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Member Services: 855-334-5057

Aetna Medicare Rx offered by SilverScript

2025 Formulary

(List of Covered Drugs or "Drug List")

4T Classic Formulary

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

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact Aetna Medicare Rx offered by SilverScript at the number on your ID card.

Formulary ID Number: 25110

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

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

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2025. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2026, and from time to time during the year.

What is the Aetna Medicare Rx offered by SilverScript Formulary?

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

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

Can the Formulary change?

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

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

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

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

If you are currently taking that brand-name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you in the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Aetna Medicare Rx offered by SilverScript Formulary?”

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

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

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines.

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

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2025. To get updated information about the drugs covered by our plan, please contact us at the number on your member ID card. Our contact information also appears on the front and back cover pages.

How do I use the Formulary?

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

Alphabetical Listing

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

Medical Condition

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

What are generic drugs?

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

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

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

For discussion of drug types, please see the *Evidence of Coverage*, Chapter 3 Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

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

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

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

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

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

What if my drug is not on the Formulary?

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

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

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

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

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, 4T Classic Formulary limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the Specialty tier. If approved, this would lower the amount you must pay for your drug.

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

You or your prescriber should contact us to ask for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

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

Drug Tier Copay Levels

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

The copay tiers for covered prescription medications are listed below. Please refer to your 2025 *Evidence of Coverage* for copay information specific to your plan.

Formulary Name	4T Classic Formulary
Tier 1	Generic

Tier 2	Preferred Brand
Tier 3	Non-Preferred Drug
Tier 4	Specialty

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

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

For more information

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

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

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

Aetna Medicare Rx offered by SilverScript's Formulary

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

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

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

PA	Prior Authorization
QL	Drug has Quantity Limits
ST	Step Therapy required
MO	Available at our mail-order pharmacies
ACS	Available at CVS Specialty Pharmacy
HRM	High Risk Medication
LD	Limited Distribution. The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication.
B/D	This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	3	QL (120 EA per 30 days) MO
<i>febuxostat</i>	2	ST MO
<i>probenecid</i>	2	MO
<i>probenecid/colchicine</i>	2	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	3	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	3	
NSAIDS		
<i>celecoxib capsule 400mg</i>	2	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	3	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	3	QL (90 EA per 30 days) MO
<i>diflunisal</i>	3	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	3	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	2	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	2	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	2	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenopropfen calcium tablet 600mg</i>	3	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO
<i>ketoprofen er</i>	3	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	3	QL (120 EA per 30 days) MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium</i>	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 750MG	3	QL (60 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	3	QL (90 EA per 30 days) MO
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	1	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	4	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	3	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	2	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	3	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	3	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	3	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	4	PA
<i>methadone hcl oral solution</i>	2	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	2	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	2	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	2	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er tablet extended release 24 hour</i>	3	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	3	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	2	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	3	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	3	
<i>butorphanol tartrate injection 2mg/ml</i>	3	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
<i>endocet</i>	2	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	3	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	2	QL (2700 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	2	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	2	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	2	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	3	QL (600 ML per 30 days) MO
HYDROMORPHONE HYDROCHLORIDE INJECTION 0.25MG/0.5ML	3	B/D
<i>morphine sulfate tablet</i>	2	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	3	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	3	B/D
<i>morphine sulfate injection 1mg/ml</i>	3	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO
<i>morphine sulfate oral solution 100mg/5ml</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hcl</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride solution</i>	2	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	3	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	2	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	2	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	3	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	3	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM

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

<i>albendazole</i>	4	MO
<i>amikacin sulfate</i>	3	MO
ARIKAYCE	4	PA; LD
<i>atovaquone</i>	3	PA MO
<i>aztreonam</i>	3	MO
CAYSTON	4	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	3	
<i>clindamycin hcl</i>	1	MO
<i>clindamycin hydrochloride</i>	1	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate/dextrose</i>	3	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	3	
<i>clindamycin phosphate injection 600mg/4ml</i>	3	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	2	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	4	
<i>daptomycin injection 500mg</i>	4	
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	2	MO
<i>ertapenem sodium</i>	2	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	3	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	3	MO
<i>gentamicin sulfate injection 40mg/ml</i>	3	MO
<i>imipenem/cilastatin</i>	2	MO
IMPAVIDO	4	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	3	
<i>ivermectin tablet 3mg</i>	2	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	3	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	4	QL (1800 ML per 30 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	3	PA
<i>meropenem</i>	3	MO
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	3	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	3	
<i>metronidazole tablet 250mg, 500mg</i>	2	MO
<i>neomycin sulfate</i>	1	MO
<i>nitazoxanide</i>	4	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	2	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	3	B/D MO
<i>pentamidine isethionate injection</i>	3	MO
<i>praziquantel</i>	2	MO
<i>pyrimethamine</i>	4	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	4	
SIVEXTRO TABLET	4	MO
<i>streptomycin sulfate</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfadiazine</i>	3	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>sulfamethoxazole/trimethoprim tablet</i>	1	MO
<i>sulfamethoxazole/trimethoprim injection, suspension</i>	3	MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	4	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	3	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	3	MO
<i>tobramycin sulfate injection 1.2gm</i>	4	
<i>tobramycin nebulization solution 300mg/5ml</i>	4	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	3	
<i>vancomycin hydrochloride capsule 125mg</i>	3	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	3	QL (240 EA per 30 days) MO
VANCOMYCIN HYDROCHLORIDE INJECTION	3	
1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML		
<i>vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg</i>	3	
<i>vancomycin hydrochloride injection 500mg</i>	3	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	3	B/D MO
<i>amphotericin b liposome</i>	4	B/D MO
<i>caspofungin acetate</i>	3	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	3	
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	3	
<i>fluconazole tablet</i>	1	MO
<i>fluconazole suspension reconstituted</i>	2	MO
<i>flucytosine</i>	4	PA MO
<i>griseofulvin microsize</i>	3	MO
<i>griseofulvin ultramicrosize</i>	3	MO
<i>itraconazole capsule</i>	3	PA MO
<i>ketoconazole tablet 200mg</i>	1	PA MO
<i>micafungin</i>	3	
<i>mycamine injection 50mg</i>	3	MO
<i>nystatin tablet 500000unit</i>	3	MO
<i>posaconazole suspension</i>	4	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole injection</i>	3	PA
<i>voriconazole suspension reconstituted</i>	4	PA MO
<i>voriconazole tablet 200mg</i>	3	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	3	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	3	MO
<i>chloroquine phosphate</i>	3	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	2	MO
<i>primaquine phosphate</i>	2	
<i>quinine sulfate</i>	3	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	3	MO
APTIVUS	4	MO
<i>atazanavir</i>	3	MO
<i>atazanavir sulfate</i>	3	MO
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
EDURANT	4	MO
<i>efavirenz tablet 600mg</i>	3	MO
<i>emtricitabine</i>	3	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>etravirine</i>	4	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	MO; LD
INTELENCE TABLET 25MG	3	
ISENTRESS HD	4	MO
ISENTRESS PACKET, TABLET	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
<i>lamivudine solution 10mg/ml</i>	3	MO
<i>lamivudine tablet 150mg, 300mg</i>	3	MO
<i>maraviroc</i>	4	MO
<i>nevirapine er</i>	2	MO
<i>nevirapine tablet</i>	2	MO
<i>nevirapine suspension</i>	3	MO
NORVIR PACKET	3	MO
PIFELTRO	4	MO
PREZISTA SUSPENSION	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
REYATAZ PACKET	3	MO
<i>ritonavir</i>	2	MO
RUKOBIA	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SELZENTRY SOLUTION	4	MO
SELZENTRY TABLET 25MG	2	
SELZENTRY TABLET 75MG	4	
SUNLENCA INJECTION	4	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	4	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	4	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY PD	4	MO
TIVICAY TABLET 10MG	2	MO
TIVICAY TABLET 25MG, 50MG	4	MO
TROGARZO	4	MO; LD
TYBOST	2	MO
VIRACEPT	4	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	4	MO
<i>zidovudine</i>	2	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	3	MO
BIKTARVY	4	MO
CIMDUO	4	MO
COMPLERA	4	MO
DELSTRIGO	4	MO
DESCOVY	4	MO
DOVATO	4	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	4	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	4	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	3	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
<i>lamivudine/zidovudine</i>	3	MO
<i>lopinavir/ritonavir</i>	3	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMTUZA	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
ANTITUBERCULAR AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride</i>	3	MO
<i>isoniazid syrup, tablet</i>	1	MO
<i>isoniazid injection</i>	3	
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	3	MO
<i>rifabutin</i>	3	MO
<i>rifampin capsule</i>	2	MO
<i>rifampin injection</i>	3	
SIRTURO	4	PA; ACS LD
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium injection</i>	3	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	3	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days) MO
<i>entecavir</i>	3	QL (30 EA per 30 days) MO
EPCLUSA	4	PA; ACS
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO
<i>ganciclovir</i>	2	B/D
HARVONI	4	PA; ACS
<i>lamivudine tablet 100mg</i>	2	MO
LIVTENCITY	4	QL (336 EA per 28 days) PA; LD
MAVYRET	4	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	2	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	4	QL (60 EA per 180 days)
PEGASYS	4	PA; ACS
PREVYMIS TABLET	4	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	2	ACS
<i>rimantadine hydrochloride</i>	3	MO
<i>valacyclovir hydrochloride</i>	2	MO
<i>valganciclovir hydrochloride oral solution</i>	4	MO
<i>valganciclovir tablet 450mg</i>	2	MO
VOSEVI	4	PA; ACS
CEPHALOSPORINS		
CEFACLO ER	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefactor suspension reconstituted</i>	1	
<i>cefactor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium intravenous injection 1gm</i>	3	
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	3	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%	2	
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	3	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	3	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	3	MO
<i>cefdinir capsule</i>	1	MO
<i>cefdinir suspension reconstituted</i>	2	MO
<i>cefepime injection 1gm, 2gm</i>	3	MO
<i>cefixime capsule</i>	2	MO
<i>cefixime suspension reconstituted</i>	3	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	3	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	3	
<i>cefpodoxime proxetil</i>	3	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection 6gm</i>	3	
<i>ceftazidime injection 1gm, 2gm</i>	3	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	3	
CEFTRIAZONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium intravenous injection 1gm</i>	3	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	3	MO
<i>cefuroxime axetil tablet</i>	2	MO
<i>cefuroxime sodium injection 1.5gm</i>	3	
<i>cefuroxime sodium injection 750mg</i>	3	MO
<i>cephalexin</i>	1	MO
<i>tazicef</i>	3	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin suspension reconstituted, tablet</i>	1	MO
<i>azithromycin injection</i>	3	MO
<i>clarithromycin</i>	2	MO
<i>clarithromycin er</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DIFICID SUSPENSION RECONSTITUTED	4	
DIFICID TABLET	4	MO
<i>erythromycin base</i>	2	MO
<i>erythromycin dr</i>	3	MO
<i>erythromycin ethylsuccinate tablet</i>	2	MO
<i>erythromycin lactobionate</i>	4	
<i>erythromycin capsule delayed release particles 250mg</i>	2	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	3	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	3	MO
<i>levofloxacin in d5w</i>	3	
<i>levofloxacin injection 25mg/ml</i>	3	
<i>levofloxacin oral solution 25mg/ml</i>	2	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	1	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	3	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	3	
<i>moxifloxacin hydrochloride tablet 400mg</i>	3	MO
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	3	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	3	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	3	MO
<i>ampicillin-sulbactam</i>	3	
<i>ampicillin/sulbactam</i>	3	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	2	MO
EXTENCILLINE	3	
LENTOCILIN	3	
<i>nafcillin sodium injection 1gm</i>	3	
<i>nafcillin sodium injection 2gm</i>	3	MO
<i>nafcillin sodium injection 10gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	3	
<i>penicillin g potassium</i>	3	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g sodium</i>	3	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	3	
TETRACYCLINES		

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxy 100 injection</i>	3	MO
<i>doxycycline hyclate capsule</i>	1	MO
<i>doxycycline hyclate injection</i>	3	MO
<i>doxycycline hyclate tablet 100mg</i>	1	MO
<i>doxycycline hyclate tablet 20mg</i>	2	MO
<i>doxycycline monohydrate tablet</i>	1	MO
<i>doxycycline monohydrate capsule</i>	3	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	2	MO
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	3	ST MO
<i>minocycline hydrochloride capsule</i>	1	MO
<i>mondoxyne nl</i>	3	
NUZYRA	4	ACS LD
<i>tetracycline hydrochloride capsule</i>	3	MO
<i>tigecycline</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	2	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
LEUKERAN	4	MO
ANTIMETABOLITES		
INQOVI	4	QL (5 EA per 28 days) PA; ACS LD
LONSURF	4	PA; ACS LD
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	2	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	2	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	MO
ONUREG	4	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	4	ACS LD
TABLOID	4	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA; ACS
AKEEGA	4	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	2	MO
ELIGARD	3	PA; ACS
EMCYT	4	MO
ERLEADA	4	PA; ACS LD
<i>exemestane</i>	3	MO
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	4	PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
<i>letrozole</i>	1	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	3	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	4	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	4	PA; ACS
LYSODREN	4	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA; ACS LD
ORGOVYX	4	PA; LD
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA; LD
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
XTANDI	4	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	4	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	4	QL (28 EA per 28 days) PA; ACS LD
POMALYST	4	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	4	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	4	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	4	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide injection 12mg/6ml</i>	4	
ASPARLAS	4	PA; ACS LD
BESREMI	4	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	4	PA; ACS
<i>hydroxyurea</i>	1	MO
IWILFIN	4	QL (240 EA per 30 days) PA; LD
MATULANE	4	LD
ONCASPAR	4	PA; LD
<i>tretinoin capsule 10mg</i>	4	MO
WELIREG	4	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	4	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	4	PA; LD
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA; LD
AUGTYRO	4	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	4	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	4	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	4	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	4	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	4	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	4	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	4	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	4	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	4	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	4	QL (120 EA per 30 days) PA; LD
CABOMETYX	4	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	4	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	4	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	4	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	4	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	4	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	4	QL (63 EA per 28 days) PA; ACS LD
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	4	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	4	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA; ACS
EXKIVITY	4	QL (120 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA; LD
GAVRETO	4	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	4	QL (60 EA per 30 days) PA; ACS
GILOTRIF	4	QL (30 EA per 30 days) PA; LD
IBRANCE	4	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	4	PA; LD
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA; LD
IDHIFA	4	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	4	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA; ACS LD
INREBIC	4	QL (120 EA per 30 days) PA; ACS LD
JAKAFI	4	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA; ACS LD
KISQALI	4	PA; ACS
KISQALI FEMARA 200 DOSE	4	PA; ACS
KISQALI FEMARA 400 DOSE	4	PA; ACS
KISQALI FEMARA 600 DOSE	4	PA; ACS
KOSELUGO	4	PA; LD
KRAZATI	4	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	4	QL (180 EA per 30 days) PA; ACS LD
LENVIMA 10 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 12MG DAILY DOSE	4	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	4	PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
LENVIMA 24 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	4	PA; ACS LD
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	4	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	4	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	4	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	4	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR	4	QL (120 EA per 30 days) PA; ACS LD
NINLARO	4	PA; ACS
ODOMZO	4	PA; ACS LD
OGSIVEO TABLET 50MG	4	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	4	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	4	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	4	QL (96 ML per 28 days) PA; LD
OJJAARA	4	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	4	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	4	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
QINLOCK	4	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	4	QL (120 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
RETEVMO CAPSULE 40MG	4	QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	4	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	4	QL (60 EA per 30 days) PA; LD
<i>romidepsin</i>	4	ACS
ROZLYTREK PACKET	4	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	4	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	4	PA; ACS LD
RYDAPT	4	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS
STIVARGA	4	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	4	QL (30 EA per 30 days) PA; ACS
TABRECTA	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	4	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK	4	QL (240 EA per 30 days) PA; LD
TECVAYLI	4	PA; LD
TEPMETKO	4	QL (60 EA per 30 days) PA; LD
TIBSOVO	4	PA; LD
<i>torpenz</i>	4	QL (30 EA per 30 days) PA
TRUQAP	4	QL (64 EA per 28 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
TRUXIMA	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA; LD
TURALIO	4	QL (120 EA per 30 days) PA; LD
VANFLYTA	4	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA; LD
VERZENIO	4	PA; ACS LD
VITRAKVI SOLUTION	4	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	4	QL (30 EA per 30 days) PA; ACS LD
VONJO	4	QL (120 EA per 30 days) PA; LD
XALKORI CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	4	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	4	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	4	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	4	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	4	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	4	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	4	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	4	PA; ACS LD
ZOLINZA	4	PA; ACS
ZYDELIG	4	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	4	QL (84 EA per 28 days) PA; ACS LD

