>morgidox 1x100mg</i>	4	
<i>morgidox 2x100mg</i>	4	
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
BENDEKA	5	
<i>busulfan</i>	5	
<i>carboplatin</i>	3	
<i>carmustine</i>	5	
<i>cisplatin iv soln</i>	3	
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
CYCLOPHOSPHAMIDE INJ 1GM/5ML, 500MG/2.5ML	4	
<i>cyclophosphamide inj 1gm, 2gm, 500mg</i>	4	
IFEX INJ 3GM	4	
IFOSFAMIDE INJ 3GM	4	
<i>ifosfamide inj 1gm/20ml, 1gm, 3gm/60ml</i>	4	
LEUKERAN	4	MO
<i>melphalan hydrochloride inj 50mg</i>	5	
<i>melphalan tab 2mg</i>	4	B/D MO
<i>oxaliplatin</i>	4	
<i>paraplatin</i>	3	
PEPAXTO	5	QL (2 EA per 28 days) PA
<i>thiotepa</i>	5	
ZEPZELCA	5	PA LA
ANTIBIOTICS		
<i>bleomycin sulfate</i>	4	B/D
<i>dactinomycin</i>	5	
DAUNORUBICIN HYDROCHLORIDE INJ 50MG/10ML	4	
<i>daunorubicin hydrochloride inj 20mg/4ml</i>	4	
<i>doxorubicin hydrochloride liposomal 2mg/ml, 20mg/10ml, 50mg/25ml</i>	5	
<i>epirubicin hcl</i>	4	
<i>idarubicin hcl</i>	4	
<i>mitomycin inj 20mg, 5mg</i>	4	
<i>mitomycin inj 40mg</i>	5	
<i>mutamycin inj 20mg, 5mg</i>	4	
<i>mutamycin inj 40mg</i>	5	

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Drug Name	Drug Tier	Requirements/Limits
ANTIMETABOLITES		
ALIMTA	5	
<i>azacitidine</i>	5	
<i>cladribine</i>	5	B/D
<i>clofarabine</i>	5	
<i>cytarabine</i>	4	B/D
<i>cytarabine aqueous</i>	4	B/D
<i>decitabine</i>	5	
<i>fludarabine phosphate</i>	4	
<i>fluorouracil inj 1 gm/20ml, 2.5gm/50ml, 500mg/10ml, 5gm/100ml</i>	3	B/D
<i>gemcitabine hcl inj 1 gm, 200mg, 2 gm</i>	4	
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML, 2GM/20ML	4	
<i>gemcitabine hydrochloride inj 1 gm/26.3ml, 200mg/2ml, 200mg/5.26ml, 2 gm/52.6ml</i>	4	
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj 1 gm/40ml, 1 gm</i>	3	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate pf inj 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA LA
PURIXAN	5	
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
EMCYT	5	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>fulvestrant</i>	5	
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH) 3.75MG	5	PA
LUPRON DEPOT (3-MONTH) 11.25MG	5	PA
LYSODREN	5	
<i>megestrol acetate tabs 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA
ORGOVYX	5	PA LA MO
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>toremifene citrate</i>	5	PA MO
TRELSTAR MIXJECT 3.75MG, 11.25MG	5	PA
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
IMMUNOMODULATORS		
POMALYST CAPS 1MG, 2MG	5	QL (21 EA per 21 days) PA LA
POMALYST CAPS 3MG, 4MG	5	QL (21 EA per 28 days) PA LA
REVLIMID	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA
MISCELLANEOUS		
<i>arsenic trioxide</i>	5	
ASPARLAS	5	PA
<i>bexarotene</i>	5	PA
<i>dacarbazine</i>	4	
<i>hydroxyurea</i>	2	MO
IMLYGIC	5	PA
<i>irinotecan hcl inj 500mg/25ml</i>	4	
<i>irinotecan hydrochloride inj 300mg/15ml, 40mg/2ml</i>	4	
<i>irinotecan hydrochloride inj 100mg/5ml</i>	5	
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
<i>mitoxantrone hcl</i>	3	
NIPENT	5	
ONCASPAR	5	PA
SYNRIBO	5	PA
TOPOTECAN HCL INJ 4MG/4ML	5	
<i>topotecan hcl inj 4mg</i>	4	
<i>tretinoin caps 10mg</i>	5	MO
MITOTIC INHIBITORS		
ABRAXANE	5	
DOCETAXEL INJ 20MG/2ML	4	
DOCETAXEL INJ 160MG/16ML, 160MG/8ML, 80MG/8ML	5	
<i>docetaxel inj 20mg/ml, 80mg/4ml</i>	4	
<i>etoposide inj</i>	3	
<i>paclitaxel</i>	4	
<i>toposar</i>	3	
<i>vinblastine sulfate</i>	4	B/D
<i>vincristine sulfate</i>	4	B/D
<i>vinorelbine tartrate</i>	4	
MOLECULAR TARGET AGENTS		
AFINITOR TABS 10MG	5	QL (30 EA per 30 days) PA
AFINITOR DISPERZ TBSO 2MG	5	QL (150 EA per 30 days) PA

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

Drug Name	Drug Tier	Requirements/Limits
AFINITOR DISPERZ TBSO 5MG	5	QL (60 EA per 30 days) PA
AFINITOR DISPERZ TBSO 3MG	5	QL (90 EA per 30 days) PA
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA LA MO
BALVERSA TABS 5MG	5	QL (28 EA per 28 days) PA LA
BALVERSA TABS 4MG	5	QL (56 EA per 28 days) PA LA
BALVERSA TABS 3MG	5	QL (84 EA per 28 days) PA LA
BELEODAQ	5	PA
BLENREP	5	PA LA
BORTEZOMIB	5	PA
BOSULIF TABS 100MG	5	QL (120 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI CAPS 75MG	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 20MG	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 21 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) PA LA
ENHERTU	5	PA LA
ERIVEDGE	5	PA LA
<i>erlotinib hydrochloride tabs 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA
<i>erlotinib hydrochloride tabs 25mg</i>	5	QL (90 EA per 30 days) PA
<i>everolimus tabs 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA MO
GAVRETO	5	QL (120 EA per 30 days) PA MO
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
HERCEPTIN HYLECTA	5	PA
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 45MG	5	QL (30 EA per 30 days) PA LA MO
ICLUSIG TABS 15MG	5	QL (60 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (56 EA per 28 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
INLYTA TABS 5MG	5	QL (120 EA per 30 days) PA LA
INLYTA TABS 1MG	5	QL (180 EA per 30 days) PA LA
INREBIC	5	QL (120 EA per 30 days) PA LA
IRESSA	5	QL (30 EA per 30 days) PA LA
ISTODAX (OVERFILL)	5	
JAKAFI	5	QL (60 EA per 30 days) PA LA
KADCYLA	5	
KEYTRUDA INJ 100MG/4ML	5	PA
KISQALI	5	PA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA
LENVIMA 10 MG DAILY DOSE	5	PA LA
LENVIMA 12MG DAILY DOSE	5	PA LA
LENVIMA 14 MG DAILY DOSE	5	PA LA
LENVIMA 18 MG DAILY DOSE	5	PA LA
LENVIMA 20 MG DAILY DOSE	5	PA LA
LENVIMA 24 MG DAILY DOSE	5	PA LA
LENVIMA 4 MG DAILY DOSE	5	PA LA
LENVIMA 8 MG DAILY DOSE	5	PA LA
LIBTAYO	5	PA LA
LORBRENA TABS 100MG	5	QL (30 EA per 30 days) PA LA
LORBRENA TABS 25MG	5	QL (90 EA per 30 days) PA LA
LUMAKRAS	5	QL (240 EA per 30 days) PA LA
LUMOXITI	5	PA LA
LYNPARZA	5	QL (120 EA per 30 days) PA LA
MEKINIST TABS 2MG	5	QL (30 EA per 30 days) PA LA
MEKINIST TABS 0.5MG	5	QL (90 EA per 30 days) PA LA
MEKTOVI	5	QL (180 EA per 30 days) PA LA
MONJUVI	5	PA LA
MYLOTARG	5	PA LA
NERLYNX	5	QL (180 EA per 30 days) PA LA
NEXAVAR	5	QL (120 EA per 30 days) PA LA
NINLARO	5	PA
ODOMZO	5	PA LA
PADCEV	5	PA LA
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PHESGO	5	PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA
POLIVY	5	PA
POTELIGEO	5	PA LA

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

Drug Name	Drug Tier	Requirements/Limits
QINLOCK	5	QL (90 EA per 30 days) PA LA MO
RETEVMO CAPS 80MG	5	QL (120 EA per 30 days) PA LA
RETEVMO CAPS 40MG	5	QL (180 EA per 30 days) PA LA
RITUXAN	5	PA LA
RITUXAN HYCELA	5	PA LA
<i>romidepsin</i>	5	
ROZLYTREK CAPS 100MG	5	QL (150 EA per 30 days) PA LA
ROZLYTREK CAPS 200MG	5	QL (90 EA per 30 days) PA LA
RUBRACA	5	PA LA
RUXIENCE	5	PA
RYDAPT	5	QL (224 EA per 28 days) PA
SARCLISA	5	PA LA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
SUTENT	5	QL (30 EA per 30 days) PA
TABRECTA	5	QL (112 EA per 28 days) PA
TAFINLAR	5	QL (120 EA per 30 days) PA LA
TAGRISSO	5	QL (30 EA per 30 days) PA LA
TALZENNA	5	PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECENTRIQ	5	PA LA
<i>temsirolimus</i>	5	
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRODELVY	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 125, 50MG	5	QL (42 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 75MG	5	QL (63 EA per 28 days) PA LA MO
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO
UKONIQ	5	QL (120 EA per 30 days) PA MO
VELCADE	5	PA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (60 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 100 MG ONCE WEEKLY (20MG TABS)	5	QL (20 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (20MG TABS)	5	QL (8 EA per 28 days) PA LA
XPOVIO 40 MG TWICE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 60 MG ONCE WEEKLY (20MG TABS)	5	QL (12 EA per 28 days) PA LA
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG ONCE WEEKLY (20MG TABS)	5	QL (16 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO 40 MG ONCE WEEKLY (40MG TABS) AND 60 MG ONCE WEEKLY (60MG TABS)	5	QL (4 EA per 28 days) PA LA MO
XPOVIO 80 MG ONCE WEEKLY (40MG TABS), 40 MG TWICE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS)	5	QL (8 EA per 28 days) PA LA MO
YERVOY	5	PA
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
PROTECTIVE AGENTS		
<i>dexrazoxane inj 500mg</i>	4	
<i>dexrazoxane inj 250mg</i>	5	
ELITEK	5	
KHAPZORY	5	B/D
<i>leucovorin calcium tabs</i>	3	MO
<i>leucovorin calcium inj</i>	4	
<i>levoleucovorin calcium inj 50mg</i>	5	
<i>levoleucovorin calcium inj 250mg/25ml</i>	4	
<i>levoleucovorin calcium inj 175mg/17.5ml</i>	5	
<i>mesna</i>	4	
MESNEX TABS 400MG	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	2	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</i>	2	MO
<i>enalapril maleate</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hcl tabs 20mg, 40mg, 5mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
<i>spironolactone</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl tabs 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride tabs 2mg</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>	4	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hctz tabs 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 25mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/hydrochlorothiazide tabs 5mg; 12.5mg; 160mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 132mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil</i>	1	QL (30 EA per 30 days) MO
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tabs 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil</i>	3	QL (30 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tabs 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl inj 50mg/ml</i>	4	
<i>amiodarone hydrochloride tabs</i>	2	MO
<i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml, 900mg/18ml</i>	4	
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	
<i>flecainide acetate</i>	3	MO
LIDOCAINE HCL IN D5W	4	
LIDOCAINE HCL INJ 100MG/5ML	4	
<i>lidocaine hcl prefilled syr inj 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl tabs</i>	2	MO
<i>sotalol hydrochloride aftabs</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate caps</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	3	QL (30 EA per 30 days) MO
<i>niacin er tbc 1000mg, 750mg</i>	4	MO
<i>niacin er tbc 500mg</i>	4	QL (60 EA per 30 days) MO
<i>niacin tabs 500mg</i>	4	MO
<i>niacor</i>	4	MO
PRALUENT	3	PA MO
<i>prevalite</i>	4	MO
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	3	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	3	MO
<i>propranolol/hydrochlorothiazide</i>	2	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tabs 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
BYSTOLIC TABS 10MG, 2.5MG, 5MG	4	QL (30 EA per 30 days) MO
BYSTOLIC TABS 20MG	4	QL (60 EA per 30 days) MO
<i>carvedilol caps er</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tabs</i>	1	MO
<i>labetalol hydrochloride tabs</i>	3	MO
<i>labetalol hydrochloride inj 5mg/ml</i>	4	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tabs</i>	1	MO
<i>metoprolol tartrate inj</i>	4	MO
<i>nadolol</i>	4	MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO
<i>propranolol hcl oral soln 20mg/5ml, 40mg/5ml, tabs 40mg</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg</i>	3	MO
<i>propranolol hydrochloride er caps 60mg, 80mg</i>	4	MO
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>afeditab cr</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd</i>	2	MO
<i>diltiazem hcl (coated beads) caps er 120mg, 180mg, 240mg, 420mg, 60mg, 90mg and tabs er 180mg, 240mg, 300mg, 360mg, 420mg</i>	2	MO
<i>diltiazem hcl tabs</i>	2	MO
DILTIAZEM HCL INJ 100MG	4	
<i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride inj 25mg/5ml</i>	4	
<i>diltiazem hydrochloride caps er 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO
<i>matzim la</i>	2	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	4	MO
<i>nifedipine er</i>	3	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	
<i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er cp24 420mg</i>	2	MO
<i>verapamil hcl 40mg, 80mg</i>	1	MO
<i>verapamil hcl er caps, tabs</i>	2	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hydrochloride er caps 200mg</i>	2	MO
<i>verapamil hydrochloride tabs 120mg</i>	1	MO
<i>verapamil hydrochloride inj 2.5mg/ml</i>	4	MO
DIURETICS		
<i>acetazolamide tabs</i>	3	MO
<i>acetazolamide er caps</i>	4	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide</i>	3	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral soln, tabs</i>	1	MO
<i>furosemide inj</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>methazolamide</i>	4	MO
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
BIDIL	4	MO
<i>clonidine hcl patches</i>	3	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tabs</i>	2	MO
CORLANOR SOLN	4	
CORLANOR TABS	4	MO
<i>digitek</i>	3	QL (30 EA per 30 days)
<i>digox</i>	3	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	3	MO
<i>digoxin tabs</i>	3	QL (30 EA per 30 days) MO
<i>digoxin inj</i>	4	MO
<i>droxidopa caps 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA
<i>droxidopa caps 100mg</i>	5	QL (90 EA per 30 days) PA
<i>epinephrine inj 30mg/30ml</i>	3	
<i>guanfacine hcl tabs 1mg, 2mg</i>	4	PA MO
<i>hydralazine hcl tabs 10mg</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride 100mg, 25mg, 50mg</i>	2	MO
<i>methyldopa</i>	4	PA MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO
<i>ranolazine er</i>	3	MO
NITRATES		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>minitran</i>	2	
NITRO-BID	3	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS	5	QL (90 EA per 30 days) PA LA
<i>alyq</i>	5	PA
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA
<i>bosentan tabs 62.5mg</i>	5	QL (120 EA per 30 days) PA LA
<i>bosentan tabs 125mg</i>	5	QL (60 EA per 30 days) PA LA
<i>epoprostenol sodium</i>	4	B/D LA

