

Plan Year 2019



CCHP Senior Program (HMO) 東華耆英(HMO)計劃

2019 Formulary (List of Covered Drugs) 藥物表(保障藥物一覽表)

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

HPMS Approved Formulary File Submission ID 00019538, Version Number 18

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Chinese Community Health Plan Member Services, at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.CCHPHealthPlan.com/medicare.

H0571_2019_11_FINAL_2_C

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 Chinese Community Health Plan (CCHP). When it refers to “plan” or “our plan,” it means CCHP Senior Program (HMO).

This document includes a list of the drugs (formulary) for our plan which is current as of 10/22/19. 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, 2019, and from time to time during the year.

What is the CCHP Senior Program (HMO) Formulary?

A formulary is a list of covered drugs selected by CCHP Senior Program (HMO) 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. CCHP Senior Program (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CCHP Senior Program (HMO) 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?

Generally, if you are taking a drug on our 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug.) Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. Below are changes to the drug list that will also affect members currently taking a drug:

- **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 CCHP Senior Program (HMO) 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 we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of 10/22/19. To get updated information about the drugs covered by CCHP Senior Program (HMO), please contact us. Our contact information appears on the front and back cover pages. If we make any mid-year non-maintenance changes to the formulary, we will send an errata sheet to you. You can also find the changes on our website at www.cchphealthplan.com/medicare.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents-Misc.” If you know what your drug is used for, look for the category name in the list that begins 3. 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 I-1. 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?

CCHP Senior Program (HMO) 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:** CCHP Senior Program (HMO) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CCHP Senior Program (HMO) before you fill your prescriptions. If you don't get approval, CCHP Senior Program (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CCHP Senior Program (HMO) limits the amount of the drug that CCHP Senior Program (HMO) will cover. For example, CCHP Senior Program (HMO) provides 30 tablets per prescription for JARDIANCE. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CCHP Senior Program (HMO) 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, CCHP Senior Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Program (HMO) 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask CCHP Senior Program (HMO) 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 CCHP Senior Program (HMO)’s formulary?” on page V for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. CCHP Senior Program (HMO) pays for certain OTC drugs.

FREESTYLE LITE METER	MEDISENSE CONTROL SOLUTION
FREESTYLE FREEDOM LITE METER	LANCETS
FREESTYLE LITE TEST STRIPS	LANCET DEVICES
FREESTYLE INSULINX METER	LANCET KIT
FREESTYLE INSULINX TEST STRIPS	KETOTIFEN FUMARATE OPHTHALMIC
FREESTYLE CONTROL SOLUTION	SOLUTION 0.025%
PRECISION XTRA METER	ARTIFICIAL TEARS
PRECISION XTRA TEST STRIPS	

CCHP Senior Program (HMO) will provide these OTC drugs at no cost to you. The cost to CCHP Senior Program (HMO) of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

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 CCHP Senior Program (HMO) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CCHP Senior Program (HMO). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CCHP Senior Program (HMO).
- You can ask CCHP Senior Program (HMO) 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 CCHP Senior Program (HMO)'s Formulary?

You can ask CCHP Senior Program (HMO) 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, CCHP Senior Program (HMO) limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CCHP Senior Program (HMO) 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 CCHP Senior Program (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CCHP Senior Program (HMO), 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>.

CCHP Senior Program (HMO)'s Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CCHP Senior Program (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

The second column of the chart lists the drug tier.

Note: For more information about the cost-sharing for your drugs, please review your Evidence of Coverage or call Member Services Center at 1-888-775-7888. TTY users should call 1-877-681-8898.

The information in the Requirements/Limits column tells you if CCHP Senior Program (HMO) has any special requirements for coverage of your drug.

- **Limited Distribution (LD):** These drugs are restricted to certain pharmacies by the Food and Drug Administration. These drugs may only be available at certain pharmacies. For more information

consult your Provider and Pharmacy Directory or call Member Services at 1-888-775-7888, seven days a week from 8:00 a.m. to 8:00 p.m. TTY users should call 1-877-681-8898.