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Drug Name	Drug Tier	Requirements/Limits
PROTECTIVE AGENTS		
leucovorin calcium tablet	2	MO
MESNEX TABLET	4	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	1	QL (30 EA per 30 days) MO
benazepril hydrochloride/hydrochlorothiazide	1	MO
captopril/hydrochlorothiazide	1	MO
enalapril maleate/hydrochlorothiazide	1	MO
fosinopril sodium/hydrochlorothiazide	1	MO
lisinopril/hydrochlorothiazide	1	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	MO
trandolapril/verapamil hcl er	1	MO
ACE INHIBITORS		
benazepril hcl	1	MO
benazepril hydrochloride	1	MO
captopril	1	MO
enalapril maleate tablet	1	MO
fosinopril sodium	1	MO
lisinopril	1	MO
moexipril hcl	1	MO
perindopril erbumine	1	MO
quinapril hydrochloride	1	MO
ramipril	1	MO
trandolapril	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone	3	MO
KERENDIA	2	QL (30 EA per 30 days) MO
spironolactone tablet	1	MO
ALPHA BLOCKERS		
doxazosin mesylate	1	MO
prazosin hydrochloride	2	MO
terazosin hcl	1	MO
terazosin hydrochloride	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan	1	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil	1	QL (30 EA per 30 days) MO
amlodipine/valsartan/hydrochlorothiazide	1	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE	2	
ENTRESTO TABLET	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection</i>	3	
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>amiodarone hydrochloride injection</i>	3	
<i>disopyramide phosphate</i>	3	PA MO
<i>dofetilide</i>	3	ACS
<i>flecainide acetate</i>	2	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	3	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl</i>	2	MO
<i>propafenone hydrochloride</i>	2	MO
<i>propafenone hydrochloride er</i>	3	MO
<i>quinidine sulfate</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>sorine tablet 160mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	2	MO
<i>fenofibrate capsule 150mg, 50mg</i>	1	MO
<i>fenofibrate capsule 130mg, 43mg</i>	2	MO
<i>fenofibrate tablet 40mg</i>	1	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	2	MO
<i>fenofibrate tablet 120mg</i>	3	MO
<i>fenofibric acid dr</i>	3	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam hydrochloride</i>	2	MO
<i>colestipol hcl</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
NEXLETOL	2	QL (30 EA per 30 days) MO
NEXLIZET	2	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	3	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	3	MO
<i>niacin er tablet extended release 500mg</i>	3	QL (60 EA per 30 days) MO
<i>niacor</i>	3	MO
<i>omega-3-acid ethyl esters</i>	3	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	3	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO
<i>metoprolol/hydrochlorothiazide</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	2	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er capsule extended release 24 hour</i>	3	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride tablet</i>	2	MO
<i>labetalol hydrochloride injection 5mg/ml</i>	3	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate tablet</i>	1	MO
<i>metoprolol tartrate injection</i>	3	
<i>nadolol</i>	3	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	2	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	2	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO
<i>propranolol hcl er</i>	3	MO
<i>propranolol hcl oral solution, tablet</i>	2	MO
<i>propranolol hcl injection</i>	3	
<i>propranolol hydrochloride er</i>	3	MO
<i>propranolol hydrochloride oral solution, tablet</i>	2	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	3	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>diltiazem hydrochloride injection</i>	3	
<i>felodipine er tablet extended release 24 hour 10mg, 5mg</i>	1	MO
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	3	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	3	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	1	MO
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tablet extended release</i>	1	MO
<i>verapamil hydrochloride er</i>	1	MO
<i>verapamil hydrochloride tablet</i>	1	MO
<i>verapamil hydrochloride injection</i>	3	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	3	MO
<i>acetazolamide tablet</i>	2	MO
<i>amiloride hcl</i>	2	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide oral solution, tablet</i>	1	MO
<i>furosemide injection</i>	3	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	3	MO
<i>metolazone</i>	3	MO
<i>spironolactone/hydrochlorothiazide</i>	2	MO
<i>toremide</i>	2	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine</i>	2	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
<i>digox tablet 250mcg, 125mcg</i>	2	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	1	MO
<i>digoxin injection</i>	3	MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	3	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	4	QL (180 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hydrochloride</i>	3	PA MO
<i>hydralazine hcl tablet</i>	1	MO
<i>hydralazine hcl injection</i>	3	MO
<i>hydralazine hydrochloride tablet</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	3	MO
<i>ivabradine hydrochloride</i>	3	
<i>metyrosine</i>	4	PA
<i>midodrine hcl</i>	3	MO
<i>minoxidil</i>	1	MO
<i>ranolazine er</i>	2	MO
VERQUVO	2	PA MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO
<i>isosorbide dinitrate tablet 40mg</i>	3	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO
NITRO-BID	2	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ML	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	3	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	2	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	4	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	3	B/D; ACS LD
OPSUMIT	4	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil injection</i>	4	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate tablet (generic Revatio)</i>	2	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	4	PA; ACS
<i>treprostinil</i>	4	PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	3	QL (150 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	3	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
<i>bupirone hcl</i>	1	MO
<i>bupirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	2	MO; HRM
<i>fluvoxamine maleate er</i>	3	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	3	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>meprobamate</i>	3	PA MO
<i>oxazepam</i>	3	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	3	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	3	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	3	PA MO
<i>memantine hydrochloride solution</i>	2	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	2	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate capsule</i>	3	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	3	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	2	PA MO; HRM
<i>amitriptyline hydrochloride</i>	2	PA MO; HRM
<i>amoxapine</i>	2	MO; HRM
AUVELITY	4	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	2	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	2	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	3	PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	3	PA MO; HRM
<i>desipramine hydrochloride</i>	3	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	3	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	3	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	2	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	3	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	1	MO; HRM
<i>imipramine hcl</i>	2	PA MO; HRM
<i>imipramine hydrochloride</i>	2	PA MO; HRM
<i>imipramine pamoate</i>	3	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	3	MO
<i>nortriptyline hcl</i>	2	MO; HRM
<i>nortriptyline hydrochloride</i>	2	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	3	QL (60 EA per 30 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	3	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	3	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	3	PA MO; HRM
<i>phenelzine sulfate</i>	2	MO
<i>protriptyline hcl</i>	3	PA MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	2	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	3	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	3	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	3	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tablet</i>	2	MO
<i>amantadine hcl solution</i>	3	MO
<i>amantadine hcl capsule</i>	3	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate</i>	3	MO
<i>carbidopa</i>	3	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	3	MO
<i>carbidopa/levodopa odt</i>	2	MO
CARBIDOPA/LEVODOPA/ENTACAPONE	3	MO
<i>entacapone</i>	3	MO
INBRIJA	4	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>rasagiline mesylate</i>	2	MO
<i>ropinirole er tablet extended release 24 hour 6mg</i>	3	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	3	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	3	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	3	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	3	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride</i>	1	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	3	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	3	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	3	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	3	QL (60 EA per 30 days) MO; HRM
CAPLYTA	4	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	3	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	3	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	3	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	3	HRM
<i>chlorpromazine hydrochloride tablet</i>	3	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	3	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	3	QL (270 EA per 30 days) PA; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tablet 25mg, 50mg</i>	2	HRM
<i>clozapine tablet 200mg</i>	2	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	2	QL (270 EA per 30 days); HRM
FANAPT	4	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate</i>	3	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	1	MO; HRM
<i>fluphenazine hydrochloride injection</i>	3	MO; HRM
<i>haloperidol</i>	2	MO; HRM
<i>haloperidol decanoate</i>	3	MO; HRM
<i>haloperidol lactate</i>	3	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	2	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	2	HRM
<i>molindone hydrochloride tablet 25mg</i>	3	HRM
NUPLAZID	4	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	3	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	3	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	3	MO; HRM
<i>pimozide</i>	3	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	3	QL (30 EA per 30 days) PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	2	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	3	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	3	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	3	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO	4	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	2	PA MO; HRM
<i>thiothixene</i>	3	MO; HRM
<i>trifluoperazine hcl</i>	3	MO; HRM
<i>trifluoperazine hydrochloride</i>	3	MO; HRM
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	2	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	3	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	3	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	4	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTiom TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTiom TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	3	MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobazam suspension</i>	3	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 3 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	2	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	2	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam concentrate</i>	2	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	3	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	3	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	2	MO
<i>divalproex sodium dr</i>	2	MO
<i>divalproex sodium er</i>	3	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	2	MO
<i>ethosuximide solution</i>	3	MO
<i>felbamate</i>	3	MO
FINTEPLA	4	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	3	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	2	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	2	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	2	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	2	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	2	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	3	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	4	
<i>lacosamide tablet 50mg</i>	3	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	1	MO
<i>lamotrigine er</i>	3	MO
<i>lamotrigine odt</i>	3	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	3	
<i>levetiracetam oral solution, tablet</i>	1	MO
<i>levetiracetam injection</i>	3	
LIBERVANT	4	QL (10 EA per 30 days) PA
<i>methsuximide</i>	3	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	2	MO; HRM
<i>oxcarbazepine suspension</i>	3	MO; HRM
<i>phenobarbital sodium injection</i>	3	PA; HRM
<i>phenobarbital tablet</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	3	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	2	
<i>phenytoin oral suspension, tablet chewable</i>	2	MO
<i>phenytoin sodium extended release capsule</i>	2	MO
<i>phenytoin sodium injection</i>	3	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	2	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	4	QL (2760 ML per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide tablet 200mg</i>	3	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG3		QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG3		QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG3		QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN FILM 5MG	3	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	3	MO
<i>topiramate er</i>	3	MO
<i>topiramate capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	3	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA; LD
VIGAFYDE	4	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	4	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 150MG; 200MG, 50MG; 100MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 4 200MG		QL (56 EA per 28 days) MO
XCOPRI TABLET 25MG	4	QL (30 EA per 30 days)
XCOPRI TABLET 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	4	QL (1100 ML per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 243 hour</i>		QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	2	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	3	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	3	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	3	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	3	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	3	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	3	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	3	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 243 hour (generic Ritalin LA) 30mg</i>		QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate CD) 40mg</i>	3	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i>	3	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	2	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	3	QL (180 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	3	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	3	QL (180 EA per 30 days)
HYPNOTICS		
<i>DAYVIGO</i>	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>tasimelteon</i>	4	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	3	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	2	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
<i>AIMOVIG</i>	2	QL (1 ML per 30 days) PA; ACS
<i>almotriptan</i>	3	QL (8 EA per 30 days) MO
<i>almotriptan malate</i>	3	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection</i>	4	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine</i>	2	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	3	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO
<i>NURTEC</i>	2	QL (16 EA per 30 days) PA MO
<i>QULIPTA</i>	2	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	2	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	3	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	3	QL (9 EA per 30 days) MO
<i>UBRELVY</i>	2	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tablet</i>	3	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	3	QL (6 EA per 30 days) MO
<i>zomig</i>	3	QL (6 EA per 30 days)
MISCELLANEOUS		

