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# 2021 Comprehensive Formulary

## List of Covered Drugs



**PLEASE READ:**  
This document  
contains information  
about the drugs  
we cover in  
these plans.



Gateway Health Medicare Assured  
Diamond<sup>SM</sup> (HMO SNP)



Gateway Health Medicare Assured  
Ruby<sup>SM</sup> (HMO SNP)

This formulary is current as of December 1, 2021. For more recent information or other questions, please contact Gateway Health Member Services toll-free at **1-800-685-5209** (TTY 711).

Our business hours are 8 a.m. - 8 p.m., seven days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m. - 8 p.m., Monday through Friday. Or visit us at [GatewayHealthPlan.com](http://GatewayHealthPlan.com).

**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 Gateway Health<sup>SM</sup>. When it refers to “plan” or “our plan,” it means Gateway Health Medicare Assured Diamond<sup>SM</sup> and Gateway Health Medicare Assured Ruby<sup>SM</sup>.

This document includes a list of the drugs (formulary) for our plan which is current as of December 1, 2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

## **What is the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

A formulary is a list of covered drugs selected by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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.

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Gateway Health Medicare Assured Diamond or Gateway Health Medicare Assured Ruby network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

### **Can the Formulary (drug list) change?**

Most changes in drug coverage happen on January 1, but 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 the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on the steps you may take to request an exception, and you can also find

information in the section below entitled “How do I request an exception to the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of December 1, 2021. To get updated information about the drugs covered by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby, please contact us. Our contact information appears on the front and back cover pages. In the event we make changes to our formulary throughout the year, a Formulary Update Notice will be provided detailing date of change, drug affected, description and reason for change. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 2. 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 Drugs”. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 85. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

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

Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

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

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

- **Prior Authorization:** Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval us before you fill your prescriptions. If you don't get approval, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby may not cover the drug.
- **Quantity Limits:** For certain drugs, Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby limits the amount of the drug that we will cover. For example, we provide 60 tablets per prescription for a 30 day supply of metformin 1000 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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, our plan 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Website. We have posted on line documents that explain our prior authorization restriction and step therapy restriction. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby formulary?” on page iv for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby.
- 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 Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary?**

You can ask Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber’s supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72

hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

## **For more information**

For more detailed information about your Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

## **Gateway Health Medicare Assured Diamond and Gateway Health Medicare Assured Ruby Formulary**

The formulary that begins on page 3 provides coverage information about some of the drugs covered by our plan. If you have trouble finding your drug in this list, turn to the Index that begins on page 85.

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

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

<b>Plan Name</b>	<b>Drug Tier</b>	<b>Member Cost Share</b>
<b>Gateway Health Medicare Assured Diamond</b>	Tier 1 – Preferred Generic Drugs	All drugs – *\$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.30, or \$3.70
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.30, or \$3.70 Brand drugs – \$0.00, \$4.00, or \$9.20
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.30, \$3.70 Brand drugs – \$0.00, \$4.00, or \$9.20
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.30, or \$3.70 Brand drugs – \$0.00, \$4.00, or \$9.20
<b>Gateway Health Medicare Assured Ruby</b>	Tier 1 – Preferred Generic Drugs	All drugs – *\$0.00
	Tier 2 – Generic Drugs	All drugs – \$0.00, \$1.30, \$3.70, or 15% of the cost
	Tier 3 – Preferred Brand Drugs	Generic drugs – \$0.00, \$1.30, \$3.70 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.20 or 15% of the cost
	Tier 4 – Non-Preferred Drugs	Generic drugs – \$0.00, \$1.30, \$3.70 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.20 or 15% of the cost
	Tier 5 – Specialty Tier Drugs	Generic drugs – \$0.00, \$1.30, \$3.70 or 15% of the cost Brand drugs – \$0.00, \$4.00, \$9.20 or 15% of the cost

\*The member will pay a \$0 copay during the initial coverage stage and should refer to their LIS Rider for copay amounts beyond this stage.

## **Drug Table Notes**

The following table lists the notes as they appear in the formulary.

**Italics** = Generic drugs

**UPPERCASE** = Brand name drugs

### **Drug Tier**

**1**= Preferred Generic

**2**= Generic

**3**= Preferred Brand

**4**= Non-Preferred Drug

**5**= Specialty Tier

\* = Not available at mail-order.

**30DS** = For certain kinds of drugs, you may only fill up to a 30-day supply.

**B/D** = This drug may be covered under Medicare 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.

**PA** = Prior Authorization

**ST** = Step Therapy

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**Requirements/Limits**

\* = For certain kinds of drugs, you can use the plan's network mail-order services. The drugs that are not available through the plan's mail-order service are marked with an asterisk in our drug list.