- **Non-Mail-Order Drug (NM):** These drugs are limited to a 30-day supply for both Retail and Mail Order Pharmacies.
- **Prior Authorization (PA):** Prior Authorization may apply for these drugs. This means that you (or your physician) will need to get approval from CCHP Senior Program (HMO) before you fill your prescription. If you don't get approval, CCHP Senior Program (HMO) may not cover the drug.
- **Prior Authorization Restriction for Part B vs Part D Determination (PA_BvD):** These drugs may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from CCHP Senior Program (HMO) to determine whether the drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, CCHP Senior Program (HMO) may not cover this drug.
- **Prior Authorization Restriction for New Starts Only (PA_NSO):** If this drug is new to the member, you (or your physician) are required to get prior authorization from CCHP Senior Program (HMO) before you fill your prescription for this drug. Without prior approval, CCHP Senior Program (HMO) may not cover this drug.
- **Quantity Limits (QL):** For certain drugs, CCHP Senior Program (HMO) limits the amount of the drug that is covered. This could include a: per fill, daily, monthly, or yearly limitation.
- **Step Therapy (ST):** In some cases, CCHP Senior Program (HMO) 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, CCHP Senior Program (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CCHP Senior Program (HMO) will then cover Drug B.

This formulary was updated on 08/23/18. For more recent information or other questions, please contact Chinese Community Health Plan Member Services, at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.CCHPHealthPlan.com/medicare.

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

Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our SNP. Enrollment in CCHP depends on contract renewal.

This information is available for free in other languages. Please contact our Member Services Department at 1-888-775-7888 (TTY 1-877-681-8898) from 8:00 a.m. to 8:00 p.m., seven days a week.

Esta información está disponible gratuitamente en otros idiomas. Por favor póngase en contacto con nuestro departamento de servicio de miembro al 1-888-775-7888 (TTY 1-877-681-8898) de 8:00 a.m. a 8:00 p.m., siete días a la semana.

此文件有其它的語言版本免費提供。了解詳情請致電 1-888-775-7888 與會員服務中心聯絡（聽力殘障人士請電 TTY 1-877-681-8898），每週 7 天，上午 8 時至晚上 8 時。

Table of Contents

Analgesics	3
Anesthetics	8
Anti-Addiction/Substance Abuse Treatment Agents	8
Antianxiety Agents	9
Antibacterials.....	10
Anticancer Agents	18
Anticholinergic Agents.....	29
Anticonvulsants	29
Antidementia Agents.....	33
Antidepressants	34
Antidiabetic Agents	37
Antifungals.....	40
Antigout Agents	42
Antihistamines	42
Anti-Infectives (Skin And Mucous Membrane)	43
Antimigraine Agents	43
Antimycobacterials.....	44
Antinausea Agents.....	44
Antiparasite Agents.....	46
Antiparkinsonian Agents.....	46
Antipsychotic Agents.....	48
Antivirals (Systemic).....	51
Blood Products/Modifiers/Volume Expanders	57
Caloric Agents	60
Cardiovascular Agents.....	62
Central Nervous System Agents.....	73
Contraceptives	76

Dental And Oral Agents	81
Dermatological Agents.....	81
Devices	87
Enzyme Replacement/Modifiers	88
Eye, Ear, Nose, Throat Agents	89
Gastrointestinal Agents.....	93
Genitourinary Agents	97
Heavy Metal Antagonists.....	98
Hormonal Agents, Stimulant/Replacement/Modifying	98
Immunological Agents	104
Inflammatory Bowel Disease Agents	111
Irrigating Solutions	112
Metabolic Bone Disease Agents.....	112
Miscellaneous Therapeutic Agents	114
Ophthalmic Agents.....	115
Replacement Preparations	117
Respiratory Tract Agents	119
Skeletal Muscle Relaxants	123
Sleep Disorder Agents.....	124
Vasodilating Agents.....	124