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

Drug Name	Drug Tier	Requirements/Limits
OPSUMIT	5	QL (30 EA per 30 days) PA LA
<i>sildenafil inj</i>	5	QL (1125 ML per 30 days) PA
<i>sildenafil citrate tabs 20mg</i>	3	QL (90 EA per 30 days) PA
<i>tadalafil (generic adcirca) tabs 20mg</i>	5	PA
TRACLEER TAB FOR ORAL SUSP 32MG	5	QL (120 EA per 30 days) PA LA
<i>treprostinil</i>	5	PA LA
VENTAVIS	5	PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam er tb24 0.5mg</i>	4	MO
<i>alprazolam er tb24 1mg</i>	4	QL (30 EA per 30 days) MO
<i>alprazolam er tb24 3mg</i>	4	QL (60 EA per 30 days) MO
<i>alprazolam er tb24 2mg</i>	4	QL (90 EA per 30 days) MO
ALPRAZOLAM INTENSOL	4	QL (300 ML per 30 days) MO
<i>alprazolam tabs 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO
<i>alprazolam tabs 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO
<i>bupirone hcl tabs 15mg, 30mg</i>	2	MO
<i>bupirone hydrochloride tabs 10mg, 5mg, 7.5mg</i>	2	MO
<i>chlordiazepoxide hcl caps 10mg, 5mg</i>	4	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride caps 25mg</i>	4	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate</i>	3	MO
<i>fluvoxamine maleate er</i>	4	QL (60 EA per 30 days) MO
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO
<i>lorazepam inj</i>	4	QL (150 ML per 30 days) MO
<i>lorazepam tabs 0.5mg</i>	2	QL (120 EA per 30 days) MO
<i>lorazepam tabs 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO
<i>meprobamate</i>	4	PA MO
<i>oxazepam</i>	4	QL (120 EA per 30 days) PA MO
ANTI-CONVULSANTS		
APTIOM	5	QL (60 EA per 30 days) MO
BANZEL TABS 400MG	5	QL (240 EA per 30 days) PA MO
BANZEL TABS 200MG	5	QL (480 EA per 30 days) PA MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine chew, susp, tabs</i>	2	MO
<i>carbamazepine er caps, tabs</i>	4	MO
CELONTIN	4	MO
<i>clobazam susp</i>	4	QL (480 ML per 30 days) PA MO
<i>clobazam tabs</i>	4	QL (60 EA per 30 days) PA MO
<i>clonazepam odt tbdp 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tabs 2mg</i>	2	QL (300 EA per 30 days) MO
<i>clonazepam tabs 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tabs 15mg</i>	3	QL (180 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i>	3	QL (90 EA per 30 days) PA MO
DIACOMIT CAPS 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT CAPS 250MG	5	QL (360 EA per 30 days) PA LA
DIACOMIT PACK 500MG	5	QL (180 EA per 30 days) PA LA
DIACOMIT PACK 250MG	5	QL (360 EA per 30 days) PA LA
DIAZEPAM RECTAL GEL	4	MO
<i>diazepam tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>diazepam oral conc 5mg/ml</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln 5mg/5ml</i>	4	QL (1200 ML per 30 days) PA MO
<i>diazepam inj</i>	4	QL (240 ML per 30 days) PA MO
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125 ORAL SUSP	4	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
<i>divalproex sodium sprinkle caps</i>	3	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA LA
<i>epitol</i>	2	
<i>ethosuximide caps</i>	3	MO
<i>ethosuximide soln</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium inj 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium inj 500mg pe/10ml</i>	4	MO
FYCOMPA SUSP	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABS 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABS 10MG, 12MG, 8MG	5	QL (30 EA per 30 days) PA MO
FYCOMPA TABS 4MG, 6MG	5	QL (60 EA per 30 days) PA MO
<i>gabapentin caps 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin caps 100mg, 400mg</i>	3	QL (90 EA per 30 days) MO
<i>gabapentin soln</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin tabs 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin tabs 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lamotrigine chew, tabs</i>	2	MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam/sodium chloride inj</i>	4	
<i>levetiracetam oral soln, tabs</i>	2	MO
<i>levetiracetam inj</i>	4	
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tabs</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp</i>	4	MO
<i>phenobarbital sodium inj</i>	4	PA
<i>phenobarbital tabs</i>	4	QL (120 EA per 30 days) PA MO
<i>phenobarbital elix</i>	4	QL (1500 ML per 30 days) PA MO
PHENYTEK	4	MO
<i>phenytoin oral susp 125mg/5ml, chew tabs 50mg</i>	3	MO
<i>phenytoin sodium extended caps</i>	3	MO
<i>phenytoin sodium inj</i>	4	
<i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin caps 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin caps 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin soln</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra tabs 500mg</i>	2	
<i>rufinamide oral susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	5	QL (480 EA per 30 days) PA MO
SPRITAM	4	PA MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	4	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate sprinkle caps</i>	2	MO
<i>topiramate tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tabs 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tabs 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium inj</i>	4	
<i>valproic acid</i>	2	MO
VALTOCO	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA LA
VIMPAT INJ	5	
VIMPAT ORAL SOLN	5	QL (1200 ML per 30 days) MO
VIMPAT TABS 50MG	4	QL (120 EA per 30 days) MO
VIMPAT TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 100MG, 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TABS 50MG	5	QL (90 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG-25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG-100MG, 150MG-200MG	5	QL (28 EA per 28 days) MO

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENACE PACK 100MG-150MG, 150MG-200MG	5	QL (56 EA per 28 days)
XCOPRI MAINTENANCE PACK 50MG-200MG	5	QL (56 EA per 28 days) MO
<i>zonisamide</i>	2	MO
ANTIDEMENTIA		
<i>donepezil hcl tabs odt</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 10mg</i>	2	QL (60 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	3	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide soln</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tabs</i>	4	QL (60 EA per 30 days) MO
MEMANTINE HCL TITRATION PAK	3	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride soln</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tabs</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl tabs 100mg, 150mg, 25mg, 75mg</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl tabs 100mg</i>	3	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tb24 150mg, 300mg</i>	3	QL (30 EA per 30 days) MO
<i>bupropion hydrochloride tabs 75mg</i>	3	QL (180 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	4	PA MO
<i>citalopram hydrobromide soln</i>	3	QL (600 ML per 30 days) MO
<i>citalopram hydrobromide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>citalopram hydrobromide tabs 40mg</i>	1	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide tabs 20mg</i>	1	QL (60 EA per 30 days) MO
<i>clomipramine hcl caps</i>	4	PA MO
<i>desipramine hydrochloride tabs</i>	4	PA MO
DESVENLAFAXINE ER (GENERIC KHEDEZLA) TB24 100MG, 50MG	3	QL (30 EA per 30 days) MO
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) PA MO
<i>doxepin hcl caps 75mg, 150mg, oral conc 10mg/ml</i>	3	PA MO
<i>doxepin hydrochloride caps 100mg, 10mg, 25mg, 50mg</i>	3	PA MO
DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CSDR 40MG	4	QL (90 EA per 30 days) PA MO
<i>duloxetine hcl caps 30mg</i>	3	QL (60 EA per 30 days) MO
<i>duloxetine hydrochloride caps 20mg, 60mg</i>	3	QL (60 EA per 30 days) MO
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate soln</i>	3	QL (600 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tabs 20mg</i>	3	QL (30 EA per 30 days) MO
<i>escitalopram oxalate tabs 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO
FETZIMA TITRATION PACK	4	PA MO
FETZIMA CP24 120MG, 80MG	4	QL (30 EA per 30 days) PA MO
FETZIMA CP24 20MG, 40MG	4	QL (60 EA per 30 days) PA MO
<i>fluoxetine dr caps 90mg</i>	4	QL (4 EA per 28 days) MO
<i>fluoxetine hcl caps 20mg</i>	1	QL (120 EA per 30 days) MO
<i>fluoxetine hcl soln</i>	2	MO
<i>fluoxetine hydrochloride caps 10mg</i>	1	QL (30 EA per 30 days) MO
<i>fluoxetine hydrochloride caps 40mg</i>	1	QL (60 EA per 30 days) MO
<i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg</i>	2	MO
<i>fluoxetine hydrochloride tabs 60mg</i>	3	MO
<i>imipramine hcl tabs 25mg, 50mg</i>	3	PA MO
<i>imipramine hydrochloride tabs 10mg</i>	3	PA MO
<i>imipramine pamoate</i>	4	PA MO
<i>maprotiline hcl</i>	4	MO
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>mirtazapine tabs</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hcl tabs 100mg, 150mg</i>	4	MO
<i>nefazodone hydrochloride tabs 200mg, 250mg, 50mg</i>	4	MO
<i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i>	3	MO
<i>nortriptyline hydrochloride caps 10mg, 50mg</i>	3	MO
<i>paroxetine hcl tabs 30mg, 40mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 37.5mg</i>	4	QL (60 EA per 30 days) MO
<i>paroxetine hcl er tb24 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
PAXIL ORAL SUSP	4	QL (900 ML per 30 days) MO
<i>perphenazine/amitriptyline</i>	4	PA MO
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride oral conc</i>	3	QL (300 ML per 30 days) MO
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tabs</i>	1	MO
<i>trimipramine maleate caps 50mg</i>	4	QL (120 EA per 30 days) PA MO
<i>trimipramine maleate caps 25mg</i>	4	QL (240 EA per 30 days) PA MO
<i>trimipramine maleate caps 100mg</i>	4	QL (60 EA per 30 days) PA MO
TRINTELLIX TABS 5MG	4	QL (120 EA per 30 days) MO
TRINTELLIX TABS 20MG	4	QL (30 EA per 30 days) MO
TRINTELLIX TABS 10MG	4	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	2	MO
<i>venlafaxine hydrochloride er cp24 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 225mg, 75mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride er tb24 150mg</i>	2	QL (60 EA per 30 days) MO
VIIBRYD	4	QL (30 EA per 30 days) MO
VIIBRYD STARTER PACK	4	MO
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl syrp</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
<i>benztropine mesylate</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	4	MO
<i>carbidopa tabs</i>	5	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
KYMOBI SUBLINGUAL FILM 10MG, 15MG, 20MG, 25MG, 30MG	5	QL (150 EA per 30 days) PA
NEUPRO	4	MO
<i>pramipexole dihydrochloride er</i>	4	QL (30 EA per 30 days) MO
<i>pramipexole dihydrochloride immediate release tabs</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole er tb24 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tb24 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tb24 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tb24 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tb24 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO
<i>ropinirole hydrochloride immediate release tabs 0.25mg, 3mg</i>	2	MO
<i>selegiline hcl tabs, caps</i>	2	MO
<i>trihexyphenidyl hcl oral soln</i>	2	PA MO
<i>trihexyphenidyl hydrochloride tabs</i>	2	PA MO
ANTIPSYCHOTICS		
ABILIFY MAINTENA	5	QL (1 EA per 28 days) MO
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO
<i>aripiprazole tabs</i>	4	QL (30 EA per 30 days) MO
<i>aripiprazole soln</i>	4	QL (900 ML per 30 days) MO
ARISTADA INITIO	5	
ARISTADA INJ 441MG/1.6ML	5	QL (1.6 ML per 28 days)
ARISTADA INJ 662MG/2.4ML	5	QL (2.4 ML per 28 days)
ARISTADA INJ 882MG/3.2ML	5	QL (3.2 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 1064MG/3.9ML	5	QL (3.9 ML per 56 days)
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO
CAPLYTA	5	QL (30 EA per 30 days) PA MO
<i>chlorpromazine hcl tabs</i>	4	MO
<i>chlorpromazine hcl inj 50mg/2ml</i>	4	
<i>chlorpromazine hcl inj 25mg/ml</i>	4	MO
<i>chlorpromazine hydrochloride</i>	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (135 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	4	PA
<i>clozapine odt tbdp 100mg</i>	4	QL (270 EA per 30 days) PA
<i>clozapine tabs 25mg, 50mg</i>	3	
<i>clozapine tabs 200mg</i>	3	QL (135 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
FANAPT TITRATION PACK	4	PA MO
FANAPT TABS 1MG	4	QL (60 EA per 30 days) PA MO
FANAPT TABS 10MG, 12MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO
<i>fluphenazine decanoate inj</i>	4	MO
<i>fluphenazine hcl oral conc, tabs</i>	2	MO
<i>fluphenazine hcl inj</i>	4	MO
<i>fluphenazine hydrochloride oral elixir</i>	2	MO
<i>haloperidol tabs, oral conc</i>	3	MO
<i>haloperidol decanoate inj</i>	4	MO
<i>haloperidol lactate inj</i>	4	MO
INVEGA SUSTENNA INJ 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
INVEGA SUSTENNA INJ 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
INVEGA SUSTENNA INJ 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
INVEGA SUSTENNA INJ 156MG/ML	5	QL (1 ML per 28 days) MO
INVEGA SUSTENNA INJ 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
INVEGA TRINZA INJ 273MG/0.875ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.315ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.625ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine caps 10mg</i>	3	MO
<i>loxapine succinate caps 25mg, 50mg, 5mg</i>	3	MO
<i>molindone hydrochloride</i>	3	
NUPLAZID	5	QL (30 EA per 30 days) PA LA
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO
<i>olanzapine inj</i>	4	QL (3 EA per 1 days) MO
<i>olanzapine tabs 10mg, 15mg, 20mg, 5mg, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg</i>	3	QL (60 EA per 30 days) MO
<i>paliperidone er tb24 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO
<i>paliperidone er tb24 6mg</i>	4	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tb24 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO
<i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>quetiapine fumarate tabs 200mg</i>	3	QL (120 EA per 30 days) MO
<i>quetiapine fumarate tabs 25mg</i>	3	QL (180 EA per 30 days) MO
<i>quetiapine fumarate tabs 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO
<i>quetiapine fumarate tabs 100mg, 50mg</i>	3	QL (90 EA per 30 days) MO
REXULTI TABS 3MG, 4MG	5	QL (30 EA per 30 days) MO
REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO
RISPERDAL CONSTA INJ 12.5MG, 25MG	4	QL (2 EA per 28 days) MO
RISPERDAL CONSTA INJ 37.5MG, 50MG	5	QL (2 EA per 28 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg, 4mg</i>	4	QL (60 EA per 30 days) MO
<i>risperidone odt tbdp 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO
<i>risperidone soln</i>	2	QL (480 ML per 30 days) MO
<i>risperidone tabs 4mg</i>	2	QL (120 EA per 30 days) MO
<i>risperidone tabs 1mg, 2mg</i>	2	QL (60 EA per 30 days) MO
<i>risperidone tabs 0.25mg, 0.5mg, 3mg</i>	2	QL (90 EA per 30 days) MO
SECUADO PT24 3.8MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days)
SECUADO PT24 5.7MG/24HR	5	QL (30 EA per 30 days) MO
<i>thioridazine hcl tabs</i>	3	PA MO
<i>thiothixene</i>	4	MO
<i>trifluoperazine hcl</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	PA MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) PA MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) PA MO
<i>ziprasidone hcl caps</i>	3	QL (60 EA per 30 days) MO
<i>ziprasidone mesylate inj</i>	4	QL (6 EA per 3 days)
ZYPREXA RELPREVV INJ 210MG	4	QL (2 EA per 28 days) PA
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine er cp24</i>	4	QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tabs 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 18mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine hydrochloride caps 100mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 10mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine caps 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er caps 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	4	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tabs 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er caps 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tabs 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tabs</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate soln</i>	4	QL (1800 ML per 30 days) MO
<i>guanfacine er tabs 1mg, 2mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tabs 3mg</i>	3	QL (30 EA per 30 days) PA MO
<i>methylphenidate hydrochloride cd er caps 20mg, 30mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 10mg, 20mg, 40mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i>	4	QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride cd er caps 10mg, 40mg</i>	4	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TBCR 72MG	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tbc 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tabs</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride chewable tablet</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride soln 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride soln 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
VYVANSE	4	QL (30 EA per 30 days) MO
<i>zenzedi tabs 10mg, 5mg</i>	4	QL (180 EA per 30 days)
HYPNOTICS		
BELSOMRA	4	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tabs 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO
<i>eszopiclone</i>	4	QL (30 EA per 30 days) PA MO
HETLIOZ CAPS	5	QL (30 EA per 30 days) PA LA
HETLIOZ LQ ORAL SUSP	5	QL (158 ML per 30 days) PA MO
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO
<i>triazolam</i>	4	QL (60 EA per 30 days) PA MO
<i>zaleplon caps 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>zaleplon caps 10mg</i>	3	QL (60 EA per 30 days) PA MO
<i>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO
MIGRAINE		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	5	PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	MO
<i>frovatriptan succinate</i>	4	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate tabs</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tabs</i>	2	QL (9 EA per 30 days) MO
<i>sumatriptan succinate prefilled syringe 6mg/0.5ml</i>	4	QL (4 ML per 30 days)
<i>sumatriptan succinate inj 4mg/0.5ml, 6mg/0.5ml</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA per 30 days) MO
UBRELVY	5	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tabs</i>	4	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	4	QL (6 EA per 30 days) MO
MISCELLANEOUS		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA
GUANIDINE HCL	4	
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er</i>	2	MO
LITHIUM ORAL SOLN	4	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er</i>	3	QL (60 EA per 30 days) PA MO
<i>pyridostigmine bromide tabs 60mg, 30mg</i>	3	MO
<i>pyridostigmine bromide er</i>	3	MO
<i>riluzole</i>	3	MO
<i>tetrabenazine tabs 25mg</i>	5	QL (120 EA per 30 days) PA LA
<i>tetrabenazine tabs 12.5mg</i>	5	QL (90 EA per 30 days) PA LA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	5	QL (1 EA per 28 days) PA
AVONEX PEN	5	QL (1 EA per 28 days) PA
BETASERON	5	QL (14 EA per 28 days) PA
COPAXONE INJ 40MG/ML	5	QL (12 ML per 28 days) PA
COPAXONE INJ 20MG/ML	5	QL (30 ML per 30 days) PA
<i>dalfampridine er</i>	5	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tabs</i>	3	MO
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine hydrochloride tabs 5mg, 10mg</i>	3	QL (90 EA per 30 days) PA MO
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl caps, tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride tabs 4mg</i>	2	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil</i>	4	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tabs 200mg</i>	3	QL (60 EA per 30 days) PA MO
XYREM	5	QL (540 ML per 30 days) PA LA
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
APO-VARENICLINE	4	PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl subl tabs</i>	2	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	4	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	4	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tb12 150mg</i>	3	QL (60 EA per 30 days) MO
CHANTIX	4	PA MO
CHANTIX CONTINUING MONTH PAK	4	PA MO
CHANTIX STARTING MONTH PAK	4	PA MO
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl cartridge 0.4mg/ml</i>	2	
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	3	MO
NARCAN	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE TARTRATE	4	PA
VIVITROL	5	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANDRODERM	4	QL (30 EA per 30 days) PA MO
<i>oxandrolone tabs 2.5mg</i>	3	QL (120 EA per 30 days) PA MO
<i>oxandrolone tabs 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate inj</i>	4	PA MO
<i>testosterone enanthate inj</i>	4	PA MO
<i>testosterone pump gel 1%</i>	3	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	3	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	3	QL (300 GM per 30 days) PA MO
ANTIDIABETICS, INSULINS		

