



Upper Peninsula Health Plan (UPHP)

UPHP Advantage (HMO-POS) and UPHP Choice (HMO)

2021 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00021312, Version Number 24

We have made no changes to this Formulary since 11/22/2021. For more recent information or other questions, please contact UPHP Customer Service at 1-877-349-9324 (TTY: 711), Monday through Friday from 8 a.m. to 9 p.m. Eastern Time, with weekend hours Oct. 1 through March 31 or visit www.uphp.com/medicare.

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 Upper Peninsula Health Plan, LLC. When it refers to “plan” or “our plan,” it means UPHP Advantage (HMO-POS) or UPHP Choice (HMO).

This document includes a list of the drugs (Formulary) for our plan which is current as of 11/22/2021. 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 Jan. 1, 2022, and from time to time during the year.

What is the UPHP Advantage and UPHP Choice Formulary?

A Formulary is a list of covered drugs selected by UPHP 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. UPHP will generally cover the drugs listed in our Formulary as long as the drug is medically necessary, the prescription is filled at a UPHP 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 Jan. 1, but UPHP 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 the 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 also find information in the section below entitled “How do I request an exception to the UPHP 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 will 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 new generic drug 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, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, 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 also find information in the section below entitled “How do I request an exception to the UPHP Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 Formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 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 Jan. 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.

The enclosed Formulary is current as of 11/22/2021. To get updated information about the drugs covered by UPHP, please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The Formulary begins on page 8. 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 Agents. If you know what your drug is used for, look for the category name in the list that begins on page number 8. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 103. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

UPHP 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:** UPHP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from UPHP before you fill your prescriptions. If you don't get approval, UPHP may not cover the drug.
- **Quantity Limits:** For certain drugs, UPHP limits the amount of the drug that UPHP will cover. For example, UPHP provides 9 tablets per 30 day prescription for sumatriptan succinate tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, UPHP 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, UPHP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, UPHP 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 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the Formulary, appears on the front and back cover pages.

You can ask UPHP 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 UPHP Formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the UPHP Formulary?

You can ask UPHP 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, UPHP limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

For more information

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

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

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

UPHP's Formulary

The Formulary below provides coverage information about the drugs covered by UPHP. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., sitagliptin). The information in the Requirements/Limits column tells you if UPHP has any special requirements for coverage of your drug.

Below is a table explaining the copayment amounts or coinsurance associated with each tier and retail or mail-order prescriptions.

Drug Tier and Tier Name	Copayment or Coinsurance One Month Supply/Two Month Supply/Three Month supply	
	UPHP Advantage	UPHP Choice
Tier 1: Preferred Generic	Retail: \$0.00/\$0.00/\$0.00 Mail: \$0.00/\$0.00/\$0.00	Retail: \$2.00/\$4.00/\$4.00 Mail: \$2.00/\$3.00/\$3.00
Tier 2: Generic	Retail: \$10.00/\$20.00/\$20.00 Mail: \$10.00/\$15.00/\$15.00	Retail: \$18.00/\$36.00/\$36.00 Mail: \$18.00/\$27.00/\$27.00
Tier 3: Preferred Brand	Retail: \$42.00/\$84.00/\$84.00 Mail: \$42.00/\$63.00/\$63.00	Retail: \$47.00/\$94.00/\$94.00 Mail: \$47.00/\$70.50/\$70.50
Tier 4: Non-Preferred Drug	Retail: \$95.00/\$190.00/\$190.00 Mail: \$95.00/\$142.50/\$142.50	Retail: \$100.00/\$200.00/\$200.00 Mail: \$100.00/\$150.00/\$150.00
Tier 5: Specialty Tier	33% Coinsurance	28% Coinsurance

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LEGEND

TIER	NAME
1	Preferred Generics
2	Generics
3	Preferred Brands
4	Non-Preferred Drugs
5	Specialty

SYMBOL	NAME	DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
ST	Step Therapy	In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

UPPER PENINSULA HEALTH PLAN ADVANTAGE (HMO-POS) (H2161-002) AND UPPER PENINSULA HEALTH PLAN CHOICE (HMO) (H2161-003) – 2021 (List of Covered Drugs)

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
<i>celecoxib</i>	2	QL (60 PER 30 DAYS)
<i>diclofenac 1.5% topical soln</i>	2	PA
<i>diclofenac pot 25 mg tablet</i>	5	
<i>diclofenac pot 50 mg tablet</i>	2	
<i>diclofenac sodium (dr 25 mg tab, dr 50 mg tab, dr 75 mg tab, ec 25 mg tab, ec 50 mg tab, ec 75 mg tab)</i>	2	
<i>diclofenac sodium 1% gel</i>	2	QL (1000 PER 30 DAYS)
<i>diclofenac sodium er</i>	2	
<i>diflunisal</i>	2	
<i>ec-naproxen</i>	2	
<i>etodolac</i>	2	
<i>fenoprofen 600 mg tablet</i>	4	
<i>flurbiprofen</i>	2	
<i>ibu</i>	1	
<i>ibuprofen (400 mg tablet, 600 mg tablet, 800 mg tablet)</i>	1	
<i>ibuprofen 100 mg/5 ml susp</i>	2	
<i>indomethacin (25 mg capsule, 50 mg capsule)</i>	4	
<i>ketoprofen (25 mg capsule, 50 mg capsule, 75 mg capsule)</i>	4	
<i>ketorolac 10 mg tablet</i>	4	QL (20 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ketorolac tromethamine (15 mg/ml syringe, 15 mg/ml vial, 30 mg/ml carpuject, 30 mg/ml isecure syr, 30 mg/ml syringe, 30 mg/ml vial, 60 mg/2 ml carpuject, 60 mg/2 ml syringe, 60 mg/2 ml vial)</i>	4	
<i>meclofenamate sodium</i>	4	
<i>mefenamic acid</i>	4	
<i>meloxicam (7.5 mg tablet, 15 mg tablet)</i>	1	
<i>nabumetone</i>	2	
<i>naproxen (250 mg tablet, 375 mg tablet, 500 mg kit, 500 mg tablet)</i>	1	
<i>naproxen (dr 375 mg tablet, dr 500 mg tablet)</i>	2	
<i>naproxen sodium (275 mg tab, 550 mg tab)</i>	2	
<i>naproxen-esomeprazole mag</i>	5	PA, QL (60 PER 30 DAYS)
<i>oxaprozin (600 mg caplet, 600 mg tablet)</i>	2	
<i>piroxicam</i>	2	
<i>SPRIX</i>	5	QL (5 PER 30 OVER TIME)
<i>sulindac</i>	2	
<i>tolmetin sodium (400 mg cap, 600 mg tab)</i>	4	

Opioid Analgesics, Long-acting

EMBEDA	3	QLC (Subject to Opioid Safety Edits)
<i>fentanyl (12 mcg/hr patch, 25 mcg/hr patch, 37.5 mcg/hr patch, 50 mcg/hr patch, 75 mcg/hr patch, 100 mcg/hr patch)</i>	4	QLC (Subject to Opioid Safety Edits)
<i>fentanyl (62.5 mcg/hr patch, 87.5 mcg/hr patch)</i>	5	QLC (Subject to Opioid Safety Edits)
INFUMORPH	4	QLC (Subject to Opioid Safety Edits)
<i>methadone hcl (10 mg/ml vial, 200 mg/20 ml vial)</i>	4	QLC (Subject to Opioid Safety Edits)
<i>methadone hcl (5 mg tablet, 5 mg/5 ml solution, 10 mg tablet, 10 mg/5 ml solution, 10 mg/ml oral conc)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>methadone intensol</i>	2	QLC (Subject to Opioid Safety Edits)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
METHADOSE	2	QLC (Subject to Opioid Safety Edits)
mitigo	4	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap, 50 mg cap, 60 mg cap, 80 mg cap)	4	QLC (Subject to Opioid Safety Edits)
morphine sulfate er (er 15 mg tablet, er 30 mg tablet, er 60 mg tablet, er 100 mg tablet, er 200 mg tablet)	2	QLC (Subject to Opioid Safety Edits)
morphine sulfate er 100 mg cap	5	QLC (Subject to Opioid Safety Edits)
oxymorphone hcl er (5 mg tablet, 7.5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)	4	QLC (Subject to Opioid Safety Edits)
oxymorphone hcl er 40 mg tab	5	QLC (Subject to Opioid Safety Edits)
XTAMPZA ER	3	QLC (Subject to Opioid Safety Edits)

Opioid Analgesics, Short-acting

ABSTRAL (400 MCG TAB, 600 MCG TAB, 800 MCG TAB)	5	PA, QLC (Subject to Opioid Safety Edits)
acetaminophen-codeine (acetamin-codein 300-30 mg/12.5, acetaminop-codeine 120-12 mg/5, acetaminophen-cod #2 tablet, acetaminophen-cod #3 tablet, acetaminophen-cod #4 tablet)	2	QLC (Subject to Opioid Safety Edits)
butorphanol 10 mg/ml spray	2	QLC (Subject to Opioid Safety Edits)
codeine sulfate (15 mg tablet, 30 mg tablet)	2	QLC (Subject to Opioid Safety Edits)
codeine sulfate 60 mg tablet	4	QLC (Subject to Opioid Safety Edits)
endocet	2	QLC (Subject to Opioid Safety Edits)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
fentanyl citrate (50 mcg/ml vial, 100 mcg/2 ml ampul, 100 mcg/2 ml carpujct, 100 mcg/2 ml syringe, 100 mcg/2 ml vial, 250 mcg/5 ml ampul, 250 mcg/5 ml vial, 500 mcg/10 ml vial, 1,000 mcg/20 ml vial, 2,500 mcg/50 ml vial)	4	PA, QLC (Subject to Opioid Safety Edits)
fentanyl citrate (cit 100 mcg buccal tb, cit 200 mcg buccal tb, cit 400 mcg buccal tb, cit 600 mcg buccal tb, cit 800 mcg buccal tb, cit otfc 1,200 mcg, cit otfc 1,600 mcg, otfc 200 mcg, otfc 400 mcg, otfc 600 mcg, otfc 800 mcg)	5	PA, QLC (Subject to Opioid Safety Edits)
hydrocodone-acetamin 10-300 mg	4	QLC (Subject to Opioid Safety Edits)
hydrocodone-acetaminophen (hydrocodone-acetamin 2.5-108/5, hydrocodone-acetamin 5-217/10, hydrocodone-acetamin 5-300 mg, hydrocodone-acetamin 5-325 mg, hydrocodone-acetamin 7.5-300, hydrocodone-acetamin 7.5-325, hydrocodone-acetamin 10-325 mg, hydrocodone-acetamn 7.5-325/15)	2	QLC (Subject to Opioid Safety Edits)
hydromorphone hcl (0.5 mg/0.5 ml, 1 mg/ml amp, 1 mg/ml carpujct, 1 mg/ml solution, 1 mg/ml syringe, 1 mg/ml vial, 2 mg tablet, 2 mg/ml amp, 2 mg/ml carpujct, 2 mg/ml isecure, 2 mg/ml syringe, 2 mg/ml vial, 4 mg tablet, 4 mg/ml amp, 4 mg/ml carpujct, 5 mg/5 ml soln, 8 mg tablet, 10 mg/ml ampule, 10 mg/ml vial, 50 mg/5 ml amp, 50 mg/5 ml vial, 500 mg/50 ml vl)	2	QLC (Subject to Opioid Safety Edits)
LAZANDA (100 MCG SPRAY, 400 MCG SPRAY)	5	PA
morphine 30 mg/30 ml pca vial	2	PA
morphine sulfate (1 mg/ml vial, 4 mg/ml vial, 5 mg/ml vial, 8 mg/ml vial, 10 mg/ml vial)	2	PA, QLC (Subject to Opioid Safety Edits)
morphine sulfate (2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpujct, 4 mg/ml syringe, 5 mg/10 ml vial, 5 mg/ml syringe, 8 mg/ml carpujct, 10 mg/10 ml vial, 10 mg/ml carpujct, 10 mg/ml syringe, ir 15 mg tab, ir 30 mg tab, sulf 10 mg/5 ml cup, sulf 10 mg/5 ml soln, sulf 20 mg/5 ml soln, sulf 100 mg/5 ml conc)	2	QLC (Subject to Opioid Safety Edits)
OXAYDO	5	QLC (Subject to Opioid Safety Edits)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>oxycodone hcl ((ir) 5 mg cap, (ir) 5 mg tablet, 5 mg/5 ml cup, 5 mg/5 ml soln, (ir) 10 mg tab, (ir) 15 mg tab, (ir) 20 mg tab, (ir) 30 mg tab)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl 100 mg/5 ml conc</i>	4	QLC (Subject to Opioid Safety Edits)
<i>oxycodone hcl-aspirin</i>	2	QLC (Subject to Opioid Safety Edits)
<i>oxycodone-acetaminophen (oxycodone-acetaminophen 5-325, oxycodone-acetaminophen 10-325, oxycodone-acetaminophen 2.5-325, oxycodone-acetaminophen 7.5-325)</i>	2	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl 100 mg tablet</i>	2	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl 50 mg tablet</i>	1	QLC (Subject to Opioid Safety Edits)
<i>tramadol hcl-acetaminophen</i>	2	QLC (Subject to Opioid Safety Edits)

Anesthetics

Local Anesthetics

<i>aprizio pak</i>	2	PA, QL (30 PER 30 DAYS)
<i>dermacinrx empircaine</i>	2	PA, QL (30 PER 30 DAYS)
<i>dermacinrx prizopak</i>	2	PA, QL (30 PER 30 DAYS)
<i>glydo</i>	2	PA, QL (30 PER 30 DAYS)
<i>lidocaine 5% ointment</i>	4	PA, QL (150 PER 30 DAYS)
<i>lidocaine 5% patch</i>	4	PA
<i>lidocaine hcl (jel urojet ac, jelly, jelly uro-jet)</i>	2	PA, QL (30 PER 30 DAYS)
<i>lidocaine hcl 4% solution</i>	2	PA, QL (250 PER 30 DAYS)
<i>lidocaine-prilocaine</i>	2	PA, QL (30 PER 30 DAYS)

Anti-Addiction/Substance Abuse Treatment Agents

Alcohol Deterrents/Anti-craving

<i>acamprosate calcium</i>	2
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>disulfiram</i>	2	
<i>naltrexone hcl</i>	2	
VIVITROL	5	
Opioid Dependence		
<i>buprenorphine hcl (2 mg tablet, 8 mg tablet)</i>	2	
<i>buprenorphine-nalox 2-0.5mg tb</i>	2	QL (360 PER 30 DAYS)
<i>buprenorphine-naloxone (2-0.5mg fm, 8-2 mg tab, 8-2mg film)</i>	2	QL (90 PER 30 DAYS)
<i>buprenorphine-naloxone (4-1mg film, 12-3mg flm)</i>	2	QL (60 PER 30 DAYS)
LUCEMYRA	5	QL (224 PER 14 DAYS)
Opioid Reversal Agents		
<i>naloxone hcl (0.4 mg/ml carpuject, 0.4 mg/ml vial, 2 mg/2 ml syringe, 4 mg/10 ml vial)</i>	2	
NARCAN	4	
Smoking Cessation Agents		
<i>bupropion hcl sr 150 mg tablet</i>	2	QL (60 PER 30 DAYS)
CHANTIX	4	QL (504 PER 365 OVER TIME)
NICOTROL	4	QL (2688 PER 365 OVER TIME)
NICOTROL NS	4	QL (360 PER 365 OVER TIME)
<i>varenicline tartrate (apo-varenicline 0.5 mg tablet, apo-varenicline 1 mg tablet, varenicline 0.5 mg tablet, varenicline 1 mg cont month bx, varenicline 1 mg tablet)</i>	4	QL (504 PER 365 OVER TIME)
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate</i>	4	
<i>gentamicin sulfate (0.1% cream, 0.1% ointment, ped 20 mg/2 ml vial, 80 mg/2 ml vial, 800 mg/20 ml vial)</i>	2	
<i>neomycin sulfate</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paromomycin sulfate</i>	4	
<i>streptomycin sulfate</i>	4	
<i>tobramycin 300 mg/4 ml ampule</i>	5	PA
<i>tobramycin sulfate (1.2 gm vial, 1.2 gram/30 ml vial, 10 mg/ml vial, 40 mg/ml vial, 80 mg/2 ml vial, 1,200 mg/30 ml vial)</i>	2	
Antibacterials, Other		
<i>aztreonam 1 gm vial</i>	4	
<i>aztreonam 2 gm vial</i>	5	
<i>CLEOCIN 100 MG VAGINAL OVULE</i>	4	
<i>clindacin etz</i>	2	
<i>clindacin p</i>	2	
<i>clindamycin (pediatric)</i>	2	
<i>clindamycin hcl</i>	2	
<i>clindamycin phosphate (2% vaginal cream, ph 9 g/60 ml vial, 300 mg/2 ml addvan, ph 300 mg/2 ml vl, ph 600 mg/4 ml vl, ph 900 mg/6 ml vl, phos 1% plegget)</i>	2	
<i>colistimethate</i>	5	
<i>daptomycin</i>	5	
<i>IMPAVIDO</i>	5	
<i>linezolid 100 mg/5 ml susp</i>	5	QL (1800 PER 28 DAYS)
<i>linezolid 600 mg tablet</i>	4	QL (56 PER 28 DAYS)
<i>linezolid-d5w</i>	5	
<i>methenamine hippurate</i>	2	
<i>metronidazole (vaginal 0.75% gl, 250 mg tablet, 500 mg tablet, 500 mg/100 ml)</i>	2	
<i>nitrofurantoin (25 mg cap, 50 mg cap, 100 mg cap)</i>	4	
<i>nitrofurantoin mono-macro</i>	2	
<i>polymyxin b sulfate</i>	2	
<i>SIVEXTRO 200 MG TABLET</i>	5	QL (6 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>tinidazole</i>	2	
<i>trimethoprim</i>	2	
<i>vancomycin hcl (1 gm add-van vial, 1 gm vial, 250 mg vial, 500 mg add-van vial, 500 mg vial, 750 mg add-van vial, 750 mg vial)</i>	2	
<i>vancomycin hcl (50 mg/ml oral soln, 250 mg/5ml oral sol)</i>	4	
<i>vancomycin hcl 125 mg capsule</i>	4	QL (120 PER 30 DAYS)
<i>vancomycin hcl 250 mg capsule</i>	5	QL (240 PER 30 DAYS)
VANDAZOLE	2	
XENLETA 600 MG TABLET	5	

Beta-lactam, Cephalosporins

<i>cefaclor (250 mg capsule, 500 mg capsule)</i>	2	
<i>cefadroxil (1 gm tablet, 250 mg/5 ml susp, 500 mg capsule, 500 mg/5 ml susp)</i>	2	
<i>cefazolin sodium (1 gm add-van vial, 1 gm vial, 500 mg vial)</i>	2	
<i>cefdinir (125 mg/5 ml susp, 250 mg/5 ml susp, 300 mg capsule)</i>	2	
<i>cefpime hcl 1 gm vial</i>	2	
<i>cefpime hcl 2 gram vial</i>	4	
<i>cefixime (100 mg/5 ml susp, 200 mg/5 ml susp)</i>	4	
<i>cefixime 400 mg capsule</i>	3	
<i>cefotaxime sodium 1 gm vial</i>	2	
<i>cefotetan (1 gm vial, 2 gm vial)</i>	2	
<i>cefoxitin</i>	2	
<i>cefpodoxime proxetil (100 mg tablet, 200 mg tablet)</i>	2	
<i>cefpodoxime proxetil (50 mg/5 ml susp, 100 mg/5 ml susp)</i>	4	
<i>cefprozil (125 mg/5 ml susp, 250 mg tablet, 250 mg/5 ml susp, 500 mg tablet)</i>	2	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>ceftazidime (1 gm vial, 2 gm vial, 6 gm vial)</i>	2
<i>ceftriaxone (1 gm add-vant vial, 1 gm vial, 2 gm add vial, 2 gm vial, 250 mg vial, 500 mg vial)</i>	2
<i>cefuroxime</i>	2
<i>cefuroxime sodium</i>	2
<i>cephalexin (125 mg/5 ml susp, 250 mg capsule, 250 mg tablet, 250 mg/5 ml susp, 500 mg capsule)</i>	2
<i>FETROJA</i>	5
<i>SUPRAX (100 MG TABLET, 200 MG TABLET)</i>	3
<i>SUPRAX 500 MG/5 ML SUSPENSION</i>	4
<i>tazicef</i>	2
<i>TEFLARO</i>	5

Beta-lactam, Penicillins

<i>amoxicillin (125 mg tab chew, 125 mg/5 ml susp, 200 mg/5 ml susp, 250 mg capsule, 250 mg tab chew, 250 mg/5 ml susp, 400 mg/5 ml susp, 500 mg capsule, 500 mg tablet, 875 mg tablet)</i>	2
<i>amoxicillin-clavulanate pot er</i>	4
<i>amoxicillin-clavulanate potass (200-28.5 mg tab chew, 200-28.5 mg/5 ml sus, 250-125 mg tablet, 250-62.5 mg/5 ml sus, 400-57 mg tab chew, 400-57 mg/5 ml susp, 500-125 mg tablet, 600-42.9 mg/5 ml sus, 875-125 mg tablet)</i>	2
<i>ampicillin 500 mg capsule</i>	2
<i>ampicillin sodium (1 gm add-vantage vl, 1 gm vial)</i>	2
<i>ampicillin-sulbactam</i>	2
<i>BICILLIN C-R</i>	4
<i>BICILLIN L-A</i>	4
<i>dicloxacillin sodium</i>	2

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>nafcillin</i>	5
<i>nafcillin 10 gm bulk vial</i>	5
<i>nafcillin sodium (1 gm add-van vial, 1 gm vial, 2 gm add-vant vial, 2 gm vial)</i>	4
<i>penicillin g sodium</i>	5
<i>penicillin v potassium (125 mg/5 ml soln, 250 mg tablet, 250 mg/5 ml soln, 500 mg tablet)</i>	2
<i>piperacillin-tazobactam</i>	2
Carbapenems	
<i>ertapenem</i>	4
<i>imipenem-cilastatin sodium</i>	4
<i>meropenem (iv 1 gm vial, iv 500 mg vial)</i>	4
Macrolides	
<i>azithromycin (1 gm pwd packet, 100 mg/5 ml susp, 200 mg/5 ml susp, 250 mg tablet, 500 mg add-van vl, 500 mg tablet, 600 mg tablet, i.v. 500 mg vial)</i>	2
<i>clarithromycin (125 mg/5 ml sus, 250 mg/5 ml sus)</i>	4
<i>clarithromycin (250 mg tablet, 500 mg tablet)</i>	2
<i>clarithromycin er</i>	4
<i>DIFICID (40 MG/ML SUSPENSION, 200 MG TABLET)</i>	5
<i>ERYPED 400</i>	5
<i>ERYTHROCIN STEARATE</i>	4
<i>erythromycin (250 mg tablet, dr 250 mg cap, dr 250 mg tablet, dr 333 mg tablet, 500 mg tablet, dr 500 mg tablet)</i>	4
<i>erythromycin ethylsuccinate (200 mg/5 ml susp, 400 mg/5 ml susp, es 400 mg tab)</i>	4
Quinolones	
<i>BAXDELA 450 MG TABLET</i>	5
<i>ciprofloxacin 200 mg/100ml-d5w</i>	2

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
ciprofloxacin 500 mg/5 ml susp	2
ciprofloxacin hcl (250 mg tab, 500 mg tab, 750 mg tab)	2
ciprofloxacin hcl 100 mg tab	4
levofloxacin (25 mg/ml solution, 500 mg/20 ml vial, 750 mg/30 ml vial)	4
levofloxacin (250 mg tablet, 500 mg tablet, 750 mg tablet)	2
moxifloxacin 400 mg/250 ml bag	4
moxifloxacin hcl	4
ofloxacin (300 mg tablet, 400 mg tablet)	2

Sulfonamides

sulfadiazine	4
sulfamethoxazole-tmp ss tablet	1
sulfamethoxazole-trimethoprim (20 ml cup, ds tablet, susp)	2

Tetracyclines

demeclacycline hcl	4
doxy 100	4
doxycycline 25 mg/5 ml susp	4
doxycycline hyclate (50 mg cap, 100 mg cap, 100 mg tab)	2
doxycycline hyclate 100 mg vl	4
doxycycline ir-dr	4
doxycycline monohydrate (50 mg cap, 50 mg tablet, 100 mg cap, 100 mg tablet)	2
minocycline hcl (50 mg capsule, 75 mg capsule, 100 mg capsule)	2
monodoxine nl 100 mg capsule	2
morgidox 100 mg capsule	2
NUZYRA (150 MG TABLET, 150 MG TABLET-7 DAY, 150 MG-7 DAY WITH LOAD)	5

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SEYSARA	5	
<i>tetracycline hcl (250 mg capsule, 500 mg capsule)</i>	4	
VIBRAMYCIN 50 MG/5 ML SYRUP	4	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT (10 MG TABLET, 10 MG/ML ORAL SOLN, 25 MG TABLET, 50 MG TABLET, 75 MG TABLET, 100 MG TABLET)	5	PA
EPIDIOLEX	5	PA
<i>felbamate (400 mg tablet, 600 mg tablet)</i>	4	
<i>felbamate (600 mg/5 ml susp, 600 mg/5 ml susp cup)</i>	5	
FINTEPLA	5	PA
FYCOMPA (0.5 MG/ML ORAL SUSP, 2 MG TABLET)	4	
FYCOMPA (4 MG TABLET, 6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	
<i>lamotrigine</i>	2	
<i>lamotrigine (blue)</i>	4	
<i>lamotrigine (green)</i>	4	
<i>lamotrigine (orange)</i>	4	
<i>lamotrigine odt (orange)</i>	4	
<i>levetiracetam (100 mg/ml soln, 250 mg tablet, 500 mg tablet, 500 mg/5 ml cup, 500 mg/5 ml soln, 750 mg tablet, 1,000 mg tablet, 1,000mg/10ml cup)</i>	2	
<i>levetiracetam er</i>	2	
NAYZILAM	5	QL (10 PER 30 OVER TIME)
<i>roweepra</i>	2	
<i>roweepra xr</i>	2	
SPRITAM	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>subvenite</i>	2	
<i>subvenite (blue)</i>	4	
<i>subvenite (green)</i>	4	
<i>subvenite (orange)</i>	4	
<i>topiramate</i>	2	
<i>valproic acid (250 mg capsule, 250 mg/5 ml cup, 250 mg/5 ml soln, 500 mg/10 ml cup, 500 mg/10 ml sol)</i>	2	
<i>XCOPRI (12.5-25 MG TITRATION PK, 50 MG TABLET, 100 MG TABLET, 150 MG TABLET)</i>	4	PA
<i>XCOPRI (50-100 MG TITRATION PAK, 150-200 MG TITRATION PK, 200 MG TABLET, 250 MG DAILY DOSE PACK, 350 MG DAILY DOSE PACK)</i>	5	PA