**30DS** = For certain kinds of drugs, you may only fill up to a 30 Day Supply

**B/D** = This drug may be covered under Medicare Part B or D

**LA** = Limited Access: Access to this drug is limited to certain pharmacies

**PA** = Prior Authorization

**PA (NS)** = Prior Authorization for New Starts Only

**QL** = Quantity Limit

**ST** = Step Therapy

**ST (NS)** = Step Therapy for New Starts Only

**Drug Tier**

**1** = Preferred Generic

**2** = Generic

**3** = Preferred Brand

**4** = Non-Preferred Drug

**5** = Specialty Tier

**italics** = Generic drugs

**UPPERCASE** = Brand name drugs

**5** = Specialty Tier

Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamine Drugs</b>		
<b>Antihistamine Drugs</b>		
<i>Cetirizine HCl Oral Solution 1 MG/ML</i>	2	
<i>Cyproheptadine HCl Oral</i>	2	PA
<i>Levocetirizine Dihydrochloride Oral</i>	2	
<i>Promethazine HCl Oral Syrup</i>	2	PA
<i>Promethazine HCl Oral Tablet</i>	2	PA
<b>Anti-Infective Agents</b>		
<b>Aminoglycosides</b>		
<i>Amikacin Sulfate Injection Solution 1 GM/4ML, 500 MG/2ML</i>	4	
<i>Gentamicin in Saline Intravenous Solution 0.8-0.9 MG/ML-%, 1-0.9 MG/ML-%, 1.2-0.9 MG/ML-%, 1.6-0.9 MG/ML-%, 2-0.9 MG/ML-%</i>	2	
<i>Gentamicin Sulfate Injection</i>	2	
<i>Neomycin Sulfate Oral</i>	2	
<i>Paromomycin Sulfate Oral</i>	4	
<i>Tobramycin Inhalation Nebulization Solution 300 MG/4ML</i>	5	B/D; 30DS; QL (224 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Tobramycin Inhalation Nebulization Solution 300 MG/5ML</i>	5	B/D; 30DS; QL (280 ML per 28 days)
<i>Tobramycin Sulfate Injection</i>	2	
<b>Anthelmintics</b>		
<i>Albendazole Oral</i>	4	
<i>Ivermectin Oral</i>	2	
<i>Praziquantel Oral</i>	4	
<b>Antibacterials, Miscellaneous</b>		
<i>Clindamycin HCl Oral Capsule 150 MG, 300 MG</i>	1	QL (120 EA per 30 days)
<i>Clindamycin HCl Oral Capsule 75 MG</i>	1	
<i>Clindamycin Palmitate HCl</i>	3	
<i>Clindamycin Phosphate Injection Solution 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	2	
<i>Colistimethate Sodium (CBA)</i>	5	30DS
<i>Dapsone Oral</i>	3	
<i>DAPTOmycin Intravenous Solution Reconstituted 500 MG</i>	5	30DS
<i>Ertapenem Sodium</i>	3	
<i>Linezolid in Sodium Chloride</i>	5	30DS
<i>Linezolid Intravenous Solution 600 MG/300ML</i>	5	30DS; *Not available at mail-order
<i>Linezolid Oral Suspension Reconstituted</i>	5	30DS
<i>Linezolid Oral Tablet</i>	4	QL (60 EA per 30 days)
<i>Vancomycin HCl Intravenous Solution 1000 MG/200ML, 1500 MG/300ML, 2000 MG/400ML, 500 MG/100ML</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1 GM, 10 GM, 100 GM, 5 GM</i>	3	
<i>Vancomycin HCl Intravenous Solution Reconstituted 1.25 GM, 1.5 GM</i>	4	
<i>VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 250 MG</i>	4	
<i>Vancomycin HCl Intravenous Solution Reconstituted 500 MG, 750 MG</i>	2	
<i>Vancomycin HCl Oral Capsule 125 MG</i>	4	QL (120 EA per 30 days)
<i>Vancomycin HCl Oral Capsule 250 MG</i>	5	30DS; QL (240 EA per 30 days)
<b>Antifungals</b>		
<i>ABELCET</i>	4	B/D
<i>AMBISOME</i>	5	B/D; 30DS
<i>Caspofungin Acetate</i>	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Fluconazole in Sodium Chloride Intravenous Solution 200-0.9 MG/100ML-%	3	
Fluconazole in Sodium Chloride Intravenous Solution 400-0.9 MG/200ML-%	2	
Fluconazole Oral	1	
Flucytosine Oral	5	PA; 30DS
Griseofulvin Microsize Oral Suspension	2	
Griseofulvin Microsize Oral Tablet	4	
Griseofulvin Ultramicrosize Oral Tablet 125 MG	2	
Griseofulvin Ultramicrosize Oral Tablet 250 MG	4	
Itraconazole Oral Capsule	4	QL (120 EA per 30 days)
Itraconazole Oral Solution	5	30DS
Ketoconazole Oral	2	QL (60 EA per 30 days)
NOXAFIL ORAL SUSPENSION	5	PA; 30DS; QL (630 ML per 30 days)
Nystatin Mouth/Throat	2	
Nystatin Oral Tablet	1	
SPORANOX ORAL SOLUTION	3	
Terbinafine HCl Oral	1	QL (30 EA per 30 days)
Voriconazole Intravenous	5	30DS
Voriconazole Oral Suspension Reconstituted	5	30DS; QL (300 ML per 30 days)
Voriconazole Oral Tablet 200 MG	4	QL (60 EA per 30 days)
Voriconazole Oral Tablet 50 MG	4	QL (120 EA per 30 days)
<b>Antimalarials</b>		
Atovaquone Oral	5	30DS
Atovaquone-Proguanil HCl Oral Tablet 250-100 MG	3	
Atovaquone-Proguanil HCl Oral Tablet 62.5-25 MG	2	
Chloroquine Phosphate Oral	2	
Hydroxychloroquine Sulfate Oral Tablet 200 MG	3	
Mefloquine HCl	2	
PRIMAQUINE PHOSPHATE ORAL	3	
Pyrimethamine Oral	5	30DS
QuiNINE Sulfate Oral	3	
<b>Antiprotozoals, Miscellaneous</b>		
MetroNIDAZOLE in NaCl Intravenous Solution 5-0.79 MG/ML-%, 500-0.74 MG/100ML-%	2	
metroNIDAZOLE Oral Tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Nitazoxanide Oral	5	30DS
PENTAM	4	
Pentamidine Isethionate Inhalation	2	B/D
Pentamidine Isethionate Injection	4	
<b>Antiretrovirals</b>		
Abacavir Sulfate	4	
Abacavir Sulfate-lamiVUDine	4	
Abacavir-Lamivudine-Zidovudine	5	30DS
APTIVUS ORAL CAPSULE	5	30DS
Atazanavir Sulfate	4	
BIKTARVY	5	30DS
Cabenuva Intramuscular Suspension Extended Release 400 & 600 MG/2ML	5	30DS; QL (4 ML per 28 days)
Cabenuva Intramuscular Suspension Extended Release 600 & 900 MG/3ML	5	30DS; QL (6 ML per 28 days)
CIMDUO	5	30DS
COMPLERA	5	30DS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
CYCLOBENZAPRINE HCL ORAL TABLET 7.5 MG	5	30DS
DELSTRIGO	5	30DS
DESCOVY	5	30DS
Didanosine Oral Capsule Delayed Release 200 MG, 250 MG	2	
Didanosine Oral Capsule Delayed Release 400 MG	4	
DOVATO	5	30DS
EDURANT	5	30DS
Efavirenz Oral Capsule	2	
Efavirenz Oral Tablet	5	30DS
Efavirenz-Emtricitab-Tenofovir	5	30DS
Efavirenz-lamiVUDine-Tenofovir	4	
Emtricitabine	3	
Emtricitabine-Tenofovir DF	5	30DS
EMTRIVA ORAL SOLUTION	3	
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; 30DS; QL (28 EA per 28 days)
EPIVIR HBV ORAL SOLUTION	3	
Etravirine Oral Tablet 100 MG	5	30DS; QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Etravirine Oral Tablet 200 MG	5	30DS; QL (60 EA per 30 days)
EVOTAZ	5	30DS; QL (30 EA per 30 days)
Fosamprenavir Calcium	5	30DS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	30DS
GENVOYA	5	30DS
INTELENCE ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
INVIRASE ORAL TABLET	5	30DS
ISENTRESS HD	5	30DS; QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	5	30DS; QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	30DS
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	
JULUCA	5	30DS
LamiVUDine Oral Solution	2	
LamiVUDine Oral Tablet	3	
lamiVUDine-Zidovudine	2	
LEXIVA ORAL SUSPENSION	3	
Lopinavir-Ritonavir Oral Solution	4	
Lopinavir-Ritonavir Oral Tablet 100-25 MG	4	
Lopinavir-Ritonavir Oral Tablet 200-50 MG	5	30DS
Nevirapine	2	
Nevirapine ER Oral Tablet Extended Release 24 Hour 100 MG	2	
Nevirapine ER Oral Tablet Extended Release 24 Hour 400 MG	4	
NORVIR ORAL PACKET	4	
NORVIR ORAL SOLUTION	4	
ODEFSEY	5	30DS
PIFELTRO	5	30DS
PREZCOBIX	5	30DS; QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	5	30DS; QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	5	30DS; QL (240 EA per 30 days)
PREZISTA ORAL TABLET 600 MG	5	30DS; QL (60 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	3	QL (480 EA per 30 days)
PREZISTA ORAL TABLET 800 MG	5	30DS; QL (30 EA per 30 days)
REYATAZ ORAL PACKET	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Ritonavir	3	
RUKOBIA	5	30DS; QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	3	QL (1800 ML per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	5	30DS; QL (60 EA per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	QL (120 EA per 30 days)
SELZENTRY ORAL TABLET 300 MG	5	30DS; QL (120 EA per 30 days)
<i>Stavudine Oral Capsule</i>	2	
STRIBILD	5	30DS
SYMTUZA	5	30DS; QL (30 EA per 30 days)
TEMIXYS	5	30DS
<i>Tenofovir Disoproxil Fumarate</i>	4	
TIVICAY ORAL TABLET 10 MG	3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 25 MG	5	30DS; QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	5	30DS; QL (60 EA per 30 days)
TIVICAY PD	5	30DS; QL (180 EA per 30 days)
TRIUMEQ	5	30DS
VIRACEPT ORAL TABLET	5	30DS
VIRAMUNE ORAL SUSPENSION	4	
VIREAD ORAL POWDER	5	30DS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	30DS
Zidovudine	2	
<b>Antituberculosis Agents</b>		
<i>Ethambutol HCl Oral</i>	2	
<i>Isoniazid Oral</i>	1	
PASER	4	
PRIFTIN	4	
<i>Pyrazinamide Oral</i>	2	
<i>Rifabutin</i>	4	
<i>Rifampin Intravenous</i>	2	
<i>rifAMPin Oral</i>	2	
SIRTURO ORAL TABLET 100 MG	5	PA; 30DS; QL (188 EA per 168 days)
SIRTURO ORAL TABLET 20 MG	5	PA; 30DS; QL (940 EA per 168 days)
TRECATOR	3	
<b>Antivirals</b>		
<i>Acyclovir Oral Capsule</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Acyclovir Oral Suspension	3	
Acyclovir Oral Tablet	2	
Acyclovir Sodium Intravenous Solution	2	B/D
Adefovir Dipivoxil	5	30DS; QL (30 EA per 30 days)
BARACLUDE ORAL SOLUTION	5	PA (NS); 30DS; QL (600 ML per 30 days)
Entecavir	5	PA (NS); 30DS; QL (30 EA per 30 days)
EPCLUSIA ORAL TABLET 400-100 MG	5	PA; 30DS; QL (28 EA per 28 days)
Famciclovir Oral Tablet 125 MG, 250 MG	3	
Famciclovir Oral Tablet 500 MG	2	
HARVONI ORAL PACKET 33.75-150 MG	5	PA; *; 30DS; *Not available at mail-order; QL (28 EA per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; *; 30DS; *Not available at mail-order; QL (56 EA per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; 30DS; QL (28 EA per 28 days)
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	3	*; LA; *Not available at mail-order
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	LA; 30DS
INTRON A INJECTION SOLUTION RECONSTITUTED	5	LA; 30DS
MAVYRET ORAL TABLET	5	PA; 30DS; QL (90 EA per 30 days)
Oseltamivir Phosphate Oral Capsule 30 MG	3	QL (84 EA per 180 days)
Oseltamivir Phosphate Oral Capsule 45 MG, 75 MG	3	QL (42 EA per 180 days)
Oseltamivir Phosphate Oral Suspension Reconstituted	3	QL (525 ML per 180 days)
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA; 30DS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 180 MCG/0.5ML	5	PA; 30DS
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; 30DS
RELENZA DISKHALER	3	
Ribavirin Oral Capsule	3	
Ribavirin Oral Tablet 200 MG	3	
riMANTAdine HCl	2	
SYNAGIS	5	PA; *; 30DS; *Not available at mail-order
valACYclovir HCl Oral Tablet 1 GM	2	
ValACYclovir HCl Oral Tablet 500 MG	4	
ValGANciclovir HCl	5	30DS
VOSEVI	5	PA; 30DS; QL (30 EA per 30 days)
ZEPATIER	5	PA; 30DS; QL (30 EA per 30 days)
<b>Cephalosporins</b>		
CEFACLOR ER	4	
Cefaclor Oral Capsule	2	
Cefadroxil Oral Capsule	2	
Cefadroxil Oral Suspension Reconstituted 250 MG/5ML	2	
Cefadroxil Oral Suspension Reconstituted 500 MG/5ML	3	
Cefadroxil Oral Tablet	3	
CeFAZolin Sodium Injection Solution Reconstituted 1 GM, 10 GM, 500 MG	2	
CeFAZolin Sodium Intravenous Solution Reconstituted	2	
CeFAZolin Sodium-Dextrose Intravenous Solution 1-4 GM/50ML-%	2	
CeFAZolin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML)	2	
Cefdinir	2	
Cefepime HCl Injection Solution Reconstituted 1 GM	2	
Cefepime HCl Injection Solution Reconstituted 2 GM	4	
Cefepime HCl Intravenous Solution	2	
Cefepime-Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Cefixime Oral Suspension Reconstituted	2	
Cefpodoxime Proxetil Oral Suspension Reconstituted 100 MG/5ML	3	
Cefpodoxime Proxetil Oral Suspension Reconstituted 50 MG/5ML	2	
Cefpodoxime Proxetil Oral Tablet 100 MG	3	
Cefpodoxime Proxetil Oral Tablet 200 MG	2	
Cefprozil	2	
CefTAZidime and Dextrose Intravenous Solution Reconstituted 1-5 GM-%(50ML), 2-5 GM-%(50ML)	2	
CefTAZidime Injection Solution Reconstituted 1 GM, 6 GM	2	
CefTAZidime Injection Solution Reconstituted 2 GM	3	
cefTAZidime Intravenous	3	
CefTRIAXone Sodium in Dextrose	2	
CefTRIAXone Sodium Injection Solution Reconstituted 1 GM, 100 GM, 250 MG, 500 MG	2	
CefTRIAXone Sodium Injection Solution Reconstituted 2 GM	4	
CefTRIAXone Sodium Intravenous Solution Reconstituted 1 GM	2	
CefTRIAXone Sodium Intravenous Solution Reconstituted 10 GM, 2 GM	4	
CefTRIAXone Sodium-Dextrose Intravenous Solution Reconstituted 1-3.74 GM-%(50ML), 2-2.22 GM-%(50ML)	2	
Cefuroxime Axetil Oral Tablet	2	
Cefuroxime Sodium Injection Solution Reconstituted 750 MG	2	
Cefuroxime Sodium Intravenous Solution Reconstituted 1.5 GM	2	
Cephalexin Oral Capsule 250 MG, 500 MG	1	
Cephalexin Oral Suspension Reconstituted	1	
Cephalexin Oral Tablet	1	
Tazicef Injection Solution Reconstituted 1 GM, 6 GM	2	
Tazicef Injection Solution Reconstituted 2 GM	3	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Tazicef Intravenous Solution Reconstituted 2 GM	3	
Tazicef Intravenous Solution Reconstituted 6 GM	2	
TEFLARO	5	PA; 30DS
<b>Macrolides</b>		
Azithromycin Intravenous	2	
Azithromycin Oral Suspension Reconstituted	2	
Azithromycin Oral Tablet 250 MG, 500 MG, 600 MG	2	
Clarithromycin ER	2	
Clarithromycin Oral	2	
Ery-Tab	4	
Erythrocin Stearate Oral Tablet 250 MG	4	
Erythromycin Base Oral Tablet 250 MG	4	
Erythromycin Base Oral Tablet 500 MG	3	
Erythromycin Base Oral Tablet Delayed Release 250 MG	4	
Erythromycin Base Oral Tablet Delayed Release 333 MG, 500 MG	2	
Erythromycin Ethylsuccinate Oral Suspension Reconstituted 200 MG/5ML	4	
Erythromycin Ethylsuccinate Oral Tablet	4	
Erythromycin Oral Tablet Delayed Release 333 MG	4	
Erythromycin Oral Tablet Delayed Release 500 MG	2	
<b>Miscellaneous B-Lactam Antibiotics</b>		
Aztreonam	1	
CAYSTON	5	PA; LA; 30DS
CefOXitin Sodium	2	
CefOXitin Sodium-Dextrose Intravenous Solution Reconstituted 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	2	
Imipenem-Cilastatin Intravenous Solution Reconstituted 250 MG	2	
Imipenem-Cilastatin Intravenous Solution Reconstituted 500 MG	4	
Meropenem Intravenous Solution Reconstituted 1 GM	4	QL (90 EA per 30 days)
Meropenem Intravenous Solution Reconstituted 500 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Meropenem-Sodium Chloride Intravenous Solution Reconstituted 1 GM/50ML, 500 MG/50ML</i>	2	
<b>Penicillins</b>		
<i>Amoxicillin Oral Capsule</i>	1	
<i>Amoxicillin Oral Suspension Reconstituted</i>	1	
<i>Amoxicillin Oral Tablet</i>	1	
<i>Amoxicillin Oral Tablet Chewable 125 MG, 250 MG</i>	1	
<i>Amoxicillin-Pot Clavulanate ER</i>	3	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 200-28.5 MG/5ML, 400-57 MG/5ML, 600-42.9 MG/5ML</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral Suspension Reconstituted 250-62.5 MG/5ML</i>	3	
<i>Amoxicillin-Pot Clavulanate Oral Tablet</i>	2	
<i>Amoxicillin-Pot Clavulanate Oral Tablet Chewable</i>	2	
<i>Ampicillin Oral Capsule 500 MG</i>	1	
<i>Ampicillin Sodium Injection Solution Reconstituted 1 GM, 125 MG, 250 MG, 500 MG</i>	2	
<i>Ampicillin Sodium Intravenous Solution Reconstituted 1 GM</i>	2	
<i>Ampicillin Sodium Intravenous Solution Reconstituted 10 GM</i>	4	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 1.5 (1-0.5) GM</i>	2	
<i>Ampicillin-Sulbactam Sodium Injection Solution Reconstituted 3 (2-1) GM</i>	4	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 1.5 (1-0.5) GM, 15 (10-5) GM</i>	2	
<i>Ampicillin-Sulbactam Sodium Intravenous Solution Reconstituted 3 (2-1) GM</i>	4	
<i>BICILLIN L-A</i>	4	
<i>Dicloxacillin Sodium</i>	1	
<i>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML</i>	4	
<i>OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML</i>	5	30DS
<i>Oxacillin Sodium Injection Solution Reconstituted 1 GM, 2 GM</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Oxacillin Sodium Intravenous	5	30DS
Penicillin G Potassium Injection Solution Reconstituted 20000000 UNIT	4	
Penicillin V Potassium	1	
PFIZERPEN	4	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 2.25 (2-0.25) GM	2	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 3.375 (3-0.375) GM, 40.5 (36-4.5) GM	3	
Piperacillin Sod-Tazobactam So Intravenous Solution Reconstituted 4.5 (4-0.5) GM	4	
ZOSYN INTRAVENOUS SOLUTION	4	
<b>Quinolones</b>		
Ciprofloxacin HCl Oral Tablet 100 MG, 250 MG, 500 MG	1	
Ciprofloxacin HCl Oral Tablet 750 MG	1	QL (60 EA per 30 days)
Ciprofloxacin in D5W	4	
LevoFLOXacin Intravenous	2	
LevoFLOXacin Oral Solution	3	
Levofloxacin Oral Tablet	1	
Moxifloxacin HCl in NaCl	2	
Moxifloxacin HCl Intravenous	2	
Moxifloxacin HCl Oral	2	
Ofloxacin Oral Tablet 300 MG, 400 MG	2	
<b>Sulfonamides (Systemic)</b>		
SULFADIAZINE ORAL	4	
Sulfamethoxazole-Trimethoprim Oral Suspension 200-40 MG/5ML	1	
Sulfamethoxazole-Trimethoprim Oral Tablet	1	
SulfaSALAzine Oral	2	
<b>Tetracyclines</b>		
Demeclocycline HCl Oral	4	
Doxy 100	2	B/D
Doxycycline Hyclate Oral Capsule	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 100 MG	1	QL (60 EA per 30 days)
Doxycycline Hyclate Oral Tablet 20 MG	1	
Doxycycline Monohydrate Oral Capsule 100 MG, 150 MG	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Doxycycline Monohydrate Oral Capsule 50 MG, 75 MG	1	
Doxycycline Monohydrate Oral Suspension Reconstituted	1	
Doxycycline Monohydrate Oral Tablet 100 MG, 50 MG, 75 MG	1	
Doxycycline Monohydrate Oral Tablet 150 MG	2	
Minocycline HCl Oral Capsule	1	
Minocycline HCl Oral Tablet 75 MG	1	
Tetracycline HCl Oral Capsule 250 MG	3	QL (120 EA per 30 days)
Tetracycline HCl Oral Capsule 500 MG	3	
Tigecycline	5	30DS
TYGACIL	4	
VIBRAMYCIN ORAL SYRUP	3	
<b>Urinary Anti-Infectives</b>		
Methenamine Hippurate	3	
Nitrofurantoin	5	30DS; QL (1800 ML per 365 days)
Nitrofurantoin Macrocrystal Oral Capsule 100 MG, 50 MG	2	QL (90 EA per 365 days)
Nitrofurantoin Macrocrystal Oral Capsule 25 MG	3	QL (90 EA per 365 days)
Nitrofurantoin Monohyd Macro	3	QL (90 EA per 365 days)
Trimethoprim Oral	1	
<b>Anti-Infectives</b>		
<b>Anti-Infectives - Miscellaneous</b>		
Clindamycin Phosphate Injection Solution 9 GM/60ML, 9000 MG/60ML	2	
DAPTOmycin Intravenous Solution Reconstituted 350 MG	5	30DS
<b>Penicillins</b>		
Ampicillin Sodium Injection Solution Reconstituted 2 GM	2	
Ampicillin Sodium Intravenous Solution Reconstituted 2 GM	2	
<b>Antineoplastic Agents</b>		
<b>Antineoplastic Agents</b>		
Abiraterone Acetate	5	PA (NS); 30DS
ALECENSA	5	PA (NS); LA; 30DS
ALUNBRIG	5	PA (NS); LA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Anastrozole Oral	2	QL (30 EA per 30 days)
AYVAKIT	5	PA (NS); 30DS; QL (30 EA per 30 days)
BALVERSA	5	PA (NS); 30DS
Bexarotene	5	30DS
Bicalutamide	2	
BOSULIF	5	PA (NS); 30DS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA (NS); 30DS; QL (180 EA per 30 days)
BRUKINSA	5	PA (NS); 30DS; QL (120 EA per 30 days)
CABOMETYX	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
CALQUENCE	5	PA (NS); 30DS
CAPRELSA ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
COMETRIQ (100 MG DAILY DOSE)	5	PA (NS); LA; 30DS
COMETRIQ (140 MG DAILY DOSE)	5	PA (NS); LA; 30DS
COMETRIQ (60 MG DAILY DOSE)	5	PA (NS); LA; 30DS
COPIKTRA	5	PA (NS); 30DS; QL (60 EA per 30 days)
COTELLIC	5	PA (NS); LA; 30DS
Cyclophosphamide Oral	3	B/D
DARZALEX FASPRO	5	PA (NS); *; LA; 30DS; *Not available at mail-order; QL (60 ML per 28 days)
DAURISMO ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	B/D
DROXIA	3	
ELIGARD	4	
EMCYT	3	
ERIVEDGE	5	PA (NS); LA; 30DS
ERLEADA	5	PA (NS); LA; 30DS
Erlotinib HCl Oral Tablet 100 MG, 150 MG	5	PA (NS); 30DS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Erlotinib HCl Oral Tablet 25 MG</i>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Everolimus Oral Tablet 10 MG, 7.5 MG</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>Everolimus Oral Tablet 2.5 MG, 5 MG</i>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Everolimus Oral Tablet Soluble</i>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Exemestane</i>	4	
<b>EXKIVITY</b>	5	PA (NS); 30DS; QL (120 EA per 30 days)
<b>FARYDAK</b>	5	PA (NS); LA; 30DS; *Not available at mail-order
<b>FIRMAGON (240 MG DOSE)</b>	5	PA (NS); 30DS
<b>FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG</b>	4	PA (NS)
<i>Flutamide</i>	2	
<b>FOTIVDA</b>	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
<b>GAVRETO</b>	5	PA (NS); 30DS; QL (120 EA per 30 days)
<b>GILOTRIF</b>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<b>GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG</b>	4	PA (NS)
<i>Hydroxyurea Oral</i>	2	
<b>IBRANCE</b>	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
<b>ICLUSIG</b>	5	PA (NS); 30DS
<b>IDHIFA</b>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<i>Imatinib Mesylate</i>	5	PA (NS); 30DS
<b>IMBRUVIDA ORAL CAPSULE 140 MG</b>	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
<b>IMBRUVIDA ORAL CAPSULE 70 MG</b>	5	PA (NS); 30DS; QL (240 EA per 30 days)
<b>IMBRUVIDA ORAL TABLET 140 MG</b>	5	PA (NS); 30DS; QL (120 EA per 30 days)
<b>IMBRUVIDA ORAL TABLET 280 MG</b>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<b>IMBRUVIDA ORAL TABLET 420 MG, 560 MG</b>	5	PA (NS); 30DS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INLYTA	5	PA (NS); LA; 30DS
INQOVI	5	PA (NS); *; 30DS; *Not available at mail-order; QL (5 EA per 28 days)
INREBIC	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
IRESSA	5	PA (NS); LA; 30DS
JAKAFI	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
KISQALI (200 MG DOSE)	5	PA (NS); 30DS
KISQALI (400 MG DOSE)	5	PA (NS); 30DS
KISQALI (600 MG DOSE)	5	PA (NS); 30DS
KISQALI FEMARA (400 MG DOSE)	5	PA (NS); 30DS
KISQALI FEMARA (600 MG DOSE)	5	PA (NS); 30DS
KISQALI FEMARA(200 MG DOSE)	5	PA (NS); 30DS
KOSELUGO ORAL CAPSULE 10 MG	5	PA (NS); 30DS; QL (240 EA per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA (NS); 30DS; QL (120 EA per 30 days)
<i>Lapatinib Ditosylate</i>	5	PA (NS); LA; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
LENVIMA (10 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (12 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (14 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (18 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (20 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (24 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (4 MG DAILY DOSE)	5	PA (NS); LA; 30DS
LENVIMA (8 MG DAILY DOSE)	5	PA (NS); LA; 30DS
<i>Letrozole Oral</i>	2	
LEUKERAN	5	30DS
<i>Leuprolide Acetate Injection</i>	4	PA (NS)
LONSURF	5	PA (NS); LA; 30DS
LORBRENA ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
LUMAKRAS	5	PA (NS); 30DS; QL (240 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPANETA PACK	4	PA
LUPRON DEPOT (1-MONTH)	5	PA (NS); 30DS; QL (1 EA per 28 days)
LUPRON DEPOT (3-MONTH)	5	PA (NS); 30DS; QL (1 EA per 28 days)
LUPRON DEPOT (4-MONTH)	5	PA (NS); 30DS; QL (1 EA per 112 days)
LUPRON DEPOT (6-MONTH)	5	PA (NS); 30DS; QL (1 EA per 168 days)
LUPRON DEPOT-PED (1-MONTH)	5	PA (NS); *; 30DS; *Not available at mail-order
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED)	5	PA (NS); *; 30DS; *Not available at mail-order
LYNPARZA ORAL TABLET	5	PA (NS); LA; 30DS
LYSODREN	3	
MATULANE	5	LA; 30DS
<i>Megestrol Acetate Oral Suspension 40 MG/ML, 625 MG/5ML</i>	2	PA (NS)
<i>Megestrol Acetate Oral Tablet 20 MG</i>	1	PA (NS)
<i>Megestrol Acetate Oral Tablet 40 MG</i>	2	PA (NS)
MEKINIST ORAL TABLET 0.5 MG	5	PA (NS); LA; 30DS
MEKINIST ORAL TABLET 2 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
MEKTOVI	5	PA (NS); 30DS; QL (180 EA per 30 days)
<i>Mercaptopurine Oral</i>	3	
<i>Methotrexate Oral</i>	3	B/D
<i>Methotrexate Sodium (PF) Injection Solution 1 GM/40ML, 250 MG/10ML, 50 MG/2ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 250 MG/10ML</i>	2	B/D
<i>Methotrexate Sodium Injection Solution 50 MG/2ML</i>	2	
<i>Methotrexate Sodium Injection Solution Reconstituted</i>	2	B/D
NERLYNX	5	PA (NS); LA; 30DS
NEXAVAR	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
<i>Nilutamide</i>	5	30DS
NINLARO	5	PA (NS); 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUBEQA	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
ODOMZO	5	PA (NS); LA; 30DS
ONUREG	5	PA (NS); LA; 30DS; *Not available at mail-order; QL (14 EA per 28 days)
ORGOVYX	5	PA (NS); 30DS; QL (32 EA per 30 days)
PANRETIN	5	PA (NS); 30DS; QL (60 GM per 30 days)
PEMAZYRE	5	PA (NS); 30DS; QL (21 EA per 28 days)
PHESGO	5	PA (NS); *; LA; 30DS; *Not available at mail-order
PIQRAY (200 MG DAILY DOSE)	5	PA (NS); 30DS; QL (28 EA per 28 days)
PIQRAY (250 MG DAILY DOSE)	5	PA (NS); 30DS; QL (56 EA per 28 days)
PIQRAY (300 MG DAILY DOSE)	5	PA (NS); 30DS; QL (56 EA per 28 days)
POMALYST	5	PA (NS); LA; 30DS; QL (21 EA per 28 days)
PURIXAN	5	LA; 30DS
QINLOCK	5	PA (NS); 30DS; QL (90 EA per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (180 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
REVLIMID	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA (NS); LA; 30DS; QL (150 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
RUBRACA	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
RUXIENCE	5	PA (NS); *; 30DS; *Not available at mail-order
RYDAPT	5	PA (NS); 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYLAZE	5	PA (NS); 30DS
SOLTAMOX	5	30DS
SPRYCEL	5	PA (NS); 30DS; QL (60 EA per 30 days)
STIVARGA	5	PA (NS); LA; 30DS; QL (84 EA per 28 days)
<i>SUNItinib Malate</i>	5	PA (NS); 30DS; QL (28 EA per 28 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	5	PA (NS); 30DS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA (NS); *; LA; 30DS; *Not available at mail-order
SYNRIBO	5	PA (NS); 30DS
TABLOID	4	
TABRECTA	5	PA (NS); *; 30DS; *Not available at mail-order; QL (120 EA per 30 days)
TAFINLAR ORAL CAPSULE 50 MG	5	PA (NS); LA; 30DS
TAFINLAR ORAL CAPSULE 75 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
TAGRISSO	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<i>Tamoxifen Citrate Oral</i>	1	
TASIGNA ORAL CAPSULE 150 MG, 50 MG	5	PA (NS); 30DS
TASIGNA ORAL CAPSULE 200 MG	5	PA (NS); 30DS; QL (120 EA per 30 days)
TAZVERIK	5	PA (NS); 30DS; QL (240 EA per 30 days)
<i>Tensirolimus</i>	5	B/D; *; 30DS; *Not available at mail-order
TEPMETKO	5	PA (NS); 30DS; QL (60 EA per 30 days)
TIBSOVO	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Toremifene Citrate</i>	5	30DS
TRELSTAR MIXJECT	5	30DS
<i>Tretinooin Oral</i>	5	30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREXALL	4	B/D
TRUSELTIQ (100MG DAILY DOSE)	5	PA (NS); 30DS; QL (21 EA per 28 days)
TRUSELTIQ (125MG DAILY DOSE)	5	PA (NS); 30DS; QL (42 EA per 28 days)
TRUSELTIQ (50MG DAILY DOSE)	5	PA (NS); 30DS; QL (42 EA per 28 days)
TRUSELTIQ (75MG DAILY DOSE)	5	PA (NS); 30DS; QL (63 EA per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA (NS); 30DS; QL (120 EA per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA (NS); 30DS; QL (300 EA per 30 days)
TURALIO	5	PA (NS); 30DS; QL (120 EA per 30 days)
UKONIQ	5	PA (NS); 30DS; QL (120 EA per 30 days)
VALCHLOR	5	PA (NS); 30DS
VENCLEXTA ORAL TABLET 10 MG	4	PA (NS); LA
VENCLEXTA ORAL TABLET 100 MG, 50 MG	5	PA (NS); LA; 30DS
VENCLEXTA STARTING PACK	5	PA (NS); LA; 30DS
VERZENIO ORAL TABLET 100 MG	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
VERZENIO ORAL TABLET 150 MG, 200 MG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
VERZENIO ORAL TABLET 50 MG	5	PA (NS); LA; 30DS; QL (180 EA per 30 days)
VITRAKVI	5	PA (NS); LA; 30DS
VIZIMPRO	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
VOTRIENT	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
WELIREG	5	PA (NS); LA; 30DS; QL (90 EA per 30 days)
XALKORI	5	PA (NS); LA; 30DS
XATMEP	4	PA (NS)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	5	PA (NS); 30DS; QL (56 EA per 28 days)
XOSPATA	5	PA (NS); 30DS; QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA (NS); 30DS; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); 30DS; QL (8 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); 30DS; QL (4 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); 30DS; QL (16 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); 30DS; QL (8 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA (NS); 30DS; QL (4 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	5	PA (NS); 30DS; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA (NS); 30DS; QL (32 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA (NS); 30DS; QL (8 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	5	PA (NS); 30DS; QL (32 EA per 28 days)
XTANDI	5	PA (NS); *; LA; 30DS; *Not available at mail-order
YONSA	5	PA (NS); LA; 30DS; QL (120 EA per 30 days)
ZEJULA	5	PA (NS); 30DS
ZELBORA	5	PA (NS); LA; 30DS
ZOLINZA	5	PA (NS); 30DS; QL (120 EA per 30 days)
ZYDELIG	5	PA (NS); LA; 30DS; QL (60 EA per 30 days)
ZYKADIA ORAL TABLET	5	PA (NS); LA; 30DS
ZYTIGA ORAL TABLET 500 MG	5	PA (NS); LA; 30DS
<b>Autonomic Drugs</b>		
<b>Antimuscarinics/Antispasmodics</b>		
ATROVENT HFA	3	QL (25.8 GM per 30 days)
Dicyclomine HCl Oral Capsule	1	PA
Dicyclomine HCl Oral Solution	3	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Dicyclomine HCl Oral Tablet	1	PA
Ipratropium Bromide Inhalation	2	B/D; QL (300 ML per 30 days)
Methscopolamine Bromide Oral	3	PA
<b>Autonomic Drugs, Miscellaneous</b>		
CHANTIX	3	QL (336 EA per 168 days)
CHANTIX CONTINUING MONTH PAK	3	QL (336 EA per 168 days)
CHANTIX STARTING MONTH PAK	3	
NICOTROL	4	
NICOTROL NS	3	
Varenicline Tartrate	3	QL (336 EA per 168 days)
<b>Beta-Adrenergic Agonists</b>		
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT	3	QL (17 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020503)	3	QL (13.4 GM per 30 days)
Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (NDA020983)	3	QL (36 GM per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%, 0.63 MG/3ML, 1.25 MG/3ML	1	B/D; QL (360 ML per 30 days)
Albuterol Sulfate Inhalation Nebulization Solution 2.5 MG/0.5ML	1	B/D; QL (120 EA per 30 days)
Albuterol Sulfate Oral	1	
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days)
Ipratropium-Albuterol	2	B/D
SEREVENT DISKUS	3	QL (60 EA per 30 days)
Terbutaline Sulfate Oral Tablet 2.5 MG	2	
Terbutaline Sulfate Oral Tablet 5 MG	4	
<b>Parasympathomimetic (Cholinergic Agents)</b>		
Bethanechol Chloride Oral Tablet 10 MG, 25 MG, 5 MG	2	
Bethanechol Chloride Oral Tablet 50 MG	3	
Cevimeline HCl	4	
Donepezil HCl Oral Tablet 10 MG	2	QL (30 EA per 30 days)
Donepezil HCl Oral Tablet 23 MG, 5 MG	4	QL (30 EA per 30 days)
Donepezil HCl Oral Tablet Dispersible	2	QL (30 EA per 30 days)
Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 16 MG	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 24 MG</i>	4	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide ER Oral Capsule Extended Release 24 Hour 8 MG</i>	2	QL (30 EA per 30 days)
<i>Galantamine Hydrobromide Oral Tablet</i>	2	QL (60 EA per 30 days)
<i>NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK</i>	4	
<i>NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR</i>	4	QL (30 EA per 30 days)
<i>Pilocarpine HCl Oral</i>	4	
<i>Pyridostigmine Bromide ER</i>	2	
<i>Pyridostigmine Bromide Oral Solution</i>	3	
<i>Pyridostigmine Bromide Oral Tablet</i>	2	
<i>Rivastigmine</i>	4	QL (30 EA per 30 days)
<i>Rivastigmine Tartrate</i>	3	QL (60 EA per 30 days)
<b>Skeletal Muscle Relaxants</b>		
<i>Chlorzoxazone Oral Tablet 500 MG</i>	4	PA
<i>Cyclobenzaprine HCl Oral Tablet 10 MG, 5 MG</i>	4	PA; QL (90 EA per 30 days)
<i>Dantrolene Sodium Oral Capsule 100 MG, 50 MG</i>	3	
<i>Dantrolene Sodium Oral Capsule 25 MG</i>	2	
<i>Methocarbamol Oral</i>	1	PA
<i>Orphenadrine Citrate ER</i>	2	PA
<i>tizANidine HCl Oral Capsule 2 MG</i>	4	
<i>tizANidine HCl Oral Capsule 4 MG</i>	2	
<i>tizANidine HCl Oral Capsule 6 MG</i>	3	
<i>tizANidine HCl Oral Tablet</i>	2	
<b>Sympatholytic Adrenergic Blocking Agents</b>		
<i>Alfuzosin HCl ER</i>	2	QL (30 EA per 30 days)
<i>Dihydroergotamine Mesylate Nasal</i>	5	PA; 30DS; QL (8 ML per 28 days)
<i>Tamsulosin HCl</i>	2	
<b>Blood Formation, Coagulation, And Thrombosis</b>		
<b>Anticoagulants</b>		
<i>COUMADIN ORAL</i>	3	
<i>ELIQUIS DVT/PE STARTER PACK</i>	3	
<i>ELIQUIS ORAL TABLET 2.5 MG</i>	3	QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELIQUIS ORAL TABLET 5 MG	3	QL (90 EA per 30 days)
Enoxaparin Sodium Subcutaneous Solution 100 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML	3	
Enoxaparin Sodium Subcutaneous Solution 120 MG/0.8ML	2	
Enoxaparin Sodium Subcutaneous Solution 150 MG/ML, 80 MG/0.8ML	4	
Fondaparinux Sodium Subcutaneous Solution 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	30DS
Fondaparinux Sodium Subcutaneous Solution 2.5 MG/0.5ML	4	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	4	
Heparin Sodium (Porcine) Injection Solution 1000 UNIT/ML, 5000 UNIT/ML	2	B/D
Heparin Sodium (Porcine) Injection Solution 10000 UNIT/ML, 20000 UNIT/ML	4	B/D
Heparin Sodium (Porcine) PF Injection Solution 5000 UNIT/0.5ML	2	
Jantoven	1	
PRADAXA	4	QL (60 EA per 30 days)
Warfarin Sodium Oral	1	
XARELTO ORAL TABLET 10 MG, 20 MG	3	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	QL (60 EA per 30 days)
XARELTO STARTER PACK	3	QL (51 EA per 30 days)
<b>Hematopoietic Agents</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; 30DS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML, 500 MCG/ML, 60 MCG/0.3ML	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOPTELET	5	PA; 30DS; QL (60 EA per 30 days)
FULPHILA	5	PA; 30DS
MOZOBIL	5	PA; *; LA; 30DS; *Not available at mail-order; QL (9.6 ML per 30 days)
NIVESTYM	5	PA; 30DS
PROMACTA ORAL PACKET 12.5 MG	5	PA; LA; 30DS; QL (360 EA per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; LA; 30DS; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; LA; 30DS; QL (180 EA per 30 days)
PROMACTA ORAL TABLET 25 MG, 50 MG	5	PA; LA; 30DS; QL (30 EA per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; LA; 30DS; QL (60 EA per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	PA
UDENYCA	5	PA; 30DS
ZARXIO	5	PA; 30DS
ZIEXTENZO	5	PA; 30DS
<b>Platelet-Aggregation Inhibitors</b>		
BRILINTA	3	
Cilostazol	2	
<i>Clopidogrel Bisulfate Oral</i>	1	
<b>Cardiovascular Drugs</b>		
<b>Alpha-Adrenergic Blocking Agents</b>		
<i>Doxazosin Mesylate Oral</i>	1	
<i>Prazosin HCl Oral</i>	1	
<i>Terazosin HCl Oral</i>	1	
<b>Antiarrhythmic Agents</b>		
<i>Amiodarone HCl Oral Tablet 100 MG, 400 MG</i>	4	
<i>Amiodarone HCl Oral Tablet 200 MG</i>	1	
<i>Dofetilide Oral Capsule 125 MCG, 500 MCG</i>	4	
<i>Dofetilide Oral Capsule 250 MCG</i>	2	
<i>Flecainide Acetate Oral Tablet 100 MG, 50 MG</i>	2	
<i>Flecainide Acetate Oral Tablet 150 MG</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Mexiletine HCl Oral Capsule 150 MG</i>	3	
<i>Mexiletine HCl Oral Capsule 200 MG</i>	4	
<i>Mexiletine HCl Oral Capsule 250 MG</i>	2	
<b>MULTAQ</b>	3	
<i>Propafenone HCl ER Oral Capsule Extended Release 12 Hour 225 MG, 325 MG</i>	4	
<i>Propafenone HCl ER Oral Capsule Extended Release 12 Hour 425 MG</i>	3	
<i>Propafenone HCl Oral Tablet 150 MG, 225 MG</i>	2	
<i>Propafenone HCl Oral Tablet 300 MG</i>	4	
<i>quiNIDine Gluconate ER</i>	2	
<i>QuiNIDine Sulfate Oral</i>	2	
<b>Antilipemic Agents</b>		
<i>Atorvastatin Calcium Oral</i>	1	
<i>Cholestyramine Light</i>	3	
<i>Cholestyramine Oral</i>	3	
<i>Colestipol HCl Oral Granules</i>	4	
<i>Colestipol HCl Oral Packet</i>	4	
<i>Colestipol HCl Oral Tablet</i>	3	
<i>Ezetimibe</i>	3	QL (30 EA per 30 days)
<i>Fenofibrate Micronized Oral Capsule 130 MG</i>	4	
<i>Fenofibrate Micronized Oral Capsule 134 MG</i>	3	
<i>Fenofibrate Micronized Oral Capsule 200 MG, 43 MG</i>	3	
<i>Fenofibrate Micronized Oral Capsule 67 MG</i>	2	
<i>Fenofibrate Oral Capsule 134 MG</i>	3	
<i>Fenofibrate Oral Tablet 145 MG, 160 MG, 48 MG, 54 MG</i>	2	
<i>Fenofibric Acid Oral Capsule Delayed Release</i>	4	
<i>Gemfibrozil Oral</i>	1	
<i>Lovastatin Oral</i>	1	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 1000 MG</i>	4	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 500 MG</i>	2	
<i>Niacin ER (Antihyperlipidemic) Oral Tablet Extended Release 750 MG</i>	3	
<i>Niacor</i>	4	
<i>Omega-3-acid Ethyl Esters</i>	3	QL (120 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; QL (2 ML per 28 days)
<i>Pravastatin Sodium</i>	1	
PREVALITE	3	
<i>Rosuvastatin Calcium</i>	1	QL (30 EA per 30 days)
<i>Simvastatin Oral Tablet 10 MG, 20 MG, 40 MG, 5 MG</i>	1	
<i>Simvastatin Oral Tablet 80 MG</i>	1	QL (30 EA per 30 days)
VASCEPA ORAL CAPSULE 0.5 GM	3	QL (240 EA per 30 days)
VASCEPA ORAL CAPSULE 1 GM	3	QL (120 EA per 30 days)
<b>Beta-Adrenergic Blocking Agents</b>		
<i>Acebutolol HCl Oral</i>	2	
<i>Atenolol Oral</i>	1	
<i>Atenolol-Chlorthalidone</i>	1	
<i>Betaxolol HCl Oral</i>	3	
<i>Bisoprolol Fumarate Oral</i>	2	
<i>Bisoprolol-Hydrochlorothiazide</i>	1	
<i>Carvedilol</i>	1	
<i>Labetalol HCl Oral</i>	2	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 200 MG</i>	3	
<i>Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG, 50 MG</i>	2	
<i>Metoprolol Tartrate Oral Tablet 100 MG, 25 MG, 50 MG</i>	1	
<i>Metoprolol-Hydrochlorothiazide</i>	2	
<i>Nadolol Oral Tablet 20 MG, 40 MG, 80 MG</i>	1	
<i>Pindolol Oral Tablet 10 MG</i>	3	
<i>Pindolol Oral Tablet 5 MG</i>	2	
<i>Propranolol HCl ER</i>	1	
<i>Propranolol HCl Oral</i>	1	
<i>Sorine</i>	2	
<i>Sotalol HCl (AF)</i>	2	
<i>Sotalol HCl Oral</i>	2	
<i>Timolol Maleate Oral</i>	2	
<i>Toprol XL Oral Tablet Extended Release 24 Hour 100 MG</i>	3	
<i>Toprol XL Oral Tablet Extended Release 24 Hour 25 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<b>Calcium-Channel Blocking Agents</b>		
<i>amLODIPine Besy-Benazepril HCl</i>	1	
<i>AmLODIPine Besylate Oral</i>	1	
<i>Amlodipine-Olmesartan</i>	1	
<i>Cartia XT</i>	1	
<i>Diltiazem HCl ER Beads</i>	1	
<i>Diltiazem HCl ER Coated Beads Oral Capsule Extended Release 24 Hour</i>	1	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 120 MG, 90 MG</i>	4	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 12 Hour 60 MG</i>	3	
<i>dilTIAZem HCl ER Oral Capsule Extended Release 24 Hour 120 MG, 180 MG, 240 MG</i>	1	
<i>Diltiazem HCl Oral</i>	1	
<i>Dilt-XR</i>	1	
<i>Felodipine ER</i>	1	
<i>NIFEdipine ER</i>	1	
<i>NIFEdipine ER Osmotic Release</i>	1	
<i>NiMODipine Oral</i>	5	30DS
<i>TAZTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</i>	1	
<i>Taztia XT Oral Capsule Extended Release 24 Hour 360 MG</i>	1	
<i>TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG</i>	1	
<i>Tiadylt ER Oral Capsule Extended Release 24 Hour 360 MG, 420 MG</i>	1	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 100 MG, 120 MG, 180 MG, 200 MG, 240 MG, 300 MG</i>	3	
<i>Verapamil HCl ER Oral Capsule Extended Release 24 Hour 360 MG</i>	4	
<i>Verapamil HCl ER Oral Tablet Extended Release</i>	2	
<i>Verapamil HCl Oral</i>	1	
<b>Cardiac Drugs, Miscellaneous</b>		
<i>CORLANOR ORAL SOLUTION</i>	4	PA; QL (450 ML per 30 days)
<i>CORLANOR ORAL TABLET</i>	4	PA; QL (60 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Digitek Oral Tablet 125 MCG	1	
Digitek Oral Tablet 250 MCG	1	ST
Digox Oral Tablet 125 MCG	1	
Digox Oral Tablet 250 MCG	1	ST
Digoxin Oral Solution	4	
Digoxin Oral Tablet 125 MCG	1	
Digoxin Oral Tablet 250 MCG	1	ST
Droxidopa	5	PA; 30DS; QL (180 EA per 30 days)
ENTRESTO	3	QL (60 EA per 30 days)
Midodrine HCl	3	
Pentoxifylline ER	2	
Ranolazine ER	4	PA; QL (60 EA per 30 days)
<b>Hypotensive Agents</b>		
cloNIDine HCl Oral	1	
CloNIDine Transdermal Patch Weekly 0.1 MG/24HR	3	
CloNIDine Transdermal Patch Weekly 0.2 MG/24HR, 0.3 MG/24HR	4	
Diazoxide Oral	3	
guanFACINE HCl Oral	2	PA
HydrALAZINE HCl Oral	2	
Minoxidil Oral	2	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
Benazepril HCl Oral	1	
Benazepril-hydroCHLORothiazide	1	
Candesartan Cilexetil	1	
Candesartan Cilexetil-HCTZ	1	
Captopril Oral	1	
Enalapril Maleate Oral Tablet	1	
Enalapril-Hydrochlorothiazide	1	
Eplerenone	3	
Fosinopril Sodium	1	
Fosinopril Sodium-HCTZ	1	
Irbesartan	1	
Irbesartan-Hydrochlorothiazide	1	
Lisinopril Oral	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Lisinopril-hydroCHLOROThiazide</i>	1	
<i>Losartan Potassium Oral</i>	1	
<i>Losartan Potassium-HCTZ</i>	1	
<i>Quinapril HCl</i>	1	
<i>Quinapril-Hydrochlorothiazide</i>	1	
<i>Ramipril</i>	1	
<i>Spironolactone Oral</i>	1	
<i>Spironolactone-HCTZ</i>	1	
<i>Trandolapril</i>	1	
<i>Valsartan</i>	1	
<i>Valsartan-Hydrochlorothiazide</i>	1	
<b>Vasodilating Agents</b>		
<i>Alyq</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>Ambrisentan</i>	5	PA; LA; 30DS; QL (30 EA per 30 days)
<i>Aspirin-Dipyridamole ER</i>	1	QL (60 EA per 30 days)
<i>Isosorbide Dinitrate Oral Tablet 10 MG, 30 MG, 40 MG, 5 MG</i>	2	
<i>Isosorbide Dinitrate Oral Tablet 20 MG</i>	3	
<i>Isosorbide Mononitrate</i>	2	
<i>Isosorbide Mononitrate ER</i>	2	
<i>NITRO-BID</i>	4	
<i>NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR</i>	4	
<i>Nitroglycerin Sublingual</i>	2	
<i>Nitroglycerin Transdermal Patch 24 Hour</i>	2	
<i>Nitroglycerin Translingual Solution</i>	4	
<i>Sildenafil Citrate Oral Tablet 20 MG</i>	3	PA; QL (90 EA per 30 days)
<i>Tadalafil (PAH)</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>VENTAVIS</i>	5	PA; LA; 30DS
<b>Central Nervous System Agents</b>		
<b>Anorexigenic Agents And Respiratory And Cns Stimulants</b>		
<i>Amphetamine-Dextroamphetamine ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG, 25 MG, 5 MG</i>	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Amphetamine-Dextroamphetamine Oral Capsule Extended Release 24 Hour 30 MG	4	QL (60 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 10 MG, 5 MG	2	QL (60 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 12.5 MG, 7.5 MG	3	QL (60 EA per 30 days)
Amphetamine-Dextroamphetamine Oral Tablet 15 MG, 20 MG, 30 MG	4	QL (60 EA per 30 days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 10 MG	3	QL (60 EA per 30 days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 15 MG	4	QL (120 EA per 30 days)
Dextroamphetamine Sulfate ER Oral Capsule Extended Release 24 Hour 5 MG	4	QL (30 EA per 30 days)
Dextroamphetamine Sulfate Oral Tablet 10 MG	2	QL (180 EA per 30 days)
Dextroamphetamine Sulfate Oral Tablet 5 MG	2	QL (120 EA per 30 days)
Modafinil	3	PA
<b>Anticonvulsants</b>		
BRIVIACT	5	PA (NS); 30DS
CarBAMazepine ER Oral Capsule Extended Release 12 Hour	3	
CarBAMazepine ER Oral Tablet Extended Release 12 Hour 100 MG, 200 MG	3	
CarBAMazepine ER Oral Tablet Extended Release 12 Hour 400 MG	4	
CarBAMazepine Oral Suspension	3	
carBAMazepine Oral Tablet	4	
carBAMazepine Oral Tablet Chewable	2	
CELONTIN	3	
CloBAZam	3	
clonazePAM Oral Tablet 0.5 MG, 1 MG	3	QL (90 EA per 30 days)
clonazePAM Oral Tablet 2 MG	2	QL (300 EA per 30 days)
ClonazePAM Oral Tablet Dispersible 0.125 MG, 0.25 MG, 0.5 MG, 1 MG	2	QL (90 EA per 30 days)
ClonazePAM Oral Tablet Dispersible 2 MG	3	QL (300 EA per 30 days)
Clorazepate Dipotassium Oral Tablet 15 MG	4	QL (180 EA per 30 days)
Clorazepate Dipotassium Oral Tablet 3.75 MG	2	QL (720 EA per 30 days)
Clorazepate Dipotassium Oral Tablet 7.5 MG	2	QL (360 EA per 30 days)
DIACOMIT	5	PA (NS); 30DS
Diazepam Oral Concentrate	2	QL (240 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam Oral Solution 5 MG/5ML</i>	2	QL (1200 ML per 30 days)
<i>Diazepam Oral Tablet 10 MG, 2 MG</i>	2	QL (120 EA per 30 days)
<i>diazepam Oral Tablet 5 MG</i>	4	QL (120 EA per 30 days)
<i>Diazepam Rectal</i>	4	
<b>DILANTIN ORAL CAPSULE 30 MG</b>	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 250 MG</i>	4	
<i>Divalproex Sodium ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>Divalproex Sodium Oral Capsule Delayed Release Sprinkle</i>	3	
<i>Divalproex Sodium Oral Tablet Delayed Release 125 MG, 250 MG</i>	4	
<i>Divalproex Sodium Oral Tablet Delayed Release 500 MG</i>	2	
<b>EPIDIOLEX</b>	5	PA (NS); LA; 30DS
<i>Epitol</i>	4	
<i>Ethosuximide Oral Capsule</i>	4	
<i>Ethosuximide Oral Solution</i>	3	
<i>Felbamate Oral Suspension</i>	5	30DS
<i>Felbamate Oral Tablet</i>	2	
<b>FINTEPLA</b>	5	PA (NS); 30DS; QL (360 ML per 30 days)
<b>FYCOMPA ORAL SUSPENSION</b>	5	PA (NS); 30DS; QL (720 ML per 30 days)
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 8 MG</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>FYCOMPA ORAL TABLET 2 MG</i>	4	PA (NS); QL (30 EA per 30 days)
<i>FYCOMPA ORAL TABLET 6 MG</i>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<i>Gabapentin Oral Capsule 100 MG</i>	3	QL (1080 EA per 30 days)
<i>Gabapentin Oral Capsule 300 MG</i>	2	QL (360 EA per 30 days)
<i>Gabapentin Oral Capsule 400 MG</i>	2	QL (270 EA per 30 days)
<i>Gabapentin Oral Solution 250 MG/5ML</i>	4	QL (2160 ML per 30 days)
<i>Gabapentin Oral Tablet 600 MG</i>	4	QL (180 EA per 30 days)
<i>Gabapentin Oral Tablet 800 MG</i>	4	QL (120 EA per 30 days)
<i>Lamotrigine ER</i>	4	
<i>Lamotrigine Oral Tablet</i>	2	
<i>Lamotrigine Oral Tablet Chewable 25 MG</i>	3	
<i>Lamotrigine Oral Tablet Chewable 5 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levETIRAcetam ER Oral Tablet Extended Release 24 Hour 500 MG</i>	3	
<i>LevETIRAcetam ER Oral Tablet Extended Release 24 Hour 750 MG</i>	4	
<i>levETIRAcetam Oral Solution</i>	2	
