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

## 2023 Formulary (List of Covered Drugs)

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

This formulary was updated on 08/23/2022. 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.

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

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

Formulary ID Number: 23021

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

This formulary is current as of January 1, 2023. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

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:

#### **Alphabetical Listing**

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

#### **Medical Condition**

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

### **What are generic drugs?**

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

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

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

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

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

**Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, 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 our plan does not cover your drug, you have two options:

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

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

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

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

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

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

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

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

## 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:

	<b>Preferred Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Standard Network Retail Pharmacy</b> (Up to a 30-day supply)	<b>Mail-Order Pharmacy</b> (Up to a 30-day supply)	<b>Long-Term Care (LTC) Pharmacy</b> (Up to a 31-day supply)
<b>Tier 1: Preferred Generic</b>	\$0	\$15	\$0	\$15
<b>Tier 2: Generic</b>	\$10	\$20	\$10	\$20
<b>Tier 3: Preferred Brand</b>	\$47	\$47	\$47	\$47
<b>Tier 4: Non-Preferred Drug</b>	50% of total cost	50% of total cost	50% of total cost	50% of total cost
<b>Tier 5: Specialty</b>	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](http://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
<b>ANALGESICS</b>		
<b>GOUT</b>		
<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
<b>NSAIDS</b>		
<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
<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>ketoprofen er</i>	4	QL (30 EA per 30 days) 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 TABS 375MG, 500MG	4	QL (120 EA per 30 days) MO
<i>naproxen sodium er</i>	5	QL (90 EA per 30 days) MO
NAPROXEN SODIUM TB24	4	QL (60 EA per 30 days) MO
<i>naproxen sodium tabs 275mg, 550mg</i>	2	MO
<i>naproxen 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

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>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 tabs 500mg, 750mg</i>	2	
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
<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 tab er 100mg, 120mg, 20mg, 30mg, 40mg, 60mg</i>	3	QL (30 EA per 30 days) PA MO
<i>hydrocodone bitartrate tab er 80mg</i>	4	QL (30 EA per 30 days) PA MO
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral conc</i>	3	QL (90 ML 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>morphine sulfate er (generic Avinza) cp24 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
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
<i>tramadol hcl er tabs</i>	4	QL (30 EA per 30 days) PA MO
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<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	4	QL (180 EA per 30 days) MO
<i>endocet</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 tabs</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen soln</i>	3	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	3	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</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 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

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
HYDROMORPHONE HYDROCHLORIDE INJ 1MG/ML, 2MG/ML	4	B/D
HYDROMORPHONE HYDROCHLORIDE INJ 4MG/ML	4	B/D MO
<i>hydromorphone hydrochloride 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 INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML	4	B/D
<i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i>	4	B/D
<i>morphine sulfate 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 20mg/ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride caps</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride soln</i>	3	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride 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 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	3	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tabs 100mg</i>	2	QL (120 EA per 30 days) MO
<i>tramadol hcl tabs 50mg</i>	2	QL (240 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO

**ANESTHETICS****LOCAL ANESTHETICS***lidocaine hcl inj 0.5%, 1%, 1.5%, 2%, 4%*

4

*lidocaine hydrochloride pf inj 1%, 2%*

4

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

5

MO

*amikacin sulfate*

4

MO

*atovaquone*

5

PA MO

*aztreonam inj 1gm*

4

MO

*aztreonam inj 2gm*

5

MO

CAYSTON

5

PA LA

*chloramphenicol sodium succinate*

4

*clindamycin hcl caps 150mg, 75mg*

2

MO

*clindamycin hcl caps 300mg*

2

MO

*clindamycin palmitate hcl*

4

MO

*clindamycin phosphate/dextrose*

4

*clindamycin phosphate inj 300mg/2ml, 9000mg/60ml*

4

*clindamycin phosphate inj 600mg/4ml, 900mg/6ml*

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
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	
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	QL (12 EA per 90 days) PA MO
<i>linezolid tabs</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral susp</i>	5	QL (1800 ML per 30 days) PA MO
LINEZOLID INJ 600MG/300ML; 0.9%	4	PA
<i>linezolid inj 600mg/300ml</i>	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 500mg/100ml</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 inhalation solr</i>	4	B/D MO
<i>pentamidine isethionate inj</i>	4	MO
<i>praziquantel</i>	3	MO
SIVEXTRO INJ	5	
SIVEXTRO TABS	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	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 10mg/ml, 40mg/ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate inj 1.2gm</i>	5	
<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, 2000MG/400ML	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, 500MG/100ML, 750MG/150ML	4	
<i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride inj 500mg</i>	4	MO
<b>ANTIFUNGALS</b>		
ABELCET	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D
<i>casprofungin acetate inj 70mg</i>	4	
<i>casprofungin acetate inj 50mg</i>	5	
<i>fluconazole in sodium chloride inj 200mg; 100ml, 400mg; 100ml</i>	4	
<i>fluconazole tabs</i>	2	MO
<i>fluconazole oral susp</i>	3	MO
<i>fluconazole/sodium chloride inj 100mg/50ml</i>	4	
<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
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	4	MO
COARTEM	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>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	4	MO
APTIVUS	5	MO
<i>atazanavir sulfate</i>	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 TAB 25MG	4	
INVIRASE	5	MO
ISENTRESS HD	5	MO
ISENTRESS PACK, TABS	5	MO
ISENTRESS CHEW 25MG	4	MO
ISENTRESS CHEW 100MG	5	MO
<i>lamivudine soln 10mg/ml</i>	4	MO
<i>lamivudine tabs 150mg, 300mg</i>	4	MO
LEXIVA ORAL SUSP	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er tb24 100mg</i>	3	
<i>nevirapine er tb24 400mg</i>	3	MO
<i>nevirapine immediate release tabs</i>	3	MO
<i>nevirapine oral susp</i>	4	MO
NORVIR SOLN, ORAL POWDER	4	MO
PIFELTRO	5	MO
PREZISTA SUSP	5	QL (400 ML per 30 days) MO
PREZISTA TABS 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABS 150MG	5	QL (240 EA per 30 days) MO
PREZISTA TABS 800MG	5	QL (30 EA per 30 days) MO
PREZISTA TABS 600MG	5	QL (60 EA per 30 days) MO
REYATAZ ORAL POWDER	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLN	5	MO
SELZENTRY TABS 25MG	3	
SELZENTRY TABS 75MG	5	
<i>stavudine</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>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABS 10MG	3	MO
TIVICAY TABS 25MG, 50MG	5	MO
TROGARZO	5	LA
TYBOST	4	MO
VIRACEPT	5	MO
VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG	5	MO
<i>zidovudine</i>	3	MO
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	4	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
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir 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
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	5	MO
<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

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
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
<b>ANTIVIRALS</b>		
<i>acyclovir sodium inj</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</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) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin</i>	3	
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hcl tabs 1gm</i>	3	MO
<i>valacyclovir hcl tabs 500mg</i>	3	MO
<i>valganciclovir hydrochloride oral soln</i>	5	MO
<i>valganciclovir tabs</i>	3	MO
VEMLIDY	5	MO
VOSEVI	5	PA
<b>CEPHALOSPORINS</b>		
<i>cefactor</i>	2	MO
CEFACTOR ER	4	MO
<i>cefadroxil</i>	2	MO
CEFAZOLIN SODIUM INJ 1GM/50ML; 4%	3	
CEFAZOLIN SODIUM INJ 100GM, 300GM	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefazolin sodium inj 1gm</i>	4	
<i>cefazolin sodium inj 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN/DEXTROSE INJ 2GM/100ML;4%	3	
<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/10ml, 2gm/20ml</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	
CEFTRIAXONE SODIUM INJ 100GM	4	
<i>ceftriaxone sodium 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	
<b>ERYTHROMYCINS/MACROLIDES</b>		
AZITHROMYCIN PACK	3	MO
<i>azithromycin oral susp, tabs</i>	2	MO
<i>azithromycin inj</i>	4	MO
<i>clarithromycin er tabs</i>	4	MO
<i>clarithromycin immediate release tabs, oral susp</i>	3	MO
DIFICID ORAL SUSP	5	
DIFICID TABS	5	MO
<i>erythrocin stearate</i>	4	MO
<i>erythromycin base tabs 250mg, 500mg</i>	3	MO
<i>erythromycin dr tabs</i>	4	MO
<i>erythromycin ethylsuccinate tabs</i>	3	MO
<i>erythromycin lactobionate inj</i>	5	
<i>erythromycin cpep 250mg</i>	3	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tabs 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i>	4	

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



Drug Name	Drug Tier	Requirements/Limits
<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</i>	4	
<i>moxifloxacin hydrochloride inj 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tabs 400mg</i>	4	MO
<b>PENICILLINS</b>		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	2	MO
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>ampicillin caps</i>	1	MO
<i>ampicillin sodium inj 10gm, 125mg, 1gm, 250mg, 2gm</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 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</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 inj</i>	4	MO
<i>doxycycline hyclate caps</i>	2	MO
<i>doxycycline hyclate tabs</i>	3	MO
<i>doxycycline hyclate inj</i>	4	MO
<i>doxycycline monohydrate tabs</i>	2	MO
<i>doxycycline monohydrate caps</i>	4	MO
<i>doxycycline oral susp 25mg/5ml</i>	3	MO
<i>minocycline hcl caps 100mg, 50mg</i>	2	MO
<i>minocycline hcl caps</i>	2	MO
<i>minocycline hcl tabs</i>	4	ST MO
<i>mondoxyne nl</i>	4	
NUZYRA	5	LA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE TABS	3	B/D
<i>cyclophosphamide caps</i>	3	B/D MO
LEUKERAN	4	MO
<i>melphalan tabs</i>	4	B/D MO
<b>ANTIMETABOLITES</b>		
INQOVI	5	QL (5 EA per 28 days) PA LA
LONSURF	5	PA LA
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium inj pf 50mg/2ml</i>	3	MO
<i>methotrexate sodium inj 1gm</i>	3	
<i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i>	3	MO
ONUREG	5	QL (14 EA per 28 days) PA LA
PURIXAN	5	
TABLOID	4	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	PA
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
ELIGARD	4	PA
EMCYT	5	MO
ERLEADA	5	PA LA
<i>exemestane</i>	4	MO
<i>flutamide</i>	4	MO
<i>letrozole</i>	2	MO
<i>leuprolide acetate</i>	4	PA
LUPRON DEPOT (1-MONTH)	5	PA
LUPRON DEPOT (3-MONTH)	5	PA
LYSODREN	5	MO
<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
<i>toremifene citrate</i>	5	PA MO
XTANDI	5	PA LA
ZYTIGA TABS 500MG	5	PA LA
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide caps 25mg</i>	5	QL (21 EA per 28 days) PA LA
<i>lenalidomide caps 10mg, 15mg, 5mg</i>	5	QL (28 EA per 28 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
POMALYST	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 20MG, 25MG	5	QL (21 EA per 28 days) PA LA
REVLIMID CAPS 10MG, 15MG, 2.5MG, 5MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 100MG, 50MG	5	QL (28 EA per 28 days) PA LA
THALOMID CAPS 150MG, 200MG	5	QL (56 EA per 28 days) PA LA
<b>MISCELLANEOUS</b>		
<i>arsenic trioxide inj 12mg/6ml</i>	5	
ASPARLAS	5	PA LA
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene caps 75mg</i>	5	PA
<i>hydroxyurea</i>	2	MO
KISQALI FEMARA 200 DOSE	5	PA
KISQALI FEMARA 400 DOSE	5	PA
KISQALI FEMARA 600 DOSE	5	PA
MATULANE	5	LA MO
ONCASPAR	5	PA
SYNRIBO	5	PA
<i>tretinoin caps 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA LA MO
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA	5	QL (240 EA per 30 days) PA LA
ALUNBRIG TBPK	5	PA LA MO
ALUNBRIG TABS 30MG	5	QL (120 EA per 30 days) PA LA MO
ALUNBRIG TABS 180MG, 90MG	5	QL (30 EA per 30 days) PA LA MO
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
BOSULIF TABS 100MG	5	QL (180 EA per 30 days) PA
BOSULIF TABS 400MG, 500MG	5	QL (30 EA per 30 days) PA
BRAFTOVI	5	QL (180 EA per 30 days) PA LA
BRUKINSA	5	QL (120 EA per 30 days) PA LA MO
CABOMETYX	5	QL (30 EA per 30 days) PA LA
CALQUENCE	5	QL (60 EA per 30 days) PA LA MO
CAPRELSA TABS 300MG	5	QL (30 EA per 30 days) PA LA MO
CAPRELSA TABS 100MG	5	QL (60 EA per 30 days) PA LA MO
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA
COPIKTRA	5	QL (56 EA per 28 days) PA LA
COTELLIC	5	QL (63 EA per 28 days) PA LA
DAURISMO TABS 100MG	5	QL (30 EA per 30 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
DAURISMO TABS 25MG	5	QL (60 EA per 30 days) 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 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA
<i>everolimus tbso 2mg</i>	5	QL (150 EA per 30 days) PA
<i>everolimus tbso 5mg</i>	5	QL (60 EA per 30 days) PA
<i>everolimus tbso 3mg</i>	5	QL (90 EA per 30 days) PA
EXKIVITY	5	QL (120 EA per 30 days) PA LA MO
FARYDAK	5	PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA LA MO
GAVRETO	5	QL (120 EA per 30 days) PA LA
GILOTRIF	5	QL (30 EA per 30 days) PA LA MO
IBRANCE	5	QL (21 EA per 28 days) PA LA
ICLUSIG TABS 10MG, 30MG	5	PA LA MO
ICLUSIG TABS 15MG, 45MG	5	QL (30 EA per 30 days) PA LA MO
IDHIFA	5	QL (30 EA per 30 days) PA LA
<i>imatinib mesylate tabs 400mg</i>	5	QL (60 EA per 30 days) PA
<i>imatinib mesylate tabs 100mg</i>	5	QL (90 EA per 30 days) PA
IMBRUVICA TABS	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 70MG	5	QL (30 EA per 30 days) PA LA MO
IMBRUVICA CAPS 140MG	5	QL (90 EA per 30 days) PA LA MO
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
JAKAFI	5	QL (60 EA per 30 days) PA LA
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
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
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