Calcium Channel Modifying Agents

<i>CELONTIN</i>	4	
<i>ethosuximide (250 mg capsule, 250 mg/5 ml soln)</i>	2	

Gamma-aminobutyric Acid (GABA) Augmenting Agents

<i>clobazam (10 mg tablet, 20 mg tablet)</i>	4	
<i>clobazam 2.5 mg/ml suspension</i>	5	
<i>clonazepam (0.125 mg dis tab, 0.125 mg odt, 0.25 mg odt, 0.5 mg dis tablet, 0.5 mg odt, 1 mg dis tablet, 1 mg odt)</i>	2	QL (90 PER 30 DAYS)
<i>clonazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>clonazepam 2 mg odt</i>	2	QL (300 PER 30 DAYS)
<i>clonazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>DIACOMIT</i>	5	PA
<i>diazepam (2.5 mg gel sys, 10 mg gel syst, 20 mg gel syst)</i>	4	
<i>divalproex sodium</i>	2	
<i>divalproex sodium er</i>	2	
<i>gabapentin (100 mg capsule, 300 mg capsule)</i>	2	QL (360 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gabapentin (250 mg/5 ml soln, 250 mg/5ml soln cup, 300 mg/6 ml soln, 300 mg/6ml soln cup)</i>	4	QL (2160 PER 30 DAYS)
<i>gabapentin 400 mg capsule</i>	2	QL (270 PER 30 DAYS)
<i>gabapentin 600 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>gabapentin 800 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>phenobarbital (15 mg tablet, 16.2 mg tablet, 20 mg/5 ml cup, 20 mg/5 ml elix, 20 mg/5 ml soln, 30 mg tablet, 30 mg/7.5 ml cup, 32.4 mg tablet, 60 mg tablet, 60 mg/15 ml cup, 64.8 mg tablet, 97.2 mg tablet, 100 mg tablet)</i>	4	PA
<i>phenobarbital sodium</i>	2	PA
<i>primidone (50 mg tablet, 250 mg tablet)</i>	2	
SYMPAZAN	5	
<i>tiagabine hcl</i>	4	
VALTOCO	5	QL (10 PER 30 OVER TIME)
<i>vigabatrin</i>	5	PA
<i>vigadrone 500 mg powder packet</i>	5	PA

Sodium Channel Agents

APTIOM	5
BANZEL (40 MG/ML SUSPENSION, 200 MG TABLET, 400 MG TABLET)	5
<i>carbamazepine (100 mg tab chew, 100 mg/5 ml susp, 200 mg tablet, 200 mg/10 ml cup)</i>	2
<i>carbamazepine er</i>	2
DILANTIN 30 MG CAPSULE	4
<i>epitol</i>	2
<i>oxcarbazepine (150 mg tablet, 300 mg tablet, 600 mg tablet)</i>	2
<i>oxcarbazepine (300 mg/5 ml cup, 300 mg/5 ml susp)</i>	4
PEGANONE	4
<i>phenytoin (50 mg infatab chew, 50 mg tablet chew, 100 mg/4 ml susp cup, 125 mg/5 ml susp)</i>	2

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>phenytoin sodium extended</i>	2
<i>rufinamide (40 mg/ml suspension, 200 mg tablet, 400 mg tablet)</i>	5
VIMPAT (10 MG/ML SOLUTION, 50 MG TABLET)	4
VIMPAT (100 MG TABLET, 150 MG TABLET, 200 MG TABLET)	5
<i>zonisamide</i>	2

Antidementia Agents

Antidementia Agents, Other

<i>ergoloid mesylates</i>	4	
NAMZARIC (7 MG CAPSULE, 14 MG CAPSULE, 21 MG CAPSULE, 28 MG CAPSULE)	4	ST, QL (30 PER 30 DAYS)
NAMZARIC TITRATION PACK	4	ST, QL (56 PER 365 OVER TIME)

Cholinesterase Inhibitors

<i>donepezil hcl (5 mg tablet, 10 mg tablet)</i>	2	
<i>donepezil hcl 23 mg tablet</i>	4	
<i>donepezil hcl odt</i>	2	
<i>galantamine er</i>	2	
<i>galantamine hbr</i>	2	
<i>galantamine hydrobromide</i>	4	
<i>rivastigmine (1.5 mg capsule, 3 mg capsule, 4.5 mg capsule, 6 mg capsule)</i>	2	
<i>rivastigmine (4.6 mg/24hr patch, 9.5 mg/24hr patch, 13.3 mg/24hr ptch)</i>	4	

N-methyl-D-aspartate (NMDA) Receptor Antagonist

<i>memantine hcl (5 mg tablet, 5-10 mg titration pk, 10 mg tablet)</i>	2	
<i>memantine hcl 2 mg/ml solution</i>	4	
<i>memantine hcl er</i>	4	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antidepressants		
Antidepressants, Other		
bupropion hcl	2	
bupropion hcl sr 100 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl sr 150mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl sr 200 mg tablet	2	QL (60 PER 30 DAYS)
bupropion hcl xl 150 mg tablet	2	QL (90 PER 30 DAYS)
bupropion hcl xl 300 mg tablet	2	QL (30 PER 30 DAYS)
chlordiazepoxide-amitriptyline	4	PA
mirtazapine	2	
perphenazine-amitriptyline	4	PA
SPRAVATO (56 MG PACK, 84 MG PACK)	5	PA
Monoamine Oxidase Inhibitors		
EMSAM	5	ST, QL (30 PER 30 DAYS)
MARPLAN	4	
phenelzine sulfate	2	
tranylcypromine sulfate	4	
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor		
citalopram hbr (10 mg tablet, 20 mg tablet, 40 mg tablet)	1	
citalopram hbr (10 mg/5 ml soln, 20 mg/10 ml cup)	2	
desvenlafaxine succinate er (er 25 mg, er 50 mg)	2	QL (30 PER 30 DAYS)
desvenlafaxine succnt er 100mg	2	QL (120 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 20 MG CAP, DR 60 MG CAP)	4	QL (60 PER 30 DAYS)
DRIZALMA SPRINKLE (DR 30 MG CAP, DR 40 MG CAP)	4	QL (90 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>duloxetine hcl (dr 20 mg cap, dr 60 mg cap)</i>	2	QL (60 PER 30 DAYS)
<i>duloxetine hcl (dr 30 mg cap, dr 40 mg cap)</i>	2	QL (90 PER 30 DAYS)
<i>escitalopram oxalate (5 mg tablet, 5 mg/5 ml, 10 mg tablet, 20 mg tablet)</i>	2	
FETZIMA (ER 20 MG CAPSULE, ER 40 MG CAPSULE, ER 80 MG CAPSULE, ER 120 MG CAPSULE)	4	ST, QL (30 PER 30 DAYS)
FETZIMA 20-40 MG TITRATION PAK	4	ST, QL (56 PER 365 OVER TIME)
<i>fluoxetine hcl (10 mg capsule, 20 mg capsule, 40 mg capsule)</i>	1	
<i>fluoxetine hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml solution)</i>	2	
<i>fluvoxamine maleate</i>	2	
<i>nefazodone hcl</i>	4	
<i>paroxetine cr</i>	4	
<i>paroxetine er</i>	4	
<i>paroxetine hcl (10 mg tablet, 20 mg tablet, 30 mg tablet, 40 mg tablet)</i>	4	
<i>paroxetine mesylate</i>	4	QL (30 PER 30 DAYS)
PAXIL 10 MG/5 ML SUSPENSION	4	
<i>sertraline 20 mg/ml oral conc</i>	2	
<i>sertraline hcl (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	1	
<i>trazodone hcl</i>	2	
TRINTELLIX	4	QL (30 PER 30 DAYS)
<i>venlafaxine hcl</i>	2	
<i>venlafaxine hcl er (37.5 mg cap, 75 mg cap, 150 mg cap)</i>	2	
<i>venlafaxine hcl er (37.5 mg tab, 75 mg tab, 150 mg tab, 225 mg tab)</i>	4	
VIIBRYD (10 MG TABLET, 20 MG TABLET, 40 MG TABLET)	4	QL (30 PER 30 DAYS)
VIIBRYD 10-20 MG STARTER PACK	4	QL (60 PER 365 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Tricyclics		
<i>amitriptyline hcl</i>	4	PA
<i>amoxapine</i>	4	
<i>clomipramine hcl</i>	4	
<i>desipramine hcl</i>	4	
<i>doxepin hcl (10 mg capsule, 10 mg/ml oral conc, 25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule)</i>	4	PA
<i>imipramine hcl</i>	4	
<i>nortriptyline hcl (10 mg cap, 10 mg/5 ml soln, 25 mg cap, 50 mg cap, 75 mg cap)</i>	2	
<i>protriptyline hcl</i>	4	
<i>trimipramine maleate</i>	4	
Antiemetics		
Antiemetics, Other		
<i>compro</i>	2	
<i>doxylamine succ-pyridoxine hcl</i>	4	QL (120 PER 30 DAYS)
<i>meclizine hcl (12.5 mg tablet, 25 mg tablet)</i>	4	
<i>phenadoz</i>	4	PA
<i>prochlorperazine</i>	2	
<i>prochlorperazine 10 mg/2 ml vi</i>	4	
<i>prochlorperazine maleate</i>	2	
<i>promethazine hcl (12.5 mg suppos, 12.5 mg tablet, 25 mg suppository, 25 mg tablet, 50 mg tablet)</i>	4	
<i>promethazine hcl (6.25 mg/5 ml soln, 6.25 mg/5 ml syrup)</i>	2	
<i>promethegan (25 mg, 50 mg)</i>	4	
<i>promethegan 12.5 mg suppos</i>	4	PA
<i>scopolamine</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Emetogenic Therapy Adjuncts		
AKYNZEO 300-0.5 MG CAPSULE	4	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125 mg capsule</i>	4	PA, QL (2 PER 30 OVER TIME)
<i>aprepitant 125-80-80 mg pack</i>	4	PA, QL (6 PER 30 OVER TIME)
<i>aprepitant 40 mg capsule</i>	4	PA, QL (1 PER 30 OVER TIME)
<i>aprepitant 80 mg capsule</i>	4	PA, QL (8 PER 30 OVER TIME)
<i>dronabinol</i>	4	PA, QL (60 PER 30 OVER TIME)
EMEND 125 MG POWDER PACKET	4	PA, QL (6 PER 30 OVER TIME)
<i>gransetron hcl 1 mg tablet</i>	2	PA, QL (30 PER 30 OVER TIME)
<i>ondansetron hcl (4 mg tablet, 8 mg tablet)</i>	2	PA
<i>ondansetron hcl (4 mg/5 ml soln cup, 4 mg/5 ml solution)</i>	4	PA, QL (450 PER 30 DAYS)
<i>ondansetron hcl 24 mg tablet</i>	2	PA, QL (14 PER 28 OVER TIME)
<i>ondansetron odt</i>	2	PA
SANCUSO	5	QL (2 PER 30 OVER TIME)
SYNDROS	5	PA, QL (120 PER 30 DAYS)
Antifungals		
ABELCET	4	PA
AMBISOME	5	PA
<i>amphotericin b</i>	4	PA
<i>caspofungin acetate</i>	5	
<i>clotrimazole (clotrimazole 1% top cream grx, clotrimazole 1% topical cream, clotrimazole 10 mg troche, cvs clotrimazole 1% top cream, qc clotrimazole 1% top cream, sm clotrimazole 1% top cream, tm-clotrimazole 1% top cream)</i>	2	
CRESEMBA 186 MG CAPSULE	5	
<i>econazole nitrate</i>	2	
<i>fluconazole (10 mg/ml susp, 40 mg/ml susp, 50 mg tablet, 100 mg tablet, 150 mg tablet, 200 mg tablet)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluconazole-nacl (200 mg/100 ml, 400 mg/200 ml)</i>	2	
<i>flucytosine</i>	5	
<i>griseofulvin 125 mg/5 ml susp</i>	2	
<i>griseofulvin micro 500 mg tab</i>	4	
<i>griseofulvin ultramicrosize</i>	4	
<i>itraconazole (10 mg/ml solution, 100 mg/10 ml cup)</i>	5	PA
<i>itraconazole 100 mg capsule</i>	4	PA
JUBLIA	4	
<i>ketoconazole (2% cream, 2% shampoo, 200 mg tablet)</i>	2	
<i>miconazole 3 200 mg vag supp</i>	2	
<i>naftifine hcl (1% cream, 1% gel, 2% cream)</i>	4	
NOXAFIL 40 MG/ML SUSPENSION	5	
nyamyc	2	
<i>nystatin (100,000 unit/gm cream, 100,000 unit/gm oint, 100,000 unit/gm powd, 100,000 unit/ml susp, 500,000 unit oral tab, 500,000 unit/5 ml cup, 500,000 unit/5 ml sus)</i>	2	
nystop	2	
<i>posaconazole dr 100 mg tablet</i>	5	
<i>terbinafine hcl</i>	2	QL (84 PER 180 OVER TIME)
<i>terconazole (0.4% cream, 0.8% cream, 80 mg suppository)</i>	2	
TOLSURA	5	PA
<i>voriconazole (40 mg/ml susp, 200 mg vial)</i>	5	
<i>voriconazole (50 mg tablet, 200 mg tablet)</i>	4	

Antigout Agents

<i>allopurinol (100 mg tablet, 300 mg tablet)</i>	2
<i>colchicine</i>	4
<i>febuxostat</i>	4

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
GLOPERBA	4	ST
<i>probenecid</i>	2	
<i>probenecid-colchicine</i>	2	

Antimigraine Agents

Ergot Alkaloids

<i>dihydroergotamine 1 mg/ml amp</i>	5	PA
<i>dihydroergotamine 4 mg/ml spry</i>	5	PA, QL (8 PER 30 OVER TIME)
ERGOMAR	5	
<i>ergotamine-caffeine</i>	3	
<i>migergot</i>	5	

Prophylactic

AIMOVIG 140 MG/ML AUTOINJECTOR	4	PA, QL (1 PER 30 DAYS)
AIMOVIG 70 MG/ML AUTOINJECTOR	4	PA, QL (2 PER 30 DAYS)
AIMOVIG AUTOINJECTOR (2 PACK)	4	PA, QL (2 PER 30 DAYS)
EMGALITY 120 MG/ML SYRINGE	4	PA, QL (1 PER 30 DAYS)
EMGALITY PEN	4	PA, QL (1 PER 30 DAYS)
EMGALITY SYRINGE (100 MG/ML SYR(1 OF 3), 300 MG (100 MG X3SYR))	5	PA, QL (3 PER 30 DAYS)
NURTEC ODT	5	PA, QL (18 PER 30 OVER TIME)
<i>timolol maleate (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
UBRELVY	5	PA, QL (16 PER 30 OVER TIME)

Serotonin (5-HT) Receptor Agonist

<i>eletriptan hbr</i>	4	QL (12 PER 30 OVER TIME)
<i>frovatriptan succinate</i>	4	QL (12 PER 30 OVER TIME)
<i>naratriptan hcl</i>	2	QL (9 PER 30 OVER TIME)
<i>rizatriptan</i>	2	QL (18 PER 30 OVER TIME)
<i>sumatriptan</i>	4	QL (12 PER 30 OVER TIME)
<i>sumatriptan 6 mg/0.5 ml syrng</i>	2	QL (5 PER 30 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>sumatriptan succinate (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2	QL (9 PER 30 OVER TIME)
<i>sumatriptan succinate (4 mg/0.5 ml cart, 4 mg/0.5 ml inject, 6 mg/0.5 ml vial, 6 mg/0.5ml autoinj)</i>	4	QL (5 PER 30 OVER TIME)
TOSYMRA	4	QL (12 PER 30 OVER TIME)
<i>zolmitriptan (2.5 mg tablet, 5 mg tablet)</i>	2	QL (12 PER 30 OVER TIME)

Antimyasthenic Agents

Parasympathomimetics

<i>guanidine hcl</i>	4
<i>pyridostigmine br 60 mg tablet</i>	2
<i>pyridostigmine bromide (60 mg/5 ml cup, 60 mg/5 ml soln)</i>	5
<i>pyridostigmine bromide er</i>	4

Antimycobacterials

Antimycobacterials, Other

<i>dapsone (25 mg tablet, 100 mg tablet)</i>	2
<i>rifabutin</i>	4

Antituberculars

<i>ethambutol hcl</i>	2
<i>isoniazid (100 mg tablet, 300 mg tablet)</i>	1
<i>isoniazid 50 mg/5 ml solution</i>	2
PASER	4
PRIFTIN	4
<i>pyrazinamide</i>	2
<i>rifampin (150 mg capsule, 300 mg capsule)</i>	2
<i>rifampin iv 600 mg vial</i>	4
SIRTURO	5
TRECATOR	4

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Antineoplastics		
Alkylating Agents		
cyclophosphamide (25 mg capsule, 50 mg capsule)		
GLEOSTINE (40 MG CAPSULE, 100 MG CAPSULE)	5	
GLEOSTINE 10 MG CAPSULE	4	
ifosfamide 3 gm vial	4	
LEUKERAN	5	
MATULANE	5	
thiotepa 100 mg vial	5	
VALCHLOR	5	PA
ZEPZELCA	5	PA
Antiandrogens		
abiraterone acetate	5	PA
bicalutamide	2	
ERLEADA 60 MG TABLET	5	PA
flutamide	2	
nilutamide	5	
NUBEQA	5	PA
XTANDI	5	PA
YONSA	5	PA
ZYTIGA 500 MG TABLET	5	PA
Antiangiogenic Agents		
FOTIVDA	5	PA
POMALYST	5	PA
QINLOCK	5	PA
REVLIMID	5	PA
TABRECTA	5	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
THALOMID	5	PA
Antiestrogens/Modifiers		
EMCYT	5	
SOLTAMOX	5	
<i>tamoxifen citrate</i>	2	
<i>toremifene citrate</i>	5	
Antimetabolites		
<i>adrucil</i>	2	PA
<i>cytarabine</i>	2	PA
DROXIA	4	
<i>fluorouracil (1 gram/20 ml vial, 2.5 gram/50 ml vial, 5 gram/100 ml vial, 500 mg/10 ml vial)</i>	2	PA
<i>hydroxyurea</i>	2	
<i>mercaptopurine</i>	4	
PURIXAN	5	
SIKLOS 1,000 MG TABLET	5	PA
SIKLOS 100 MG TABLET	4	PA
TABLOID	5	
Antineoplastics, Other		
<i>bleomycin sulfate</i>	2	PA
<i>daunorubicin hcl (20 mg/4 ml vial, 50 mg/10 ml vial)</i>	2	
GAVRETO	5	PA
IBRANCE (75 MG TABLET, 100 MG TABLET, 125 MG TABLET)	5	PA
IDHIFA	5	PA, QL (30 PER 30 DAYS)
INREBIC	5	PA
KISQALI FEMARA CO-PACK	5	PA
LONSURF	5	PA
LUMAKRAS 120 MG TABLET	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NINLARO	5	PA
ONUREG	5	PA
PEMAZYRE	5	PA, QL (30 PER 30 DAYS)
PHESGO	5	PA
RETEVMO	5	PA
ROMIDEPSIN 27.5 MG/5.5 ML VIAL	5	PA
SYNRIBO	5	PA
TAZVERIK	5	PA
TRUSELTIQ	5	PA
TUKYSA	5	PA
<i>vinorelbine tartrate</i>	2	
XPOVIO	5	PA
ZOLINZA	5	PA
Aromatase Inhibitors, 3rd Generation		
<i>anastrozole</i>	2	
<i>exemestane</i>	4	
<i>letrozole</i>	2	
Enzyme Inhibitors		
<i>etoposide (100 mg/5 ml vial, 500 mg/25 ml vial, 1,000 mg/50 ml vial)</i>	2	
<i>irinotecan hcl (40 mg/2 ml vial, 500 mg/25 ml vial)</i>	2	
<i>toposar</i>	2	
Molecular Target Inhibitors		
AFINITOR 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
AFINITOR DISPERZ	5	PA
ALECensa	5	PA
ALUNBRIG (90 MG TABLET, 180 MG TABLET)	5	PA, QL (30 PER 30 DAYS)
ALUNBRIG 30 MG TABLET	5	PA, QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ALUNBRIG 90 MG-180 MG TAB PACK	5	PA, QL (60 PER 365 OVER TIME)
AYVAKIT	5	PA, QL (30 PER 30 DAYS)
BALVERSA	5	PA
BOSULIF (100 MG TABLET, 400 MG TABLET, 500 MG TABLET)	5	PA
BRAFTOVI	5	PA
BRUKINSA	5	PA
CABOMETYX	5	PA
CALQUENCE 100 MG CAPSULE	5	PA
CAPRELSA 100 MG TABLET	5	PA, QL (60 PER 30 DAYS)
CAPRELSA 300 MG TABLET	5	PA
COMETRIQ	5	PA
COPIKTRA	5	PA
COTELLIC	5	PA
DAURISMO	5	PA
ERIVEDGE	5	PA
<i>erlotinib hcl</i>	5	PA
<i>everolimus (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet)</i>	5	PA, QL (30 PER 30 DAYS)
FARYDAK	5	PA
GILOTrif	5	PA, QL (30 PER 30 DAYS)
IBRANCE (75 MG CAPSULE, 100 MG CAPSULE, 125 MG CAPSULE)	5	PA
ICLUSIG (30 MG TABLET, 45 MG TABLET)	5	PA
ICLUSIG 10 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ICLUSIG 15 MG TABLET	5	PA, QL (60 PER 30 DAYS)
<i>imatinib mesylate</i>	5	PA
IMBRUVICA (70 MG CAPSULE, 140 MG CAPSULE, 140 MG TABLET, 280 MG TABLET, 420 MG TABLET, 560 MG TABLET)	5	PA
INLYTA	5	PA
INQOVI	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
IRESSA	5	PA
JAKAFI (5 MG TABLET, 15 MG TABLET, 20 MG TABLET, 25 MG TABLET)	5	PA
JAKAFI 10 MG TABLET	5	PA, QL (60 PER 30 DAYS)
KISQALI	5	PA
KOSELUGO	5	PA
<i>lapatinib</i>	5	PA
LENVIMA	5	PA
LORBRENA	5	PA
LYNPARZA	5	PA
MEKINIST (0.5 MG TABLET, 2 MG TABLET)	5	PA
MEKTOVI	5	PA
NERLYNX	5	PA, QL (180 PER 30 DAYS)
NEXAVAR	5	PA
ODOMZO	5	PA
PIQRAY	5	PA
ROZLYTREK (100 MG CAPSULE, 200 MG CAPSULE)	5	PA
RUBRACA	5	PA
RYDAPT	5	PA
SPRYCEL	5	PA
STIVARGA	5	PA
<i>sunitinib malate</i>	5	PA
SUTENT	5	PA
TAFINLAR (50 MG CAPSULE, 75 MG CAPSULE)	5	PA
TAGRISSO 40 MG TABLET	5	PA, QL (30 PER 30 DAYS)
TAGRISSO 80 MG TABLET	5	PA
TALZENNA (0.25 MG CAPSULE, 1 MG CAPSULE)	5	PA
TASIGNA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TEPMETKO	5	PA
TIBSOVO	5	PA
TURALIO 200 MG CAPSULE	5	PA
TYKERB	5	PA
UKONIQ	5	Ukoniq (s)
VENCLEXTA (10 MG TAB (10MG X 2), 10 MG TABLET)	3	PA
VENCLEXTA (50 MG TABLET, 100 MG TABLET)	5	PA
VENCLEXTA STARTING PACK	5	PA
VERZENIO	5	PA
VITRAKVI (20 MG/ML SOLUTION, 25 MG CAPSULE, 100 MG CAPSULE)	5	PA
VIZIMPRO	5	PA
VOTRIENT	5	PA
WELIREG	5	PA
XALKORI (200 MG CAPSULE, 250 MG CAPSULE)	5	PA
XOSPATA	5	PA
ZEJULA 100 MG CAPSULE	5	PA
ZELBORAF	5	PA
ZYDELIG	5	PA
ZYKADIA	5	PA

Monoclonal Antibody/Antibody-Drug Conjugate

AVASTIN	5	PA
DARZALEX FASPRO	5	PA
HERCEPTIN 150 MG VIAL	5	PA
HERCEPTIN HYLECTA	5	PA
MVASI	5	PA
ONTRUZANT	5	PA
RITUXAN	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RITUXAN HYCELA	5	PA
RUXIENCE	5	PA
SARCLISA	5	PA
TRODELVY	5	PA
ZIRABEV	5	PA
Retinoids		
<i>bexarotene 75 mg capsule</i>	5	PA
PANRETIN	5	
TARGRETIN 1% GEL	5	PA
<i>tretinoin 10 mg capsule</i>	5	
Treatment Adjuncts		
<i>leucovorin calcium (100 mg/10 ml vial, 500 mg/50 ml vial)</i>	2	PA
<i>leucovorin calcium (15 mg tab, 25 mg tab, 200 mg vial)</i>	4	
<i>leucovorin calcium (5 mg tab, 10 mg tab, 50 mg vial, 100 mg vial, 350 mg vial, 500 mg vial)</i>	2	
MESNEX 400 MG TABLET	5	
Antiparasitics		
Anthelmintics		
<i>albendazole</i>	5	
<i>ivermectin 3 mg tablet</i>	2	PA
<i>praziquantel</i>	4	
Antiprotozoals		
<i>ALINIA (100 MG/5 ML SUSPENSION, 500 MG TABLET)</i>	5	
<i>atovaquone</i>	5	
<i>atovaquone-proguanil hcl</i>	2	
<i>benznidazole</i>	4	
<i>chloroquine phosphate</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
COARTEM	4	
<i>hydroxychloroquine 200 mg tab</i>	2	
<i>mefloquine hcl</i>	2	
<i>nitazoxanide</i>	5	
<i>pentamidine 300 mg inhal powdr</i>	2	PA
<i>pentamidine 300 mg inject vial</i>	2	
<i>primaquine</i>	2	
<i>pyrimethamine</i>	5	PA
<i>quinine sulfate</i>	2	PA

Antiparkinson Agents

Anticholinergics

<i>benztropine mesylate (0.5 mg tab, 1 mg tablet, 2 mg tablet)</i>	2	
<i>trihexyphenidyl 2 mg/5 ml soln</i>	2	
<i>trihexyphenidyl hcl (2 mg tablet, 5 mg tablet)</i>	4	