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

Drug Name	Drug Tier	Requirements/Limits
BD ALCOHOL SWABS	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	3	MO
BD/ULTIMED/ALLISON/TRIVIDIA/MHC INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 VIAL (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL (BRAND RELION NOT COVERED)	3	MO
SOLIQUA 100/33	3	QL (30 ML per 30 days) MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO

ANTIDIABETICS

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Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYDUREON PEN	3	QL (4 EA per 28 days)
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tabs 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tabs 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tb24 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tb24 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tabs 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TB24 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 25MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABS 10MG	3	QL (60 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TB24 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TB24 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tb24 (generic Glumetza and Fortamet) 500mg</i>	4	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tabs 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tabs 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tabs 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	4	QL (90 EA per 30 days) MO
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE)	3	QL (1.5 ML per 28 days) MO
OZEMPIC INJ 2MG/1.5ML (1MG/DOSE), 4MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	3	QL (30 EA per 30 days) MO
SYMLINPEN 120	5	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	5	QL (12 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) MO
VICTOZA	3	QL (9 ML per 30 days) MO
XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (30 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	3	MO
FORTEO	5	PA
<i>ibandronate sodium tabs</i>	3	QL (1 EA per 30 days) MO
<i>ibandronate sodium inj</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	4	
PROLIA	4	QL (1 ML per 180 days)
<i>risedronate sodium dr tab 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tabs 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tabs 35mg</i>	4	QL (12 EA per 84 days) MO
<i>risedronate sodium tabs 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
XGEVA	5	PA
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	4	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tabs for oral susp 125mg</i>	3	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	5	PA
LOKELMA	3	MO
<i>penicillamine tabs</i>	5	
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps oral susp 15gm/60ml</i>	3	MO
<i>trientine hydrochloride</i>	5	PA
VELTASSA PACK 16.8GM, 25.2GM	4	QL (30 EA per 30 days) PA MO
VELTASSA PACK 8.4GM	4	QL (90 EA per 30 days) PA MO
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	
<i>aviane</i>	2	
<i>ayuna</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	3	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyclafem 1/35</i>	2	
<i>cyclafem 7/7/7</i>	2	
<i>cyred</i>	2	
<i>cyred eq</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	3	
<i>delyla</i>	2	
<i>desogestrel/ethinyl estradiol</i>	2	MO
<i>dolishale</i>	2	
<i>drospirenone/ethinyl estradiol</i>	2	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg</i>	2	MO
<i>elinest</i>	2	
<i>eluryng</i>	4	
<i>emoquette</i>	2	
<i>enpresse-28</i>	2	
<i>enskyce</i>	2	MO
<i>errin</i>	3	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO
<i>falmina</i>	2	
<i>fayosim</i>	2	
<i>femynor</i>	2	
GIANVI	3	
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	2	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>heather</i>	3	
<i>iclevia</i>	2	
<i>incassia</i>	3	
<i>introvale</i>	2	
<i>isibloom</i>	2	
<i>jaimiess</i>	2	MO
<i>jasmiel</i>	2	
<i>jencycla</i>	3	
JOLESSA	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
<i>larin 1.5/30</i>	2	
<i>larin 1/20</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	2	
<i>larin fe 1/20</i>	2	
<i>larissia</i>	2	
LEENA	3	MO
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonorgestrel/ethinyl estradiol</i>	2	MO
<i>levora 0.15/30-28</i>	2	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	2	
<i>low-ogestrel</i>	2	
<i>lutera</i>	2	
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
<i>melodetta 24 fe</i>	2	
<i>mibelas 24 fe</i>	2	
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	2	
<i>nikki</i>	2	
NORA-BE	3	
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew, tabs</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 tabs 28-day regimen</i>	2	
<i>nortrel 1/35 tabs 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
<i>nylia 7/7/7</i>	2	
<i>nymyo</i>	2	
OCELLA	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtree</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
RIVELSA	3	
<i>setlakin</i>	2	
<i>sharobel</i>	3	
<i>simliya</i>	2	
<i>simpesse</i>	2	
<i>sprintec 28</i>	2	
<i>sronyx</i>	2	MO
<i>syeda</i>	2	
<i>tarina fe 1/20</i>	2	
<i>tarina fe 1/20 eq</i>	2	
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	
<i>tri-lo-estarylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	
<i>tri-lo-sprintec</i>	2	MO
<i>tri-mili</i>	2	
<i>tri-nymyo</i>	2	
<i>tri-previfem</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	
<i>tydemy</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zarah</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
ENDOMETRIOSIS		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
ESTROGENS		
<i>amabelz</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	3	QL (8 EA per 28 days)
DUAVEE	4	MO
<i>estradiol valerate inj</i>	4	MO
<i>estradiol/norethindrone acetate tabs 1mg/0.5mg, 0.5mg/0.1mg</i>	3	MO
<i>estradiol oral tabs, vaginal tabs</i>	3	MO
<i>estradiol patch weekly</i>	3	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	3	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jinteli</i>	3	
LOPREEZA	3	
<i>lyllana</i>	3	QL (8 EA per 28 days)
<i>mimvey</i>	3	
<i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i>	3	MO
PREMARIN	4	MO
PREMPRO	4	MO
<i>yuvafem</i>	3	
GLUCOCORTICOIDS		
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate inj 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate inj 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone tabs, oral soln, oral elixir</i>	2	MO
<i>fludrocortisone acetate tabs</i>	2	MO
<i>hydrocortisone tabs 10mg, 20mg, 5mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 125mg, 40mg</i>	4	B/D MO
<i>methylprednisolone sodium succinate inj 500mg</i>	4	B/D
<i>methylprednisolone sodium succinate inj 1000mg</i>	4	B/D MO
<i>methylprednisolone tabs</i>	2	B/D MO
<i>prednisolone oral soln 15mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	2	B/D MO
PREDNISONE INTENSOL	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
SOLU-CORTEF INJ 1000MG	4	
SOLU-CORTEF INJ 100MG, 250MG, 500MG	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	4	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide oral susp</i>	5	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS	3	MO
MISCELLANEOUS		
<i>acetylcysteine inj 200mg/ml</i>	4	
<i>cabergoline</i>	3	MO
CARBAGLU	5	PA LA
CERDELGA	5	PA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
CYSTADANE	5	LA
CYSTAGON	4	PA LA
<i>desmopressin acetate nasal soln, tabs</i>	3	MO
<i>desmopressin acetate pf inj 4mcg/ml</i>	4	MO
<i>desmopressin acetate inj 4mcg/ml</i>	5	MO
<i>fomepizole</i>	5	
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK INJ 0.2MG	3	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA
INCRELEX	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABS	4	MO
<i>levocarnitine soln</i>	4	MO
LUPRON DEPOT-PED (1-MONTH) INJ 11.25MG, 15MG, 7.5MG	5	PA
LUPRON DEPOT-PED (3-MONTH) INJ 11.25MG, 30MG	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	4	MO
<i>nitisinone</i>	5	PA
<i>octreotide acetate inj 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA
<i>octreotide acetate inj 1000mcg/ml, 500mcg/ml</i>	5	PA
<i>raloxifene hydrochloride</i>	3	MO
SANDOSTATIN LAR DEPOT KIT	5	PA
<i>sapropterin dihydrochloride</i>	5	PA
SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tabs, oral powder</i>	5	PA
SOMATULINE DEPOT	5	PA
SOMAVERT INJ	5	PA LA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	5	MO
PROGESTINS		
<i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate susp 40mg/ml</i>	3	MO
<i>megestrol acetate susp 625mg/5ml</i>	4	MO
<i>norethindrone acetate tabs 5mg</i>	2	MO
<i>progesterone caps</i>	3	MO
<i>progesterone inj</i>	4	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML, 200MCG/5ML, 500MCG/5ML	4	
<i>levothyroxine sodium inj powder 100mcg, 200mcg, 500mcg</i>	5	MO
LEVOXYL	3	MO
<i>liothyronine sodium tabs</i>	3	MO
<i>liothyronine sodium inj</i>	5	
<i>methimazole tabs</i>	2	MO
<i>propylthiouracil tabs</i>	3	MO
SYNTHROID	4	MO
UNITHROID	3	
VITAMIN D ANALOGS		
<i>calcitriol caps 0.25mcg, 0.5mcg</i>	3	MO
<i>calcitriol inj 1mcg/ml</i>	4	
<i>calcitriol oral soln 1mcg/ml</i>	4	MO
<i>doxercalciferol inj</i>	4	
<i>paricalcitol</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant caps 40mg, caps 80mg, therapy pak 80mg; 125mg</i>	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant caps 125mg</i>	5	B/D MO
<i>compro</i>	2	MO
DIMENHYDRINATE INJ	4	
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSP	4	B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg</i>	2	PA MO
<i>meclizine hydrochloride tabs 25mg</i>	2	PA MO
<i>metoclopramide hcl tabs 5mg</i>	1	MO
<i>metoclopramide hcl inj, oral soln</i>	4	MO
<i>metoclopramide hydrochloride tabs 10mg</i>	1	MO
METOCLOPRAMIDE ODT TBDP 10MG	3	MO
<i>metoclopramide odt tbdp 5mg</i>	3	MO
<i>ondansetron hcl tabs 24mg</i>	2	B/D
<i>ondansetron hcl oral soln</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tabs 4mg, 8mg</i>	2	B/D MO
<i>ondansetron hydrochloride inj</i>	4	MO
<i>ondansetron odt</i>	3	B/D MO
<i>prochlorperazine edisylate inj 50mg/10ml</i>	4	
<i>prochlorperazine edisylate inj 10mg/2ml</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine supp</i>	2	MO
<i>promethazine hcl plain syrp 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs 12.5mg</i>	2	PA MO
<i>promethazine hcl inj, supp</i>	4	PA MO
<i>promethazine hydrochloride tabs 25mg, 50mg</i>	2	PA MO
<i>promethegan supp 25mg</i>	4	PA
<i>promethegan supp 12.5mg</i>	4	PA MO
<i>promethegan supp 50mg</i>	5	PA MO
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO
<i>trimethobenzamide hydrochloride caps</i>	4	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral soln</i>	3	PA MO
<i>dicyclomine hydrochloride caps, tabs</i>	2	PA MO
<i>dicyclomine hydrochloride inj</i>	4	PA MO
<i>glycopyrrolate tabs 1mg, 2mg</i>	3	MO
<i>glycopyrrolate inj 0.2mg/ml pf, 0.4mg/2ml</i>	4	
<i>glycopyrrolate inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tabs</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine hydrochloride oral soln</i>	4	MO
<i>cimetidine tabs</i>	4	MO
<i>famotidine premixed inj 20mg/50ml</i>	4	
<i>famotidine tabs</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>famotidine oral susp</i>	3	MO
<i>famotidine inj</i>	4	
<i>nizatidine</i>	4	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tab 9mg</i>	5	MO
<i>budesonide cpep 3mg</i>	4	MO
<i>hydrocortisone enem 100mg/60ml</i>	2	MO
<i>mesalamine dr caps 400mg, tabs 1.2gm, 800mg</i>	4	MO
<i>mesalamine kit, supp</i>	4	MO
<i>mesalamine enem</i>	4	QL (1680 ML per 28 days) MO
SULFASALAZINE TBEC	3	MO
<i>sulfasalazine tabs</i>	3	MO
LAXATIVES		
CLENPIQ	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-h</i>	4	
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
<i>lactulose oral soln</i>	2	MO
NULYTELY	3	MO
NULYTELY/FLAVOR PACKS	3	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<i>trilyte</i>	1	
MISCELLANEOUS		
<i>alosetron hydrochloride tabs 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tabs 1mg</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral conc 100mg/5ml</i>	4	MO
<i>diphenoxylate/atropine</i>	3	MO
GATTEX	5	PA LA
<i>lansoprazole/amoxicillin/clarithromycin</i>	4	QL (224 EA per 365 days) MO
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl caps</i>	3	MO
<i>misoprostol tabs</i>	3	MO
MOVANTIK TABS 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABS 12.5MG	3	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol caps</i>	3	MO
<i>ursodiol tabs</i>	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABS 550MG	5	PA MO
PANCREATIC ENZYMES		
CREON	3	MO
ZENPEP	4	MO
PROTON PUMP INHIBITORS		
DEXILANT	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium caps</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole sodium inj</i>	3	
<i>lansoprazole dr caps</i>	4	QL (30 EA per 30 days) MO
<i>omeprazole dr caps 10mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 20mg</i>	2	QL (30 EA per 30 days) MO
<i>omeprazole cpdr 40mg</i>	2	QL (60 EA per 30 days) MO
<i>pantoprazole sodium inj</i>	4	
<i>pantoprazole sodium tbec 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tbec 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium dr tabs 20mg</i>	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tabs 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
ACETIC ACID 0.25% IRRIGATION SOLN	3	MO
<i>bethanechol chloride tabs</i>	3	MO
ELMIRON	4	QL (90 EA per 30 days) MO
<i>flavoxate hcl</i>	4	MO
<i>potassium citrate er</i>	4	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
MYRBETRIQ TB24	4	QL (30 EA per 30 days) MO
MYRBETRIQ SRER	4	QL (300 ML per 28 days)
<i>oxybutynin chloride er tb24 5mg</i>	3	QL (30 EA per 30 days) MO
<i>oxybutynin chloride er tb24 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO
<i>oxybutynin chloride tabs</i>	2	QL (120 EA per 30 days) MO
<i>oxybutynin chloride syrp</i>	2	QL (600 ML per 30 days) MO
<i>solifenacin succinate</i>	4	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) ST MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate er</i>	4	QL (30 EA per 30 days) ST MO
TOVIAZ	4	QL (30 EA per 30 days) MO
<i>tropium chloride er cap</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tabs</i>	2	QL (60 EA per 30 days) MO
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 vaginal supp</i>	4	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABS 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABS 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium inj 2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium inj 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
FRAGMIN INJ 2500UNIT/0.2ML, 95000UNIT/3.8ML	4	MO
FRAGMIN INJ 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	5	MO
HEPARIN SODIUM/D5W INJ 20000UNIT/500ML, 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE 100UNIT/ML	4	
HEPARIN SODIUM/NACL 0.45% INJ 25000UNIT/250ML, 25000UNIT/500ML	3	
HEPARIN SODIUM/SODIUM CHLORIDE 25000UNIT/250ML; 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO
PRADAXA	4	QL (60 EA per 30 days) MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
MISCELLANEOUS		
<i>anagrelide hydrochloride</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol</i>	1	MO
DOPTELET TABS 20MG	5	QL (60 EA per 30 days) PA LA
DROXIA	3	MO
HAEGARDA INJ 3000UNIT	5	QL (20 EA per 30 days) PA LA
HAEGARDA INJ 2000UNIT	5	QL (30 EA per 30 days) PA LA
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA
<i>pentoxifylline er</i>	2	MO
PROMACTA POWDER PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA POWDER PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>tranexamic acid tabs</i>	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole</i>	3	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tab</i>	4	PA MO
<i>prasugrel</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/VIAL	5	QL (8 EA per 28 days) PA
ENBREL INJ VIAL 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG/0.5ML PREFILLED SYRINGE	5	QL (8.16 ML per 28 days) PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA
HUMIRA PEN-CD/UC/HS STARTER	5	PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA
HUMIRA PEN-PS/UV STARTER	5	PA
HUMIRA PEN INJ 80MG/0.8ML	5	PA
HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA
HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 150MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI INJ 75MG/0.83ML	5	QL (7 EA per 365 days) PA
STELARA INJ 45MG/0.5ML PREFILLED SYRINGE	5	QL (0.5 ML per 28 days) PA
STELARA INJ 45MG/0.5ML VIAL	5	QL (0.5 ML per 28 days) PA LA
STELARA PREFILLED SYRINGE INJ 90MG/ML	5	QL (1 ML per 28 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA
XELJANZ XR	5	QL (30 EA per 30 days) PA