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
MEKTOVI	5	QL (180 EA per 30 days) 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
PEMAZYRE	5	QL (14 EA per 21 days) 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
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
<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
RYDAPT	5	QL (224 EA per 28 days) PA
SCSEMBLIX TABS 40MG	5	QL (300 EA per 30 days) PA
SCSEMBLIX TABS 20MG	5	QL (60 EA per 30 days) PA
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA
SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA
SPRYCEL TABS 20MG	5	QL (90 EA per 30 days) PA
STIVARGA	5	QL (84 EA per 28 days) PA LA
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA
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 CAPS 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA LA
TALZENNA CAPS 0.25MG	5	QL (90 EA per 30 days) PA LA
TASIGNA	5	QL (120 EA per 30 days) PA
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TEPMETKO	5	QL (60 EA per 30 days) PA LA MO
TIBSOVO	5	PA LA
TRUSELTIQ CPPK 100MG	5	QL (21 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 0, 25MG	5	QL (42 EA per 28 days) PA LA MO
TRUSELTIQ CPPK 25MG	5	QL (63 EA per 28 days) PA LA MO
TRUXIMA	5	PA
TUKYSA TABS 150MG	5	QL (120 EA per 30 days) PA LA MO
TUKYSA TABS 50MG	5	QL (240 EA per 30 days) PA LA MO
TURALIO	5	QL (120 EA per 30 days) PA LA MO

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

Drug Name	Drug Tier	Requirements/Limits
UKONIQ	5	QL (120 EA per 30 days) PA LA MO
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABS 10MG	4	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABS 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA
VITRAKVI SOLN	5	QL (300 ML per 30 days) PA LA
VITRAKVI CAPS 25MG	5	QL (180 EA per 30 days) PA LA
VITRAKVI CAPS 100MG	5	QL (60 EA per 30 days) PA LA
VIZIMPRO	5	QL (30 EA per 30 days) PA LA
VONJO	5	QL (120 EA per 30 days) PA LA MO
VOTRIENT	5	QL (120 EA per 30 days) PA LA
XALKORI	5	QL (120 EA per 30 days) PA LA
XOSPATA	5	PA LA MO
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA LA
XPOVIO TBPK 40MG, 60MG	5	QL (4 EA per 28 days) PA LA MO
XPOVIO TBPK 40MG, 50MG	5	QL (8 EA per 28 days) PA LA MO
ZEJULA	5	PA LA
ZELBORAF	5	QL (240 EA per 30 days) PA LA
ZIRABEV	5	PA LA
ZOLINZA	5	PA
ZYDELIG	5	QL (60 EA per 30 days) PA LA
ZYKADIA	5	QL (84 EA per 28 days) PA LA
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tabs</i>	3	MO
MESNEX TABS 400MG	5	MO
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i>	1	MO
<i>benazepril hydrochloride/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tabs 10mg, 40mg, 5mg</i>	1	MO
<i>benazepril hydrochloride tabs 20mg</i>	1	MO
<i>captopril</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>enalapril maleate tabs</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hcl tabs 20mg, 40mg</i>	1	MO
<i>quinapril hydrochloride tabs 10mg, 5mg</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	4	MO
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl caps 10mg, 1mg, 5mg</i>	1	MO
<i>terazosin hydrochloride caps 2mg</i>	1	MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tabs 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
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

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan medoxomil tabs 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tabs 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<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
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i>	4	
<i>amiodarone hydrochloride tabs</i>	2	MO
<i>amiodarone hydrochloride inj</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 inj 100mg/5ml, 50mg/5ml</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone</i>	2	
<i>propafenone hcl tabs</i>	3	MO
<i>propafenone hydrochloride er caps</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine</i>	2	
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate caps (non-micronized)</i>	3	MO
<i>fenofibrate tabs 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibrate tabs 120mg, 40mg</i>	4	MO
<i>fenofibrate micronized caps 134mg, 130mg, 200mg, 43mg, 67mg</i>	3	MO
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin caps</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er tabs</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam 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>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 immediate release tabs 500mg</i>	4	MO
<i>niacor</i>	4	MO
PRALUENT	3	PA
<i>prevalite</i>	4	MO
VASCEPA	4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	3	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	3	MO
<b>BETA-BLOCKERS</b>		
<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
<i>carvedilol phosphate er caps</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	
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tabs 20mg</i>	4	QL (60 EA per 30 days) MO
<i>pindolol</i>	3	MO
<i>propranolol hcl er caps 120mg, 160mg</i>	4	MO
<i>propranolol hcl er caps 60mg, 80mg</i>	4	MO
<i>propranolol hcl tabs</i>	3	MO
<i>propranolol hcl oral soln, tabs</i>	3	MO
<i>propranolol hcl inj</i>	4	
<i>timolol maleate tabs 10mg, 20mg, 5mg</i>	1	MO
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>afeditab cr</i>	3	
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl cd caps</i>	2	MO
<i>diltiazem hcl er caps 12hr, er caps 24hr, er tabs</i>	2	MO
<i>diltiazem hcl inj 25mg/5ml</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<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 er</i>	2	MO
<i>felodipine er</i>	4	MO
<i>isradipine</i>	2	MO
<i>matzim la tb24 420mg</i>	2	
<i>matzim la tb24 180mg, 240mg, 300mg, 360mg</i>	2	MO
<i>nicardipine hcl caps 20mg, 30mg</i>	4	MO
<i>nifedipine er tabs</i>	3	MO
<i>nimodipine</i>	5	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	
<i>tiadytl er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadytl er cp24 420mg</i>	2	MO
<i>verapamil hcl er tabs</i>	2	MO
<i>verapamil hcl immediate release tabs 40mg, 80mg</i>	1	MO
VERAPAMIL HCL SR CP24 360MG	3	MO
<i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tbc 240mg</i>	2	MO
<i>verapamil hydrochloride er caps</i>	2	MO
<i>verapamil hydrochloride tabs</i>	1	MO
<i>verapamil hydrochloride inj</i>	4	MO
<b>DIURETICS</b>		
<i>acetazolamide er caps</i>	4	MO
<i>acetazolamide tabs</i>	3	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
<i>toremide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
<b>MISCELLANEOUS</b>		
<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

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>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 tabs 0.25mg</i>	3	QL (30 EA per 30 days)
<i>digoxin oral soln</i>	3	MO
<i>digoxin inj</i>	4	MO
<i>digoxin tabs 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>digoxin tabs 62.5mcg</i>	3	QL (90 EA per 30 days) 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</i>	4	PA MO
<i>hydralazine hcl tabs</i>	2	MO
<i>hydralazine hcl inj</i>	4	MO
<i>hydralazine hydrochloride</i>	2	MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO
<i>ranolazine er</i>	3	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide dinitrate tabs 40mg</i>	5	MO
<i>isosorbide mononitrate er tabs 30mg, 60mg, 120mg</i>	2	MO
<i>isosorbide mononitrate immediate release tabs 10mg, 20mg</i>	1	MO
NITRO-BID	3	MO
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO
NITROGLYCERIN INJ	4	
<i>nitroglycerin subl</i>	3	MO
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
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
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 (generic Revatio) 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 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
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTIANSIETY</b>		
<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</i>	2	MO
<i>bupirone hydrochloride</i>	2	MO
<i>chlordiazepoxide hcl</i>	4	QL (120 EA per 30 days) PA MO
<i>chlordiazepoxide hydrochloride</i>	4	QL (120 EA per 30 days) PA MO
<i>fluvoxamine maleate er caps</i>	4	QL (60 EA per 30 days) MO
<i>fluvoxamine maleate tabs</i>	3	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
<b>ANTICONVULSANTS</b>		
APTIOM TABS 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABS 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT TABS	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJ	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLN	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	2	MO
<i>carbamazepine er</i>	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
<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
<i>diazepam intensol</i>	3	QL (240 ML per 30 days) PA MO
DIAZEPAM RECTAL GEL	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam tabs</i>	3	QL (120 EA per 30 days) PA MO
<i>diazepam conc</i>	3	QL (240 ML per 30 days) PA MO
<i>diazepam oral soln</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	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	
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<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, 4MG, 6MG, 8MG	5	QL (30 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>lacosamide inj</i>	4	
<i>lacosamide oral soln</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide tabs 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tabs 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine immediate release tabs, chew tabs</i>	2	MO
<i>lamotrigine odt</i>	4	MO
<i>lamotrigine starter kit/blue</i>	4	MO
<i>lamotrigine starter kit/green</i>	5	MO
<i>lamotrigine starter kit/orange</i>	4	MO
<i>levetiracetam er</i>	4	MO
<i>levetiracetam/sodium chloride</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
<i>oxcarbazepine susp</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>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 chew tabs, oral susp</i>	3	MO
<i>phenytoin sodium extended release 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</i>	2	
<i>rufinamide susp</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tabs 200mg</i>	4	QL (480 EA per 30 days) PA MO
<i>rufinamide tabs 400mg</i>	5	QL (240 EA per 30 days) PA MO
SPRITAM	4	PA MO
<i>subvenite starter kit/blue</i>	4	
<i>subvenite starter kit/green</i>	5	
<i>subvenite starter kit/orange</i>	4	
<i>subvenite tabs</i>	2	
SYMPAZAN	5	QL (60 EA per 30 days) PA MO
<i>tiagabine hydrochloride</i>	4	MO
TOPIRAMATE ER	4	MO
<i>topiramate cpsp</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>	5	
<i>valproic acid caps, oral soln</i>	2	MO
VALTOCO LIQD	4	QL (10 EA per 30 days) PA MO
VALTOCO LQPK	5	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
XCOPRI TABS 100MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABS 150MG, 200MG	5	QL (60 EA per 30 days) MO
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	5	QL (56 EA per 28 days) MO
<i>zonisamide</i>	2	MO
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl odt tabs</i>	2	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hcl tabs 10mg</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 23mg</i>	3	QL (30 EA per 30 days) MO
<i>donepezil hcl tabs 5mg</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er caps</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
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er caps</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 caps</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i>	3	PA MO
<i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i>	3	PA MO
<i>amoxapine</i>	3	MO
<i>bupropion hcl immediate release tabs 100mg</i>	3	QL (120 EA per 30 days) MO
<i>bupropion hcl immediate release tabs 75mg</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>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 hydrochloride 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)
<i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) PA MO
<i>doxepin hcl oral conc, caps 75mg</i>	3	PA MO
<i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 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 hydrochloride caps 20mg, 30mg, 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
<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

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>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 (generic Prozac) 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
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 hydrochloride</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 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 hcl tabs 40mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hcl tabs 30mg</i>	2	QL (60 EA per 30 days) MO
<i>paroxetine hydrochloride tabs 10mg, 20mg</i>	2	QL (30 EA per 30 days) MO
<i>paroxetine hydrochloride susp</i>	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 oral conc</i>	3	QL (300 ML per 30 days) MO
<i>sertraline hcl tabs 25mg</i>	1	QL (30 EA per 30 days) MO
<i>sertraline hcl tabs 50mg</i>	1	QL (60 EA per 30 days) MO
<i>sertraline hydrochloride tabs 100mg</i>	1	QL (60 EA 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	4	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hcl er cp24 150mg</i>	2	QL (60 EA per 30 days) MO
<i>venlafaxine hcl er tb24 37.5mg</i>	2	QL (30 EA per 30 days) MO
<i>venlafaxine hydrochloride 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 STARTER PACK	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>vilazodone hydrochloride tabs 20mg, 40mg</i>	4	QL (30 EA per 30 days)
<i>vilazodone hydrochloride tabs 10mg</i>	4	QL (30 EA per 30 days) MO
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl tabs</i>	3	MO
<i>amantadine hcl soln</i>	4	MO
<i>amantadine hcl caps</i>	4	QL (120 EA per 30 days) MO
<i>benztropine mesylate inj</i>	2	MO
<i>benztropine mesylate tabs</i>	2	PA MO
<i>bromocriptine mesylate tabs, caps</i>	4	MO
<i>carbidopa tabs</i>	4	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
KYNMOBI 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 0.25mg, 3mg</i>	2	MO
<i>ropinirole hcl immediate release tabs 0.5mg, 1mg, 2mg, 4mg, 5mg</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
<b>ANTIPSYCHOTICS</b>		
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)
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

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>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 oral conc</i>	4	
CLOZAPINE ODT TBDP 150MG	4	QL (180 EA per 30 days) PA
CLOZAPINE ODT TBDP 200MG	5	QL (120 EA per 30 days) PA
<i>clozapine odt tbdp 12.5mg, 25mg</i>	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 (120 EA per 30 days)
<i>clozapine tabs 100mg</i>	3	QL (270 EA per 30 days)
FANAPT	5	QL (60 EA per 30 days) PA MO
FANAPT TITRATION PACK	4	PA MO
<i>fluphenazine decanoate inj</i>	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/0.88ML	5	QL (0.88 ML per 90 days)
INVEGA TRINZA INJ 410MG/1.32ML	5	QL (1.32 ML per 90 days)
INVEGA TRINZA INJ 546MG/1.75ML	5	QL (1.75 ML per 90 days)
INVEGA TRINZA INJ 819MG/2.63ML	5	QL (2.63 ML per 90 days)
LATUDA TABS 120MG, 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) MO
LATUDA TABS 80MG	5	QL (60 EA per 30 days) MO
<i>loxapine</i>	3	MO
<i>molindone hydrochloride tabs 10mg, 5mg</i>	3	
<i>molindone hydrochloride tabs 25mg</i>	4	
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, 7.5mg</i>	3	QL (30 EA per 30 days) MO
<i>olanzapine tabs 2.5mg, 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
<i>perphenazine</i>	4	MO
PERSERIS	5	QL (1 EA per 30 days)
<i>pimozide</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>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 4mg</i>	4	QL (120 EA per 30 days) MO
<i>risperidone odt tbdp 1mg, 2mg, 3mg</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 tabs 10mg, 2mg, 5mg</i>	4	MO
<i>trifluoperazine hydrochloride tabs 1mg</i>	4	MO
VERSACLOZ	5	QL (600 ML per 30 days) PA
VRAYLAR CAP THERAPY PACK	4	MO
VRAYLAR CAPS 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO
VRAYLAR CAPS 1.5MG	5	QL (60 EA per 30 days) MO
<i>ziprasidone hcl caps</i>	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 MO
ZYPREXA RELPREVV INJ 405MG	5	QL (1 EA per 28 days) PA MO
ZYPREXA RELPREVV INJ 300MG	5	QL (2 EA per 28 days) PA MO
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<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 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 18mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine caps 100mg, 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 20mg, 35mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hcl tabs</i>	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>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride cp24 25mg</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 caps</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tabs 5mg, 10mg.</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 2mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 1mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride tb24 3mg</i>	3	QL (60 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)
<b>HYPNOTICS</b>		
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 LA 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