Antiparkinson Agents, Other

<i>entacapone</i>	2	
<i>GOCOVRI</i>	5	PA
<i>tolcapone</i>	5	

Dopamine Agonists

<i>APOKYN</i>	5	PA, QL (90 PER 30 DAYS)
<i>bromocriptine mesylate</i>	4	
<i>KYNNMOBI (10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM)</i>	5	PA, QL (150 PER 30 DAYS)
<i>NEUPRO</i>	4	ST
<i>pramipexole dihydrochloride</i>	2	
<i>ropinirole hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa</i>	4	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa er</i>	2	
INBRIJA	5	PA
RYTARY	4	ST
Monoamine Oxidase B (MAO-B) Inhibitors		
<i>rasagiline mesylate</i>	4	
<i>selegiline hcl</i>	2	
Antipsychotics		
1st Generation/Typical		
<i>chlorpromazine hcl</i> (10 mg tablet, 25 mg tablet, 25 mg/ml amp, 25 mg/ml ampule, 30 mg/ml conc, 50 mg tablet, 50 mg/2 ml amp, 100 mg tablet, 100 mg/ml conc, 200 mg tablet)	4	
<i>fluphenazine decanoate</i>	4	
<i>fluphenazine hcl</i> (1 mg tablet, 2.5 mg tablet, 2.5 mg/5 ml elix, 2.5 mg/ml vial, 5 mg tablet, 5 mg/ml conc, 10 mg tablet)	4	
<i>haloperidol</i>	2	
<i>haloperidol decanoate</i>	2	
<i>haloperidol decanoate 100</i>	2	
<i>haloperidol lactate</i>	2	
<i>loxpiprazine</i>	2	
<i>molindone hcl</i>	4	
<i>perphenazine</i>	2	
<i>pimozide</i>	4	
<i>thioridazine hcl</i>	2	PA
<i>thiothixene</i>	2	
<i>trifluoperazine hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
2nd Generation/Atypical		
ABILIFY MAINTENA	5	
ABILIFY MYCITE (2 MG KIT, 5 MG KIT, 10 MG KIT, 15 MG KIT, 20 MG KIT, 30 MG KIT)	5	ST, QL (30 PER 30 DAYS)
<i>aripiprazole (2 mg tablet, 5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet, 30 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>aripiprazole 1 mg/ml solution</i>	4	QL (750 PER 30 DAYS)
<i>aripiprazole odt</i>	5	QL (60 PER 30 DAYS)
ARISTADA	5	
ARISTADA INITIO	5	
<i>asenapine maleate</i>	4	QL (60 PER 30 DAYS)
CAPLYTA 42 MG CAPSULE	5	ST, QL (30 PER 30 DAYS)
FANAPT (1 MG TABLET, 2 MG TABLET, 4 MG TABLET)	4	ST, QL (60 PER 30 DAYS)
FANAPT (6 MG TABLET, 8 MG TABLET, 10 MG TABLET, 12 MG TABLET)	5	ST, QL (60 PER 30 DAYS)
FANAPT TITRATION PACK	4	ST, QL (8 PER 180 OVER TIME)
INVEGA SUSTENNA (78 MG/0.5 ML, 117 MG/0.75 ML, 156 MG/ML SYRG, 234 MG/1.5 ML)	5	
INVEGA SUSTENNA 39 MG/0.25 ML	4	
INVEGA TRINZA	5	
LATUDA (20 MG TABLET, 40 MG TABLET, 60 MG TABLET, 120 MG TABLET)	5	QL (30 PER 30 DAYS)
LATUDA 80 MG TABLET	5	QL (60 PER 30 DAYS)
NUPLAZID	5	PA
<i>olanzapine (2.5 mg tablet, 5 mg tablet, 7.5 mg tablet, 10 mg tablet, 15 mg tablet, 20 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>olanzapine 10 mg vial</i>	2	
<i>olanzapine odt</i>	2	QL (30 PER 30 DAYS)
<i>paliperidone er (1.5 mg tablet, 3 mg tablet, 9 mg tablet)</i>	4	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>paliperidone er 6 mg tablet</i>	4	QL (60 PER 30 DAYS)
PERSERIS	5	
<i>quetiapine er 200 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)</i>	2	QL (90 PER 30 DAYS)
<i>quetiapine fumarate (300 mg tab, 400 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>quetiapine fumarate er (er 50 mg tablet, er 150 mg tablet, er 300 mg tablet, er 400 mg tablet)</i>	2	QL (60 PER 30 DAYS)
REXULTI (0.25 MG TABLET, 0.5 MG TABLET, 1 MG TABLET, 2 MG TABLET, 3 MG TABLET, 4 MG TABLET)	5	QL (30 PER 30 DAYS)
RISPERDAL CONSTA (25 MG VIAL, 37.5 MG VIAL, 50 MG VIAL)	5	
RISPERDAL CONSTA 12.5 MG VIAL	4	
<i>risperidone (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet, 2 mg tablet, 3 mg tablet, 4 mg tablet)</i>	2	QL (60 PER 30 DAYS)
<i>risperidone 1 mg/ml solution</i>	2	QL (240 PER 30 DAYS)
<i>risperidone odt</i>	2	QL (60 PER 30 DAYS)
SAPHRIS	5	QL (60 PER 30 DAYS)
SECUADO	5	PA, QL (30 PER 30 DAYS)
VRAYLAR (1.5 MG CAPSULE, 3 MG CAPSULE, 4.5 MG CAPSULE, 6 MG CAPSULE)	5	ST, QL (30 PER 30 DAYS)
VRAYLAR 1.5 MG-3 MG PACK	4	ST, QL (14 PER 365 OVER TIME)
<i>ziprasidone hcl</i>	2	QL (60 PER 30 DAYS)
<i>ziprasidone mesylate</i>	4	
ZYPREXA RELPREVV (210 MG VIAL, 210 MG VL KIT)	4	
ZYPREXA RELPREVV (300 MG VIAL, 300 MG VL KIT, 405 MG VIAL, 405 MG VL KIT)	5	
Treatment-Resistant		
<i>clozapine (25 mg tablet, 100 mg tablet)</i>	2	QL (270 PER 30 DAYS)
<i>clozapine 200 mg tablet</i>	2	QL (120 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>clozapine 50 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>clozapine odt (25 mg tablet, 100 mg tablet)</i>	4	QL (270 PER 30 DAYS)
<i>clozapine odt 12.5 mg tablet</i>	4	QL (90 PER 30 DAYS)
<i>clozapine odt 150 mg tablet</i>	4	QL (180 PER 30 DAYS)
<i>clozapine odt 200 mg tablet</i>	5	QL (120 PER 30 DAYS)
VERSACLOZ	5	QL (540 PER 30 DAYS)

Antispasticity Agents

<i>baclofen (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2
<i>dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)</i>	2
<i>tizanidine hcl (2 mg tablet, 4 mg tablet)</i>	2

Antivirals

Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY 50-200-25 MG TABLET	5	QL (30 PER 30 DAYS)
DOVATO	5	QL (30 PER 30 DAYS)
GENVOYA	5	QL (30 PER 30 DAYS)
ISENTRESS (100 MG POWDER PACKET, 100 MG TABLET CHEW, 400 MG TABLET)	5	
ISENTRESS 25 MG TABLET CHEW	3	
ISENTRESS HD	5	
JULUCA	5	QL (30 PER 30 DAYS)
STRIBILD	5	QL (30 PER 30 DAYS)
TIVICAY (25 MG TABLET, 50 MG TABLET)	5	
TIVICAY 10 MG TABLET	4	
TIVICAY PD	4	

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

ATRIPLA	5	QL (30 PER 30 DAYS)
COMPLERA	5	QL (30 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
DELSTRIGO	5	QL (30 PER 30 DAYS)
EDURANT	5	
<i>efavirenz (200 mg capsule, 600 mg tablet)</i>	5	
<i>efavirenz 50 mg capsule</i>	2	
<i>efavirenz-emtric-tenofov disop</i>	5	QL (30 PER 30 DAYS)
<i>efavirenz-lamivu-tenofov disop</i>	5	QL (30 PER 30 DAYS)
<i>etravirine</i>	5	
INTELENCE (100 MG TABLET, 200 MG TABLET)	5	
INTELENCE 25 MG TABLET	4	
<i>nevirapine (50 mg/5 ml susp, 200 mg tablet)</i>	3	
<i>nevirapine er</i>	4	
PIFELTRO	5	
SYMFI	5	QL (30 PER 30 DAYS)
SYMFI LO	5	QL (30 PER 30 DAYS)

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

<i>abacavir (20 mg/ml solution, 300 mg tablet)</i>	4	
<i>abacavir-lamivudine</i>	4	QL (30 PER 30 DAYS)
<i>abacavir-lamivudine-zidovudine</i>	5	QL (60 PER 30 DAYS)
CIMDUO	5	QL (30 PER 30 DAYS)
DESCOVY 200-25 MG TABLET	5	QL (30 PER 30 DAYS)
<i>didanosine (dr 200 mg capsule, dr 250 mg capsule, dr 400 mg capsule)</i>	2	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofov disop</i>	5	QL (30 PER 30 DAYS)
EMTRIVA (10 MG/ML SOLUTION, 200 MG CAPSULE)	4	
<i>lamivudine (10 mg/ml oral soln, 150 mg tablet, 300 mg tablet)</i>	2	
<i>lamivudine-zidovudine</i>	4	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ODEFSEY	5	QL (30 PER 30 DAYS)
RETROVIR 200 MG/20 ML VIAL	4	
<i>stavudine</i>	4	
TEMIXYS	5	QL (30 PER 30 DAYS)
<i>tenofovir disoproxil fumarate</i>	4	
TRIUMEQ	5	QL (30 PER 30 DAYS)
TRUVADA	5	QL (30 PER 30 DAYS)
VIDEX	4	
VIDEX EC 125 MG CAPSULE	4	
VIREAD (150 MG TABLET, 200 MG TABLET, 250 MG TABLET, POWDER)	5	
<i>zidovudine (50 mg/5 ml syrup, 100 mg capsule, 300 mg tablet)</i>	2	

Anti-HIV Agents, Other

FUZEON	5
RUKOBIA	5
SELZENTRY (20 MG/ML ORAL SOLN, 75 MG TABLET, 150 MG TABLET, 300 MG TABLET)	5
SELZENTRY 25 MG TABLET	4
TYBOST	3

Anti-HIV Agents, Protease Inhibitors (PI)

APTVUS (100 MG/ML SOLUTION, 250 MG CAPSULE)	5
<i>atazanavir sulfate</i>	4
CRIXIVAN	3
EVOTAZ	5
<i>fosamprenavir calcium</i>	5
INVIRASE	5
KALETRA 100-25 MG TABLET	4
KALETRA 200-50 MG TABLET	5

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LEXIVA 50 MG/ML SUSPENSION	4	
<i>lopinavir-ritonavir (lopinavir-ritonavir 80-20mg/ml, lopinavir-ritonavr 200-50mg tb)</i>	5	
<i>lopinavir-ritonavr 100-25mg tb</i>	4	
NORVIR (80 MG/ML SOLUTION, 100 MG POWDER PACKET)	4	
PREZCOBIX	5	QL (30 PER 30 DAYS)
PREZISTA (100 MG/ML SUSPENSION, 600 MG TABLET, 800 MG TABLET)	5	
PREZISTA (75 MG TABLET, 150 MG TABLET)	4	
REYATAZ 50 MG POWDER PACKET	5	
<i>ritonavir</i>	3	
SYMTUZA	5	QL (30 PER 30 DAYS)
VIRACEPT	5	
Anti-cytomegalovirus (CMV) Agents		
<i>cidofovir</i>	5	
<i>ganciclovir sodium (500 mg vial, 500 mg/10 ml vial)</i>	2	PA
PREVYMIS (240 MG TABLET, 240 MG/12 ML VIAL, 480 MG TABLET, 480 MG/24 ML VIAL)	5	
<i>valganciclovir 450 mg tablet</i>	3	
<i>valganciclovir hcl 50 mg/ml</i>	5	
Anti-hepatitis B (HBV) Agents		
<i>adefovir dipivoxil</i>	5	
BARACLUDE 0.05 MG/ML SOLUTION	5	QL (600 PER 30 DAYS)
<i>entecavir</i>	4	QL (30 PER 30 DAYS)
EPIVIR HBV 25 MG/5 ML SOLN	4	
<i>lamivudine 100 mg tablet</i>	2	
<i>lamivudine hbv</i>	2	
VEMLIDY	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-hepatitis C (HCV) Agents		
MAVYRET 100-40 MG TABLET	5	PA, QL (336 PER 365 OVER TIME)
<i>ribavirin (200 mg capsule, 200 mg tablet)</i>	4	
<i>sofosbuvir-velpatasvir</i>	5	PA, QL (84 PER 365 OVER TIME)
VOSEVI	5	PA, QL (84 PER 365 OVER TIME)
Anti-influenza Agents		
<i>amantadine (50 mg/5 ml solution, 100 mg capsule, 100 mg tablet, 100 mg/10 ml cup, 100 mg/10 ml soln)</i>	2	
<i>oseltamivir 6 mg/ml suspension</i>	2	QL (1080 PER 365 OVER TIME)
<i>oseltamivir phos 30 mg capsule</i>	2	QL (168 PER 365 OVER TIME)
<i>oseltamivir phos 45 mg capsule</i>	2	QL (84 PER 365 OVER TIME)
<i>oseltamivir phos 75 mg capsule</i>	2	QL (110 PER 365 OVER TIME)
<i>rimantadine hcl</i>	2	
XOFLUZA (20 MG TAB (40 MG DOSE), 40 MG TAB (80 MG DOSE), 40 MG TABLET)	3	QL (4 PER 365 OVER TIME)
XOFLUZA 80 MG TABLET	3	QL (2 PER 365 OVER TIME)
Antiherpetic Agents		
<i>acyclovir (200 mg capsule, 400 mg tablet, 800 mg tablet)</i>	2	
<i>acyclovir 200 mg/5 ml susp</i>	4	
<i>acyclovir sodium (500 mg/10 ml vial, 1,000 mg/20 ml vial)</i>	4	PA
<i>famciclovir</i>	2	
<i>valacyclovir</i>	2	QL (120 PER 30 DAYS)
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl</i>	2	
<i>hydroxyzine pamoate</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Benzodiazepines		
<i>alprazolam (0.25 mg tablet, 0.5 mg tablet, 1 mg tablet)</i>	1	QL (120 PER 30 DAYS)
<i>alprazolam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>alprazolam er (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam er 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam er 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>alprazolam xr (0.5 mg tablet, 1 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>alprazolam xr 2 mg tablet</i>	2	QL (150 PER 30 DAYS)
<i>alprazolam xr 3 mg tablet</i>	2	QL (90 PER 30 DAYS)
<i>chlordiazepoxide 10 mg capsule</i>	1	QL (900 PER 30 DAYS)
<i>chlordiazepoxide 25 mg capsule</i>	1	QL (360 PER 30 DAYS)
<i>chlordiazepoxide 5 mg capsule</i>	1	QL (120 PER 30 DAYS)
<i>clorazepate 15 mg tablet</i>	2	QL (180 PER 30 DAYS)
<i>clorazepate 3.75 mg tablet</i>	2	QL (720 PER 30 DAYS)
<i>clorazepate 7.5 mg tablet</i>	2	QL (360 PER 30 DAYS)
<i>diazepam (5 mg/5 ml solution, 5 mg/ml oral conc, 10 mg/2 ml carpuject, 10 mg/2 ml syringe, 25 mg/5 ml oral conc, 50 mg/10 ml vial)</i>	2	
<i>diazepam 10 mg tablet</i>	1	QL (120 PER 30 DAYS)
<i>diazepam 2 mg tablet</i>	1	QL (300 PER 30 DAYS)
<i>diazepam 5 mg tablet</i>	1	QL (240 PER 30 DAYS)
<i>lorazepam (0.5 mg tablet, 1 mg tablet)</i>	1	QL (90 PER 30 DAYS)
<i>lorazepam (2 mg/ml carpuject, 2 mg/ml syringe, 2 mg/ml vial, 4 mg/ml carpuject, 4 mg/ml vial, 20 mg/10 ml vial, 40 mg/10 ml vial)</i>	2	PA
<i>lorazepam 2 mg tablet</i>	1	QL (150 PER 30 DAYS)
<i>lorazepam 2 mg/ml oral concent</i>	2	
<i>lorazepam intensol</i>	2	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
Bipolar Agents	
Mood Stabilizers	
EQUETRO	4
<i>lithium carbonate (150 mg cap, 300 mg cap)</i>	1
<i>lithium carbonate (300 mg tab, 600 mg cap)</i>	2
<i>lithium carbonate er</i>	2
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose	2
CYCLOSET	4
FARXIGA	3
<i>glimepiride</i>	1
<i>glipizide (5 mg tablet, 10 mg tablet)</i>	1
<i>glipizide er</i>	1
<i>glipizide xl</i>	1
<i>glipizide-metformin</i>	1
<i>glyburide</i>	2
<i>glyburide micronized</i>	2
<i>glyburide-metformin hcl</i>	2
GLYXAMBI	3
JANUMET	3
JANUMET XR	3
JANUVIA	3
JARDIANCE	3
JENTADUETO	3
JENTADUETO XR	3
<i>metformin hcl (500 mg tablet, 850 mg tablet, 1,000 mg tablet)</i>	1

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>metformin hcl (500 mg/5 ml cup, 500 mg/5 ml soln, 850 mg/8.5ml cup)</i>	4	
<i>metformin hcl er</i>	1	
<i>nateglinide</i>	1	
OZEMPIK (1 MG/DOSE (2 MG/1.5ML), 1 MG/DOSE (4 MG/3 ML))	3	QL (3 PER 28 DAYS)
OZEMPIK 0.25-0.5 MG/DOSE PEN	3	QL (1.5 PER 28 DAYS)
<i>pioglitazone hcl</i>	1	
<i>pioglitazone-glimepiride</i>	4	
<i>pioglitazone-metformin</i>	2	
<i>repaglinide</i>	1	
RYBELSUS (7 MG TABLET, 14 MG TABLET)	3	QL (30 PER 30 DAYS)
RYBELSUS 3 MG TABLET	3	QL (60 PER 365 OVER TIME)
SYMLINPEN 120	5	PA
SYMLINPEN 60	5	PA
SYNJARDY	3	
SYNJARDY XR	3	
<i>tolazamide</i>	1	
TRADJENTA	3	
TRIJARDY XR	3	
TRULICITY	3	QL (2 PER 28 DAYS)
VICTOZA 2-PAK	3	QL (9 PER 30 DAYS)
VICTOZA 3-PAK	3	QL (9 PER 30 DAYS)
XIGDUO XR	3	

Glycemic Agents

<i>diazoxide</i>	5
GLUCAGEN	4
GLUCAGON EMERGENCY KIT	3
GVOKE HYPOOPEN 1-PACK	3
GVOKE HYPOOPEN 2-PACK	3

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
PROGLYCEM	5
Insulins	
HUMALOG	3
HUMALOG JUNIOR KWIKPEN	3
HUMALOG KWIKPEN U-100	3
HUMALOG KWIKPEN U-200	3
HUMALOG MIX 50-50	3
HUMALOG MIX 50-50 KWIKPEN	3
HUMALOG MIX 75-25	3
HUMALOG MIX 75-25 KWIKPEN	3
HUMULIN 70-30	3
HUMULIN 70/30 KWIKPEN	3
HUMULIN N	3
HUMULIN N KWIKPEN	3
HUMULIN R	3
HUMULIN R U-500	3
HUMULIN R U-500 KWIKPEN	3
INSULIN LISPRO	3
INSULIN LISPRO JUNIOR KWIKPEN	3
INSULIN LISPRO KWIKPEN U-100	3
INSULIN LISPRO PROTAMINE MIX	3
LANTUS	3
LANTUS SOLOSTAR	3
LEVEMIR	3
LEVEMIR FLEXTOUCH	3
LYUMJEV	3
LYUMJEV KWIKPEN U-100	3
LYUMJEV KWIKPEN U-200	3
TOUJEO MAX SOLOSTAR	3

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TOUJEO SOLOSTAR	3	
TRESIBA	3	
TRESIBA FLEXTOUCH U-100	3	
TRESIBA FLEXTOUCH U-200	3	

Blood Products and Modifiers

Anticoagulants

ELIQUIS 2.5 MG TABLET	3	QL (60 PER 30 DAYS)
ELIQUIS 5 MG TABLET	3	QL (90 PER 30 DAYS)
ELIQUIS DVT-PE TREAT START 5MG	3	QL (148 PER 365 OVER TIME)
<i>enoxaparin sodium (100 mg/ml syr, 120 mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml syr, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80 mg/0.8 ml syr)</i>	4	QL (28 PER 90 OVER TIME)
<i>enoxaparin sodium 300 mg/3 ml vial</i>	4	QL (105 PER 90 OVER TIME)
<i>fondaparinux 10 mg/0.8 ml syr</i>	5	QL (28 PER 90 OVER TIME)
<i>fondaparinux 2.5 mg/0.5 ml syr</i>	4	QL (17.5 PER 90 OVER TIME)
<i>fondaparinux 5 mg/0.4 ml syr</i>	5	QL (14 PER 90 OVER TIME)
<i>fondaparinux 7.5 mg/0.6 ml syr</i>	5	QL (21 PER 90 OVER TIME)
FRAGMIN (2,500 UNIT/0.2 ML SYR, 5,000 UNIT/0.2 ML SYR)	4	QL (7 PER 90 OVER TIME)
FRAGMIN 10,000 UNIT/ML SYRINGE	5	QL (35 PER 90 OVER TIME)
FRAGMIN 12,500 UNIT/0.5 ML SYR	5	QL (17.5 PER 90 OVER TIME)
FRAGMIN 15,000 UNIT/0.6 ML SYR	5	QL (21 PER 90 OVER TIME)
FRAGMIN 18,000 UNIT/0.72 ML	5	QL (25.3 PER 90 OVER TIME)
FRAGMIN 7,500 UNIT/0.3 ML SYR	5	QL (10.5 PER 90 OVER TIME)
FRAGMIN 95,000 UNIT/3.8 ML VL	5	QL (22.8 PER 90 OVER TIME)
<i>heparin sodium (5,000 unit/ml carpject, sod 5,000 unit/ml syrg, sod 5,000 unit/ml vial, 50,000 unit/10 ml vial)</i>	2	
<i>jantoven</i>	1	
<i>warfarin sodium</i>	1	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XARELTO (10 MG TABLET, 20 MG TABLET)	3	QL (30 PER 30 DAYS)
XARELTO (2.5 MG TABLET, 15 MG TABLET)	3	QL (60 PER 30 DAYS)
XARELTO DVT-PE TREAT START 30D	3	QL (102 PER 365 OVER TIME)
Blood Products and Modifiers, Other		
ADAKVEO	5	PA
<i>anagrelide hcl</i>	3	
ARANESP (10 MCG/0.4 ML SYRINGE, 25 MCG/0.42 ML SYRINGE, 25 MCG/ML VIAL, 40 MCG/0.4 ML SYRINGE, 40 MCG/ML VIAL)	4	PA
ARANESP (60 MCG/0.3 ML SYRINGE, 60 MCG/ML VIAL, 100 MCG/0.5 ML SYRINGE, 100 MCG/ML VIAL, 150 MCG/0.3 ML SYRINGE, 200 MCG/0.4 ML SYRINGE, 200 MCG/ML VIAL, 300 MCG/0.6 ML SYRINGE, 300 MCG/ML VIAL, 500 MCG/1 ML SYRINGE)	5	PA
FULPHILA	5	PA
GRANIX (300 MCG/ML VIAL, 480 MCG/1.6 ML VIAL)	5	ST
LEUKINE	5	PA
MOZOBIL	5	PA, QL (38.4 PER 365 OVER TIME)
MULPLETA	5	PA
NEULASTA	5	PA
NEULASTA ONPRO	5	PA
NEUPOGEN	5	ST
NIVESTYM	5	ST
NPLATE	5	PA
NYVEPRIA	5	PA
OXBRYTA 500 MG TABLET	5	PA, QL (90 PER 30 DAYS)
PROMACTA	5	PA
REBLOZYL	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RETACRIT (2,000 UNIT/ML VIAL, 3,000 UNIT/ML VIAL, 4,000 UNIT/ML VIAL, 10,000 UNIT/ML VIAL, 20,000 UNIT/2 ML VIAL)	4	PA
RETACRIT (20,000 UNIT/ML VIAL, 40,000 UNIT/ML VIAL)	5	PA
UDENYCA	5	PA
ZARXIO	5	
ZIEXTENZO	5	PA

Hemostasis Agents

<i>aminocaproic acid (500 mg tab, 1,000 mg tab)</i>	4
<i>tranexamic acid 650 mg tablet</i>	2

Platelet Modifying Agents

<i>aspirin-dipyridamole er</i>	4	
BRILINTA	4	
CABLIVI	5	PA, QL (30 PER 30 DAYS)
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	
<i>prasugrel hcl</i>	2	
TAVALISSE	5	PA

Cardiovascular Agents

Alpha-adrenergic Agonists

<i>clonidine</i>	2	
<i>clonidine hcl (0.1 mg tablet, 0.2 mg tablet, 0.3 mg tablet)</i>	1	
<i>droxidopa</i>	5	PA
<i>guanfacine hcl</i>	4	
<i>methyldopa</i>	4	
<i>midodrine hcl</i>	2	
NORTHERA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Alpha-adrenergic Blocking Agents		
<i>phenoxybenzamine hcl</i>	5	
<i>prazosin hcl</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil</i>	2	
<i>irbesartan</i>	1	
<i>losartan potassium</i>	1	
<i>olmesartan medoxomil</i>	2	
<i>telmisartan</i>	2	
<i>valsartan (40 mg tablet, 80 mg tablet, 160 mg tablet, 320 mg tablet)</i>	2	
Angiotensin-converting Enzyme (ACE) Inhibitors		
<i>benazepril hcl</i>	1	
<i>captopril</i>	2	
<i>enalapril maleate (2.5 mg tab, 5 mg tablet, 10 mg tab, 20 mg tab)</i>	1	
<i>fosinopril sodium</i>	1	
<i>lisinopril</i>	1	
<i>moexipril hcl</i>	1	
<i>perindopril erbumine</i>	1	
<i>quinapril hcl</i>	1	
<i>ramipril</i>	1	
<i>trandolapril</i>	1	
Antiarrhythmics		
<i>amiodarone hcl (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2	
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin (0.05 mg/ml solution, 500 mcg/2 ml ampule)</i>	4	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>digoxin (0.125 mg tablet, 0.25 mg tablet, 125 mcg tablet, 250 mcg tablet)</i>	2
<i>disopyramide phosphate</i>	4
<i>dofetilide</i>	4
<i>flecainide acetate</i>	2
LANOXIN 62.5 MCG TABLET	4
<i>mexiletine hcl</i>	2
NORPACE CR	4
<i>pacerone (100 mg tablet, 200 mg tablet, 400 mg tablet)</i>	2
<i>propafenone hcl</i>	2
<i>propafenone hcl er</i>	4
<i>quinidine gluc er 324 mg tab</i>	4
<i>quinidine sulfate</i>	2
<i>sorine</i>	2
<i>sotalol</i>	2
<i>sotalol af</i>	2

Beta-adrenergic Blocking Agents

<i>acebutolol hcl</i>	2
<i>atenolol</i>	1
<i>betaxolol hcl (10 mg tablet, 20 mg tablet)</i>	2
<i>bisoprolol fumarate</i>	2
BYSTOLIC	3
<i>carvedilol</i>	1
<i>carvedilol er</i>	4
<i>labetalol hcl (100 mg tablet, 200 mg tablet, 300 mg tablet)</i>	2
<i>metoprolol succinate</i>	2
<i>metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)</i>	1
<i>nadolol</i>	2