<i>LevETIRAcetam Oral Tablet 1000 MG, 500 MG, 750 MG</i>	2	
<i>levETIRAcetam Oral Tablet 250 MG</i>	4	
<i>NAYZILAM</i>	4	
<i>OXcarbazepine</i>	2	
<i>PEGANONE</i>	3	
<i>PHENobarbital Oral Elixir</i>	3	PA (NS)
<i>PHENobarbital Oral Tablet 100 MG, 16.2 MG, 32.4 MG, 64.8 MG</i>	2	PA (NS); QL (90 EA per 30 days)
<i>PHENobarbital Oral Tablet 15 MG, 30 MG</i>	2	PA (NS); QL (180 EA per 30 days)
<i>PHENobarbital Oral Tablet 60 MG</i>	2	PA (NS); QL (120 EA per 30 days)
<i>PHENobarbital Oral Tablet 97.2 MG</i>	2	PA (NS); QL (60 EA per 30 days)
<i>Phenytoin Oral Suspension 125 MG/5ML</i>	2	
<i>Phenytoin Oral Tablet Chewable</i>	3	
<i>Phenytoin Sodium Extended Oral Capsule 100 MG, 300 MG</i>	3	
<i>Phenytoin Sodium Extended Oral Capsule 200 MG</i>	2	
<i>Pregabalin Oral Capsule 100 MG, 200 MG, 25 MG, 50 MG</i>	3	PA (NS); QL (90 EA per 30 days)
<i>Pregabalin Oral Capsule 150 MG, 75 MG</i>	3	PA (NS); 30DS; QL (90 EA per 30 days)
<i>Pregabalin Oral Capsule 225 MG, 300 MG</i>	3	PA (NS); QL (60 EA per 30 days)
<i>Pregabalin Oral Solution</i>	3	PA (NS); QL (946 ML per 30 days)
<i>Primidone Oral</i>	2	
<i>Rufinamide Oral Suspension</i>	5	30DS
<i>Rufinamide Oral Tablet</i>	5	PA (NS); 30DS
<i>SPRITAM</i>	4	PA (NS)
<i>SUBVENITE</i>	2	
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	30DS
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	
<i>TiaGABine HCl</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Topiramate Oral</i>	2	
<i>Valproic Acid Oral Capsule</i>	2	
<i>Valproic Acid Oral Solution</i>	2	
<b>VALTOCO 10 MG DOSE</b>	4	
<b>VALTOCO 15 MG DOSE</b>	4	
<b>VALTOCO 20 MG DOSE</b>	4	
<b>VALTOCO 5 MG DOSE</b>	4	
<i>Vigabatrin</i>	5	PA (NS); LA; 30DS; QL (180 EA per 30 days)
<i>Vigadron</i>	5	PA (NS); 30DS; QL (180 EA per 30 days)
<b>VIMPAT INTRAVENOUS</b>	5	30DS; QL (1200 ML per 30 days)
<b>VIMPAT ORAL SOLUTION</b>	5	30DS; QL (1200 ML per 30 days)
<b>VIMPAT ORAL TABLET 100 MG</b>	4	QL (60 EA per 30 days)
<b>VIMPAT ORAL TABLET 150 MG, 200 MG</b>	5	30DS; QL (60 EA per 30 days)
<b>VIMPAT ORAL TABLET 50 MG</b>	4	QL (120 EA per 30 days)
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 50 &amp; 200 MG</b>	5	PA (NS); 30DS; QL (56 EA per 28 days)
<b>XCOPRI (350 MG DAILY DOSE)</b>	5	PA (NS); 30DS; QL (56 EA per 28 days)
<b>XCOPRI ORAL TABLET 100 MG, 50 MG</b>	5	PA (NS); 30DS; QL (30 EA per 30 days)
<b>XCOPRI ORAL TABLET 150 MG, 200 MG</b>	5	PA (NS); 30DS; QL (60 EA per 30 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG &amp; 14 X 25 MG</b>	4	PA (NS); QL (28 EA per 28 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG &amp; 14 X 200 MG, 14 X 50 MG &amp; 14 X100 MG</b>	5	PA (NS); 30DS; QL (28 EA per 28 days)
<i>Zonisamide Oral</i>	2	
<b>Anticonvulsants, Miscellaneous</b>		
<b>APTIOM ORAL TABLET 200 MG, 400 MG</b>	5	30DS; QL (30 EA per 30 days)
<b>APTIOM ORAL TABLET 600 MG, 800 MG</b>	5	30DS; QL (60 EA per 30 days)
<i>Magnesium Sulfate Injection Solution 50 %</i>	2	B/D
<b>Antidepressants</b>		
<i>Amitriptyline HCl Oral</i>	1	PA (NS)
<i>Amoxapine</i>	2	PA (NS)
<i>BuPROPion HCl ER (Smoking Det)</i>	2	
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 100 MG</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buPROPion HCl ER (SR) Oral Tablet Extended Release 12 Hour 150 MG, 200 MG</i>	2	
<i>BuPROPion HCl ER (XL) Oral Tablet Extended Release 24 Hour 150 MG, 300 MG</i>	2	
<i>buPROPion HCl Oral</i>	2	
<i>Citalopram Hydrobromide Oral Solution</i>	3	
<i>Citalopram Hydrobromide Oral Tablet</i>	1	QL (30 EA per 30 days)
<i>clomiPRAMINE HCl Oral</i>	4	PA (NS)
<i>Desipramine HCl Oral Tablet 10 MG</i>	2	PA (NS)
<i>Desipramine HCl Oral Tablet 100 MG, 25 MG</i>	3	PA (NS)
<i>Desipramine HCl Oral Tablet 150 MG, 50 MG, 75 MG</i>	4	PA (NS)
<i>Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 100 MG, 50 MG</i>	4	QL (30 EA per 30 days)
<i>Desvenlafaxine Succinate ER Oral Tablet Extended Release 24 Hour 25 MG</i>	3	QL (30 EA per 30 days)
<i>Doxepin HCl Oral Capsule</i>	4	PA (NS)
<i>Doxepin HCl Oral Concentrate</i>	4	PA (NS)
<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG</i>	4	QL (60 EA per 30 days)
<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG</i>	4	QL (30 EA per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 20 MG, 30 MG, 60 MG</i>	4	QL (60 EA per 30 days)
<i>DULoxetine HCl Oral Capsule Delayed Release Particles 40 MG</i>	3	QL (30 EA per 30 days)
<i>Escitalopram Oxalate Oral Solution</i>	3	
<i>Escitalopram Oxalate Oral Tablet</i>	1	QL (30 EA per 30 days)
<i>FETZIMA</i>	4	QL (30 EA per 30 days)
<i>FETZIMA TITRATION</i>	4	QL (28 EA per 28 days)
<i>FLUoxetine HCl Oral Capsule 10 MG</i>	1	QL (30 EA per 30 days)
<i>FLUoxetine HCl Oral Capsule 20 MG, 40 MG</i>	1	
<i>FLUoxetine HCl Oral Solution</i>	1	
<i>FluvoxaMINE Maleate Oral Tablet 100 MG</i>	1	
<i>FluvoxaMINE Maleate Oral Tablet 25 MG, 50 MG</i>	1	QL (30 EA per 30 days)
<i>Imipramine HCl Oral</i>	2	PA (NS)
<i>MARPLAN</i>	3	QL (180 EA per 30 days)
<i>Mirtazapine Oral Tablet 15 MG, 30 MG, 45 MG</i>	2	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Mirtazapine Oral Tablet 7.5 MG	2	
Mirtazapine Oral Tablet Dispersible	2	QL (30 EA per 30 days)
Nefazodone HCl Oral Tablet 100 MG, 150 MG, 200 MG	4	
Nefazodone HCl Oral Tablet 250 MG, 50 MG	2	
Nortriptyline HCl Oral	1	PA (NS)
OLANZapine-FLUoxetine HCl Oral Capsule 12-25 MG, 3-25 MG, 6-50 MG	2	QL (30 EA per 30 days)
OLANZapine-FLUoxetine HCl Oral Capsule 12-50 MG, 6-25 MG	4	QL (30 EA per 30 days)
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 12.5 MG, 25 MG	3	ST (NS); QL (30 EA per 30 days)
PARoxetine HCl ER Oral Tablet Extended Release 24 Hour 37.5 MG	3	ST (NS); QL (60 EA per 30 days)
PARoxetine HCl Oral Tablet 10 MG, 20 MG, 40 MG	1	ST (NS); QL (30 EA per 30 days)
PARoxetine HCl Oral Tablet 30 MG	1	ST (NS); QL (60 EA per 30 days)
PAXIL ORAL SUSPENSION	3	ST (NS); QL (900 ML per 30 days)
Phenelzine Sulfate Oral	3	
Protriptyline HCl Oral Tablet 10 MG	2	PA (NS)
Protriptyline HCl Oral Tablet 5 MG	3	PA (NS)
Sertraline HCl Oral Concentrate	3	
Sertraline HCl Oral Tablet 100 MG	1	
Sertraline HCl Oral Tablet 25 MG, 50 MG	1	QL (30 EA per 30 days)
Tranylcypromine Sulfate	4	
traZODone HCl Oral Tablet 100 MG, 150 MG, 50 MG	1	
TraZODone HCl Oral Tablet 300 MG	3	
Trimipramine Maleate Oral Capsule 100 MG	4	PA (NS); QL (60 EA per 30 days)
Trimipramine Maleate Oral Capsule 25 MG, 50 MG	4	PA (NS); QL (120 EA per 30 days)
TRINTELLIX	4	PA (NS); QL (30 EA per 30 days)
Venlafaxine HCl	1	
Venlafaxine HCl ER Oral Capsule Extended Release 24 Hour	1	
Venlafaxine HCl ER Oral Tablet Extended Release 24 Hour	4	
VIIBRYD ORAL TABLET	4	PA (NS); QL (30 EA per 30 days)
VIIBRYD STARTER PACK	4	PA (NS); QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (2 ML per 30 days)
AJOVY	3	PA; QL (1.5 ML per 30 days)
Rizatriptan Benzoate Oral Tablet 10 MG	4	QL (18 EA per 30 days)
Rizatriptan Benzoate Oral Tablet 5 MG	2	QL (18 EA per 30 days)
Rizatriptan Benzoate Oral Tablet Dispersible 10 MG	4	QL (18 EA per 30 days)
Rizatriptan Benzoate Oral Tablet Dispersible 5 MG	2	QL (18 EA per 30 days)
SUMAriptan Nasal	4	QL (12 EA per 30 days)
SUMAriptan Succinate Oral Tablet 100 MG	4	QL (9 EA per 30 days)
SUMAriptan Succinate Oral Tablet 25 MG, 50 MG	2	QL (18 EA per 30 days)
SUMAriptan Succinate Refill Subcutaneous Solution Cartridge 4 MG/0.5ML	4	QL (9 ML per 30 days)
SUMAriptan Succinate Refill Subcutaneous Solution Cartridge 6 MG/0.5ML	4	QL (4 ML per 30 days)
SUMAriptan Succinate Subcutaneous Solution 6 MG/0.5ML	4	QL (4 ML per 30 days)
SUMAriptan Succinate Subcutaneous Solution Auto-Injector 4 MG/0.5ML	4	QL (9 ML per 30 days)
SUMAriptan Succinate Subcutaneous Solution Auto-Injector 6 MG/0.5ML	4	QL (4 ML per 30 days)
UBRELVY	4	PA; QL (16 EA per 30 days)
<b>Antiparkinsonian Agents</b>		
Amantadine HCl Oral Capsule	2	QL (120 EA per 30 days)
Amantadine HCl Oral Solution	2	
Amantadine HCl Oral Syrup	2	
Amantadine HCl Oral Tablet	2	
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	LA; 30DS; QL (60 ML per 30 days)
Benztropine Mesylate Oral	1	
Bromocriptine Mesylate Oral Capsule	4	
Bromocriptine Mesylate Oral Tablet	3	
Carbidopa-Levodopa ER Oral Tablet Extended Release 25-100 MG, 50-200 MG	2	
Carbidopa-Levodopa Oral Tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Carbidopa-Levodopa Oral Tablet Dispersible 10-100 MG, 25-250 MG</i>	2	
<i>Carbidopa-Levodopa Oral Tablet Dispersible 25-100 MG</i>	3	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 12.5-50-200 MG, 31.25-125-200 MG, 37.5-150-200 MG</i>	2	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 18.75-75-200 MG, 50-200-200 MG</i>	3	
<i>Carbidopa-Levodopa-Entacapone Oral Tablet 25-100-200 MG</i>	4	
<i>EMSAM</i>	5	30DS; QL (30 EA per 30 days)
<i>Entacapone</i>	4	
<i>NEUPRO</i>	4	PA; QL (30 EA per 30 days)
<i>Pramipexole Dihydrochloride</i>	1	
<i>Rasagiline Mesylate Oral Tablet 0.5 MG</i>	4	QL (30 EA per 30 days)
<i>Rasagiline Mesylate Oral Tablet 1 MG</i>	2	QL (30 EA per 30 days)
<i>rOPINIRole HCl</i>	2	
<i>ROPINIRole HCl ER Oral Tablet Extended Release 24 Hour 12 MG, 2 MG</i>	2	
<i>ROPINIRole HCl ER Oral Tablet Extended Release 24 Hour 4 MG, 6 MG, 8 MG</i>	3	
<i>Selegiline HCl Oral</i>	3	
<i>Tolcapone</i>	2	
<i>Trihexyphenidyl HCl</i>	1	
<b>Antipsychotic Agents</b>		
<i>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG</i>	4	PA (NS); QL (2 EA per 28 days)
<i>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG</i>	4	PA (NS); QL (1 EA per 28 days)
<b>Antipsychotics</b>		
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</i>	5	PA (NS); 30DS; QL (1 EA per 28 days)
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</i>	5	PA (NS); 30DS; QL (1 EA per 28 days)
<i>ABILIFY MYCITE</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>ABILIFY MYCITE MAINTENANCE KIT</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>ABILIFY MYCITE STARTER KIT</i>	5	PA (NS); 30DS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARIPIPRAZOLE Oral Solution	5	30DS; QL (900 ML per 30 days)
ARIPIPRAZOLE Oral Tablet 10 MG	4	QL (90 EA per 30 days)
ARIPIPRAZOLE Oral Tablet 15 MG, 2 MG, 5 MG	4	QL (60 EA per 30 days)
ARIPIPRAZOLE Oral Tablet 20 MG, 30 MG	4	QL (30 EA per 30 days)
ARIPIPRAZOLE Oral Tablet Dispersible 10 MG	5	30DS; QL (90 EA per 30 days)
ARIPIPRAZOLE Oral Tablet Dispersible 15 MG	5	30DS; QL (60 EA per 30 days)
ARISTADA INITIO	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	30DS; QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	30DS; QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	30DS; QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	30DS; QL (3.2 ML per 28 days)
Asenapine Maleate Sublingual Tablet Sublingual 10 MG	4	PA (NS); QL (60 EA per 30 days)
Asenapine Maleate Sublingual Tablet Sublingual 2.5 MG	4	PA (NS); QL (240 EA per 30 days)
Asenapine Maleate Sublingual Tablet Sublingual 5 MG	4	PA (NS); QL (120 EA per 30 days)
CAPLYTA	5	PA (NS); 30DS; QL (30 EA per 30 days)
chlorproMAZINE HCl Oral Tablet	4	
CloZAPine Oral Tablet 100 MG, 200 MG	3	
cloZAPine Oral Tablet 25 MG	4	
CloZAPine Oral Tablet 50 MG	2	
CloZAPine Oral Tablet Dispersible 100 MG, 150 MG, 25 MG	4	
cloZAPine Oral Tablet Dispersible 12.5 MG, 200 MG	2	
FANAPT	4	PA (NS); QL (60 EA per 30 days)
FANAPT TITRATION PACK	4	PA (NS); QL (8 EA per 30 days)
FluPHENAZINE Decanoate Injection	3	
FluPHENAZINE HCl Injection	2	
FluPHENAZINE HCl Oral Concentrate	4	
FluPHENAZINE HCl Oral Elixir	3	
fluPHENAZINE HCl Oral Tablet	4	
Haloperidol Decanoate Intramuscular Solution 100 MG/ML, 50 MG/ML, 50 MG/ML(1ML)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Haloperidol Lactate</i>	2	
<i>Haloperidol Oral</i>	2	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	PA (NS); 30DS; QL (3.5 ML per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	PA (NS); 30DS; QL (5 ML per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	PA (NS); 30DS; QL (0.75 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	PA (NS); 30DS; QL (1 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	PA (NS); 30DS; QL (1.5 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	4	PA (NS); QL (0.25 ML per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	PA (NS); 30DS; QL (0.5 ML per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML	5	PA (NS); 30DS; QL (0.875 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML	5	PA (NS); 30DS; QL (1.315 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	PA (NS); 30DS; QL (1.75 ML per 84 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML	5	PA (NS); 30DS; QL (2.625 ML per 84 days)
LATUDA ORAL TABLET 120 MG	4	QL (30 EA per 30 days)
LATUDA ORAL TABLET 20 MG, 60 MG, 80 MG	4	QL (60 EA per 30 days)
LATUDA ORAL TABLET 40 MG	4	QL (120 EA per 30 days)
<i>Loxapine Succinate Oral</i>	2	
LYBALVI	5	PA (NS); 30DS; QL (30 EA per 30 days)
<i>Molindone HCl Oral Tablet 10 MG, 25 MG</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Molindone HCl Oral Tablet 5 MG</i>	2	
<i>NUPLAZID ORAL CAPSULE</i>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<i>NUPLAZID ORAL TABLET 10 MG</i>	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
<i>OLANZapine Intramuscular</i>	4	QL (3 EA per 1 day)
<i>OLANZapine Oral Tablet 10 MG, 2.5 MG</i>	3	QL (60 EA per 30 days)
<i>OLANZapine Oral Tablet 15 MG, 20 MG, 7.5 MG</i>	3	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet 5 MG</i>	3	QL (120 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 10 MG, 15 MG, 20 MG</i>	4	QL (30 EA per 30 days)
<i>OLANZapine Oral Tablet Dispersible 5 MG</i>	4	QL (120 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 1.5 MG, 3 MG</i>	4	QL (30 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 6 MG</i>	4	QL (60 EA per 30 days)
<i>Paliperidone ER Oral Tablet Extended Release 24 Hour 9 MG</i>	5	30DS; QL (30 EA per 30 days)
<i>Perphenazine Oral Tablet 16 MG, 4 MG, 8 MG</i>	3	
<i>Perphenazine Oral Tablet 2 MG</i>	2	
<i>PERSERIS</i>	5	PA (NS); 30DS; QL (1 EA per 28 days)
<i>Pimozide Oral Tablet 1 MG</i>	3	
<i>Pimozide Oral Tablet 2 MG</i>	4	
<i>QUEtiapine Fumarate ER</i>	4	ST (NS); QL (60 EA per 30 days)
<i>QUEtiapine Fumarate Oral Tablet 100 MG, 200 MG, 50 MG</i>	1	QL (120 EA per 30 days)
<i>QUEtiapine Fumarate Oral Tablet 25 MG</i>	1	QL (360 EA per 30 days)
<i>QUEtiapine Fumarate Oral Tablet 300 MG, 400 MG</i>	1	QL (60 EA per 30 days)
<i>REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG</i>	5	30DS; QL (90 EA per 30 days)
<i>REXULTI ORAL TABLET 2 MG</i>	5	30DS; QL (60 EA per 30 days)
<i>REXULTI ORAL TABLET 3 MG, 4 MG</i>	5	30DS; QL (30 EA per 30 days)
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG</i>	4	PA (NS); QL (2 EA per 28 days)
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 37.5 MG, 50 MG</i>	5	PA (NS); 30DS; QL (2 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperiDONE Oral Solution</i>	2	QL (480 ML per 30 days)
<i>RisperiDONE Oral Tablet 0.25 MG, 0.5 MG, 2 MG</i>	1	QL (60 EA per 30 days)
<i>RisperiDONE Oral Tablet 1 MG, 4 MG</i>	1	QL (120 EA per 30 days)
<i>RisperiDONE Oral Tablet 3 MG</i>	1	QL (150 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 0.25 MG</i>	2	QL (30 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 0.5 MG, 2 MG</i>	3	QL (60 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 1 MG</i>	3	QL (120 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 3 MG</i>	4	QL (150 EA per 30 days)
<i>RisperiDONE Oral Tablet Dispersible 4 MG</i>	4	QL (120 EA per 30 days)
<b>SECUADO</b>	<b>5</b>	PA (NS); 30DS; QL (30 EA per 30 days)
<i>Thioridazine HCl Oral Tablet 10 MG, 50 MG</i>	2	
<i>Thioridazine HCl Oral Tablet 100 MG, 25 MG</i>	3	
<i>Thiothixene Oral Capsule 1 MG, 5 MG</i>	2	
<i>Thiothixene Oral Capsule 10 MG</i>	3	
<i>Thiothixene Oral Capsule 2 MG</i>	4	
<i>Trifluoperazine HCl Oral Tablet 1 MG, 2 MG, 5 MG</i>	2	
<i>Trifluoperazine HCl Oral Tablet 10 MG</i>	4	
<b>VERSACLOZ</b>	<b>5</b>	30DS; QL (540 ML per 30 days)
<b>VRAYLAR ORAL CAPSULE</b>	<b>5</b>	PA (NS); 30DS; QL (30 EA per 30 days)
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	<b>4</b>	PA (NS)
<i>Ziprasidone HCl Oral Capsule 20 MG</i>	4	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 40 MG</i>	2	QL (120 EA per 30 days)
<i>Ziprasidone HCl Oral Capsule 60 MG, 80 MG</i>	2	QL (60 EA per 30 days)
<i>Ziprasidone Mesylate</i>	4	QL (6 EA per 30 days)
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</b>	<b>4</b>	PA (NS); QL (2 EA per 28 days)
<b>Anxiolytics, Sedatives And Hypnotics,Misc.</b>		
<b>BELSOMRA</b>	<b>3</b>	QL (30 EA per 30 days)
<i>busPIRone HCl Oral</i>	1	
<i>Butalbital-Acetaminophen Oral Tablet 50-325 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Butalbital-APAP</i>	2	PA; QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Butalbital-APAP-Caffeine Oral Tablet 50-325-40 MG</i>	2	PA; QL (180 EA per 30 days)
<i>Doxepin HCl Oral Tablet</i>	2	QL (30 EA per 30 days)
<i>HETLIOZ</i>	5	PA; 30DS
<i>HETLIOZ LQ</i>	5	PA; *; LA; 30DS; *Not available at mail-order
<i>HydrOXYzine HCl Oral Syrup</i>	2	PA (NS)
<i>hydrOXYzine HCl Oral Tablet</i>	2	PA (NS)
<i>HydrOXYzine Pamoate Oral</i>	2	PA (NS)
<i>Temazepam Oral Capsule 15 MG, 30 MG</i>	1	QL (30 EA per 30 days)
<i>Zaleplon</i>	1	ST; QL (30 EA per 30 days)
<i>Zolpidem Tartrate Oral</i>	1	ST; QL (30 EA per 30 days)
<b>Benzodiazepines (Anxiolytic,Sedativ/Hyp)</b>		
<i>ALPRAZolam ER</i>	2	QL (90 EA per 30 days)
<i>ALPRAZOLAM INTENSOL</i>	4	QL (300 ML per 30 days)
<i>ALPRAZolam Oral Tablet 0.25 MG, 0.5 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 1 MG</i>	4	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet 2 MG</i>	2	QL (150 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 0.25 MG, 0.5 MG</i>	2	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 1 MG</i>	3	QL (120 EA per 30 days)
<i>ALPRAZolam Oral Tablet Dispersible 2 MG</i>	2	QL (150 EA per 30 days)
<i>LORazepam Intensol</i>	2	QL (150 ML per 30 days)
<i>LORazepam Oral Tablet</i>	2	QL (120 EA per 30 days)
<b>Central Nervous System Agents, Misc.</b>		
<i>Acamprosate Calcium</i>	1	
<i>Atomoxetine HCl Oral Capsule 10 MG, 18 MG, 25 MG</i>	3	QL (120 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 100 MG, 60 MG</i>	3	QL (30 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 40 MG</i>	3	QL (60 EA per 30 days)
<i>Atomoxetine HCl Oral Capsule 80 MG</i>	4	QL (30 EA per 30 days)
<i>AUSTEDO ORAL TABLET 12 MG, 9 MG</i>	5	PA; 30DS; QL (120 EA per 30 days)
<i>AUSTEDO ORAL TABLET 6 MG</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>GuanFACINE HCl ER Oral Tablet Extended Release 24 Hour 1 MG, 2 MG, 4 MG</i>	2	PA; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GuanFACINE HCl ER Oral Tablet Extended Release 24 Hour 3 MG	3	PA; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5	PA; 30DS; QL (30 EA per 30 days)
INGREZZA ORAL CAPSULE 60 MG	5	PA; LA; 30DS; QL (30 EA per 30 days)
LITHIUM	4	
Lithium Carbonate ER	2	
Lithium Carbonate Oral	1	
Memantine HCl Oral Solution 2 MG/ML	2	QL (300 ML per 30 days)
Memantine HCl Oral Tablet 10 MG	2	QL (60 EA per 30 days)
Memantine HCl Oral Tablet 28 x 5 MG & 21 x 10 MG	4	
Memantine HCl Oral Tablet 5 MG	4	QL (60 EA per 30 days)
NUEDEXTA	4	PA; QL (60 EA per 30 days)
Riluzole	3	
Tetrabenazine Oral Tablet 12.5 MG	5	PA; LA; 30DS; QL (240 EA per 30 days)
Tetrabenazine Oral Tablet 25 MG	5	PA; LA; 30DS; QL (120 EA per 30 days)
XYREM	5	PA; LA; 30DS; QL (540 ML per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
Celecoxib Oral Capsule 100 MG, 200 MG	4	QL (60 EA per 30 days)
Celecoxib Oral Capsule 400 MG	3	QL (30 EA per 30 days)
Celecoxib Oral Capsule 50 MG	2	QL (60 EA per 30 days)
Diclofenac Potassium Oral Tablet 50 MG	3	QL (120 EA per 30 days)
Diclofenac Sodium ER	2	
Diclofenac Sodium External Gel 1 %	3	
Diclofenac Sodium Oral Tablet Delayed Release 25 MG	4	
Diclofenac Sodium Oral Tablet Delayed Release 50 MG, 75 MG	2	
Diclofenac Sodium Transdermal Gel 1 %	3	
Diflunisal Oral	4	
Etodolac ER	2	
Etodolac Oral	2	
Flurbiprofen Oral Tablet 100 MG	2	
IBU Oral Tablet 600 MG, 800 MG	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Ibuprofen Oral Suspension	1	
Ibuprofen Oral Tablet 400 MG, 600 MG, 800 MG	1	
Ketoprofen ER	2	
Ketoprofen Oral	2	
Meloxicam Oral Tablet	1	
Nabumetone Oral	2	
Naproxen DR	1	
Naproxen Oral Suspension	4	
Naproxen Oral Tablet	1	
Naproxen Oral Tablet Delayed Release	1	
Naproxen Sodium Oral Tablet 275 MG	1	
Naproxen Sodium Oral Tablet 550 MG	4	
Piroxicam Oral	2	
Sulindac Oral	1	
<b>Opiate Agonists</b>		
Acetaminophen-Codeine #3	2	QL (180 EA per 30 days)
Acetaminophen-Codeine Oral Solution	2	QL (2700 ML per 30 days)
Acetaminophen-Codeine Oral Tablet 300-15 MG, 300-60 MG	2	QL (180 EA per 30 days)
Butorphanol Tartrate Nasal	4	
CODEINE SULFATE ORAL TABLET	4	QL (180 EA per 30 days)
Endocet Oral Tablet 10-325 MG, 5-325 MG, 7.5-325 MG	4	QL (180 EA per 30 days)
ENDOCET ORAL TABLET 2.5-325 MG	4	QL (180 EA per 30 days)
fentaNYL	4	QL (10 EA per 30 days)
FentaNYL Citrate Buccal Lozenge On A Handle	5	PA; 30DS; QL (120 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 10-300 MG, 10-325 MG	4	QL (180 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 5-300 MG, 5-325 MG, 7.5-325 MG	2	QL (180 EA per 30 days)
HYDROcodone-Acetaminophen Oral Tablet 7.5-300 MG	3	QL (180 EA per 30 days)
Hydrocodone-Ibuprofen Oral Tablet 7.5-200 MG	3	QL (150 EA per 30 days)
HYDROmorphine HCl Injection Solution 1 MG/ML, 4 MG/ML	4	
HYDROmorphine HCl Oral Liquid	4	QL (1500 ML per 30 days)
HYDROmorphine HCl Oral Tablet	3	QL (180 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>HYDRO</i> Morphone HCl PF Injection Solution 10 MG/ML	4	
<i>HYDRO</i> Morphone HCl PF Injection Solution 50 MG/5ML, 500 MG/50ML	4	B/D
Lorcet	2	QL (180 EA per 30 days)
Lorcet HD	4	QL (180 EA per 30 days)
Meperidine HCl Injection Solution 100 MG/ML, 25 MG/ML, 50 MG/ML	2	PA; QL (180 ML per 30 days)
Meperidine HCl Oral Solution	2	ST; QL (1000 ML per 30 days)
Meperidine HCl Oral Tablet	2	ST; QL (180 EA per 30 days)
Methadone HCl Oral Solution	3	QL (450 ML per 30 days)
Methadone HCl Oral Tablet	3	QL (300 EA per 30 days)
Morphine Sulfate (Concentrate) Oral Solution 100 MG/5ML	3	QL (180 ML per 30 days)
Morphine Sulfate (PF) Injection Solution 0.5 MG/ML, 1 MG/ML	4	B/D
Morphine Sulfate (PF) Intravenous Solution 10 MG/ML	4	B/D
Morphine Sulfate ER Oral Tablet Extended Release	3	QL (90 EA per 30 days)
Morphine Sulfate Intravenous Solution 1 MG/ML, 25 MG/ML, 50 MG/ML	4	B/D
Morphine Sulfate Oral Solution	3	QL (1000 ML per 30 days)
Morphine Sulfate Oral Tablet	3	QL (180 EA per 30 days)
OxyCODONE HCl Oral Capsule	4	QL (180 EA per 30 days)
OxyCODONE HCl Oral Concentrate 100 MG/5ML	4	QL (180 ML per 30 days)
OxyCODONE HCl Oral Solution	4	QL (3600 ML per 30 days)
oxyCODONE HCl Oral Tablet	3	QL (180 EA per 30 days)
Oxycodone-Acetaminophen Oral Tablet 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	QL (180 EA per 30 days)
oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 10 MG, 7.5 MG	3	QL (60 EA per 30 days)
OxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 15 MG, 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days)
oxyMORphone HCl ER Oral Tablet Extended Release 12 Hour 5 MG	2	QL (60 EA per 30 days)
Oxymorphone HCl Oral Tablet 10 MG	2	QL (120 EA per 30 days)
Oxymorphone HCl Oral Tablet 5 MG	3	QL (120 EA per 30 days)
TraMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 100 MG	2	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>TraMADol HCl ER (Biphasic) Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 100 MG</i>	2	QL (90 EA per 30 days)
<i>traMADol HCl ER Oral Tablet Extended Release 24 Hour 200 MG, 300 MG</i>	2	QL (30 EA per 30 days)
<i>traMADol HCl Oral Tablet 50 MG</i>	4	QL (240 EA per 30 days)
<i>Tramadol-Acetaminophen</i>	3	QL (240 EA per 30 days)
<b>Opiate Antagonists</b>		
KLOXXADO	3	
<i>Naloxone HCl Injection Solution 0.4 MG/ML, 4 MG/10ML</i>	2	
<i>Naloxone HCl Injection Solution Cartridge</i>	2	
<i>Naloxone HCl Injection Solution Prefilled Syringe</i>	2	
<i>Naltrexone HCl Oral</i>	2	
NARCAN	3	
<b>Opiate Partial Agonists</b>		
<i>Buprenorphine HCl Sublingual Tablet Sublingual 2 MG</i>	2	QL (90 EA per 30 days)
<i>Buprenorphine HCl Sublingual Tablet Sublingual 8 MG</i>	2	QL (60 EA per 30 days)
<i>Buprenorphine HCl-Naloxone HCl Sublingual Film</i>	2	QL (60 EA per 30 days)
LUCEMYRA	3	QL (224 EA per 30 days)
<i>Pentazocine-Naloxone HCl</i>	4	ST; QL (360 EA per 30 days)
SUBOXONE SUBLINGUAL FILM	3	QL (60 EA per 30 days)
ZUBSOLV	4	QL (60 EA per 30 days)
<b>Respiratory And Cns Stimulants</b>		
Dexmethylphenidate HCl	2	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 10 MG, 15 MG, 20 MG</i>	3	QL (60 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 25 MG, 40 MG, 5 MG</i>	3	QL (30 EA per 30 days)
<i>Dexmethylphenidate HCl ER Oral Capsule Extended Release 24 Hour 30 MG, 35 MG</i>	2	QL (30 EA per 30 days)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	3	QL (90 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Methylphenidate HCl ER Oral Tablet Extended Release 18 MG, 27 MG, 36 MG, 54 MG</i>	4	QL (30 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 20 MG</i>	3	QL (90 EA per 30 days)
<i>Methylphenidate HCl ER Oral Tablet Extended Release 24 Hour</i>	3	QL (30 EA per 30 days)
<b>METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG</b>	4	QL (30 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 10 MG, 5 MG</i>	2	QL (90 EA per 30 days)
<i>Methylphenidate HCl Oral Tablet 20 MG</i>	3	QL (90 EA per 30 days)
<b>Devices</b>		
<b>Devices</b>		
<i>Assure ID Insulin Safety Syr 29G X 1/2" 1 ML</i>	1	
<i>Comfort Assist Insulin Syringe 29G X 1/2" 1 ML</i>	1	
<i>CVS Gauze Sterile Pad 2"X2"</i>	1	
<i>Exel Comfort Point Pen Needle 29G X 12MM</i>	1	
<b>OMNIPOD 5 PACK</b>	1	PA (NS); QL (10 EA per 30 days)
<b>OMNIPOD DASH 5 PACK PODS</b>	1	PA (NS); QL (10 EA per 30 days)
<b>OMNIPOD DASH SYSTEM</b>	1	PA (NS); QL (1 EA per 365 days)
<b>OMNIPOD STARTER</b>	1	PA (NS); QL (1 EA per 365 days)
<i>Preferred Plus Insulin Syringe 28G X 1/2" 0.5 ML</i>	1	
<i>Reli-On Insulin Syringe 29G 0.3 ML</i>	1	
<b>V-GO 20</b>	1	PA (NS); QL (30 EA per 30 days)
<b>V-GO 30</b>	1	PA (NS); QL (30 EA per 30 days)
<b>V-GO 40</b>	1	PA (NS); QL (30 EA per 30 days)
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Alkalinating Agents</b>		
<i>Potassium Citrate ER Oral Tablet Extended Release 10 MEQ (1080 MG), 15 MEQ (1620 MG)</i>	3	
<i>Potassium Citrate ER Oral Tablet Extended Release 5 MEQ (540 MG)</i>	2	
<b>Ammonia Detoxicants</b>		
<b>CARBAGLU</b>	5	PA; 30DS
<b>Constulose</b>	2	
<b>Enulose</b>	2	
<b>Generlac</b>	2	
<b>Lactulose Encephalopathy</b>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Lactulose Oral Solution 10 GM/15ML	2	
RAVICTI	5	PA; LA; 30DS
Sodium Phenylbutyrate Oral Powder 3 GM/TSP	5	PA; 30DS
<b>Caloric Agents</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN II INTRAVENOUS SOLUTION 15 %	4	B/D
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	B/D
AMINOSYN-PF	4	B/D
CLINOLIPID	3	B/D
Dextrose Intravenous Solution 10 %, 250 MG/ML, 30 %, 5 %, 50 %, 70 %	2	
Dextrose-NaCl Intravenous Solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
INTRALIPID	3	B/D
NUTRILIPID	3	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	3	B/D
TRAVASOL	3	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	B/D
<b>Diuretics</b>		
aMILoride HCl Oral	2	
Amiloride-Hydrochlorothiazide	2	
Bumetanide Injection	2	
Bumetanide Oral	1	
Chlorthalidone Oral Tablet 25 MG, 50 MG	1	
DIURIL	4	
Furosemide Injection Solution 10 MG/ML	2	
Furosemide Oral Solution 10 MG/ML, 8 MG/ML	1	
Furosemide Oral Tablet	1	
HydroCHLOROThiazide Oral	1	
Indapamide Oral	1	
Metolazone	2	
Torsemide Oral	1	
Triamterene-HCTZ Oral Capsule 37.5-25 MG	1	
Triamterene-HCTZ Oral Tablet	1	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Ion-Removing Agents</b>		
AURYXIA	4	PA; QL (360 EA per 30 days)
Calcium Acetate ( <i>Phos Binder</i> )	2	QL (360 EA per 30 days)
Calcium Acetate Oral Tablet 667 MG	2	QL (360 EA per 30 days)
Sevelamer Carbonate Oral Tablet	4	QL (540 EA per 30 days)
Sodium Polystyrene Sulfonate Oral	2	
SPS	2	
VELTASSA	3	QL (30 EA per 30 days)
<b>Replacement Preparations</b>		
KCl in Dextrose-NaCl Intravenous Solution 10-5-0.45 MEQ/L-%-%, 20-5-0.2 MEQ/L-%-%, 20-5-0.9 MEQ/L-%-%	2	
KCl in Dextrose-NaCl Intravenous Solution 20-5-0.45 MEQ/L-%-%, 30-5-0.45 MEQ/L-%-%, 40-5-0.45 MEQ/L-%-%	2	B/D
Klor-Con 10	2	
Klor-Con M10	2	
Klor-Con M15	3	
Klor-Con M20	2	
Klor-Con Oral Tablet Extended Release	1	
KLOR-CON SPRINKLE	2	
Potassium Chloride Crys ER Oral Tablet Extended Release 10 MEQ, 20 MEQ	2	
Potassium Chloride Crys ER Oral Tablet Extended Release 15 MEQ	3	
Potassium Chloride ER Oral Capsule Extended Release	2	
Potassium Chloride ER Oral Tablet Extended Release 10 MEQ, 20 MEQ	2	
Potassium Chloride ER Oral Tablet Extended Release 8 MEQ	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 20 MEQ/100ML, 40 MEQ/100ML	4	
Potassium Chloride Intravenous Solution 10 MEQ/50ML, 20 MEQ/50ML	4	
Potassium Chloride Intravenous Solution 2 MEQ/ML	2	
Potassium Chloride Oral Solution 20 MEQ/15ML (10%), 40 MEQ/15ML (20%)	4	
Sodium Chloride (PF)	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Sodium Chloride Injection Solution 2.5 MEQ/ML	2	
Sodium Chloride Intravenous Solution 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %	2	
Sodium Chloride Irrigation Solution 0.9 %	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	B/D
<b>Enzymes</b>		
<b>Enzymes</b>		
ALDURAZYME	5	PA; *; LA; 30DS; *Not available at mail-order
ELAPRASE	5	PA; LA; 30DS
FABRAZYME	5	PA; *; LA; 30DS; *Not available at mail-order
NAGLAZYME	5	PA; *; LA; 30DS; *Not available at mail-order
<b>Eye, Ear, Nose, And Throat (Ent) Preparations</b>		
<b>Antiallergic Agents</b>		
Azelastine HCl Nasal Solution 0.1 %, 0.15 %	2	
Azelastine HCl Ophthalmic	3	
Cromolyn Sodium Ophthalmic	2	
Epinastine HCl	4	
Olopatadine HCl Ophthalmic Solution 0.1 %	2	
Olopatadine HCl Ophthalmic Solution 0.2 %	3	
<b>Antiglaucoma Agents</b>		
acetaZOLAMIDE ER	2	
acetaZOLAMIDE Oral Tablet 125 MG	3	
acetaZOLAMIDE Oral Tablet 250 MG	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	
AZOPT	3	
Betaxolol HCl Ophthalmic	3	
BETOPTIC-S	3	
Brimonidine Tartrate Ophthalmic Solution 0.15 %	3	
Brimonidine Tartrate Ophthalmic Solution 0.2 %	2	
COMBIGAN	3	
Dorzolamide HCl Ophthalmic	2	
Dorzolamide HCl-Timolol Mal	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Latanoprost Ophthalmic</i>	4	
<i>Levobunolol HCl Ophthalmic Solution 0.5 %</i>	2	
<i>LUMIGAN OPHTHALMIC SOLUTION 0.01 %</i>	3	QL (5 ML per 25 days)
<i>methazolAMIDE Oral Tablet 25 MG</i>	3	
<i>methazolAMIDE Oral Tablet 50 MG</i>	4	
<i>Pilocarpine HCl Ophthalmic Solution 1 %, 2 %, 4 %</i>	3	
<b>RHOPRESSA</b>	3	PA
<b>ROCKLATAN</b>	3	QL (2.5 ML per 30 days)
<b>SIMBRINZA</b>	3	
<i>Timolol Maleate Ophthalmic Gel Forming Solution</i>	3	
<i>Timolol Maleate Ophthalmic Solution</i>	1	
<b>VYZULTA</b>	3	QL (5 ML per 25 days)
<b>ZIOPTAN</b>	3	QL (30 EA per 30 days)
<b>Anti-Infectives (Eent)</b>		
<i>Acetic Acid Otic</i>	2	
<i>Bacitracin Ophthalmic</i>	2	
<i>Bacitracin-Polymyxin B Ophthalmic Ointment 500-10000 UNIT/GM</i>	2	
<i>Bacitra-Neomycin-Polymyxin-HC</i>	2	
<b>BLEPHAMIDE</b>	3	
<b>BLEPHAMIDE S.O.P.</b>	4	
<i>Chlorhexidine Gluconate Mouth/Throat</i>	1	
<b>CILOXAN OPHTHALMIC OINTMENT</b>	3	
<b>CIPRODEX</b>	3	
<i>Ciprofloxacin HCl Ophthalmic</i>	1	
<i>Erythromycin Ophthalmic</i>	1	
<i>Gentak Ophthalmic Ointment</i>	1	
<i>Gentamicin Sulfate Ophthalmic Solution</i>	1	QL (10 ML per 30 days)
<i>Hydrocortisone-Acetic Acid</i>	2	
<i>Levofloxacin Ophthalmic</i>	2	
<b>MOXEZA</b>	3	
<i>Moxifloxacin HCl (2X Day)</i>	3	
<i>Moxifloxacin HCl Ophthalmic Solution</i>	3	
<b>NATACYN</b>	3	
<i>Neomycin-Bacitracin Zn-Polymyx Ophthalmic Ointment 5-400-10000</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Ointment</i>	2	
<i>Neomycin-Polymyxin-Dexameth Ophthalmic Suspension 3.5-10000-0.1</i>	2	
<i>Neomycin-Polymyxin-Gramicidin Ophthalmic Solution 1.75-10000-.025</i>	2	
<i>Neomycin-Polymyxin-HC Ophthalmic Suspension 3.5-10000-1</i>	3	
<i>Neomycin-Polymyxin-HC Otic Solution 1 %</i>	2	
<i>Neomycin-Polymyxin-HC Otic Suspension</i>	2	
<i>Ofloxacin Ophthalmic</i>	1	
<i>Ofloxacin Otic</i>	2	
<i>PAROEX</i>	1	
<i>Periogard</i>	1	
<i>Polymyxin B-Trimethoprim</i>	1	
<i>Sulfacetamide Sodium Ophthalmic Ointment</i>	3	
<i>Sulfacetamide Sodium Ophthalmic Solution</i>	4	
<i>Sulfacetamide-Prednisolone Ophthalmic Solution</i>	2	
<i>TOBRADEX OPHTHALMIC OINTMENT</i>	3	
<i>Tobramycin Ophthalmic</i>	1	
<i>Tobramycin-Dexamethasone</i>	3	
<i>TOBREX OPHTHALMIC OINTMENT</i>	3	
<i>Trifluridine Ophthalmic</i>	3	
<i>ZIRGAN</i>	3	
<b>Anti-Inflammatory Agents (Eent)</b>		
<i>Dexamethasone Sodium Phosphate Ophthalmic</i>	2	
<i>Diclofenac Sodium Ophthalmic</i>	1	
<i>DUREZOL</i>	3	
<i>Flunisolide Nasal Solution 25 MCG/ACT (0.025%)</i>	2	QL (75 ML per 30 days)
<i>Fluorometholone Ophthalmic</i>	3	
<i>Flurbiprofen Sodium</i>	1	
<i>Fluticasone Propionate Nasal</i>	2	QL (16 GM per 30 days)
<i>FML FORTE</i>	3	
<i>Ketorolac Tromethamine Ophthalmic</i>	2	
<i>MAXIDEX</i>	3	
<i>PRED MILD</i>	3	
<i>prednisoLONE Acetate Ophthalmic</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC	3	
RESTASIS	3	QL (120 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	3	QL (5.5 ML per 30 days)
<b>Eent Drugs, Miscellaneous</b>		
<i>Apraclonidine HCl</i>	2	
<i>Carteolol HCl</i>	2	
CYSTARAN	5	LA; 30DS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>Ipratropium Bromide Nasal</i>	1	QL (30 ML per 30 days)
<b>Local Anesthetics (Eent)</b>		
<i>Lidocaine HCl External Solution</i>	2	
<i>Lidocaine HCl Mouth/Throat</i>	2	
<i>Lidocaine Viscous HCl</i>	2	
<i>Proparacaine HCl Ophthalmic</i>	2	
<b>Gastrointestinal Drugs</b>		
<b>Antidiarrhea Agents</b>		
<i>Diphenoxylate-Atropine Oral Tablet 2.5-0.025 MG</i>	2	PA
<i>Loperamide HCl Oral Capsule</i>	2	
<b>Antiemetics</b>		
<i>Aprepitant Oral Capsule 125 MG</i>	2	PA; QL (2 EA per 30 days)
<i>Aprepitant Oral Capsule 40 MG</i>	2	PA; QL (4 EA per 30 days)
<i>Aprepitant Oral Capsule 80 &amp; 125 MG</i>	2	PA; QL (6 EA per 30 days)
<i>Aprepitant Oral Capsule 80 MG</i>	4	PA; QL (4 EA per 30 days)
<i>Compro</i>	3	
<i>Dronabinol Oral Capsule 10 MG</i>	2	PA; QL (60 EA per 30 days)
<i>Dronabinol Oral Capsule 2.5 MG</i>	3	PA; QL (60 EA per 30 days)
<i>Dronabinol Oral Capsule 5 MG</i>	4	PA; QL (60 EA per 30 days)
<i>EMEND ORAL SUSPENSION RECONSTITUTED</i>	3	B/D
<i>Granisetron HCl Oral</i>	3	B/D
<i>Meclizine HCl Oral Tablet 12.5 MG, 25 MG</i>	2	PA
<i>Ondansetron</i>	2	B/D
<i>Ondansetron HCl Oral Solution</i>	3	B/D
<i>Ondansetron HCl Oral Tablet</i>	2	B/D
<i>Prochlorperazine</i>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Prochlorperazine Maleate Oral</i>	2	
<i>Promethazine HCl Rectal Suppository 12.5 MG</i>	3	
<i>Promethazine HCl Rectal Suppository 25 MG</i>	4	
<i>Scopolamine</i>	4	QL (10 EA per 30 days)
<b>Anti-Inflammatory Agents (Gi Drugs)</b>		
<i>Balsalazide Disodium</i>	3	
<i>Mesalamine ER</i>	4	QL (120 EA per 30 days)
<i>Mesalamine Oral Capsule Delayed Release</i>	4	QL (180 EA per 30 days)
<i>Mesalamine Oral Tablet Delayed Release</i>	4	
<i>Mesalamine Rectal Enema</i>	4	
<i>Mesalamine-Cleanser</i>	4	
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>Amoxicill-Clarithro-Lansopraz</i>	4	
<i>CARAFATE ORAL SUSPENSION</i>	4	
<i>Cimetidine HCl Oral Solution 300 MG/5ML</i>	1	
<i>Cimetidine Oral</i>	1	
<i>DEXILANT</i>	4	ST; QL (30 EA per 30 days)
<i>Famotidine Oral Tablet 20 MG, 40 MG</i>	1	
<i>Lansoprazole Oral Capsule Delayed Release</i>	2	QL (60 EA per 30 days)
<i>miSOPROStol Oral</i>	2	
<i>Omeprazole Oral Capsule Delayed Release</i>	1	QL (60 EA per 30 days)
<i>Pantoprazole Sodium Oral Tablet Delayed Release</i>	1	QL (60 EA per 30 days)
<i>RABEprazole Sodium Oral Tablet Delayed Release</i>	3	QL (60 EA per 30 days)
<i>Sucralfate Oral Suspension</i>	4	
<i>Sucralfate Oral Tablet</i>	2	
<b>Cathartics And Laxatives</b>		
<i>GAVILYTE-C</i>	2	
<i>GaviLyte-G</i>	2	
<i>GAVILYTE-H</i>	2	
<i>GaviLyte-N with Flavor Pack</i>	2	
<i>GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM</i>	3	
<i>PEG 3350-KCl-Na Bicarb-NaCl</i>	2	
<i>PEG-3350/Electrolytes</i>	2	
<i>TriLyte</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULANCE	3	QL (30 EA per 30 days)
<b>Gi Drugs, Miscellaneous</b>		
Alosetron HCl	5	PA; 30DS
CHENODAL	5	ST; LA; 30DS
CREON	3	
GATTEX	5	PA; LA; 30DS
LINZESS	3	QL (30 EA per 30 days)
Metoclopramide HCl Oral Solution 5 MG/5ML	2	
Metoclopramide HCl Oral Tablet	1	
MOVANTIK	3	QL (30 EA per 30 days)
RELISTOR ORAL	5	PA; 30DS; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	5	PA; 30DS; QL (18 ML per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML	5	PA; 30DS; QL (12 ML per 30 days)
Ursodiol Oral Capsule 300 MG	3	
Ursodiol Oral Tablet	3	
XIFAXAN ORAL TABLET 200 MG	5	PA; 30DS; QL (9 EA per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; 30DS; QL (84 EA per 28 days)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT	4	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	3	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CHEMET	3	
Clovique	5	PA; 30DS
Deferasirox Oral Tablet Soluble	5	PA; 30DS
Deferiprone	5	PA; 30DS
penicillAMINE Oral Tablet	5	30DS
Trientine HCl	5	PA; 30DS
<b>Metallic Poison, Agents To Treat</b>		
FERRIPROX ORAL TABLET 1000 MG	5	PA; 30DS
SYPRINE	5	PA; 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Hormones And Synthetic Substitutes</b>		
<b>Adrenals</b>		
Budesonide ER Oral Tablet Extended Release 24 Hour	5	PA; 30DS; QL (30 EA per 30 days)
Budesonide Oral	4	
Cortisone Acetate Oral	2	
Dexamethasone Oral Elixir	2	
Dexamethasone Oral Solution	2	
Dexamethasone Oral Tablet	1	
Fludrocortisone Acetate Oral	2	
Hydrocortisone Oral	1	
MethylPREDNISolone Oral	2	
MILLIPRED ORAL TABLET	4	
PrednisoLONE Oral Solution	1	
PrednisoLONE Sodium Phosphate Oral Solution 10 MG/5ML, 15 MG/5ML, 20 MG/5ML, 25 MG/5ML, 6.7 (5 Base) MG/5ML	1	
PREDNISONE INTENSOL	4	
PredniSONE Oral Solution	1	
PredniSONE Oral Tablet	1	
predniSONE Oral Tablet Therapy Pack 10 MG (48), 5 MG (48)	1	
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	4	QL (30 EA per 30 days)
Danazol Oral Capsule 100 MG, 50 MG	2	
Danazol Oral Capsule 200 MG	3	
Oxandrolone Oral Tablet 10 MG	3	PA; QL (60 EA per 30 days)
Oxandrolone Oral Tablet 2.5 MG	3	PA; QL (90 EA per 30 days)
Testosterone Cypionate Intramuscular Solution 100 MG/ML, 200 MG/ML	2	
Testosterone Enanthate Intramuscular Solution	2	
Testosterone Transdermal Gel 12.5 MG/ACT (1%)	3	
Testosterone Transdermal Gel 20.25 MG/1.25GM (1.62%)	2	
Testosterone Transdermal Gel 20.25 MG/ACT (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Testosterone Transdermal Solution</i>	4	QL (180 ML per 30 days)
<b>Antidiabetic Agents</b>		
Acarbose Oral Tablet 100 MG, 50 MG	1	QL (90 EA per 30 days)
Acarbose Oral Tablet 25 MG	1	
AVANDIA ORAL TABLET 2 MG	3	QL (30 EA per 30 days)
AVANDIA ORAL TABLET 4 MG	3	QL (60 EA per 30 days)
BYDUREON BCISE	3	QL (3.4 ML per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR	3	QL (4 EA per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (2.4 ML per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	QL (1.2 ML per 30 days)
FARXIGA	3	QL (30 EA per 30 days)
FIASP	3	QL (30 ML per 30 days)
FIASP FLEXTOUCH	3	QL (30 ML per 30 days)
FIASP PENFILL	3	QL (30 ML per 30 days)
<i>Glimepiride Oral Tablet 1 MG, 4 MG</i>	1	QL (60 EA per 30 days)
<i>Glimepiride Oral Tablet 2 MG</i>	1	QL (30 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 10 MG</i>	1	QL (60 EA per 30 days)
<i>glipiZIDE ER Oral Tablet Extended Release 24 Hour 2.5 MG, 5 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE Oral Tablet 10 MG</i>	1	QL (120 EA per 30 days)
<i>glipiZIDE Oral Tablet 5 MG</i>	1	QL (90 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-250 MG</i>	1	QL (60 EA per 30 days)
<i>GlipiZIDE-MetFORMIN HCl Oral Tablet 2.5-500 MG</i>	1	QL (90 EA per 30 days)
<i>glipiZIDE-metFORMIN HCl Oral Tablet 5-500 MG</i>	1	QL (120 EA per 30 days)
GLYXAMBI	3	QL (30 EA per 30 days)
HUMULIN R U-500 (CONCENTRATED)	5	30DS; QL (30 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	30DS; QL (30 ML per 30 days)
INSULIN ASP PROT & ASP FLEXPEN	3	QL (30 ML per 30 days)
INSULIN ASPART	3	QL (30 ML per 30 days)
INSULIN ASPART FLEXPEN	3	QL (30 ML per 30 days)
INSULIN ASPART PENFILL	3	QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN ASPART PROT & ASPART	3	QL (30 ML per 30 days)
JANUMET	3	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	QL (60 EA per 30 days)
JANUVIA	3	QL (30 EA per 30 days)
JARDIANCE	3	QL (30 EA per 30 days)
JENTADUETO	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	QL (30 EA per 30 days)
LANTUS	3	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
LEVEMIR	3	QL (30 ML per 30 days)
LEVEMIR FLEXTOUCH	3	QL (30 ML per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 500 MG</i>	1	QL (120 EA per 30 days)
<i>metFORMIN HCl ER Oral Tablet Extended Release 24 Hour 750 MG</i>	1	QL (90 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 1000 MG</i>	1	QL (60 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 500 MG</i>	1	QL (120 EA per 30 days)
<i>MetFORMIN HCl Oral Tablet 850 MG</i>	1	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 100 MG, 50 MG</i>	2	QL (90 EA per 30 days)
<i>Miglitol Oral Tablet 25 MG</i>	2	
NOVOLIN 70/30	3	QL (30 ML per 30 days)
NOVOLIN 70/30 FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN N	3	QL (30 ML per 30 days)
NOVOLIN N FLEXPEN	3	QL (30 ML per 30 days)
NOVOLIN R	3	QL (30 ML per 30 days)
NOVOLIN R FLEXPEN	3	QL (30 ML per 30 days)
NOVOLOG	3	QL (30 ML per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30	3	QL (30 ML per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	QL (30 ML per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	QL (30 ML per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	3	QL (1.5 ML per 28 days)
OZEMPIC (1 MG/DOSE)	3	QL (3 ML per 28 days)
<i>Pioglitazone HCl</i>	1	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Glimepiride</i>	2	QL (30 EA per 30 days)
<i>Pioglitazone HCl-Metformin HCl</i>	4	QL (90 EA per 30 days)
RYBELSUS	3	QL (30 EA per 30 days)
SOLIQUA	3	QL (18 ML per 30 days)
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SYNJARDY	3	QL (60 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	QL (30 EA per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	QL (60 EA per 30 days)
TOUJEO MAX SOLOSTAR	3	QL (30 ML per 30 days)
TOUJEO SOLOSTAR	3	QL (30 ML per 30 days)
TRADJENTA	3	QL (30 EA per 30 days)
TRESIBA	3	QL (30 ML per 30 days)
TRESIBA FLEXTOUCH	3	QL (30 ML per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	QL (60 EA per 30 days)
TRULICITY	3	QL (2 ML per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (9 ML per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG	3	QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG	3	QL (60 EA per 30 days)
XULTOPHY	3	QL (15 ML per 30 days)
<b>Antihypoglycemic Agents</b>		
GLUCAGEN HYPOKIT	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCAGON EMERGENCY INJECTION KIT	4	
KORLYM	5	PA; 30DS
<b>Contraceptives</b>		
AFIRMELLE	2	
ALTAVERA	2	
<i>Alyacen 1/35</i>	2	
<i>Alyacen 7/7/7</i>	2	
APRI	2	
AUBRA	2	
AUBRA EQ	2	
AUROVELA 1.5/30	2	
AUROVELA 1/20	2	
AUROVELA 24 FE	3	
AUROVELA FE 1.5/30	2	
AUROVELA FE 1/20	2	
AVIANE	2	
AYUNA	2	
AZURETTE	2	
BALZIVA	2	
BEKYREE	2	
BLISOVI 24 FE	3	
BLISOVI FE 1.5/30	2	
BLISOVI FE 1/20	2	
<i>Briellyn</i>	2	
CAMILA	2	
<i>Caziant</i>	2	
CHATEAL	2	
CHATEAL EQ	2	
CRYSELLE-28	2	
CYCLAFEM 1/35	2	
CYCLAFEM 7/7/7	2	
CYRED	2	
CYRED EQ	2	0
DASETTA 1/35	2	
DASETTA 7/7/7	2	
DEBLITANE	2	
DELYLA	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Desogestrel-Ethinyl Estradiol</i>	2	
ELINEST	2	
<i>EluRyng</i>	2	QL (1 EA per 28 days)
EMOQUETTE	2	
ENPRESSE-28	2	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	2	
ERRIN	2	
ESTARYLLA	2	
<i>Ethynodiol Diac-Eth Estradiol</i>	2	
<i>Etonogestrel-Ethinyl Estradiol</i>	2	QL (1 EA per 28 days)
FALMINA	2	
FEMYNOR	2	
HAILEY 1.5/30	2	
HAILEY 24 FE	3	
HAILEY FE 1.5/30	2	
HAILEY FE 1/20	2	
HEATHER	2	
ICLEVIA	3	
INCASSIA	2	
INTROVALE	3	
ISIBLOOM	2	
JENCYCLAA	2	
JOLESSA	3	
JULEBER	2	
JUNEL 1.5/30	2	0
JUNEL 1/20	2	0
JUNEL FE 1.5/30	2	
JUNEL FE 1/20	2	
JUNEL FE 24	3	
<i>Kaitlib Fe</i>	2	
KALLIGA	2	
KARIVA	2	
<i>Kelnor 1/35</i>	2	
<i>Kelnor 1/50</i>	2	
KURVELO	2	
LARIN 1.5/30	2	
LARIN 1/20	2	0