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>zolpidem tartrate immediate release tabs 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO
<b>MIGRAINE</b>		
AIMOVIG	3	QL (1 ML per 30 days) PA
<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	4	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate inj</i>	5	PA MO
<i>dihydroergotamine mesylate nasal soln</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	3	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	QL (40 EA per 28 days) PA 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
NURTEC	3	QL (16 EA per 30 days) PA 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 inj</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	4	QL (9 EA per 30 days) 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
<b>MISCELLANEOUS</b>		
AUSTEDO TABS 12MG, 9MG	5	QL (120 EA per 30 days) PA LA
AUSTEDO TABS 6MG	5	QL (60 EA per 30 days) PA LA
<i>lithium carbonate caps, tabs</i>	1	MO
<i>lithium carbonate er tabs</i>	2	MO
LITHIUM ORAL SOLN	4	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tb24 165mg, 82.5mg</i>	3	QL (90 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
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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>	3	PA
GILENYA CAPS 0.5MG	5	QL (28 EA per 28 days) PA
KESIMPTA	5	QL (6.4 ML per 365 days) PA LA
TECFIDERA STARTER PACK	5	QL (120 EA per 365 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
TECFIDERA CPDR 120MG	5	QL (14 EA per 7 days) PA LA
TECFIDERA CPDR 240MG	5	QL (60 EA per 30 days) PA LA
VUMERITY	5	QL (120 EA per 30 days) PA LA
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tabs</i>	3	MO
<i>chlorzoxazone tabs 500mg</i>	3	QL (180 EA per 30 days) PA MO
<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 4mg, tabs 2mg</i>	2	MO
<i>tizanidine hydrochloride caps 2mg, 6mg, tabs 4mg</i>	2	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tabs 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tabs 50mg</i>	4	QL (60 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
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	4	MO
APO-VARENICLINE	4	PA MO
<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
<i>disulfiram tabs</i>	4	MO
<i>naloxone hcl inj 4mg/10ml</i>	2	MO
<i>naloxone hcl inj 2mg/2ml</i>	3	
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	2	MO
<i>naltrexone hcl tabs</i>	3	MO
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
VARENICLINE TARTRATE TABS 1MG, 0.5MG	4	PA MO
VIVITROL	5	
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<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

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>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
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) PA MO
<b>ANTIDIABETICS, INSULINS</b>		
BD ALCOHOL SWABS	3	MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	MO
BD/NOVO PEN NEEDLE ULTRA-FINE	3	MO
BD INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	MO
CURITY GAUZE PADS 2"X2"	3	MO
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL	3	MO
SOLIQUA 100/33	3	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tabs</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	3	QL (3.4 ML per 28 days) MO
BYETTA INJ 5MCG/0.02ML	4	QL (1.2 ML per 30 days) MO
BYETTA INJ 10MCG/0.04ML	4	QL (2.4 ML per 30 days) MO
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 (generic Glucophage XR) tb24 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 (generic Fortamet and Glumetza) tb24 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>	2	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)	3	QL (3 ML per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC INJ 4MG/3ML, 5.5MG/ML; 14MG/ML; 8MG/3ML	3	QL (3 ML per 28 days) MO
<i>pioglitazone hcl tabs 45mg</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride tabs 15mg, 30mg</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tabs 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tabs 2mg</i>	1	QL (240 EA per 30 days) MO
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 (6 ML per 30 days) PA MO
SYNJARDY XR TB24 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABS 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
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
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium oral soln</i>	1	MO
<i>alendronate sodium tabs 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tabs 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<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 LA
PAMIDRONATE DISODIUM INJ 6MG/ML	4	
<i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</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

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Drug Name	Drug Tier	Requirements/Limits
ZOLEDRONIC ACID INJ 4MG/100ML	4	
<i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i>	4	
<b>CHELATING AGENTS</b>		
CHEMET	4	MO
<i>deferasirox granules pack</i>	5	PA
<i>deferasirox tabs 90mg</i>	3	PA
<i>deferasirox tabs 180mg, 360mg</i>	5	PA
<i>deferasirox tabs for oral susp 125mg</i>	3	PA
<i>deferasirox tabs for oral susp 250mg, 500mg</i>	5	PA
LOKELMA PACK 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACK 5GM	3	QL (96 EA per 30 days) 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
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	2	
<i>altavera</i>	2	
<i>alyacen 1/35</i>	2	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	2	
<i>amethyst</i>	2	
<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>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	2	
<i>camila</i>	3	MO
CAMRESE	3	
CAMRESE LO	3	
<i>caziant</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>charlotte 24 fe</i>	2	
<i>chateal</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	2	MO
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	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; 0.45 1mg</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	
<b>GIANVI</b>	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	
<b>JOLESSA</b>	3	
<i>juleber</i>	2	
<i>junel 1.5/30</i>	2	
<i>junel 1/20</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>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i>	2	
<i>kelnor 1/35</i>	2	MO
<i>kelnor 1/50</i>	2	MO
<i>kurvelo</i>	2	
<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	MO
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	2	MO
<i>medroxyprogesterone acetate inj 150mg/ml</i>	4	MO
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone tabs 0.35mg</i>	3	MO
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate chew tabs, tabs</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO
<i>norgestimate/ethinyl estradiol</i>	2	MO
<i>norlyda</i>	3	
<i>norlyroc</i>	3	
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 28-day regimen</i>	2	
<i>nortrel 1/35 21-day regimen</i>	2	MO
<i>nortrel 7/7/7</i>	2	
<i>nylia 1/35</i>	2	
<i>nylia 7/7/7</i>	2	MO
<i>nymyo</i>	2	
<b>OCELLA</b>	3	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella 1/35</i>	2	MO
<i>pirmella 7/7/7</i>	2	MO
<i>portia-28</i>	2	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<b>RIVELSA</b>	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	
<b>TILIA FE</b>	3	
<i>tri femynor</i>	2	
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-nymyo</i>	2	
<i>tri-sprintec</i>	2	
<i>tri-vylibra</i>	2	
<i>tri-vylibra lo</i>	2	
<i>trivora-28</i>	2	MO
<i>tydemy</i>	2	
<i>velivet</i>	2	MO
<i>vestura</i>	2	MO
<i>vienva</i>	2	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	2	MO
<i>vylibra</i>	2	
<i>wera</i>	2	
<i>wymzya fe</i>	2	
<i>zovia 1/35</i>	2	
<i>zumandimine</i>	2	
<b>ENDOMETRIOSIS</b>		
<i>danazol caps</i>	4	MO
SYNAREL	5	MO
<b>ESTROGENS</b>		
<i>amabelz</i>	3	MO
DELESTROGEN INJ 10MG/ML	4	MO
<i>dotti</i>	3	QL (8 EA per 28 days) MO
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 crea</i>	4	MO
ESTRING	4	QL (1 EA per 90 days) MO
<i>fyavolv</i>	3	MO
<i>jinteli</i>	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	
<b>GLUCOCORTICOIDS</b>		
DEXAMETHASONE INTENSOL	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>dexamethasone sodium phosphate inj 10mg/ml vial, 10mg/ml pf prefilled syringe</i>	4	
<i>dexamethasone sodium phosphate vial 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
<i>methylprednisolone acetate inj</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>methylprednisolone sodium succinate inj 40mg, 125mg</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</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
<b>PREDNISON</b>	4	B/D MO
<i>prednisone soln, tabs</i>	1	B/D MO
<i>prednisone tab therapy pack</i>	1	MO
<b>SOLU-CORTEF INJ 1000MG</b>	4	
<b>SOLU-CORTEF INJ 100MG, 250MG, 500MG</b>	4	MO
<i>triamcinolone acetonide inj 40mg/ml</i>	4	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral susp</i>	5	MO
<b>GVOKE HYPOPEN 1-PACK</b>	3	MO
<b>GVOKE HYPOPEN 2-PACK</b>	3	MO
<b>GVOKE KIT</b>	3	
<b>GVOKE PFS</b>	3	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inj 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	LA MO
<i>cabergoline</i>	3	MO
<i>carglumic acid</i>	5	PA LA MO
<b>CERDELGA</b>	5	PA LA
<i>cinacalcet hydrochloride tabs 30mg</i>	4	QL (60 EA per 30 days)
<i>cinacalcet hydrochloride tabs 90mg</i>	5	QL (120 EA per 30 days)
<i>cinacalcet hydrochloride tabs 60mg</i>	5	QL (60 EA per 30 days)
<b>CYSTAGON</b>	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	
<b>GENOTROPIN CARTRIDGE 12MG, 5MG</b>	5	PA
<b>GENOTROPIN MINIQUICK INJ 0.2MG</b>	3	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
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
<i>methergine</i>	4	
<i>methylergonovine maleate tabs</i>	5	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 LA
SOMAVERT	5	PA LA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate caps, tabs 667mg</i>	3	QL (360 EA per 30 days) MO
<i>lanthanum carbonate</i>	5	MO
<b>PROGESTINS</b>		
<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
<b>THYROID AGENTS</b>		
<i>euthyrox</i>	1	MO
LEVO-T	4	
<i>levothyroxine sodium tabs</i>	1	MO
LEVOTHYROXINE SODIUM INJ SOLN 200MCG/5ML, 500MCG/5ML	4	
LEVOTHYROXINE SODIUM INJ SOLN 100MCG/5ML	5	
<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>	1	MO
<i>propylthiouracil tabs</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNTHROID	4	MO
UNITHROID	3	
<b>VITAMIN D ANALOGS</b>		
<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
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant caps therapy pack, caps 40mg, 80mg</i>	4	B/D MO
<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	5	B/D MO
<i>granisetron hcl tabs</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl tabs 12.5mg, 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 vial 40mg/20ml, 4mg/2ml</i>	4	MO
<i>ondansetron odt</i>	3	B/D MO
<i>prochlorperazine edisylate inj</i>	4	MO
<i>prochlorperazine maleate tabs</i>	2	MO
<i>prochlorperazine rectal supp</i>	2	MO
<i>promethazine hcl plain syrpf 6.25mg/5ml</i>	4	PA MO
<i>promethazine hcl tabs</i>	2	PA MO
<i>promethazine hcl supp</i>	4	PA MO
<i>promethazine hydrochloride inj</i>	2	PA MO
<i>promethegan supp 12.5mg, 25mg</i>	4	PA
<i>promethegan supp 50mg</i>	4	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
<b>ANTISPASMODICS</b>		
<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

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>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
<b>H2-RECEPTOR ANTAGONISTS</b>		
<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
<i>famotidine oral susp</i>	3	MO
<i>famotidine inj</i>	4	
<i>nizatidine</i>	4	MO
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	3	MO
<i>budesonide er tabs 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
<i>sulfasalazine dr tabs</i>	2	MO
<i>sulfasalazine tabs</i>	3	MO
<b>LAXATIVES</b>		
CLENPIQ	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	2	
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
<i>lactulose oral soln</i>	2	MO
NULYTELY	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
<b>MISCELLANEOUS</b>		
<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 hydrochloride/atropine sulfate tabs</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>diphenoxylate/atropine oral soln</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
SUCRALFATE SUSP	4	MO
<i>sucralfate tabs</i>	2	MO
<i>ursodiol caps 300mg</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
<b>PANCREATIC ENZYMES</b>		
CREON	3	MO
ZENPEP	4	MO
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	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 caps dr 15mg</i>	4	QL (30 EA per 30 days) MO
<i>lansoprazole caps dr 30mg</i>	4	QL (42 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 ec tabs 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium ec tabs 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
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<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</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
<b>MISCELLANEOUS</b>		
<i>acetic acid 0.25%</i>	2	MO
<i>bethanechol chloride</i>	3	MO
ELMIRON	5	QL (90 EA per 30 days) MO
<i>potassium citrate er tabs</i>	4	MO
<b>URINARY ANTISPASMODICS</b>		