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>nebivolol hcl</i>	2
<i>pindolol</i>	2
<i>propranolol hcl (10 mg tablet, 20 mg tablet, 20 mg/5 ml soln, 40 mg tablet, 40 mg/5 ml soln, 60 mg tablet, 80 mg tablet)</i>	2
<i>propranolol hcl er</i>	2
Calcium Channel Blocking Agents, Dihydropyridines	
<i>amlodipine besylate</i>	1
<i>felodipine er</i>	2
<i>nicardipine hcl (20 mg capsule, 30 mg capsule)</i>	4
<i>nifedipine er</i>	2
<i>nimodipine</i>	4
<i>nisoldipine</i>	4
<i>NYMALIZE</i>	5
Calcium Channel Blocking Agents, Nondihydropyridines	
<i>cartia xt</i>	2
<i>dilt-xr</i>	2
<i>diltiazem 12hr er</i>	2
<i>diltiazem 24hr er</i>	2
<i>diltiazem 24hr er (cd)</i>	2
<i>diltiazem 24hr er (la) (24h er(la) 180 mg tb, 24h er(la) 240 mg tb, 24h er(la) 300 mg tb, 24h er(la) 360 mg tb, 24h er(la) 420 mg tb)</i>	2
<i>diltiazem 24hr er (xr)</i>	2
<i>diltiazem hcl (30 mg tablet, 60 mg tablet, 90 mg tablet, 120 mg tablet)</i>	2
<i>matzim la</i>	2
<i>taztia xt</i>	2
<i>tiadylt er</i>	2
<i>verapamil 80 mg tablet</i>	1
<i>verapamil er</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
verapamil er pm (200 mg capsule, 300 mg capsule)	4	
verapamil er pm 100 mg capsule	2	
verapamil hcl (40 mg tablet, 120 mg tablet)	2	
verapamil sr	2	
Cardiovascular Agents, Other		
acetazolamide	2	
ALDACTAZIDE 50-50 TABLET	4	
aliskiren	2	
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril	1	
amlodipine-atorvastatin	2	
amlodipine-valsartan	1	
amlodipine-valsartan-hctz	2	
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	1	
bisoprolol-hydrochlorothiazide	2	
candesartan-hydrochlorothiazide	2	
captopril-hydrochlorothiazide	2	
CORLANOR (5 MG TABLET, 7.5 MG TABLET)	4	PA, QL (60 PER 30 DAYS)
CORLANOR 5 MG/5 ML ORAL SOLN	4	PA, QL (450 PER 30 DAYS)
DEMSEER	5	
enalapril-hydrochlorothiazide	1	
ENTRESTO	3	QL (60 PER 30 DAYS)
fosinopril-hydrochlorothiazide	1	
irbesartan-hydrochlorothiazide	1	
lisinopril-hydrochlorothiazide	1	
losartan-hydrochlorothiazide	1	
methyldopa-hydrochlorothiazide	4	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>metoprolol-hydrochlorothiazide</i>	2
<i>metyrosine</i>	5
<i>olmesartan-hydrochlorothiazide</i>	2
<i>pentoxifylline</i>	2
<i>propranolol-hydrochlorothiazid</i>	2
<i>quinapril-hydrochlorothiazide</i>	1
<i>ranolazine er</i>	2
<i>spironolactone-hctz</i>	2
<i>telmisartan-hydrochlorothiazid</i>	2
<i>trandolapril-verapamil er</i>	2
<i>triamterene-hctz 37.5-25 mg cp</i>	2
<i>triamterene-hydrochlorothiazid (37.5-25 mg tb, 75-50 mg tab)</i>	1
<i>valsartan-hydrochlorothiazide</i>	1
VYNDAMAX	5 PA, QL (30 PER 30 DAYS)

Diuretics, Loop

<i>bumetanide (0.25 mg/ml vial, 0.5 mg tablet, 1 mg tablet, 1 mg/4 ml vial, 2 mg tablet, 2.5 mg/10 ml vial)</i>	2
<i>ethacrynic acid</i>	4
<i>furosemide (10 mg/ml solution, 20 mg/2 ml vial, 40 mg/4 ml syringe, 40 mg/4 ml vial, 100 mg/10 ml syring, 100 mg/10 ml vial)</i>	2
<i>furosemide (20 mg tablet, 40 mg tablet, 40 mg/5 ml soln, 80 mg tablet)</i>	1
<i>torsemide</i>	2

Diuretics, Potassium-sparing

<i>amiloride hcl</i>	2
<i>eplerenone</i>	2
<i>spironolactone (25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Diuretics, Thiazide		
<i>chlorothiazide</i>	2	
<i>chlorthalidone</i>	2	
DIURIL	4	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	2	
<i>metolazone</i>	2	
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate (40 mg tablet, 120 mg tablet)</i>	4	
<i>fenofibrate (43 mg capsule, 48 mg tablet, 54 mg tablet, 67 mg capsule, 130 mg capsule, 134 mg capsule, 145 mg tablet, 160 mg tablet, 200 mg capsule)</i>	2	
<i>fenofibric acid (dr 45 mg cap, dr 135 mg cap)</i>	2	
<i>gemfibrozil</i>	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	1	
<i>fluvastatin er</i>	4	
<i>fluvastatin sodium</i>	1	
LIVALO	4	ST
<i>lovastatin</i>	1	
<i>pravastatin sodium</i>	1	
<i>rosuvastatin calcium</i>	1	
<i>simvastatin</i>	1	
Dyslipidemics, Other		
<i>cholestyramine (packet, powder)</i>	4	
<i>cholestyramine light (packet, powder)</i>	2	
<i>colesevelam 625 mg tablet</i>	4	
<i>colestipol hcl (granules, granules packet)</i>	4	
<i>colestipol hcl 1 gm tablet</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>ezetimibe</i>	2	
<i>ezetimibe-simvastatin</i>	2	
<i>icosapent ethyl 1 gram capsule</i>	4	PA
JUXTAPID (20 MG CAPSULE, 30 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
JUXTAPID (5 MG CAPSULE, 10 MG CAPSULE, 40 MG CAPSULE, 60 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
NEXLETOL	4	PA, QL (30 PER 30 DAYS)
<i>niacin (500 mg tablet, ra 500 mg tablet)</i>	4	
<i>niacin er</i>	2	
<i>niacor</i>	4	
<i>omega-3 acid ethyl esters</i>	2	PA
<i>plain niacin 500 mg tablet</i>	4	
<i>prevalite (packet, powder)</i>	2	
REPATHA PUSHTRONEX	4	PA, QL (7 PER 28 DAYS)
REPATHA SURECLICK	4	PA, QL (3 PER 28 DAYS)
REPATHA SYRINGE	4	PA, QL (3 PER 28 DAYS)
VASCEPA	4	PA

Vasodilators, Direct-acting Arterial

<i>hydralazine hcl (10 mg tablet, 25 mg tablet, 50 mg tablet, 100 mg tablet)</i>	2
<i>minoxidil (2.5 mg tablet, 10 mg tablet)</i>	2

Vasodilators, Direct-acting Arterial/Venous

DILATRATE-SR	4
<i>isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)</i>	2
<i>isosorbide dinitrate 40 mg tab</i>	5
<i>isosorbide mononitrate</i>	2
<i>isosorbide mononitrate er</i>	2
<i>minitran</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
NITRO-BID	4	
NITRO-DUR (0.3 MG/HR PATCH, 0.8 MG/HR PATCH)	4	
<i>nitroglycerin (0.3 mg tablet, 0.4 mg tablet, 0.6 mg tablet)</i>	2	
<i>nitroglycerin patch</i>	2	

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

dextroamphetamine 10 mg tab	2	QL (180 PER 30 DAYS)
dextroamphetamine 5 mg tab	2	QL (90 PER 30 DAYS)
dextroamphetamine 5 mg/5 ml	4	QL (1800 PER 30 DAYS)
dextroamphetamine er 10 mg cap	4	QL (180 PER 30 DAYS)
dextroamphetamine er 15 mg cap	4	QL (120 PER 30 DAYS)
dextroamphetamine er 5 mg cap	4	QL (60 PER 30 DAYS)
dextroamphetamine-amphet er (er 5 mg cap, er 10 mg cap, er 15 mg cap, er 20 mg cap, er 25 mg cap, er 30 mg cap)	4	QL (30 PER 30 DAYS)
dextroamphetamine-amphetamine	2	QL (90 PER 30 DAYS)

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (18 mg capsule, 25 mg capsule, 40 mg capsule, 60 mg capsule, 80 mg capsule, 100 mg capsule)	2	QL (30 PER 30 DAYS)
atomoxetine hcl 10 mg capsule	2	QL (60 PER 30 DAYS)
clonidine hcl er 0.1 mg tablet	4	
dexmethylphenidate hcl	2	QL (60 PER 30 DAYS)
dexmethylphenidate hcl er	4	QL (30 PER 30 DAYS)
guanfacine hcl er	4	
methylphenidate 10 mg chew tab	4	QL (180 PER 30 DAYS)
methylphenidate 5 mg/5 ml soln	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>methylphenidate er (10 mg cap, 15 mg cap, 18 mg tab, 20 mg cap, 27 mg tab, 30 mg cap, 40 mg cap, 50 mg cap, 54 mg tab, 60 mg cap, 72 mg tab)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate er (la)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate er 10 mg tab</i>	2	QL (180 PER 30 DAYS)
<i>methylphenidate er 20 mg tab</i>	2	QL (90 PER 30 DAYS)
<i>methylphenidate er 36 mg tab</i>	4	QL (60 PER 30 DAYS)
<i>methylphenidate hcl (2.5 mg chew tb, 5 mg chew tab)</i>	4	QL (90 PER 30 DAYS)
<i>methylphenidate hcl (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	QL (90 PER 30 DAYS)
<i>methylphenidate hcl cd</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate hcl er (cd)</i>	4	QL (30 PER 30 DAYS)
<i>methylphenidate la</i>	4	QL (30 PER 30 DAYS)
RELEXXII ER 72 MG TABLET	4	PA, QL (30 PER 30 DAYS)

Central Nervous System, Other

AUSTEDO	5	PA, QL (120 PER 30 DAYS)
<i>butalb-acetamin-caff 50-325-40</i>	4	PA
<i>butalbital-acetaminophn 50-325</i>	4	PA
<i>butalbital-aspirin-caffeine cp</i>	4	PA
EXSERVAN	5	PA
FIRDAPSE	5	PA, QL (240 PER 30 DAYS)
INGREZZA (60 MG CAPSULE, 80 MG CAPSULE)	5	PA, QL (30 PER 30 DAYS)
INGREZZA 40 MG CAPSULE	5	PA, QL (60 PER 30 DAYS)
INGREZZA INITIATION PACK	5	PA, QL (56 PER 365 OVER TIME)
NUEDEXTA	4	PA
RADICAVA	5	PA
<i>riluzole</i>	4	PA
RUZURGI	5	PA, QL (300 PER 30 DAYS)
<i>tencon</i>	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tetrabenazine	5	PA
TIGLUTIK	5	PA
Fibromyalgia Agents		
<i>pregabalin (25 mg capsule, 50 mg capsule, 75 mg capsule, 100 mg capsule, 150 mg capsule, 200 mg capsule, 225 mg capsule)</i>	2	QL (90 PER 30 DAYS)
<i>pregabalin 20 mg/ml solution</i>	2	QL (900 PER 30 DAYS)
<i>pregabalin 300 mg capsule</i>	2	QL (60 PER 30 DAYS)
SAVELLA (12.5 MG TABLET, 25 MG TABLET, 50 MG TABLET, 100 MG TABLET)	3	QL (60 PER 30 DAYS)
SAVELLA TITRATION PACK	3	QL (110 PER 365 OVER TIME)
Multiple Sclerosis Agents		
AVONEX PEN	5	PA, QL (4 PER 28 DAYS)
AVONEX PREFILLED SYR 30 MCG KT	5	PA, QL (4 PER 28 DAYS)
BAFIERTAM	5	PA, QL (120 PER 30 DAYS)
BETASERON	5	PA, QL (15 PER 30 DAYS)
<i>dalfampridine er</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate (dr 120 mg cp, dr 240 mg cp)</i>	5	PA, QL (60 PER 30 DAYS)
<i>dimethyl fumarate 30d start pk</i>	5	PA, QL (120 PER 365 OVER TIME)
EXTAVIA	5	PA, QL (15 PER 30 DAYS)
GILENYA	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatiramer 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
<i>glatopa 20 mg/ml syringe</i>	5	PA, QL (30 PER 30 DAYS)
<i>glatopa 40 mg/ml syringe</i>	5	PA, QL (12 PER 28 DAYS)
KESIMPTA PEN	5	PA, QL (0.4 PER 28 DAYS)
MAVENCLAD	5	PA
MAYZENT 0.25 MG TABLET	5	PA, QL (120 PER 30 DAYS)
MAYZENT 0.25MG START-2MG MAINT	5	PA, QL (24 PER 365 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
MAYZENT 2 MG TABLET	5	PA, QL (30 PER 30 DAYS)
<i>mitoxantrone hcl</i>	2	PA
OCREVUS	5	PA, QL (40 PER 365 OVER TIME)
PLEGRIDY 125 MCG/0.5 ML PEN	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY 125 MCG/0.5 ML SYRING	5	PA, QL (1 PER 28 DAYS)
PLEGRIDY PEN INJ STARTER PACK	5	PA, QL (2 PER 365 OVER TIME)
PLEGRIDY SYRINGE STARTER PACK	5	PA, QL (4 PER 365 OVER TIME)
REBIF (22 MCG/0.5 ML SYRINGE, 44 MCG/0.5 ML SYRINGE)	5	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE (22 MCG/0.5 ML, 44 MCG/0.5 ML)	5	PA, QL (6 PER 28 DAYS)
REBIF REBIDOSE TITRATION PACK	5	PA, QL (8.4 PER 365 OVER TIME)
REBIF TITRATION PACK	5	PA, QL (8.4 PER 365 OVER TIME)
TECFIDERA (DR 120 MG CAPSULE, DR 240 MG CAPSULE)	5	PA, QL (60 PER 30 DAYS)
TECFIDERA STARTER PACK	5	PA, QL (120 PER 365 OVER TIME)
TYSABRI	5	PA
VUMERITY	5	PA, QL (120 PER 30 DAYS)
ZEPOSIA 0.92 MG CAPSULE	5	PA, QL (30 PER 30 DAYS)
ZEPOSIA STARTER KIT (37-DAY)	5	PA, QL (74 PER 365 OVER TIME)
ZEPOSIA STARTER PACK (7-DAY)	5	PA, QL (14 PER 365 OVER TIME)

Dental and Oral Agents

<i>chlorhexidine gluconate (15 ml cup, 15 ml cup, rinse)</i>	1
<i>doxycycline hyclate 20 mg tab</i>	2
<i>lidocaine hcl viscous</i>	2
<i>oralone</i>	2
<i>paroex</i>	1
<i>periogard</i>	2
<i>pilocarpine hcl (5 mg tablet, 7.5 mg tablet)</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>triamcinolone 0.1% paste</i>	2	
Dermatological Agents		
Acne and Rosacea Agents		
<i>accutane (20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	PA
<i>acitretin (17.5 mg capsule, 25 mg capsule)</i>	4	
<i>acitretin 10 mg capsule</i>	3	
<i>adapalene (gel, gel pump)</i>	2	
<i>adapalene 0.1% cream</i>	4	
<i>adapalene-bnzy perox 0.1-2.5%</i>	4	
<i>amnesteem</i>	4	PA
<i>AVITA</i>	4	PA
<i>azelaic acid</i>	4	
<i>claravis</i>	4	PA
<i>clind ph-benzoyl perox 1.2-5%</i>	2	
<i>clindamycin-benzoyl peroxide (clindamycin-benzoyl 1-5%, clindamycin-bnz 1-5% pmp)</i>	4	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>FINACEA 15% FOAM</i>	4	
<i>isotretinoin (10 mg capsule, 20 mg capsule, 30 mg capsule, 40 mg capsule)</i>	4	PA
<i>metronidazole (0.75% lotion, top 1% gel pump, topical 1% gel)</i>	4	
<i>metronidazole (cream, topical gl)</i>	2	
<i>MIRVASO</i>	4	PA
<i>myorisan</i>	4	PA
<i>rosadan</i>	2	
<i>tazarotene 0.1% cream</i>	4	
<i>tretinoin (0.01% gel, 0.025% gel, 0.05% gel)</i>	4	PA
<i>tretinoin (0.025% cream, 0.05% cream, 0.1% cream)</i>	2	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
tretinoin microsphere (gel 0.04% pump, gel 0.04% tube, gel 0.1% pump, gel 0.1% tube)	4	PA
zenatane	4	PA
Dermatitis and Pruitus Agents		
ala-cort 2.5% cream	2	
alclometasone dipropionate	2	
ammonium lactate	2	
betamethasone diprop augmented (gel, lot, oin)	4	
betamethasone dipropionate (crm, lot)	2	
betamethasone dp 0.05% oint	4	
betamethasone dp aug 0.05% crm	2	
betamethasone valerate (va cream, va lotion, valer ointm)	2	
clobetasol emollient 0.05% crm	2	
clobetasol emollnt 0.05% foam	4	
clobetasol emulsion	4	
clobetasol propionate (cream, gel, ointment, solution)	2	
clobetasol propionate (prop spray, topical lotn)	4	
CORDRAN 0.025% CREAM	4	
desonide (cream, ointment)	2	
desonide (gel, lotion)	4	
desoximetasone (cream, ointment)	2	
desrx	4	
EUCRISA	4	PA
fluocinolone acetonide (0.01% cream, 0.01% solution, 0.025% cream, 0.025% ointment)	2	
fluocinonide (cream, gel, ointment, solution)	2	
fluocinonide 0.1% cream	2	QL (120 PER 30 DAYS)
fluocinonide-e	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluticasone propionate (0.005% oint, 0.05% cream)</i>	2	
<i>halobetasol propionate (cream, ointmnt)</i>	2	
HALOG 0.1% SOLUTION	4	
<i>hydrocortisone (cream, lotion, ointment)</i>	2	
<i>hydrocortisone butyrate (buty cream, butyr oint, butyr soln)</i>	4	
<i>hydrocortisone val 0.2% cream</i>	4	QL (60 PER 30 DAYS)
<i>hydrocortisone val 0.2% ointmt</i>	4	
<i>mometasone furoate (cream, oint, soln)</i>	2	
<i>pimecrolimus</i>	4	
<i>prednicarbate</i>	4	
<i>selenium sulfide 2.5% lotion</i>	2	
<i>tacrolimus (0.03%, 0.1%)</i>	4	
<i>tovet emollient</i>	4	
<i>triamcinolone 0.025% cream</i>	1	
<i>triamcinolone 0.05% ointment</i>	4	
<i>triamcinolone acetonide (0.025% lotion, 0.025% oint, 0.1% cream, 0.1% lotion, 0.1% ointment, 0.5% cream, 0.5% ointment)</i>	2	
<i>trianex</i>	4	
<i>triderm</i>	2	
<i>tritocin</i>	4	

Dermatological Agents, Other

<i>calcipotriene (cream, ointment)</i>	4	QL (120 PER 30 DAYS)
<i>calcipotriene 0.005% solution</i>	4	QL (60 PER 30 DAYS)
<i>clotrimazole-betamethasone (crm, lot)</i>	2	
<i>diclofenac sodium 3% gel</i>	4	
DUOBRII	5	PA
FLUOROPLEX	5	
<i>fluorouracil (2% topical soln, 5% cream, 5% topical soln)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>fluorouracil 0.5% cream</i>	5	
<i>hydrocort-pramoxine 1%-1% crm</i>	4	
<i>imiquimod 5% cream packet</i>	2	
KLISYRI	5	ST
<i>methoxsalen</i>	5	
<i>nystatin-triamcinolone</i>	2	
OTEZLA 30 MG TABLET	5	PA
PICATO	5	
<i>podofilox 0.5% topical soln</i>	2	
SANTYL	4	
<i>silver sulfadiazine</i>	2	
SSD	2	
Pediculicides/Scabicides		
<i>crotan</i>	2	
<i>ivermectin 1% cream</i>	4	
<i>lindane</i>	4	
<i>malathion</i>	4	
<i>permethrin</i>	2	
Topical Anti-infectives		
<i>acyclovir 5% ointment</i>	2	
BACTROBAN NASAL	4	
<i>ciclodan 8% solution</i>	2	PA
<i>ciclopirox (0.77% cream, 0.77% gel, 0.77% topical susp, 1% shampoo)</i>	2	
<i>ciclopirox 8% solution</i>	2	PA
<i>clindamycin ph 1% solution</i>	2	
<i>dapsone 5% gel</i>	4	
DENAVIR	5	
<i>ery</i>	2	
<i>erythromycin (gel, pledges, solution)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>mupirocin 2% ointment</i>	2	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
AMINOSYN II (10% IV SOLUTION, 15% IV SOLUTION)	4	PA
AMINOSYN-PF 10% IV SOLUTION	4	PA
CARBAGLU	5	
CLINISOL	4	PA
<i>dextrose 5%-0.45% nacl</i>	2	
<i>dextrose 5%-0.9% nacl</i>	2	
<i>dextrose in water (50 ml, 100 ml, iv soln, vial)</i>	2	
<i>glucose in water</i>	2	
<i>klor-con</i>	4	
KLOR-CON 10	2	
KLOR-CON 8	2	
<i>klor-con m10</i>	2	
KLOR-CON M15	2	
<i>klor-con m20</i>	2	
<i>lactated ringers injection</i>	2	
PLENAMINE	4	PA
<i>potassium chloride (cl10%(20meq/15ml)cup, cl10%(40meq/30ml)cup, cl20%(40meq/15ml)cup, cl 10% (20 meq/15ml), cl 10% (40 meq/30ml), cl 20 meq packet, cl 20% (40 meq/15ml))</i>	4	
<i>potassium chloride (er 8 capsule, er 8 tablet, er 10 capsule, er 10 tablet, er 15 tablet, er 20 tablet)</i>	2	
<i>potassium citrate er (5 tab, 10 tb)</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sodium chloride (saline 0.45% soln-excel con, sodium chloride 0.45% soln, sodium chloride 0.9% 100 ml, sodium chloride 0.9% 1,000 ml, sodium chloride 0.9% 250 ml, sodium chloride 0.9% 50 ml, sodium chloride 0.9% 500 ml, sodium chloride 0.9% ampule, sodium chloride 0.9% sol-excel, sodium chloride 0.9% soln, sodium chloride 0.9% solution, sodium chloride 0.9% vial, sodium chloride 3% iv soln)	2	
sodium chloride-water	2	
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	2	
sodium fluoride 2.2 mg (fluoride ion 1mg) oral tablet	2	

Electrolyte/Mineral/Metal Modifiers

CHEMET	3	
deferasirox	5	PA
deferiprone	5	PA
FERRIPROX (100 MG/ML SOLUTION, 500 MG TABLET, 1,000 MG TABLET)	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA
FERRIPROX (3 TIMES A DAY)	5	PA
JADENU SPRINKLE	5	PA
JYNARQUE (15 MG-15 MG TABLET, 30 MG-15 MG TABLET, 45 MG-15 MG TABLET, 60 MG-30 MG TABLET, 90 MG-30 MG TABLET)	5	QL (56 PER 28 DAYS)
JYNARQUE 15 MG TABLET	5	QL (60 PER 30 DAYS)
JYNARQUE 30 MG TABLET	5	QL (30 PER 30 DAYS)
sodium polystyrene sulf powder	4	
trientine hcl 250 mg capsule	5	PA

Phosphate Binders

AURYXIA	5	PA
calcium acetate (667 mg capsule, 667 mg gelcap, 667 mg tablet)	2	
lanthanum carbonate	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
sevelamer carbonate (0.8 gm powder packet, 2.4 gm powder packet)	5	
sevelamer carbonate 800 mg tab	4	
sevelamer hcl 400 mg tablet	4	
sevelamer hcl 800 mg tablet	5	
VELPHORO	5	
Potassium Binders		
kionex	3	
sodium polystyrene sulfonate (sod polystyren sulf 15 g/60 ml, sps 15 gm/60 ml suspension, sps 30 gm/120 ml enema, sps 50 gm/200 ml enema)	3	
SPS	4	
VELTASSA	5	
Vitamins		
PRENATAL VITAMINS	2	
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA	3	QL (60 PER 30 DAYS)
constulose	2	
enulose	2	QL (DAYS)
generlac	2	
lactulose (10 gm/15 ml soln cup, 10 gm/15 ml solution, 20 gm/30 ml soln cup, 20 gm/30 ml solution)	2	
LINZESS	3	QL (30 PER 30 DAYS)
lubiprostone	3	QL (60 PER 30 DAYS)
RELISTOR (12 MG/0.6 ML SYRINGE, 12 MG/0.6 ML VIAL)	5	ST, QL (18 PER 30 DAYS)
RELISTOR 150 MG TABLET	5	ST, QL (90 PER 30 DAYS)
RELISTOR 8 MG/0.4 ML SYRINGE	5	ST, QL (12 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Anti-Diarrheal Agents		
<i>alosetron hcl 0.5 mg tablet</i>	4	PA
<i>alosetron hcl 1 mg tablet</i>	5	PA
<i>diphenoxylate-atrop 2.5-0.025</i>	2	
<i>loperamide 2 mg capsule</i>	2	
XERMELO	5	PA, QL (90 PER 30 DAYS)
Antispasmodics, Gastrointestinal		
CUVPOSA	4	
<i>dicyclomine hcl (10 mg capsule, 20 mg tablet)</i>	2	
GLYCATE	4	
<i>glycopyrrolate (1 mg tablet, 2 mg tablet)</i>	2	
<i>glycopyrrolate 1.5 mg tablet</i>	4	
<i>methscopolamine bromide</i>	4	
Gastrointestinal Agents, Other		
CHENODAL	5	PA
CLENPIQ 160 ML SOLUTION	3	
GATTEX	5	PA
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-n</i>	2	
GIMOTI	5	ST
<i>loperamide (1 mg/7.5 ml liquid, 1 mg/7.5 ml soln, 1 mg/7.5 ml susp, 1 mg/7.5ml soln cup, cvs 1 mg/7.5 ml sus, eq 1 mg/7.5 ml susp, eql 1 mg/7.5 ml sus, gnp 1 mg/7.5 ml liq, hm 1 mg/7.5 ml liq, kro 1 mg/7.5 ml sus, ra 1 mg/7.5 ml susp, sm 1 mg/7.5 ml liq, 2 mg/15 ml soln cup)</i>	2	
<i>metoclopramide hcl (5 mg tablet, 10 mg tablet)</i>	1	
<i>metoclopramide hcl (5 mg/5 ml soln, 10 mg/10 ml cup, 10 mg/10 ml sol)</i>	2	
MYALEPT	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
OCALIVA	5	PA, QL (30 PER 30 DAYS)
<i>opium tincture</i>	4	
peg 3350-electrolyte	2	
peg-3350 and electrolytes	2	
peg3350-sod sul-nacl-kcl-asb-c	2	
RECTIV	4	
SUPREP	3	
<i>trilyte with flavor packets</i>	2	
<i>ursodiol (250 mg tablet, 500 mg tablet)</i>	2	
XIFAXAN	5	PA
ZORBTIVE	5	PA

Histamine2 (H2) Receptor Antagonists

<i>famotidine (20 mg tablet, 40 mg tablet)</i>	2	
<i>famotidine 40 mg/5 ml susp</i>	4	
<i>nizatidine (150 mg capsule, 300 mg capsule)</i>	2	