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LARIN 24 FE	3	
LARIN FE 1.5/30	2	
LARIN FE 1/20	2	
LARISSIA	2	
<i>Layolis FE</i>	2	
LESSINA	2	
LEVONEST	2	
<i>Levonorgest-Eth Estrad 91-Day Oral Tablet 0.15-0.03 MG</i>	3	
<i>Levonorgestrel-Ethinyl Estrad Oral Tablet 0.1-20 MG-MCG, 0.15-30 MG-MCG</i>	2	
<i>Levonorg-Eth Estrad Triphasic Oral Tablet 50-30/75-40/ 125-30 MCG</i>	2	
LEVORA 0.15/30 (28)	2	
LILLOW	2	
LOESTRIN 1.5/30 (21)	2	
LOESTRIN 1/20 (21)	2	
LOESTRIN FE 1.5/30	2	
LOESTRIN FE 1/20	2	
LOW-OGESTREL	2	
LUTERA	2	
<i>Lyleq</i>	2	
LYZA	2	
Marlissa	2	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
MILI	2	
MONO-LINYAH	2	
NECON 0.5/35 (28)	2	
NORA-BE	2	
<i>Norethin Ace-Eth Estrad-FE Oral Tablet 1-20 MG-MCG, 1.5-30 MG-MCG</i>	2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1.5-30 MG-MCG</i>	2	
<i>Norethindrone Acet-Ethinyl Est Oral Tablet 1-20 MG-MCG</i>	2	0
<i>Norethindrone Oral</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Norethin-Eth Estradiol-Fe Oral Tablet Chewable 0.8-25 MG-MCG	2	
Norgestimate-Eth Estradiol Oral Tablet 0.25-35 MG-MCG	2	
Norgestim-Eth Estrad Triphasic	2	
NORLYDA	2	
NORLYROC	2	
NORTREL 0.5/35 (28)	2	
NORTREL 1/35 (21)	2	
NORTREL 1/35 (28)	2	
NORTREL 7/7/7	2	
NYLIA 7/7/7	2	
NYMYO	2	
ORSYTHIA	2	
PHILITH	2	
PIMTREA	2	
PIRMELLA 1/35	2	
PIRMELLA 7/7/7	2	
PORTIA-28	2	
PREVIFEM	2	
RECLIPSEN	2	
SETLAKIN	3	
SHAROBEL	2	
SIMLIYA	2	
SPRINTEC 28	2	
SRONYX	2	
TARINA 24 FE	3	0
TARINA FE 1/20	2	
TARINA FE 1/20 EQ	2	
Tilia Fe	2	
TRI FEMYNOR	2	
TRI-ESTARYLLA	2	
TRI-LEGEST FE	2	
TRI-LINYAH	2	
TRI-LO-ESTARYLLA	2	
TRI-LO-MARZIA	2	
TRI-LO-MILI	2	
TRI-LO-SPRINTEC	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRI-MILI	2	
<i>Tri-Nymyo</i>	2	
TRI-PREVIFEM	2	
TRI-SPRINTEC	2	
TRIVORA (28)	2	
TRI-VYLIBRA	2	
TRI-VYLIBRA LO	2	
TULANA	2	
<i>Velivet</i>	2	
VIENVA	2	
<i>Viorele</i>	2	
VOLNEA	2	
VYFEMLA	2	
VYLIBRA	2	
WERA	2	
Zovia 1/35E (28)	2	
<b>Estrogens And Antiestrogens</b>		
DUAVEE	3	
<i>Estradiol Oral</i>	2	
<i>Estradiol Transdermal Patch Weekly</i>	3	
ESTRING	3	
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
<i>Raloxifene HCl</i>	1	
<b>Gonadotropins</b>		
<i>Chorionic Gonadotropin Intramuscular</i>	2	PA; *; *Not available at mail-order
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	2	PA
PREGNYL	2	PA; *; *Not available at mail-order
<b>Meglitinides</b>		
<i>Nateglinide</i>	1	QL (90 EA per 30 days)
<i>Repaglinide Oral Tablet 0.5 MG, 1 MG</i>	1	QL (120 EA per 30 days)
<i>Repaglinide Oral Tablet 2 MG</i>	1	QL (240 EA per 30 days)
<b>Parathyroid</b>		
<i>Calcitonin (Salmon) Nasal</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	30DS; QL (2.4 ML per 28 days)
NATPARA	5	LA; 30DS
<b>Pituitary</b>		
Desmopressin Ace Spray Refrig	4	
Desmopressin Acetate Oral Tablet 0.1 MG	3	
Desmopressin Acetate Oral Tablet 0.2 MG	2	
Desmopressin Acetate Spray	4	
GENOTROPIN	5	PA; 30DS
GENOTROPIN MINIQUICK	5	PA; 30DS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG	5	PA; LA; 30DS
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 30 MG	5	LA; 30DS
SYNAREL	5	30DS
<b>Progestins</b>		
MedroxyPROGESTERone Acetate Intramuscular	2	
MedroxyPROGESTERone Acetate Oral	1	
Norethindrone Acetate Oral	3	
Progesterone Micronized Oral	3	
Progesterone Oral	3	
<b>Somatostatin Agonists</b>		
Octreotide Acetate Injection Solution 100 MCG/ML, 200 MCG/ML	4	
Octreotide Acetate Injection Solution 1000 MCG/ML, 500 MCG/ML	5	30DS
Octreotide Acetate Injection Solution 50 MCG/ML	2	
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 100 MCG/ML	4	
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 50 MCG/ML	2	
Octreotide Acetate Subcutaneous Solution Prefilled Syringe 500 MCG/ML	5	30DS
SIGNIFOR	5	PA; 30DS
<b>Somatotropin Agonists</b>		
INCRELEX	5	PA; LA; 30DS
SOMATULINE DEPOT	5	PA (NS); 30DS