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>darifenacin hydrobromide er</i>	4	QL (30 EA per 30 days) MO
GEMTESA	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) MO
<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 er caps</i>	4	QL (30 EA per 30 days) ST MO
<i>tolterodine tartrate tabs</i>	4	QL (60 EA per 30 days) ST MO
<i>tropium chloride er caps</i>	2	QL (30 EA per 30 days) MO
<i>tropium chloride tab</i>	2	QL (60 EA per 30 days) MO
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate crea 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3</i>	4	MO
<i>terconazole crea</i>	3	MO
<i>terconazole supp</i>	4	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
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/DEXTROSE	4	
HEPARIN SODIUM/NACL 0.45%	3	
HEPARIN SODIUM INJ 5000UNIT/0.5ML, 5000UNIT/ML	3	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO
PRADAXA CAPS 110MG	4	QL (120 EA per 30 days) MO
PRADAXA CAPS 150MG, 75MG	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 ORAL SUSP	3	QL (620 ML per 30 days) MO
XARELTO TABS 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABS 2.5MG	3	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA
PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML	5	PA
ZARXIO	5	PA
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	3	MO
BERINERT	5	QL (24 EA per 30 days) PA LA
<i>cilostazol</i>	1	MO
DOPTELET	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 PACK 25MG	5	QL (180 EA per 30 days) PA LA
PROMACTA PACK 12.5MG	5	QL (360 EA per 30 days) PA LA
PROMACTA TABS 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA
PROMACTA TABS 50MG, 75MG	5	QL (60 EA per 30 days) PA LA
<i>sajazir</i>	5	QL (27 ML per 30 days) PA LA MO
<i>tranexamic acid tabs</i>	3	QL (30 EA per 30 days) MO
<i>tranexamic acid inj</i>	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole er</i>	3	QL (60 EA per 30 days) MO
BRILINTA	3	MO
<i>clopidogrel tabs 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tabs 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole tabs</i>	4	PA MO
<i>prasugrel</i>	4	MO
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT INJ 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA
DUPIXENT INJ 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA
DUPIXENT INJ 300MG/2ML	5	QL (8 ML per 28 days) PA
ENBREL MINI	5	QL (8 ML per 28 days) PA
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA
ENBREL INJ 25MG	5	QL (8 EA per 28 days) PA
ENBREL INJ 25MG/0.5ML, 50MG/ML	5	QL (8 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

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
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
OTEZLA STARTER PACK	5	QL (110 EA per 365 days) PA
OTEZLA TABS	5	QL (60 EA per 30 days) PA
RINVOQ	5	QL (30 EA per 30 days) PA
SKYRIZI PREFILLED SYRINGE 150 MG/ML	5	QL (6 ML per 365 days) PA
SKYRIZI PEN	5	QL (6 ML per 365 days) PA
TALTZ	5	QL (3 ML per 28 days) PA LA
XELJANZ XR	5	QL (30 EA per 30 days) PA
XELJANZ SOLN	5	QL (480 ML per 24 days) PA
XELJANZ TABS	5	QL (60 EA per 30 days) PA
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>		
<i>hydroxychloroquine sulfate tabs 200mg</i>	3	MO
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tabs 2.5mg</i>	1	MO
XATMEP	4	MO
<b>IMMUNOGLOBULINS</b>		
BIVIGAM	5	PA LA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	B/D LA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S/D INJ 5GM, 10GM	5	PA
GAMMAKED	5	PA
GAMMAPLEX	5	PA LA
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
<b>IMMUNOMODULATORS</b>		
ACTIMMUNE	5	PA LA
ARCALYST	5	PA LA
INTRON A	5	LA
<b>IMMUNOSUPPRESSANTS</b>		
AZATHIOPRINE INJ	4	B/D
<i>azathioprine tabs 50mg</i>	3	B/D MO
BENLYSTA	5	PA LA
<i>cyclosporine</i>	3	B/D MO
<i>cyclosporine modified</i>	3	B/D MO
<i>everolimus tabs 0.25mg</i>	4	B/D MO
<i>everolimus tabs 0.5mg, 0.75mg, 1mg</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>gengrafcaps</i>	3	B/D
<i>gengrafsoln</i>	3	B/D MO
<i>mycohenolic acid tabs dr</i>	4	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
NULOJIX	5	B/D
PROGRAF GRANULES	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA LA MO
SANDIMMUNE ORAL SOLN	4	B/D MO
<i>sirolimus soln</i>	5	B/D MO
<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
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	3	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED	3	B/D
PEDIATRIC		
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	
PREHEVBRIO	3	B/D
PROQUAD	3	
QUADRACEL	3	
RABAVERT	3	B/D

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Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	B/D
TENIVAC	3	B/D
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	3	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
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</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	

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
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
<i>sodium chloride inj 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
<b>ELECTROLYTES/MINERALS/VITAMINS, ORAL</b>		
<i>adc/fluoride</i>	4	MO
<i>EFFER-K TAB 25MEQ</i>	3	MO
<i>fluoride chew</i>	4	MO
<i>fluoritab</i>	4	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<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 packet 20meq</i>	3	
<i>klor-con/ef25meq</i>	3	MO
M-NATAL PLUS	3	MO
<i>multi vitamin/fluoride</i>	4	MO
<i>multi-vitamin/fluoride chew</i>	4	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron drops</i>	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
<i>poly-vitamin/fluoride drops</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	MO
<i>potassium chloride pack 20meq</i>	3	MO
<i>potassium chloride oral soln 10%, 20%</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
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 drops</i>	4	MO
TRICARE PRENATAL TABS	3	MO
VP-PNV-DHA	3	MO
WESTAB PLUS	3	MO
<b>IV NUTRITION</b>		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<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 III	4	B/D
HEPATAMINE	4	B/D
NUTRILIPID	3	B/D
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROCALAMINE	4	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D
<b>OPHTHALMIC</b>		
<b>ANTI-INFECTIVE/ANTI-INFLAMMATORY</b>		
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 SUSP	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin dexamethasone susp</i>	4	MO
ZYLET	3	MO
<b>ANTI-INFECTIVES</b>		
<i>ak-poly-bac oint</i>	2	
<i>bacitracin</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 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
NATACYN	4	MO
<i>neo-polycin oint</i>	3	
<i>neomycin/bacitracin/polymyxin oint</i>	3	MO
<i>neomycin/polymyxin/gramicidin soln</i>	3	MO
<i>ofloxacin ophthalmic soln 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin oint</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate soln</i>	1	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 soln</i>	1	MO
ZIRGAN	4	MO
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	MO
<i>bromfenac ophthalmic solution</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic soln 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	3	MO
DUREZOL	3	MO
FLAREX	4	MO
FLUOROMETHOLONE	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	3	MO
LOTEMAX SM GEL 0.38%	3	MO
<i>loteprednol etabonate</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone acetate ophthalmic susp</i>	2	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	3	MO
PROLENSA	3	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophthalmic soln 0.05%</i>	3	MO
<i>cromolyn sodium ophthalmic soln 4%</i>	3	MO
<i>epinastine hcl</i>	3	MO
LASTACRAFT	4	
<i>olopatadine hcl ophthalmic soln 0.1%</i>	4	MO
<i>olopatadine hydrochloride ophthalmic soln 0.2%</i>	3	MO
ZERVIAE	4	MO
<b>ANTI GLAUCOMA</b>		
ALPHAGAN P OPHTHALMIC SOLN 0.1%	3	MO
<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 pf</i>	4	MO
<i>latanoprost ophthalmic soln</i>	2	MO
<i>levobunolol hcl</i>	2	MO
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	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
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE OPHTH SOLN	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic soln 2%</i>	3	MO
CIPRO HC	4	MO
CIPROFLOXACIN OTIC SOLN 0.2%	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</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>	3	MO
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate neb soln</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation soln</i>	2	B/D MO
<i>ipratropium bromide nasal soln 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal soln 0.06%</i>	2	QL (45 ML per 30 days) MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal soln 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</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 oral 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 oral syrup 2mg/5ml</i>	4	PA MO
<i>cyproheptadine hcl tabs 4mg</i>	4	PA MO
<i>desloratadine odt tabs 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>desloratadine tabs 5mg</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl inj</i>	4	MO
<i>hydroxyzine hcl tabs</i>	4	PA MO
<i>hydroxyzine hydrochloride inj, syr 10mg/5ml</i>	4	PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine pamoate caps</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
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa (generic Proventil HFA) aers 108mcg/act3</i>		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 hcl nebu 0.3 1mg/3ml, 0.63mg/3ml, 1.25mg/3ml</i>	4	B/D MO
<i>levalbuterol nebu 1.25mg/0.5ml</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, inj</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew, tabs</i>	2	QL (30 EA per 30 days) MO
<i>montelukast sodium pack</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation soln 10%, 20%</i>	3	B/D MO
<i>aminophylline</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 LA
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 LA
KALYDECO TABS	5	QL (60 EA per 30 days) PA LA
OFEV	5	QL (60 EA per 30 days) PA LA
ORKAMBI TABS	5	QL (112 EA per 28 days) PA LA
ORKAMBI PACK	5	QL (56 EA per 28 days) PA LA
<i>pirfenidone tabs 267mg</i>	5	QL (270 EA per 30 days) PA
<i>pirfenidone tabs 801mg</i>	5	QL (90 EA per 30 days) PA
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA
<i>theophylline er tabs</i>	3	MO
<i>theophylline oral soln</i>	3	MO
TRIKAFTA TBPK 100MG; 0; 50MG	5	QL (84 EA per 28 days) PA LA
TRIKAFTA TBPK 50MG; 0; 25MG	5	QL (84 EA per 28 days) PA LA MO
XOLAIR	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
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal spray 0.025%</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>mometasone furoate susp 50mcg/act</i>	3	QL (34 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA
<b>STEROID INHALANTS</b>		
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
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
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
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>acutane</i>	4	PA
<i>amnesteem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate/benzoyl peroxide gel 1.2-2.5%, 1.2-5%</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
<i>clindamycin phosphate lotn 1%</i>	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 gel 1-5%</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</i>	4	
<i>sulfacetamide sodium lotn 10%</i>	3	MO
TRETINOIN MICROSPHERE GEL 0.04%, 0.1%	4	QL (50 GM per 30 days) PA MO
TRETINOIN MICROSPHERE PUMP	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
<b>DERMATOLOGY, ANTIBIOTICS</b>		

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

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate crea 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate oint 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>mafenide acetate packets</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
<i>silver sulfadiazine cream</i>	2	MO
SSD	3	
SULFAMYLON CREAM 85MG/GM	4	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine crea 0.77%</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 cream</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</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
<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)
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<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	QL (800 GM per 28 days) PA MO
<i>methoxsalen caps</i>	5	MO
<i>tazarotene cream 0.1%</i>	3	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole sham 2%</i>	2	QL (120 ML per 30 days) MO
<i>selenium sulfide lotion 2.5%</i>	2	MO
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<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>betamethasone dipropionate augmented crea</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented gel, oint</i>	4	MO
<i>betamethasone dipropionate augmented lotn</i>	4	QL (60 ML per 30 days) MO
<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	QL (100 GM per 30 days) 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 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 cream, oint</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<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 base cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide crea 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 cream, oint</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>prednicarbate</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
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine hcl external soln 4%</i>	4	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	2	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
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>acyclovir oint 5%</i>	4	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotn</i>	3	MO
<i>azelaic acid gel</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA MO
<i>diclofenac sodium gel 1%</i>	3	QL (1000 GM per 30 days) MO
DOXEPIN HYDROCHLORIDE CREA 5%	5	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CPDR 40MG	4	QL (30 EA per 30 days) PA MO
FINACEA FOAM	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 topical soln 2%, 5%</i>	4	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	4	MO
IMIQUIMOD PUMP	5	QL (15 GM per 28 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)
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<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
VALCHLOR	5	QL (60 GM per 30 days) PA LA
ZYCLARA PUMP CREAM 2.5%	5	QL (7.5 GM per 28 days) MO
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
<i>sodium chloride irrigation soln 0.9%</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral rinse 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>fluorimax 5000</i>	4	
<i>fluorimax 5000 sensitive</i>	4	
<i>just right 5000</i>	4	
<i>lidocaine viscous soln 2%</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	
<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 gel</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	QL (56 GM per 30 days) MO
<i>triamcinolone acetamide dental paste</i>	4	MO

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<i>carbidopa</i>	26	<i>chlordiazepoxide/amitriptyline</i>	24
<i>carbidopa/levodopa</i>	26	<i>chlorhexidine gluconate</i>	60
<i>carbidopa/levodopa er</i>	26	<i>chloroquine phosphate</i>	5
<i>carbidopa/levodopa odt</i>	26	<i>chlorpromazine hcl</i>	27
CARBIDOPA/LEVODOPA/ENTACAPONE	26	<i>chlorpromazine hydrochloride</i>	27
<i>carbinoxamine maleate</i>	54	<i>chlorthalidone</i>	19
CARBINOXAMINE MALEATE	54	<i>chlorzoxazone</i>	31
<i>carglumic acid</i>	40	<i>cholestyramine</i>	17
<i>carteolol hcl</i>	53	<i>cholestyramine light</i>	17
<i>cartia xt</i>	18	<i>ciclopirox</i>	57
<i>carvedilol</i>	18	<i>ciclopirox olamine</i>	57
<i>carvedilol phosphate er</i>	18	<i>cilostazol</i>	46
		CILOXAN	52