Protectants

<i>misoprostol</i>	2	
<i>sucralfate (1 gm/10 ml susp, 1 gm/10 ml susp cup)</i>	4	
<i>sucralfate 1 gm tablet</i>	2	

Proton Pump Inhibitors

<i>esomeprazole magnesium (dr 10 mg packet, dr 20 mg packet, dr 40 mg packet, mag dr 20 mg cap, mag dr 40 mg cap)</i>	2	QL (60 PER 30 DAYS)
<i>lansoprazole (dr 15 mg capsule, dr 30 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>omeprazole (dr 10 mg capsule, dr 20 mg capsule, dr 40 mg capsule)</i>	2	QL (60 PER 30 DAYS)
<i>pantoprazole sodium (dr 40 mg susp pkt, sod dr 20 mg tab, sod dr 40 mg tab)</i>	2	QL (60 PER 30 DAYS)
<i>rabeprazole sod dr 20 mg tab</i>	2	QL (60 PER 30 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ALDURAZYME	5	PA
ARALAST NP	5	PA
CERDELGA	5	PA
CEREZYME	5	PA
CHOLBAM	5	PA
CREON	3	
<i>cromolyn 100 mg/5 ml oral conc</i>	4	
CYSTAGON	4	
ELAPRASE	5	PA
ENDARI	5	PA
EVRYSDI	5	PA, QL (240 PER 30 DAYS)
FABRAZYME 35 MG VIAL	5	PA
GALAFOLD	5	PA, QL (14 PER 28 DAYS)
GLASSIA	5	PA
KANUMA	5	PA
KEVEYIS	5	PA, QL (120 PER 30 DAYS)
KUVAN	5	PA
LUMIZYME	5	PA
<i>miglustat</i>	5	PA
NAGLAZYME	5	PA
<i>nitisinone (2 mg capsule, 5 mg capsule, 10 mg capsule)</i>	5	
NITYR	5	
ONPATRO	5	PA
ORFADIN (4 MG/ML SUSPENSION, 20 MG CAPSULE)	5	
PROCYSBI (DR 25 MG CAPSULE, DR 75 MG CAPSULE)	5	PA
PROLASTIN C	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
RAVICTI	5	PA
REVCOVIA	5	PA
sapropterin dihydrochloride	5	PA
sodium phenylbutyrate powder	5	
STRENSIQ	5	PA
TEGSEDI	5	PA
VIMIZIM	5	PA
VPRIV	5	PA
VYNDAQEL	5	PA, QL (120 PER 30 DAYS)
XURIDEN	5	PA, QL (120 PER 30 DAYS)
ZEMAIRA 1,000 MG VIAL	5	PA
ZENPEP (DR 3,000 UNIT CAPSULE, DR 5,000 UNIT CAPSULE, DR 10,000 UNIT CAPSULE, DR 15,000 UNIT CAPSULE, DR 20,000 UNIT CAPSULE, DR 25,000 UNIT CAPSULE, DR 40,000 UNIT CAPSULE)	3	

Genitourinary Agents

Antispasmodics, Urinary

<i>darifenacin er</i>	4
<i>flavoxate hcl</i>	2
MYRBETRIQ (ER 8 MG/ML SUSP, ER 25 MG TABLET, ER 50 MG TABLET)	3
<i>oxybutynin chloride (5 mg tablet, 5 mg/5 ml solution, 5 mg/5 ml syrup)</i>	2
<i>oxybutynin chloride er</i>	2
<i>solifenacina succinate</i>	2
<i>tolterodine tartrate</i>	2
<i>tolterodine tartrate er</i>	2
<i>trospium chloride</i>	2
<i>trospium chloride er</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er</i>	2	
<i>doxazosin mesylate</i>	2	
<i>dutasteride</i>	2	
<i>finasteride 5 mg tablet</i>	2	
<i>silodosin</i>	2	
<i>tamsulosin hcl</i>	2	
<i>terazosin hcl</i>	2	
Genitourinary Agents, Other		
<i>acetic acid 0.25% irrig soln</i>	2	
<i>bethanechol chloride</i>	2	
<i>D-PENAMINE</i>	5	
<i>ELMIRON</i>	4	
<i>penicillamine 250 mg tablet</i>	5	
<i>THIOLA EC</i>	5	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
<i>ACTHAR</i>	5	PA
<i>dexamethasone (0.5 mg tablet, 0.5 mg/5 ml elx, 0.5 mg/5 ml liq, 0.75 mg tablet, 1 mg tablet, 1.5 mg tablet, 2 mg tablet, 4 mg tablet, 6 mg tablet)</i>	2	
<i>dexamethasone intensol</i>	2	
<i>EMFLAZA (6 MG TABLET, 18 MG TABLET, 22.75 MG/ML ORAL SUSP, 30 MG TABLET, 36 MG TABLET)</i>	5	PA
<i>fludrocortisone acetate</i>	2	
<i>hydrocortisone (5 mg tablet, 10 mg tablet, 20 mg tablet)</i>	2	
<i>methylprednisolone</i>	2	
<i>prednisolone 15 mg/5 ml soln</i>	2	
<i>prednisolone sodium phosphate (10 mg/5 ml soln, 20 mg/5 ml soln)</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>prednisolone sodium phosphate (5 mg/5 ml soln, 15mg/5ml soln cup, sod ph 25 mg/5 ml)</i>	2	
<i>prednisone (1 mg tablet, 5 mg tab dose pack, 10 mg tab dose pack, 10 mg tablet, 20 mg tablet, 50 mg tablet)</i>	2	
<i>prednisone (2.5 mg tablet, 5 mg tablet)</i>	1	
<i>prednisone 5 mg/5 ml solution</i>	4	
<i>RAYOS</i>	5	

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

<i>desmopressin acetate (0.1 mg tb, 0.2 mg tb)</i>	2	
<i>desmopressin acetate (ac 4 mcg/ml ampul, ac 4 mcg/ml vial, 40 mcg/10 ml vial)</i>	5	
<i>desmopressin acetate (solution, spray)</i>	4	
<i>EGRIFTA SV</i>	5	PA, QL (30 PER 30 DAYS)
<i>GENOTROPIN</i>	5	PA
<i>INCRELEX</i>	5	PA

Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)

<i>KORLYM</i>	5	PA, QL (120 PER 30 DAYS)
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Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)

Anabolic Steroids

<i>oxandrolone 10 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>oxandrolone 2.5 mg tablet</i>	3	PA, QL (240 PER 30 DAYS)

Androgens

<i>ANDRODERM</i>	3	PA
<i>danazol (50 mg capsule, 100 mg capsule)</i>	2	
<i>danazol 200 mg capsule</i>	4	
<i>testosterone (1% (25mg/2.5g) pk, 1% (50 mg/5 g) pk, 1.62% gel pump, 12.5 mg/1.25 gram, 50 mg/5 gram gel, 50 mg/5 gram pkt)</i>	3	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>testosterone cypionate</i>	2	PA
<i>testosterone enanthate</i>	2	PA
Estrogens		
<i>altavera</i>	2	
<i>alyacen</i>	2	
<i>amabelz</i>	4	
<i>amethia</i>	2	QL (91 PER 91 DAYS)
<i>amethia lo</i>	2	QL (91 PER 91 DAYS)
<i>amethyst</i>	2	
<i>apri</i>	2	
<i>aranelle</i>	2	
<i>ashlyna</i>	2	QL (91 PER 91 DAYS)
<i>aubra</i>	2	
<i>aubra eq</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aviane</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	2	
<i>bekyree</i>	2	
<i>blisovi 24 fe</i>	2	
<i>blisovi fe</i>	2	
<i>briellyn</i>	2	
<i>camrese</i>	2	QL (91 PER 91 DAYS)
<i>camrese lo</i>	2	QL (91 PER 91 DAYS)
<i>caziant</i>	2	
<i>chateal</i>	2	
CLIMARA PRO	4	
<i>cryselle</i>	2	
<i>cyclafem</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>cyred</i>	2	
<i>cyred eq</i>	2	
<i>dasetta</i>	2	
<i>daysee</i>	2	QL (91 PER 91 DAYS)
<i>desogestrel-eth estrad eth estra</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>dotti</i>	4	
<i>drospirenone-eth estra-levomef</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	
ELESTRIN	4	
<i>elonest</i>	2	
<i>emoquette</i>	2	
<i>enpresse</i>	2	
<i>enskyce</i>	2	
<i>estarrylla</i>	2	
<i>estradiol (0.5 mg tablet, 1 mg tablet, 2 mg tablet, 10 mcg vaginal insrt)</i>	4	
<i>estradiol (once weekly)</i>	4	
<i>estradiol (twice weekly)</i>	4	
<i>estradiol 0.01% cream</i>	2	
<i>estradiol valerate 100 mg/5 ml</i>	2	
<i>estradiol valerate 200 mg/5 ml</i>	4	
<i>estradiol-norethindrone acetat</i>	4	
ESTRING	4	QL (1 PER 90 OVER TIME)
<i>ethynodiol-ethinyl estradiol</i>	2	
<i>falmina</i>	2	
<i>fayosim</i>	2	QL (91 PER 91 DAYS)
<i>femynor</i>	2	
<i>fyavolv</i>	4	
<i>gemmily</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>gianvi</i>	2	
<i>hailey 24 fe</i>	2	
<i>iclevia</i>	2	QL (91 PER 91 DAYS)
<i>introvale</i>	2	QL (91 PER 91 DAYS)
<i>isibloom</i>	2	
<i>jasmiel</i>	2	
<i>jinteli</i>	4	
<i>jolessa</i>	2	QL (91 PER 91 DAYS)
<i>juleber</i>	2	
<i>junel</i>	2	
<i>junel fe</i>	2	
<i>junel fe 24</i>	2	
<i>kaitlib fe</i>	2	
<i>kariva</i>	2	
<i>kelnor 1-35</i>	2	
<i>kelnor 1-50</i>	2	
<i>kurvelo</i>	2	
<i>larin</i>	2	
<i>larin 24 fe</i>	2	
<i>larin fe</i>	2	
<i>larissa</i>	2	
<i>LAYOLIS FE</i>	2	
<i>leena</i>	2	
<i>lessina</i>	2	
<i>levonest</i>	2	
<i>levonor-eth estrad 0.15-0.03 (91 day package)</i>	2	QL (91 PER 91 DAYS)
<i>levonorg-eth estrad eth estrad</i>	2	QL (91 PER 91 DAYS)
<i>levonorgestrel-eth estradiol</i>	2	
<i>levora-28</i>	2	
<i>LO LOESTRIN FE</i>	4	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>lopreeza</i>	4
<i>loryna</i>	2
<i>low-ogestrel</i>	2
<i>lutera</i>	2
<i>lyllana</i>	4
<i>marlissa</i>	2
<i>melodetta 24 fe</i>	2
MENEST (0.3 MG TABLET, 0.625 MG TABLET, 1.25 MG TABLET)	4
<i>merzee</i>	2
<i>mibelas 24 fe</i>	2
<i>microgestin</i>	2
<i>microgestin fe</i>	2
<i>mili</i>	2
<i>mimvey</i>	4
<i>mimvey lo</i>	4
<i>mono-linyah</i>	2
<i>mononessa</i>	2
<i>necon</i>	2
<i>nikki</i>	2
<i>norethin-eth estra-ferrous fum</i>	2
<i>norethind-eth estrad 1-0.02 mg</i>	2
<i>norethindron-ethynodiol estradiol (norethin-eth 1 mg-5 mcg, norethind-eth 0.5-2.5)</i>	4
<i>norethindrone-e.estradiol-iron (1-0.02(21)-75 tab, 1-0.02(24)-75 cap, 1-0.02(24)-75 chw, 1-0.02(24)-75 tab)</i>	2
<i>norgestimate-ethynodiol estradiol</i>	2
<i>norlyda</i>	2
<i>nortrel</i>	2
<i>nylia 7-7-7-28 tablet</i>	2

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER	
<i>nymyo</i>	2	
<i>ocella</i>	2	
<i>orsythia</i>	2	
<i>philith</i>	2	
<i>pimtrea</i>	2	
<i>pirmella</i>	2	
<i>portia</i>	2	
PREMARIN (0.45 MG TABLET, 0.625 MG TABLET, 0.9 MG TABLET, 1.25 MG TABLET, VAGINAL CREAM-APPL)	4	
PREMARIN 0.3 MG TABLET	3	
PREMPHASE	4	
PREMPRO	4	
<i>previfem</i>	2	
<i>reclipsen</i>	2	
<i>rivelsa</i>	2	QL (91 PER 91 DAYS)
<i>setlakin</i>	2	QL (91 PER 91 DAYS)
<i>sprintec</i>	2	
<i>sronyx</i>	2	
<i>syeda</i>	2	
<i>tarina 24 fe</i>	2	
<i>tarina fe</i>	2	
<i>tarina fe 1-20 eq</i>	2	
<i>tilia fe</i>	2	
<i>tri-estarrylla</i>	2	
<i>tri-legest fe</i>	2	
<i>tri-linyah</i>	2	
<i>tri-lo-estarrylla</i>	2	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-sprintec</i>	2	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS	TIER
<i>tri-mili</i>		2
<i>tri-nymyo</i>		2
<i>tri-previfem</i>		2
<i>tri-sprintec</i>		2
<i>tri-vylibra</i>		2
<i>tri-vylibra lo</i>		2
<i>trivora-28</i>		2
<i>tydemy</i>		2
<i>velivet</i>		2
<i>vestura</i>		2
<i>vienna</i>		2
<i>viorele</i>		2
<i>vyfemla</i>		2
<i>vylibra</i>		2
<i>wera</i>		2
<i>wymzya fe</i>		2
<i>xulane</i>		4
<i>yuvafem</i>		4
<i>zafemy</i>		4
<i>zarah</i>		2
<i>zovia 1-35</i>		2
<i>zovia 1-35e</i>		2
<i>zumandimine</i>		2

Progestins

<i>camila</i>	2	
<i>deblitane</i>	2	
DEPO-PROVERA 400 MG/ML VIAL	4	QL (10 PER 28 DAYS)
DEPO-SUBQ PROVERA 104	4	QL (0.65 PER 90 OVER TIME)
<i>errin</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>heather</i>	2	
<i>hydroxyprogesterone caproate (250 mg/ml vial, 1,250 mg/5 ml)</i>	5	PA
<i>incassia</i>	2	
<i>jencycla</i>	2	
<i>jolivette</i>	2	
<i>lyleq</i>	2	
<i>lyza</i>	2	
MAKENA 275 MG/1.1 ML AUTOINJCT	5	PA
<i>medroxyprogesterone 150 mg/ml</i>	2	QL (1 PER 90 OVER TIME)
<i>medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)</i>	1	
<i>megestrol 625 mg/5 ml susp</i>	4	PA
<i>megestrol acetate (20 mg tablet, 40 mg tablet, acet 40 mg/ml susp, 400 mg/10 ml cup, 400 mg/10ml susp cup, acet 400 mg/10 ml)</i>	2	PA
<i>nora-be</i>	2	
<i>norethindrone</i>	2	
<i>norethindrone ac (lupaneta)</i>	2	
<i>norethindrone acetate</i>	2	
<i>progesterone (100 mg capsule, 200 mg capsule, 500 mg/10 ml vial)</i>	2	
<i>sharobel</i>	2	
<i>tulana</i>	2	

Selective Estrogen Receptor Modifying Agents

OSPHENA	3	PA, QL (30 PER 30 DAYS)
<i>raloxifene hcl</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
<i>levothyroxine sodium (25 mcg tablet, 50 mcg tablet, 75 mcg tablet, 88 mcg tablet, 100 mcg tablet, 112 mcg tablet, 125 mcg tablet, 137 mcg tablet, 150 mcg tablet, 175 mcg tablet, 200 mcg tablet, 300 mcg tablet)</i>	2	
LEVOXYL	4	
<i>liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)</i>	2	
UNITHROID	4	
Hormonal Agents, Suppressant (Adrenal)		
ISTURISA	5	PA
LYSODREN	5	
Hormonal Agents, Suppressant (Pituitary)		
BYNFEZIA	5	PA
<i>cabergoline</i>	2	
FIRMAGON (2 X 120 MG KIT, 120 MG VIAL)	5	PA, QL (4 PER 365 OVER TIME)
FIRMAGON 80 MG KIT	4	PA, QL (1 PER 28 OVER TIME)
<i>leuprolide acetate (14 mg/2.8 ml kt, 14 mg/2.8 ml vl)</i>	5	PA
LUPANETA PK 11.25-5 MG 3MO KIT	5	PA, QL (1 PER 84 DAYS)
LUPANETA PK 3.75-5 MG 1MO KIT	5	PA, QL (1 PER 28 DAYS)
LUPRON DEPO 11.25MG (LUPANETA)	5	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (11.25 MG 3MO KIT, 22.5 MG 3MO KIT)	5	PA, QL (1 PER 84 OVER TIME)
LUPRON DEPOT (3.75 MG KIT, 7.5 MG KIT)	5	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 3.75MG (LUPANETA)	5	PA, QL (1 PER 28 OVER TIME)
LUPRON DEPOT 45 MG 6MO KIT	5	PA, QL (1 PER 168 OVER TIME)
LUPRON DEPOT-4 MONTH KIT	5	PA, QL (1 PER 112 OVER TIME)
LUPRON DEPOT-PED (11.25 MG 3MO, 30 MG 3MO KIT)	5	PA, QL (1 PER 84 OVER TIME)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
LUPRON DEPOT-PED (7.5 MG KIT, 11.25 MG KIT, 15 MG KIT)	5	PA, QL (1 PER 28 OVER TIME)
MYCAPSSA	5	PA
MYFEMBREE	5	PA, QL (30 PER 30 DAYS)
<i>octreotide acetate (1,000 mcg/ml vial, 5,000 mcg/5 ml vial)</i>	5	PA
<i>octreotide acetate (acet 0.05 mg/ml vl, acet 50 mcg/ml amp, acet 50 mcg/ml syr, acet 50 mcg/ml vial, acet 100 mcg/ml amp, acet 100 mcg/ml syr, acet 100 mcg/ml vl, acet 200 mcg/ml vl, acet 500 mcg/ml amp, acet 500 mcg/ml syr, acet 500 mcg/ml vl, 1,000 mcg/5 ml vial)</i>	4	PA
ORGOVYX	5	PA
ORIAHNN	5	PA, QL (56 PER 28 DAYS)
ORILISSA 150 MG TABLET	5	PA, QL (30 PER 30 DAYS)
ORILISSA 200 MG TABLET	5	PA, QL (60 PER 30 DAYS)
SANDOSTATIN LAR DEPOT	5	PA
SIGNIFOR	5	PA, QL (60 PER 30 DAYS)
SIGNIFOR LAR	5	PA, QL (1 PER 28 DAYS)
SOMATULINE DEPOT	5	PA
SOMAVERT	5	PA
SUPPRELIN LA	5	PA, QL (1 PER 365 OVER TIME)
SYNAREL	5	
TRELSTAR 11.25 MG VIAL	5	PA, QL (1 PER 84 OVER TIME)
TRELSTAR 22.5 MG VIAL	5	PA, QL (1 PER 168 OVER TIME)
TRELSTAR 3.75 MG VIAL	5	PA, QL (1 PER 28 OVER TIME)
TRIPTODUR	5	PA, QL (1 PER 168 OVER TIME)
ZOLADEX 3.6 MG IMPLANT SYRN	4	QL (1 PER 28 DAYS)

Hormonal Agents, Suppressant (Thyroid)

Antithyroid Agents

<i>methimazole</i>	2
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>propylthiouracil</i>	2	
Immunological Agents		
Angioedema Agents		
BERINERT	5	PA
CINRYZE	5	PA
HAEGARDA	5	PA
<i>icatibant</i>	5	PA
KALBITOR	5	PA
RUCONEST	5	PA
TAKHZYRO 300 MG/2 ML VIAL	5	PA
Immunoglobulins		
ASCENIV	5	PA
BIVIGAM	5	PA
CUTAQUIG	5	PA
CUVITRU	5	PA
FLEBOGAMMA DIF	5	PA
GAMASTAN	3	PA
GAMASTAN S-D	3	PA
GAMMAGARD LIQUID	5	PA
GAMMAGARD S-D	5	PA
GAMMAKED (1 GRAM/10 ML VIAL, 5 GRAM/50 ML VIAL, 10 GRAM/100 ML VIAL, 20 GRAM/200 ML VIAL)	5	PA
GAMMAPLEX	5	PA
GAMUNEX-C	5	PA
HEPAGAM B	5	PA
HIZENTRA (1 GRAM/5 ML SYRINGE, 1 GRAM/5 ML VIAL, 2 GRAM/10 ML SYRINGE, 2 GRAM/10 ML VIAL, 4 GRAM/20 ML SYRINGE, 4 GRAM/20 ML VIAL, 10 GRAM/50 ML VIAL)	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HYPERHEP B	5	PA
HYPERRAB	3	PA
HYPERRHO S-D	4	
MICRHOGAM ULTRA-FILTERED PLUS	4	
NABI-HB	5	PA
OCTAGAM	5	PA
PANZYGA	5	PA
PRIVIGEN	5	PA
RHOGAM ULTRA-FILTERED PLUS	4	
RHOPHYLAC	4	
SYNAGIS	5	PA
VARIZIG	3	PA
XEMBIFY	5	PA
Immunological Agents, Other		
ACTEMRA ACTPEN	5	PA
ARCALYST	5	PA
BENLYSTA (200 MG/ML AUTOINJECT, 200 MG/ML SYRINGE)	5	PA
COSENTYX (2 SYRINGES)	5	PA
COSENTYX SENSOREADY (2 PENS)	5	PA
COSENTYX SENSOREADY PEN	5	PA
COSENTYX SYRINGE	5	PA
DUPIXENT 200 MG/1.14 ML PEN	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 200 MG/1.14 ML SYRING	5	PA, QL (4.56 PER 28 DAYS)
DUPIXENT 300 MG/2 ML PEN	5	PA, QL (8 PER 28 DAYS)
DUPIXENT 300 MG/2 ML SYRINGE	5	PA, QL (8 PER 28 DAYS)
ENSPRYNG	5	PA
ENTYVIO	5	PA
ILARIS	5	PA, QL (2 PER 28 DAYS)
ILUMYA	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
KEVZARA	5	PA
KINERET	5	PA
LEMTRADA	5	PA
OLUMIANT (1 MG TABLET, 2 MG TABLET)	5	PA
ORENCIA (50 MG/0.4 ML SYRINGE, 87.5 MG/0.7 ML SYRINGE, 125 MG/ML SYRINGE)	5	PA
ORENCIA CLICKJECT	5	PA, QL (4 PER 28 DAYS)
RIDAURA	5	
RINVOQ ER 15 MG TABLET	5	PA
SILIQ	5	PA
SKYRIZI (2 SYRINGES) KIT	5	PA
SKYRIZI 150 MG/ML SYRINGE	5	PA
SKYRIZI PEN	5	PA
SOLIRIS	5	PA
STELARA (45 MG/0.5 ML SYRINGE, 45 MG/0.5 ML VIAL, 90 MG/ML SYRINGE, 130 MG/26 ML VIAL)	5	PA
SYLVANT	5	PA
TALTZ AUTOINJECTOR	5	PA
TALTZ AUTOINJECTOR (2 PACK)	5	PA
TALTZ AUTOINJECTOR (3 PACK)	5	PA
TALTZ SYRINGE	5	PA
TREMFYA	5	PA
ULTOMIRIS 300 MG/30 ML VIAL	5	PA
XELJANZ (1 MG/ML SOLUTION, 5 MG TABLET, 10 MG TABLET)	5	PA
XELJANZ XR	5	PA
XOLAIR (75 MG/0.5 ML SYRINGE, 150 MG/1.2 ML POWDER VL, 150 MG/ML SYRINGE)	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Immunostimulants		
ACTIMMUNE	5	PA
INTRON A	5	PA
PEGASYS	5	PA
PEGASYS PROCLICK 180 MCG/0.5	5	PA
Immunosuppressants		
AZASAN	4	PA
<i>azathioprine 50 mg tablet</i>	2	PA
BENLYSTA (120 MG VIAL, 400 MG VIAL)	5	PA
CIMZIA	5	PA
<i>cyclosporine (25 mg capsule, 100 mg capsule)</i>	4	PA
<i>cyclosporine modified (50 mg, 100 mg, 100mg/ml)</i>	4	PA
<i>cyclosporine modified 25 mg</i>	2	PA
ENBREL (25 MG KIT, 25 MG/0.5 ML SYRINGE, 25 MG/0.5 ML VIAL, 50 MG/ML SYRINGE)	5	PA
ENBREL MINI	5	PA
ENBREL SURECLICK	5	PA
<i>everolimus (0.25 mg tablet, 0.5 mg tablet, 0.75 mg tablet)</i>	5	PA
<i>gengraf (25 mg capsule, 100 mg capsule, 100 mg/ml solution)</i>	4	PA
HUMIRA	5	PA
HUMIRA PEDIATRIC CROHN'S	5	PA
HUMIRA PEN	5	PA
HUMIRA PEN CROHN'S-UC-HS	5	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA
HUMIRA(CF)	5	PA
HUMIRA(CF) PEDIATRIC CROHN'S	5	PA
HUMIRA(CF) PEN	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
HUMIRA(CF) PEN CROHN'S-UC-HS	5	PA
HUMIRA(CF) PEN PEDIATRIC UC	5	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA
INFLECTRA	5	PA
<i>leflunomide</i>	2	
LUPKYNIS	5	PA, QL (180 PER 30 DAYS)
<i>methotrexate (1 gm vial, 2.5 mg tablet, 50 mg/2 ml vial, 250 mg/10 ml vial)</i>	2	
<i>methotrexate sodium</i>	2	
<i>mycophenolate 200 mg/ml susp</i>	5	PA
<i>mycophenolate mofetil (250 mg capsule, 500 mg tablet)</i>	4	PA
<i>mycophenolic acid</i>	4	PA
NULOJIX	5	PA
ORENCIA 250 MG VIAL	5	PA
PROGRAF 0.2 MG GRANULE PACKET	4	PA
PROGRAF 1 MG GRANULE PACKET	5	PA
RASUVO 10 MG/0.2 ML AUTOINJ	4	PA, QL (0.8 PER 28 DAYS)
RASUVO 12.5 MG/0.25 ML AUTOINJ	4	PA, QL (1 PER 28 DAYS)
RASUVO 15 MG/0.3 ML AUTOINJ	4	PA, QL (1.2 PER 28 DAYS)
RASUVO 17.5 MG/0.35 ML AUTOINJ	4	PA, QL (1.4 PER 28 DAYS)
RASUVO 20 MG/0.4 ML AUTOINJ	4	PA, QL (1.6 PER 28 DAYS)
RASUVO 22.5 MG/0.45 ML AUTOINJ	4	PA, QL (1.8 PER 28 DAYS)
RASUVO 25 MG/0.5 ML AUTOINJ	4	PA, QL (2 PER 28 DAYS)
RASUVO 30 MG/0.6 ML AUTOINJ	4	PA, QL (2.4 PER 28 DAYS)
RASUVO 7.5 MG/0.15 ML AUTOINJ	4	PA, QL (0.6 PER 28 DAYS)
REMICADE	5	PA
RENFLEXIS	5	PA
REZUROCK	5	PA, QL (60 PER 30 DAYS)
SANDIMMUNE 100 MG/ML SOLN	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
SIMPONI ARIA	5	PA
<i>sirolimus (0.5 mg tablet, 1 mg tablet)</i>	4	PA
<i>sirolimus (1 mg/ml solution, 2 mg tablet)</i>	5	PA
<i>tacrolimus (0.5 mg capsule (ir), 1 mg capsule (ir), 5 mg capsule (ir))</i>	4	PA
XATMEP	4	
ZORTRESS 1 MG TABLET	5	PA

Vaccines

ACTHIB	3	
ADACEL TDAP	3	
BCG VACCINE (TICE STRAIN)	3	
BEXSERO	3	
BOOSTRIX TDAP	3	
DAPTACEL DTAP	3	
DIPHTHERIA-TETANUS TOXOIDS-PED	2	
ENGERIX-B ADULT	3	PA
ENGERIX-B PEDIATRIC-ADOLESCENT	3	PA
GARDASIL 9	3	
HAVRIX	3	
HIBERIX	3	
IMOVAX RABIES VACCINE	3	PA
INFANRIX DTAP	3	
IPOL	3	
IXIARO	3	
KINRIX	3	
M-M-R II VACCINE	3	
MENACTRA	3	
MENQUADFI	3	
MENVEO A-C-Y-W KIT (2 VIALS)	3	
PEDIARIX	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
PEDVAXHIB	3	
PENTACEL	3	
PROQUAD	3	
QUADRACEL DTAP-IPV VIAL	3	
RABAVERT	3	PA
RECOMBIVAX HB	3	PA
ROTARIX VACCINE SUSPENSION	3	
ROTATEQ	3	
SHINGRIX	3	
STAMARIL	3	
TDVAX	3	
TENIVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX VACCINE	3	
YF-VAX	3	

Inflammatory Bowel Disease Agents

Aminosalicylates

balsalazide disodium	4
mesalamine (dr 1.2 gm tablet, 4 gm/60 ml enema, 4 gm/60 ml kit, 800 mg dr tablet, 1,000 mg supp)	4
mesalamine er 0.375 gram cap	4
sulfasalazine	2
sulfasalazine dr	2

Glucocorticoids

budesonide dr	4
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You can find information on what the symbols and abbreviations on this table mean by going to page 7.