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	5	QL (240 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate</i>	3	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate tabs 2.5mg</i>	1	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
BIVIGAM	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
OCTAGAM INJ 10GM/100ML, 10GM/200ML, 2.5GM/50ML, 20GM/200ML, 25GM/500ML, 2GM/20ML, 30GM/300ML, 5GM/100ML, 5GM/50ML	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
IMMUNOMODULATORS		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA
INTRON A	5	
IMMUNOSUPPRESSANTS		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs</i>	3	B/D MO
BENLYSTA	5	PA
<i>cyclosporine</i>	3	B/D MO
<i>cyclosporine modified caps, soln</i>	3	B/D MO
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg</i>	5	B/D MO
<i>gengraf caps</i>	3	B/D
<i>gengraf soln</i>	3	B/D MO
<i>mycophenolate mofetil caps, tabs</i>	3	B/D MO
<i>mycophenolate mofetil inj</i>	4	B/D MO
<i>mycophenolate mofetil oral susp</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA
SANDIMMUNE ORAL SOLN	5	B/D MO
<i>sirolimus soln</i>	5	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tabs 0.5mg, 1mg</i>	4	B/D MO
<i>sirolimus tabs 2mg</i>	5	B/D MO
<i>tacrolimus caps 0.5mg, 1mg, 5mg</i>	4	B/D MO
ZORTRESS TABS 1MG	5	B/D MO
VACCINES		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DIPHTHERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	B/D
ENGERIX-B	3	B/D
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	3	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	3	
KINRIX	3	
M-M-R II	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
NUTRITIONAL/SUPPLEMENTS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	3	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
<i>hyperlyte-cr</i>	4	B/D
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers viaflex inj</i>	4	
MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML	4	
<i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i>	4	
<i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i>	4	MO
POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride inj 2meq/ml</i>	4	MO
RINGERS INJECTION	3	
SODIUM BICARBONATE INJ 7.5%	4	MO
<i>sodium bicarbonate inj 4.2%</i>	4	
<i>sodium bicarbonate inj 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJ 2.5MEQ/ML, 5%	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>adc/fluoride drops</i>	4	MO
<i>effe-r-k tab 25meq</i>	3	MO
<i>fluoride chew tab</i>	4	MO
<i>floritab</i>	4	
KLOR-CON 10	3	
KLOR-CON 8	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	3	MO
<i>klor-con powder 20meq</i>	3	
<i>klor-con/ef</i>	3	MO
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron drops</i>	4	MO
<i>multivitamin/fluoride chew 0.25mg, 0.5mg, 1mg</i>	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
<i>poly-vitamin/fluoride</i>	4	
<i>potassium chloride er cpr</i>	2	MO
<i>potassium chloride er tbcr 10meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride er tbcr 15meq</i>	3	
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
PRENATAL VITAMINS PLUS LOW IRON	3	MO
PREPLUS	3	MO
<i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>sodium fluoride soln 0.5mg/ml</i>	4	MO
<i>tri-vite/fluoride soln 0.5mg/ml</i>	4	
<i>tri-vite/fluoride soln 0.25mg/ml</i>	4	MO
TRICARE PRENATAL TABS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
<i>IV NUTRITION</i>		
AMINOSYN-PF 7%	4	B/D
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	3	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	3	MO
DEXTROSE 50%	3	B/D
DEXTROSE 70%	3	B/D
FREAMINE HBC 6.9%	4	B/D
FREAMINE III	4	B/D
HEPATAMINE	4	B/D
NEPHRAMINE	4	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	4	B/D
PREMASOL 10%	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE 10%	4	B/D

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

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

ANTI-INFECTIVES

<i>ak-poly-bac</i>	2	
<i>bacitracin oint 500unit/gm</i>	3	MO
<i>bacitracin/polymyxin b oint</i>	2	MO
BESIVANCE	3	MO
CILOXAN OINT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin oint 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin soln</i>	4	QL (20 ML per 30 days) MO
<i>gentak oint</i>	2	QL (42 GM per 30 days) MO
<i>gentamicin sulfate ophthalmic soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic soln 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic soln 0.5%</i>	3	QL (12 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
NATACYN	4	MO
<i>neo-polycin oint</i>	3	
<i>neomycin/bacitracin/polymyxin oint</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sodium sulfacetamide ophthalmic soln</i>	3	QL (90 ML per 30 days) MO
<i>sulfacetamide sodium oint 10%</i>	4	QL (42 GM per 30 days) MO
<i>sulfacetamide sodium soln 10%</i>	3	QL (90 ML per 30 days) MO
<i>tobramycin soln 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	3	MO
<i>trimethoprim sulfate/polymyxin b sulfate</i>	1	MO
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
ALREX	3	MO
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium soln 0.1%</i>	2	QL (10 ML per 30 days) MO
DUREZOL	3	MO
FLAREX	4	MO
FLUOROMETHOLONE OPHTHALMIC SOLN 0.1%	3	MO
<i>flurbiprofen sodium ophthalmic soln 0.03%</i>	2	MO
ILEVRO	3	MO
<i>ketorolac tromethamine ophthalmic soln 0.4%, 0.5%</i>	2	MO
LOTEMAX OINT 0.5%	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate</i>	3	MO
<i>prednisolone acetate oph soln 1%</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
<i>bepotastine besilate</i>	3	MO
BEPREVE	3	MO
<i>cromolyn sodium soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACAFT	4	MO
<i>olopatadine hcl ophthalmic soln 0.2%</i>	3	MO
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
ZERViate	4	MO
ANTIGLAUCOMA		
ALPHAGAN P SOLN 0.1%	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl soln 0.5%</i>	3	MO
BETOPTIC-S	3	MO
BRIMONIDINE TARTRATE SOLN 0.15%	3	MO
<i>brimonidine tartrate soln 0.2%</i>	3	MO
<i>brinzolamide</i>	3	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate soln 22.3-6.8mg/ml</i>	2	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate 2%-0.5%</i>	4	MO
<i>preservative free</i>		
<i>latanoprost</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE OPHTH SOLN 0.125%	4	
<i>pilocarpine hcl ophthalmic soln</i>	4	MO
RHOPRESSA	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	3	MO
<i>travoprost</i>	4	MO
VYZULTA	4	MO
MISCELLANEOUS		
ATROPINE SULFATE OPTH SOLN 1%	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
<i>proparacaine hcl</i>	3	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid otic soln 2%</i>	3	MO
CIPRO HC	4	MO
CIPROFLOXACIN 0.2% OTIC SOLN	3	MO
<i>ciprofloxacin/dexamethasone</i>	3	MO
<i>flac (otic) oil</i>	4	QL (20 ML per 30 days)
<i>fluocinolone acetonide otic oil 0.01%</i>	4	QL (20 ML per 30 days) MO
<i>hydrocortisone/acetic acid otic soln</i>	4	MO
<i>neomycin/polymyxin/hc otic soln 1%</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic soln 0.3%</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb solution</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 30 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO
ANTIHISTAMINES		
<i>azelastine hcl nasal soln .01%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate soln</i>	4	PA MO
CARBINOXAMINE MALEATE TABS 6MG	5	PA MO
<i>carbinoxamine maleate tabs 4mg</i>	4	PA MO
<i>cetirizine hydrochloride soln 1mg/ml</i>	4	QL (300 ML per 30 days) MO
<i>clemastine fumarate tabs 2.68mg</i>	3	PA MO
<i>cyproheptadine hcl syrp 2 mg/5ml</i>	4	PA MO
<i>cyproheptadine hydrochloride tab 4mg</i>	4	PA MO
<i>desloratadine</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj 50mg/ml</i>	4	PA MO
<i>hydroxyzine hcl inj</i>	4	PA MO
<i>hydroxyzine hcl tabs, liquid</i>	4	PA MO
<i>hydroxyzine pamoate</i>	4	PA MO
<i>levocetirizine dihydrochloride tabs</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride soln</i>	3	MO
<i>olopatadine hcl nasal soln 0.6%</i>	4	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate er tabs</i>	4	MO
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act3</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Proair HFA) aers 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aers 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebu</i>	2	B/D MO
<i>albuterol sulfate syrp</i>	2	MO
<i>albuterol sulfate tabs</i>	3	MO
<i>levalbuterol hydrochloride nebs</i>	4	B/D MO
<i>levalbuterol nebs</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate tabs</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium granules</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline inj</i>	4	
<i>cromolyn sodium nebu 20mg/2ml</i>	3	B/D MO
DALIRESP	4	MO
<i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
ESBRIET CAPS	5	QL (270 EA per 30 days) PA
ESBRIET TABS 267MG	5	QL (270 EA per 30 days) PA
ESBRIET TABS 801MG	5	QL (90 EA per 30 days) PA
FASENRA	5	QL (1 ML per 28 days) PA LA
FASENRA PEN	5	QL (1 ML per 28 days) PA LA
KALYDECO PACK	5	QL (56 EA per 28 days) PA
KALYDECO TABS	5	QL (60 EA per 30 days) PA
OFEV	5	QL (60 EA per 30 days) PA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA
ORKAMBI GRANULES	5	QL (56 EA per 28 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>theophylline er tabs</i>	3	MO
<i>theophylline soln 80 mg/15ml</i>	3	MO
TRIKAFTA TBPK 100MG; 75MG; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA MO
XOLAIR	5	PA LA
NASAL STEROIDS		
<i>flunisolide nasal soln</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate susp 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>момetasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
STEROID INHALANTS		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST	3	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEPB 250MCG/BLIST	3	QL (240 EA per 30 days) MO
FLOVENT HFA AERO 44MCG/ACT	3	QL (21.2 GM per 30 days) MO
FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT	3	QL (24 GM per 30 days) MO
PULMICORT FLEXHALER	4	QL (2 EA per 30 days) MO
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKUS	3	QL (60 EA per 30 days) MO
ADVAIR HFA	3	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
SYMBICORT	3	QL (10.2 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	4	PA
<i>amnesteem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide</i>	4	MO
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	3	QL (75 GM per 30 days) MO
CLINDAMYCIN PHOSPHATE LOTN 1%	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external soln 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide</i>	4	MO
<i>dapsone gel 5%, 7.5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	2	QL (60 GM per 30 days) MO
<i>erythromycin soln 2%</i>	2	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>myorisan</i>	4	PA
<i>neuac gel</i>	4	MO
<i>sulfacetamide sodium lotn 10%</i>	3	MO
TRETINOIN MICROSPHERE GEL 0.04%	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP GEL 0.04%	4	QL (50 GM per 30 days) PA MO
<i>tretinoin crea 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate crea 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	3	QL (60 GM per 30 days) MO
<i>mafenide acetate pak 5%</i>	4	MO
<i>mupirocin oint</i>	2	QL (30 GM per 30 days) MO
<i>mupirocin crea</i>	4	QL (30 GM per 30 days) MO
SILVER SULFADIAZINE CREAM 1%	3	MO
SSD	3	
SULFAMYLON CREAM 85MG/GM	4	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox sham</i>	3	QL (120 ML per 30 days) MO
<i>ciclopirox susp</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate crea</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole crea 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole soln 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate cream 1%</i>	4	QL (85 GM per 30 days) MO
ERTACZO	5	QL (60 GM per 30 days) MO
<i>ketoconazole crea 2%</i>	3	QL (60 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	4	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	4	QL (60 GM per 30 days) MO
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin crea 100000unit/gm</i>	2	QL (30 GM per 30 days) MO
<i>nystatin oint 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powd 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days) MO
<i>oxiconazole nitrate</i>	4	QL (90 GM per 30 days) MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	3	PA MO
<i>calcipotriene crea, oint</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene soln</i>	4	QL (60 ML per 30 days) PA MO
CALCITRIOL OINT 3MCG/GM	4	PA MO
<i>methoxsalen caps</i>	5	MO
<i>tazarotene crea 0.1%</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREA 0.05%	4	QL (60 GM per 30 days) PA MO
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide lotn 2.5%</i>	2	MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort crea 1%</i>	1	
<i>ala-cort crea 2.5%</i>	1	QL (30 GM per 30 days)
<i>alclometasone dipropionate</i>	4	MO
<i>augmented betamethasone dipropionate crea</i>	3	MO
<i>augmented betamethasone dipropionate gel, lotn, oint</i>	4	MO
<i>beseer lotn 0.05%</i>	4	QL (120 ML per 30 days)
<i>betamethasone dipropionate lotn</i>	3	MO
<i>betamethasone dipropionate crea, oint</i>	4	MO
<i>betamethasone valerate crea, lotn, oint</i>	3	MO
<i>betamethasone valerate foam</i>	4	MO
<i>calcipotriene/betamethasone dipropionate oint</i>	4	QL (400 GM per 28 days) PA MO
<i>clobetasol propionate e cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate lotn, sham</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liqd</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate soln</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide lotn</i>	4	QL (118 ML per 30 days) MO
<i>desonide crea, gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone crea, oint</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>diflorasone diacetate crea</i>	4	QL (60 GM per 30 days) MO
<i>diflorasone diacetate oint</i>	5	QL (60 GM per 30 days) MO
ENSTILAR	5	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide crea 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide crea 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide oint 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide soln 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified cream</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, oint</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide soln</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate crea 0.05%</i>	3	MO
<i>fluticasone propionate lotn 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate oint 0.005%</i>	3	MO
<i>halobetasol propionate crea, oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone butyrate lotn</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate crea, oint</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate soln</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone crea 1%</i>	1	MO
<i>hydrocortisone crea 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotn 2.5%</i>	2	MO
<i>hydrocortisone oint 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate crea 0.1%</i>	3	MO
<i>mometasone furoate oint 0.1%</i>	3	MO
<i>mometasone furoate soln 0.1%</i>	3	MO
PREDNICARBATE CREA	4	QL (60 GM per 30 days) MO
<i>prednicarbate oint</i>	4	QL (60 GM per 30 days) MO
<i>proctosol hc</i>	4	
TEXACORT	4	MO
<i>tovet</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide aers spray</i>	4	MO
<i>triamcinolone acetonide crea 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide crea 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotn 0.025%, 0.1%</i>	3	MO
<i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i>	2	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hcl external soln 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	4	QL (30 GM per 30 days) PA MO
<i>lidocaine ptch</i>	3	QL (3 EA per 1 days) PA MO
<i>lidocaine oint</i>	4	QL (35.44 GM per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate</i>	3	MO
<i>azelaic acid gel 15%</i>	4	QL (50 GM per 30 days) MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) PA MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE DR CAPS 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM 15%	4	QL (50 GM per 30 days) MO
FLUOROPLEX	5	QL (30 GM per 30 days) PA MO
FLUOROURACIL CREA 0.5%	5	QL (30 GM per 30 days) PA MO
<i>fluorouracil crea 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>fluorouracil external soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	4	MO
IMIQUIMOD PUMP	5	QL (7.5 GM per 30 days) MO
<i>imiquimod crea 5%</i>	3	QL (24 EA per 30 days) MO
<i>imiquimod crea 3.75%</i>	5	QL (28 EA per 28 days) MO
<i>metronidazole crea 0.75%</i>	4	QL (45 GM per 30 days) MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotn 0.75%</i>	4	MO
NORITATE	5	QL (60 GM per 30 days) MO
ORACEA	4	QL (30 EA per 30 days) PA MO
PANRETIN	5	QL (60 GM per 30 days)
PENNSAID	5	QL (224 GM per 28 days) PA MO
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	
<i>procto-pak</i>	4	MO
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>rosadan gel</i>	4	
<i>rosadan crea</i>	4	QL (45 GM per 30 days)
<i>tacrolimus oint 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
TARGRETIN	5	QL (60 GM per 30 days) PA
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP	5	QL (15 GM per 30 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
SODIUM CHLORIDE 0.9% IRRIGATION SOLN	3	MO
STERILE WATER FOR IRRIGATION	3	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorhexidine gluconate soln 0.12%</i>	1	MO
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troc 10mg</i>	3	MO
<i>dentagel</i>	4	QL (56 GM per 30 days) MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>lidocaine viscous</i>	4	MO
<i>nystatin susp 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	4	
<i>paroex</i>	1	
<i>periogard</i>	1	MO
<i>pilocarpine hydrochloride tabs</i>	4	MO
<i>sf gel</i>	4	QL (56 GM per 30 days) MO
<i>sodium fluoride 5000 ppm</i>	4	MO
<i>sodium fluoride 5000 ppm sensitive</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	QL (56 GM per 30 days) MO
<i>triamcinolone acetonide dental paste</i>	4	MO