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	4	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	4	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	3	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	2	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	2	MO
<i>pyridostigmine bromide er</i>	2	MO
<i>riluzole</i>	2	MO
<i>tetrabenazine tablet 25mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	4	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	4	QL (120 EA per 30 days) PA; ACS LD
BETASERON	4	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	2	PA; ACS
<i>fingolimod hydrochloride</i>	4	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
KESIMPTA	4	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	4	QL (30 EA per 30 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	2	MO
<i>baclofen tablet 15mg</i>	3	MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	3	MO
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	3	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	3	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	2	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	2	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	4	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	3	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	3	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	3	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO
<i>disulfiram</i>	3	MO
<i>naloxone hcl</i>	1	MO
<i>naloxone hydrochloride nasal spray</i>	2	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	1	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naloxone hydrochloride prefilled syringe injection 0.4mg/ml, 2mg/2ml</i>	2	
<i>naltrexone hcl</i>	2	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	3	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	3	PA MO
VIVITROL	4	ACS
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	3	MO
<i>methylestosterone</i>	4	PA MO
<i>testosterone cypionate</i>	3	MO
<i>testosterone enanthate</i>	3	PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone pump gel 1%</i>	2	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	2	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	2	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	2	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	PA MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	B/D MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
SOLQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
<i>acarbose</i>	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
FARXIGA	2	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>glipizide tablet 2.5mg, 5mg</i>	1	QL (240 EA per 30 days) MO
GLYXAMBI	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	3	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	3	QL (90 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	2	MO
<i>ibandronate sodium tablet</i>	2	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	3	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	3	
PROLIA	3	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	3	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	3	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	3	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tablet 35mg</i>	3	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	4	PA; ACS
XGEVA	4	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	3	ACS
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox packet</i>	4	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	2	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; ACS
<i>deferasirox tablet 90mg</i>	2	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	3	PA; ACS
KIONEX	2	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	4	ACS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
<i>sps</i>	2	MO
<i>trientine hydrochloride capsule 500mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	4	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>briellyn</i>	1	
<i>camila</i>	2	MO
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	2	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	2	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet</i> <i>3mg; 0.03mg; 0.451mg</i>	1	MO
<i>elimest</i>	1	
<i>eluryng</i>	2	
<i>emzahh</i>	2	
<i>enilloring</i>	2	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	2	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	2	MO
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	2	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>incassia</i>	2	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
JOLESSA	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	2	ACS
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	MO
<i>lyleq</i>	2	
<i>lyza</i>	2	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	2	MO
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON	2	ACS
<i>nikki</i>	1	
NORA-BE	2	
<i>norelgestromin/ethinyl estradiol</i>	2	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>tablet, tablet chewable</i>		
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	1	MO
<i>norethindrone tablet 0.35mg</i>	2	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	1	MO
<i>norgestimate/ethinyl estradiol</i>	1	MO
<i>norlyda</i>	1	
<i>norlyroc</i>	1	
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 28-day regimen</i>	1	
<i>nortrel 1/35 21-day regimen</i>	1	MO
<i>nortrel 7/7/7</i>	1	
<i>nylia 1/35</i>	1	
<i>nylia 7/7/7</i>	1	MO
<i>nymyo</i>	1	
OCELLA	2	
<i>orsythia</i>	1	
<i>philith</i>	1	
<i>pimtrea</i>	1	
<i>portia-28</i>	1	
<i>reclipsen</i>	1	
RIVELSA	2	
<i>setlakin</i>	1	
<i>sharobel</i>	2	
<i>simliya</i>	1	
<i>simpesse</i>	1	MO
<i>sprintec 28</i>	1	
<i>sronyx</i>	1	MO
<i>syeda</i>	1	
<i>tarina 24 fe</i>	1	
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>violele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	2	
<i>zafemy</i>	2	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>amabelz</i>	2	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	2	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	2	QL (8 EA per 28 days) MO
<i>DUAVEE</i>	3	MO
<i>estradiol valerate</i>	3	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	2	MO
<i>estradiol oral tablet, vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	2	MO
<i>ESTRING</i>	3	QL (1 EA per 90 days) MO
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	1	MO
<i>fyavolv tablet 5mcg; 1mg</i>	2	MO
<i>jinteli</i>	2	
<i>lyllana</i>	2	QL (8 EA per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>mimvey</i>	2	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	1	MO
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	2	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	2	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	3	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 40mg</i>	3	B/D MO
<i>methylprednisolone sodium succinate injection 500mg</i>	3	B/D
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	3	B/D MO
<i>prednisolone solution</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISONE INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
SOLU-CORTEF	3	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	3	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	4	MO
ZEGALOGUE	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	3	
<i>betaine anhydrous</i>	4	LD
<i>cabergoline</i>	2	MO
<i>carglumic acid</i>	4	PA; LD
CERDELGA	4	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	3	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA; ACS LD
<i>desmopressin acetate nasal solution, tablet</i>	2	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
<i>fomepizole</i>	4	
GENOTROPIN	4	PA; ACS
GENOTROPIN MINIUICK INJECTION 0.2MG	2	PA; ACS
GENOTROPIN MINIUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
INCRELEX	4	PA; ACS LD
<i>javygtor</i>	4	PA; LD
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	3	
<i>levocarnitine oral solution</i>	3	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
<i>methergine</i>	3	
<i>methylergonovine maleate tablet</i>	4	MO
<i>mifepristone</i>	4	PA
<i>nitisinone</i>	4	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	3	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	4	PA; ACS
<i>raloxifene hydrochloride</i>	2	MO
<i>sapropterin dihydrochloride</i>	4	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA; LD
<i>sodium phenylbutyrate</i>	4	PA; ACS
SOMATULINE DEPOT	4	PA; ACS LD
SOMAVERT	4	PA; ACS LD
SYNAREL	4	MO
VEOZAH	3	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO
<i>megestrol acetate suspension 40mg/ml</i>	2	MO
<i>megestrol acetate suspension 625mg/5ml</i>	3	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone capsule</i>	2	MO
<i>progesterone injection</i>	3	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	3	

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

Drug Name	Drug Tier	Requirements/Limits
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	4	
<i>levothyroxine sodium injection 100mcg</i>	4	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	4	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tablet</i>	2	MO
<i>liothyronine sodium injection</i>	4	
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	2	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO
<i>calcitriol injection 1mcg/ml</i>	3	
<i>calcitriol oral solution 1mcg/ml</i>	3	MO
<i>doxercalciferol injection</i>	3	
<i>paricalcitol</i>	3	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	3	B/D MO
<i>aprepitant capsule 125mg</i>	4	B/D MO
<i>compro</i>	1	MO; HRM
DIMENHYDRINATE	3	
<i>dronabinol</i>	3	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	3	B/D
<i>granisetron hydrochloride tablet</i>	2	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl tablet</i>	1	MO
<i>metoclopramide hcl solution</i>	3	MO
<i>metoclopramide hydrochloride tablet</i>	1	MO
<i>metoclopramide hydrochloride injection</i>	3	MO
<i>metoclopramide odt</i>	1	MO
<i>ondansetron hcl tablet</i>	1	B/D
<i>ondansetron hcl solution</i>	2	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	3	MO
<i>ondansetron odt tablet disintegrating 16mg</i>	2	B/D
<i>ondansetron odt tablet disintegrating 4mg, 8mg</i>	2	B/D MO
<i>prochlorperazine edisylate injection</i>	3	MO; HRM
<i>prochlorperazine maleate</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl</i>	3	PA MO; HRM
<i>promethazine hydrochloride</i>	3	PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hydrochloride plain</i>	3	PA MO; HRM
<i>promethegan suppository 50mg</i>	3	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	3	PA; HRM
<i>scopolamine</i>	3	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	3	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	2	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride injection</i>	3	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>GLYCOPYRROLATE INJECTION 0.6MG/3ML</i>	3	
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled 3 syringe), 0.4mg/2ml</i>	3	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	3	MO
<i>methscopolamine bromide</i>	3	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	3	MO
<i>famotidine premixed</i>	3	
<i>famotidine tablet</i>	1	MO
<i>famotidine suspension reconstituted</i>	2	MO
<i>famotidine injection</i>	3	
<i>nizatidine</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	2	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	MO
<i>budesonide capsule delayed release particles 3mg</i>	3	MO
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine</i>	3	MO
<i>mesalamine dr</i>	3	MO
<i>sulfasalazine tablet delayed release</i>	1	MO
<i>sulfasalazine tablet</i>	2	MO
LAXATIVES		
<i>CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML</i>	3	
<i>CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML</i>	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose solution</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO
SUTAB	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	3	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	4	QL (60 EA per 30 days) PA MO
CREON	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	3	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	2	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	2	MO; HRM
GATTEX	4	PA; ACS LD
<i>lansoprazole/amoxicillin/clarithromycin</i>	3	QL (224 EA per 365 days) MO
LINZESS	2	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	2	MO
<i>misoprostol</i>	2	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
<i>ursodiol capsule 300mg</i>	2	MO
<i>ursodiol tablet 250mg, 500mg</i>	3	MO
VOWST	4	PA; LD
XERMELO	4	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	4	PA MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	3	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	2	
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium injection</i>	3	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	3	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride</i>	3	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	3	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	3	QL (30 EA per 30 days) MO
<i>tadalafil tablet 5mg</i>	3	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	1	MO
<i>bethanechol chloride</i>	2	MO
<i>potassium citrate er</i>	2	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	3	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	3	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	3	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	3	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>trospium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	3	MO
<i>metronidazole vaginal</i>	3	MO
<i>miconazole 3 vaginal suppository</i>	2	MO
<i>terconazole cream</i>	2	MO
<i>terconazole suppository</i>	3	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	3	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	3	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	3	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO
FRAGMIN INJECTION 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/DEXTROSE	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 5000unit/0.5ml</i>	1	MO
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	2	MO
<i>jantoven</i>	1	MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	4	PA; ACS
ZARXIO	4	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	4	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	4	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	3	MO
BERINERT	4	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	1	MO
DOPTELET	4	QL (60 EA per 30 days) PA; ACS LD
DROXIA	2	MO
ENDARI	4	PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	4	PA; ACS
<i>pentoxifylline er</i>	1	MO
<i>sajazir</i>	4	QL (27 ML per 30 days) PA; LD
TAVNEOS	4	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	3	
<i>tranexamic acid tablet</i>	2	MO
<i>tranexamic acid injection</i>	3	
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	2	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	1	PA MO
<i>prasugrel hydrochloride</i>	3	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	4	QL (28 EA per 365 days) PA
COSENTYX SENSOREADY PEN	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	4	PA; ACS LD
COSENTYX INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	4	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL	4	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND4 CORDAVIS NOT COVERED)	4	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	4	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	4	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	4	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	4	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	4	PA; ACS
RINVOQ LQ	4	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	4	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA; ACS
SOTYKTU	4	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	4	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS LD
TREMFYA	4	QL (1 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS
VELSIPITY	4	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	4	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	4	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tablet 200mg	2	MO
JYLAMVO	3	
leflunomide	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D; ACS LD
GAMMAKED	4	PA; ACS
GAMUNEX-C	4	PA; ACS
OCTAGAM	4	PA; ACS
PRIVIGEN	4	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	4	PA; ACS LD
ARCALYST	4	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	2	B/D MO
BENLYSTA INJECTION 200MG/ML	4	PA; ACS LD
<i>cyclosporine capsule, injection</i>	2	B/D MO
<i>cyclosporine modified</i>	2	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>engraf capsule</i>	2	B/D
<i>engraf solution</i>	2	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D MO
<i>mycophenolate mofetil injection</i>	3	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D MO
<i>mycophenolic acid dr</i>	3	B/D MO
NULOJIX	4	B/D
PROGRAF PACKET	3	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	3	B/D MO
<i>sirolimus tablet</i>	3	B/D MO
<i>sirolimus solution</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	3	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	

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

Drug Name	Drug Tier	Requirements/Limits
DENG VAXIA	1	
DIPHtheria/TETANUS TOXoids ADSORBED	1	
PEDIATRIC		
Engerix-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	2	QL (0.5 ML per 999 days)
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	

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

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	3	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	3	
<i>multiple electrolytes injection type 1</i>	3	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 3 20meq/l; 0.9%</i>	3	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/ml</i>	3	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	3	
<i>sodium bicarbonate injection 8.4%</i>	3	MO
<i>sodium chloride injection 0.45%</i>	3	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	3	MO
TPN ELECTROLYTES	3	B/D

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

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effe-r-k tablet effervescent 25meq</i>	1	MO
<i>fluoride chewable tablet</i>	3	MO
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	2	MO
<i>klor-con powder packet 20meq</i>	2	
<i>klor-con effervescent tablet</i>	1	
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	3	
<i>multi-vitamin/fluoride drops</i>	3	MO
<i>multi-vitamin/fluoride/iron</i>	3	MO
<i>multivitamin/fluoride</i>	3	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS MULTIVITAMIN	2	MO
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	2	MO
<i>potassium chloride oral solution 10%, 20%</i>	3	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	3	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	3	MO
<i>tri-vite/fluoride</i>	3	MO
<i>vitamins a/c/d/fluoride</i>	3	MO
WESTAB PLUS	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D
<i>clinisol sf 15%</i>	3	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	2	
<i>dextrose 5%</i>	2	MO
DEXTROSE 50%	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 70%	2	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	3	B/D
PREMASOL	4	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	3	MO
<i>neomycin/polymyxin/dexamethasone</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	2	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST SUSPENSION	2	MO
<i>tobramycin/dexamethasone</i>	2	MO
ZYLET	2	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	2	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	2	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	2	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	2	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	2	MO
<i>neomycin/polymyxin/gramicidin</i>	2	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	2	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	3	MO
<i>sulfacetamide sodium solution 10%</i>	2	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	2	MO
XDEMVI	4	QL (10 ML per 42 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	2	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	2	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO
<i>cromolyn sodium solution 4%</i>	2	MO
<i>epinastine hcl</i>	2	MO
ZERVIAE	3	MO
ANTIGLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	2	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate/timolol maleate</i>	2	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	2	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	3	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic solution</i>	3	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	2	MO
<i>travoprost</i>	2	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	4	PA; LD
EYSUVIS	3	MO
MIEBO	2	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	2	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
<i>ciprofloxacin/dexamethasone</i>	2	MO
<i>flac</i>	3	
<i>fluocinolone acetonide oil 0.01%</i>	3	MO
<i>hydrocortisone/acetic acid</i>	3	MO
<i>neomycin/polymyxin/hc</i>	3	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	3	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	2	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	1	PA MO
<i>cyproheptadine hcl syrup</i>	1	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	3	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	3	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	3	MO; HRM
<i>hydroxyzine hcl</i>	3	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	3	PA MO; HRM
<i>hydroxyzine pamoate</i>	3	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>levocetirizine dihydrochloride solution</i>	2	MO
<i>olopatadine hcl</i>	3	QL (30.5 GM per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 2 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 2 108mcg/act</i>	2	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 2 108mcg/act</i>	2	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup</i>	1	MO
<i>albuterol sulfate tablet</i>	2	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	3	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	3	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
<i>terbutaline sulfate</i>	3	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	1	QL (30 EA per 30 days) MO
<i>montelukast sodium packet</i>	2	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	3	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D MO
<i>aminophylline</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
BRONCHITOL	4	QL (560 EA per 28 days) PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	2	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO
FASENRA PEN	4	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	4	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	4	QL (60 EA per 30 days) PA; LD
OFEV	4	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	4	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	4	PA; LD
PULMOZYME	4	PA; ACS
<i>roflumilast</i>	3	MO
<i>theophylline solution</i>	1	MO
<i>theophylline er tablet extended release 24 hour</i>	2	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	2	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	2	MO
TRIKAFTA GRANULES THERAPY PACK	4	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	4	QL (84 EA per 28 days) PA; LD
XOLAIR	4	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	2	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	3	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
<i>budesonide/formoterol fumarate dihydrate</i>	2	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	1	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	1	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate/salmeterol hfa</i>	3	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
<i>accutane</i>	3	PA
<i>amnestem</i>	3	PA
<i>claravis</i>	3	PA
<i>clindacin</i>	3	QL (100 GM per 30 days)
<i>clindamycin phosphate/benzoyl peroxide</i>	3	MO
<i>clindamycin phosphate foam 1%</i>	3	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel tube 1%</i>	2	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	2	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days) MO
<i>clindamycin/benzoyl peroxide</i>	3	MO
<i>dapsone gel 5%, 7.5%</i>	3	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	3	MO
<i>erythromycin/benzoyl peroxide</i>	3	MO
<i>erythromycin gel 2%</i>	1	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	1	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	3	PA
<i>neuac</i>	3	
<i>sulfacetamide sodium lotion 10%</i>	2	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	3	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	3	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	3	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	2	QL (30 GM per 30 days) MO
<i>mafenide acetate</i>	3	MO
<i>mupirocin ointment</i>	1	QL (30 GM per 30 days) MO
<i>mupirocin cream</i>	3	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO
<i>ciclopirox suspension</i>	2	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	2	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	2	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	3	QL (85 GM per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
ERTACZO	4	QL (60 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	2	QL (60 GM per 30 days) MO
<i>ketoconazole foam 2%</i>	3	QL (100 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>ketodan</i>	3	QL (100 GM per 30 days)
<i>klayesta</i>	2	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	3	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	3	QL (60 GM per 28 days) MO
<i>nyamyc</i>	2	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	3	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	2	QL (60 GM per 30 days) MO
<i>nystop</i>	2	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	1	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	2	PA MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	3	QL (400 GM per 28 days) PA MO
<i>calcipotriene solution</i>	2	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream, ointment</i>	3	QL (120 GM per 30 days) PA MO
<i>calcitrene</i>	3	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	4	MO
<i>tazarotene gel</i>	2	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	2	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	3	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	2	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	3	MO
<i>betamethasone dipropionate augmented lotion</i>	3	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	2	MO
<i>betamethasone dipropionate cream, ointment</i>	3	MO
<i>betamethasone valerate cream, lotion, ointment</i>	2	MO
<i>clobetasol propionate e cream 0.05%</i>	3	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	3	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	3	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	3	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	3	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	3	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	3	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	3	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	3	QL (118.28 ML per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	3	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	3	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	3	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	3	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	3	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	3	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO
<i>halobetasol propionate cream, ointment</i>	3	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	3	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate</i>	3	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	2	MO
<i>mometasone furoate ointment 0.1%</i>	2	MO
<i>mometasone furoate solution 0.1%</i>	2	MO
<i>proctosol hc</i>	3	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external solution 4%</i>	3	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) MO
<i>lidocaine patch</i>	2	QL (90 EA per 30 days) PA MO
<i>lidocaine ointment</i>	3	QL (35.44 GM per 30 days) PA MO
<i>lidocan</i>	2	QL (90 EA per 30 days) PA
<i>tridacaine</i>	2	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	2	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	3	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	2	MO
<i>azelaic acid</i>	3	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	4	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	2	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil cream 5%</i>	3	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	3	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	2	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	3	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	3	MO
<i>metronidazole gel 0.75%, 1%</i>	3	MO
<i>metronidazole lotion 0.75%</i>	3	MO
<i>nitroglycerin ointment 0.4%</i>	3	QL (30 GM per 30 days) MO
NORITATE	4	QL (60 GM per 30 days) MO
PANRETIN	4	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	3	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	3	MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
<i>proctozone-hc</i>	3	
RECTIV	3	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	3	QL (60 GM per 30 days) MO
VALCHLOR	4	QL (60 GM per 30 days) PA; LD
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	2	MO
<i>permethrin cream 5%</i>	3	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	QL (30 GM per 30 days) PA MO
SANTYL	3	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	1	MO
<i>sterile water for irrigation</i>	1	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>cevimeline hydrochloride</i>	3	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO
<i>clinpro 5000</i>	3	MO
<i>clotrimazole troche 10mg</i>	2	MO
<i>denta 5000 plus sensitive</i>	3	MO
<i>dentagel</i>	3	MO
<i>fluoridex daily defense</i>	3	
<i>fluoridex sensitivity relief/sls free</i>	3	
<i>fluorimax 5000</i>	3	
<i>fluorimax 5000 sensitive</i>	3	
<i>just right 5000</i>	3	
<i>kourzeq</i>	1	
<i>lidocaine hydrochloride viscous solution 2%</i>	3	MO
<i>lidocaine viscous solution 2%</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin suspension 100000unit/ml</i>	3	MO
<i>oralone dental paste</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	3	MO
<i>sf gel 1.1%</i>	3	MO
<i>sodium fluoride 5000 ppm paste</i>	3	MO
<i>sodium fluoride/potassium nitrate/sensitive</i>	3	
<i>sodium fluoride gel 1.1%</i>	3	MO
<i>triamcinolone acetonide dental paste</i>	3	MO