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
budesonide ec	4
budesonide er	5
CORTIFOAM	4
hydrocortisone 100 mg/60 ml	4
ORTIKOS	5
procto-med hc	2
procto-pak	2
proctosol-hc	2
protozone-hc	2

Metabolic Bone Disease Agents

alendronate sod 70 mg/75 ml	4	
alendronate sodium (5 mg tablet, 10 mg tab, 35 mg tab, 40 mg tab)	1	
alendronate sodium 70 mg tab	1	QL (4 PER 28 DAYS)
calcitonin-salmon 200 unit spr	2	QL (3.7 PER 30 DAYS)
calcitriol (0.25 mcg capsule, 0.5 mcg capsule, 1 mcg/ml ampul, 1 mcg/ml solution)	2	
cinacalcet hcl (60 mg tablet, 90 mg tablet)	5	
cinacalcet hcl 30 mg tablet	4	
doxercalciferol (0.5 mcg cap, 1 mcg capsule, 2.5 mcg cap)	4	
EVENITY	5	PA, QL (2.34 PER 28 DAYS)
EVENITY (2 SYRINGES)	5	PA, QL (2.34 PER 28 DAYS)
FORTEO	5	PA
ibandronate sodium 150 mg tab	2	QL (1 PER 28 DAYS)
NATPARA	5	PA, QL (2 PER 28 DAYS)
paricalcitol (1 mcg capsule, 2 mcg capsule)	2	
paricalcitol 4 mcg capsule	4	
PROLIA	4	QL (2 PER 365 OVER TIME)
RAYALDEE	5	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
TERIPARATIDE 620 MCG/2.48 ML	5	PA
TYMLOS	5	PA
XGEVA	5	PA

Miscellaneous Therapeutic Agents

<i>afirmelle</i>	2	
<i>aurovela</i>	2	
<i>aurovela fe</i>	2	
<i>ayuna</i>	2	
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
DOJOLVI	5	PA
ELLA	3	
GAUZE PADS & DRESSINGS - PADS 2 X 2	3	
GIVLAARI	5	PA
<i>hailey</i>	2	
<i>hailey fe</i>	2	
INSULIN PEN NEEDLE	3	QL (200 PER 30 DAYS)
INSULIN SYRING (DISP) U-100 0.3 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 0.3 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1/2 ML	3	QL (200 PER 30 DAYS)
INSULIN SYRINGE (DISP) U-100 1ML	3	QL (200 PER 30 DAYS)
INTRALIPID 20% IV FAT EMUL	2	PA
ISOPROPYL ALCOHOL 70% MEDICATED PAD	3	
<i>jaimiess</i>	2	QL (91 PER 91 DAYS)
<i>kalliga</i>	2	
<i>levocarnitine (1 g/10 ml cup, 1 g/10 ml soln, 500 mg/5 ml cup)</i>	4	
<i>levocarnitine 330 mg tablet</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>levocarnitine sf</i>	4	
<i>lillow</i>	2	
<i>lo-zumandimine</i>	2	
<i>lojaimiess</i>	2	QL (91 PER 91 DAYS)
<i>myzilra</i>	2	
NEEDLES, INSULIN DISP., SAFETY	3	QL (200 PER 30 DAYS)
<i>noreth-ee-fe 1.5-0.03mg(21)-75</i>	2	
<i>norethin-ee 1.5-0.03 mg(21) tb</i>	2	
NUTRILIPID	2	PA
<i>omnipod dash pdm kit (gen 4)</i>	3	QL (1 PER 365 OVER TIME)
ORLADEYO	5	PA, QL (30 PER 30 DAYS)
<i>quasense</i>	2	QL (91 PER 91 DAYS)
<i>simliya</i>	2	
<i>simpesse</i>	2	QL (91 PER 91 DAYS)
<i>sodium chloride (irrig, irrig., prcss sol)</i>	2	
<i>tri femynor</i>	2	
<i>tri-lo-mili</i>	2	
<i>v-go 20</i>	3	
<i>v-go 30</i>	3	
<i>v-go 40</i>	3	
<i>vgo 20</i>	3	
<i>vgo 30</i>	3	
<i>vgo 40</i>	3	
VISTOGARD	5	
<i>volnea</i>	2	

Ophthalmic Agents

Ophthalmic Agents, Other

<i>ak-poly-bac</i>	2
<i>atropine 1% eye drops</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
<i>bacitracin-polymyxin</i>	2	
BLEPHAMIDE	4	
BLEPHAMIDE S.O.P.	4	
COMBIGAN	3	
CYSTADROPS	5	PA, QL (20 PER 28 OVER TIME)
CYSTARAN	5	PA, QL (60 PER 28 OVER TIME)
<i>dorzolamide-timolol 2%-0.5%</i>	4	
<i>dorzolamide-timolol eye drops</i>	2	
LACRISERT	4	
<i>neo-polycin</i>	2	
<i>neo-polycin hc</i>	2	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-poly-hc eye drops</i>	2	
<i>neomycin-polymyxin-dexameth (neomyc-polym-dexamet ointm, neomyc-polym-dexameth drop)</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
OXERVATE	5	PA, QL (56 PER 28 DAYS)
<i>polycin</i>	2	
<i>polymyxin b sul-trimethoprim</i>	2	
PRED-G (1% DROPS, S.O.P. OINTMENT)	4	
RESTASIS	3	
RESTASIS MULTIDOSE	3	
ROCKLATAN	3	QL (2.5 PER 25 DAYS)
SIMBRINZA	4	
<i>sulfacetamide-prednisolone</i>	2	
TOBRADEX EYE OINTMENT	4	
TOBRADEX ST	4	
<i>tobramycin-dexamethasone</i>	2	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
XIIDRA	4	QL (60 PER 30 DAYS)
ZYLET	4	
Ophthalmic Anti-Infectives		
<i>bacitracin 500 unit/gm ophth</i>	2	
BESIVANCE	4	
<i>ciprofloxacin 0.3% eye drop</i>	2	
<i>erythromycin 0.5% eye ointment</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak</i>	2	
<i>gentamicin 0.3% eye drop</i>	2	
<i>levofloxacin 0.5% eye drops</i>	2	
<i>moxifloxacin (drops, drp-visc)</i>	2	
NATACYN	4	
<i>ofloxacin 0.3% eye drops</i>	2	
<i>sulfacetamide sodium (drops, ointment)</i>	2	
<i>tobramycin 0.3% eye drop</i>	2	
TOBREX 0.3% EYE OINTMENT	4	
<i>trifluridine</i>	4	
ZIRGAN	4	
Ophthalmic Anti-allergy Agents		
<i>azelastine hcl 0.05% drops</i>	2	
<i>bepotastine besilate</i>	4	
BEPREVE	4	
<i>cromolyn 4% eye drops</i>	2	
<i>epinastine hcl</i>	2	
<i>olopatadine hcl (0.1% drops, 0.2% drop)</i>	2	
Ophthalmic Anti-inflammatories		
ALREX	4	
<i>bromfenac sodium 0.09% eye drp</i>	4	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
dexamethasone 0.1% eye drop	2	
diclofenac 0.1% eye drops	2	
difluprednate	3	
DUREZOL	3	
FLAREX	3	
flurbiprofen sodium	2	
FML FORTE	3	
<i>ketorolac tromethamine (0.4% solution, 0.5% solution)</i>	2	
LOTEMAX 0.5% EYE OINTMENT	4	QL (14 PER 365 OVER TIME)
LOTEMAX 0.5% OPHTHALMIC GEL	4	QL (20 PER 365 OVER TIME)
LOTEMAX SM	4	QL (20 PER 365 OVER TIME)
<i>loteprednol 0.5% ophthalmic gel</i>	4	QL (20 PER 365 OVER TIME)
<i>loteprednol etabonate 0.5% drp</i>	4	
<i>prednisolone acetate</i>	2	
<i>prednisolone sod 1% eye drop</i>	2	
PROLENSA	4	QL (12 PER 365 OVER TIME)

Ophthalmic Beta-Adrenergic Blocking Agents

<i>betaxolol hcl 0.5% eye drop</i>	2
BETIMOL	4
<i>carteolol hcl</i>	2
<i>levobunolol hcl</i>	2
<i>timolol maleate (0.25% drop, 0.5% drops)</i>	1
<i>timolol maleate (0.25% gel-solution, 0.5% eye drop, 0.5% eye drop, 0.5% gel-solution, 0.5% gfs gel-solution)</i>	4

Ophthalmic Intraocular Pressure Lowering Agents, Other

<i>acetazolamide er</i>	2
ALPHAGAN P 0.1% DROPS	3
<i>apraclonidine hcl</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
AZOPT	3	
<i>brimonidine 0.2% eye drop</i>	2	
<i>brimonidine tartrate 0.15% drp</i>	4	
<i>brinzolamide</i>	2	
<i>dorzolamide hcl</i>	2	
IOPIDINE 1% EYE DROPS	4	
<i>methazolamide</i>	4	
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl (1% drops, 2% drops, 4% drops)</i>	2	
RHOPRESSA	3	QL (2.5 PER 25 DAYS)

Ophthalmic Prostaglandin and Prostamide Analogs

<i>bimatoprost 0.03% eye drops</i>	2	QL (5 PER 30 DAYS)
DURYSTA	5	
<i>latanoprost 0.005% eye drops</i>	1	
LUMIGAN	3	QL (2.5 PER 25 DAYS)
VYZULTA	4	QL (5 PER 25 DAYS)

Otic Agents

<i>acetic acid 2% ear solution</i>	2
<i>ciprofloxacin 0.2% otic soln</i>	2
<i>ciprofloxacin-dexamethasone</i>	2
<i>flac otic oil</i>	2
<i>fluocinolone acetonide oil</i>	2
<i>hydrocortisone-acetic acid</i>	2
<i>neomycin-polymyxin-hc ear susp</i>	2
<i>neomycin-polymyxin-hydrocort</i>	2
<i>ofloxacin 0.3% ear drops</i>	2

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ARNUITY ELLIPTA	3	QL (30 PER 30 DAYS)
ASMANEX	4	QL (1 PER 30 DAYS)
ASMANEX HFA	4	QL (13 PER 30 DAYS)
BREZTRI AEROSPHERE	3	QL (23.6 PER 28 DAYS)
<i>budesonide (0.25 mg/2 ml susp, 0.5 mg/2 ml susp, 1 mg/2 ml inh susp)</i>	4	PA, QL (120 PER 30 DAYS)
FLOVENT 250 MCG DISKUS	3	QL (240 PER 30 DAYS)
FLOVENT DISKUS (50 MCG, 100 MCG)	3	QL (60 PER 30 DAYS)
FLOVENT HFA (110 MCG INHALER, 220 MCG INHALER)	3	QL (24 PER 30 DAYS)
FLOVENT HFA 44 MCG INHALER	3	QL (21.2 PER 30 DAYS)
<i>fluticasone prop 50 mcg spray</i>	1	
<i>mometasone furoate 50 mcg spry</i>	4	QL (34 PER 30 DAYS)
Antihistamines		
<i>azelastine hcl (0.1% (137 mcg) spry, 0.15% nasal spray)</i>	2	QL (60 PER 30 DAYS)
<i>azelastine-fluticasone</i>	4	QL (23 PER 30 DAYS)
<i>ciproheptadine 4 mg tablet</i>	4	
<i>desloratadine 5 mg tablet</i>	2	
<i>diphenhydramine hcl (50 mg/ml crpj, 50 mg/ml syrng, 50 mg/ml vial)</i>	2	
<i>hydroxyzine hcl (10 mg tablet, 10 mg/5 ml soln, 10 mg/5 ml syrup, 25 mg tablet, 50 mg tablet, 50 mg/25 ml cup)</i>	4	
<i>levocetirizine 5 mg tablet</i>	2	
Antileukotrienes		
<i>montelukast sodium</i>	2	
<i>zafirlukast</i>	2	
<i>zileuton er</i>	5	ST

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
ZYFLO	5	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL (25.8 PER 30 DAYS)
<i>ipratropium br 0.02% soln</i>	2	PA, QL (312.5 PER 30 DAYS)
<i>ipratropium bromide (0.03% spray, 0.06% spray)</i>	2	
LONHALA MAGNAIR REFILL	5	QL (60 PER 30 DAYS)
SPIRIVA HANDIHALER	3	QL (30 PER 30 DAYS)
SPIRIVA RESPIMAT 1.25 MCG INH	3	QL (8 PER 30 DAYS)
SPIRIVA RESPIMAT 2.5 MCG INH	3	
YUPELRI	5	PA, QL (90 PER 30 DAYS)
Bronchodilators, Sympathomimetic		
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA)	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proair hfa)</i>	2	QL (17 PER 30 DAYS)
<i>albuterol hfa 90 mcg inhaler (generic proventil hfa)</i>	2	QL (13.4 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC VENTOLIN HFA)	2	QL (48 PER 30 DAYS)
ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA)	2	QL (17 PER 30 DAYS)
<i>albuterol sul 2.5 mg/3 ml soln</i>	2	PA, QL (525 PER 30 DAYS)
<i>albuterol sulfate (0.63 mg/3 ml sol, 1.25 mg/3 ml sol)</i>	2	PA, QL (375 PER 30 DAYS)
<i>albuterol sulfate (2 mg tab, sulf 2 mg/5 ml syrup, 4 mg tab)</i>	4	
<i>albuterol sulfate (2.5 mg/0.5 ml sol, 5 mg/ml solution, 15 mg/3 ml solution, 20 mg/4 ml solution, 25 mg/5 ml solution, 75 mg/15 ml soln, 100 mg/20 ml soln)</i>	2	PA, QL (100 PER 30 DAYS)
<i>epinephrine (0.15 mg auto-injct, 0.3 mg auto-inject)</i>	3	

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
EPIPEN	4	
EPIPEN 2-PAK	4	
EPIPEN JR	4	
EPIPEN JR 2-PAK	4	
<i>formoterol fumarate</i>	5	PA, QL (120 PER 30 DAYS)
<i>levalbuterol 1.25 mg/3 ml sol</i>	4	PA, QL (270 PER 30 DAYS)
<i>levalbuterol concentrate</i>	4	PA, QL (90 PER 30 DAYS)
<i>levalbuterol hcl (0.31 mg/3 ml sol, 0.63 mg/3 ml sol)</i>	4	PA, QL (540 PER 30 DAYS)
<i>levalbuterol tartrate hfa</i>	2	QL (30 PER 30 DAYS)
PERFOROMIST	5	PA, QL (120 PER 30 DAYS)
PROAIR HFA	3	QL (17 PER 30 DAYS)
PROAIR RESPICLICK	3	QL (2 PER 30 DAYS)
SEREVENT DISKUS	3	QL (60 PER 30 DAYS)
<i>terbutaline sulfate (2.5 mg tab, 5 mg tab)</i>	4	

Cystic Fibrosis Agents

CAYSTON	5	PA
KALYDECO (25 MG GRANULES PACKET, 50 MG GRANULES PACKET, 75 MG GRANULES PACKET, 150 MG TABLET)	5	PA
ORKAMBI (100 MG TABLET, 200 MG TABLET)	5	PA, QL (112 PER 28 DAYS)
ORKAMBI (100-125 MG GRANULE PKT, 150-188 MG GRANULE PKT)	5	PA, QL (56 PER 28 DAYS)
PULMOZYME	5	PA
SYMDEKO 100/150 MG-150 MG TABS	5	PA, QL (56 PER 28 DAYS)
SYMDEKO 50/75 MG-75 MG TABLETS	5	PA, QL (60 PER 30 DAYS)
TOBI PODHALER	5	QL (224 PER 56 OVER TIME)
<i>tobramycin 300 mg/5 ml ampule</i>	5	PA
TRIKAFTA (50-25-37.5 MG/75 MG, 100-50-75 MG/150 MG)	5	PA, QL (84 PER 28 DAYS)

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Mast Cell Stabilizers		
<i>cromolyn 20 mg/2 ml neb soln</i>	5	PA
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP	4	PA
<i>theophylline er (400 mg tablet, 600 mg tablet)</i>	2	
<i>theophylline er 300 mg tab</i>	4	
<i>theophylline er 300 mg tablet</i>	4	
Pulmonary Antihypertensives		
ADEMPAS	5	PA, QL (90 PER 30 DAYS)
<i>alyq</i>	5	PA, QL (60 PER 30 DAYS)
<i>ambrisentan</i>	5	PA, QL (30 PER 30 DAYS)
<i>bosentan</i>	5	PA, QL (60 PER 30 DAYS)
OPSUMIT	5	PA, QL (30 PER 30 DAYS)
ORENITRAM ER (0.25 MG TABLET, 1 MG TABLET, 2.5 MG TABLET, 5 MG TABLET)	5	PA
ORENITRAM ER 0.125 MG TABLET	4	PA
<i>sildenafil 10 mg/ml oral susp</i>	5	PA
<i>sildenafil 20 mg tablet</i>	3	PA, QL (90 PER 30 DAYS)
<i>tadalafil 20 mg tablet</i>	5	PA, QL (60 PER 30 DAYS)
UPTRAVI (200 MCG TABLET, 400 MCG TABLET, 600 MCG TABLET, 800 MCG TABLET, 1,000 MCG TABLET, 1,200 MCG TABLET, 1,400 MCG TABLET, 1,600 MCG TABLET)	5	PA, QL (60 PER 30 DAYS)
UPTRAVI 200-800 TITRATION PACK	5	PA, QL (400 PER 365 OVER TIME)
VENTAVIS	5	PA, QL (270 PER 30 DAYS)
Pulmonary Fibrosis Agents		
ESBRIET	5	PA
OFEV	5	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Respiratory Tract Agents, Other		
<i>acetylcysteine (10% vial, 20% vial)</i>	2	PA
ANORO ELLIPTA	3	QL (60 PER 30 DAYS)
BREO ELLIPTA (100-25 MCG, 200-25 MCG)	3	QL (60 PER 30 DAYS)
BRONCHITOL	5	PA, QL (560 PER 28 DAYS)
COMBIVENT RESPIMAT	3	QL (8 PER 30 DAYS)
DULERA (100 MCG INHALER, 200 MCG INHALER)	4	QL (17.6 PER 30 DAYS)
DULERA 50 MCG-5 MCG INHALER	4	QL (13 PER 30 DAYS)
FASENRA	5	PA
FASENRA PEN	5	PA
<i>fluticasone-salmeterol (100-50, 250-50, 500-50)</i>	2	QL (60 PER 30 DAYS)
<i>ipratropium-albuterol</i>	2	PA, QL (540 PER 30 DAYS)
NUCALA (100 MG/ML AUTO-INJECTOR, 100 MG/ML POWDER VIAL, 100 MG/ML SYRINGE)	5	PA, QL (3 PER 28 DAYS)
STIOLTO RESPIMAT	3	QL (24 PER 30 DAYS)
SYMBICORT 160-4.5 MCG INHALER	3	QL (12 PER 30 DAYS)
SYMBICORT 80-4.5 MCG INHALER	3	QL (13.8 PER 30 DAYS)
TRELEGY ELLIPTA	3	QL (60 PER 30 DAYS)
<i>wixela inhub</i>	2	QL (60 PER 30 DAYS)
Skeletal Muscle Relaxants		
<i>carisoprodol</i>	4	PA
<i>chlorzoxazone 500 mg tablet</i>	4	PA
<i>cyclobenzaprine hcl (5 mg tablet, 10 mg tablet)</i>	4	PA
<i>methocarbamol (500 mg tablet, 750 mg tablet)</i>	4	PA

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

DRUG NAME	DRUG TIER	REQUIREMENTS/LIMITS
Sleep Disorder Agents		
Sleep Promoting Agents		
BELSOMRA	3	QL (30 PER 30 DAYS)
<i>doxepin hcl (3 mg tablet, 6 mg tablet)</i>	4	QL (30 PER 30 DAYS)
<i>estazolam</i>	2	QL (30 PER 30 DAYS)
<i>eszopiclone</i>	4	QL (30 PER 30 DAYS)
HETLIOZ	5	PA, QL (30 PER 30 DAYS)
HETLIOZ LQ	5	PA, QL (158 PER 30 DAYS)
<i>ramelteon</i>	4	QL (30 PER 30 DAYS)
<i>temazepam (15 mg capsule, 30 mg capsule)</i>	2	QL (30 PER 30 DAYS)
<i>temazepam (7.5 mg capsule, 22.5 mg capsule)</i>	4	QL (30 PER 30 DAYS)
<i>zaleplon 10 mg capsule</i>	4	QL (60 PER 30 DAYS)
<i>zaleplon 5 mg capsule</i>	4	QL (30 PER 30 DAYS)
<i>zolpidem tartrate (5 mg tablet, 10 mg tablet)</i>	2	QL (30 PER 30 DAYS)
<i>zolpidem tartrate er</i>	4	QL (30 PER 30 DAYS)
Wakefulness Promoting Agents		
<i>armodafinil (150 mg tablet, 200 mg tablet, 250 mg tablet)</i>	4	PA, QL (30 PER 30 DAYS)
<i>armodafinil 50 mg tablet</i>	4	PA, QL (60 PER 30 DAYS)
<i>modafinil</i>	3	PA, QL (30 PER 30 DAYS)
WAKIX	5	PA, QL (60 PER 30 DAYS)
XYREM	5	PA, QL (540 PER 30 DAYS)
XYWAV	5	PA, QL (540 PER 30 DAYS)
Uncategorized		
Unclassified		
ANZEMET	4	PA, QL (5 PER 30 OVER TIME)
<i>calcitriol 1 mcg/ml vial</i>	2	