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AUSTEDO	32	<i>beser</i>	59
<i>aviane</i>	37	BESIVANCE	53
AVONEX	32	<i>betamethasone dipropionate</i>	59
<i>ayuna</i>	37	<i>betamethasone valerate</i>	59
AYVAKIT	14	BETASERON	32
<i>azacitidine</i>	12	<i>betaxolol hcl</i>	20, 55
<i>azathioprine</i>	49	<i>bethanechol chloride</i>	46

BETOPTIC-S	55	<i>butorphanol tartrate</i>	2
BEVESPI AEROSPHERE	56	BYDUREON BCISE	35
<i>bexarotene</i>	13	BYDUREON PEN	35
BEXSERO	50	BYETTA	35
<i>bicalutamide</i>	12	BYSTOLIC	20
BICILLIN L-A	10	<i>cabergoline</i>	42
BIDIL	22	CABOMETYX	14
BIKTARVY	7	<i>calcipotriene</i>	59
<i>bisoprolol fumarate</i>	20	<i>calcipotriene/betamethasone dipropionate</i>	59
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20	<i>calcitonin-salmon</i>	36
BIVIGAM	49	<i>calcitriol</i>	43
BLENREP	14	CALCITRIOL	59
<i>bleomycin sulfate</i>	11	<i>calcium acetate</i>	43
BLEPHAMIDE S.O.P. OINT	53	CALQUENCE	14
<i>blisovi 24 fe</i>	37	<i>camila</i>	37
<i>blisovi fe 1.5/30</i>	37	CAMRESE	37
<i>blisovi fe 1/20</i>	37	CAMRESE LO	37
BOOSTRIX	50	<i>candesartan cilexetil</i>	18, 19
BORTEZOMIB	14	<i>candesartan cilexetil/hydrochlorothiazide</i>	18
<i>bosentan</i>	22	CAPLYTA	29
BOSULIF	14	CAPRELSA	14
BRAFTOVI	14	<i>captopril</i>	17, 18
BREO ELLIPTA	57	<i>captopril/hydrochlorothiazide</i>	17
<i>brielllyn</i>	37	CARBAGLU	42
BRILINTA	48	<i>carbamazepine</i>	23
<i>brimonidine tartrate</i>	55	<i>carbamazepine er</i>	23
BRIMONIDINE TARTRATE	55	<i>carbidopa</i>	28
<i>brinzolamide</i>	55	<i>carbidopa/levodopa</i>	28
BRIVIACT	23	<i>carbidopa/levodopa er</i>	28
<i>bromfenac</i>	54	<i>carbidopa/levodopa odt</i>	28
<i>bromocriptine mesylate</i>	28	CARBIDOPA/LEVODOPA/ENTACAPONE	28
BROMSITE	54	<i>carbinoxamine maleate</i>	56
BRUKINSA	14	CARBINOXAMINE MALEATE	56
<i>budesonide</i>	45, 57	<i>carboplatin</i>	11
<i>budesonide er</i>	45	<i>carmustine</i>	11
<i>bumetanide</i>	21	<i>carteolol hcl</i>	55
<i>buprenorphine</i>	2	<i>cartia xt</i>	21
<i>buprenorphine hcl</i>	33	<i>carvedilol</i>	20
<i>buprenorphine hcl/naloxone hcl</i>	33	<i>carvedilol er</i>	20
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	33	<i>caspofungin acetate</i>	5
<i>bupropion</i>	26	<i>cataflam</i>	1
<i>bupropion hydrochloride</i>	26	CAYSTON	4
<i>bupropion hydrochloride er</i>	33	<i>caziant</i>	37
<i>bupropion hydrochloride er (sr)</i>	26	<i>cefaclor</i>	8, 9
<i>bupropion hydrochloride er (xl)</i>	26	CEFACTOR ER	9
<i>buspironone hcl tabs</i>	23	<i>cefadroxil</i>	9
<i>buspironone hydrochloride</i>	23	<i>cefazolin sodium</i>	9
<i>busulfan</i>	11	CEFAZOLIN SODIUM	9
		<i>cefdinir</i>	9

<i>cefepime</i>	9	<i>ciprofloxacin hcl</i>	10
<i>cefixime</i>	9	<i>ciprofloxacin hydrochloride</i>	10, 53
<i>cefotetan</i>	9	<i>ciprofloxacin i.v. -in d5w</i>	10
<i>cefoxitin sodium</i>	9	<i>ciprofloxacin/dexamethasone</i>	55
<i>cefpodoxime proxetil</i>	9	<i>cisplatin</i>	11
<i>cefprozil</i>	9	<i>citalopram hydrobromide</i>	26
<i>ceftazidime</i>	9	<i>cladribine</i>	12
CEFTAZIDIME/DEXTROSE	9	<i>claravis</i>	58
<i>ceftriaxone in iso-osmotic dextrose</i>	9	<i>clarithromycin</i>	9
<i>ceftriaxone sodium</i>	9	<i>clarithromycin er</i>	9
CEFTRIAXONE SODIUM	9	<i>clemastine fumarate</i>	56
<i>cefuroxime axetil</i>	9	CLENPIQ	45
<i>cefuroxime sodium</i>	9	<i>clindamycin hcl</i>	4
<i>celecoxib</i>	1	<i>clindamycin hydrochloride</i>	4
CELONTIN	23	<i>clindamycin palmitate hcl</i>	4
<i>cephalexin</i>	9	<i>clindamycin phosphate</i>	4, 47, 58
CERDELGA	42	CLINDAMYCIN PHOSPHATE	58
<i>cetirizine hydrochloride</i>	56	<i>clindamycin phosphate/benzoyl peroxide</i>	58
<i>cevimeline hydrochloride</i>	61	<i>clindamycin phosphate/dextrose</i>	4
CHANTIX	33	<i>clindamycin/benzoyl peroxide</i>	58
CHANTIX CONTINUING MONTH PAK	33	CLINDAMYCIN/SODIUM CHLORIDE	4
CHANTIX STARTING MONTH PAK	33	CLINIMIX 4.25%/DEXTROSE 10%	52
<i>charlotte 24 fe</i>	37	CLINIMIX 4.25%/DEXTROSE 5%	52
<i>chateal</i>	37	CLINIMIX 5%/DEXTROSE 15%	52
<i>chateal eq</i>	37	CLINIMIX 5%/DEXTROSE 20%	52
CHEMET	36	CLINIMIX 6/5	52
<i>chloramphenicol</i>	4	CLINIMIX 8/10	53
<i>chlordiazepoxide hcl</i>	23	CLINIMIX 8/14	53
<i>chlordiazepoxide hydrochloride</i>	23	<i>clinisol sf 15%</i>	53
<i>chlordiazepoxide/amitriptyline</i>	26	CLINOLIPID	53
<i>chlorhexidine gluconate</i>	62	<i>clinpro 5000</i>	62
<i>chloroquine phosphate</i>	6	<i>clobazam</i>	23
<i>chlorpromazine hcl</i>	29	<i>clobetasol propionate</i>	59
<i>chlorpromazine hydrochloride</i>	29	<i>clobetasol propionate e</i>	59
<i>chlorthalidone</i>	21	<i>clobetasol propionate emollient</i>	59
<i>chlorzoxazone</i>	32	<i>clodan</i>	59
<i>cholestyramine</i>	20	<i>clofarabine</i>	12
<i>cholestyramine light</i>	20	<i>clomipramine hcl</i>	26
<i>ciclopirox</i>	58	<i>clonazepam</i>	23
<i>ciclopirox olamine</i>	58	<i>clonazepam odt</i>	23
<i>cilostazol</i>	48	<i>clonidine hcl</i>	22
CILOXAN	53	<i>clonidine hydrochloride</i>	22
CIMDUO	7	<i>clopidogrel</i>	48
<i>cimetidine</i>	44	<i>clorazepate dipotassium</i>	23, 24
<i>cimetidine hydrochloride</i>	44	<i>clotrimazole</i>	58
<i>cinacalcet hydrochloride</i>	42	<i>clotrimazole troc</i>	62
CIPRO	55	<i>clotrimazole/betamethasone dipropionate</i>	58
CIPRO HC	55	<i>clozapine</i>	29
CIPROFLOXACIN	55	<i>clozapine odt</i>	29

CLOZAPINE ODT	29	<i>darifenacin hydrobromide er</i>	46
COARTEM	6	<i>dasetta 1/35</i>	38
CODEINE SULFATE	2	<i>dasetta 7/7/7</i>	38
<i>colchicine</i>	1	<i>daunorubicin hydrochloride</i>	11
<i>coleselam hydrochloride</i>	20	DAUNORUBICIN HYDROCHLORIDE	11
<i>colestipol hcl</i>	20	DAURISMO	14
<i>colistimethate sodium</i>	4	<i>daysee</i>	38
COMBIGAN	55	<i>deblitane</i>	38
COMBIVENT RESPIMAT	56	<i>decitabine</i>	12
COMETRIQ	14	<i>deferasirox</i>	36, 37
COMPLERA	7	DELESTROGEN	41
<i>compro</i>	44	DELSTRIGO	7
<i>constulose</i>	45	<i>delyla</i>	38
COPAXONE	32	<i>dentagel</i>	62
COPIKTRA	14	DESCOVY	7
CORLANOR	22	<i>desipramine hydrochloride</i>	26
COTELLIC	14	<i>desloratadine</i>	56
CREON	46	<i>desloratadine odt</i>	56
CRIXIVAN	6	<i>desmopressin acetate</i>	42
<i>cromolyn sodium</i>	45, 54, 57	<i>desogestrel/ethinyl estradiol</i>	38
<i>cryselle-28</i>	37	<i>desonide</i>	59
CURITY GAUZE PADS 2	34	<i>desoximetasone</i>	59
<i>cyclafem 1/35</i>	37	<i>desrx</i>	59
<i>cyclafem 7/7/7</i>	37	<i>desvenlafaxine er</i>	26
<i>cyclobenzaprine hydrochloride</i>	33	DESVENLAFAXINE ER	26
<i>cyclophosphamide</i>	11	<i>dexamethasone</i>	41
CYCLOPHOSPHAMIDE	11	DEXAMETHASONE INTENSOL	41
<i>cycloserine</i>	7	<i>dexamethasone sodium phosphate</i>	41, 54
<i>cyclosporine</i>	49	DEXILANT	46
<i>cyclosporine modified</i>	49	<i>dexamethylphenidate hcl</i>	31
<i>cyproheptadine hcl</i>	56	<i>dexamethylphenidate hcl er</i>	30
<i>cyproheptadine hydrochloride</i>	56	<i>dexamethylphenidate hydrochloride</i>	31
<i>cyred</i>	37	<i>dexamethylphenidate hydrochloride er</i>	31
<i>cyred eq</i>	37	<i>dexrazoxane</i>	17
CYSTADANE	42	<i>dextroamphetamine sulfate</i>	31
CYSTAGON	42	<i>dextroamphetamine sulfate er</i>	31
CYSTARAN	55	DEXTROSE 10%/NAACL 0.45%	51
<i>cytarabine</i>	12	DEXTROSE 5% /ELECTROLYTE #48	
<i>cytarabine aqueous</i>	12	VIAFLEX	51
<i>dacarbazine</i>	13	<i>dextrose 10%</i>	51, 53
<i>dactinomycin</i>	11	DEXTROSE 10%/NAACL 0.2%	51
<i>dalfampridine er</i>	32	DEXTROSE 2.5%/NAACL 0.45%	51
DALIRESP	57	<i>dextrose 5%</i>	51, 53
<i>danazol</i>	41	DEXTROSE 5%/LACTATED RINGERS	51
<i>dantrolene sodium</i>	33	DEXTROSE 5%/NAACL 0.2%	51
<i>dapsone</i>	4, 58	DEXTROSE 5%/NAACL 0.225%	51
DAPTACEL	50	<i>dextrose 5%/nacl 0.3%</i>	51
<i>daptomycin</i>	4	DEXTROSE 5%/NAACL 0.33%	51
DAPTOMYCIN	4	DEXTROSE 5%/NAACL 0.45%	51

DEXTROSE 5%/NACL 0.9%	51	DOPTELET	48
DEXTROSE 50%	53	<i>dorzolamide hcl/timolol maleate</i>	55
DEXTROSE 70%	53	<i>dorzolamide hydrochloride</i>	55
DIACOMIT	24	<i>dorzolamide hydrochloride/timolol maleate</i>	55
<i>diazepam</i>	24	<i>dotti</i>	41
DIAZEPAM RECTAL GEL	24	DOVATO	7
<i>diazoxide</i>	42	<i>doxazosin mesylate</i>	18
<i>diclofenac potassium</i>	1	<i>doxepin hcl</i>	26
<i>diclofenac sodium</i>	54, 61	<i>doxepin hydrochloride</i>	26, 31
<i>diclofenac sodium dr</i>	1	DOXEPINE HYDROCHLORIDE	61
<i>diclofenac sodium er</i>	1	<i>doxercalciferol</i>	43
<i>diclofenac sodium/misoprostol</i>	1	<i>doxorubicin hydrochloride liposomal</i>	11
<i>dicloxacillin sodium</i>	10	<i>doxy 100</i>	10
<i>dicyclomine hcl</i>	44	<i>doxycycline</i>	11
<i>dicyclomine hydrochloride</i>	44	DOXYCYCLINE	61
DIFICID	9	<i>doxycycline hyclate</i>	10
<i>diflorasone diacetate</i>	60	<i>doxycycline monohydrate</i>	10
<i>diflunisal</i>	1	DRIZALMA	26
<i>digitek</i>	22	<i>dronabinol</i>	44
<i>digox</i>	22	<i>drospirenone/ethinyl estradiol</i>	38
<i>digoxin</i>	22	<i>drospirenone/ethinyl estradiol/levomefolate</i>	
<i>dihydroergotamine mesylate</i>	31, 32	<i>calcium</i>	38
DILANTIN	24	DROXIA	48
DILANTIN INFATABS	24	<i>droxidopa</i>	22
DILANTIN-125	24	DUAVEE	41
<i>diltiazem hcl</i>	21	DUEXIS	1
DILTIAZEM HCL	21	<i>duloxetine hcl</i>	26
<i>diltiazem hcl cd</i>	21	<i>duloxetine hydrochloride</i>	26
<i>diltiazem hcl inj</i>	21	DUREZOL	54
<i>diltiazem hydrochloride</i>	21	<i>dutasteride</i>	46
<i>dilt-xr</i>	21	<i>dutasteride/tamsulosin hydrochloride</i>	46
DIMENHYDRINATE	44	<i>ec-naproxen</i>	1
<i>diphenhydramine hcl</i>	56	<i>econazole nitrate</i>	58
<i>diphenoxylate/atropine</i>	45	EDARBI	19
DIPHThERIA/TETANUS TOXOIDS		EDARBYCLOR	18
ADSORBED PEDIATRIC	50	EDURANT	6
<i>dipyridamole</i>	48	<i>efavirenz</i>	6
<i>disopyramide phosphate</i>	19	<i>efavirenz/emtricitabine/tenofovir disoproxil</i>	
<i>disulfiram</i>	33	<i>fumarate</i>	7
<i>divalproex sodium</i>	24	<i>efavirenz/lamivudine/tenofovir disoproxil</i>	
<i>divalproex sodium dr</i>	24	<i>fumarate</i>	7
<i>divalproex sodium er</i>	24	<i>effe-r-k</i>	52
<i>docetaxel</i>	13	<i>eletriptan hydrobromide</i>	32
DOCETAXEL	13	<i>elinest</i>	38
<i>dofetilide</i>	19	ELIQUIS	47
<i>dolishale</i>	38	ELIQUIS STARTER PACK	47
<i>donepezil hcl</i>	26	ELITEK	17
<i>donepezil hcl odt</i>	26	ELMIRON	46
<i>donepezil hydrochloride</i>	26	<i>eluryng</i>	38