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

Index

<i>abacavir</i>	6, 7	<i>altavera</i>	40
<i>abacavir sulfate/lamivudine</i>	7	ALUNBRIG.....	12, 13
ABELCET.....	5	ALVAIZ.....	51
ABILIFY MAINTENA.....	27	ALVESCO.....	62
<i>abiraterone acetate</i>	11	<i>alyacen 1/35</i>	40
ABRYSVO.....	54	<i>alyacen 7/7/7</i>	40
<i>acamprosate calcium</i>	36	<i>amabelz</i>	44
<i>acarbose</i>	38	<i>amantadine hcl</i>	26
<i>accutane</i>	63	<i>ambrisentan</i>	23
<i>acebutolol hydrochloride</i>	21	<i>amethia</i>	40
<i>acetaminophen/codeine</i>	2	<i>amethyst</i>	40
<i>acetazolamide</i>	22	<i>amikacin sulfate</i>	3
<i>acetazolamide er</i>	22	<i>amiloride hcl</i>	22
<i>acetic acid</i>	50, 60	<i>amiloride/hydrochlorothiazide</i>	22
<i>acetylcysteine</i>	45, 61	<i>aminophylline</i>	61
<i>acitretin</i>	64	<i>amiodarone hcl</i>	19
ACTHIB.....	54	<i>amiodarone hydrochloride</i>	19
ACTIMMUNE.....	54	<i>amitriptyline hcl</i>	24
<i>acyclovir</i>	8, 65	<i>amitriptyline hydrochloride</i>	24
<i>acyclovir sodium</i>	8	<i>amlodipine besylate</i>	18, 21, 22
ADACEL.....	54	<i>amlodipine besylate/atorvastatin calcium</i>	22
ADALIMUMAB.....	52	<i>amlodipine besylate/benazepril hydrochloride</i>	18
ADALIMUMAB-AACF.....	52	<i>amlodipine besylate/valsartan</i>	18
<i>adefovir dipivoxil</i>	8	<i>amlodipine/olmesartan medoxomil</i>	18
ADMELOG.....	37	<i>amlodipine/valsartan/hydrochlorothiazide</i>	18
ADMELOG SOLOSTAR.....	37	<i>ammonium lactate</i>	65
<i>afirmelle</i>	40	<i>amnestem</i>	63
AIMOVIG.....	34	<i>amoxapine</i>	24
AKEEGA.....	11	<i>amoxicillin</i>	10
<i>ala-cort</i>	64	<i>amoxicillin/clavulanate potassium</i>	10
<i>albendazole</i>	3	<i>amoxicillin/clavulanate potassium er</i>	10
<i>albuterol sulfate</i>	61	<i>amphetamine/dextroamphetamine</i>	33
<i>albuterol sulfate hfa</i>	61	<i>amphetamine/dextroamphetamine er</i>	33
<i>alclometasone dipropionate</i>	64	<i>amphotericin b</i>	5
ALECENSA.....	12	<i>amphotericin b liposome</i>	5
<i>alendronate sodium</i>	39	<i>ampicillin</i>	10
<i>alfuzosin hcl</i>	50	<i>ampicillin sodium</i>	10
<i>aliskiren</i>	22	<i>ampicillin-sulbactam</i>	10
<i>allopurinol</i>	1	<i>anagrelide hydrochloride</i>	51
<i>almotriptan</i>	34	<i>anastrozole</i>	11
<i>almotriptan malate</i>	34	ANORO ELLIPTA.....	60
<i>alosetron hydrochloride</i>	49	<i>aprepitant</i>	47
<i>alprazolam</i>	23, 24	<i>apri</i>	40
<i>alprazolam er</i>	23	APTIOM.....	29
ALPRAZOLAM INTENSOL.....	23	APTIVUS.....	6
ALREX.....	59	<i>aranelle</i>	40

ARCALYST.....	54
AREXVY.....	54
ARIKAYCE.....	3
<i>aripiprazole</i>	27
<i>aripiprazole odt</i>	27
ARISTADA.....	27
ARISTADA INITIO.....	27
<i>armodafinil</i>	36
ARNUITY ELLIPTA.....	62
<i>arsenic trioxide</i>	12
<i>asenapine maleate sl</i>	27
<i>ashlyna</i>	40
ASPARLAS.....	12
<i>aspirin/dipyridamole er</i>	52
ASTAGRAF XL.....	54
<i>atazanavir</i>	6
<i>atazanavir sulfate</i>	6
<i>atenolol</i>	20, 21
<i>atenolol/chlorthalidone</i>	20
<i>atomoxetine</i>	33
<i>atorvastatin calcium</i>	20
<i>atovaquone</i>	3, 6
<i>atovaquone/proguanil hcl</i>	6
ATROPINE SULFATE.....	60
ATROVENT HFA.....	60
<i>aubra eq</i>	40
AUGTYRO.....	13
<i>aurovela 1.5/30</i>	40
<i>aurovela 1/20</i>	40
<i>aurovela 24 fe</i>	40
<i>aurovela fe 1.5/30</i>	40
<i>aurovela fe 1/20</i>	40
AUSTEDO.....	35
AUSTEDO XR.....	35
AUVELITY.....	24
<i>aviane</i>	40
<i>ayuna</i>	40
AYVAKIT.....	13
<i>azathioprine</i>	54
AZATHIOPRINE.....	54
<i>azelaic acid</i>	65
<i>azelastine hcl</i>	59, 61
<i>azelastine hydrochloride</i>	61
<i>azithromycin</i>	9
AZITHROMYCIN.....	9
<i>aztreonam</i>	3
<i>azurette</i>	40
<i>bacitracin</i>	58
<i>bacitracin/polymyxin b</i>	58

<i>baclofen</i>	36
BAFIERTAM.....	35
<i>balsalazide disodium</i>	48
BALVERSA.....	13
<i>balziva</i>	40
BARACLUDE.....	8
BASAGLAR KWIKPEN.....	37
BCG VACCINE.....	54
BD ALCOHOL SWABS.....	37
BD INSULIN SYRINGE.....	37
BD PEN.....	37
BD PEN NEEDLE/ORIGINAL/ULTRA- FINE/29G X 1/2.....	37
<i>benazepril hcl</i>	18
<i>benazepril hydrochloride</i>	18
<i>benazepril hydrochloride/hydrochlorothiazide</i>	18
BENLYSTA.....	54
<i>benztropine mesylate</i>	26, 27
BERINERT.....	51
BESIVANCE.....	58
BESREMI.....	12
<i>betaine anhydrous</i>	45
<i>betamethasone dipropionate augmented</i>	64
<i>betamethasone valerate</i>	64
BETASERON.....	35
<i>betaxolol hcl</i>	21, 59
<i>bethanechol chloride</i>	50
BETOPTIC-S.....	59
BEVESPI AEROSPHERE.....	60
<i>bexarotene</i>	12, 65
BEXSERO.....	54
<i>bicalutamide</i>	11
BICILLIN L-A.....	10
BIKTARVY.....	7
<i>bisoprolol fumarate</i>	20, 21
<i>bisoprolol fumarate/hydrochlorothiazide</i>	20
<i>blisovi 24 fe</i>	40
<i>blisovi fe 1.5/30</i>	40
<i>blisovi fe 1/20</i>	40
BOOSTRIX.....	54
<i>bosentan</i>	23
BOSULIF.....	13
BRAFTOVI.....	13
BREO ELLIPTA.....	62
BREZTRI AEROSPHERE.....	60
<i>briellyn</i>	41
BRILINTA.....	52
<i>brimonidine tartrate</i>	59
BRIMONIDINE TARTRATE.....	59

<i>brimonidine tartrate/timolol maleate</i>	59	CARBIDOPA/LEVODOPA/ENTACAPONE..	27
<i>brinzolamide</i>	59	<i>carbinoxamine maleate</i>	61
BRIVIACT	29	<i>carglumic acid</i>	45
<i>bromfenac</i>	59	<i>carteolol hcl</i>	59
<i>bromocriptine mesylate</i>	27	<i>cartia xt</i>	21
BROMSITE.....	59	<i>carvedilol</i>	21
BRONCHITOL	62	<i>carvedilol phosphate er</i>	21
BRUKINSA	13	<i>caspofungin acetate</i>	5
<i>budesonide</i>	62	CAYSTON	3
<i>budesonide dr</i>	48	<i>cefaclor</i>	9
<i>budesonide er</i>	48	CEFACTOR ER	8
<i>budesonide/formoterol fumarate dihydrate</i>	62	<i>cefadroxil</i>	9
<i>bumetanide</i>	22	<i>cefazolin</i>	9
<i>buprenorphine</i>	2	CEFAZOLIN	9
<i>buprenorphine hcl</i>	36	<i>cefazolin sodium</i>	9
<i>buprenorphine hcl/naloxone hcl</i>	36	CEFAZOLIN SODIUM	9
<i>buprenorphine hydrochloride/naloxone hydrochloride</i>	36	<i>cefdinir</i>	9
<i>bupropion hcl</i>	24	<i>cefepime</i>	9
<i>bupropion hydrochloride</i>	24, 36	<i>cefixime</i>	9
<i>bupropion hydrochloride er</i>	24, 36	<i>cefotetan</i>	9
<i>bupirone hcl</i>	24	<i>cefoxitin sodium</i>	9
<i>bupirone hydrochloride</i>	24	<i>cefpodoxime proxetil</i>	9
<i>butorphanol tartrate</i>	2	<i>cefprozil</i>	9
BYDUREON BCISE	38	<i>ceftazidime</i>	9
<i>cabergoline</i>	45	<i>ceftriaxone in iso-osmotic dextrose</i>	9
CABOMETYX.....	13	<i>ceftriaxone sodium</i>	9
<i>calcipotriene</i>	64	CEFTRIAZONE SODIUM.....	9
<i>calcipotriene/betamethasone dipropionate</i>	64	<i>cefuroxime axetil</i>	9
<i>calcitonin-salmon</i>	39	<i>cefuroxime sodium</i>	9
<i>calcitrene</i>	64	<i>celecoxib</i>	1
<i>calcitriol</i>	47	<i>cephalexin</i>	9
CALCITRIOL	64	CERDELGA	45
CALQUENCE.....	13	<i>cetirizine hydrochloride</i>	61
<i>camila</i>	41	<i>cevimeline hydrochloride</i>	66
CAMRESE	41	<i>charlotte 24 fe</i>	41
CAMRESE LO.....	41	<i>chateal eq</i>	41
<i>candesartan cilexetil</i>	19	CHEMET	40
<i>candesartan cilexetil/hydrochlorothiazide</i> ...18, 19		<i>chloramphenicol sodium succinate</i>	3
CAPLYTA	27	<i>chlordiazepoxide hcl</i>	24
CAPRELSA	13	<i>chlordiazepoxide hydrochloride</i>	24
<i>captopril</i>	18	<i>chlordiazepoxide/amitriptyline</i>	24
<i>captopril/hydrochlorothiazide</i>	18	<i>chlorhexidine gluconate</i>	66
<i>carbamazepine</i>	29	<i>chloroquine phosphate</i>	6
<i>carbamazepine er</i>	29	<i>chlorpromazine hcl</i>	27
<i>carbidopa</i>	27	<i>chlorpromazine hydrochloride</i>	27
<i>carbidopa/levodopa</i>	27	<i>chlorthalidone</i>	22
<i>carbidopa/levodopa er</i>	27	<i>chlorzoxazone</i>	36
<i>carbidopa/levodopa odt</i>	27	<i>cholestyramine</i>	20
		<i>cholestyramine light</i>	20