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

DRUG NAME	DRUG REQUIREMENTS/LIMITS TIER
<i>cortisone acetate</i>	2

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

Alphabetical Listing

A

abacavir.....	42	albendazole.....	36
abacavir-lamivudine.....	42	ALBUTEROL HFA 90 MCG INHALER (GENERIC PROAIR HFA).....	101
abacavir-lamivudine-zidovudine.....	42	albuterol hfa 90 mcg inhaler (generic proair hfa)	101
ABELCET.....	26	albuterol hfa 90 mcg inhaler (generic proventil hfa)	101
ABILIFY MAINTENA.....	39	ALBUTEROL HFA 90 MCG INHALER (GENERIC PROVENTIL HFA).....	101
ABILIFY MYCITE.....	39	ALBUTEROL HFA 90 MCG INHALER (GENERIC VENTOLIN HFA).....	101
abiraterone acetate.....	30	ALBUTEROL HFA 90 MCG INHALER 9GENERIC PROVENTIL HFA).....	101
ABSTRAL.....	10	albuterol sulfate.....	101
acamprosate calcium.....	12	alclometasone dipropionate.....	65
acarbose.....	47	ALDACTAZIDE.....	56
accutane.....	64	ALDURAZYME.....	73
acebutolol hcl.....	54	ALECENSA.....	32
acetaminophen-codeine.....	10	alendronate sodium.....	93
acetazolamide.....	56	alfuzosin hcl er.....	75
acetazolamide er.....	98	ALINIA.....	36
acetic acid.....	75,99	aliskiren.....	56
acetylcysteine.....	104	allopurinol.....	27
acitretin.....	64	alosetron hcl.....	71
ACTEMRA ACTPEN.....	87	ALPHAGAN P.....	98
ACTHAR.....	75	alprazolam.....	46
ACTHIB.....	91	alprazolam er.....	46
ACTIMMUNE.....	89	alprazolam xr.....	46
acyclovir.....	45,67	ALREX.....	97
acyclovir sodium.....	45	altavera.....	77
ADACEL TDAP.....	91	ALUNBRIG.....	32,33
ADAKVEO.....	51	alyacen.....	77
adapalene.....	64	alyq.....	103
adapalene-benzoyl peroxide.....	64	amabelz.....	77
adefovir dipivoxil.....	44	amantadine.....	45
ADEMPAS.....	103	AMBI SOME.....	26
adrucil.....	31	ambrisentan.....	103
AFINITOR.....	32	amethia.....	77
AFINITOR DISPERZ.....	32	amethia lo.....	77
afirmelle.....	94	amethyst.....	77
AIMOVIG AUTOINJECTOR.....	28	amikacin sulfate.....	13
AIMOVIG AUTOINJECTOR (2 PACK).....	28		
ak-poly-bac.....	95		
AKYNZEO.....	26		
ala-cort.....	65		

amiloride hcl.....	57	ARISTADA.....	.39
amiloride-hydrochlorothiazide.....	56	ARISTADA INITIO.....	.39
aminocaproic acid.....	52	armodafinil.....	105
AMINOSYN II.....	68	ARNUITY ELLIPTA.....	100
AMINOSYN-PF.....	68	ASCENIV.....	86
amiodarone hcl.....	53	asenapine maleate.....	39
AMITIZA.....	70	ashlyna.....	77
amitriptyline hcl.....	25	ASMANEX.....	100
amlodipine besylate.....	55	ASMANEX HFA.....	100
amlodipine besylate-benazepril.....	56	aspirin-dipyridamole er.....	52
amlodipine-atorvastatin.....	56	atazanavir sulfate.....	43
amlodipine-valsartan	56	atenolol.....	54
amlodipine-valsartan-hctz.....	56	atenolol-chlorthalidone.....	56
ammonium lactate.....	65	atomoxetine hcl.....	60
amnesteem.....	64	atorvastatin calcium.....	58
amoxapine.....	25	atovaquone.....	36
amoxicillin.....	16	atovaquone-proguanil hcl.....	36
amoxicillin-clavulanate pot er.....	16	ATRIPLA.....	41
amoxicillin-clavulanate potass.....	16	atropine sulfate.....	95
amphotericin b.....	26	ATROVENT HFA.....	101
ampicillin sodium.....	16	aubra.....	77
ampicillin trihydrate.....	16	aubra eq.....	77
ampicillin-sulbactam.....	16	aurovela.....	94
anagrelide hcl.....	51	aurovela 24 fe.....	77
anastrozole.....	32	aurovela fe.....	94
ANDRODERM.....	76	AURYXIA.....	69
ANORO ELLIPTA.....	104	AUSTEDO.....	61
ANZEMET.....	105	AVASTIN.....	35
APOKYN.....	37	aviane.....	77
apraclonidine hcl.....	98	AVITA.....	64
aprepitant.....	26	AVONEX.....	62
apri.....	77	AVONEX PEN.....	62
aprizio pak.....	12	ayuna.....	94
APTIOM.....	21	AYVAKIT.....	33
APTIVUS.....	43	AZASAN.....	89
ARALAST NP.....	73	azathioprine.....	89
aranelle.....	77	azelaic acid.....	64
ARANESP.....	51	azelastine hcl.....	.97,100
ARCALYST.....	87	azelastine-fluticasone.....	100
ariPIPRAZOLE.....	39	azithromycin.....	17
ariPIPRAZOLE odt.....	39	AZOPT.....	.99

aztreonam.....	14	bisoprolol fumarate.....	54
azurette.....	77	bisoprolol-hydrochlorothiazide.....	56
B		BIVIGAM.....	86
bacitracin.....	97	bleomycin sulfate.....	31
bacitracin-polymyxin.....	96	BLEPHAMIDE.....	96
baclofen.....	41	BLEPHAMIDE S.O.P.....	96
BACTROBAN NASAL.....	67	blisovi 24 fe.....	77
BAFIERTAM.....	62	blisovi fe.....	77
balsalazide disodium.....	92	BOOSTRIX TDAP.....	91
BALVERSA.....	33	bosentan.....	103
balziva.....	77	BOSULIF.....	33
BANZEL.....	21	BRAFTOVI.....	33
BARACLUDE.....	44	BREO ELLIPTA.....	104
BAXDELA.....	17	BREZTRI AEROSPHERE.....	100
BCG VACCINE (TICE STRAIN).....	91	briellyn.....	77
bekyree.....	77	BRILINTA.....	52
BELSOMRA.....	105	brimonidine tartrate.....	99
benazepril hcl.....	53	brinzolamide.....	99
benazepril-hydrochlorothiazide.....	56	BRIVIACT.....	19
BENLYSTA.....	87,89	bromfenac sodium.....	97
benznidazole.....	36	bromocriptine mesylate.....	37
benztropine mesylate.....	37	BRONCHITOL.....	104
bepotastine besilate.....	97	BRUKINSA.....	33
BEPREVE.....	97	budesonide.....	100
BERINERT.....	86	budesonide dr.....	92
BESIVANCE.....	97	budesonide ec.....	93
betamethasone diprop augmented.....	65	budesonide er.....	93
betamethasone dipropionate.....	65	bumetanide.....	57
betamethasone valerate.....	65	buprenorphine hcl.....	13
BETASERON.....	62	buprenorphine-naloxone.....	13
betaxolol hcl.....	54,98	bupropion hcl.....	23
bethanechol chloride.....	75	bupropion hcl sr.....	13,23
BETIMOL.....	98	bupropion hcl sr 150mg tablet.....	23
bexarotene.....	36	bupropion xl.....	23
BEXZERO.....	91	buspirone hcl.....	45
bicalutamide.....	30	butalbital-acetaminophen.....	61
BICILLIN C-R.....	16	butalbital-acetaminophen-caffé.....	61
BICILLIN L-A.....	16	butalbital-aspirin-cafféine.....	61
BIKTARVY.....	41	butorphanol tartrate.....	10
bimatoprost.....	99	BYNFEZIA.....	84
		BYSTOLIC.....	54

C

cabergoline.....	84	cefoxitin.....	15
CABLIVI.....	52	cefpodoxime proxetil.....	15
CABOMETYX.....	33	cefprozil.....	15
calcipotriene.....	66	ceftazidime.....	16
calcitonin-salmon.....	93	ceftriaxone.....	16
calcitriol.....	93,105	cefuroxime.....	16
calcium acetate.....	69	cefuroxime sodium.....	16
CALQUENCE.....	33	celecoxib.....	8
camila.....	82	CELONTIN.....	20
camrese.....	77	cephalexin.....	16
camrese lo.....	77	CERDELGA.....	73
candesartan cilexetil.....	53	CEREZYME.....	73
candesartan-hydrochlorothiazid.....	56	CHANTIX.....	13
CAPLYTA.....	39	charlotte 24 fe.....	94
CAPRELSA.....	33	chateal.....	77
captopril.....	53	chateal eq.....	94
captopril-hydrochlorothiazide.....	56	CHEMET.....	69
CARBAGLU.....	68	CHENODAL.....	71
carbamazepine.....	21	chlordiazepoxide hcl.....	46
carbamazepine er.....	21	chlordiazepoxide-amitriptyline.....	23
carbidopa.....	38	chlorhexidine gluconate.....	63
carbidopa-levodopa.....	38	chloroquine phosphate.....	36
carbidopa-levodopa er.....	38	chlorothiazide.....	58
carisoprodol.....	104	chlorpromazine hcl.....	38
carteolol hcl.....	98	chlorthalidone.....	58
cartia xt.....	55	chlorzoxazone.....	104
carvedilol.....	54	CHOLBAM.....	73
carvedilol er.....	54	cholestyramine.....	58
caspofungin acetate.....	26	cholestyramine light.....	58
CAYSTON.....	102	ciclodan.....	67
caziant.....	77	ciclopirox.....	67
cefaclor.....	15	cidofovir.....	44
cefadroxil.....	15	cilostazol.....	52
cefazolin sodium.....	15	CIMDUO.....	42
cefdinir.....	15	CIMZIA.....	89
cefepime hcl.....	15	cinacalcet hcl.....	93
cefixime.....	15	CINRYZE.....	86
cefotaxime sodium.....	15	ciprofloxacin.....	18
cefotetan.....	15	ciprofloxacin hcl.....	18,97,99
		ciprofloxacin-d5w.....	17
		ciprofloxacin-dexamethasone.....	99

citalopram hbr.....	23	constulose.....	70
claravis.....	64	COPIKTRA.....	33
clarithromycin.....	17	CORDRAN.....	65
clarithromycin er.....	17	CORLANOR.....	56
CLENPIQ.....	71	CORTIFOAM.....	93
CLEOCIN.....	14	cortisone acetate.....	106
CLIMARA PRO.....	77	COSENTYX (2 SYRINGES).....	87
clindacin etz.....	14	COSENTYX SENSOREADY (2 PENS).....	87
clindacin p.....	14	COSENTYX SENSOREADY PEN.....	87
clindamycin (pediatric).....	14	COSENTYX SYRINGE.....	87
clindamycin hcl.....	14	COTELLIC.....	33
clindamycin phos-benzoyl perox.....	64	CREON.....	73
clindamycin phosphate.....	14,67	CRESEMBA.....	26
clindamycin-benzoyl peroxide.....	64	CRIXIVAN.....	43
CLINISOL.....	68	cromolyn sodium.....	73,97,103
clobazam.....	20	crotan.....	67
clobetasol emollient.....	65	cryselle.....	77
clobetasol emulsion.....	65	CUTAQUIG.....	86
clobetasol propionate.....	65	CUVITRU.....	86
clomipramine hcl.....	25	CUVPOSA.....	71
clonazepam.....	20	cyclafem.....	77
clonidine.....	52	cyclobenzaprine hcl.....	104
clonidine hcl.....	52	cyclophosphamide.....	30
clonidine hcl er.....	60	CYCLOSET.....	47
clopidoogrel.....	52	cyclosporine.....	89
clorazepate dipotassium.....	46	cyclosporine modified.....	89
clotrimazole.....	26	cyproheptadine hcl.....	100
clotrimazole-betamethasone.....	66	cyred.....	78
clozapine.....	40,41	cyred eq.....	78
clozapine odt.....	41	CYSTADROPS.....	96
COARTEM.....	37	CYSTAGON.....	73
codeine sulfate.....	10	CYSTARAN.....	96
colchicine.....	27	cytarabine.....	31
colesevelam hcl.....	58		
colestipol hcl.....	58	D	
colistimethate.....	14	D-PENAMINE.....	75
COMBIGAN.....	96	dalfampridine er.....	62
COMBIVENT RESPIMAT.....	104	DALIRESP.....	103
COMETRIQ.....	33	danazol.....	76
COMPLERA.....	41	dantrolene sodium.....	41
compro.....	25	dapsone.....	29,67

DAPTACEL DTAP	91	DIACOMIT	20
daptomycin	14	diazepam	20,46
darifenacin er	74	diazoxide	48
DARZALEX FASPRO	35	diclofenac potassium	8
dasetta	78	diclofenac sodium	8,66,98
daunorubicin hcl	31	diclofenac sodium er	8
DAURISMO	33	dicloxacillin sodium	16
daysee	78	dicyclomine hcl	71
deblitane	82	didanosine	42
deferasirox	69	DIFICID	17
deferiprone	69	diflunisal	8
DELSTRIGO	42	diluprednate	98
demecclocycline hcl	18	digitek	53
DEM SER	56	digox	53
DENAVIR	67	digoxin	53,54
DEPO-PROVERA	82	dihydroergotamine mesylate	28
DEPO-SUBQ PROVERA 104	82	DILANTIN	21
dermacinrx empircaine	12	DILATRATE-SR	59
dermacinrx prizopak	12	dilt-xr	55
DESCOVY	42	diltiazem 12hr er	55
desipramine hcl	25	diltiazem 24hr er	55
desloratadine	100	diltiazem 24hr er (cd)	55
desmopressin acetate	76	diltiazem 24hr er (la)	55
desogestrel-eth estrad eth estra	78	diltiazem 24hr er (xr)	55
desogestrel-ethynodiol estradiol	78	diltiazem hcl	55
desonide	65	dimethyl fumarate	62
desoximetasone	65	diphenhydramine hcl	100
desrx	65	diphenoxylate-atropine	71
desvenlafaxine succinate er	23	DIPHTHERIA-TETANUS TOXOIDS-PED	91
dexamethasone	75	disopyramide phosphate	54
dexamethasone intensol	75	disulfiram	13
dexamethasone sodium phosphate	98	DIURIL	58
dexmethylphenidate hcl	60	divalproex sodium	20
dexmethylphenidate hcl er	60	divalproex sodium er	20
dextroamphetamine sulfate	60	dofetilide	54
dextroamphetamine sulfate er	60	DOJOLVI	94
dextroamphetamine-amphet er	60	donepezil hcl	22
dextroamphetamine-amphetamine	60	donepezil hcl odt	22
dextrose 5%-0.45% nacl	68	dorzolamide hcl	99
dextrose 5%-0.9% nacl	68	dorzolamide-timolol	96
dextrose in water	68	dotti	78

DOVATO.....	41	EMEND.....	26
doxazosin mesylate.....	75	EMFLAZA.....	75
doxepin hcl.....	25,105	EMGALITY PEN.....	28
doxercalciferol.....	93	EMGALITY SYRINGE.....	28
doxy 100.....	18	emoquette.....	78
doxycycline hydiate.....	18,63	EMSAM.....	23
doxycycline ir-dr.....	18	emtricitabine.....	42
doxycycline monohydrate.....	18	emtricitabine-tenofovir disop.....	42
doxylamine succ-pyridoxine hcl.....	25	EMTRIVA.....	42
DRIZALMA SPRINKLE.....	23	enalapril maleate.....	53
dronabinol.....	26	enalapril-hydrochlorothiazide.....	56
drospirenone-eth estra-levomef.....	78	ENBREL.....	89
drospirenone-ethinyl estradiol.....	78	ENBREL MINI.....	89
DROXIA.....	31	ENBREL SURECLICK.....	89
droxidopa.....	52	ENDARI.....	73
DULERA.....	104	endocet.....	10
duloxetine hcl.....	24	ENGERIX-B ADULT.....	91
DUOBRII.....	66	ENGERIX-B PEDIATRIC-ADOLESCENT ..	91
DUPIXENT PEN.....	87	enoxaparin sodium (100 mg/ml syr, 120	
DUPIXENT SYRINGE.....	87	mg/0.8 ml syr, 150 mg/ml syr, 30 mg/0.3 ml	
DUREZOL.....	98	sy, 40 mg/0.4 ml syr, 60 mg/0.6 ml syr, 80	
DURYSTA.....	99	mg/0.8 ml syr).....	50
dutasteride.....	75	enoxaparin sodium 300 mg/3 ml vial.....	50
E		enpresso.....	78
ec-naproxen.....	8	enskyce.....	78
econazole nitrate.....	26	ENSPRYNG.....	87
EDURANT.....	42	entacapone.....	37
efavirenz.....	42	entecavir.....	44
efavirenz-emtric-tenofov disop.....	42	ENTRESTO.....	56
efavirenz-lamivu-tenofov disop.....	42	ENTYVIO.....	87
EGRIFTA SV.....	76	enulose.....	70
ELAPRASE.....	73	EPIDIOLEX.....	19
ELESTRIN.....	78	epinastine hcl.....	97
eletriptan hbr.....	28	epinephrine.....	101
elinest.....	78	EPIPEN.....	102
ELIQUIS.....	50	EPIPEN 2-PAK.....	102
ELLA.....	94	EPIPEN JR.....	102
ELMIRON.....	75	EPIPEN JR 2-PAK.....	102
EMBEDA.....	9	epitol.....	21
EMCYT.....	31	EPIVIR HBV.....	44
		eplerenone.....	57

EQUETRO	47	EXSERVAN	61
ergoloid mesylates	22	EXTAVIA	62
ERGOMAR	28	ezetimibe	59
ergotamine-caffeine	28	ezetimibe-simvastatin	59
ERIVEDGE	33		
ERLEADA	30		
erlotinib hcl	33	F	
errin	82	FABRAZYME	73
ertapenem	17	falmina	78
ery	67	famciclovir	45
ERYPED 400	17	famotidine	72
ERYTHROCIN STEARATE	17	FANAPT	39
erythromycin	17,67,97	FARXIGA	47
erythromycin ethylsuccinate	17	FARYDAK	33
erythromycin-benzoyl peroxide	64	FASENRA	104
ESBRIET	103	FASENRA PEN	104
escitalopram oxalate	24	fayosim	78
esomeprazole magnesium	72	febuxostat	27
estarrylla	78	felbamate	19
estazolam	105	felodipine er	55
estradiol	78	femynor	78
estradiol (once weekly)	78	fenofibrate	58
estradiol (twice weekly)	78	fenofibric acid	58
estradiol valerate	78	fenoprofen calcium	8
estradiol-norethindrone acetat	78	fentanyl	9
ESTRING	78	fentanyl citrate	11
eszopiclone	105	FERRIPROX	69
ethacrynic acid	57	FERRIPROX (2 TIMES A DAY)	69
ethambutol hcl	29	FERRIPROX (3 TIMES A DAY)	69
ethosuximide	20	FETROJA	16
ethynodiol-ethinyl estradiol	78	FETZIMA	24
etodolac	8	FINACEA	64
etoposide	32	finasteride	75
etravirine	42	FINTEPLA	19
EUCRISA	65	FIRDAPSE	61
EVENITY	93	FIRMAGON	84
EVENITY (2 SYRINGES)	93	flac otic oil	99
everolimus	33,89	FLAREX	98
EVOTAZ	43	flavoxate hcl	74
EVRYSDI	73	FLEBOGAMMA DIF	86
exemestane	32	flecainide acetate	54
		FLOVENT DISKUS	100

FLOVENT HFA.....	100	galantamine er.....	22
fluconazole.....	26	galantamine hbr.....	22
fluconazole-nacl.....	27	galantamine hydrobromide.....	22
flucytosine.....	27	GAMASTAN.....	86
fludrocortisone acetate.....	75	GAMASTAN S-D.....	86
fluocinolone acetonide.....	65	GAMMAGARD LIQUID.....	86
fluocinolone acetonide oil.....	99	GAMMAGARD S-D.....	86
fluocinonide.....	65	GAMMAKED.....	86
fluocinonide-e.....	65	GAMMAPLEX.....	86
FLUOROPLEX.....	66	GAMUNEX-C.....	86
fluorouracil.....	31,66,67	ganciclovir sodium.....	44
fluoxetine hcl.....	24	GARDASIL 9.....	91
fluphenazine decanoate.....	38	gatifloxacin.....	97
fluphenazine hcl.....	38	GATTEX.....	71
flurbiprofen.....	8	GAUZE PADS & DRESSINGS - PADS 2 X 2.....	94
flurbiprofen sodium.....	98	gavilyte-c.....	71
flutamide.....	30	gavilyte-g.....	71
fluticasone propionate.....	66,100	gavilyte-n.....	71
fluticasone-salmeterol.....	104	GAVRETO.....	31
fluvastatin er.....	58	gemfibrozil.....	58
fluvastatin sodium.....	58	gemmily.....	78
fluvoxamine maleate.....	24	generlac.....	70
FML FORTE.....	98	gengraf.....	89
fondaparinux sodium.....	50	GENOTROPIN.....	76
formoterol fumarate.....	102	gentak.....	97
FORTEO.....	93	gentamicin sulfate.....	13,97
fosamprenavir calcium.....	43	GENVOYA.....	41
fosinopril sodium.....	53	gianvi.....	79
fosinopril-hydrochlorothiazide.....	56	GILENYA.....	62
FOTIVDA.....	30	GILOTrif.....	33
FRAGMIN.....	50	GIMOTI.....	71
frovatriptan succinate.....	28	GIVLAARI.....	94
FULPHILA.....	51	GLASSIA.....	73
furosemide.....	57	glatiramer acetate.....	62
FUZEON.....	43	glatopa.....	62
fyavolv.....	78	GLEOSTINE.....	30
FYCOMPA.....	19	glimepiride.....	47
		glipizide.....	47
		glipizide er.....	47
		glipizide xl.....	47

G

gabapentin.....	20,21
GALAFOLD.....	73

glipizide-metformin.....	47	HETLIOZ LQ.....	105
GLOPERBA.....	28	HIBERIX.....	91
GLUCAGEN.....	48	HIZENTRA.....	86
GLUCAGON EMERGENCY KIT.....	48	HUMALOG.....	49
glucose in water.....	68	HUMALOG JUNIOR KWIKPEN.....	49
glyburide.....	47	HUMALOG KWIKPEN U-100.....	49
glyburide micronized.....	47	HUMALOG KWIKPEN U-200.....	49
glyburide-metformin hcl.....	47	HUMALOG MIX 50-50.....	49
GLYCATE.....	71	HUMALOG MIX 50-50 KWIKPEN.....	49
glycopyrrolate.....	71	HUMALOG MIX 75-25.....	49
glydo.....	12	HUMALOG MIX 75-25 KWIKPEN.....	49
GLYXAMBI.....	47	HUMIRA.....	89
GOCOVRI.....	37	HUMIRA PEDIATRIC CROHN'S.....	89
granisetron hcl.....	26	HUMIRA PEN.....	89
GRANIX.....	51	HUMIRA PEN CROHN'S-UC-HS.....	89
griseofulvin.....	27	HUMIRA PEN PSOR-UVEITS-ADOL HS...	89
griseofulvin ultramicrosize.....	27	HUMIRA(CF).....	89
guanfacine hcl.....	52	HUMIRA(CF) PEDIATRIC CROHN'S.....	89
guanfacine hcl er.....	60	HUMIRA(CF) PEN.....	89
guanidine hcl.....	29	HUMIRA(CF) PEN CROHN'S-UC-HS.....	90
GVOKE HYPOOPEN 1-PACK.....	48	HUMIRA(CF) PEN PEDIATRIC UC.....	90
GVOKE HYPOOPEN 2-PACK.....	48	HUMIRA(CF) PEN PSOR-UV-ADOL HS...	90
H		HUMULIN 70-30.....	49
HAEGARDA.....	86	HUMULIN 70/30 KWIKPEN.....	49
hailey.....	94	HUMULIN N.....	49
hailey 24 fe.....	79	HUMULIN N KWIKPEN.....	49
hailey fe.....	94	HUMULIN R.....	49
halobetasol propionate.....	66	HUMULIN R U-500.....	49
HALOG.....	66	HUMULIN R U-500 KWIKPEN.....	49
haloperidol.....	38	hydralazine hcl.....	59
haloperidol decanoate.....	38	hydrochlorothiazide.....	58
haloperidol decanoate 100.....	38	hydrocodone-acetaminophen.....	11
haloperidol lactate.....	38	hydrocortisone.....	66,75,93
HAVRIX.....	91	hydrocortisone butyrate.....	66
heather.....	83	hydrocortisone valerate.....	66
HEPAGAM B.....	86	hydrocortisone-acetic acid.....	99
heparin sodium.....	50	hydrocortisone-pramoxine.....	67
HERCEPTIN.....	35	hydromorphone hcl.....	11
HERCEPTIN HYLECTA.....	35	hydroxychloroquine sulfate.....	37
HETLIOZ.....	105	hydroxyprogesterone caproate.....	83
		hydroxyurea.....	31

hydroxyzine hcl	100	INSULIN LISPRO KWIKPEN U-100	49
hydroxyzine pamoate	45	INSULIN LISPRO PROTAMINE MIX	49
HYPERHEP B	87	INSULIN PEN NEEDLE	94
HYPERRAB	87	INSULIN SYRING (DISP) U-100 0.3 ML	94
HYPERRHO S-D	87	INSULIN SYRINGE (DISP) U-100 0.3 ML	94
 		INSULIN SYRINGE (DISP) U-100 1 ML	94
ibandronate sodium	93	INSULIN SYRINGE (DISP) U-100 1/2 ML	94
IBRANCE	31,33	INSULIN SYRINGE (DISP) U-100 1ML	94
ibu	8	INTELENCE	42
ibuprofen	8	INTRALIPID	94
icatibant	86	INTRON A	89
iclevia	79	introvale	79
ICLUSIG	33	INVEGA SUSTENNA	39
icosapent ethyl	59	INVEGA TRINZA	39
IDHIFA	31	INVIRASE	43
ifosfamide	30	IOPIDINE	99
ILARIS	87	IPOL	91
ILUMYA	87	ipratropium bromide	101
imatinib mesylate	33	ipratropium-albuterol	104
IMBRUVICA	33	irbesartan	53
imipenem-cilastatin sodium	17	irbesartan-hydrochlorothiazide	56
imipramine hcl	25	IRESSA	34
imiquimod	67	irinotecan hcl	32
IMOVAX RABIES VACCINE	91	ISENTRESS	41
IMPAVIDO	14	ISENTRESS HD	41
INBRIJA	38	isibloom	79
incassia	83	isoniazid	29
INCRELEX	76	ISOPROPYL ALCOHOL 70% MEDICATED	
indapamide	58	PAD	94
indomethacin	8	isosorbide dinitrate	59
INFANRIX DTAP	91	isosorbide mononitrate	59
INFLECTRA	90	isosorbide mononitrate er	59
INFUMORPH	9	isotretinoin	64
INGREZZA	61	ISTURISA	84
INGREZZA INITIATION PACK	61	itraconazole	27
INLYTA	33	ivermectin	36,67
INQOVI	33	IXIARO	91
INREBIC	31	 	
INSULIN LISPRO	49	JADENU SPRINKLE	69
INSULIN LISPRO JUNIOR KWIKPEN	49	jaimiess	94

J

JADENU SPRINKLE	69
jaimiess	94

JAKAFI	34	KISQALI	34
jantoven	50	KISQALI FEMARA CO-PACK	31
JANUMET	47	KLISYRI	67
JANUMET XR	47	klor-con	68
JANUVIA	47	KLOR-CON 10	68
JARDIANCE	47	KLOR-CON 8	68
jasmiel	79	klor-con m10	68
jencycla	83	KLOR-CON M15	68
JENTADUETO	47	klor-con m20	68
JENTADUETO XR	47	KORLYM	76
jinteli	79	KOSELUGO	34
jolessa	79	kurvelo	79
jolivette	83	KUVAN	73
JUBLIA	27	KYNMOBI	37
juleber	79		
JULUCA	41	L	
junel	79	labetalol hcl	54
junel fe	79	LACRISERT	96
junel fe 24	79	lactated ringers	68
JUXTAPID	59	lactulose	70
JYNARQUE	69	lamivudine	42,44
		lamivudine hbv	44
K		lamivudine-zidovudine	42
kaitlib fe	79	lamotrigine	19
KALBITOR	86	lamotrigine (blue)	19
KALETTRA	43	lamotrigine (green)	19
kalliga	94	lamotrigine (orange)	19
KALYDECO	102	lamotrigine odt (orange)	19
KANUMA	73	LANOXIN	54
kariva	79	lansoprazole	72
kelnor 1-35	79	lanthanum carbonate	69
kelnor 1-50	79	LANTUS	49
KESIMPTA PEN	62	LANTUS SOLOSTAR	49
ketoconazole	27	lapatinib	34
ketoprofen	8	larin	79
ketorolac tromethamine	8,9,98	larin 24 fe	79
KEVEYIS	73	larin fe	79
KEVZARA	88	larissia	79
KINERET	88	latanoprost	99
KINRIX	91	LATUDA	39
kionex	70	LAYOLIS FE	79