EMCYT	12	<i>erythromycin/benzoyl peroxide</i>	58
EMEND	44	ESBRIET	57
<i>emoquette</i>	38	<i>escitalopram oxalate</i>	26, 27
EMSAM	26	<i>esomeprazole magnesium</i>	46
<i>emtricitabine</i>	6, 7	<i>esomeprazole sodium</i>	46
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>estarylla</i>	38
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol</i>	41
EMTRIVA	6	<i>estradiol vaginal</i>	41
EMVERM	4	<i>estradiol valerate</i>	41
<i>enalapril maleate</i>	17, 18	<i>estradiol/norethindrone acetatemg</i>	41
<i>enalapril maleate/hydrochlorothiazide</i>	17	ESTRING	41
ENBREL	48	<i>eszopiclone</i>	31
ENBREL MINI	48	<i>ethambutol hydrochloride</i>	8
ENBREL SURECLICK	48	<i>ethosuximide</i>	24
<i>endocet</i>	2	<i>ethosuximide soln</i>	24
ENGERIX-B	50	<i>ethynodiol diacetate/ethinyl estradiol</i>	38
ENHERTU	14	<i>etodolac</i>	1
<i>enoxaparin sodium</i>	47	<i>etodolac er</i>	1
<i>enpresse-28</i>	38	<i>etoposide</i>	13
<i>enskyce</i>	38	<i>etravirine</i>	6
ENSTILAR	60	<i>euthyrox</i>	43
<i>entacapone</i>	28	<i>everolimus</i>	14, 49
<i>entecavir</i>	8	EVOTAZ	7
ENTRESTO	18	<i>exemestane</i>	12
<i>enulose</i>	45	<i>ezetimibe</i>	20
EPCLUSA	8	<i>ezetimibe/simvastatin</i>	20
EPIDIOLEX	24	<i>falmina</i>	38
<i>epinastine hcl</i>	54	<i>famciclovir</i>	8
<i>epinephrine</i>	22, 57	<i>famotidine</i>	44, 45
<i>epirubicin hcl</i>	11	<i>famotidine premixed</i>	44
<i>epitol</i>	24	FANAPT	29
EPIVIR HBV	8	FANAPT TITRATION PACK	29
<i>eplerenone</i>	18	FARXIGA	35
<i>epoprostenol sodium</i>	22	FARYDAK	14
<i>ergotamine tartrate/caffeine</i>	32	FASENRA	57
ERIVEDGE	14	FASENRA PEN	57
ERLEADA	12	<i>fayosim</i>	38
<i>erlotinib hydrochloride</i>	14	<i>febuxostat</i>	1
<i>errin</i>	38	<i>felbamate</i>	24
ERTACZO	58	<i>felodipine er</i>	21
<i>ertapenem</i>	4	<i>femynor</i>	38
<i>ery</i>	58	<i>fenofibrate</i>	19
ERYTHROCIN LACTOBIONATE	9	<i>fenofibrate micronized</i>	19
<i>erythrocin stearate</i>	9	<i>fenofibric acid dr</i>	19
<i>erythromycin</i>	9, 53, 58	<i>fenopropfen calcium</i>	1
<i>erythromycin base</i>	9	FENOPROFEN CALCIUM	1
<i>erythromycin dr</i>	9	<i>fentanyl</i>	2
<i>erythromycin ethylsuccinate</i>	9	<i>fentanyl citrate</i>	2
<i>erythromycin stearate</i>	9	FETZIMA	27

FETZIMA TITRATION PACK	27	<i>fomepizole</i>	42
FIASP	34	<i>fondaparinux sodium</i>	47
FIASP FLEXTOUCH	34	FORTEO	36
FIASP PENFILL	34	<i>fosamprenavir calcium</i>	6
FINACEA	61	<i>fosinopril sodium</i>	18
<i>finasteride</i>	46	<i>fosinopril sodium/hydrochlorothiazide</i>	18
FINTEPLA	24	<i>fosphenytoin sodium</i>	24
<i>flac (otic) oil</i>	55	FOTIVDA	14
FLAREX	54	FRAGMIN	47
<i>flavoxate hcl</i>	46	FREAMINE HBC	53
FLEBOGAMMA DIF	49	FREAMINE III	53
<i>flecainide acetate</i>	19	<i>frovatriptan succinate</i>	32
FLOVENT DISKUS	57	<i>fulvestrant</i>	12
FLOVENT HFA	57	<i>furosemide</i>	21
<i>fluconazole</i>	5	FUZEON	6
<i>fluconazole in sodium chloride</i>	5	<i>fyavolv</i>	41
<i>flucytosine</i>	5	FYCOMPA	24
<i>fludarabine phosphate</i>	12	<i>gabapentin</i>	24
<i>fludrocortisone acetate</i>	41	<i>galantamine hydrobromide</i>	26
<i>flunisolide</i>	57	<i>galantamine hydrobromide er</i>	26
<i>fluocinolone acetonide</i>	60	GAMASTAN	49
<i>fluocinolone acetonide body</i>	60	GAMMAGARD LIQUID	49
<i>fluocinolone acetonide otic oil</i>	55	GAMMAGARD S/D	49
<i>fluocinolone acetonide scalp</i>	60	GAMMAKED	49
<i>fluocinonide</i>	60	GAMMAPLEX	49
<i>fluocinonide emulsified</i>	60	GAMUNEX-C	49
<i>fluoride</i>	52	<i>ganciclovir</i>	8
<i>fluoridex</i>	62	GARDASIL 9	50
<i>fluoridex sensitivity relief/sls free</i>	62	<i>gatifloxacin</i>	53
<i>fluoritab</i>	52	GATTEX	45
FLUOROMETHOLONE	54	<i>gavilyte-c</i>	45
FLUOROPLEX	61	<i>gavilyte-g</i>	45
<i>fluorouracil</i>	12, 61	<i>gavilyte-h</i>	45
FLUOROURACIL CREA 0.5%	61	<i>gavilyte-n/flavor pack</i>	45
<i>fluorouracil external</i>	61	GAVRETO	14
<i>fluoxetine dr</i>	27	<i>gemcitabine hcl</i>	12
<i>fluoxetine hcl</i>	27	<i>gemcitabine hydrochloride</i>	12
<i>fluoxetine hydrochloride</i>	27	GEMCITABINE HYDROCHLORIDE	12
<i>fluphenazine decanoate</i>	29	<i>gemfibrozil</i>	19
<i>fluphenazine hcl</i>	29	<i>generlac</i>	45
<i>fluphenazine hydrochloride</i>	29	<i>gengraf</i>	49
<i>flurbiprofen</i>	1	GENOTROPIN	42
<i>flurbiprofen sodium</i>	54	GENOTROPIN MINIQUICK	42
<i>flutamide</i>	12	<i>gentak</i>	53
<i>fluticasone propionate</i>	57, 60	<i>gentamicin sulfate</i>	4, 53, 58
<i>fluvastatin</i>	19	<i>gentamicin sulfate pediatric</i>	4
<i>fluvastatin sodium er</i>	19	<i>gentamicin sulfate/0.9% sodium chloride</i>	4
<i>fluvoxamine maleate</i>	23	GENVOYA	7
<i>fluvoxamine maleate er</i>	23	GIANVI	38

GILENYA	32	HUMULIN R	34
GILOTRIF	14	HUMULIN R U-500 (CONCENTRATED)	34
<i>glimepiride</i>	35	HUMULIN R U-500 KWIKPEN	34
<i>glipizide</i>	35	<i>hydralazine hcl</i>	22
<i>glipizide er</i>	35	<i>hydralazine hydrochloride</i>	22
<i>glipizide xl</i>	35	<i>hydrochlorothiazide</i>	21
<i>glipizide/metformin hydrochloride</i>	35	<i>hydrocodone bitartrate er</i>	2
<i>glycopyrrolate</i>	44	<i>hydrocodone bitartrate/acetaminophen</i>	2
GLYXAMBI	35	<i>hydrocodone/acetaminophen</i>	3
GOLYTELY	45	<i>hydrocodone/ibuprofen</i>	3
<i>granisetron hcl</i>	44	<i>hydrocortisone</i>	41, 45, 60
<i>griseofulvin microsize</i>	5	<i>hydrocortisone butyrate</i>	60
<i>griseofulvin ultramicrosize</i>	5	<i>hydrocortisone butyrate (lipophilic)</i>	60
<i>guanfacine er</i>	31	<i>hydrocortisone perianal</i>	61
<i>guanfacine hcl</i>	22	<i>hydrocortisone valerate</i>	60
<i>guanfacine hydrochloride er</i>	31	<i>hydrocortisone/acetic acid</i>	55
GUANIDINE HCL	32	<i>hydromorphone hcl</i>	3
GVOKE HYPOPEN	42	HYDROMORPHONE HCL	3
GVOKE PFS	42	<i>hydromorphone hydrochloride</i>	3
HAEGARDA	48	HYDROMORPHONE HYDROCHLORIDE	3
<i>hailey 1.5/30</i>	38	<i>hydroxychloroquine sulfate</i>	49
<i>hailey fe 1.5/30</i>	38	<i>hydroxyurea</i>	13
<i>hailey fe 1/20</i>	38	<i>hydroxyzine hcl</i>	56
<i>haily 24 fe</i>	38	<i>hydroxyzine pamoate</i>	56
<i>halobetasol propionate</i>	60	<i>hyperlyte-cr</i>	51
<i>haloperidol</i>	29	HYSINGLA ER	2
<i>haloperidol decanoate</i>	29	<i>ibandronate sodium</i>	36
<i>haloperidol lactate</i>	29	IBRANCE	14
HARVONI	8	<i>ibu</i>	1
HAVRIX	50	<i>ibuprofen</i>	1
<i>heather</i>	38	<i>ibuprofen/famotidine</i>	1
<i>heparin sodium</i>	47	<i>icatibant acetate</i>	48
HEPARIN SODIUM	47	<i>iclevia</i>	38
HEPARIN SODIUM/D5W	47	ICLUSIG	14
HEPARIN SODIUM/DEXTROSE	47	<i>idarubicin hcl</i>	11
HEPARIN SODIUM/NACL 0.45%	47	IDHIFA	14
HEPARIN SODIUM/SODIUM CHLORIDE	47	IFEX	11
HEPATAMINE	53	<i>ifosfamide</i>	11
HERCEPTIN	14	IFOSFAMIDE	11
HERCEPTIN HYLECTA	14	ILEVRO	54
HETLIOZ	31	<i>imatinib mesylate</i>	14, 15
HETLIOZ LQ ORAL SUSP	31	IMBRUVICA	15
HIBERIX	50	<i>imipenem/cilastatin</i>	4
HUMIRA	48	<i>imipramine hcl</i>	27
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	48	<i>imipramine hydrochloride</i>	27
HUMIRA PEN	48	<i>imipramine pamoate</i>	27
HUMIRA PEN-PEDIATRIC UC STARTER PACK	48	<i>imiquimod</i>	61
		IMIQUIMOD PUMP	61
		IMLYGIC	13

IMOVAX RABIES (H.D.C.V.)	50	<i>jasmiel</i>	38
<i>incassia</i>	38	<i>jencycla</i>	38
INCRELEX	42	JENTADUETO	35
INCRUSE ELLIPTA	56	JENTADUETO XR	35
<i>indapamide</i>	21	<i>jinteli</i>	41
INFANRIX	50	JOLESSA	38
INLYTA	15	<i>juleber</i>	38
INQOVI	12	JULUCA	7
INREBIC	15	<i>junel 1.5/30</i>	38
INTELENCE	6	<i>junel 1/20</i>	38
INTRON A	49	<i>junel fe 1.5/30</i>	38
<i>introvale</i>	38	<i>junel fe 1/20</i>	38
INVEGA SUSTENNA	29	<i>junel fe 24</i>	38
INVEGA TRINZA	29	KADCYLA	15
INVIRASE	6	<i>kaitlib fe</i>	38
IPOL INACTIVATED IPV	50	KALETRA	7
<i>ipratropium bromide</i>	56	<i>kalliga</i>	38
<i>ipratropium bromide nasal</i>	56	KALYDECO	57
<i>ipratropium bromide/albuterol sulfat</i>	56	<i>kariva</i>	38
<i>irbesartan</i>	18, 19	KCL 0.075%/D5W/NACL 0.45%	51
<i>irbesartan/hydrochlorothiazide</i>	18	KCL 0.15%/D5W/NACL 0.2%	51
IRESSA	15	KCL 0.15%/D5W/NACL 0.45%	51
<i>irinotecan hcl</i>	13	KCL 0.15%/D5W/NACL 0.9%	51
<i>irinotecan hydrochloride</i>	13	KCL 0.3%/D5W/NACL 0.45%	51
ISENTRESS	6	KCL 0.3%/D5W/NACL 0.9%	51
ISENTRESS HD	6	<i>kelnor 1/35</i>	38
<i>isibloom</i>	38	<i>kelnor 1/50</i>	39
ISOLYTE-P/DEXTROSE 5%	51	KESIMPTA	32
ISOLYTE-S	51	<i>ketoconazole</i>	5, 58, 59
ISOLYTE-S PH 7.4	51	<i>ketodan</i>	59
<i>isoniazid</i>	8	<i>ketoprofen</i>	1
ISOPTO ATROPINE	55	<i>ketoprofen er</i>	1
<i>isosorbide dinitrate</i>	22	<i>ketorolac tromethamine</i>	1, 54
<i>isosorbide mononitrate</i>	22	KEYTRUDA	15
<i>isosorbide mononitrate er</i>	22	KHAPZORY	17
<i>isotonic gentamicin</i>	4	KINRIX	50
<i>isotretinoin</i>	58	KISQALI	13, 15
<i>isradipine</i>	21	KISQALI FEMARA 200 DOSE	13
ISTODAX (OVERFILL)	15	KISQALI FEMARA 400 DOSE	13
<i>itraconazole</i>	5	KISQALI FEMARA 600 DOSE	13
<i>ivermectin</i>	4	<i>klor-con</i>	52
IXIARO	50	KLOR-CON 10	52
<i>jaimiess</i>	38	KLOR-CON 8	52
JAKAFI	15	<i>klor-con m10</i>	52
<i>jantoven</i>	47	<i>klor-con m15</i>	52
JANUMET	35	<i>klor-con m20</i>	52
JANUMET XR	35	<i>klor-con/ef</i>	52
JANUVIA	35	KORLYM	42
JARDIANCE	35	KRISTALOSE	45

<i>kurvelo</i>	39	<i>levocarnitine</i>	42
KYNMOBI	28	LEVOCARNITINE	42
<i>labetalol hydrochloride</i>	20	<i>levocetirizine dihydrochloride</i>	56
<i>lactated ringers viaflex</i>	51	<i>levofloxacin</i>	10, 53
<i>lactulose</i>	45	<i>levofloxacin in d5w</i>	10
<i>lamivudine</i>	6, 8	<i>levoleuovorin calcium</i>	17
<i>lamivudine/zidovudine</i>	7	<i>levonest</i>	39
<i>lamotrigine</i>	24	<i>levonorgestrel/ethinyl estradiol</i>	39
<i>lamotrigine er</i>	24	<i>levora</i>	39
<i>lamotrigine odt</i>	24	LEVO-T	43
<i>lamotrigine starter kit/blue</i>	24	<i>levothyroxine sodium</i>	43
<i>lamotrigine starter kit/green</i>	24	LEVOTHYROXINE SODIUM	43
<i>lamotrigine starter kit/orange</i>	24	LEVOXYL	43
<i>lansoprazole dr</i>	46	LEXIVA	6
<i>lansoprazole/amoxicillin/clarithromycin</i>	45	LIBTAYO	15
<i>lanthanum carbonate</i>	43	<i>lidocaine</i>	60
<i>lapatinib ditosylate</i>	15	<i>lidocaine hcl</i>	3, 19
<i>larin 1.5/30</i>	39	LIDOCAINE HCL	19
<i>larin 1/20</i>	39	<i>lidocaine hcl external</i>	60
<i>larin 24 fe</i>	39	LIDOCAINE HCL IN D5W	19
<i>larin fe 1.5/30</i>	39	<i>lidocaine hydrochloride</i>	3
<i>larin fe 1/20</i>	39	<i>lidocaine viscous</i>	62
<i>larissia</i>	39	<i>lidocaine/prilocaine</i>	60
LASTACAFT	54	<i>lillow</i>	39
<i>latanoprost</i>	55	<i>linezolid</i>	4
LATUDA	29	LINEZOLID	4
LEENA	39	LINZESS	45
<i>leflunomide</i>	49	<i>liothyronine sodium</i>	43
LENVIMA	15	<i>lisinopril</i>	18
LENVIMA 10 MG DAILY DOSE	15	<i>lisinopril/hydrochlorothiazide</i>	18
LENVIMA 14 MG DAILY DOSE	15	LITHIUM	32
LENVIMA 18 MG DAILY DOSE	15	<i>lithium carbonate</i>	32
LENVIMA 20 MG DAILY DOSE	15	<i>lithium carbonate er</i>	32
LENVIMA 24 MG DAILY DOSE	15	<i>loestrin 1.5/30-21</i>	39
LENVIMA 8 MG DAILY DOSE	15	<i>loestrin 1/20-21</i>	39
<i>lessina</i>	39	<i>loestrin fe 1.5/30</i>	39
<i>letrozole</i>	12	<i>loestrin fe 1/20</i>	39
<i>leucovorin calcium</i>	17	<i>lojaimiess</i>	39
LEUKERAN	11	LOKELMA	37
<i>leuprolide acetate</i>	12	LONSURF	12
<i>levalbuterol</i>	56	<i>loperamide hcl</i>	45
<i>levalbuterol hydrochloride</i>	56	<i>lopinavir/ritonavir</i>	7
LEVALBUTEROL TARTRATE HFA	56	LOPREEZA	41
LEVEMIR	34	<i>lorazepam</i>	23
LEVEMIR FLEXTOUCH	34	<i>lorazepam intensol</i>	23
<i>levetiracetam</i>	24	LORBRENA	15
<i>levetiracetam er</i>	24	<i>loryna</i>	39
<i>levetiracetam/sodium chloride</i>	24	<i>losartan potassium</i>	19
<i>levobunolol hcl</i>	55	<i>losartan potassium/hydrochlorothiazide</i>	18