<i>ciclopirox</i>	63	<i>clotrimazole troche</i>	66
<i>ciclopirox olamine</i>	63	<i>clotrimazole/betamethasone dipropionate</i>	63
<i>cilostazol</i>	51	<i>clozapine</i>	28
CILOXAN.....	58	<i>clozapine odt</i>	27
CIMDUO.....	7	CLOZAPINE ODT.....	27
<i>cimetidine</i>	48	COARTEM.....	6
<i>cinacalcet hydrochloride</i>	25, 45	CODEINE SULFATE	2
CIPRO HC.....	60	<i>colchicine</i>	1
CIPROFLOXACIN.....	10, 58, 60	<i>colesevelam hydrochloride</i>	20
<i>ciprofloxacin hcl</i>	10	<i>colestipol hcl</i>	20
<i>ciprofloxacin hydrochloride</i>	10, 58	<i>colistimethate sodium</i>	4
<i>ciprofloxacin i.v.-in d5w</i>	10	COMBIGAN	59
<i>ciprofloxacin/dexamethasone</i>	60	COMBIVENT RESPIMAT.....	60
<i>citalopram hydrobromide</i>	25	COMETRIQ KIT.....	13
<i>claravis</i>	63	COMPLERA	7
<i>clarithromycin</i>	9	<i>compro</i>	47
<i>clarithromycin er</i>	9	<i>constulose</i>	48
<i>clemastine fumarate</i>	61	COPIKTRA	13
CLENPIQ.....	48	CORLANOR	22
<i>clindacin</i>	63	COSENTYX.....	52
<i>clindamycin</i>	63	COSENTYX SENSOREADY PEN.....	52
<i>clindamycin hcl</i>	3	COSENTYX UNOREADY	52
<i>clindamycin hydrochloride</i>	3	COTELLIC.....	13
<i>clindamycin palmitate hcl</i>	3	CREON.....	49
<i>clindamycin phosphosphate</i>	4	<i>cromolyn sodium</i>	49, 59, 62
<i>clindamycin phosphate</i>	4, 50, 63	<i>cryselle-28</i>	41
<i>clindamycin phosphate/benzoyl peroxide</i>	63	<i>cyclobenzaprine hydrochloride</i>	36
<i>clindamycin phosphate/dextrose</i>	4	<i>cyclophosphamide</i>	11
<i>clindamycin/benzoyl peroxide</i>	63	CYCLOPHOSPHAMIDE	11
CLINDAMYCIN/SODIUM CHLORIDE	4	<i>cycloserine</i>	8
CLINIMIX 6/5	57	<i>cyclosporine</i>	54
CLINIMIX 8/10	57	<i>cyclosporine modified</i>	54
CLINIMIX 8/14	57	<i>cyproheptadine hcl</i>	61
CLINIMIX/DEXTROSE	57	<i>cyproheptadine hydrochloride</i>	61
<i>clinisol sf</i>	57	<i>cyred eq</i>	41
CLINOLIPID	57	CYSTAGON	45
<i>clinpro 5000</i>	66	CYSTARAN.....	60
<i>clobazam</i>	30	<i>dabigatran</i>	50
<i>clobetasol propionate</i>	64	<i>dalfampridine er</i>	35
<i>clobetasol propionate e</i>	64	<i>danazol</i>	36
<i>clodan</i>	64	<i>dantrolene</i>	36
<i>clomipramine hydrochloride</i>	25	<i>dapsone</i>	4, 63
<i>clonazepam</i>	30	DAPTACEL	54
<i>clonazepam odt</i>	30	<i>daptomycin</i>	4
<i>clonidine</i>	22	DAPTOMYCIN.....	4
<i>clonidine hydrochloride</i>	22	<i>darifenacin hydrobromide er</i>	50
<i>clopidogrel</i>	52	<i>darunavir</i>	6
<i>clorazepate dipotassium</i>	30	<i>dasetta 1/35</i>	41
<i>clotrimazole</i>	63	<i>dasetta 7/7/7</i>	41

DAURISMO.....	13
<i>daysee</i>	41
DAYVIGO	34
<i>deblitane</i>	41
<i>deferasirox</i>	40
DELSTRIGO.....	7
<i>delyla</i>	41
DENG VAXIA.....	55
<i>denta</i>	66
<i>dentagel</i>	66
DEPO-SUBQ PROVERA.....	41
DESCOVY.....	7
<i>desipramine hydrochloride</i>	25
<i>desloratadine</i>	61
<i>desloratadine odt</i>	61
<i>desmopressin acetate</i>	45, 46
<i>desogestrel/ethinyl estradiol</i>	41
<i>desonide</i>	64
<i>desoximetasone</i>	64
<i>desvenlafaxine er</i>	25
<i>dexamethasone</i>	45, 59
DEXAMETHASONE INTENSOL.....	45
<i>dexamethasone sodium phosphate</i>	45, 59
<i>dexlansoprazole</i>	49
<i>dexmethylphenidate hcl</i>	33
<i>dexmethylphenidate hcl er</i>	33
<i>dexmethylphenidate hydrochloride</i>	33
<i>dexmethylphenidate hydrochloride er</i>	33
<i>dextroamphetamine sulfate</i>	33
<i>dextroamphetamine sulfate er</i>	33
<i>dextroamphetamine sulfateg</i>	33
<i>dextrose</i>	56, 57
DEXTROSE.....	56, 57, 58
DEXTROSE/ELECTROLYTE #48 VIAFLEX.....	56
DEXTROSE/LACTATED RINGERS.....	56
DEXTROSE/NACL.....	56
DIACOMIT.....	30
<i>diazepam</i>	30
DIAZEPAM RECTAL GEL.....	30
<i>diazoxide</i>	45
<i>diclofenac potassium</i>	1
<i>diclofenac sodium</i>	59, 65
<i>diclofenac sodium dr</i>	1
<i>diclofenac sodium er</i>	1
<i>diclofenac sodium/misoprostol</i>	1
<i>dicloxacillin sodium</i>	10
<i>dicyclomine hcl</i>	48
<i>dicyclomine hydrochloride</i>	48
DIFICID.....	10

<i>diflunisal</i>	1
<i>difluprednate</i>	59
<i>digox</i>	22
<i>digoxin</i>	22
<i>dihydroergotamine mesylate</i>	34
DILANTIN.....	30
DILANTIN INFATABS.....	30
DILANTIN-125.....	30
<i>diltiazem hcl</i>	21
DILTIAZEM HCL.....	21
<i>diltiazem hcl cd</i>	21
<i>diltiazem hcl er</i>	21
<i>diltiazem hydrochloride</i>	21
<i>diltiazem hydrochloride er</i>	21
<i>dilt-xr</i>	21
DIMENHYDRINATE.....	47
<i>diphenhydramine hcl</i>	61
<i>diphenoxylate hydrochloride/atropine sulfate</i> ...	49
<i>diphenoxylate/atropine</i>	49
DIPHTHERIA/TETANUS TOXOIDS	
ADSORBED PEDIATRIC.....	55
<i>dipyridamole</i>	52
<i>disopyramide phosphate</i>	19
<i>disulfiram</i>	36
<i>divalproex sodium</i>	30
<i>divalproex sodium dr</i>	30
<i>divalproex sodium er</i>	30
<i>dofetilide</i>	19
<i>dolishale</i>	41
<i>donepezil hcl</i>	24
<i>donepezil hydrochloride</i>	24
DOPTLET.....	51
<i>dorzolamide hcl/timolol maleate</i>	59
<i>dorzolamide hydrochloride</i>	59
<i>dorzolamide hydrochloride/timolol maleate</i>	59
<i>dotti</i>	44
DOVATO.....	7
<i>doxazosin mesylate</i>	18
<i>doxepin hcl</i>	25
<i>doxepin hydrochloride</i>	25, 34
DOXEPIN HYDROCHLORIDE.....	65
<i>doxercalciferol</i>	47
<i>doxy 100</i>	11
<i>doxycycline</i>	11
DOXYCYCLINE.....	65
<i>doxycycline hyclate</i>	11
<i>doxycycline monohydrate</i>	11
DRIZALMA.....	25
<i>dronabinol</i>	47

<i>drospirenone/ethinyl estradiol</i>	41	ENSTILAR	64
<i>drospirenone/ethinyl estradiol/levomefolate</i>		<i>entacapone</i>	27
<i>calcium</i>	41	<i>entecavir</i>	8
DROXIA	51	ENTRESTO	19
<i>droxidopa</i>	22	<i>enulose</i>	48
DUAVEE	44	EPCLUSA	8
DULERA	62	EPIDIOLEX	30
<i>duloxetine hydrochloride</i>	25	<i>epinastine hcl</i>	59
DUPIXENT	52	<i>epinephrine</i>	22, 62
<i>dutasteride</i>	50	<i>epitol</i>	30
<i>dutasteride/tamsulosin hydrochloride</i>	50	<i>eplerenone</i>	18
<i>ec-naproxen</i>	1	<i>epoprostenol sodium</i>	23
<i>econazole nitrate</i>	63	EPRONTIA	30
EDARBI	19	<i>ergotamine tartrate/caffeine</i>	34
EDARBYCLOR	19	ERIVEDGE	13
EDURANT	6	ERLEADA	11
<i>efavirenz</i>	6	<i>erlotinib hydrochloride</i>	13
<i>efavirenz/emtricitabine/tenofovir disoproxil</i>		<i>errin</i>	41
<i>fumarate</i>	7	ERTACZO	64
<i>efavirenz/lamivudine/tenofovir disoproxil</i>		<i>ertapenem</i>	4
<i>fumarate</i>	7	<i>ery</i>	63
<i>effer-k</i>	57	<i>erythromycin</i>	10, 58, 63
<i>eletriptan hydrobromide</i>	34	<i>erythromycin base</i>	10
ELIGARD	11	<i>erythromycin dr</i>	10
<i>elinest</i>	41	<i>erythromycin ethylsuccinate</i>	10
ELIQUIS	50	<i>erythromycin lactobionate</i>	10
ELIQUIS STARTER PACK	50	<i>erythromycin/benzoyl peroxide</i>	63
<i>eluryng</i>	41	<i>escitalopram oxalate</i>	25
EMCYT	11	<i>esomeprazole magnesium</i>	49
EMEND	47	<i>esomeprazole sodium</i>	49
EMSAM	25	<i>estarylla</i>	41
<i>emtricitabine</i>	6, 7	<i>estradiol</i>	44
<i>emtricitabine/tenofovir disoproxil</i>	7	<i>estradiol valerate</i>	44
<i>emtricitabine/tenofovir disoproxil fumarate</i>	7	<i>estradiol/norethindrone acetate</i>	44
EMTRIVA	6	ESTRING	44
EMVERM	4	<i>eszopiclone</i>	34
<i>emzahh</i>	41	<i>ethambutol hydrochloride</i>	8
<i>enalapril maleate</i>	18	<i>ethosuximide</i>	30
<i>enalapril maleate/hydrochlorothiazide</i>	18	<i>ethynodiol diacetate/ethinyl estradiol</i>	41
ENBREL	52	<i>etodolac</i>	1
ENBREL MINI	52	<i>etodolac er</i>	1
ENBREL SURECLICK	52	<i>etonogestrel/ethinyl estradiol</i>	41
ENDARI	51	<i>etravirine</i>	6
<i>endocet</i>	2	<i>euthyrox</i>	46
ENGERIX-B	55	<i>everolimus</i>	13, 54
<i>enilloring</i>	41	EVOTAZ	7
<i>enoxaparin sodium</i>	50	<i>exemestane</i>	11
<i>enpresse-28</i>	41	EXKIVITY	13
<i>enskyce</i>	41	EXTENCILLINE	10

EYSUVIS.....	60	<i>fluorimax 5000</i>	66
<i>ezetimibe</i>	20	<i>fluorimax 5000 sensitive</i>	66
<i>ezetimibe/simvastatin</i>	20	FLUOROMETHOLONE	59
<i>falmina</i>	41	<i>fluorouracil</i>	66
<i>famciclovir</i>	8	FLUOROURACIL	65
<i>famotidine</i>	48	<i>fluoxetine dr</i>	25
<i>famotidine premixed</i>	48	<i>fluoxetine hydrochloride</i>	25
FANAPT	28	<i>fluphenazine decanoate</i>	28
FANAPT TITRATION PACK	28	<i>fluphenazine hcl</i>	28
FARXIGA	38	<i>fluphenazine hydrochloride</i>	28
FASENRA.....	62	<i>flurbiprofen</i>	1
FASENRA PEN	62	<i>flurbiprofen sodium</i>	59
<i>febuxostat</i>	1	<i>fluticasone propionate</i>	62, 65
<i>felbamate</i>	30	<i>fluticasone propionate/salmeterol</i>	62
<i>felodipine er</i>	21	<i>fluticasone propionate/salmeterol diskus</i>	62
<i>fenofibrate</i>	20	<i>fluticasone propionate/salmeterol hfa</i>	63
<i>fenofibrate micronized</i>	20	<i>fluvastatin</i>	20
<i>fenofibric acid dr</i>	20	<i>fluvastatin sodium er</i>	20
<i>fenoprofen calcium</i>	1	<i>fluvoxamine maleate</i>	24
FENOPROFEN CALCIUM.....	1	<i>fluvoxamine maleate er</i>	24
<i>fentanyl</i>	2	<i>fomepizole</i>	46
<i>fentanyl citrate</i>	2	<i>fondaparinux sodium</i>	51
<i>fesoterodine fumarate er</i>	50	<i>fosamprenavir calcium</i>	6
FETZIMA.....	25	<i>fosinopril sodium</i>	18
FETZIMA TITRATION PACK.....	25	<i>fosinopril sodium/hydrochlorothiazide</i>	18
FIASP	37	<i>fosphenytoin sodium</i>	30
FIASP FLEXTOUCH	37	FOTIVDA.....	14
FIASP PENFILL	37	FRAGMIN.....	51
<i>finasteride</i>	50	<i>frovatriptan succinate</i>	34
<i> fingolimod</i>	35	FRUZAQLA.....	14
FINTEPLA.....	30	<i>furosemide</i>	22
<i>finzala</i>	41	FUZEON	6
FIRMAGON.....	11	<i>fyavolv</i>	44
<i>flac</i>	60	FYCOMPA.....	31
FLAREX	59	<i>gabapentin</i>	31
<i>flecainide acetate</i>	19	<i>galantamine hydrobromide</i>	24
<i>fluconazole</i>	5	<i>galantamine hydrobromide er</i>	24
<i>fluconazole in sodium chloride</i>	5	GAMASTAN.....	54
<i>fluconazole/sodium chloride</i>	5	GAMMAKED	54
<i>flucytosine</i>	5	GAMUNEX-C.....	54
<i>fludrocortisone acetate</i>	45	<i>ganciclovir</i>	8
<i>flunisolide</i>	62	GARDASIL 9.....	55
<i>fluocinolone acetonide</i>	60, 64, 65	<i>gatifloxacin</i>	58
<i>fluocinolone acetonide body</i>	64	GATTEX	49
<i>fluocinonide</i>	65	GAUZE PADS	37
<i>fluocinonide emulsified base</i>	65	<i>gavilyte-c</i>	48
<i>fluoride</i>	57	<i>gavilyte-g</i>	48
<i>fluoridex</i>	66	<i>gavilyte-n/flavor pack</i>	48
<i>fluoridex sensitivity relief/sls free</i>	66	GAVRETO	14