CIMDUO	7	<i>clozapine odt</i>	27
<i>cimetidine</i>	43	CLOZAPINE ODT	27
<i>cimetidine hydrochloride</i>	43	COARTEM	5
<i>cinacalcet hydrochloride</i>	40	CODEINE SULFATE	2
CIPRO HC	54	<i>colchicine</i>	1
CIPROFLOXACIN	54	<i>colesevelam hydrochloride</i>	17
<i>ciprofloxacin hcl</i>	9	<i>colestipol hcl</i>	18
<i>ciprofloxacin hydrochloride</i>	9, 52	<i>colistimethate sodium</i>	4
<i>ciprofloxacin i.v.-in d5w</i>	9, 10	COMBIGAN	53
<i>ciprofloxacin/dexamethasone</i>	54	COMBIVENT RESPIMAT	54
<i>citalopram hydrobromide</i>	24	COMETRIQ	12
<i>claravis</i>	56	COMPLERA	7
<i>clarithromycin</i>	9	<i>compro</i>	42
<i>clarithromycin er</i>	9	<i>constulose</i>	43
<i>clemastine fumarate</i>	54	COPAXONE	30
CLENPIQ	43	COPIKTRA	12
<i>clindamycin hcl</i>	3	CORLANOR	20
<i>clindamycin palmitate hcl</i>	3	COTELLIC	12
<i>clindamycin phosphate</i>	3, 45, 56	CREON	44
<i>clindamycin phosphate/benzoyl peroxide</i>	56	<i>cromolyn sodium</i>	43, 53, 55
<i>clindamycin phosphate/dextrose</i>	3	<i>cryselle-28</i>	36
<i>clindamycin/benzoyl peroxide</i>	56	CURITY GAUZE PADS 2	32
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cyclobenzaprine hydrochloride</i>	31
CLINIMIX 4.25%/DEXTROSE 10%	51	<i>cyclophosphamide</i>	11
CLINIMIX 4.25%/DEXTROSE 5%	51	CYCLOPHOSPHAMIDE	11
CLINIMIX 5%/DEXTROSE 15%	51	<i>cycloserine</i>	7
CLINIMIX 5%/DEXTROSE 20%	51	<i>cyclosporine</i>	47
CLINIMIX 6/5	51	<i>cyclosporine modified</i>	47
CLINIMIX 8/10	51	<i>cyproheptadine hcl</i>	54
CLINIMIX 8/14	51	<i>cyred</i>	36
<i>clinisol sf 15%</i>	51	<i>cyred eq</i>	36
CLINOLIPID	51	CYSTAGON	40
<i>clinpro 5000</i>	60	CYSTARAN	53
<i>clobazam</i>	21	<i>dalfampridine er</i>	30
<i>clobetasol propionate</i>	58	DALIRESP	55
<i>clobetasol propionate e</i>	58	<i>danazol</i>	39
<i>clobetasol propionate emollient</i>	58	<i>dantrolene sodium</i>	31
<i>clodan</i>	58	<i>dapsone</i>	4, 56
<i>clomipramine hydrochloride</i>	24	DAPTACEL	48
<i>clonazepam</i>	21	<i>daptomycin</i>	4
<i>clonazepam odt</i>	21	DAPTOMYCIN	4
<i>clonidine hcl</i>	19	<i>darifenacin hydrobromide er</i>	45
<i>clonidine hydrochloride</i>	20	<i>dasetta 1/35</i>	36
<i>clopidogrel</i>	46	<i>dasetta 7/7/7</i>	36
<i>clorazepate dipotassium</i>	21	DAURISMO	12, 13
<i>clotrimazole</i>	57	<i>daysee</i>	36
<i>clotrimazole troc</i>	60	<i>deblitane</i>	36
<i>clotrimazole/betamethasone dipropionate</i>	57	<i>deferasirox</i>	35
<i>clozapine</i>	27	DELESTROGEN	39

DELSTRIGO	7	<i>dicloxacillin sodium</i>	10
<i>delyla</i>	36	<i>dicyclomine hcl</i>	42
DENGVAXIA	48	<i>dicyclomine hydrochloride</i>	42
<i>dentagel</i>	60	DIFICID	9
DESCOVY	7	<i>diflorasone diacetate</i>	58
<i>desipramine hydrochloride</i>	24	<i>diflunisal</i>	1
<i>desloratadine</i>	54	<i>difluprednate</i>	52
<i>desmopressin acetate</i>	40	<i>digitek</i>	20
<i>desogestrel/ethinyl estradiol</i>	36	<i>digox</i>	20
<i>desonide</i>	58	<i>digoxin</i>	20
<i>desoximetasone</i>	58	<i>dihydroergotamine mesylate</i>	30
<i>desrx</i>	58	DILANTIN	22
<i>desvenlafaxine er</i>	24	DILANTIN INFATABS	22
DESVENLAFAXINE ER	24	DILANTIN-125	22
<i>dexamethasone</i>	40	<i>diltiazem hcl</i>	18, 19
DEXAMETHASONE INTENSOL	39	DILTIAZEM HCL	19
<i>dexamethasone sodium phosphate</i>	40, 52	<i>diltiazem hcl cd</i>	18
<i>dexlansoprazole</i>	44	<i>diltiazem hcl er</i>	18
<i>dexmethylphenidate hcl</i>	28	<i>diltiazem hcl inj</i>	19
<i>dexmethylphenidate hcl er</i>	28	<i>diltiazem hydrochloride er</i>	19
<i>dexmethylphenidate hydrochloride</i>	29	<i>dilt-xr</i>	18
<i>dexmethylphenidate hydrochloride er</i>	29	DIMENHYDRINATE	42
<i>dextroamphetamine sulfate</i>	29	<i>diphenhydramine hcl</i>	54
<i>dextroamphetamine sulfate er</i>	29	<i>diphenoxylate hydrochloride/atropine sulfate</i>	43
DEXTROSE 10%/NACL 0.45%	49	<i>diphenoxylate/atropine</i>	44
DEXTROSE 5% /ELECTROLYTE #48		DIPHTHERIA/TETANUS TOXOIDS	
VIAFLEX	49	ADSORBED PEDIATRIC	48
<i>dextrose 10%</i>	49, 51	<i>dipyridamole</i>	46
DEXTROSE 10%/NACL 0.2%	49	<i>disopyramide phosphate</i>	17
DEXTROSE 2.5%/NACL 0.45%	49	<i>disulfiram</i>	31
<i>dextrose 5%</i>	49, 51	<i>divalproex sodium</i>	22
DEXTROSE 5%/LACTATED RINGERS	49	<i>divalproex sodium dr</i>	22
DEXTROSE 5%/NACL 0.2%	49	<i>divalproex sodium er</i>	22
DEXTROSE 5%/NACL 0.225%	49	<i>dofetilide</i>	17
<i>dextrose 5%/nacl 0.3%</i>	49	<i>dolishale</i>	36
DEXTROSE 5%/NACL 0.33%	49	<i>donepezil hcl</i>	24
DEXTROSE 5%/NACL 0.45%	49	<i>donepezil hcl odt</i>	23
DEXTROSE 5%/NACL 0.9%	49	DOPTELET	46
DEXTROSE 50%	51	<i>dorzolamide hcl/timolol maleate</i>	53
DEXTROSE 70%	51	<i>dorzolamide hydrochloride</i>	53
DIACOMIT	21	<i>dorzolamide hydrochloride/timolol maleate pf</i>	53
<i>diazepam</i>	21, 22	<i>dotti</i>	39
DIAZEPAM RECTAL GEL	21	DOVATO	7
<i>diazoxide</i>	40	<i>doxazosin mesylate</i>	16
<i>diclofenac potassium</i>	1	<i>doxepin hcl</i>	24
<i>diclofenac sodium</i>	52, 59	<i>doxepin hydrochloride</i>	24, 29
<i>diclofenac sodium dr</i>	1	DOXEPIN HYDROCHLORIDE	59
<i>diclofenac sodium er</i>	1	<i>doxercalciferol</i>	42
<i>diclofenac sodium/misoprostol</i>	1	<i>doxy 100</i>	10



<i>doxycycline</i>	10, 59	<i>endocet</i>	2
DOXYCYCLINE	59	ENGERIX-B	48
<i>doxycycline hyclate</i>	10	<i>enoxaparin sodium</i>	45
<i>doxycycline monohydrate</i>	10	<i>enpresse-28</i>	36
DRIZALMA	24	<i>enskyce</i>	36
<i>dronabinol</i>	42	ENSTILAR	58
<i>drospirenone/ethinyl estradiol</i>	36	<i>entacapone</i>	26
<i>drospirenone/ethinyl estradiol/levomefolate</i>		<i>entecavir</i>	8
<i>calcium</i>	36	ENTRESTO	16
DROXIA	46	<i>enulose</i>	43
<i>droxidopa</i>	20	EPCLUSA	8
DUAVEE	39	EPIDIOLEX	22
<i>duloxetine hydrochloride</i>	24	<i>epinastine hcl</i>	53
DUPIXENT	46	<i>epinephrine</i>	20, 55
DUREZOL	52	<i>epitol</i>	22
<i>dutasteride</i>	44	EPIVIR HBV	8
<i>dutasteride/tamsulosin hydrochloride</i>	44	<i>eplerenone</i>	16
<i>ec-naproxen</i>	1	<i>epoprostenol sodium</i>	20
<i>econazole nitrate</i>	57	EPRONTIA	22
EDARBI	16	<i>ergotamine tartrate/caffeine</i>	30
EDARBYCLOR	16	ERIVEDGE	13
EDURANT	6	ERLEADA	11
<i>efavirenz</i>	6	<i>erlotinib hydrochloride</i>	13
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>		<i>errin</i>	36
<i>fumarate</i>	7	ERTACZO	57
<i>efavirenz/lamivudine/tenofovir disoproxil</i>		<i>ertapenem</i>	4
<i>fumarate</i>	7	<i>ery</i>	56
<i>effek-k</i>	50	<i>erythrocin stearate</i>	9
<i>eletriptan hydrobromide</i>	30	<i>erythromycin</i>	9, 52, 56
ELIGARD	11	<i>erythromycin base</i>	9
<i>elinest</i>	36	<i>erythromycin dr</i>	9
ELIQUIS	45	<i>erythromycin ethylsuccinate</i>	9
ELIQUIS STARTER PACK	45	<i>erythromycin lactobionate</i>	9
ELMIRON	44	<i>erythromycin/benzoyl peroxide</i>	56
<i>eluryng</i>	36	ESBRIET	55
EMCYT	11	<i>escitalopram oxalate</i>	24
EMEND	42	<i>esomeprazole magnesium</i>	44
<i>emoquette</i>	36	<i>esomeprazole sodium</i>	44
EMSAM	24	<i>estarylla</i>	36
<i>emtricitabine</i>	6, 7	<i>estradiol</i>	39
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>estradiol vaginal</i>	39
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol valerate</i>	39
EMTRIVA	6	<i>estradiol/norethindrone acetate</i>	39
EMVERM	4	ESTRING	39
<i>enalapril maleate</i>	16	<i>eszopiclone</i>	29
<i>enalapril maleate/hydrochlorothiazide</i>	15	<i>ethambutol hydrochloride</i>	7
ENBREL	46	<i>ethosuximide</i>	22
ENBREL MINI	46	<i>ethosuximide soln</i>	22
ENBREL SURECLICK	46	<i>ethynodiol diacetate/ethinyl estradiol</i>	36

<i>etodolac</i>	1	<i>fludrocortisone acetate</i>	40
<i>etodolac er</i>	1	<i>flunisolide</i>	56
<i>etravirine</i>	6	<i>fluocinolone acetonide</i>	58
<i>euthyrox</i>	41	<i>fluocinolone acetonide body</i>	58
<i>everolimus</i>	13, 47	<i>fluocinolone acetonide otic oil</i>	54
EVOTAZ	7	<i>fluocinolone acetonide scalp</i>	58
<i>exemestane</i>	11	<i>fluocinonide</i>	58
EXKIVITY	13	<i>fluocinonide emulsified base</i>	58
<i>ezetimibe</i>	18	<i>fluoride</i>	50
<i>ezetimibe/simvastatin</i>	18	<i>fluoridex</i>	60
<i>falmina</i>	36	<i>fluoridex sensitivity relief/sls free</i>	60
<i>famciclovir</i>	8	<i>fluorimax 5000</i>	60
<i>famotidine</i>	43	<i>fluorimax 5000 sensitive</i>	60
<i>famotidine premixed</i>	43	<i>fluoritab</i>	50
FANAPT	27	FLUOROMETHOLONE	52
FANAPT TITRATION PACK	27	FLUOROPLEX	59
FARXIGA	33	<i>fluorouracil</i>	59
FARYDAK	13	FLUOROURACIL CREA 0.5%	59
FASENRA	55	<i>fluoxetine dr</i>	25
FASENRA PEN	55	<i>fluoxetine hcl</i>	25
<i>fayosim</i>	36	<i>fluoxetine hydrochloride</i>	25
<i>febuxostat</i>	1	<i>fluphenazine decanoate</i>	27
<i>felbamate</i>	22	<i>fluphenazine hcl</i>	27
<i>felodipine er</i>	19	<i>fluphenazine hydrochloride</i>	27
<i>femynor</i>	36	<i>flurbiprofen</i>	1
<i>fenofibrate</i>	17	<i>flurbiprofen sodium</i>	52
<i>fenofibric acid dr</i>	17	<i>flutamide</i>	11
<i>fenoprofen calcium</i>	1	<i>fluticasone propionate</i>	56, 58
FENOPROFEN CALCIUM	1	<i>fluvastatin</i>	17
<i>fentanyl</i>	2	<i>fluvastatin sodium er</i>	17
<i>fentanyl citrate</i>	2	<i>fluvoxamine maleate</i>	21
FETZIMA	24	<i>fluvoxamine maleate er</i>	21
FETZIMA TITRATION PACK	24	<i>fomepizole</i>	40
FIASP	32	<i>fondaparinux sodium</i>	45
FIASP FLEXTOUCH	32	FORTEO	34
FIASP PENFILL	32	<i>fosamprenavir calcium</i>	6
FINACEA	59	<i>fosinopril sodium</i>	15, 16
<i>finasteride</i>	44	<i>fosinopril sodium/hydrochlorothiazide</i>	15
FINTEPLA	22	<i>fosphenytoin sodium</i>	22
<i>flac otic oil</i>	54	FOTIVDA	13
FLAREX	52	FRAGMIN	45
FLEBOGAMMA DIF	47	FREAMINE III	51
<i>flecainide acetate</i>	17	<i>frovatriptan succinate</i>	30
FLOVENT DISKUS	56	<i>furosemide</i>	19
FLOVENT HFA	56	FUZEON	6
<i>fluconazole</i>	5	<i>fyavolv</i>	39
<i>fluconazole in sodium chloride</i>	5	FYCOMPA	22
<i>fluconazole/sodium chloride</i>	5	<i>gabapentin</i>	22
<i>flucytosine</i>	5	<i>galantamine hydrobromide</i>	24