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	QL (4980 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg	2	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-30 mg (Tylenol-Codeine #3)	2	QL (390 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg (Tylenol-Codeine #4)	2	QL (390 per 30 days)
buprenorphine hcl injection solution 0.3 mg/ml (Buprenex)	2	
buprenorphine hcl injection syringe 0.3 mg/ml	2	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour (Butrans)	4	QL (4 per 28 days)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	2	
butorphanol tartrate nasal spray, non-aerosol 10 mg/ml	2	QL (10 per 30 days)
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	2	QL (240 per 30 days)
DURAMORPH (PF) INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	2	PA BvD
EMBEDA ORAL CAPSULE, ORAL ONLY, EXT. REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Actiq)	2	PA; QL (120 per 30 days)
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg (Fentora)	4	PA; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr (Duragesic)	2	QL (10 per 30 days)
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; QL (120 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral solution</i> 10-325 mg/15 ml(15 ml)	4	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> 7.5-325 mg/15 ml	2	QL (5400 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin HP) 10-300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet HD) 10-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 2.5-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5- (Vicodin) 300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> 5- (Lorcet (hydrocodone)) 325 mg	2	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Vicodin ES) 7.5-300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Lorcet Plus) 7.5-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 (Ibudone) mg	2	QL (480 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 5-200 mg, 7.5-200 mg	2	QL (480 per 30 days)
<i>hydromorphone (pf) injection solution</i> 10 (mg/ml) (5 ml), 10 mg/ml	2	
<i>hydromorphone injection syringe</i> 2 mg/ml	2	
<i>hydromorphone oral liquid</i> 1 mg/ml (Dilaudid)	2	QL (2400 per 30 days)
<i>hydromorphone oral tablet</i> 2 mg (Dilaudid)	2	QL (450 per 30 days)
<i>hydromorphone oral tablet</i> 4 mg (Dilaudid)	2	QL (240 per 30 days)
<i>hydromorphone oral tablet</i> 8 mg (Dilaudid)	2	QL (120 per 30 days)
<i>hydromorphone oral tablet extended</i> <i>release</i> 24 hr 12 mg, 16 mg, 32 mg, 8 mg	2	QL (30 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
<i>ibuprofen-oxycodone oral tablet</i> 400-5 mg	2	QL (240 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG, 40 MG	4	QL (60 per 30 days)
LAZANDA NASAL SPRAY,NON- AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	4	PA; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet</i> 2 mg	3	QL (240 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>levorphanol tartrate oral tablet 3 mg</i>	3	QL (120 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>meperidine (pf) injection solution 100 mg/ml, 50 mg/ml</i> (Demerol (PF))	2	PA
<i>meperidine (pf) injection solution 25 mg/ml</i>	2	PA
<i>meperidine oral solution 50 mg/5 ml</i>	4	
<i>meperidine oral tablet 100 mg</i> (Demerol)	2	QL (360 per 30 days)
<i>meperidine oral tablet 50 mg</i>	2	QL (720 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	4	
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (3600 per 30 days)
<i>methadone oral tablet 10 mg, 5 mg</i> (Dolophine)	2	QL (360 per 30 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 per 30 days)
<i>morphine injection syringe 2 mg/ml</i>	4	PA BvD
<i>morphine intravenous syringe 2 mg/ml</i>	4	PA BvD
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	4	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	2	QL (60 per 30 days)
<i>morphine oral capsule, extend. release pellets 40 mg</i> (Kadian)	4	QL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (900 per 30 days)
MORPHINE ORAL TABLET 15 MG, 30 MG	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	2	QL (120 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 75 MG	4	QL (180 per 30 days)
NUCYNTA ORAL TABLET 50 MG	4	QL (360 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (360 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL (270 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (5400 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 80 MG	3	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana)	2	QL (360 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	QL (60 per 30 days)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	2	QL (360 per 30 days)
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	4	QL (390 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (60 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (360 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	2	QL (390 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	2	QL (390 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i> (Flector)	4	PA; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	2	QL (1000 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	2	PA NSO
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg</i> (Lodine)	2	
<i>etodolac oral tablet 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Advil)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)</i>	2	
<i>ketorolac injection syringe 15 mg/ml</i>	2	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	4	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg</i>	1	
<i>sulindac oral tablet 200 mg</i>	2	
Anesthetics		
Local Anesthetics		
<i>lidocaine (pf) injection solution 20 mg/ml</i> (Xylocaine-MPF) (2 %), 5 mg/ml (0.5 %)	2	
<i>lidocaine hcl injection solution 20 mg/ml</i> (Xylocaine) (2 %)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 %</i> (40 mg/ml)	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	2	QL (50 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i> (Suboxone)	3	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i> (Suboxone)	3	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	3	QL (2 per 2 days)
NICOTROL INHALATION CARTRIDGE 10 MG	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	3	