LOTEMAX	54	<i>meprobamate</i>	23
LOTEMAX SM	54	<i>mercaptapurine</i>	12
<i>loteprednol etabonate</i>	54	<i>meropenem</i>	4
<i>lovastatin</i>	19	<i>mesalamine</i>	45
<i>low-ogestrel</i>	39	<i>mesalamine dr</i>	45
<i>loxapine</i>	29	<i>mesna</i>	17
<i>loxapine succinate</i>	29	MESNEX	17
<i>lo-zumandimine</i>	39	<i>metformin hydrochloride</i>	35
LUMAKRAS	15	<i>metformin hydrochloride er</i>	35
LUMIGAN	55	<i>methadone hcl</i>	2
LUMOXITI	15	METHADONE HCL INJ	2
LUPRON DEPOT (1-MONTH)	12	<i>methazolamide</i>	21
LUPRON DEPOT (3-MONTH)	12	<i>methenamine hippurate</i>	4
LUPRON DEPOT-PED (1-MONTH)	42	<i>methenamine mandelate</i>	4
LUPRON DEPOT-PED (3-MONTH)	42	<i>methergine</i>	43
<i>lutera</i>	39	<i>methimazole</i>	43
<i>lyleq</i>	39	<i>methotrexate</i>	12, 49
<i>lyllana</i>	41	<i>methotrexate sodium</i>	12
LYNPARZA	15	<i>methoxsalen</i>	59
LYSODREN	12	<i>methscopolamine bromide</i>	44
<i>lyza</i>	39	<i>methyl dopa</i>	22
<i>mafenide acetate</i>	58	<i>methylergonovine maleate</i>	43
<i>magnesium sulfate</i>	51	<i>methylphenidate hydrochloride</i>	31
MAGNESIUM SULFATE	51	<i>methylphenidate hydrochloride cd</i>	31
<i>malathion</i>	61	<i>methylphenidate hydrochloride er</i>	31
<i>maprotiline hcl</i>	27	METHYLPHENIDATE HYDROCHLORIDE ER	31
<i>marlissa</i>	39		
MARPLAN	27	<i>methylprednisolone</i>	42
MATULANE	13	<i>methylprednisolone acetate</i>	42
<i>matzim la</i>	21	<i>methylprednisolone sodium succinate</i>	42
MAVYRET	8	<i>metoclopramide hcl</i>	44
<i>meclizine hcl</i>	44	<i>metoclopramide hydrochloride</i>	44
<i>meclizine hydrochloride</i>	44	<i>metoclopramide odt</i>	44
<i>meclofenamate sodium</i>	1	METOCLOPRAMIDE ODT	44
<i>medroxyprogesterone acetate</i>	39, 43	<i>metolazone</i>	21
<i>mefloquine hcl</i>	6	<i>metoprolol succinate er</i>	20
<i>megestrol acetate</i>	12, 43	<i>metoprolol tartrate</i>	20
MEKINIST	15	<i>metoprolol/hydrochlorothiazide</i>	20
MEKTOVI	15	<i>metronidazole</i>	4, 61
<i>melodetta 24 fe</i>	39	<i>metronidazole vaginal</i>	47
<i>meloxicam</i>	1	<i>metyrosine</i>	22
<i>melphalan</i>	11	<i>mibelas 24 fe</i>	39
<i>melphalan hydrochloride</i>	11	<i>micafungin</i>	5
MEMANTINE HCL TITRATION PAK	26	<i>miconazole 3 vaginal</i>	47
<i>memantine hydrochloride</i>	26	MICROGESTIN 1.5/30	39
<i>memantine hydrochloride er</i>	26	MICROGESTIN 1/20	39
MENACTRA	50	<i>microgestin 24 fe</i>	39
MENQUADFI	50	MICROGESTIN FE 1.5/30	39
MENVEO	50	MICROGESTIN FE 1/20	39

<i>midodrine hcl</i>	22	<i>naftifine hydrochloride</i>	59
<i>miglitol</i>	35	<i>nalbuphine hcl</i>	3
<i>mili</i>	39	<i>naloxone hcl</i>	33
<i>mimvey</i>	41	<i>naloxone hydrochloride</i>	33
<i>minitran</i>	22	<i>naltrexone hcl</i>	33
<i>minocycline hcl</i>	11	NAMZARIC	26
<i>minocycline hydrochloride</i>	11	<i>naproxen</i>	2
<i>minocycline hydrochloride er</i>	11	<i>naproxen sodium</i>	2
<i>minoxidil</i>	22	NAPROXEN SODIUM	1
<i>mirtazapine</i>	27	NAPROXEN SODIUM CR	1
<i>mirtazapine odt</i>	27	<i>naproxen sodium er</i>	1
<i>misoprostol</i>	45	<i>naproxen/esomeprazole magnesium</i>	2
MITIGARE	1	<i>naratriptan hcl</i>	32
<i>mitomycin</i>	11	NARCAN	33
<i>mitoxantrone hcl</i>	13	NATACYN	54
M-M-R II	50	<i>nateglinide</i>	35
M-NATAL PLUS	52	NATPARA	36
<i>modafinil</i>	33	NAYZILAM	24
<i>moexipril hcl</i>	18	<i>necon 0.5/35-28</i>	39
<i>molindone hydrochloride</i>	29	<i>nefazodone hcl</i>	27
<i>mometasone furoate</i>	57, 60	<i>nefazodone hydrochloride</i>	27
<i>mondoxyne nl</i>	11	<i>neomycin sulfate</i>	4
MONJUVI	15	<i>neomycin/bacitracin/polymyxin</i>	54
<i>mono-lynyah</i>	39	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	53
<i>montelukast sodium</i>	57	<i>neomycin/polymyxin/dexamethasone</i>	53
<i>morgidox 1x100mg</i>	11	<i>neomycin/polymyxin/gramicidin</i>	54
<i>morgidox 2x100mg</i>	11	<i>neomycin/polymyxin/hc</i>	55
<i>morphine sulfate</i>	3	<i>neomycin/polymyxin/hydrocortisone</i>	53, 55
MORPHINE SULFATE	3	NEONATAL PLUS	52
<i>morphine sulfate er</i>	2	<i>neo-polycin</i>	54
MOVANTIK	45	<i>neo-polycin hc</i>	53
<i>moxifloxacin hydrochloride</i>	10, 53	NEPHRAMINE	53
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	10	NERLYNX	15
MULTAQ	19	<i>neuac</i>	58
<i>multivitamin/fluoride</i>	52	NEUPRO	28
<i>multi-vitamin/fluoride</i>	52	<i>nevirapine</i>	6
<i>multi-vitamin/fluoride/iron</i>	52	<i>nevirapine er</i>	6
<i>mupirocin</i>	58	NEXAVAR	15
<i>mutamycin</i>	11	<i>niacin</i>	20
<i>mycophenolate mofetil</i>	49	<i>niacin er</i>	20
<i>mycophenolic acid dr</i>	49	<i>niacor</i>	20
MYLOTARG	15	<i>nicardipine hcl</i>	21
<i>myorisan</i>	58	NICOTROL	33
MYRBETRIQ	46	NICOTROL INHALER	33
<i>nabumetone</i>	1	<i>nifedipine</i>	21
<i>nadolol</i>	20	<i>nifedipine er</i>	21
<i>nafcillin sodium</i>	10	<i>nikki</i>	39
<i>naftifine hcl</i>	59	<i>nilutamide</i>	12
		<i>nimodipine</i>	21

NINLARO	15	NUBEQA	12
NIPENT	13	NUEDEXTA	32
<i>nisoldipine er</i>	21	NULOJIX	49
<i>nitazoxanide</i>	4	NULYTELY	45
<i>nitisinone</i>	43	NULYTELY/FLAVOR PACKS	45
NITRO-BID	22	NUPLAZID	29
<i>nitrofurantoin macrocrystals</i>	4	NUTRILIPID	53
<i>nitrofurantoin monohydrate/macrocrystals</i>	4	<i>nyamyc</i>	59
NITROGLYCERIN INJ	22	<i>nylia 7/7/7</i>	40
<i>nitroglycerin lingual spray</i>	22	<i>nymyo</i>	40
<i>nitroglycerin subl</i>	22	<i>nystatin</i>	5, 59, 62
<i>nitroglycerin transdermal</i>	22	<i>nystop</i>	59
NIVA-PLUS	52	OCELLA	40
<i>nizatidine</i>	45	OCTAGAM	49
NORA-BE	39	<i>octreotide acetate</i>	43
<i>norethindrone</i>	39	ODEFSEY	7
<i>norethindrone acetate</i>	43	ODOMZO	15
<i>norethindrone acetate/ethinyl estradiol</i>	39, 41	OFEV	57
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	39	<i>ofloxacin</i>	54, 55
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	39	<i>olanzapine</i>	29
<i>norgestimate/ethinyl estradiol</i>	40	<i>olanzapine odt</i>	29
NORITATE	61	<i>olmesartan medoxomil</i>	18, 19
<i>norlyda</i>	40	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	18
<i>norlyroc</i>	40	<i>olmesartan medoxomil/hydrochlorothiazide</i>	18
NORPACE	19	<i>olopatadine hcl</i>	54, 56
NORPACE CR	19	<i>omeprazole</i>	46
<i>nortrel 0.5/35 (28)</i>	40	ONCASPAR	13
<i>nortrel 1/35</i>	40	<i>ondansetron hcl</i>	44
<i>nortrel 7/7/7</i>	40	<i>ondansetron hydrochloride</i>	44
<i>nortriptyline hcl</i>	27	<i>ondansetron odt</i>	44
<i>nortriptyline hydrochloride</i>	27	ONUREG	12
NORVIR	6	OPSUMIT	23
NOVO/BD/ULTIMED/OWEN/TRIVIDIA PEN NEEDLE/ORIGINAL/ULTRA-FINE	34	ORACEA	61
NOVOLIN 70/30	34	<i>oralone dental paste</i>	62
NOVOLIN 70/30 FLEXPEN	34	ORGOVYX	12
NOVOLIN N	34	ORKAMBI	57
NOVOLIN N FLEXPEN	34	<i>orsythia</i>	40
NOVOLIN R	34	<i>oseltamivir phosphate</i>	8
NOVOLIN R FLEXPEN	34	<i>oxacillin sodium</i>	10
NOVOLOG	34	<i>oxaliplatin</i>	11
NOVOLOG FLEXPEN	34	<i>oxandrolone</i>	33
NOVOLOG MIX 70/30	34	<i>oxaprozin</i>	2
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	34	<i>oxazepam</i>	23
NOVOLOG PENFILL	34	<i>oxcarbazepine</i>	24, 25
NOXAFIL	5	<i>oxiconazole nitrate</i>	59
		<i>oxybutynin chloride</i>	46
		<i>oxybutynin chloride er</i>	46
		<i>oxycodone hcl</i>	3

<i>oxycodone hydrochloride</i>	3	<i>phenobarbital sodium</i>	25
<i>oxycodone/acetaminophen</i>	3	PHENYTEK	25
<i>oxycodone/aspirin</i>	3	<i>phenytoin</i>	25
<i>oxymorphone hydrochloride</i>	3	<i>phenytoin sodium</i>	25
OZEMPIC	35	PHESGO	15
<i>pacerone</i>	19	<i>philith</i>	40
<i>paclitaxel</i>	13	PHOSPHOLINE IODIDE	55
PADCEV	15	PIFELTRO	6
<i>paliperidone er</i>	29	<i>pilocarpine hcl</i>	55
<i>pamidronate disodium</i>	36	<i>pilocarpine hydrochloride</i>	62
PAMIDRONATE DISODIUM	36	<i>pimozide</i>	30
PANRETIN	61	<i>pimtree</i>	40
<i>pantoprazole sodium</i>	46	<i>pindolol</i>	20
PANZYGA	49	<i>pioglitazone hcl</i>	35
<i>paraplatin</i>	11	<i>pioglitazone hcl/metformin hcl</i>	35
<i>paricalcitol</i>	43	<i>pioglitazone hcl-glimepiride</i>	35
<i>paroex</i>	62	<i>pioglitazone hydrochloride</i>	35
<i>paromomycin sulfate</i>	4	<i>piperacillin sodium/tazobactam sodium</i>	10
<i>paroxetine hcl</i>	27	PIQRAY	15
<i>paroxetine hcl er</i>	27	<i>pirmella 1/35</i>	40
<i>paroxetine hydrochloride</i>	27	<i>pirmella 7/7/7</i>	40
PASER	8	<i>piroxicam</i>	2
PAXIL	27	PLASMA-LYTE A	51
PEDIARIX	50	PLASMA-LYTE-148	51
PEDVAX HIB	50	<i>plenamine</i>	53
<i>peg-3350/electrolytes</i>	45	PLENVU	45
<i>peg-3350/nacl/na bicarbonate/kcl</i>	45	PNV PRENATAL PLUS MULTIVITAMIN	52
PEGASYS	8	<i>podofilox</i>	61
PEMAZYRE	15	POLIVY	15
<i>penicillamine</i>	37	<i>polycin</i>	54
<i>penicillin g potassium</i>	10	<i>polymyxin b sulfate/trimethoprim sulfate</i>	54
PENICILLIN G POTASSIUM IN ISO-		<i>poly-vitamin/fluoride</i>	52
OSMOTIC DEXTROSE	10	POMALYST	13
PENICILLIN G PROCAINE	10	<i>portia-28</i>	40
<i>penicillin g sodium</i>	10	<i>posaconazole dr</i>	5
<i>penicillin v potassium</i>	10	<i>potassium chloride</i>	51, 52
PENNSAID	61	POTASSIUM CHLORIDE	51
PENTACEL	50	<i>potassium chloride er</i>	52
<i>pentamidine isethionate</i>	4	POTASSIUM CHLORIDE/DEXTROSE	51
<i>pentoxifylline er</i>	48	POTASSIUM	
PEPAXTO	11	CHLORIDE/DEXTROSE/SODIUM	
<i>perindopril erbumine</i>	18	CHLORIDE	51
<i>periogard</i>	62	<i>potassium chloride/sodium chloride</i>	51
<i>permethrin</i>	61	POTASSIUM CHLORIDE/SODIUM	
<i>perphenazine</i>	27, 30	CHLORIDE	51
<i>perphenazine/amitriptyline</i>	27	<i>potassium citrate er</i>	46
PERSERIS	30	POTELIGEO	15
<i>phenelzine sulfate</i>	27	PRADAXA	47
<i>phenobarbital</i>	25	PRALUENT	20