<i>galantamine hydrobromide er</i>	24	<i>hailey fe 1.5/30</i>	36
GAMASTAN	47	<i>hailey fe 1/20</i>	36
GAMMAGARD LIQUID	47	<i>halobetasol propionate</i>	58
GAMMAGARD S/D	47	<i>haloperidol</i>	27
GAMMAKED	47	<i>haloperidol decanoate</i>	27
GAMMAPLEX	47	<i>haloperidol lactate</i>	27
GAMUNEX-C	47	HARVONI	8
<i>ganciclovir</i>	8	HAVRIX	48
GARDASIL 9	48	<i>heather</i>	36
<i>gatifloxacin</i>	52	<i>heparin sodium</i>	45
GATTEX	44	HEPARIN SODIUM	45
<i>gavilyte-c</i>	43	HEPARIN SODIUM/DEXTROSE	45
<i>gavilyte-g</i>	43	HEPARIN SODIUM/NACL 0.45%	45
<i>gavilyte-n/ flavor pack</i>	43	HEPATAMINE	51
GAVRETO	13	HETLIOZ	29
<i>gemfibrozil</i>	17	HETLIOZ LQ ORAL SUSP	29
GEMTESA	45	HIBERIX	48
<i>generlac</i>	43	HUMIRA	47
<i>gengraf</i>	48	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	46
GENOTROPIN	40	HUMIRA PEN	46, 47
GENOTROPIN MINIQUICK	40, 41	HUMIRA PEN-PEDIATRIC UC STARTER PACK	46
<i>gentak</i>	52	HUMULIN R U-500 (CONCENTRATED)	32
<i>gentamicin sulfate</i>	4, 52, 57	HUMULIN R U-500 KWIKPEN	32
<i>gentamicin sulfate pediatric</i>	4	<i>hydralazine hcl</i>	20
<i>gentamicin sulfate/0.9% sodium chloride</i>	4	<i>hydralazine hydrochloride</i>	20
GENVOYA	7	<i>hydrochlorothiazide</i>	19
GIANVI	36	<i>hydrocodone bitartrate er</i>	2
GILENYA	30	<i>hydrocodone bitartrate/acetaminophen</i>	2
GILOTRIF	13	<i>hydrocodone/acetaminophen</i>	2
<i>glimepiride</i>	33	<i>hydrocodone/ibuprofen</i>	2
<i>glipizide</i>	33	<i>hydrocortisone</i>	40, 43, 58, 59
<i>glipizide er</i>	33	<i>hydrocortisone butyrate</i>	58
<i>glipizide xl</i>	33	<i>hydrocortisone butyrate hydrophilic lipo base</i>	58
<i>glipizide/metformin hydrochloride</i>	33	<i>hydrocortisone perianal</i>	59
<i>glycopyrrolate</i>	43	<i>hydrocortisone valerate</i>	58
GLYXAMBI	33	<i>hydrocortisone/acetic acid</i>	54
GOLYTELY	43	<i>hydromorphone hcl</i>	2
<i>granisetron hcl</i>	42	HYDROMORPHONE HCL	2
<i>griseofulvin microsize</i>	5	<i>hydromorphone hydrochloride</i>	3
<i>griseofulvin ultramicrosize</i>	5	HYDROMORPHONE HYDROCHLORIDE	3
<i>guanfacine er</i>	29	<i>hydroxychloroquine sulfate</i>	47
<i>guanfacine hcl</i>	20	<i>hydroxyurea</i>	12
<i>guanfacine hydrochloride</i>	29	<i>hydroxyzine hcl</i>	54
GVOKE HYPOPEN	40	<i>hydroxyzine hydrochloride</i>	54
GVOKE KIT	40	<i>hydroxyzine pamoate</i>	55
GVOKE PFS	40	<i>hyperlyte-cr</i>	49
HAEGARDA	46	HYSINGLA ER	2
<i>hailey 1.5/30</i>	36		
<i>hailey 24 fe</i>	36		

<i>ibandronate sodium</i>	34	<i>isosorbide mononitrate er</i>	20
IBRANCE	13	<i>isotonic gentamicin</i>	4
<i>ibu</i>	1	<i>isotretinoin</i>	56
<i>ibuprofen</i>	1	<i>isradipine</i>	19
<i>icatibant acetate</i>	46	<i>itraconazole</i>	5
<i>iclevia</i>	36	<i>ivermectin</i>	4
ICLUSIG	13	IXIARO	48
IDHIFA	13	<i>jaimiess</i>	36
ILEVRO	52	JAKAFI	13
<i>imatinib mesylate</i>	13	<i>jantoven</i>	45
IMBRUVICA	13	JANUMET	33
<i>imipenem/cilastatin</i>	4	JANUMET XR	33
<i>imipramine hcl</i>	25	JANUVIA	33
<i>imipramine hydrochloride</i>	25	JARDIANCE	33
<i>imipramine pamoate</i>	25	<i>jasmiel</i>	36
<i>imiquimod</i>	59	<i>jencycla</i>	36
IMIQUIMOD PUMP	59	JENTADUETO	33
IMOVAX RABIES (H.D.C.V.)	48	JENTADUETO XR	33
<i>incassia</i>	36	<i>jinteli</i>	39
INCRELEX	41	JOLESSA	36
INCRUSE ELLIPTA	54	<i>juleber</i>	36
<i>indapamide</i>	19	JULUCA	7
INFANRIX	48	<i>junel 1.5/30</i>	36
INLYTA	13	<i>junel 1/20</i>	36
INQOVI	11	<i>junel fe 1.5/30</i>	37
INREBIC	13	<i>junel fe 1/20</i>	37
INTELENCE	6	<i>junel fe 24</i>	37
INTRON A	47	<i>just right 5000</i>	60
<i>introvale</i>	36	<i>kaitlib fe</i>	37
INVEGA SUSTENNA	27	<i>kalliga</i>	37
INVEGA TRINZA	27	KALYDECO	55
INVIRASE	6	<i>kariva</i>	37
IPOL INACTIVATED IPV	48	KCL 0.075%/D5W/NACL 0.45%	49
<i>ipratropium bromide</i>	54	KCL 0.15%/D5W/NACL 0.2%	49
<i>ipratropium bromide nasal</i>	54	KCL 0.15%/D5W/NACL 0.45%	49
<i>ipratropium bromide/albuterol sulfate</i>	54	KCL 0.15%/D5W/NACL 0.9%	49
<i>irbesartan</i>	16	KCL 0.3%/D5W/NACL 0.45%	49
<i>irbesartan/hydrochlorothiazide</i>	16	KCL 0.3%/D5W/NACL 0.9%	49
IRESSA	13	<i>kelnor 1/35</i>	37
ISENTRESS	6	<i>kelnor 1/50</i>	37
ISENTRESS HD	6	KERENDIA	16
<i>isibloom</i>	36	KESIMPTA	30
ISOLYTE-P/DEXTROSE 5%	49	<i>ketoconazole</i>	5, 57
ISOLYTE-S	49	<i>ketodan</i>	57
ISOLYTE-S PH 7.4	49	<i>ketoprofen er</i>	1
<i>isoniazid</i>	7	<i>ketorolac tromethamine</i>	1, 52
ISOPTO ATROPINE	53	KINRIX	48
<i>isosorbide dinitrate</i>	20	KISQALI	12, 13
<i>isosorbide mononitrate</i>	20	KISQALI FEMARA 200 DOSE	12

KISQALI FEMARA 400 DOSE	12	LENVIMA 8 MG DAILY DOSE	13
KISQALI FEMARA 600 DOSE	12	<i>lessina</i>	37
<i>klor-con</i>	50	<i>letrozole</i>	11
<i>klor-con 10</i>	50	<i>leucovorin calcium</i>	15
<i>klor-con 8</i>	50	LEUKERAN	11
<i>klor-con m10</i>	50	<i>leuprolide acetate</i>	11
<i>klor-con m15</i>	50	<i>levalbuterol</i>	55
<i>klor-con m20</i>	50	<i>levalbuterol hcl</i>	55
<i>klor-con/ef</i>	50	LEVALBUTEROL TARTRATE HFA	55
KORLYM	41	LEVEMIR	32
KRISTALOSE	43	LEVEMIR FLEXTOUCH	32
<i>kurvelo</i>	37	<i>levetiracetam</i>	22
KYNMOBI	26	<i>levetiracetam er</i>	22
<i>labetalol hydrochloride</i>	18	<i>levetiracetam/sodium chloride</i>	22
<i>lacosamide</i>	22	<i>levobunolol hcl</i>	53
<i>lactated ringers</i>	49	<i>levocarnitine</i>	41
<i>lactulose</i>	43	LEVOCARNITINE	41
<i>lamivudine</i>	6, 8	<i>levocetirizine dihydrochloride</i>	55
<i>lamivudine/zidovudine</i>	7	<i>levofloxacin</i>	10, 52
<i>lamotrigine</i>	22	<i>levofloxacin in d5w</i>	10
<i>lamotrigine er</i>	22	<i>levonest</i>	37
<i>lamotrigine odt</i>	22	<i>levonorgestrel/ethinyl estradiol</i>	37
<i>lamotrigine starter kit/blue</i>	22	<i>levora</i>	37
<i>lamotrigine starter kit/green</i>	22	LEVO-T	41
<i>lamotrigine starter kit/orange</i>	22	<i>levothyroxine sodium</i>	41
<i>lansoprazole</i>	44	LEVOTHYROXINE SODIUM	41
<i>lansoprazole/amoxicillin/clarithromycin</i>	44	LEVOXYL	41
<i>lanthanum carbonate</i>	41	LEXIVA	6
LANTUS	32	<i>lidocaine</i>	59
LANTUS SOLOSTAR	32	<i>lidocaine hcl</i>	3, 17
<i>lapatinib ditosylate</i>	13	LIDOCAINE HCL	17
<i>larin 1.5/30</i>	37	<i>lidocaine hcl external</i>	59
<i>larin 1/20</i>	37	LIDOCAINE HCL IN D5W	17
<i>larin 24 fe</i>	37	<i>lidocaine hydrochloride</i>	3
<i>larin fe 1.5/30</i>	37	<i>lidocaine viscous</i>	60
<i>larin fe 1/20</i>	37	<i>lidocaine/prilocaine</i>	59
<i>larissia</i>	37	<i>lillow</i>	37
LASTACAFT	53	<i>linezolid</i>	4
<i>latanoprost</i>	53	LINEZOLID	4
LATUDA	27	LINZESS	44
LEENA	37	<i>liothyronine sodium</i>	41
<i>leflunomide</i>	47	<i>lisinopril</i>	15, 16
<i>lenalidomide</i>	11	<i>lisinopril/hydrochlorothiazide</i>	15
LENVIMA	13	LITHIUM	30
LENVIMA 10 MG DAILY DOSE	13	<i>lithium carbonate</i>	30
LENVIMA 14 MG DAILY DOSE	13	<i>lithium carbonate er</i>	30
LENVIMA 18 MG DAILY DOSE	13	<i>loestrin 1.5/30-21</i>	37
LENVIMA 20 MG DAILY DOSE	13	<i>loestrin 1/20-21</i>	37
LENVIMA 24 MG DAILY DOSE	13	<i>loestrin fe 1.5/30</i>	37

<i>loestrin fe 1/20</i>	37	<i>melphalan</i>	11
<i>lojaimiess</i>	37	<i>memantine hcl</i>	24
LOKELMA	35	<i>memantine hydrochloride</i>	24
LONSURF	11	<i>memantine hydrochloride er</i>	24
<i>loperamide hcl</i>	44	MENACTRA	48
<i>lopinavir/ritonavir</i>	7	MENQUADFI	48
<i>lorazepam</i>	21	MENVEO	48
<i>lorazepam intensol</i>	21	<i>meprobamate</i>	21
LORBRENA	13	<i>mercaptapurine</i>	11
<i>loryna</i>	37	<i>meropenem</i>	4
<i>losartan potassium</i>	16	<i>mesalamine</i>	43
<i>losartan potassium/hydrochlorothiazide</i>	16	<i>mesalamine dr</i>	43
LOTEMAX	52	MESNEX	15
LOTEMAX SM	52	<i>metformin hydrochloride</i>	33
<i>loteprednol etabonate</i>	52	<i>metformin hydrochloride er</i>	33
<i>lovastatin</i>	17	<i>methadone hcl</i>	2
<i>low-ogestrel</i>	37	METHADONE HCL INJ	2
<i>loxapine</i>	27	<i>methazolamide</i>	19
<i>lo-zumandimine</i>	37	<i>methenamine hippurate</i>	4
LUMAKRAS	13	<i>methenamine mandelate</i>	4
LUMIGAN	53	<i>methergine</i>	41
LUPRON DEPOT (1-MONTH)	11	<i>methimazole</i>	41
LUPRON DEPOT (3-MONTH)	11	<i>methotrexate sodium</i>	11, 47
LUPRON DEPOT-PED (1-MONTH)	41	<i>methoxsalen</i>	57
LUPRON DEPOT-PED (3-MONTH)	41	<i>methscopolamine bromide</i>	43
<i>lutea</i>	37	<i>methylergonovine maleate</i>	41
<i>lyleq</i>	37	<i>methylphenidate hydrochloride</i>	29
<i>lyllana</i>	39	<i>methylphenidate hydrochloride cd</i>	29
LYNPARZA	13	<i>methylphenidate hydrochloride er</i>	29
LYSODREN	11	METHYLPHENIDATE HYDROCHLORIDE ER	29
<i>lyza</i>	37		29
<i>mafenide acetate</i>	57	<i>methylprednisolone</i>	40
<i>magnesium sulfate</i>	49	<i>methylprednisolone acetate</i>	40
MAGNESIUM SULFATE	49	<i>methylprednisolone sodium succinate</i>	40
<i>malathion</i>	60	<i>metoclopramide hcl</i>	42
<i>maraviroc</i>	6	<i>metoclopramide hydrochloride</i>	42
<i>marlissa</i>	37	<i>metoclopramide odt</i>	42
MARPLAN	25	METOCLOPRAMIDE ODT	42
MATULANE	12	<i>metolazone</i>	19
<i>matzim la</i>	19	<i>metoprolol succinate er</i>	18
MAVYRET	8	<i>metoprolol tartrate</i>	18
<i>meclizine hcl</i>	42	<i>metoprolol/hydrochlorothiazide</i>	18
<i>meclofenamate sodium</i>	1	<i>metronidazole</i>	4, 59
<i>medroxyprogesterone acetate</i>	37, 41	<i>metronidazole vaginal</i>	45
<i>mefloquine hcl</i>	6	<i>metyrosine</i>	20
<i>megestrol acetate</i>	11, 41	<i>micafungin</i>	5
MEKINIST	13	<i>miconazole 3</i>	45
MEKTOVI	14	MICROGESTIN 1.5/30	37
<i>meloxicam</i>	1	MICROGESTIN 1/20	37