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	3	QL (90 per 30 days)
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HR 150 MG	4	ST
Antianxiety Agents		
Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Xanax)	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Xanax XR)	2	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Klonopin)	1	
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA NSO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA NSO
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA NSO
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> (Restoril)	2	
<i>triazolam oral tablet 0.125 mg</i>	2	
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	
Antibacterials		
Aminoglycosides		
<i>amikacin injection solution 500 mg/2 ml</i>	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	2	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin intramuscular recon soln 1 gram</i>	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	PA; NM; NDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i> (Kitabis Pak)	5	PA; NM; NDS
Antibacterials, Miscellaneous		
<i>baciim intramuscular recon soln 50,000 unit</i>	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	NM; NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NM; NDS
<i>lincomycin injection solution 300 mg/ml</i> (Lincocin)	2	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	5	PA; NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	5	PA; NM; NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	PA; NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrodantin)	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	2	
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	5	PA; NM; NDS; QL (6 per 15 days)
SIVEXTRO ORAL TABLET 200 MG	5	PA; NM; NDS; QL (6 per 15 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml</i>	2	
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	2	
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	QL (56 per 10 days)
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	5	NM; NDS
XIFAXAN ORAL TABLET 200 MG	4	QL (9 per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS; QL (60 per 30 days)
Cephalosporins		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	4	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
cefazolin injection recon soln 1 gram, 10 gram, 500 mg	2	
cefdinir oral capsule 300 mg	2	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefepime injection recon soln 1 gram, 2 gram (Maxipime)	2	
cefixime oral capsule 400 mg (Suprax)	4	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)	2	
cefotaxime injection recon soln 1 gram, 500 mg	2	
cefotetan injection recon soln 1 gram, 2 gram (Cefotan)	2	
cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram	2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	2	
cefpodoxime oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cefprozil oral tablet 250 mg, 500 mg	2	
ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)	2	
ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	2	
cefuroxime axetil oral tablet 250 mg, 500 mg	2	
cefuroxime sodium injection recon soln 750 mg	2	
cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram	2	
cephalexin oral capsule 250 mg, 500 mg (Keflex)	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	2	
cephalexin oral tablet 250 mg, 500 mg	2	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
tazicef injection recon soln 1 gram, 2 gram, 6 gram	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	4	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack), 600 mg</i>	1	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	ST; NM; NDS; QL (20 per 5 days)
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	4	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 500 mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 400 mg/5 ml</i> (EryPed 400)	4	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	3	
<i>erythromycin oral tablet 500 mg</i>	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	4	
ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML	4	
Miscellaneous B-Lactam Antibiotics		
AZACTAM INJECTION RECON SOLN 2 GRAM	4	
<i>aztreonam injection recon soln 1 gram</i> (Azactam)	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; NM; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	4	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	2	
<i>imipenem-cilastatin intravenous recon</i> (Primaxin IV) <i>soln 500 mg</i>	2	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>meropenem intravenous recon soln 500 mg</i> (Merrem)	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral</i> (Augmentin) <i>suspension for reconstitution 250-62.5 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral</i> (Augmentin ES-600) <i>suspension for reconstitution 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i> (Augmentin) <i>500-125 mg, 875-125 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram</i>	2	
<i>ampicillin sodium injection recon soln 125 mg</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam injection recon soln 15 gram</i> (Unasyn)	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafticillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafticillin injection recon soln 1 gram</i>	2	
<i>nafticillin injection recon soln 10 gram, 2 gram</i>	2	
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	
<i>oxacillin injection recon soln 10 gram</i>	2	
<i>penicillin g pot in dextrose intravenous piggyback 2 million unit/50 ml, 3 million unit/50 ml</i>	2	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	3	
<i>penicillin g sodium injection recon soln 5 million unit</i>	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium oral tablet 250 mg, 500 mg	1	
piperacillin-tazobactam intravenous recon (Zosyn) soln 3.375 gram, 4.5 gram, 40.5 gram	2	
ZOSYN 2.25 GRAM VIAL P/F,LTX-FR,INNER,SUV 2.25 GRAM	4	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	4	
Quinolones		
AVELOX IN NACL (ISO-OSMOTIC) INTRAVENOUS PIGGYBACK 400 MG/250 ML	4	
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg (Cipro)	1	
ciprofloxacin hcl oral tablet 750 mg	1	