<i>gefitinib</i>	14	HIBERIX.....	55
<i>gemfibrozil</i>	20	HUMIRA.....	52, 53
GEMTESA.....	50	HUMIRA PEN.....	52
<i>generlac</i>	48	HUMULIN R U-500 (CONCENTRATED).....	37
<i>gengraf</i>	54	HUMULIN R U-500 KWIKPEN.....	37
GENOTROPIN.....	46	<i>hydralazine hcl</i>	23
GENOTROPIN MINIQUEL.....	46	<i>hydralazine hydrochloride</i>	23
<i>gentamicin sulfate</i>	4, 58, 63	<i>hydrochlorothiazide</i>	22
<i>gentamicin sulfate pediatric</i>	4	<i>hydrocodone bitartrate er</i>	2
<i>gentamicin sulfate/sodium chloride</i>	4	<i>hydrocodone bitartrate/acetaminophen</i>	2
GENVOYA.....	7	<i>hydrocodone/acetaminophen</i>	3
GILOTRIF.....	14	<i>hydrocodone/ibuprofen</i>	3
<i>glatiramer acetate</i>	35	<i>hydrocortisone</i>	45, 48, 65
<i>glatopa</i>	35	<i>hydrocortisone butyrate</i>	65
GLEOSTINE.....	11	<i>hydrocortisone butyrate (lipophilic)</i>	65
<i>glimepiride</i>	38	<i>hydrocortisone perianal</i>	66
<i>glipizide</i>	38	<i>hydrocortisone valerate</i>	65
<i>glipizide er</i>	38	<i>hydrocortisone/acetic acid</i>	60
<i>glipizide xl</i>	38	<i>hydromorphone hcl</i>	3
<i>glipizide/metformin hydrochloride</i>	38	HYDROMORPHONE HYDROCHLORIDE.....	3
<i>glycopyrrolate</i>	48	<i>hydroxychloroquine sulfate</i>	53
GLYCOPYRROLATE.....	48	<i>hydroxyurea</i>	12
GLYXAMBI.....	38	<i>hydroxyzine hcl</i>	61
GOLYTELY.....	49	<i>hydroxyzine hydrochloride</i>	61
<i>granisetron hydrochloride</i>	47	<i>hydroxyzine pamoate</i>	61
<i>griseofulvin microsize</i>	5	<i>ibandronate sodium</i>	39
<i>griseofulvin ultramicrosize</i>	5	IBRANCE.....	14
<i>guanfacine</i>	33	<i>ibu</i>	1
<i>guanfacine hydrochloride</i>	23, 33	<i>ibuprofen</i>	1
HAEGARDA.....	52	<i>icatibant acetate</i>	52
<i>hailey 1.5/30</i>	41	<i>iclevia</i>	41
<i>hailey 24 fe</i>	41	ICLUSIG.....	14
<i>hailey fe 1.5/30</i>	41	IDACIO.....	53
<i>hailey fe 1/20</i>	41	IDACIO STARTER PACKAGE FOR CROHNS	
<i>halobetasol propionate</i>	65	DISEASE.....	53
<i>haloette</i>	41	IDACIO STARTER PACKAGE FOR PLAQUE	
<i>haloperidol</i>	28	PSORIASIS.....	53
<i>haloperidol decanoate</i>	28	IDHIFA.....	14
<i>haloperidol lactate</i>	28	<i>imatinib mesylate</i>	14
HARVONI.....	8	IMBRUVICA.....	14
HAVRIX.....	55	<i>imipenem/cilastatin</i>	4
<i>heather</i>	41	<i>imipramine hcl</i>	25
<i>heparin sodium</i>	51	<i>imipramine hydrochloride</i>	25
HEPARIN SODIUM.....	51	<i>imipramine pamoate</i>	25
HEPARIN SODIUM/D5W.....	51	<i>imiquimod</i>	66
HEPARIN SODIUM/DEXTROSE.....	51	IMIQUIMOD PUMP.....	66
HEPARIN SODIUM/NACL.....	51	IMOVAX RABIES (H.D.C.V.).....	55
HEPARIN SODIUM/SODIUM CHLORIDE.....	51	IMPAVIDO.....	4
HEPLISAV-B.....	55	INBRIJA.....	27

<i>incassia</i>	41	JENTADUETO	38
INCRELEX	46	JENTADUETO XR.....	38
INCRUSE ELLIPTA.....	60	<i>jinteli</i>	44
<i>indapamide</i>	22	JOLESSA.....	42
INFANRIX.....	55	<i>juleber</i>	42
INLYTA	14	JULUCA.....	7
INQOVI.....	11	<i>junel 1.5/30</i>	42
INREBIC.....	14	<i>junel 1/20</i>	42
INTELENCE.....	6	<i>junel fe 1.5/30</i>	42
<i>introvale</i>	41	<i>junel fe 1/20</i>	42
INVEGA HAFYERA.....	28	<i>junel fe 24</i>	42
INVEGA SUSTENNA.....	28	<i>just right 5000</i>	66
INVEGA TRINZA.....	28	JYLAMVO	53
IPOL INACTIVATED IPV	55	JYNNEOS	55
<i>ipratropium bromide</i>	60	<i>kaitlib fe</i>	42
<i>ipratropium bromide/albuterol sulfate</i>	60	<i>kalliga</i>	42
<i>irbesartan</i>	19	KALYDECO	62
<i>irbesartan/hydrochlorothiazide</i>	19	<i>kariva</i>	42
ISENTRESS.....	6	KCL/D5W/NACL	56
ISENTRESS HD	6	<i>kelnor 1/35</i>	42
<i>isibloom</i>	41	<i>kelnor 1/50</i>	42
ISOLYTE-P/DEXTROSE.....	56	KERENDIA.....	18
ISOLYTE-S.....	56	KESIMPTA	35
ISOLYTE-S PH 7.4.....	56	<i>ketoconazole</i>	5, 64
<i>isoniazid</i>	8	<i>ketodan</i>	64
<i>isosorbide dinitrate</i>	23	<i>ketoprofen er</i>	1
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	23	<i>ketorolac tromethamine</i>	1, 59
<i>isosorbide mononitrate</i>	23	KINRIX	55
<i>isosorbide mononitrate er</i>	23	KIONEX.....	40
<i>isotonic gentamicin</i>	4	KISQALI	14
<i>isotretinoin</i>	63	KISQALI FEMARA 200 DOSE	14
<i>isradipine</i>	21	KISQALI FEMARA 400 DOSE	14
<i>itraconazole</i>	5	KISQALI FEMARA 600 DOSE	14
<i>ivabradine hydrochloride</i>	23	<i>klayesta</i>	64
<i>ivermectin</i>	4	<i>klor-con</i>	57
IWIFIN.....	12	<i>klor-con 10</i>	57
IXCHIQ.....	55	<i>klor-con 8</i>	57
IXIARO.....	55	<i>klor-con m10</i>	57
<i>jaimiess</i>	41	<i>klor-con m15</i>	57
JAKAFI	14	<i>klor-con m20</i>	57
<i>jantoven</i>	51	KOSELUGO.....	14
JANUMET	38	<i>kourzeq</i>	66
JANUMET XR.....	38	KRAZATI.....	14
JANUVIA.....	38	KRISTALOSE.....	49
JARDIANCE.....	38	<i>kurvelo</i>	42
<i>jasmiel</i>	41	<i>labetalol hydrochloride</i>	21
<i>javygtor</i>	46	<i>lacosamide</i>	31
JAYPIRCA.....	14	<i>lactated ringers</i>	56
<i>jencycla</i>	41	<i>lactulose</i>	49

<i>lamivudine</i>	6, 8	<i>levonorgestrel and ethinyl estradiol</i>	42
<i>lamivudine/zidovudine</i>	7	<i>levonorgestrel/ethinyl estradiol</i>	42
<i>lamotrigine</i>	31	<i>levora</i>	42
<i>lamotrigine er</i>	31	<i>levo-t</i>	46
<i>lamotrigine odt</i>	31	<i>levothyroxine sodium</i>	46, 47
<i>lamotrigine starter kit/blue</i>	31	LEVOTHYROXINE SODIUM	46, 47
<i>lamotrigine starter kit/green</i>	31	<i>levoxyl</i>	47
<i>lamotrigine starter kit/orange</i>	31	<i>l-glutamine</i>	52
<i>lansoprazole</i>	49	<i>lidocaine</i>	65
<i>lansoprazole/amoxicillin/clarithromycin</i>	49	<i>lidocaine hcl</i>	1, 19
LANTUS	37	LIDOCAINE HCL	19
LANTUS SOLOSTAR	37	LIDOCAINE HCL IN D5W	19
<i>lapatinib ditosylate</i>	14	<i>lidocaine hydrochloride</i>	1, 65
<i>larin 1.5/30</i>	42	<i>lidocaine hydrochloride viscous</i>	66
<i>larin 1/20</i>	42	<i>lidocaine viscous</i>	66
<i>larin 24 fe</i>	42	<i>lidocaine/prilocaine</i>	65
<i>larin fe 1.5/30</i>	42	<i>lidocan</i>	65
<i>larin fe 1/20</i>	42	LILERVANT	31
<i>latanoprost</i>	59	LILETTA	42
LEENA	42	<i>linezolid</i>	4
<i>leflunomide</i>	53	LINEZOLID IN SODIUM CHLORIDE	4
<i>lenalidomide</i>	12	LINZESS	49
LENTOCILIN	10	<i>liothyronine sodium</i>	47
LENVIMA	14, 15	<i>lisdexamfetamine dimesylate</i>	33
LENVIMA 10 MG DAILY DOSE	14	<i>lisinopril</i>	18
LENVIMA 14 MG DAILY DOSE	14	<i>lisinopril/hydrochlorothiazide</i>	18
LENVIMA 18 MG DAILY DOSE	14	<i>lithium</i>	35
LENVIMA 20 MG DAILY DOSE	14	<i>lithium carbonate</i>	35
LENVIMA 24 MG DAILY DOSE	15	<i>lithium carbonate er</i>	35
LENVIMA 8 MG DAILY DOSE	15	LIVTENCITY	8
<i>lessina</i>	42	<i>loestrin 1.5/30-21</i>	42
<i>letrozole</i>	12	<i>loestrin 1/20-21</i>	42
<i>leucovorin calcium</i>	18	<i>loestrin fe 1.5/30</i>	42
LEUKERAN	11	<i>loestrin fe 1/20</i>	42
<i>leuprolide acetate</i>	12	<i>lojaimiess</i>	42
<i>levalbuterol</i>	61	LOKELMA	40
<i>levalbuterol hcl</i>	61	LONSURF	11
<i>levalbuterol hydrochloride</i>	61	<i>loperamide hcl</i>	49
LEVALBUTEROL TARTRATE HFA	61	<i>lopinavir/ritonavir</i>	7
<i>levetiracetam</i>	31	<i>lorazepam</i>	24
<i>levetiracetam er</i>	31	<i>lorazepam intensol</i>	24
<i>levetiracetam/sodium chloride</i>	31	LORBRENA	15
<i>levobunolol hcl</i>	59	<i>loryna</i>	42
<i>levocarnitine</i>	46	<i>losartan potassium</i>	19
LEVOCARNITINE	46	<i>losartan potassium/hydrochlorothiazide</i>	19
<i>levocetirizine dihydrochloride</i>	61	LOTEMAX	59
<i>levofloxacin</i>	10, 58	LOTEMAX SM	59
<i>levofloxacin in d5w</i>	10	<i>loteprednol etabonate</i>	59
<i>levonest</i>	42	<i>lovastatin</i>	20

<i>low-ogestrel</i>	42	METHADONE HCL.....	2
<i>loxapine</i>	28	<i>methazolamide</i>	22
<i>lo-zumandimine</i>	42	<i>methenamine hippurate</i>	4
LUMAKRAS.....	15	<i>methenamine mandelate</i>	4
LUMIGAN.....	59	<i>methergine</i>	46
LUPRON DEPOT.....	12	<i>methimazole</i>	47
LUPRON DEPOT-PED.....	46	<i>methotrexate sodium</i>	11, 54
<i>lurasidone hydrochloride</i>	28	<i>methoxsalen</i>	64
<i>lutea</i>	42	<i>methscopolamine bromide</i>	48
<i>lyleq</i>	42	<i>methsuximide</i>	31
<i>lyllana</i>	44	<i>methylergonovine maleate</i>	46
LYNPARZA.....	15	<i>methylphenidate hydrochloride</i>	33, 34
LYSODREN.....	12	<i>methylphenidate hydrochloride cd</i>	33
LYTGOBI.....	15	<i>methylphenidate hydrochloride er</i>	33
<i>lyza</i>	42	METHYLPHENIDATE HYDROCHLORIDE ER.....	33
<i>mafenide acetate</i>	63	<i>methylprednisolone</i>	45
<i>magnesium sulfate</i>	56	<i>methylprednisolone acetate</i>	45
MAGNESIUM SULFATE.....	56	<i>methylprednisolone sodium succinate</i>	45
<i>malathion</i>	66	<i>methyltestosterone</i>	36
<i>maraviroc</i>	6	<i>metoclopramide hcl</i>	47
<i>marlissa</i>	42	<i>metoclopramide hydrochloride</i>	47
MARPLAN.....	25	<i>metoclopramide odt</i>	47
MATULANE.....	12	<i>metolazone</i>	22
<i>matzim la</i>	21	<i>metoprolol succinate er</i>	21
MAVYRET.....	8	<i>metoprolol tartrate</i>	21
<i>meclizine hcl</i>	47	<i>metoprolol/hydrochlorothiazide</i>	20
<i>meclizine hydrochloride</i>	47	<i>metronidazole</i>	4, 50, 66
<i>meclofenamate sodium</i>	1	<i>metyrosine</i>	23
<i>medroxyprogesterone acetate</i>	42, 46	<i>mibelas 24 fe</i>	42
<i>mefloquine hcl</i>	6	<i>micafungin</i>	5
<i>megestrol acetate</i>	12, 46	<i>miconazole 3</i>	50
MEKINIST.....	15	MICROGESTIN 1.5/30.....	42
MEKTOVI.....	15	MICROGESTIN 1/20.....	42
<i>meloxicam</i>	1	<i>microgestin 24 fe</i>	42
<i>memantine hcl</i>	24	MICROGESTIN FE 1.5/30.....	42
<i>memantine hydrochloride</i>	24	MICROGESTIN FE 1/20.....	42
<i>memantine hydrochloride er</i>	24	<i>midodrine hcl</i>	23
MENACTRA.....	55	MIEBO.....	60
MENQUADFI.....	55	<i>mifepristone</i>	46
MENVEO.....	55	<i>miglitol</i>	38
<i>meprobamate</i>	24	<i>mili</i>	43
<i>mercaptapurine</i>	11	<i>mimvey</i>	45
<i>meropenem</i>	4	<i>minocycline hcl</i>	11
<i>mesalamine</i>	48	<i>minocycline hydrochloride</i>	11
<i>mesalamine dr</i>	48	<i>minoxidil</i>	23
MESNEX TABLET.....	18	<i>mirtazapine</i>	25
<i>metformin hydrochloride</i>	38	<i>mirtazapine odt</i>	25
<i>metformin hydrochloride er</i>	38	<i>misoprostol</i>	49
<i>methadone hcl</i>	2		