LAZANDA	11	liothyronine sodium	84
leena	79	lisinopril	53
leflunomide	90	lisinopril-hydrochlorothiazide	56
LEMTRADA	88	lithium carbonate	47
LENVIMA	34	lithium carbonate er	47
lessina	79	LIVALO	58
letrozole	32	LO LOESTRIN FE	79
leucovorin calcium	36	lo-zumandimine	95
LEUKERAN	30	lojaimiess	95
LEUKINE	51	LONHALA MAGNAIR REFILL	101
leuprolide acetate	84	LONSURF	31
levalbuterol concentrate	102	loperamide	71
levalbuterol hcl	102	lopinavir-ritonavir	44
levalbuterol tartrate hfa	102	lopreeza	80
LEVEMIR	49	lorazepam	46
LEVEMIR FLEXTOUCH	49	lorazepam intensol	46
levetiracetam	19	LORBRENA	34
levetiracetam er	19	loryna	80
levobunolol hcl	98	losartan potassium	53
levocarnitine	94	losartan-hydrochlorothiazide	56
levocarnitine sf	95	LOTEMAX	98
levocetirizine dihydrochloride	100	LOTEMAX SM	98
levofloxacin	18,97	loteprednol etabonate	98
levonest	79	lovastatin	58
levonor-eth estrad 0.15-0.03 (91 day package)	79	low-ogestrel	80
levonorg-eth estrad eth estrad	79	loxapine	38
levonorgestrel-eth estradiol	79	lubiprostone	70
levora-28	79	LUCEMYRA	13
levothyroxine sodium	84	LUMAKRAS	31
LEVOXYL	84	LUMIGAN	99
LEXIVA	44	LUMIZYME	73
lidocaine	12	LUPANETA PACK	84
lidocaine hcl	12	LUPKYNIS	90
lidocaine hcl viscous	63	LUPRON DEPOT	84
lidocaine-prilocaine	12	LUPRON DEPOT (LUPANETA)	84
lillow	95	LUPRON DEPOT-PED	84,85
lindane	67	lutera	80
linezolid	14	lyeq	83
linezolid-d5w	14	lyllana	80
LINZESS	70	LYNPARZA	34
		LYSODREN	84

LYUMJEV.....	49	methadone intensol.....	9
LYUMJEV KWIKPEN U-100.....	49	METHADOSE.....	10
LYUMJEV KWIKPEN U-200.....	49	methazolamide.....	99
lyza.....	83	methenamine hippurate.....	14
M		methimazole.....	85
M-M-R II VACCINE.....	91	methocarbamol.....	104
MAKENA.....	83	methotrexate.....	90
malathion.....	67	methotrexate sodium.....	90
marlissa.....	80	methoxsalen.....	67
MARPLAN.....	23	methscopolamine bromide.....	71
MATULANE.....	30	methyldopa.....	52
matzim la.....	55	methyldopa-hydrochlorothiazide.....	56
MAVENCLAD.....	62	methylphenidate er.....	61
MAVYRET.....	45	methylphenidate er (la).....	61
MAYZENT.....	62,63	methylphenidate hcl.....	60,61
meclizine hcl.....	25	methylphenidate hcl cd.....	61
meclofenamate sodium.....	9	methylphenidate hcl er (cd).....	61
medroxyprogesterone acetate.....	83	methylphenidate la.....	61
mefenamic acid.....	9	methylprednisolone.....	75
mefloquine hcl.....	37	metoclopramide hcl.....	71
megestrol acetate.....	83	metolazone.....	58
MEKINIST.....	34	metoprolol succinate.....	54
MEKTOVI.....	34	metoprolol tartrate.....	54
melodetta 24 fe.....	80	metoprolol-hydrochlorothiazide.....	57
meloxicam.....	9	metronidazole.....	14,64
memantine hcl.....	22	metyrosine.....	57
memantine hcl er.....	22	mexiletine hcl.....	54
MENACTRA.....	91	mibelas 24 fe.....	80
MENEST.....	80	miconazole 3.....	27
MENQUADFI.....	91	MICRHOGAM ULTRA-FILTERED PLUS.....	87
MENVEO A-C-Y-W-135-DIP.....	91	microgestin.....	80
mercaptopurine.....	31	microgestin fe.....	80
meropenem.....	17	midodrine hcl.....	52
merzee.....	80	migergot.....	28
mesalamine.....	92	miglustat.....	73
mesalamine er.....	92	mili.....	80
MESNEX.....	36	mimvey.....	80
metformin hcl.....	47,48	mimvey lo.....	80
metformin hcl er.....	48	minitran.....	59
methadone hcl.....	9	minocycline hcl.....	18
		minoxidil.....	59

mirtazapine	23	NAMZARIC	22
MIRVASO	64	naproxen	9
misoprostol	72	naproxen sodium	9
mitigo	10	naproxen-esomeprazole mag	9
mitoxantrone hcl	63	naratriptan hcl	28
modafinil	105	NARCAN	13
moexipril hcl	53	NATACYN	97
molindone hcl	38	nateglinide	48
mometasone furoate	66,100	NATPARA	93
monodoxine nl	18	NAYZILAM	19
mono-linyah	80	nebivolol hcl	55
mononessa	80	necon	80
montelukast sodium	100	NEEDLES, INSULIN DISP., SAFETY	95
morgidox	18	nefazodone hcl	24
morphine sulfate	11	neo-polycin	96
morphine sulfate er	10	neo-polycin hc	96
moxifloxacin	18,97	neomycin sulfate	13
moxifloxacin hcl	18	neomycin-bacitracin-poly-hc	96
MOZOBIL	51	neomycin-bacitracin-polymyxin	96
MULPLETA	51	neomycin-polymyxin-dexameth	96
mupirocin	68	neomycin-polymyxin-gramicidin	96
MVASI	35	neomycin-polymyxin-hc	96,99
MYALEPT	71	neomycin-polymyxin-hydrocort	99
MYCAPSSA	85	NERLYNX	34
mycophenolate mofetil	90	NEULASTA	51
mycophenolic acid	90	NEULASTA ONPRO	51
MYFEMBREE	85	NEUPOGEN	51
myorisan	64	NEUPRO	37
MYRBETRIQ	74	nevirapine	42
myzilra	95	nevirapine er	42
N		NEXAVAR	34
NABI-HB	87	NEXLETOL	59
nabumetone	9	niacin	59
nadolol	54	niacin er	59
nafcillin	17	niacor	59
nafcillin sodium	17	nicardipine hcl	55
naftifine hcl	27	NICOTROL	13
NAGLAZYME	73	NICOTROL NS	13
naloxone hcl	13	nifedipine er	55
naltrexone hcl	13	nikki	80
		nilutamide	30

nimodipine	55	nymyo	81
NINLARO	32	nystatin	27
nisoldipine	55	nystatin-triamcinolone	67
nitazoxanide	37	nystop	27
nitisinone	73	NYVEPRIA	51
NITRO-BID	60		
NITRO-DUR	60		
nitrofurantoin	14	O	
nitrofurantoin mono-macro	14	OCALIVA	72
nitroglycerin	60	ocella	81
nitroglycerin patch	60	OCREVUS	63
NITYR	73	OCTAGAM	87
NIVESTYM	51	octreotide acetate	85
nizatidine	72	ODEFSEY	43
nora-be	83	ODOMZO	34
noreth-in-eth estra-ferrous fum	80	OFEV	103
norethindron-ethinyl estradiol	80,95	ofloxacin	18,97,99
norethindrone	83	olanzapine	39
norethindrone ac (lupaneta)	83	olanzapine odt	39
norethindrone acetate	83	olmesartan medoxomil	53
norethindrone-e.estradiol-iron	80,95	olmesartan-hydrochlorothiazide	57
norgestimate-ethinyl estradiol	80	olopatadine hcl	97
norlyda	80	OLUMIANT	88
NORPACE CR	54	omega-3 acid ethyl esters	59
NORTHERA	52	omeprazole	72
nortrel	80	omnipod dash pdm kit (gen 4)	95
nortriptyline hcl	25	ondansetron hcl	26
NORVIR	44	ondansetron odt	26
NOXAFIL	27	ONPATTRO	73
NPLATE	51	ONTRUZANT	35
NUBEQA	30	ONUREG	32
NUCALA	104	opium tincture	72
NUEDEXTA	61	OPSUMIT	103
NULOJIX	90	oralone	63
NUPLAZID	39	ORENCIA	88,90
NURTEC ODT	28	ORENCIA CLICKJECT	88
NUTRILIPID	95	ORENITRAM ER	103
NUZYRA	18	ORFADIN	73
nyamyc	27	ORGOVYX	85
nylia	80	ORIAHNN	85
NYMALIZE	55	ORLISSA	85
		ORKAMBI	102

ORLADEYO.....	95	PEGASYS.....	89
orsythia.....	81	PEGASYS PROCLICK.....	89
ORTIKOS.....	93	PEMAZYRE.....	32
oseltamivir phosphate.....	45	penicillamine.....	75
OSPHENA.....	83	penicillin g sodium.....	17
OTEZLA.....	67	penicillin v potassium.....	17
oxandrolone.....	76	PENTACEL.....	92
oxaprozin.....	9	pentamidine isethionate.....	37
OXAYDO.....	11	pentoxifylline.....	57
OXBRYTA.....	51	PERFOROMIST.....	102
oxcarbazepine.....	21	perindopril erbumine.....	53
OXERVATE.....	96	periogard.....	63
oxybutynin chloride.....	74	permethrin.....	67
oxybutynin chloride er.....	74	perphenazine.....	38
oxycodone hcl.....	12	perphenazine-amitriptyline.....	23
oxycodone hcl-aspirin.....	12	PERSERIS.....	40
oxycodone-acetaminophen.....	12	phenadoz.....	25
oxymorphone hcl er.....	10	phenelzine sulfate.....	23
OZEMPIC.....	48	phenobarbital.....	21
		phenobarbital sodium.....	21
		phenoxybenzamine hcl.....	53
		phenytoin.....	21
		phenytoin sodium extended.....	22
		PHESGO.....	32
		philith.....	81
		PHOSPHOLINE IODIDE.....	99
		PICATO.....	67
		PIFELTRO.....	42
		pilocarpine hcl.....	63,99
		pimecrolimus.....	66
		pimozide.....	38
		pimtrea.....	81
		pindolol.....	55
		pioglitazone hcl.....	48
		pioglitazone-glimepiride.....	48
		pioglitazone-metformin.....	48
		piperacillin-tazobactam.....	17
		PIQRAY.....	34
		pirmella.....	81
		piroxicam.....	9
		plain niacin.....	59

P

pacerone.....	54
paliperidone er.....	39,40
PANRETIN.....	36
pantoprazole sodium.....	72
PANZYGA.....	87
paricalcitol.....	93
paroex.....	63
paromomycin sulfate.....	14
paroxetine cr.....	24
paroxetine er.....	24
paroxetine hcl.....	24
paroxetine mesylate.....	24
PASER.....	29
PAXIL.....	24
PEDIARIX.....	91
PEDVAXHIB.....	92
peg 3350-electrolyte.....	72
peg-3350 and electrolytes.....	72
peg3350-sod sul-nacl-kcl-asb-c.....	72
PEGANONE.....	21

PLEGRIDY	63	prochlorperazine	25
PLEGRIDY PEN	63	prochlorperazine edisylate	25
PLENAMINE	68	prochlorperazine maleate	25
podofilox	67	procto-med hc	93
polycin	96	procto-pak	93
polymyxin b sul-trimethoprim	96	proctosol-hc	93
polymyxin b sulfate	14	proctozone-hc	93
POMALYST	30	PROCYSBI	73
portia	81	progesterone	83
posaconazole	27	PROGLYCEM	49
potassium chloride	68	PROGRAF	90
potassium citrate er	68	PROLASTIN C	73
pramipexole dihydrochloride	37	PROLENSA	98
prasugrel hcl	52	PROLIA	93
pravastatin sodium	58	PROMACTA	51
praziquantel	36	promethazine hcl	25
prazosin hcl	53	promethegan	25
PRED-G	96	propafenone hcl	54
prednicarbate	66	propafenone hcl er	54
prednisolone	75	propranolol hcl	55
prednisolone acetate	98	propranolol hcl er	55
prednisolone sodium phosphate	75,76,98	propranolol-hydrochlorothiazid	57
prednisone	76	propylthiouracil	86
pregabalin	62	PROQUAD	92
PREMARIN	81	protriptyline hcl	25
PREMPHASE	81	PULMOZYME	102
PREMPRO	81	PURIXAN	31
PRENATAL VITAMINS	70	pyrazinamide	29
prevalite	59	pyridostigmine bromide	29
previfem	81	pyridostigmine bromide er	29
PREVYMIS	44	pyrimethamine	37
PREZCOBIX	44		
PREZISTA	44		
PRIFTIN	29	Q	
primaquine	37	QINLOCK	30
primidone	21	QUADRACEL DTAP-IPV	92
PRIVIGEN	87	quasense	95
PROAIR HFA	102	quetiapine fumarate	40
PROAIR RESPICLICK	102	quetiapine fumarate er	40
probenecid	28	quinapril hcl	53
probenecid-colchicine	28	quinapril-hydrochlorothiazide	57
		quinidine gluconate	54

quinidine sulfate.....	54	RHOPHYLAC.....	87
quinine sulfate.....	37	RHOPRESSA.....	99
R			
RABAVERT.....	92	ribavirin.....	45
rabeprazole sodium.....	72	RIDAURA.....	88
RADICAVA.....	61	rifabutin.....	29
raloxifene hcl.....	83	rifampin.....	29
ramelteon.....	105	riluzole.....	61
ramipril.....	53	rimantadine hcl.....	45
ranolazine er.....	57	RINVOQ.....	88
rasagiline mesylate.....	38	RISPERDAL CONSTA.....	40
RASUVO.....	90	risperidone.....	40
RAVICTI.....	74	risperidone odt.....	40
RAYALDEE.....	93	ritonavir.....	44
RAYOS.....	76	RITUXAN.....	35
REBIF.....	63	RITUXAN HYCELA.....	36
REBIF REBIDOSE.....	63	rivastigmine.....	22
REBLOZYL.....	51	rivelsa.....	81
reclipsen.....	81	rizatriptan.....	28
RECOMBIVAX HB.....	92	ROCKLATAN.....	96
RECTIV.....	72	ROMIDEPSIN.....	32
RELEXXII.....	61	ropinirole hcl.....	37
RELISTOR.....	70	rosadan.....	64
REMICADE.....	90	rosuvastatin calcium.....	58
RENFLEXIS.....	90	ROTARIX.....	92
repaglinide.....	48	ROTATEQ.....	92
REPATHA PUSHTRONEX.....	59	roweepra.....	19
REPATHA SURECLICK.....	59	roweepra xr.....	19
REPATHA SYRINGE.....	59	ROZLYTREK.....	34
RESTASIS.....	96	RUBRACA.....	34
RESTASIS MULTIDOSE.....	96	RUCONEST.....	86
RETACRIT.....	52	rufinamide.....	22
RETEVMO.....	32	RUKOBIA.....	43
RETROVIR.....	43	RUXIENCE.....	36
REVCOVI.....	74	RUZURGI.....	61
REVLIMID.....	30	RYBELSUS.....	48
REXULTI.....	40	RYDAPT.....	34
REYATAZ.....	44	RYTARY.....	38
REZUROCK.....	90		
RHOGAM ULTRA-FILTERED PLUS.....	87	S	
		SANCUSO.....	26
		SANDIMMUNE.....	90

SANDOSTATIN LAR DEPOT	.85	sodium fluoride 2.2 mg (fluoride ion 1mg) oral tablet	.69
SANTYL	.67	sodium phenylbutyrate	.74
SAPHRIS	.40	sodium polystyrene sulfonate	.69,.70
sapropterin dihydrochloride	.74	sofosbuvir-velpatasvir	.45
SARCLISA	.36	solifenacin succinate	.74
SAVELLA	.62	SOLIRIS	.88
scopolamine	.25	SOLTAMOX	.31
SECUADO	.40	SOMATULINE DEPOT	.85
selegiline hcl	.38	SOMAVERT	.85
selenium sulfide	.66	sorine	.54
SELZENTRY	.43	sotalol	.54
SEREVENT DISKUS	.102	sotalol af	.54
sertraline hcl	.24	SPIRIVA HANDIHALER	.101
setlakin	.81	SPIRIVA RESPIMAT	.101
sevelamer carbonate	.70	spironolactone	.57
sevelamer hcl	.70	spironolactone-hctz	.57
SEYSARA	.19	SPRAVATO	.23
sharobel	.83	sprintec	.81
SHINGRIX	.92	SPRITAM	.19
SIGNIFOR	.85	SPRIX	.9
SIGNIFOR LAR	.85	SPRYCEL	.34
SIKLOS	.31	SPS	.70
sildenafil citrate	.103	sronyx	.81
SILIQ	.88	SSD	.67
silodosin	.75	STAMARIL	.92
silver sulfadiazine	.67	stavudine	.43
SIMBRINZA	.96	STELARA	.88
simliya	.95	STIOLTO RESPIMAT	.104
simpesse	.95	STIVARGA	.34
SIMPONI ARIA	.91	STRENSIQ	.74
simvastatin	.58	streptomycin sulfate	.14
sirolimus	.91	STRIBILD	.41
SIRTURO	.29	subvenite	.20
SIVEXTRO	.14	subvenite (blue)	.20
SKYRIZI	.88	subvenite (green)	.20
SKYRIZI (2 SYRINGES) KIT	.88	subvenite (orange)	.20
SKYRIZI PEN	.88	sucralfate	.72
sodium chloride	.69,.95	sulfacetamide sodium	.97
sodium chloride-water	.69	sulfacetamide-prednisolone	.96
sodium fluoride 2.2 mg (fluoride ion 1 mg) oral tablet	.69	sulfadiazine	.18

sulfamethoxazole-trimethoprim.....	18	tamoxifen citrate.....	31
sulfasalazine.....	92	tamsulosin hcl.....	75
sulfasalazine dr.....	92	TARGRETIN.....	36
sulindac.....	9	tarina 24 fe.....	81
sumatriptan.....	28	tarina fe.....	81
sumatriptan succinate.....	28,29	tarina fe 1-20 eq.....	81
sunitinib malate.....	34	TASIGNA.....	34
SUPPRELIN LA.....	85	TAVALISSE.....	52
SUPRAX.....	16	tazarotene.....	64
SUPREP.....	72	tazicef.....	16
SUTENT.....	34	taztia xt.....	55
syeda.....	81	TAZVERIK.....	32
SYLVANT.....	88	TDVAX.....	92
SYMBICORT.....	104	TECFIDERA.....	63
SYMDEKO.....	102	TEFLARO.....	16
SYMFI.....	42	TEGSEDI.....	74
SYMFI LO.....	42	telmisartan.....	53
SYMLINPEN 120.....	48	telmisartan-hydrochlorothiazid.....	57
SYMLINPEN 60.....	48	temazepam.....	105
SYMPAZAN.....	21	TEMIXYS.....	43
SYMTUZA.....	44	tencon.....	61
SYNAGIS.....	87	TENIVAC.....	92
SYNAREL.....	85	tenofovir disoproxil fumarate.....	43
SYNDROS.....	26	TEPMETKO.....	35
SYNJARDY.....	48	terazosin hcl.....	75
SYNJARDY XR.....	48	terbinafine hcl.....	27
SYNRIBO.....	32	terbutaline sulfate.....	102
T		terconazole.....	27
TABLOID.....	31	TERIPARATIDE.....	94
TABRECTA.....	30	testosterone.....	76
tacrolimus.....	66,91	testosterone cypionate.....	77
tadalafil.....	103	testosterone enanthate.....	77
TAFINLAR.....	34	tetrabenazine.....	62
TAGRISSO.....	34	tetracycline hcl.....	19
TAKHZYRO.....	86	THALOMID.....	31
TALTZ AUTOINJECTOR.....	88	theophylline anhydrous.....	103
TALTZ AUTOINJECTOR (2 PACK).....	88	theophylline er.....	103
TALTZ AUTOINJECTOR (3 PACK).....	88	THIOLA EC.....	75
TALTZ SYRINGE.....	88	thioridazine hcl.....	38
TALZENNA.....	34	thiotepa.....	30
		thiothixene.....	38

tiadylt er.....	55	TRELSTAR.....	85
tiagabine hcl.....	21	TREMFYA.....	88
TIBSOVO.....	35	TRESIBA.....	50
TIGLUTIK.....	62	TRESIBA FLEXTOUCH U-100.....	50
tilia fe.....	81	TRESIBA FLEXTOUCH U-200.....	50
timolol maleate.....	28,98	tretinoin.....	36,64
tinidazole.....	15	tretinoin microsphere.....	65
TIVICAY.....	41	tri femynor.....	95
TIVICAY PD.....	41	tri-estarylla.....	81
tizanidine hcl.....	41	tri-legest fe.....	81
TOBI PODHALER.....	102	tri-linyah.....	81
TOBRADEX.....	96	tri-lo-estarylla.....	81
TOBRADEX ST.....	96	tri-lo-marzia.....	81
tobramycin.....	14,97,102	tri-lo-mili.....	95
tobramycin sulfate.....	14	tri-lo-sprintec.....	81
tobramycin-dexamethasone.....	96	tri-mili.....	82
TOBREX.....	97	tri-nymyo.....	82
tolazamide.....	48	tri-previfem.....	82
tolcapone.....	37	tri-sprintec.....	82
tolmetin sodium.....	9	tri-vylibra.....	82
TOLSURA.....	27	tri-vylibra lo.....	82
tolterodine tartrate.....	74	triamcinolone acetonide.....	64,66
tolterodine tartrate er.....	74	triamterene-hydrochlorothiazid.....	57
topiramate.....	20	trianex.....	66
toposar.....	32	triderm.....	66
toremifene citrate.....	31	trientine hcl.....	69
torsemide.....	57	trifluoperazine hcl.....	38
TOSYMRA.....	29	trifluridine.....	97
TOUJEON MAX SOLOSTAR.....	49	trihexyphenidyl hcl.....	37
TOUJEON SOLOSTAR.....	50	TRIJARDY XR.....	48
tovet emollient.....	66	TRIKAFTA.....	102
TRADJENTA.....	48	trilyte with flavor packets.....	72
tramadol hcl.....	12	trimethoprim.....	15
tramadol hcl-acetaminophen.....	12	trimipramine maleate.....	25
trandolapril.....	53	TRINTELLIX.....	24
trandolapril-verapamil er.....	57	TRIPTODUR.....	.85
tranexamic acid.....	52	tritocin.....	66
tranylcypromine sulfate.....	23	TRIUMEQ.....	43
trazodone hcl.....	24	trivora-28.....	82
TRECATOR.....	29	TRODELVY.....	.36
TRELEGY ELLIPTA.....	104	trospium chloride.....	74

trospium chloride er	74	VARIZIG	87
TRULICITY	48	VASCEPA	59
TRUMENBA	92	velvet	82
TRUSELTIQ	32	VELPHORO	70
TRUVADA	43	VELTASSA	70
TUKYSA	32	VEMLIDY	44
tulana	83	VENCLEXTA	35
TURALIO	35	VENCLEXTA STARTING PACK	35
TWINRIX	92	venlafaxine hcl	24
TYBOST	43	venlafaxine hcl er	24
tydemy	82	VENTAVIS	103
TYKERB	35	verapamil er	55
TYMLOS	94	verapamil er pm	56
TYPHIM VI	92	verapamil hcl	55,56
TYSSABRI	63	verapamil sr	56
U		VERSACLOZ	41
UBRELVY	28	VERZENIO	35
UDENYCA	52	vestura	82
UKONIQ	35	vgo 20	95
ULTOMIRIS	88	vgo 30	95
UNITHROID	84	vgo 40	95
UPTRAVI	103	VIBRAMYCIN	19
ursodiol	72	VICTOZA 2-PAK	48
V		VICTOZA 3-PAK	48
v-go 20	95	VIDEX	43
v-go 30	95	VIDEX EC	43
v-go 40	95	vienna	82
valacyclovir	45	vigabatrin	21
VALCHLOR	30	vigadron	21
valganciclovir hcl	44	VIIBRYD	24
valproic acid	20	VIMIZIM	74
valsartan	53	VIMPAT	22
valsartan-hydrochlorothiazide	57	vinorelbine tartrate	32
VALTOCO	21	viorele	82
vancomycin hcl	15	VIRACEPT	44
VANDAZOLE	15	VIREAD	43
VAQTA	92	VISTOGARD	95
varenicline tartrate	13	VITRAKVI	35
VARIVAX VACCINE	92	VIVITROL	13
		VIZIMPRO	35
		volnea	95

voriconazole	27	XURIDEN	74
VOSEVI	45	XYREM	105
VOTRIENT	35	XYWAV	105
VPRIV	74		
VRAYLAR	40	Y	
VUMERITY	63	YF-VAX	92
vyfemla	82	YONSA	30
vylibra	82	YUPELRI	101
VYNDAMAX	57	yuvafem	82
VYNDAQEL	74		
VYZULTA	99	Z	
		zafemy	82
W		zafirlukast	100
WAKIX	105	zaleplon	105
warfarin sodium	50	zarah	82
WELIREG	35	ZARXIO	52
wera	82	ZEJULA	35
wixela inhub	104	ZELBORAF	35
wymzya fe	82	ZEMAIRA	74
		zenatane	65
X		ZENPEP	74
XALKORI	35	ZEPOSIA	63
XARELTO	51	ZEPZELCA	30
XATMEP	91	zidovudine	43
XCOPRI	20	ZIEXTENZO	52
XELJANZ	88	zileuton er	100
XELJANZ XR	88	ziprasidone hcl	40
XEMBIFY	87	ziprasidone mesylate	40
XENLETA	15	ZIRABEV	36
XERMELO	71	ZIRGAN	97
XGEVA	94	ZOLADEX	85
XIFAXAN	72	ZOLINZA	32
XIGDUO XR	48	zolmitriptan	29
XiIDRA	97	zolpidem tartrate	105
XOFLUZA	45	zolpidem tartrate er	105
XOLAIR	88	zonisamide	22
XOSPATA	35	ZORBTIVE	72
XPOVIO	32	ZORTRESS	91
XTAMPZA ER	10	zovia 1-35	82
XTANDI	30	zovia 1-35e	82
xulane	82	zumandimine	82

ZYDELIG.....	35
ZYFLO.....	101
ZYKADIA.....	35
ZYLET.....	97
ZYPREXA RELPREVV.....	40
ZYTIGA.....	30

Notice Informing Individuals About Nondiscrimination and Accessibility Requirements

Upper Peninsula Health Plan (UPHP), LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Upper Peninsula Health Plan, LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Upper Peninsula Health Plan, LLC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact UPHP Customer Service.

If you believe that Upper Peninsula Health Plan, LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: UPHP Customer Service, 853 W. Washington Street, Marquette, MI 49855, by phone at 1-877-349-9324 (TTY – 711), or by fax 1-906-225-7690. You can file a grievance in person, by mail or fax. If you need help filing a grievance, UPHP Customer Service is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

**Multi-Language Insert
Multi-language Assistance Services**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-349-9324 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-349-9324 (TTY: 711).

ملحوظة: إذا كنت تتحدث انكز اللغة، فإن خدمات المساعدة اللغوية متوفّرة لك بالمجان. اتصل برقم 1-877-349-9324 (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-349-9324 (TTY : 711)。

يَا سَلَامٌ وَبِالْحُسْنَىٰ وَلِغَاتٍ مُّتَّفَقَّةٍ، تَحْسِبُهُمْ فَارِسِيَّةً وَأَنْجَلِيَّةً وَأَنْجَارِيَّةً حِلْقَانِيَّةً وَجِنْجِنِيَّةً. مَنْ فَوْ جَدِيْنَةَ
1-877-349-9324 (TTY: 711)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-349-9324 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-349-9324 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-349-9324 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৩৪৯-৯৩২৪ (TTY: 711)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-349-9324 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-349-9324 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-349-9324 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-349-9324 (TTY:711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-349-9324 (телефон: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-349-9324 (TTY- Telefon za osobe sa oštećenim govorom ili slušom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-349-9324 (TTY: 711).