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	2	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml (Cipro)	2	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	2	
levofloxacin intravenous solution 25 mg/ml	2	
levofloxacin oral solution 250 mg/10 ml	2	
levofloxacin oral tablet 250 mg	1	
levofloxacin oral tablet 500 mg, 750 mg (Levaquin)	1	
moxifloxacin 400 mg/250 ml bag 400 mg/250 ml	4	
moxifloxacin oral tablet 400 mg	2	
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml (Avelox in NaCl (iso-osmotic))	4	
ofloxacin oral tablet 400 mg	2	
Sulfonamides		
sulfadiazine oral tablet 500 mg	2	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml (Sulfatrim)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i> (Acticlate)	2	
<i>doxycycline hyclate oral tablet 50 mg</i> (Targadox)	2	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 50 mg</i> (Monodox)	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 75 mg</i>	1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>okebo oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NM; NDS
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	4	
Anticancer Agents		
Anticancer Agents		
<i>abiraterone oral tablet 250 mg</i> (Zytiga)	5	PA NSO; NM; NDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
<i>adriamycin intravenous solution 20 mg/10 ml</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ALIMTA INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	5	PA NSO; NM; NDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	4	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	3	
<i>arsenic trioxide intravenous solution 2 mg/ml</i> (Trisenox)	3	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	NM; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NM; NDS
BALVERSA ORAL TABLET 3 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BESPO NSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
BICNU INTRAVENOUS RECON SOLN 100 MG	5	NM; NDS
<i>bleomycin injection recon soln 30 unit</i>	2	PA BvD
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA NSO; NM; NDS
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA NSO; NM; NDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA NSO; NM; NDS
<i>carboplatin intravenous solution 10 mg/ml</i>	2	
<i>carmustine intravenous recon soln 100 mg</i> (BiCNU)	5	NM; NDS
<i>cisplatin intravenous solution 1 mg/ml</i>	2	
<i>cladribine intravenous solution 10 mg/10 ml</i>	2	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	5	NM; NDS
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	3	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	2	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	
DACOGEN INTRAVENOUS RECON SOLN 50 MG	5	NM; NDS
<i>dactinomycin intravenous recon soln 0.5 mg</i> (Cosmegen)	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
<i>daunorubicin intravenous recon soln 20 mg</i>	2	
<i>daunorubicin intravenous solution 5 mg/ml</i>	2	
DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NM; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml)</i>	5	NM; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	3	
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	5	NM; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	5	NM; NDS
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i> (Adriamycin)	2	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	3	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	2	
<i>epirubicin intravenous solution 200 mg/100 ml</i> (Ellence)	2	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> (Tarceva)	5	PA NSO; NM; NDS
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	5	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	3	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NM; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	3	PA NSO
<i>fludarabine intravenous recon soln 50 mg</i>	2	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	2	
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Aduvex)	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	PA NSO; NM; NDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i> (Faslodex)	5	NM; NDS
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	2	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	NM; NDS
HEXALEN ORAL CAPSULE 50 MG	5	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	5	PA NSO; NM; NDS
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	2	
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i> (Ifex)	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	5	PA NSO; NM; NDS
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IMBRUVICA ORAL TABLET 280 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	2	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	2	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	5	PA NSO; NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	5	NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA NSO; NM; NDS
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS
LYSODREN ORAL TABLET 500 MG	3	
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA NSO; NM; NDS
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran (as HCl))	5	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> (Mutamycin)	2	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MUSTARGEN INJECTION RECON SOLN 10 MG	3	
<i>mutamycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	NM; NDS
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NM; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (30 per 30 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	4	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	NM; NDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i> (Istodax)	5	PA NSO; NM; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	PA NSO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	PA NSO; NM
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	NM; NDS
TABLOID ORAL TABLET 40 MG	3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; NDS
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA NSO; NM; NDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA NSO; NM; NDS
TARGRETIN TOPICAL GEL 1 %	5	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	5	PA NSO; NM; NDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	5	NM; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	3	