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Thyroid And Antithyroid Agents</b>		
<i>Euthyrox</i>	2	
<i>Levo-T Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG</i>	2	
<i>Levo-T Oral Tablet 200 MCG</i>	3	
<i>Levothyroxine Sodium Oral Tablet</i>	1	
<i>Levoxyl Oral Tablet 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG</i>	2	
<i>Levoxyl Oral Tablet 200 MCG</i>	3	
<i>Liothryronine Sodium Oral Tablet 25 MCG</i>	4	
<i>Liothryronine Sodium Oral Tablet 5 MCG, 50 MCG</i>	2	
<i>methIMAzole Oral</i>	1	
<i>Propylthiouracil Oral</i>	1	
<b>SYNTHROID</b>	3	
<i>Unithroid</i>	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>5-Alpha-Reductase Inhibitors</b>		
<i>Dutasteride Oral</i>	4	QL (30 EA per 30 days)
<i>Finasteride Oral Tablet 5 MG</i>	1	
<b>Complement Inhibitors</b>		
<i>CINRYZE</i>	5	PA; LA; 30DS
<i>Icatibant Acetate</i>	5	PA; 30DS; QL (18 ML per 30 days)
<b>Miscellaneous Therapeutic Agents</b>		
<i>ACTIMMUNE</i>	5	LA; 30DS; *Not available at mail-order
<i>Alendronate Sodium Oral Solution</i>	3	
<i>Alendronate Sodium Oral Tablet 10 MG</i>	1	QL (30 EA per 30 days)
<i>Alendronate Sodium Oral Tablet 35 MG</i>	1	QL (8 EA per 28 days)
<i>Alendronate Sodium Oral Tablet 70 MG</i>	1	
<i>Allopurinol Oral</i>	1	
<i>Anagrelide HCl</i>	4	
<b>ARCALYST</b>	5	PA; LA; 30DS
<i>AUBAGIO</i>	5	PA; LA; 30DS; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	PA; 30DS; QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	PA; 30DS; QL (4 EA per 28 days)
<i>azaTHIOPrine Oral Tablet 50 MG</i>	2	B/D
<i>Baclofen Oral</i>	1	
BENLYSTA	5	PA; LA; 30DS
BETASERON SUBCUTANEOUS KIT	5	PA; 30DS; QL (14 EA per 28 days)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT	4	PA
<i>Cabergoline</i>	4	
<i>Cinacalcet HCl Oral Tablet 30 MG</i>	4	B/D; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 60 MG</i>	5	B/D; 30DS; QL (60 EA per 30 days)
<i>Cinacalcet HCl Oral Tablet 90 MG</i>	5	B/D; 30DS; QL (120 EA per 30 days)
<i>Colchicine Oral Capsule</i>	4	
<i>Colchicine Oral Tablet</i>	3	
<i>Colchicine-Probenecid</i>	2	
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	PA; 30DS; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	PA; 30DS; QL (12 ML per 28 days)
CRYSVITA	5	PA; *; LA; 30DS; *Not available at mail-order
<i>CycloSPORINE Modified Oral Capsule 100 MG, 50 MG</i>	4	B/D
<i>CycloSPORINE Modified Oral Capsule 25 MG</i>	3	B/D
<i>CycloSPORINE Modified Oral Solution</i>	4	B/D
<i>CycloSPORINE Oral Capsule 100 MG</i>	4	B/D
<i>CycloSPORINE Oral Capsule 25 MG</i>	3	B/D
CYSTADANE	5	LA; 30DS
CYSTAGON	4	PA; LA
<i>Dalfampridine ER</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>Disulfiram Oral</i>	2	
DYSPORT	4	PA
ELMIRON	4	
ENBREL MINI	5	PA; 30DS; QL (8 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA; *; 30DS; *Not available at mail-order; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	5	PA; 30DS; QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	5	PA; 30DS; QL (8 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; 30DS; QL (8 EA per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; 30DS; QL (8 ML per 28 days)
ENSPRYNG	5	PA; *; 30DS; *Not available at mail-order
<i>Everolimus Oral Tablet 0.25 MG, 0.5 MG, 0.75 MG</i>	5	PA (NS); 30DS
<i>Febuxostat</i>	4	ST; QL (30 EA per 30 days)
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	B/D; *; 30DS; *Not available at mail-order
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	B/D; 30DS
GAMMAGARD S/D LESS IGA	5	B/D; 30DS
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	B/D; *; 30DS; *Not available at mail-order
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	B/D; 30DS
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	B/D; *; 30DS; *Not available at mail-order
<i>Gengraf Oral Capsule 100 MG</i>	4	B/D
<i>Gengraf Oral Capsule 25 MG</i>	3	B/D
<i>Gengraf Oral Solution</i>	4	B/D
GILENYA ORAL CAPSULE 0.5 MG	5	PA; 30DS; QL (30 EA per 30 days)
GIVLAARI	5	PA; 30DS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; 30DS; QL (3 EA per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; 30DS; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	5	PA; 30DS; QL (6 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT 80 MG/0.8ML	5	PA; 30DS; QL (3 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; 30DS; QL (6 EA per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	5	PA; 30DS; QL (3 EA per 28 days)
HUMIRA PEN-PEDIATRIC UC START	5	PA; 30DS; QL (4 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; 30DS; QL (6 EA per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; 30DS; QL (3 EA per 28 days)
HUMIRA PEN-PSOR/UVEIT STARTER	5	PA; 30DS; QL (3 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 10 MG/0.2ML, 20 MG/0.2ML	5	PA; 30DS; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML	5	PA; 30DS; QL (12 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	5	PA; 30DS; QL (6 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA; *; 30DS; *Not available at mail-order; QL (6 EA per 28 days)
<i>Ibandronate Sodium Oral</i>	2	
INFLECTRA	5	PA; 30DS
JYNARQUE ORAL TABLET	5	PA; 30DS; QL (30 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	5	PA; 30DS; QL (56 EA per 28 days)
<i>Leflunomide Oral Tablet 10 MG</i>	3	QL (60 EA per 30 days)
<i>Leflunomide Oral Tablet 20 MG</i>	3	
<i>Leucovorin Calcium Injection Solution 500 MG/50ML</i>	2	B/D; *; *Not available at mail- order
<i>Leucovorin Calcium Injection Solution Reconstituted</i>	2	B/D; *; *Not available at mail- order
<i>Leucovorin Calcium Oral Tablet 10 MG</i>	3	
<i>Leucovorin Calcium Oral Tablet 15 MG, 25 MG, 5 MG</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levOCARNitine Oral Solution</i>	3	B/D
<i>levOCARNitine Oral Tablet</i>	2	B/D
MESNEX ORAL	5	30DS
<i>metyroSINE</i>	5	30DS
<i>Miglustat</i>	5	PA; 30DS
<i>Mycophenolate Mofetil Oral Capsule</i>	3	B/D
<i>Mycophenolate Mofetil Oral Suspension Reconstituted</i>	5	B/D; 30DS
<i>Mycophenolate Mofetil Oral Tablet</i>	3	B/D
<i>Mycophenolate Sodium</i>	4	B/D
<i>Nitisinone</i>	5	PA; 30DS
ORFADIN ORAL CAPSULE 20 MG	5	PA; 30DS
ORFADIN ORAL SUSPENSION	5	PA; 30DS
OXBRYTA	5	PA; *; 30DS; *Not available at mail-order; QL (90 EA per 30 days)
<i>Pamidronate Disodium Intravenous Solution</i>	4	PA
PLEGRIDY	5	PA; LA; 30DS
PLEGRIDY STARTER PACK	5	PA; LA; 30DS
<i>Probenecid Oral</i>	3	
PROGRAF ORAL PACKET	4	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL (1 ML per 180 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; 30DS; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA; 30DS; QL (6 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; 30DS; QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; 30DS; QL (6 ML per 28 days)
RENFLEXIS	5	PA; 30DS
REZUROCK	5	PA (NS); LA; 30DS; QL (30 EA per 30 days)
RIDAURA	3	
RINVOQ	5	PA; 30DS; QL (30 EA per 30 days)
<i>Risedronate Sodium Oral Tablet 150 MG</i>	3	QL (1 EA per 28 days)
<i>Risedronate Sodium Oral Tablet 30 MG</i>	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Risedronate Sodium Oral Tablet 35 MG	3	QL (4 EA per 28 days)
Risedronate Sodium Oral Tablet 5 MG	4	QL (30 EA per 30 days)
Risedronate Sodium Oral Tablet Delayed Release	4	QL (4 EA per 28 days)
SANDIMMUNE ORAL SOLUTION	4	B/D
Sapropterin Dihydrochloride	5	PA; *; 30DS; *Not available at mail-order
Sirolimus Oral Solution	5	B/D; 30DS
Sirolimus Oral Tablet 0.5 MG	1	B/D
Sirolimus Oral Tablet 1 MG	4	B/D
Sirolimus Oral Tablet 2 MG	5	B/D; 30DS
Skyrizi	5	PA; 30DS; QL (1 ML per 28 days)
SKYRIZI (150 MG DOSE)	5	PA; 30DS; QL (2 EA per 28 days)
Skyrizi Pen	5	PA; 30DS; QL (1 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA; 30DS; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	5	PA; 30DS; QL (0.5 ML per 28 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	5	PA; 30DS; QL (1 ML per 28 days)
Tacrolimus Oral Capsule 0.5 MG, 1 MG	3	B/D
Tacrolimus Oral Capsule 5 MG	4	B/D
TALTZ	5	PA; *; 30DS; *Not available at mail-order; QL (3 ML per 28 days)
TECFIDERA	5	PA; LA; 30DS; QL (60 EA per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	30DS; QL (30 EA per 30 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	30DS; QL (60 EA per 30 days)
Tranexamic Acid Oral	3	
TYBOST	4	
XELJANZ ORAL SOLUTION	5	PA; *; 30DS; *Not available at mail-order; QL (300 ML per 30 days)
XELJANZ ORAL TABLET	5	PA; 30DS; QL (60 EA per 30 days)
XELJANZ XR	5	PA; 30DS; QL (30 EA per 30 days)
XEOMIN	4	PA
XGEVA	5	PA (NS); 30DS; QL (1.7 ML per 28 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS ORAL TABLET 1 MG	5	B/D; 30DS
<b>Other Miscellaneous Therapeutic Agents</b>		
BOTOX INJECTION SOLUTION RECONSTITUTED 200 UNIT	4	PA
<b>Nutritional/Supplements</b>		
<b>Vitamins</b>		
Prenatal Oral Tablet 27-1 MG	1	
<b>Pharmaceutical Aids</b>		
<b>Pharmaceutical Aids</b>		
Global Alcohol Prep Ease	1	
<b>Respiratory Tract Agents</b>		
<b>Corticosteroids (Respiratory Tract)</b>		
ADVAIR DISKUS	3	QL (60 EA per 30 days)
ADVAIR HFA	3	QL (12 GM per 30 days)
ARNUITY ELLIPTA	3	QL (30 EA per 30 days)
BREO ELLIPTA	3	QL (60 EA per 30 days)
Budesonide Inhalation Suspension 0.25 MG/2ML, 0.5 MG/2ML	4	B/D
Budesonide Inhalation Suspension 1 MG/2ML	4	B/D; QL (60 ML per 30 days)
DULERA	3	QL (13 GM per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	3	QL (60 EA per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	3	QL (240 EA per 30 days)
FLOVENT HFA	3	QL (24 GM per 30 days)
INCRUSE ELLIPTA	3	QL (30 EA per 30 days)
PULMICORT FLEXHALER	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	3	QL (42.4 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	3	QL (21.2 GM per 30 days)
SYMBICORT	3	QL (10.2 GM per 30 days)
<b>Leukotriene Modifiers</b>		
Montelukast Sodium Oral Packet	3	QL (30 EA per 30 days)
Montelukast Sodium Oral Tablet	4	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Montelukast Sodium Oral Tablet Chewable 4 MG</i>	2	QL (30 EA per 30 days)
<i>Montelukast Sodium Oral Tablet Chewable 5 MG</i>	4	QL (30 EA per 30 days)
Zafirlukast	3	QL (60 EA per 30 days)
<b>Respiratory Tract Agents, Miscellaneous</b>		
<i>Acetylcysteine Inhalation</i>	4	B/D
ADEMPAS	5	PA; LA; 30DS; QL (120 EA per 30 days)
BEVESPI AEROSPHERE	3	
<i>Bosentan Oral Tablet 125 MG</i>	5	PA; 30DS; QL (60 EA per 30 days)
<i>Bosentan Oral Tablet 62.5 MG</i>	5	PA; 30DS; QL (120 EA per 30 days)
BREZTRI AEROSPHERE	3	QL (11 GM per 30 days)
<i>Cromolyn Sodium Inhalation</i>	4	B/D; QL (240 ML per 30 days)
<i>Cromolyn Sodium Oral</i>	5	30DS
DALIRESP ORAL TABLET 250 MCG	4	PA
DALIRESP ORAL TABLET 500 MCG	4	PA; QL (30 EA per 30 days)
<i>EPINEPPhrine Injection Solution Auto-Injector</i>	2	
ESBRIET	5	PA; LA; 30DS
KALYDECO ORAL PACKET 25 MG	5	PA; 30DS; QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG	5	PA; 30DS; QL (60 EA per 30 days)
KALYDECO ORAL TABLET	5	PA; 30DS; QL (60 EA per 30 days)
NUCALA	5	PA; LA; 30DS
OFEV	5	PA; LA; 30DS
OPSUMIT	5	PA; LA; 30DS; QL (120 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG	5	PA; 30DS; QL (112 EA per 28 days)
ORKAMBI ORAL PACKET 150-188 MG	5	PA; 30DS; QL (56 EA per 28 days)
ORKAMBI ORAL TABLET	5	PA; 30DS; QL (112 EA per 28 days)
PROLASTIN-C	5	PA; 30DS
PULMOZYME	5	PA; 30DS; QL (150 ML per 30 days)
SPIRIVA HANDIHALER	3	QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPIRIVA RESPIMAT	3	QL (4 GM per 30 days)
STIOLTO RESPIMAT	3	QL (4 GM per 28 days)
Theophylline	4	
Theophylline ER Oral Tablet Extended Release 12 Hour 300 MG	3	
Theophylline ER Oral Tablet Extended Release 24 Hour	2	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
Trelegy Ellipta Inhalation Aerosol Powder Breath Activated 200-62.5-25 MCG/INH	3	QL (60 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG	5	PA; 30DS; QL (90 EA per 30 days)
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG	5	PA; 30DS; QL (84 EA per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA; LA; 30DS; QL (4 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA; *; LA; 30DS; *Not available at mail-order; QL (6 ML per 28 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA; 30DS; QL (6 EA per 28 days)
ZEMAIRA	3	PA; LA
<b>Serums, Toxoids, And Vaccines</b>		
<b>Toxoids</b>		
ADACEL	4	
BOOSTRIX	4	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	4	
DIPHTHERIA-TETANUS TOXOIDS DT	4	
INFANRIX	4	
TDVAX	4	
TENIVAC	4	
<b>Vaccines</b>		
ACTHIB	4	
BCG VACCINE	4	
BEXSERO	4	
ENGERIX-B INJECTION	4	B/D
GARDASIL 9	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAVRIX	3	
HIBERIX INJECTION	4	
IMOVAX RABIES	4	
I-POL	4	
IXIARO	4	
KINRIX	4	
MENACTRA	4	
MENQUADFI	4	
MENVEO	4	
M-M-R II INJECTION	3	
PEDIARIX	4	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	4	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
QUADRACEL	4	
RABAVERT	4	
RECOMBIVAX HB	3	B/D
ROTARIX	4	
ROTAQUE ORAL SOLUTION	4	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	4	
Stamaril	4	
TRUMENBA	4	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
TYPHIM VI	4	
VAQTA	3	
VARIVAX	4	
VARIZIG INTRAMUSCULAR SOLUTION	4	
YF-VAX	4	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
<b>Skin And Mucous Membrane Agents</b>		
<b>Antibacterials (Skin And Mucous Membrane)</b>		
Benzoyl Peroxide-Erythromycin	3	
Clindacin-P	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Clindamycin Phosphate External Foam</i>	4	
<i>Clindamycin Phosphate External Gel</i>	3	
<i>Clindamycin Phosphate External Lotion</i>	2	
<i>Clindamycin Phosphate External Solution</i>	3	QL (60 ML per 28 days)
<i>Clindamycin Phosphate External Swab</i>	2	
<i>Clindamycin Phosphate Vaginal</i>	3	
<i>Ery</i>	2	
<i>Erythromycin External Gel</i>	3	
<i>Erythromycin External Solution</i>	2	
<i>Gentamicin Sulfate External Cream</i>	1	QL (90 GM per 30 days)
<i>Gentamicin Sulfate External Ointment</i>	1	
<i>MetroNIDAZOLE Vaginal</i>	3	
<i>Mupirocin Calcium</i>	4	QL (44 GM per 28 days)
<i>Mupirocin External</i>	2	
<i>Vandazole</i>	3	
<b>Antifungals (Skin And Mucous Membrane)</b>		
<i>Ciclopirox External Solution</i>	2	
<i>Ciclopirox Olamine External</i>	3	
<i>Clotrimazole External Cream</i>	2	
<i>Clotrimazole External Solution</i>	2	
<i>Clotrimazole Mouth/Throat Troche</i>	3	QL (70 EA per 14 days)
<i>Clotrimazole-Betamethasone</i>	2	
<i>Econazole Nitrate External</i>	4	QL (85 GM per 30 days)
<i>Ketoconazole External Cream</i>	2	QL (60 GM per 28 days)
<i>Ketoconazole External Foam</i>	4	
<i>Ketoconazole External Shampoo 2 %</i>	2	
<i>Ketodan External Foam</i>	3	
<i>Miconazole 3 Vaginal Suppository</i>	2	
<i>Nyamyc</i>	2	
<i>Nystatin External</i>	2	
<i>Nystatin-Triamcinolone</i>	3	
<i>Nystop</i>	2	
<i>Terconazole Vaginal Cream</i>	2	
<i>Terconazole Vaginal Suppository</i>	4	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Anti-Inflammatory Agents (Skin And Mucous)</b>		
<i>Ala-Cort External Cream</i>	1	
<i>Alclometasone Dipropionate</i>	3	
<i>Betamethasone Dipropionate Aug External Cream</i>	2	
<i>Betamethasone Dipropionate Aug External Gel</i>	4	
<i>Betamethasone Dipropionate Aug External Lotion</i>	4	
<i>Betamethasone Dipropionate Aug External Ointment</i>	4	
<i>Betamethasone Dipropionate External Cream</i>	2	
<i>Betamethasone Dipropionate External Lotion</i>	2	
<i>Betamethasone Dipropionate External Ointment</i>	4	
<i>Betamethasone Valerate External Cream</i>	2	
<i>Betamethasone Valerate External Foam</i>	4	
<i>Betamethasone Valerate External Lotion</i>	2	
<i>Betamethasone Valerate External Ointment</i>	2	
<i>Clobetasol Prop Emollient Base</i>	4	
<i>Clobetasol Propionate E</i>	3	
<i>Clobetasol Propionate External Cream</i>	4	
<i>Clobetasol Propionate External Foam</i>	4	
<i>Clobetasol Propionate External Gel</i>	2	
<i>Clobetasol Propionate External Liquid</i>	4	
<i>Clobetasol Propionate External Lotion</i>	3	
<i>Clobetasol Propionate External Ointment</i>	3	
<i>Clobetasol Propionate External Shampoo</i>	4	
<i>Clobetasol Propionate External Solution</i>	2	QL (50 ML per 30 days)
<i>Clodan External Shampoo</i>	4	
<i>Desonide External Cream</i>	3	
<i>Desonide External Lotion</i>	4	
<i>Desonide External Ointment</i>	2	
<i>Desoximetasone External Cream 0.05 %</i>	4	
<i>Desoximetasone External Cream 0.25 %</i>	2	
<i>Desoximetasone External Gel</i>	2	
<i>Desoximetasone External Ointment</i>	4	
<i>Fluocinolone Acetonide Body</i>	3	
<i>Fluocinolone Acetonide External Cream 0.01 %</i>	3	
<i>Fluocinolone Acetonide External Cream 0.025 %</i>	2	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>Fluocinolone Acetonide External Ointment</i>	2	
<i>Fluocinolone Acetonide External Solution</i>	3	
<i>Fluocinolone Acetonide Scalp</i>	3	
<i>Fluocinonide External Gel</i>	2	
<i>Fluocinonide External Ointment</i>	2	
<i>Fluocinonide External Solution</i>	2	
<i>Fluticasone Propionate External Cream</i>	3	
<i>Fluticasone Propionate External Ointment</i>	3	
<i>Halobetasol Propionate External Cream</i>	4	
<i>Halobetasol Propionate External Ointment</i>	4	
<i>Hydrocortisone Butyrate External Ointment</i>	4	
<i>Hydrocortisone External Cream 1 %, 2.5 %</i>	1	
<i>Hydrocortisone External Lotion 2.5 %</i>	1	
<i>Hydrocortisone External Ointment 1 %</i>	1	
<i>Hydrocortisone External Ointment 2.5 %</i>	2	
<i>Hydrocortisone Rectal Enema</i>	1	
<i>Hydrocortisone Valerate External Cream</i>	2	
<i>Hydrocortisone Valerate External Ointment</i>	4	
<i>Mometasone Furoate External</i>	1	
<b>ORALONE</b>	3	
<i>Procto-Med HC External</i>	1	
<i>Procto-Pak External</i>	1	
<i>Proctosol HC External</i>	1	
<i>Proctozone-HC External</i>	1	
<i>Triamcinolone Acetonide External Cream 0.025 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide External Cream 0.1 %</i>	1	
<i>Triamcinolone Acetonide External Lotion</i>	3	
<i>Triamcinolone Acetonide External Ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>Triamcinolone Acetonide Mouth/Throat</i>	3	
<i>Triderm External Cream 0.1 %</i>	1	
<i>Triderm External Cream 0.5 %</i>	2	
<b>Antivirals (Skin And Mucous Membrane)</b>		
<i>Acyclovir External Ointment</i>	4	
<b>DENAVIR</b>	3	