<i>microgestin 24 fe</i>	37	<i>naproxen dr</i>	1
MICROGESTIN FE 1.5/30	37	<i>naproxen sodium</i>	1
MICROGESTIN FE 1/20	37	NAPROXEN SODIUM	1
<i>midodrine hcl</i>	20	NAPROXEN SODIUM CR	1
<i>miglitol</i>	33	<i>naproxen sodium er</i>	1
<i>mili</i>	37	<i>naratriptan hcl</i>	30
<i>mimvey</i>	39	NATACYN	52
<i>minocycline hcl</i>	10	<i>nateglinide</i>	33
<i>minoxidil</i>	20	NATPARA	34
<i>mirtazapine</i>	25	NAYZILAM	22
<i>mirtazapine odt</i>	25	<i>nebivolol hydrochloride</i>	18
<i>misoprostol</i>	44	<i>necon 0.5/35-28</i>	37
MITIGARE	1	<i>nefazodone hydrochloride</i>	25
M-M-R II	48	<i>neomycin sulfate</i>	4
M-NATAL PLUS	50	<i>neomycin/bacitracin/polymyxin</i>	52
<i>modafinil</i>	31	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	51
<i>moexipril hcl</i>	16	<i>neomycin/polymyxin/dexamethasone</i>	51
<i>molindone hydrochloride</i>	27	<i>neomycin/polymyxin/gramicidin</i>	52
<i>metoprolol succinate</i>	56, 59	<i>neomycin/polymyxin/hc</i>	54
<i>mondoxyne nl</i>	10	<i>neomycin/polymyxin/hydrocortisone</i>	51, 54
<i>mono-lynyah</i>	37	NEONATAL PLUS	50
<i>montelukast sodium</i>	55	<i>neo-polycin</i>	52
<i>morphine sulfate</i>	3	<i>neo-polycin hc</i>	51
MORPHINE SULFATE	3	NERLYNX	14
<i>morphine sulfate er</i>	2	<i>neuac</i>	56
MORPHINE SULFATE/SODIUM CHLORIDE 2	2	NEUPRO	26
MOVANTIK	44	<i>nevirapine</i>	6
<i>moxifloxacin hydrochloride/sodium</i>		<i>nevirapine er</i>	6
<i>hydrochloride</i>	10	NEXAVAR	14
<i>moxifloxacin hydrochloride</i>	10, 52	<i>niacin</i>	18
MULTAQ	17	<i>niacin er</i>	18
<i>multi vitamin/fluoride</i>	50	<i>niacor</i>	18
<i>multi-vitamin/fluoride</i>	50	<i>nicardipine hcl</i>	19
<i>multi-vitamin/fluoride/iron</i>	50	NICOTROL	31
<i>mupirocin</i>	57	NICOTROL INHALER	31
<i>mycohenolic acid</i>	48	<i>nifedipine er</i>	19
<i>mycophenolate mofetil</i>	48	<i>nikki</i>	37
<i>myorisan</i>	56	<i>nilutamide</i>	11
MYRBETRIQ	45	<i>nimodipine</i>	19
<i>nabumetone</i>	1	NINLARO	14
<i>nadolol</i>	18	<i>nisoldipine er</i>	19
<i>nafticillin sodium</i>	10	<i>nitazoxanide</i>	4
<i>naftifine hcl</i>	57	<i>nitisinone</i>	41
<i>naftifine hydrochloride</i>	57	NITRO-BID	20
<i>naloxone hcl</i>	31	<i>nitrofurantoin macrocrystals</i>	4
<i>naloxone hydrochloride</i>	31	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
<i>naltrexone hcl</i>	31	NITROGLYCERIN INJ	20
NAMZARIC	24	<i>nitroglycerin lingual spray</i>	20
<i>naproxen</i>	1	<i>nitroglycerin subl</i>	20

<i>nitroglycerin transdermal</i>	20	OCELLA	38
NIVA-PLUS	50	OCTAGAM	47
<i>nizatidine</i>	43	<i>octreotide acetate</i>	41
NORA-BE	37	ODEFSEY	7
<i>norethindrone</i>	38	ODOMZO	14
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate</i>	38	OFEV	55
<i>norethindrone acetate</i>	41	<i>ofloxacin</i>	52, 54
<i>norethindrone acetate/ethinyl estradiol fumarate</i>	38, 39	<i>olanzapine</i>	27
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	38	<i>olanzapine odt</i>	27
<i>norgestimate/ethinyl estradiol</i>	38	<i>olmesartan medoxomil</i>	17
NORITATE	59	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	16
<i>norlyda</i>	38	<i>olmesartan medoxomil/hydrochlorothiazide</i>	16
<i>norlyroc</i>	38	<i>olopatadine hcl</i>	53, 55
NORPACE CR	17	<i>olopatadine hydrochloride</i>	53
<i>nortrel 0.5/35 (28)</i>	38	<i>omeprazole</i>	44
<i>nortrel 1/35</i>	38	ONCASPAR	12
<i>nortrel 7/7/7</i>	38	<i>ondansetron hcl</i>	42
<i>nortriptyline hcl</i>	25	<i>ondansetron hydrochloride</i>	42
<i>nortriptyline hydrochloride</i>	25	<i>ondansetron odt</i>	42
NORVIR	6	ONUREG	11
NOVOLIN 70/30	32	OPSUMIT	20
NOVOLIN 70/30 FLEXPEN	32	ORACEA	59
NOVOLIN N	32	<i>oralone dental paste</i>	60
NOVOLIN N FLEXPEN	32	ORGOVYX	11
NOVOLIN R	32	ORKAMBI	55
NOVOLIN R FLEXPEN	32	<i>orsythia</i>	38
NOVOLOG	32	<i>oseltamivir phosphate</i>	8
NOVOLOG FLEXPEN	32	OTEZLA	47
NOVOLOG MIX 70/30	32	OTEZLA STARTER PACK	47
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	32	<i>oxacillin sodium</i>	10
NOVOLOG PENFILL	32	<i>oxandrolone</i>	31
NOXAFIL	5	<i>oxaprozin</i>	1
NUBEQA	11	<i>oxazepam</i>	21
NUDEXTA	30	<i>oxcarbazepine</i>	22
NULOJIX	48	<i>oxybutynin chloride</i>	45
NULYTELY	43	<i>oxybutynin chloride er</i>	45
NUPLAZID	27	<i>oxycodone hcl</i>	3
NURTEC	30	<i>oxycodone hydrochloride</i>	3
NUTRILIPID	51	<i>oxycodone/acetaminophen</i>	3
NUZYRA	10	<i>oxymorphone hydrochloride</i>	3
<i>nyamyc</i>	57	OZEMPIC	33, 34
<i>nylia 1/35</i>	38	<i>pacerone</i>	17
<i>nylia 7/7/7</i>	38	<i>paliperidone er</i>	27
<i>nymyo</i>	38	<i>pamidronate disodium</i>	34
<i>nystatin</i>	5, 57, 60	PAMIDRONATE DISODIUM	34
<i>nystop</i>	57	PANRETIN	59
		<i>pantoprazole sodium</i>	44
		PANZYGA	47



<i>paricalcitol</i>	42	PIQRAY	14
<i>paroex</i>	60	<i>pirfenidone</i>	55
<i>paromomycin sulfate</i>	4	<i>pirmella 1/35</i>	38
<i>paroxetine hcl</i>	25	<i>pirmella 7/7/7</i>	38
<i>paroxetine hcl er</i>	25	<i>piroxicam</i>	2
<i>paroxetine hydrochloride</i>	25	PLASMA-LYTE A	49
PASER	7	PLASMA-LYTE-148	49
PEDIARIX	48	<i>plenamine</i>	51
PEDVAX HIB	48	PLENVU	43
<i>peg-3350/electrolytes</i>	43	PNV PRENATAL PLUS MULTIVITAMIN	50
<i>peg-3350/nacl/na bicarbonate/kcl</i>	43	<i>podofilox</i>	59
PEGASYS	8	<i>polycin</i>	52
PEMAZYRE	14	<i>polymyxin b sulfate/trimethoprim sulfate</i>	52
<i>penicillamine</i>	35	<i>poly-vitamin/fluoride</i>	50
<i>penicillin g potassium</i>	10	POMALYST	12
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE	10	<i>portia-28</i>	38
PENICILLIN G PROCAINE	10	<i>posaconazole dr</i>	5
<i>penicillin g sodium</i>	10	<i>potassium chloride</i>	50
<i>penicillin v potassium</i>	10	POTASSIUM CHLORIDE	50
PENTACEL	48	<i>potassium chloride er</i>	50
<i>pentamidine isethionate</i>	4	POTASSIUM CHLORIDE/DEXTROSE	49, 50
<i>pentoxifylline er</i>	46	POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	50
<i>perindopril erbumine</i>	16	<i>potassium chloride/sodium chloride</i>	50
<i>periogard</i>	60	POTASSIUM CHLORIDE/SODIUM CHLORIDE	50
<i>permethrin</i>	60	<i>potassium citrate er</i>	44
<i>perphenazine</i>	25, 27	PRADAXA	45
<i>perphenazine/amitriptyline</i>	25	PRALUENT	18
PERSERIS	27	<i>pramipexole dihydrochloride</i>	26
<i>phenelzine sulfate</i>	25	<i>pramipexole dihydrochloride er</i>	26
<i>phenobarbital</i>	23	<i>prasugrel</i>	46
<i>phenobarbital sodium</i>	23	<i>pravastatin sodium</i>	17
PHENYTEK	23	<i>praziquantel</i>	4
<i>phenytoin</i>	23	<i>prazosin hydrochloride</i>	16
<i>phenytoin sodium</i>	23	<i>prednicarbate</i>	59
<i>phenytoin sodium extended release</i>	23	<i>prednisolone</i>	40, 53
<i>philith</i>	38	<i>prednisolone acetate</i>	53
PHOSPHOLINE IODIDE	53	<i>prednisolone sodium phosphate</i>	40
PIFELTRO	6	PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1%	53
<i>pilocarpine hcl</i>	53	<i>prednisone</i>	40
<i>pilocarpine hydrochloride</i>	60	PREDNISONE INTENSOL	40
<i>pimozide</i>	27	<i>pregabalin</i>	23
<i>pimtreea</i>	38	<i>pregabalin er</i>	30
<i>pindolol</i>	18	PREHEVBRIO	48
<i>pioglitazone hcl</i>	34	PREMARIN	39
<i>pioglitazone hcl/metformin hcl</i>	34	PREMASOL	51
<i>pioglitazone hcl-glimepiride</i>	34		
<i>pioglitazone hydrochloride</i>	34		
<i>piperacillin sodium/tazobactam sodium</i>	10		

PREMPRO	39	<i>pyridostigmine bromide er</i>	30
PRENATAL	51	QINLOCK	14
PRENATAL PLUS	51	QUADRACEL	48
PRENATAL PLUS LOW IRON	51	<i>quetiapine fumarate</i>	28
PREPLUS	51	<i>quetiapine fumarate er</i>	28
PRETOMANID	8	<i>quinapril hcl</i>	16
<i>prevalite</i>	18	<i>quinapril hydrochloride</i>	16
<i>previfem</i>	38	<i>quinapril/hydrochlorothiazide</i>	15
PREVYMIS	8	<i>quinidine sulfate</i>	17
PREZCOBIX	7	<i>quinine sulfate</i>	6
PREZISTA	6	RABAVERT	48
PRIFTIN	8	<i>rabeprazole sodium dr</i>	44
<i>primaquine phosphate</i>	6	<i>raloxifene hydrochloride</i>	41
<i>primidone</i>	23	<i>ramipril</i>	16
PRIVIGEN	47	<i>ranolazine er</i>	20
<i>probenecid</i>	1	<i>rasagiline mesylate</i>	26
<i>probenecid/colchicine</i>	1	<i>reclipsen</i>	38
PROCALAMINE	51	RECOMBIVAX HB	49
<i>prochlorperazine</i>	42	RECTIV	60
<i>prochlorperazine edisylate</i>	42	REGRANEX	60
<i>prochlorperazine maleate</i>	42	<i>relafen</i>	2
PROCRIT	46	RELENZA DISKHALER	8
<i>procto-med hc</i>	59	<i>repaglinide</i>	34
<i>procto-pak</i>	60	RESTASIS	53, 54
<i>proctosol hc</i>	59	RESTASIS MULTIDOSE	54
<i>proctozone-hc</i>	60	RETEVMO	14
<i>progesterone</i>	41	REVLIMID	12
PROGRAF	48	REXULTI	28
PROLASTIN-C	55	REYATAZ	6
PROLENSA	53	REZUROCK	48
PROLIA	34	RHOPRESSA	53
PROMACTA	46	<i>ribavirin</i>	8
<i>promethazine hcl</i>	42	<i>rifabutin</i>	8
<i>promethazine hydrochloride</i>	42	<i>rifampin</i>	8
<i>promethegan</i>	42	<i>riluzole</i>	30
<i>propafenone hcl</i>	17	<i>rimantadine hydrochloride</i>	8
<i>propafenone hydrochloride er</i>	17	RINGERS INJECTION	50
<i>proparacaine hcl</i>	53	RINVOQ	47
<i>propranolol hcl</i>	18	<i>risedronate sodium</i>	34
<i>propranolol hcl er</i>	18	<i>risedronate sodium dr</i>	34
<i>propylthiouracil</i>	41	RISPERDAL CONSTA	28
PROQUAD	48	<i>risperidone</i>	28
PROSOL	51	<i>risperidone odt</i>	28
<i>protriptyline hcl</i>	25	<i>ritonavir</i>	6
PULMICORT FLEXHALER	56	<i>rivastigmine tartrate</i>	24
PULMOZYME	55	<i>rivastigmine transdermal system</i>	24
PURIXAN	11	RIVELSA	38
<i>pyrazinamide</i>	8	<i>rizatriptan benzoate</i>	30
<i>pyridostigmine bromide</i>	30	<i>rizatriptan benzoate odt</i>	30