M-M-R II.....	55	<i>nebivolol hydrochloride</i>	21
M-NATAL PLUS.....	57	<i>necon 0.5/35-28</i>	43
<i>modafinil</i>	36	<i>nefazodone hydrochloride</i>	25
<i>moexipril hcl</i>	18	<i>neomycin sulfate</i>	4
<i>molindone hydrochloride</i>	28	<i>neomycin/bacitracin/polymyxin</i>	58
<i>mometasone furoate</i>	62, 65	<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	58
<i>mondoxyne nl</i>	11	<i>neomycin/polymyxin/dexamethasone</i>	58
<i>mono-lynyah</i>	43	<i>neomycin/polymyxin/gramicidin</i>	58
<i>montelukast sodium</i>	61	<i>neomycin/polymyxin/hc</i>	60
<i>morphine</i>	3	<i>neomycin/polymyxin/hydrocortisone</i>	58, 60
<i>morphine sulfate</i>	3	NEONATAL PLUS.....	57
<i>morphine sulfate er</i>	2	<i>neo-polycin</i>	58
MORPHINE SULFATE/SODIUM CHLORIDE 2		<i>neo-polycin hc</i>	58
MOUNJARO.....	39	NERLYNX.....	15
MOVANTIK.....	49	<i>neuac</i>	63
<i>moxifloxacin hydrochloride/sodium</i>		<i>nevirapine</i>	6
<i>hydrochloride</i>	10	<i>nevirapine er</i>	6
<i>moxifloxacin hydrochloride</i>	10, 58	NEXAVAR.....	15
MRESVIA.....	55	NEXLETOL.....	20
MULTAQ.....	19	NEXLIZET.....	20
<i>multi vitamin/fluoride</i>	57	NEXPLANON.....	43
<i>multiple electrolytes</i>	56	<i>niacin</i>	20
<i>multivitamin/fluoride</i>	57	<i>niacin er</i>	20
<i>multi-vitamin/fluoride</i>	57	<i>niacor</i>	20
<i>multi-vitamin/fluoride/iron</i>	57	<i>nicardipine hcl</i>	21
<i>mupirocin</i>	63	NICOTROL INHALER.....	36
<i>mycamine</i>	5	NICOTROL NS.....	36
<i>mycophenolate mofetil</i>	54	<i>nifedipine er</i>	21
<i>mycophenolic acid dr</i>	54	<i>nikki</i>	43
MYRBETRIQ.....	50	<i>nilutamide</i>	12
<i>nabumetone</i>	1	<i>nimodipine</i>	21
<i>nadolol</i>	21	NINLARO.....	15
<i>nafcillin sodium</i>	10	<i>nisoldipine er</i>	21
<i>naftifine hcl</i>	64	<i>nitazoxanide</i>	4
<i>naftifine hydrochloride</i>	64	<i>nitisinone</i>	46
<i>naloxone hcl</i>	36	NITRO-BID.....	23
<i>naloxone hydrochloride</i>	36	<i>nitrofurantoin macrocrystals</i>	4
<i>naltrexone hcl</i>	36	<i>nitrofurantoin monohydrate/macrocrystals</i>	4
NAMZARIC.....	24	<i>nitroglycerin</i>	23, 66
<i>naproxen</i>	2	NITROGLYCERIN.....	23
<i>naproxen dr</i>	1	<i>nitroglycerin transdermal</i>	23
<i>naproxen sodium</i>	1, 2	<i>nitroglycerin translingual</i>	23
NAPROXEN SODIUM CR.....	1	NIVA-PLUS.....	57
<i>naproxen sodium er</i>	2	<i>nizatidine</i>	48
NAPROXEN SODIUM ER.....	2	NORA-BE.....	43
<i>naratriptan hcl</i>	34	<i>norelgestromin/ethinyl estradiol</i>	43
NATACYN.....	58	<i>norethindrone</i>	43
<i>nateglinide</i>	39	<i>norethindrone & ethinyl estradiol ferrous</i>	
NAYZILAM.....	31	<i>fumarate</i>	43

<i>norethindrone acetate</i>	46	OGSIVEO.....	15
<i>norethindrone acetate/ethinyl estradiol</i>	43, 45	OJEMDA.....	15
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	43	OJJAARA.....	15
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	43	<i>olanzapine</i>	28
<i>norgestimate/ethinyl estradiol</i>	43	<i>olanzapine odt</i>	28
NORITATE.....	66	<i>olmesartan medoxomil</i>	19
<i>norlyda</i>	43	<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> ..	19
<i>norlyroc</i>	43	<i>olmesartan medoxomil/hydrochlorothiazide</i>	19
NORPACE CR.....	19	<i>olopatadine hcl</i>	61
<i>nortrel 0.5/35 (28)</i>	43	<i>omega-3-acid ethyl esters</i>	20
<i>nortrel 1/35</i>	43	<i>omeprazole</i>	49
<i>nortrel 7/7/7</i>	43	<i>omeprazole dr</i>	49
<i>nortriptyline hcl</i>	25	ONCASPAR.....	12
<i>nortriptyline hydrochloride</i>	25	<i>ondansetron hcl</i>	47
NORVIR.....	6	<i>ondansetron hydrochloride</i>	47
NOVOLIN 70/30.....	37	<i>ondansetron odt</i>	47
NOVOLIN 70/30 FLEXPEN	37	ONUREG.....	11
NOVOLIN N.....	37	OPSUMIT.....	23
NOVOLIN N FLEXPEN	37	<i>oralone dental paste</i>	67
NOVOLIN R.....	37	ORGOVYX	12
NOVOLIN R FLEXPEN	37	ORKAMBI	62
NOVOLOG	37	ORSERDU.....	12
NOVOLOG FLEXPEN.....	37	<i>orsythia</i>	43
NOVOLOG MIX 70/30	37	<i>oseltamivir phosphate</i>	8
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	37	<i>oxacillin sodium</i>	10
NOVOLOG PENFILL	37	<i>oxaprozin</i>	2
NUBEQA	12	<i>oxazepam</i>	24
NUEDEXTA	35	<i>oxcarbazepine</i>	31
NULOJIX.....	54	<i>oxybutynin chloride</i>	50
NUPLAZID	28	<i>oxybutynin chloride er</i>	50
NURTEC.....	34	<i>oxycodone hcl</i>	3
NUTRILIPID	58	<i>oxycodone hydrochloride</i>	3
NUZYRA	11	<i>oxycodone/acetaminophen</i>	3
<i>nyamyc</i>	64	<i>oxymorphone hydrochloride</i>	3
<i>nylia 1/35</i>	43	OZEMPIC.....	39
<i>nylia 7/7/7</i>	43	<i>pacerone</i>	19
<i>nymyo</i>	43	<i>paliperidone er</i>	28
<i>nystatin</i>	5, 64, 67	<i>pamidronate disodium</i>	39
<i>nystop</i>	64	PAMIDRONATE DISODIUM	39
OCELLA	43	PANRETIN	66
OCTAGAM.....	54	<i>pantoprazole sodium</i>	49
<i>octreotide acetate</i>	46	<i>paricalcitol</i>	47
ODEFSEY	7	<i>paroxetine hcl</i>	26
ODOMZO	15	<i>paroxetine hcl er</i>	25, 26
OFEV	62	<i>paroxetine hydrochloride</i>	26
<i>ofloxacin</i>	58, 60	PAXLOVID.....	8
		<i>pazopanib hydrochloride</i>	15
		PEDIARIX.....	55

PEDVAX HIB.....	55	<i>polymyxin b sulfate/trimethoprim sulfate</i>	58
<i>peg-3350/electrolytes</i>	49	POMALYST.....	12
<i>peg-3350/nacl/na bicarbonate/kcl</i>	49	<i>portia-28</i>	43
PEGASYS	8	<i>posaconazole</i>	5
PEMAZYRE	15	<i>posaconazole dr</i>	5
PENBRAYA	55	<i>potassium chloride</i>	56, 57
<i>penicillamine</i>	40	POTASSIUM CHLORIDE	56
<i>penicillin g potassium</i>	10	<i>potassium chloride er</i>	57
PENICILLIN G POTASSIUM IN ISO- OSMOTIC DEXTROSE.....	10	POTASSIUM CHLORIDE/DEXTROSE	56
<i>penicillin g sodium</i>	10	POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE.....	56
<i>penicillin v potassium</i>	10	<i>potassium chloride/sodium chloride</i>	56
PENTACEL	55	POTASSIUM CHLORIDE/SODIUM CHLORIDE.....	56
<i>pentamidine isethionate</i>	4	<i>potassium citrate er</i>	50
<i>pentoxifylline er</i>	52	PRADAXA	51
<i>perindopril erbumine</i>	18	<i>pramipexole dihydrochloride</i>	27
<i>periogard</i>	67	<i>pramipexole dihydrochloride er</i>	27
<i>permethrin</i>	66	<i>prasugrel</i>	52
<i>perphenazine</i>	26, 28	<i>pravastatin sodium</i>	20
<i>perphenazine/amitriptyline</i>	26	<i>praziquantel</i>	4
<i>phenelzine sulfate</i>	26	<i>prazosin hydrochloride</i>	18
<i>phenobarbital</i>	31	<i>prednisolone</i>	45
<i>phenobarbital sodium</i>	31	<i>prednisolone acetate</i>	59
PHENYTEK.....	31	<i>prednisolone sodium phosphate</i>	45
<i>phenytoin</i>	31	PREDNISOLONE SODIUM PHOSPHATE	59
<i>phenytoin sodium</i>	31	<i>prednisone</i>	45
<i>phenytoin sodium er</i>	31	PREDNISONE INTENSOL.....	45
<i>philith</i>	43	<i>pregabalin</i>	31
PHOSPHOLINE IODIDE.....	59	<i>pregabalin er</i>	35
PIFELTRO	6	PREHEVBRIO	55
<i>pilocarpine hcl</i>	59	PREMARIN.....	45
<i>pilocarpine hydrochloride</i>	67	PREMASOL	58
<i>pimecrolimus</i>	66	PREMPRO	45
<i>pimozide</i>	28	PRENATAL	57
<i>pimtrex</i>	43	PRENATAL PLUS.....	57
<i>pindolol</i>	21	PRETOMANID	8
<i>pioglitazone hcl</i>	39	<i>prevalite</i>	20
<i>pioglitazone hcl/metformin hcl</i>	39	PREVYMIS	8
<i>pioglitazone hcl-glimepiride</i>	39	PREZCOBIX	7
<i>pioglitazone hydrochloride</i>	39	PREZISTA.....	6
<i>piperacillin sodium/tazobactam sodium</i>	10	PRIFTIN	8
PIQRAY	15	<i>primaquine phosphate</i>	6
<i>pirfenidone</i>	62	<i>primidone</i>	31
<i>piroxicam</i>	2	PRIORIX	55
<i>plenamine</i>	58	PRIVIGEN.....	54
PLENVU	49	<i>probenecid</i>	1
PNV PRENATAL PLUS MULTIVITAMIN	57	<i>probenecid/colchicine</i>	1
<i>podofilox</i>	66		
<i>polycin</i>	58		

<i>prochlorperazine</i>	47	<i>rasagiline mesylate</i>	27
<i>prochlorperazine edisylate</i>	47	<i>reclipsen</i>	43
<i>prochlorperazine maleate</i>	47	RECOMBIVAX HB	55
PROCRIT	51	RECTIV	66
<i>proctocort</i>	66	REGRANEX	66
<i>procto-med hc</i>	66	RELENZA DISKHALER	8
<i>proctosol hc</i>	65	<i>repaglinide</i>	39
<i>proctozone-hc</i>	66	REPATHA	20
<i>progesterone</i>	46	REPATHA PUSHTRONEX SYSTEM	20
PROGRAF PACKET	54	REPATHA SURECLICK	20
PROLASTIN-C	62	RESTASIS	60
PROLENSA	59	RESTASIS MULTIDOSE	60
PROLIA	39	RETEVMO	15, 16
<i>promethazine hcl</i>	47	REXULTI	29
<i>promethazine hydrochloride</i>	47, 48	REYATAZ	6
<i>promethazine hydrochloride plain</i>	48	REZLIDHIA	16
<i>promethegan</i>	48	REZUROCK	54
<i>propafenone hcl</i>	19	RHOPRESSA	59
<i>propafenone hydrochloride</i>	19	<i>ribavirin</i>	8
<i>propafenone hydrochloride er</i>	19	<i>rifabutin</i>	8
<i>proparacaine hcl</i>	60	<i>rifampin</i>	8
<i>propranolol hcl</i>	21	<i>riluzole</i>	35
<i>propranolol hcl er</i>	21	<i>rimantadine hydrochloride</i>	8
<i>propranolol hydrochloride</i>	21	RINGERS	56
<i>propranolol hydrochloride er</i>	21	RINVOQ	53
<i>propylthiouracil</i>	47	<i>risedronate sodium</i>	39, 40
PROQUAD	55	<i>risedronate sodium dr</i>	39
PROSOL	58	<i>risperidone</i>	29
<i>protriptyline hcl</i>	26	<i>risperidone er</i>	29
PULMOZYME	62	<i>risperidone odt</i>	29
PURIXAN	11	<i>ritonavir</i>	6
<i>pyrazinamide</i>	8	<i>rivastigmine tartrate</i>	24
<i>pyridostigmine bromide</i>	35	<i>rivastigmine transdermal system</i>	24
<i>pyridostigmine bromide er</i>	35	RIVELSA	43
<i>pyrimethamine</i>	4	<i>rizatriptan benzoate</i>	34
QINLOCK	15	<i>rizatriptan benzoate odt</i>	34
QUADRACEL	55	ROCKLATAN	59
<i>quetiapine fumarate</i>	29	<i>roflumilast</i>	62
<i>quetiapine fumarate er</i>	28, 29	<i>romidepsin</i>	16
<i>quinapril hydrochloride</i>	18	<i>ropinirole er</i>	27
<i>quinapril/hydrochlorothiazide</i>	18	<i>ropinirole hcl</i>	27
<i>quinidine sulfate</i>	19	<i>ropinirole hydrochloride</i>	27
<i>quinine sulfate</i>	6	<i>rosuvastatin calcium</i>	20
QULIPTA	34	ROTARIX	55
RABAVERT	55	ROTATEQ	55
<i>rabeprazole sodium</i>	49	<i>roweepra</i>	31
<i>raloxifene hydrochloride</i>	46	ROZLYTREK	16
<i>ramipril</i>	18	RUBRACA	16
<i>ranolazine er</i>	23	<i>rufinamide</i>	31, 32