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Cell Stimulants And Proliferants</b>		
KEPIVANCE	4	PA
<b>Local Anti-Infectives, Miscellaneous</b>		
<i>MetroNIDAZOLE External Cream</i>	2	
<i>MetroNIDAZOLE External Gel 0.75 %</i>	2	
<i>MetroNIDAZOLE External Gel 1 %</i>	4	
<i>MetroNIDAZOLE External Lotion</i>	3	
<i>Selenium Sulfide External Lotion</i>	1	
<i>Silver Sulfadiazine External</i>	1	
<i>SSD</i>	1	
<i>SSD (silver sulfADIAZINE)</i>	1	
<i>Sulfacetamide Sodium (Acne)</i>	4	
<b>Scabicides And Pediculicides</b>		
CROTAN	2	
<i>Lindane External Shampoo</i>	3	
<i>Malathion External</i>	3	
<i>Permethrin External Cream</i>	3	
<b>Skin And Mucous Membrane Agents, Misc.</b>		
<i>ACCUTANE ORAL CAPSULE 20 MG</i>	2	
<i>ACCUTANE ORAL CAPSULE 30 MG, 40 MG</i>	3	
<i>Acitretin Oral Capsule 10 MG, 17.5 MG</i>	5	PA; 30DS
<i>Acitretin Oral Capsule 25 MG</i>	4	PA
<i>Adapalene External Cream</i>	4	
<i>Adapalene External Gel</i>	4	
<i>Ammonium Lactate External</i>	2	
<i>Amnesteem Oral Capsule 10 MG, 20 MG</i>	2	
<i>Amnesteem Oral Capsule 40 MG</i>	3	
<i>Avita</i>	3	
<i>Calcipotriene External Cream</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Ointment</i>	4	QL (120 GM per 30 days)
<i>Calcipotriene External Solution</i>	3	QL (120 ML per 30 days)
<i>CALCITRENE</i>	4	QL (120 GM per 30 days)
<i>Claravis Oral Capsule 10 MG, 20 MG</i>	2	
<i>Claravis Oral Capsule 30 MG, 40 MG</i>	3	
<i>CONDYLOX EXTERNAL GEL</i>	4	
<i>Diclofenac Sodium External Gel 3 %</i>	4	PA