<i>romidepsin</i>	14	<i>sodium chloride</i>	50
<i>ropinirole er</i>	26	SODIUM CHLORIDE	50
<i>ropinirole hcl</i>	26	<i>sodium chloride 0.45%</i>	50
<i>rosadan</i>	60	<i>sodium chloride irrigation soln</i>	60
<i>rosuvastatin calcium</i>	17	<i>sodium fluoride</i>	51, 60
ROTARIX	49	<i>sodium fluoride 5000 ppm</i>	60
ROTATEQ	49	<i>sodium fluoride 5000 ppm sensitive</i>	60
<i>roweepra</i>	23	<i>sodium phenylbutyrate</i>	41
ROZLYTREK	14	<i>sodium polystyrene sulfonate</i>	35
RUBRACA	14	<i>solifenacin succinate</i>	45
<i>rufinamide</i>	23	SOLQUA 100/33	32
RUKOBIA	6	SOLTAMOX	11
RYBELSUS	34	SOLU-CORTEF	40
RYDAPT	14	SOMATULINE DEPOT	41
<i>sajazir</i>	46	SOMAVERT	41
SANCUSO	42	<i>sorafenib tosylate</i>	14
SANDIMMUNE	48	<i>sorine</i>	17
SANDOSTATIN LAR	41	<i>sotalol hcl</i>	17
SANTYL	60	<i>sotalol hydrochloride (af)</i>	17
<i>sapropterin dihydrochloride</i>	41	<i>spironolactone</i>	16, 19
SCEMBLIX	14	<i>spironolactone/hydrochlorothiazide</i>	19
<i>scopolamine</i>	42	<i>sprintec 28</i>	38
SECUADO	28	SPRITAM	23
<i>selegiline hcl</i>	26	SPRYCEL	14
<i>selenium sulfide</i>	57	<i>sps</i>	35
SELZENTRY	6	<i>sronyx</i>	38
SEREVENT DISKUS	55	SSD	57
<i>sertraline hcl</i>	25	<i>stavudine</i>	6
<i>sertraline hydrochloride</i>	25	<i>sterile water for irrigation</i>	60
<i>setlakin</i>	38	STIVARGA	14
<i>sf gel</i>	60	<i>streptomycin sulfata</i>	4
<i>sharobel</i>	38	STRIBILD	7
SHINGRIX	49	<i>subvenite</i>	23
SIGNIFOR	41	<i>subvenite starter kit</i>	23
<i>sildenafil</i>	20	<i>sucralfate</i>	44
<i>sildenafil citrate</i>	20	SUCRALFATE SUSP	44
<i>silodosin</i>	44	<i>sulfacetamide sodium</i>	52, 56
<i>silver sulfadiazine</i>	57	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	51
SIMBRINZA	53	<i>sulfadiazine</i>	4
<i>simliya</i>	38	<i>sulfamethoxazole/trimethoprim</i>	4
<i>simpesse</i>	38	<i>sulfamethoxazole/trimethoprim ds</i>	4
<i>simvastatin</i>	17	SULFAMYLON	57
<i>sirolimus</i>	48	<i>sulfasalazine</i>	43
SIRTURO	8	<i>sulfasalazine dr</i>	43
SIVEXTRO	4	<i>sulindac</i>	2
SKYRIZI	47	<i>sumatriptan</i>	30
SKYRIZI PEN	47	<i>sumatriptan succinate</i>	30
<i>sodium bicarbonate</i>	50	<i>sumatriptan succinate refill</i>	30
SODIUM BICARBONATE	50		

<i>sumatriptan/naproxen sodium</i>	30	<i>terbinafine hcl</i>	5
<i>sunitinib malate</i>	14	<i>terbutaline sulfate</i>	55
SUPRAX	9	<i>terconazole</i>	45
SUPREP BOWEL PREP	43	<i>testosterone</i>	32
SUTAB	43	<i>testosterone cypionate</i>	31
<i>syeda</i>	38	<i>testosterone enanthate</i>	31
SYMBICORT	56	<i>testosterone gel</i>	32
SYMLINPEN 120	34	<i>testosterone pump</i>	31, 32
SYMLINPEN 60	34	<i>tetrabenazine</i>	30
SYMPAZAN	23	<i>tetracycline hydrochloride</i>	11
SYMTUZA	7	TEXACORT	59
SYNAREL	39	THALOMID	12
SYNERCID	4	<i>theophylline</i>	55
SYNJARDY	34	<i>theophylline er</i>	55
SYNJARDY XR	34	<i>thioridazine hcl</i>	28
SYNRIBO	12	<i>thiothixene</i>	28
SYNTHROID	42	<i>tiadylt er</i>	19
TABLOID	11	<i>tiagabine hydrochloride</i>	23
TABRECTA	14	TIBSOVO	14
<i>tacrolimus</i>	48, 60	TICOVAC	49
<i>tadalafil</i>	20	<i>tigecycline</i>	11
TAFINLAR	14	TILIA FE	38
TAGRISSE	14	<i>timolol maleate</i>	18, 53
TALTZ	47	TIMOLOL MALEATE	53
TALZENNA	14	<i>tinidazole</i>	4
<i>tamoxifen citrate</i>	11	TIVICAY	7
<i>tamsulosin hydrochloride</i>	44	TIVICAY PD	7
<i>tarina fe 1/20</i>	38	<i>tizanidine hcl</i>	31
<i>tarina fe 1/20 eq</i>	38	<i>tizanidine hydrochloride</i>	31
TASIGNA	14	TOBRADEX	51
<i>tazarotene</i>	57	TOBRADEX ST	51
<i>tazicef</i>	9	<i>tobramycin</i>	52
TAZORAC	57	<i>tobramycin dexamethasone</i>	52
<i>taztia xt</i>	19	<i>tobramycin nebu</i>	5
TAZVERIK	14	<i>tobramycin sulfate</i>	4, 5
TDVAX	49	<i>tolterodine tartrate</i>	45
TECFIDERA	31	<i>tolterodine tartrate er</i>	45
TECFIDERA STARTER PACK	30	<i>topiramate</i>	23
TEFLARO	9	TOPIRAMATE ER	23
<i>telmisartan</i>	16, 17	<i>toremifene citrate</i>	11
<i>telmisartan/amlodipine</i>	16	<i>toremide</i>	19
<i>telmisartan/hydrochlorothiazide</i>	16	TOUJEO MAX SOLOSTAR	32
<i>temazepam</i>	29	TOUJEO SOLOSTAR	32
TEMIXYS	7	<i>tovet</i>	59
TENIVAC	49	TPN ELECTROLYTES	50
<i>tenofovir disoproxil fumarate</i>	7	TRACLEER	20
TEPMETKO	14	TRADJENTA	34
<i>terazosin hcl</i>	16	<i>tramadol hcl</i>	3
<i>terazosin hydrochloride</i>	16	<i>tramadol hcl er</i>	2

<i>tramadol hydrochloride/acetaminophen</i>	3	TRIZIVIR	7
<i>trandolapril</i>	15, 16	TROGARZO	7
<i>trandolapril/verapamil hcl er</i>	15	TROPHAMINE	51
<i>tranexamic acid</i>	46	<i>trospium chloride</i>	45
<i>tranylcypromine sulfate</i>	25	<i>trospium chloride er</i>	45
TRAVASOL	51	TRULICITY	34
<i>travoprost</i>	53	TRUMENBA	49
<i>trazodone hydrochloride</i>	25	TRUSELTIQ	14
TRECTOR	8	TRUXIMA	14
TRELEGY ELLIPTA	54	TUKYSA	14
<i>treprostinil</i>	20	TURALIO	14
TRESIBA	33	TWINRIX	49
TRESIBA FLEXTOUCH	33	TYBOST	7
<i>tretinoin</i>	12, 56	<i>tydemy</i>	39
TRETINOIN MICROSPHERE	56	TYPHIM VI	49
<i>tri femynor</i>	38	UKONIQ	15
<i>triamcinolone acetonide</i>	40, 59	UNITHROID	42
<i>triamcinolone acetonide dental paste</i>	60	<i>ursodiol</i>	44
<i>triamterene/hydrochlorothiazide</i>	19	<i>valacyclovir hcl</i>	8
<i>triazolam</i>	29	VALCHLOR	60
TRICARE PRENATAL	51	<i>valganciclovir</i>	8
<i>trientine hydrochloride</i>	35	<i>valganciclovir hydrochloride</i>	8
<i>trifluoperazine hcl</i>	28	<i>valproate sodium</i>	23
<i>trifluoperazine hydrochloride</i>	28	<i>valproic acid</i>	23
<i>trifluridine</i>	52	<i>valsartan</i>	17
<i>trihexyphenidyl hcl</i>	26	<i>valsartan/hydrochlorothiazide</i>	16
<i>trihexyphenidyl hydrochloride</i>	26	VALTOCO	23
TRIJARDY XR	34	VANCOMYCIN	5
TRIKAFTA	55	<i>vancomycin hcl</i>	5
<i>tri-legest fe</i>	38	VANCOMYCIN HCL	5
<i>tri-lynyah</i>	38	<i>vancomycin hydrochloride</i>	5
<i>tri-lo-estarylla</i>	38	VANCOMYCIN HYDROCHLORIDE	5
<i>tri-lo-marzia</i>	38	VAQTA	49
<i>tri-lo-mili</i>	38	VARENICLINE TARTRATE	31
<i>tri-lo-sprintec</i>	38	VARIVAX	49
<i>trimethobenzamide hydrochloride</i>	42	VASCEPA	18
<i>trimethoprim</i>	5, 52	<i>velivet</i>	39
<i>trimethoprim sulfate/polymyxin b sulfate</i>	52	VELTASSA	35
<i>tri-mili</i>	38	VEMLIDY	8
<i>trimipramine maleate</i>	25	VENCLEXTA	15
TRINTELLIX	25	VENCLEXTA STARTING PACK	15
<i>tri-nymyo</i>	39	<i>venlafaxine hcl er</i>	25
<i>tri-sprintec</i>	39	<i>venlafaxine hydrochloride</i>	25
TRIUMEQ	7	<i>venlafaxine hydrochloride er</i>	25
TRIUMEQ PD	7	VENTAVIS	20
<i>tri-vite/fluoride</i>	51	VENTOLIN HFA	55
<i>trivora-28</i>	39	<i>verapamil hcl</i>	19
<i>tri-vylibra</i>	39	<i>verapamil hcl er</i>	19
<i>tri-vylibra lo</i>	39	<i>verapamil hcl sr</i>	19

VERAPAMIL HCL SR	19	XERMELO	44
<i>verapamil hydrochloride</i>	19	XGEVA	34
<i>verapamil hydrochloride er</i>	19	XHANCE	56
VERSACLOZ	28	XIFAXAN	44
VERZENIO	15	XIGDUO XR	34
<i>vestura</i>	39	XIIDRA	54
VICTOZA	34	XOLAIR	55
<i>vienva</i>	39	XOSPATA	15
<i>vigabatrin</i>	23	XPOVIO	15
<i>vigadrone</i>	23	XTANDI	11
VIIBRYD STARTER PACK	25	XULTOPHY	33
<i>vilazodone hydrochloride</i>	26	XYREM	31
<i>viorele</i>	39	YF-VAX	49
VIRACEPT	7	<i>yuvafem</i>	39
VIREAD	7	<i>zafirlukast</i>	55
VITRAKVI	15	<i>zaleplon</i>	29
VIVITROL	31	ZARXIO	46
VIZIMPRO	15	ZEJULA	15
<i>volnea</i>	39	ZELBORAF	15
VONJO	15	<i>zenatane</i>	56
<i>voriconazole</i>	5	ZENPEP	44
VOSEVI	8	<i>zenzedi</i>	29
VOTRIENT	15	ZERVIATE	53
VP-PNV-DHA	51	<i>zidovudine</i>	7
VRAYLAR	28	<i>ziprasidone hcl</i>	28
VRAYLAR CAP THERAPY PACK	28	<i>ziprasidone mesylate</i>	28
VUMERITY	31	ZIRABEV	15
<i>vyfemla</i>	39	ZIRGAN	52
<i>vylibra</i>	39	<i>zoledronic acid</i>	35
VYVANSE	29	ZOLEDRONIC ACID	35
VYZULTA	53	ZOLINZA	15
<i>warfarin sodium</i>	45	<i>zolmitriptan</i>	30
WELIREG	12	<i>zolmitriptan odt</i>	30
<i>wera</i>	39	<i>zolpidem tartrate</i>	30
WESTAB PLUS	51	<i>zonisamide</i>	23
<i>wymzya fe</i>	39	<i>zovia 1/35</i>	39
XALKORI	15	<i>zumandimine</i>	39
XARELTO	45	ZYCLARA	60
XARELTO STARTER PACK	45	ZYDELIG	15
XATMEP	47	ZYKADIA	15
XCOPRI	23	ZYLET	52
XELJANZ	47	ZYPREXA RELPREVV	28
XELJANZ XR	47	ZYTIGA	11



# SilverScript®

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This formulary was updated on 08/23/2022. 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.

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