RUKOBIA.....	6	SOLU-CORTEF	45
RYBELSUS	39	SOMATULINE DEPOT	46
RYDAPT	16	SOMAVERT	46
<i>sajazir</i>	52	<i>sorafenib tosylate</i>	16
SANDIMMUNE	54	<i>sorine</i>	20
SANTYL	66	<i>sotalol hcl</i>	20
<i>sapropterin dihydrochloride</i>	46	<i>sotalol hydrochloride (af)</i>	20
SCSEMBLIX.....	16	SOTYKTU.....	53
<i>scopolamine</i>	48	<i>spironolactone</i>	18
SECUADO	29	<i>spironolactone/hydrochlorothiazide</i>	22
<i>selegiline hcl</i>	27	<i>sprintec 28</i>	43
<i>selenium sulfide</i>	64	SPRITAM.....	32
SELZENTRY	7	SPRYCEL.....	16
SEREVENT DISKUS	61	<i>sps</i>	40
<i>sertraline hcl</i>	26	<i>sronyx</i>	43
<i>sertraline hydrochloride</i>	26	SSD.....	63
<i>setlakin</i>	43	STELARA	53
<i>sf67</i>		<i>sterile water for irrigation</i>	66
<i>sharobel</i>	43	STIVARGA.....	16
SHINGRIX.....	55	<i>streptomycin sulfate</i>	4
SIGNIFOR	46	STRIBILD	7
<i>sildenafil</i>	23	<i>subvenite</i>	32
<i>sildenafil citrate</i>	23	<i>subvenite starter kit</i>	32
<i>silodosin</i>	50	<i>sucrafate</i>	49
<i>silver sulfadiazine</i>	63	SUCRALFATE	49
SIMBRINZA.....	60	<i>sulfacetamide sodium</i>	58, 63
<i>simliya</i>	43	<i>sulfacetamide sodium/prednisolone sodium</i> <i>phosphate</i>	58
<i>simpesse</i>	43	<i>sulfadiazine</i>	5
<i>simvastatin</i>	20	<i>sulfamethoxazole/trimethoprim</i>	5
<i>sirolimus</i>	54	<i>sulfamethoxazole/trimethoprim ds</i>	5
SIRTURO.....	8	SULFAMYLON.....	63
SIVEXTRO	4	<i>sulfasalazine</i>	48
SKYRIZI	53	<i>sulindac</i>	2
SKYRIZI PEN.....	53	<i>sumatriptan</i>	34
SODIUM	49	<i>sumatriptan succinate</i>	34
<i>sodium bicarbonate</i>	56	<i>sumatriptan succinate refill</i>	34
SODIUM BICARBONATE.....	56	<i>sumatriptan/naproxen sodium</i>	34
<i>sodium chloride</i>	56	<i>sunitinib malate</i>	16
SODIUM CHLORIDE.....	56	SUNLENCA.....	7
<i>sodium chloride 0.9% irrigation soln</i>	66	SUPREP BOWEL PREP	49
<i>sodium fluoride</i>	57, 67	SUTAB	49
<i>sodium fluoride 5000 ppm</i>	67	<i>syeda</i>	43
<i>sodium fluoride/potassium nitrate/sensitive</i>	67	SYMLINPEN 120	39
SODIUM OXYBATE	36	SYMLINPEN 60	39
<i>sodium phenylbutyrate</i>	46	SYMPAZAN	32
<i>sodium polystyrene sulfonate</i>	40	SYMTUZA.....	7
<i>solifenacin succinate</i>	50	SYNAREL.....	46
SOLQUA 100/33	38	SYNJARDY	39
SOLTAMOX.....	12		

SYNJARDY XR	39	<i>tiagabine hydrochloride</i>	32
SYNTHROID	47	TIBSOVO	16
TABLOID	11	TICOVAC	55
TABRECTA	16	<i>tigecycline</i>	11
<i>tacrolimus</i>	54, 66	TILIA FE	43
<i>tadalafil</i>	23, 50	<i>timolol maleate</i>	21, 60
TAFINLAR	16	TIMOLOL MALEATE	60
TAGRISSE	16	<i>tinidazole</i>	5
TALZENNA	16	TIVICAY	7
<i>tamoxifen citrate</i>	12	TIVICAY PD	7
<i>tamsulosin hydrochloride</i>	50	<i>tizanidine hcl</i>	36
<i>tarina 24 fe</i>	43	<i>tizanidine hydrochloride</i>	36
<i>tarina fe 1/20 eq</i>	43	TOBI PODHALER	5
TASIGNA	16	TOBRADEX	58
<i>tasimelteon</i>	34	TOBRADEX ST	58
TAVNEOS	52	<i>tobramycin</i>	5, 58
<i>tazarotene</i>	64	<i>tobramycin sulfate</i>	5
<i>tazicef</i>	9	<i>tobramycin/dexamethasone</i>	58
TAZORAC	64	<i>tolterodine tartrate</i>	50
TAZVERIK	16	<i>tolterodine tartrate er</i>	50
TDVAX	55	<i>topiramate</i>	32
TECVAYLI	16	<i>topiramate er</i>	32
TEFLARO	9	<i>toremifene citrate</i>	12
<i>telmisartan</i>	19	<i>torpenz</i>	16
<i>telmisartan/amlodipine</i>	19	<i>torsemide</i>	22
<i>telmisartan/hydrochlorothiazide</i>	19	TOUJEO MAX SOLOSTAR	38
<i>temazepam</i>	34	TOUJEO SOLOSTAR	38
TENIVAC	55	TPN ELECTROLYTES	56
<i>tenofovir disoproxil fumarate</i>	7	TRADJENTA	39
TEPMETKO	16	<i>tramadol hcl er</i>	2
<i>terazosin hcl</i>	18	<i>tramadol hydrochloride</i>	3
<i>terazosin hydrochloride</i>	18	<i>tramadol hydrochloride er</i>	2
<i>terbinafine hcl</i>	5	<i>tramadol hydrochloride/acetaminophen</i>	3
<i>terbutaline sulfate</i>	61	<i>trandolapril</i>	18
<i>terconazole</i>	50	<i>trandolapril/verapamil hcl er</i>	18
<i>teriflunomide</i>	35	<i>tranexamic</i>	52
TERIPARATIDE	40	<i>tranexamic acid</i>	52
<i>testosterone</i>	37	<i>tranylcyproamine sulfate</i>	26
<i>testosterone cypionate</i>	36	TRAVASOL	58
<i>testosterone enanthate</i>	36	<i>travoprost</i>	60
<i>testosterone pump</i>	37	<i>trazodone hydrochloride</i>	26
<i>tetrabenazine</i>	35	TRECTOR	8
<i>tetracycline hydrochloride</i>	11	TRELEGY ELLIPTA	60
THALOMID	12	TREMFYA	53
<i>theophylline</i>	62	<i>treprostinil</i>	23
<i>theophylline er</i>	62	TRESIBA	38
<i>thioridazine hcl</i>	29	TRESIBA FLEXTOUCH	38
<i>thiothixene</i>	29	<i>tretinoin</i>	12, 63
<i>tiadylt er</i>	22	<i>tri femynor</i>	43

<i>triamcinolone acetonide</i>	45, 65	TYPHIM VI.....	55
<i>triamcinolone acetonide dental paste</i>	67	UBRELVY	34
<i>triamterene/hydrochlorothiazide</i>	22	<i>unithroid</i>	47
<i>triazolam</i>	34	<i>ursodiol</i>	49
<i>tridacaine</i>	65	<i>valacyclovir hydrochloride</i>	8
<i>tridacaine ii</i>	65	VALCHLOR	66
<i>trientine hydrochloride</i>	40	<i>valganciclovir</i>	8
<i>tri-estarylla</i>	43	<i>valganciclovir hydrochloride</i>	8
<i>trifluoperazine hcl</i>	29	<i>valproate sodium</i>	32
<i>trifluoperazine hydrochloride</i>	29	<i>valproic acid</i>	32
<i>trifluridine</i>	58	<i>valsartan</i>	19
<i>trihexyphenidyl hcl</i>	27	<i>valsartan/hydrochlorothiazide</i>	19
<i>trihexyphenidyl hydrochloride</i>	27	VALTOCO	32
TRIJARDY XR.....	39	VANCOMYCIN.....	5
TRIKAFTA	62	<i>vancomycin hcl</i>	5
<i>tri-legest fe</i>	43	VANCOMYCIN HCL.....	5
<i>tri-lynyah</i>	44	<i>vancomycin hydrochloride</i>	5
<i>tri-lo-estarylla</i>	44	VANCOMYCIN HYDROCHLORIDE	5
<i>tri-lo-marzia</i>	44	VANFLYTA.....	17
<i>tri-lo-mili</i>	44	VAQTA	55
<i>tri-lo-sprintec</i>	44	<i>varenicline</i>	36
<i>trimethobenzamide hydrochloride</i>	48	<i>varenicline tartrate</i>	36
<i>trimethoprim</i>	5	VARIVAX.....	55
<i>tri-mili</i>	44	VASCEPA.....	20
<i>trimipramine maleate</i>	26	<i>velivet</i>	44
TRINTELLIX.....	26	VELSIPITY	53
<i>tri-nymyo</i>	44	VENCLEXTA	17
<i>tri-sprintec</i>	44	VENCLEXTA STARTING PACK.....	17
TRIUMEQ.....	7	VENLAFAXINE BESYLATE ER	26
TRIUMEQ PD.....	7	<i>venlafaxine hcl er</i>	26
<i>tri-vite/fluoride</i>	57	<i>venlafaxine hydrochloride</i>	26
<i>trivora-28</i>	44	<i>venlafaxine hydrochloride er</i>	26
<i>tri-vylibra</i>	44	VENTOLIN HFA	61
<i>tri-vylibra lo</i>	44	VEOZAH.....	46
TROGARZO	7	<i>verapamil hcl</i>	22
TROPHAMINE.....	58	<i>verapamil hcl er</i>	22
<i>tropium chloride</i>	50	<i>verapamil hcl sr</i>	22
<i>tropium chloride er</i>	50	VERAPAMIL HCL SR.....	22
TRULICITY.....	39	<i>verapamil hydrochloride</i>	22
TRUMENBA	55	<i>verapamil hydrochloride er</i>	22
TRUQAP	16	VERQUVO.....	23
TRUXIMA	17	VERSACLOZ.....	29
TUKYSA.....	17	VERZENIO	17
TURALIO	17	<i>vestura</i>	44
<i>turqoz</i>	44	<i>vienva</i>	44
TWINRIX.....	55	<i>vigabatrin</i>	32
TYBOST	7	<i>vigadrone</i>	32
<i>tydemy</i>	44	VIGAFYDE.....	32
TYENNE.....	53	<i>vigpoder</i>	32

<i>vilazodone hydrochloride</i>	26	XTANDI.....	12
<i>viocele</i>	44	<i>xulane</i>	44
VIRACEPT	7	XULTOPHY	38
VIREAD.....	7	YF-VAX	55
<i>vitamins a/c/d/fluoride</i>	57	<i>yuvafem</i>	45
VITRAKVI.....	17	<i>zafemy</i>	44
VIVITROL	36	<i>zafirlukast</i>	61
VIZIMPRO.....	17	<i>zaleplon</i>	34
<i>volnea</i>	44	ZARXIO	51
VONJO.....	17	ZEGALOGUE	45
<i>voriconazole</i>	6	ZEJULA.....	17
VOSEVI	8	ZELBORAF.....	17
VOWST.....	49	<i>zenatane</i>	63
VRAYLAR.....	29	ZENPEP.....	49
<i>vyfemla</i>	44	<i>zenzedi</i>	34
<i>vylibra</i>	44	ZERVIAE.....	59
VYZULTA	60	<i>zidovudine</i>	7
<i>warfarin sodium</i>	51	<i>ziprasidone hcl</i>	29
WELIREG.....	12	<i>ziprasidone mesylate</i>	29
<i>wera</i>	44	ZIRABEV	17
WESTAB PLUS.....	57	ZIRGAN	59
<i>wixela inhub</i>	63	<i>zoledronic acid</i>	40
<i>wymzya fe</i>	44	ZOLEDRONIC ACID	40
XALKORI.....	17	ZOLINZA.....	17
XARELTO	51	<i>zolmitriptan</i>	34
XARELTO STARTER PACK.....	51	<i>zolmitriptan odt</i>	34
XATMEP	54	<i>zolpidem tartrate</i>	34
XCOPRI	32	<i>zomig</i>	34
XDEMVI	58	ZONISADE	32
XELJANZ	53	<i>zonisamide</i>	32
XELJANZ XR.....	53	<i>zovia 1/35</i>	44
XERMELO.....	49	ZTALMY.....	32
XGEVA.....	40	<i>zumandimine</i>	44
XHANCE	62	ZURZUVAE.....	26
XIFAXAN.....	49	ZYCLARA	66
XIGDUO XR.....	39	ZYDELIG.....	17
XIIDRA	60	ZYKADIA	17
XOLAIR.....	62	ZYLET.....	58
XOSPATA	17	ZYPREXA RELPREVV	29
XPOVIO.....	17		

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For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. If you do not receive your mail-order drugs within this timeframe, you can call Customer Care at the number on your ID card, (TTY users should call 711). Hours are 24 hours a day, 7 days a week. Members may have the option to sign-up for automated mail-order delivery. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered "mail-order pharmacies." Therefore, most specialty drugs are not available at the mail-order cost share.

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

This formulary was updated on 09/24/2024. For more recent information or other questions, please contact Customer Care at the number on your ID card, 24 hours a day, 7 days a week. TTY users should call 711.

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

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