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
Diclofenac Sodium Transdermal Gel 3 %	4	PA
ELIDEL	3	ST
Fluorouracil External Cream 5 %	4	
Fluorouracil External Solution	2	
Imiquimod External Cream 5 %	2	
ISOtretinoin Oral Capsule 10 MG, 20 MG	2	
ISOtretinoin Oral Capsule 30 MG, 40 MG	3	
Lidocaine External Ointment 5 %	4	QL (180 GM per 30 days)
Lidocaine External Patch 5 %	2	PA; QL (90 EA per 30 days)
Lidocaine-Prilocaine External Cream	2	B/D; QL (30 GM per 30 days)
Methoxsalen Rapid	5	30DS
Myorisan Oral Capsule 10 MG, 20 MG	2	
Myorisan Oral Capsule 30 MG, 40 MG	3	
Pimecrolimus	4	ST
Podofilox External	2	
RECTIV	4	PA
SANTYL	4	QL (90 GM per 30 days)
Tacrolimus External Ointment	4	ST
TARGRETIN EXTERNAL	5	PA (NS); 30DS
Tazarotene External Cream	4	
Tretinoin External Cream 0.025 %, 0.1 %	3	
Tretinoin External Cream 0.05 %	4	
Tretinoin External Gel 0.01 %, 0.025 %	3	
Tretinoin External Gel 0.05 %	4	
Zenatane Oral Capsule 10 MG, 20 MG	2	
Zenatane Oral Capsule 30 MG, 40 MG	3	
<b>Smooth Muscle Relaxants</b>		
<b>Genitourinary Smooth Muscle Relaxants</b>		
FlavoxATE HCl	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	4	QL (187.5 ML per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days)
Oxybutynin Chloride ER	1	QL (60 EA per 30 days)
Oxybutynin Chloride Oral	1	
Solifenacin Succinate	4	QL (30 EA per 30 days)
TOVIAZ	3	ST; QL (30 EA per 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

Drug Name	Drug Tier	Requirements/Limits
<b>Respiratory Smooth Muscle Relaxants</b>		
<i>Theophylline ER Oral Tablet Extended Release 12 Hour 450 MG</i>	3	
<b>Vitamins</b>		
<b>Vitamin D</b>		
<i>Calcitriol Oral Capsule</i>	2	B/D
<i>Calcitriol Oral Solution</i>	4	B/D
<i>Paricalcitol Oral Capsule 1 MCG</i>	3	B/D
<i>Paricalcitol Oral Capsule 2 MCG</i>	4	B/D
<i>Paricalcitol Oral Capsule 4 MCG</i>	2	B/D

You can find information on what the symbols and abbreviations on this table mean by going to page 3.