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	2	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	2	
<i>toremifene oral tablet 60 mg</i> (Fareston)	3	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	PA NSO; NM; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	5	NM; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	2	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3	
TRISENOX INTRAVENOUS SOLUTION 2 MG/ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TYKERB ORAL TABLET 250 MG	5	PA NSO; NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	NM; NDS
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA NSO
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	5	PA NSO; NM; NDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA BvD
<i>vincasar pfs intravenous solution 2 mg/2 ml</i>	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, (Navelbine) 50 mg/5 ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	5	PA NSO; NM; NDS
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; NM; NDS
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS
XATMEP ORAL SOLUTION 2.5 MG/ML	4	
XOSPATA ORAL TABLET 40 MG	5	PA NSO; NM; NDS
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5)	5	PA NSO; NM; NDS; QL (20 per 28 days)
XPOVIO ORAL TABLET 160 MG/WEEK (20 MG X 8)	5	PA NSO; NM; NDS; QL (32 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (20 MG X 3)	5	PA NSO; NM; NDS; QL (12 per 28 days)
XPOVIO ORAL TABLET 80 MG/WEEK (20 MG X 4)	5	PA NSO; NM; NDS; QL (16 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS
ZOLINZA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; NM; NDS
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	PA NSO; NM; NDS
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml</i>	2	
<i>propantheline oral tablet 15 mg</i>	3	
Anticonvulsants		
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA NSO
BANZEL ORAL SUSPENSION 40 MG/ML	5	NM; NDS
BANZEL ORAL TABLET 200 MG	3	
BANZEL ORAL TABLET 400 MG	5	NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	PA NSO
BRIVIACT ORAL SOLUTION 10 MG/ML	4	PA NSO
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	4	PA NSO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
DEPACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML)	4	
DEPAKENE ORAL CAPSULE 250 MG	4	
DEPAKENE ORAL SOLUTION 250 MG/5 ML	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	3	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS; QL (400 per 30 days)
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA NSO
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA NSO
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
KEPPRA ORAL SOLUTION 100 MG/ML	4	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	4	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	4	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	4	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	4	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	4	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	4	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	4	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	(Lamictal ODT)	2	
<i>lamotrigine oral tablets,dose pack 25 mg (35)</i>	(Lamictal Starter (Blue) Kit)	4	
<i>lamotrigine oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	(Lamictal Starter (Orange) Kit)	4	
<i>lamotrigine oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	(Lamictal Starter (Green) Kit)	4	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>		4	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	(Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	
LYRICA ORAL SOLUTION 20 MG/ML		3	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		4	
PEGANONE ORAL TABLET 250 MG		3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>		2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>		2	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG		4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	2	
<i>phenytoin oral tablet,chewable 50 mg</i>	(Dilantin Infatabs)	2	
<i>phenytoin sodium extended oral capsule 100 mg</i>	(Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	(Phenytek)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i> (Lyrica)	1	
<i>pregabalin oral solution 20 mg/ml</i> (Lyrica)	3	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	2	
SABRIL ORAL POWDER IN PACKET 500 MG	5	PA NSO; NM; NDS
SABRIL ORAL TABLET 500 MG	5	PA NSO; NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	4	PA NSO
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	4	PA NSO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	2	PA NSO
<i>vigabatrin oral tablet 500 mg</i> (Sabril)	5	PA NSO; NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	
VIMPAT ORAL SOLUTION 10 MG/ML	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	
<i>zonisamide oral capsule 50 mg</i>	2	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i> (Aricept)	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
donepezil oral tablet,disintegrating 10 mg, 5 mg	2	ST; QL (30 per 30 days)
galantamine oral capsule,ext rel. pellets (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	2	
galantamine oral solution 4 mg/ml	2	
galantamine oral tablet 12 mg, 4 mg, 8 mg (Razadyne)	2	
memantine oral capsule,sprinkle,er 24hr (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	3	
memantine oral solution 2 mg/ml	2	
memantine oral tablet 10 mg, 5 mg (Namenda)	2	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	
rivastigmine transdermal patch 24 hour (Exelon) 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	2	ST
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	2	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	ST
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release (Wellbutrin XL) 24 hr 150 mg, 300 mg	2	
bupropion hcl oral tablet sustained- (Wellbutrin SR) release 12 hr 100 mg, 150 mg, 200 mg	2	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 (Celexa) mg	1	
clomipramine oral capsule 25 mg, 50 mg, (Anafranil) 75 mg	2	
desipramine oral tablet 10 mg, 25 mg (Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	4	ST