<i>pramipexole dihydrochloride</i>	28	PROLIA	36
<i>pramipexole dihydrochloride er</i>	28	PROMACTA	48
<i>prasugrel</i>	48	<i>promethazine hcl</i>	44
<i>pravastatin sodium</i>	19	<i>promethazine hydrochloride</i>	44
<i>praziquantel</i>	4	<i>promethegan</i>	44
<i>prazosin hydrochloride</i>	18	<i>propafenone hcl</i>	19
<i>prednicarbate</i>	60	<i>propafenone hydrochloride er</i>	19
PREDNICARBATE	60	<i>proparacaine hcl</i>	55
<i>prednisolone</i>	42	<i>propranolol hcl</i>	20
<i>prednisolone acetate</i>	54	<i>propranolol hcl er</i>	20
<i>prednisolone sodium phosphate</i>	42	<i>propranolol hydrochloride</i>	20
PREDNISOLONE SODIUM PHOSPHATE		<i>propranolol hydrochloride er</i>	20
OPHTHALMIC SOLN 1%	54	<i>propranolol/hydrochlorothiazide</i>	20
<i>prednisone</i>	42	<i>propylthiouracil</i>	43
PREDNISONE INTENSOL	42	PROQUAD	50
<i>pregabalin</i>	25	PROSOL	53
<i>pregabalin er</i>	32	<i>protriptyline hcl</i>	27
PREMARIN	41	PULMICORT FLEXHALER	57
PREMASOL	53	PULMOZYME	57
PREMPRO	41	PURIXAN	12
PRENATAL	52	<i>pyrazinamide</i>	8
PRENATAL PLUS	52	<i>pyridostigmine bromide</i>	32
PRENATAL PLUS LOW IRON	52	<i>pyridostigmine bromide er</i>	32
PREPLUS	52	QINLOCK	16
PRETOMANID	8	QUADRACEL	50
<i>prevalite</i>	20	<i>quetiapine fumarate</i>	30
<i>previfem</i>	40	<i>quetiapine fumarate er</i>	30
PREVYMIS	8	<i>quinapril hcl</i>	18
PREZCOBIX	7	<i>quinapril hydrochloride</i>	18
PREZISTA	6	<i>quinapril/hydrochlorothiazide</i>	18
PRIFTIN	8	<i>quinidine sulfate</i>	19
<i>primaquine phosphate</i>	6	<i>quinine sulfate</i>	6
<i>primidone</i>	25	RABAVERT	50
PRIVIGEN	49	<i>rabeprazole sodium dr</i>	46
<i>probenecid</i>	1	<i>raloxifene hydrochloride</i>	43
<i>probenecid/colchicine</i>	1	<i>ramipril</i>	18
PROCALAMINE	53	<i>ranolazine er</i>	22
<i>prochlorperazine</i>	44	<i>rasagiline mesylate</i>	28
<i>prochlorperazine edisylate</i>	44	<i>reclipsen</i>	40
<i>prochlorperazine maleate</i>	44	RECOMBIVAX HB	50
PROCRIT	47	RECTIV	61
<i>procto-med hc</i>	61	REGRANEX	61
<i>procto-pak</i>	61	<i>relafen</i>	2
<i>proctosol hc</i>	60	RELENZA DISKHALER	8
<i>proctozone-hc</i>	61	<i>repaglinide</i>	35, 36
<i>progesterone</i>	43	RESTASIS	55
PROGRAF	49	RESTASIS MULTIDOSE	55
PROLASTIN-C	57	RETEVMO	16
PROLENSA	54	REVLIMID	13

REXULTI	30	<i>selenium sulfide</i>	59
REYATAZ	6	SELZENTRY	7
REZUROCK	49	SEREVENT DISKUS	56
RHOPRESSA	55	<i>sertraline hcl</i>	27
<i>ribavirin</i>	8	<i>sertraline hydrochloride</i>	27
<i>rifabutin</i>	8	<i>setlakin</i>	40
<i>rifampin</i>	8	<i>sf gel</i>	62
<i>riluzole</i>	32	<i>sharobel</i>	40
<i>rimantadine hydrochloride</i>	8	SHINGRIX	50
RINGERS INJECTION	51	SIGNIFOR	43
RINVOQ	48	<i>sildenafil</i>	23
<i>risedronate sodium</i>	36	<i>silodosin</i>	46
<i>risedronate sodium dr</i>	36	SILVER SULFADIAZINE	58
RISPERDAL CONSTA	30	SIMBRINZA	55
<i>risperidone</i>	30	<i>simliya</i>	40
<i>risperidone odt</i>	30	<i>simpesse</i>	40
<i>ritonavir</i>	6	<i>simvastatin</i>	20
RITUXAN	16	<i>sirolimus</i>	49, 50
RITUXAN HYCELA	16	SIRTURO	8
<i>rivastigmine tartrate</i>	26	SIVEXTRO	4
<i>rivastigmine transdermal system</i>	26	SKYRIZI	48
RIVELSA	40	SKYRIZI PEN	48
<i>rizatriptan benzoate</i>	32	<i>sodium bicarbonate</i>	51
<i>rizatriptan benzoate odt</i>	32	SODIUM BICARBONATE	51
<i>romidepsin</i>	16	<i>sodium chloride</i>	52
<i>ropinirole er</i>	28	SODIUM CHLORIDE	51, 61
<i>ropinirole hcl</i>	28	<i>sodium chloride 0.45%</i>	51
<i>ropinirole hydrochloride</i>	28	<i>sodium fluoride</i>	52, 62
<i>rosadan</i>	61	<i>sodium fluoride 5000 ppm</i>	62
<i>rosuvastatin calcium</i>	20	<i>sodium fluoride 5000 ppm sensitive</i>	62
ROTARIX	50	<i>sodium phenylbutyrate</i>	43
ROTATEQ	50	<i>sodium polystyrene sulfonate</i>	37
<i>rowepra</i>	25	<i>sodium sulfacetamide</i>	54
ROZLYTREK	16	<i>solifenacin succinate</i>	46
RUBRACA	16	SOLQUA 100/33	34
<i>rufinamide</i>	25	SOLTAMOX	12
RUKOBIA	6	SOLU-CORTEF	42
RUXIENCE	16	SOMATULINE DEPOT	43
RYBELSUS	36	SOMAVERT	43
RYDAPT	16	<i>sorine</i>	19
SANCUSO	44	<i>sotalol hcl</i>	19
SANDIMMUNE	49	<i>sotalol hydrochloride af</i>	19
SANDOSTATIN LAR	43	<i>spironolactone</i>	18, 21
SANTYL	61	<i>spironolactone/hydrochlorothiazide</i>	21
<i>sapropterin dihydrochloride</i>	43	<i>sprintec 28</i>	40
SARCLISA	16	SPRITAM	25
<i>scopolamine</i>	44	SPRYCEL	16
SECUADO	30	<i>sps susp 15gm/60ml</i>	37
<i>selegiline hcl</i>	28	<i>sronyx</i>	40

SSD	58	<i>tamoxifen citrate</i>	12
STELARA	48	<i>tamsulosin hydrochloride</i>	46
STERILE WATER FOR IRRIGATION	61	TARGRETIN	61
STIVARGA	16	<i>tarina fe 1/20</i>	40
<i>streptomycin sulfate</i>	4	<i>tarina fe 1/20 eq</i>	40
STRIBILD	7	TASIGNA	16
<i>subvenite</i>	25	<i>tazarotene</i>	59
<i>subvenite starter kit</i>	25	<i>tazicef</i>	9
<i>sucralfate</i>	46	TAZORAC	59
SUCRALFATE SUSP	46	<i>taztia xt</i>	21
<i>sulfacetamide sodium</i>	54, 58	TAZVERIK	16
<i>sulfacetamide sodium/prednisolone sodium</i>		TDVAX	50
<i>phosphate</i>	53	TECENTRIQ	16
SULFADIAZINE	5	TECFIDERA	32
<i>sulfamethoxazole/trimethoprim</i>	5	TECFIDERA STARTER PACK	32
<i>sulfamethoxazole/trimethoprim ds</i>	5	TEFLARO	9
SULFAMYLON	58	<i>telmisartan</i>	18, 19
<i>sulfasalazine</i>	45	<i>telmisartan/amlodipine</i>	18
SULFASALAZINE	45	<i>telmisartan/hydrochlorothiazide</i>	18, 19
<i>sulindac</i>	2	<i>temazepam</i>	31
<i>sumatriptan</i>	32	TEMIXYS	7
<i>sumatriptan succinate</i>	32	<i>temsirolimus</i>	16
<i>sumatriptan succinate refill</i>	32	TENIVAC	50
<i>sumatriptan/naproxen sodium</i>	32	<i>tenofovir disoproxil fumarate</i>	7
<i>sunitinib malate</i>	16	TEPMETKO	16
SUPRAX	9	<i>terazosin hcl</i>	18
SUPREP BOWEL PREP	45	<i>terazosin hydrochloride</i>	18
SUTAB	45	<i>terbinafine hcl</i>	5
SUTENT	16	<i>terbutaline sulfate</i>	56
<i>syeda</i>	40	<i>terconazole</i>	47
SYMBICORT	57	<i>testosterone</i>	33
SYMLINPEN 120	36	<i>testosterone cypionate</i>	33
SYMLINPEN 60	36	<i>testosterone enanthate</i>	33
SYMPAZAN	25	<i>testosterone gel</i>	33
SYMTUZA	7	<i>testosterone pump</i>	33
SYNAREL	41	<i>tetrabenazine</i>	32
SYNERCID	5	<i>tetracycline hydrochloride</i>	11
SYNJARDY	36	TEXACORT	60
SYNJARDY XR	36	THALOMID	13
SYNRIBO	13	<i>theophylline</i>	57
SYNTHROID	43	<i>theophylline er</i>	57
TABLOID	12	<i>thioridazine hcl</i>	30
TABRECTA	16	<i>thiotepa</i>	11
<i>tacrolimus</i>	50, 61	<i>thiothixene</i>	30
<i>tadalafil</i>	23	<i>tiadylt er</i>	21
TAFINLAR	16	<i>tiagabine hydrochloride</i>	25
TAGRISSE	16	TIBSOVO	16
TALTZ	48	<i>tigecycline</i>	11
TALZENNA	16	TILIA FE	40

<i>timolol maleate</i>	20, 55	<i>triamcinolone acetonide dental paste</i>	62
TIMOLOL MALEATE	55	<i>triamterene</i>	22
<i>tinidazole</i>	5	<i>triamterene/hydrochlorothiazide</i>	22
TIVICAY	7	<i>triazolam</i>	31
TIVICAY PD	7	TRICARE PRENATAL	52
<i>tizanidine hcl</i>	33	<i>trientine hydrochloride</i>	37
<i>tizanidine hydrochloride</i>	33	<i>tri-estarylla</i>	40
TOBRADEX	53	<i>trifluoperazine hcl</i>	30
TOBRADEX ST	53	<i>trifluridine</i>	54
<i>tobramycin</i>	54	<i>trihexyphenidyl hcl</i>	28
<i>tobramycin nebu</i>	5	<i>trihexyphenidyl hydrochloride</i>	28
<i>tobramycin sulfate</i>	5	TRIJARDY XR	36
<i>tobramycin/dexamethasone</i>	53	TRIKAFTA	57
<i>tolterodine tartrate</i>	46, 47	<i>tri-legest fe</i>	40
<i>tolterodine tartrate er</i>	47	<i>tri-linyah</i>	40
<i>topiramate</i>	25	<i>tri-lo-estarylla</i>	40
TOPIRAMATE ER	25	<i>tri-lo-marzia</i>	40
<i>toposar</i>	13	<i>tri-lo-mili</i>	40
<i>topotecan hcl</i>	13	<i>tri-lo-sprintec</i>	40
TOPOTECAN HCL	13	<i>trilyte</i>	45
<i>toremifene citrate</i>	13	<i>trimethobenzamide hydrochloride</i>	44
<i>torseamide</i>	22	<i>trimethoprim</i>	5, 54
<i>tovet</i>	60	<i>trimethoprim sulfate/polymyxin b sulfate</i>	54
TOVIAZ	47	<i>tri-mili</i>	40
TPN ELECTROLYTES	52	<i>trimipramine maleate</i>	27
TRACLEER	23	TRINTELLIX	27
TRADJENTA	36	<i>tri-nymyo</i>	40
<i>tramadol hcl</i>	3	<i>tri-previfem</i>	40
<i>tramadol hcl er tabs</i>	2	<i>tri-sprintec</i>	40
<i>tramadol hydrochloride</i>	3	TRIUMEQ	7
<i>tramadol hydrochloride/acetaminophen</i>	3	<i>tri-vite/fluoride</i>	52
<i>trandolapril</i>	18	<i>trivora-28</i>	40
<i>trandolapril/verapamil hcl er</i>	18	<i>tri-vylibra</i>	40
<i>tranexamic acid</i>	48	<i>tri-vylibra lo</i>	40
<i>tranylcypromine sulfate</i>	27	TRODELVY	16
TRAVASOL	53	TROGARZO	7
<i>travoprost</i>	55	TROPHAMINE	53
<i>trazodone hydrochloride</i>	27	<i>trospium chloride</i>	47
TRECTOR	8	<i>trospium chloride er</i>	47
TRELEGY ELLIPTA	56	TRULICITY	36
TRELSTAR MIXJECT	13	TRUMENBA	50
<i>treprostinil</i>	23	TRUSELTIQ	16
TRESIBA	34	TUKYSA	16
TRESIBA FLEXTOUCH	34	TURALIO	16
<i>tretinoin</i>	13, 58	TWINRIX	50
TRETINOIN MICROSPHERE	58	TYBOST	7
TRETINOIN MICROSPHERE PUMP	58	<i>tydemy</i>	40
<i>tri femynor</i>	40	TYPHIM VI	50
<i>triamcinolone acetonide</i>	42, 60	UBRELVY	32

UKONIQ	16	<i>vincristine sulfate</i>	13
UNITHROID	43	<i>vinorelbine tartrate</i>	13
<i>ursodiol</i>	46	<i>viorele</i>	41
<i>valacyclovir hcl</i>	8	VIRACEPT	7
<i>valacyclovir hydrochloride</i>	8	VIREAD	7
VALCHLOR	61	VITRAKVI	16, 17
<i>valganciclovir</i>	8	VIVITROL	33
<i>valganciclovir hydrochloride</i>	8	VIZIMPRO	17
<i>valproate sodium</i>	25	<i>volnea</i>	41
<i>valproic acid</i>	25	<i>voriconazole</i>	5
<i>valsartan</i>	19	VOSEVI	8
<i>valsartan/hydrochlorothiazide</i>	19	VOTRIENT	17
VALTOCO	25	VP-PNV-DHA	52
VANCOMYCIN	5	VRAYLAR	30
<i>vancomycin hcl</i>	5	VRAYLAR CAP THERAPY PACK	30
VANCOMYCIN HCL	5	<i>vyfemla</i>	41
<i>vancomycin hydrochloride</i>	5	<i>vylibra</i>	41
VANCOMYCIN HYDROCHLORIDE	5	VYVANSE	31
VAQTA	50	VYZULTA	55
VARENICLINE TARTRATE	33	<i>warfarin sodium</i>	47
VARIVAX	50	<i>wera</i>	41
VASCEPA	20	WESTAB PLUS	52
VELCADE	16	<i>wymzya fe</i>	41
<i>velivet</i>	41	XALKORI	17
VELTASSA	37	XARELTO	47
VENCLEXTA	16	XARELTO STARTER PACK	47
VENCLEXTA STARTING PACK	16	XATMEP	49
<i>venlafaxine hcl</i>	28	XCOPRI	25, 26
<i>venlafaxine hcl er</i>	27, 28	XELJANZ	49
<i>venlafaxine hydrochloride er</i>	28	XELJANZ XR	48
VENTAVIS	23	XERMELO	46
VENTOLIN HFA	57	XGEVA	36
<i>verapamil hcl</i>	21	XIFAXAN	46
<i>verapamil hcl er</i>	21	XIGDUO XR	36
<i>verapamil hcl sr</i>	21	XOLAIR	57
VERAPAMIL HCL SR CP24 360MG	21	XOSPATA	17
<i>verapamil hydrochloride</i>	21	XPOVIO	17
<i>verapamil hydrochloride er</i>	21	XTANDI	13
VERSACLOZ	30	XULTOPHY	34
VERZENIO	16	XYREM	33
<i>vestura</i>	41	YERVOY	17
VICTOZA	36	YF-VAX	50
<i>vienva</i>	41	<i>yuvafem</i>	41
<i>vigabatrin</i>	25	<i>zafirlukast</i>	57
<i>vigadrone</i>	25	<i>zaleplon</i>	31
VIIBRYD	28	<i>zarah</i>	41
VIIBRYD STARTER PACK	28	ZARXIO	47
VIMPAT	25	ZEJULA	17
<i>vinblastine sulfate</i>	13	ZELBORAF	17

<i>zenatane</i>	58	<i>zolmitriptan odt</i>	32
ZENPEP	46	<i>zolpidem tartrate</i>	31
<i>zenzedi</i>	31	<i>zonisamide</i>	26
ZEPZELCA	11	ZORTRESS	50
ZERVIAE	54	<i>zovia 1/35</i>	41
<i>zidovudine</i>	7	<i>zumandimine</i>	41
<i>ziprasidone hcl</i>	30	ZYCLARA	61
<i>ziprasidone mesylate</i>	30	ZYCLARA PUMP	61
ZIRABEV	17	ZYDELIG	17
ZIRGAN	54	ZYKADIA	17
<i>zoledronic acid</i>	36	ZYLET	53
ZOLEDRONIC ACID	36	ZYPREXA RELPREVV	30
ZOLINZA	17	ZYTIGA	13
<i>zolmitriptan</i>	32		

SilverScript®

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This formulary was updated on 09/29/2021. For more recent information or other questions, please contact Customer Care at 1-800-411-3986, 24 hours a day, 7 days a week. TTY users should call 711.

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

09/29/2021