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<i>Methoxsalen Rapid</i>	83	<i>Mycophenolate Sodium</i>	73	<i>Norethindrone</i>	65
<i>Methscopolamine Bromide</i>	24	<i>Myorisan</i>	83	<i>Norethindrone Acetate</i>	68
<i>Methylphenidate HCl</i>	50	<i>MYRBETRIQ</i>	83	<i>Norethindrone Acet-Ethiny Est.</i>	65
<i>Methylphenidate HCl ER</i>	50	<i>Nabumetone</i>	47	<i>Norethin-Eth Estradiol-Fe</i>	66
<i>METHYLPHENIDATE HCL ER</i>	50	<i>Nadolol</i>	29	<i>Norgestimate-Eth Estradiol</i>	66
<i>MethylPREDNISolone</i>	59	<i>NAGLAZYME</i>	53	<i>Norgestim-Eth Estrad Triphasic.</i>	66
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<i>Metolazone</i>	51	<i>Naltrexone HCl</i>	49	<i>NORLYROC</i>	66
<i>Metoprolol Succinate ER</i>	29	<i>NAMZARIC</i>	25	<i>NORTREL 0.5/35 (28)</i>	66
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<i>MetroNIDAZOLE in NaCl</i>	5	<i>NATACYN</i>	54	<i>NORVIR</i>	7
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<i>Mexiletine HCl</i>	28	<i>NATPARA</i>	68	<i>NOVOLIN 70/30</i>	61
<i>Miconazole 3</i>	79	<i>NAYZILAM</i>	35	<i>NOVOLIN 70/30 FLEXPEN</i>	61
<i>MICROGESTIN 1.5/30</i>	65	<i>NECON 0.5/35 (28)</i>	65	<i>NOVOLIN N</i>	61
<i>MICROGESTIN 1/20</i>	65	<i>Nefazodone HCl</i>	38	<i>NOVOLIN N FLEXPEN</i>	61
<i>MICROGESTIN FE 1.5/30</i>	65	<i>Neomycin Sulfate</i>	3	<i>NOVOLIN R</i>	61
<i>MICROGESTIN FE 1/20</i>	65	<i>Neomycin-Bacitracin Zn-</i>		<i>NOVOLIN R FLEXPEN</i>	61
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<i>MILLIPRED</i>	59	<i>Neomycin-Polymyxin-HC</i>	55	<i>FLEXPEN</i>	61
<i>Minocycline HCl</i>	15	<i>NERLYNX</i>	19	<i>NOVOLOG PENFILL</i>	62
<i>Minoxidil</i>	31	<i>NEUPRO</i>	40	<i>NOXAFL</i>	5
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<i>Morphine Sulfate (PF)</i>	48	<i>Nilutamide</i>	19	<i>Nystop</i>	79
<i>Morphine Sulfate ER</i>	48	<i>NiMODipine</i>	30	<i>Octreotide Acetate</i>	68
<i>MOVANTIK</i>	58	<i>NINLARO</i>	19	<i>ODEFSEY</i>	7
<i>MOXEZA</i>	54	<i>Nitazoxanide</i>	6	<i>ODOMZO</i>	20
		<i>Nitisinone</i>	73	<i>OFEV</i>	76
		<i>NITRO-BID</i>	32	<i>Oflloxacin</i>	14, 55

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<i>OLANZapine-FLUoxetine HCl</i>	38	<i>NaCl</i>	57
<i>Olopatadine HCl</i>	53	<i>PEG-3350/Electrolytes</i>	57
<i>Omega-3-acid Ethyl Esters</i>	28	<i>PEGANONE</i>	35
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<i>OMNIPOD 5 PACK</i>	50	<i>PEGASYS PROCLICK</i>	9
<i>OMNIPOD DASH 5 PACK</i>		<i>PEMAZYRE</i>	20
<i>PODS</i>	50	<i>penicillAMINE</i>	58
<i>OMNIPOD DASH SYSTEM</i>	50	<i>Penicillin G Potassium</i>	14
<i>OMNIPOD STARTER</i>	50	<i>Penicillin V Potassium</i>	14
<i>Ondansetron</i>	56	<i>PENTAM</i>	6
<i>Ondansetron HCl</i>	56	<i>Pentamidine Isethionate</i>	6
<i>ONUREG</i>	20	<i>Pentazocine-Naloxone HCl</i>	49
<i>OPSUMIT</i>	76	<i>Pentoxifylline ER</i>	31
<i>ORALONE</i>	81	<i>Periogard</i>	55
<i>ORFADIN</i>	73	<i>Permethrin</i>	82
<i>ORGOVYXX</i>	20	<i>Perphenazine</i>	43
<i>ORKAMBI</i>	76	<i>PERSERIS</i>	43
<i>Orphenadrine Citrate ER</i>	25	<i>PFIZERPEN</i>	14
<i>ORSYTHIA</i>	66	<i>Phenelzine Sulfate</i>	38
<i>Oseltamivir Phosphate</i>	9	<i>PHENobarbital</i>	35
<i>Oxacillin Sodium</i>	13, 14	<i>Phenytoin</i>	35
<i>OXACILLIN SODIUM IN</i>		<i>Phenytoin Sodium Extended</i>	35
<i>DEXTROSE</i>	13	<i>PHESGO</i>	20
<i>Oxandrolone</i>	59	<i>PHILITH</i>	66
<i>OXBRYTA</i>	73	<i>PIFELTRO</i>	7
<i>OXcarbazepine</i>	35	<i>Pilocarpine HCl</i>	25, 54
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<i>Oxybutynin Chloride ER</i>	83	<i>Pimozide</i>	43
<i>OxyCODONE HCl</i>	48	<i>PIMTREA</i>	66
<i>oxyCODONE HCl</i>	48	<i>Pindolol</i>	29
<i>Oxycodone-Acetaminophen</i>	48	<i>Pioglitazone HCl</i>	62
<i>Oxymorphone HCl</i>	48	<i>Pioglitazone HCl-Glimepiride</i>	62
<i>oxyMORphone HCl ER</i>	48	<i>Pioglitazone HCl-Metformin</i>	
<i>OxyMORphone HCl ER</i>	48	<i>HCl</i>	62
<i>OZEMPIC (0.25 OR 0.5</i>		<i>Piperacillin Sod-Tazobactam So</i>	14
<i>MG/DOSE)</i>	62	<i>PIQRAY (200 MG DAILY</i>	
<i>OZEMPIC (1 MG/DOSE)</i>	62	<i>DOSE)</i>	20
<i>Paliperidone ER</i>	43	<i>PIQRAY (250 MG DAILY</i>	
<i>Pamidronate Disodium</i>	73	<i>DOSE)</i>	20
<i>PANRETIN</i>	20	<i>PIQRAY (300 MG DAILY</i>	
<i>Pantoprazole Sodium</i>	57	<i>DOSE)</i>	20
<i>Paricalcitol</i>	84	<i>PIRMELLA 1/35</i>	66
<i>PAROEX</i>	55	<i>PIRMELLA 7/7/7</i>	66
<i>Paromomycin Sulfate</i>	3	<i>Piroxicam</i>	47
<i>PARoxetine HCl</i>	38	<i>PLEGRIDY</i>	73
<i>PARoxetine HCl ER</i>	38	<i>PLEGRIDY STARTER PACK</i>	73
<i>PASER</i>	8	<i>Podofilox</i>	83
<i>PAXIL</i>	38	<i>Polymyxin B-Trimethoprim</i>	55
<i>PEDIARIX</i>	78	<i>POMALYST</i>	20
<i>PEDVAX HIB</i>	78	<i>PORTIA-28</i>	66
		<i>POTASSIUM CHLORIDE</i>	52
		<i>Potassium Chloride</i>	52
		<i>Potassium Chloride Crys ER</i>	52
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		<i>Potassium Citrate ER</i>	50
		<i>PRADAXA</i>	26
		<i>PRALUENT</i>	29
		<i>Pramipexole Dihydrochloride</i>	40
		<i>Pravastatin Sodium</i>	29
		<i>Praziquantel</i>	4
		<i>Prazosin HCl</i>	27
		<i>PRED MILD</i>	55
		<i>PrednisolONE</i>	59
		<i>prednisolONE Acetate</i>	55
		<i>PREDNISOLONE SODIUM</i>	
		<i>PHOSPHATE</i>	56
		<i>PrednisolONE Sodium</i>	
		<i>Phosphate</i>	59
		<i>PredniSONE</i>	59
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		<i>PREDNISONE INTENSOL</i>	59
		<i>Preferred Plus Insulin Syringe</i>	50
		<i>Pregabalin</i>	35
		<i>PREGNYL</i>	67
		<i>PREMARIN</i>	67
		<i>PREMASOL</i>	51
		<i>PREMPHASE</i>	67
		<i>PREMPRO</i>	67
		<i>Prenatal</i>	75
		<i>PREVALITE</i>	29
		<i>PREVIFEM</i>	66
		<i>PREZCOBIX</i>	7
		<i>PREZISTA</i>	7
		<i>PRIFTIN</i>	8
		<i>PRIMAQUINE PHOSPHATE</i>	5
		<i>Primidone</i>	35
		<i>Probenecid</i>	73
		<i>Prochlorperazine</i>	56
		<i>Prochlorperazine Maleate</i>	57
		<i>Procto-Med HC</i>	81
		<i>Procto-Pak</i>	81
		<i>Proctosol HC</i>	81
		<i>Proctozone-HC</i>	81
		<i>Progesterone</i>	68
		<i>Progesterone Micronized</i>	68
		<i>PROGRAF</i>	73
		<i>PROLASTIN-C</i>	76
		<i>PROLIA</i>	73
		<i>PROMACTA</i>	27
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		<i>Propafenone HCl</i>	28
		<i>Propafenone HCl ER</i>	28
		<i>Proparacaine HCl</i>	56

<i>Propranolol HCl</i> .....	29	RIDAURA.....	73	SKYRIZI (150 MG DOSE).....	74
<i>Propranolol HCl ER</i> .....	29	Rifabutin.....	8	<i>Skyrizi Pen</i> .....	74
<i>Propylthiouracil</i> .....	69	Rifampin.....	8	Sodium Chloride .....	53
PROQUAD.....	78	rifAMPin.....	8	Sodium Chloride (PF).....	52
<i>Protriptyline HCl</i> .....	38	Riluzole.....	46	Sodium Phenylbutyrate .....	51
PULMICORT FLEXHALER.....	75	riMANTAdine HCl.....	10	Sodium Polystyrene Sulfonate ...	52
PULMOZYME.....	76	RINVOQ.....	73	Solifenacin Succinate .....	83
PURIXAN.....	20	Risedronate Sodium.....	73, 74	SOLIQUA.....	62
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Pyridostigmine Bromide .....	25	risperiDONE .....	44	SOMATULINE DEPOT .....	68
Pyridostigmine Bromide ER .....	25	RisperiDONE .....	44	SOMAVERT .....	68
Pyrimethamine .....	5	Ritonavir.....	8	Sorine .....	29
QINLOCK.....	20	Rivastigmine .....	25	Sotalol HCl .....	29
QUADRACEL.....	78	Rivastigmine Tartrate .....	25	Sotalol HCl (AF) .....	29
QUEtiapine Fumarate .....	43	Rizatriptan Benzoate .....	39	SPIRIVA HANDIHALER .....	76
QUEtiapine Fumarate ER .....	43	ROCKLATAN.....	54	SPIRIVA RESPIMAT .....	77
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Quinapril-Hydrochlorothiazide ..	32	ROPINIRole HCl ER .....	40	Spironolactone-HCTZ .....	32
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QuiNINE Sulfate .....	5	ROTATEQ .....	78	SPRITAM .....	35
QVAR REDIHALER .....	75	ROZLYTREK .....	20	SPRYCEL .....	21
RABAVERT .....	78	RUBRACA .....	20	SPS .....	52
RABEprazole Sodium .....	57	Rufinamide .....	35	SRONYX .....	66
Raloxifene HCl .....	67	RUKOBIA .....	8	SSD .....	82
Ramipril .....	32	RUXIENCE .....	20	SSD (silver sulfADIAZINE) .....	82
Ranolazine ER .....	31	RYBELSUS .....	62	Stamaril .....	78
Rasagiline Mesylate .....	40	RYDAPT .....	20	Stavudine .....	8
RAVICTI .....	51	RYLAZE .....	21	STELARA .....	74
REBIF .....	73	SANDIMMUNE .....	74	STIOLTO RESPIMAT .....	77
REBIF REBIDOSE .....	73	SANTYL .....	83	STIVARGA .....	21
REBIF REBIDOSE .....		Sapropterin Dihydrochloride .....	74	STRIBILD .....	8
TITRATION PACK .....	73	Scopolamine .....	57	SUBOXONE .....	49
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Gateway Health<sup>SM</sup> complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Gateway Health<sup>SM</sup> does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Gateway Health<sup>SM</sup>:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- o Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- o Qualified interpreters
- o Information written in other languages

If you need these services, contact Member Services at 1-800-685-5209, 8 a.m. – 8 p.m., 7 days a week from October 1 through March 31. From April 1 through September 30 our business hours are 8 a.m.- 8 p.m., Monday through Friday. TTY users should call 711.

If you believe that Gateway Health<sup>SM</sup> has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Gateway Health<sup>SM</sup> Appeals and Grievances

PO Box 22278

Pittsburgh, PA 15222

Phone: 1-844-207-0336

Fax: 1-412-255-4503

You can file a grievance by mail, or by fax. If you need help filing a grievance, Gateway Health<sup>SM</sup> Appeals and Grievances is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

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

## **ENGLISH**

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-685-5209, (TTY: 711).

## **SPANISH**

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-685-5209, (TTY: 711).

## **CHINESE**

小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨打1-800-685-5209, (TTY: 711)。

## **VIETNAMESE**

CHÚ Ý: Nếu quý vị nói tiếng Việt, thì có sẵn các dịch vụ trợ giúp ngôn ngữ miễn phí dành cho quý vị. Hãy gọi số 1-800-685-5209, (TTY: 711).

## **KOREAN**

알림: 한국어를 하시는 경우 무료 통역 서비스가 준비되어 있습니다. 1-800-685-5209, (TTY: 711)로 연락주시기 바랍니다.

## **TAGALOG**

Pansinin: Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tawagan ang 1-800-685-5209, (TTY: 711).

## **RUSSIAN**

ВНИМАНИЕ: Если вы говорите на русском языке, вам будут бесплатно предоставлены услуги переводчика. Звоните по телефону: 1-800-685-5209, (телефон: 711).

## **ARABIC**

لامحة: إذا كنت تتحدث بالبرتغالية، توفر مدخلات المساعدة اللغوية مجاناً من أجلك. اتصل بـ رقم PA: 1-800-685-5209، (النطاق النسبي: 711).

## **FRENCH CREOLE**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-685-5209, (TTY: 711).

## **FRENCH**

ATTENTION: Si vous parlez français, des services gratuits d'interprétation sont à votre disposition. Veuillez appeler le 1-800-685-5209, (TTY: 711).

## **POLISH**

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer 1-800-685-5209, (TTY: 711).

## **PORTUGUESE**

ATENÇÃO: Se fala português, estão disponíveis serviços gratuitos de assistência linguística na sua língua. Telefone para 1-800-685-5209, (TTY: 711).

## **ITALIAN**

ATTENZIONE: Se lei parla italiano, sono disponibili servizi gratuiti di assistenza linguistica nella sua lingua. Chiami 1-800-685-5209, (TTY: 711).

## **JAPANESE**

お知らせ: 日本語での対応を望まれる方には、無料で通訳サービスをご利用になれます。電話番号 1-800-685-5209, (TTY:711) までお問い合わせ下さい。

## **GERMAN**

BITTE BEACHTEN: Wenn Sie Deutsch sprechen, stehen Ihnen unsere Dolmetscher unter der Nummer 1-800-685-5209, (TTY: 711) kostenlos zur Verfügung.

## **FARSI**

توجه: چانه‌چز به زبان فارسی صحبت می‌کیند، مدخلات کمک زبانی، به صوت رایگان، رد اخایتر مشا قرار خواهد گرفت.  
متاسا گیبیرد. اب مشاره 1-800-685-5209, (TTY: 711)

## **SERBO-CROATIAN**

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-685-5209, (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

## **PENNSYLVANIA DUTCH**

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-685-5209, (TTY: 711).

## **NEPALI**

यान ददनुहोस्: यदद तपाईँ अंग्रेजी बोल्नुहुन्छ भने, भाषा सहायता सेवाहरू, नन: शुल्क, तपाईँलाई उपलब्ध छ। तपाईंको आईडी काडडको व्याकमा नम्बर कल गनुडहोस् 1-800-685-5209 (TTY: 711)।

## **OROMO**

XIYYEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-685-5209, (TTY: 711).

## **BANTU**

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-800-685-5209, (TTY: 711).

## **CAMBODIAN**

បើលាកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មដំឡើយផ្តើកភាសាដែលអាចធ្វើឡើងលាកអ្នកដោយតែតិចឡើង។  
ការបញ្ជាក់ 800-685-5209, (TTY: 711)។

## **HMONG**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-685-5209, (TTY: 711).

## HINDI

द्यान दें: यदद आप अंग्रेजी बोलते हैं, तो मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। अपने आईडी काडड 1-800-685-5209 (TTY: 711) के पीछे नंबर पर कॉल करें।

## LAO

ໄປດ້ວັບ: ຖ້ວາ ທ່ານວ່າພາກາ ລາວ, ການປໍ່ກົງລວມທີ່ດຳເນັດພາກາ, ໂດຍບໍ່ໄດ້ ດັ່ງ, ມີມູນົມພິ້ອມໃຫ້ກ່າວ. ໂທດ 1-800-685-5209, (TTY: 711).

## GUJARATI

સુચના: જો તમ ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-685-5209, (TTY: 711).

## DUTCH

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-800-685-5209, (TTY: 711).

## UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-800-685-5209, (телефон: 711).

## ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-685-5209, (TTY: 711).

# 2021 Comprehensive Formulary

## (List of Covered Drugs)

This formulary is current as of December 1, 2021.

For more recent information or other questions, please contact Gateway Health Member Services toll-free at: **1-800-685-5209 (TTY 711)**.

Our business hours are 8 a.m. – 8 p.m., 7 days a week from October 1 through March 31.

From April 1 through September 30 our business hours are 8 a.m. – 8 p.m., Monday through Friday. Or visit us at **GatewayHealthPlan.com**.

Member Services also has free language interpreter services available for non-English speakers.



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Pittsburgh, PA 15222-1222

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