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	4	ST
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>duloxetine oral capsule, delayed (Cymbalta) release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	ST; QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 (Lexapro) mg, 5 mg</i>	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 (Prozac) mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg, 20 mg (Sarafem)</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	2	ST
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, (Tofranil) 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	3	ST
<i>mirtazapine oral tablet 15 mg, 30 mg (Remeron)</i>	1	
<i>mirtazapine oral tablet 45 mg</i>	1	
<i>mirtazapine oral tablet 7.5 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg</i>	4	
<i>nefazodone oral tablet 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
<i>olanzapine-fluoxetine oral capsule 12-25 mg</i>	2	
<i>olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	ST
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> (Effexor XR)	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST; QL (30 per 30 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG, 30-1,000 MG	4	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	
CYCLOSET ORAL TABLET 0.8 MG	4	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG	4	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS
<i>metformin oral solution 500 mg/5 ml</i> (Riomet)	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
metformin oral tablet 1,000 mg, 500 mg, 850 mg (Glucophage)	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg (Glucophage XR)	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg (Glyset)	2	
nateglinide oral tablet 120 mg, 60 mg (Starlix)	2	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	3	QL (30 per 30 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg (Actos)	1	
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg (DUETACT)	2	
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg (Actoplus MET)	3	
repaglinide oral tablet 0.5 mg	2	
repaglinide oral tablet 1 mg, 2 mg (Prandin)	2	
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	4	
RIOMET ORAL SOLUTION 500 MG/5 ML	4	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	4	
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	4	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	
Insulins		
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
Sulfonylureas		
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> (Amaryl)	1	
<i>glipizide oral tablet 10 mg, 5 mg</i> (Glucotrol)	1	
<i>glipizide oral tablet extended release 24hr</i> (Glucotrol XL) <i>10 mg, 2.5 mg, 5 mg</i>	2	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
<i>glyburide micronized oral tablet 1.5 mg, 3</i> (Glynase) <i>mg, 6 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	2	
<i>tolbutamide oral tablet 500 mg</i>	3	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA BvD
<i>amphotericin b injection recon soln 50 mg</i>	3	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77 %</i>	2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	2	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole topical cream 1 %</i>	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	3	
ERTACZO TOPICAL CREAM 2 %	4	
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
fluconazole oral tablet 100 mg, 200 mg, 50 mg (Diflucan)	2	
fluconazole oral tablet 150 mg (Diflucan)	1	
flucytosine oral capsule 250 mg, 500 mg (Ancobon)	5	NM; NDS
griseofulvin microsize oral suspension 125 mg/5 ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	2	
itraconazole oral capsule 100 mg (Sporanox)	2	PA
itraconazole oral solution 10 mg/ml (Sporanox)	4	PA
ketoconazole oral tablet 200 mg	2	
ketoconazole topical cream 2 %	2	
ketoconazole topical foam 2 % (Extina)	2	
ketoconazole topical shampoo 2 % (Nizoral)	2	
MENTAX TOPICAL CREAM 1 %	4	
miconazole-3 vaginal suppository 200 mg	4	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
naftifine topical cream 1 %	2	
naftifine topical cream 2 % (Naftin)	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	PA; NM; NDS
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	5	PA; NM; NDS
nyamyc topical powder 100,000 unit/gram	2	
nystatin oral powder 150 million unit	2	
nystatin oral suspension 100,000 unit/ml	2	
nystatin oral tablet 500,000 unit	2	
nystatin topical cream 100,000 unit/gram	2	
nystatin topical ointment 100,000 unit/gram	2	
nystatin topical powder 100,000 unit/gram (Nyamyc)	2	
nystop topical powder 100,000 unit/gram	2	
oxiconazole topical cream 1 % (Oxistat)	2	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml) (Noxafil)	5	PA; NM; NDS
posaconazole oral tablet, delayed release (dr/ec) 100 mg (Noxafil)	5	PA; NM; NDS
SPORANOX ORAL SOLUTION 10 MG/ML	4	PA
terbinafine hcl oral tablet 250 mg	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>voriconazole intravenous recon soln 200 mg</i>	(Vfend IV)	2	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	(Vfend)	5	PA; NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i>	(Vfend)	5	PA; NM; NDS
Antigout Agents			
Antigout Agents, Other			
<i>allopurinol oral tablet 100 mg, 300 mg</i>	(Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i>	(Mitigare)	3	
<i>colchicine oral tablet 0.6 mg</i>	(Colcrys)	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	(Uloric)	3	ST
MITIGARE ORAL CAPSULE 0.6 MG		3	
<i>probenecid oral tablet 500 mg</i>		2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>		3	
ULORIC ORAL TABLET 40 MG, 80 MG		3	ST
Antihistamines			
Antihistamines			
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>		2	
<i>carbinoxamine maleate oral tablet 4 mg</i>		2	
<i>cetirizine oral solution 1 mg/ml</i>	(All Day Allergy (cetirizine))	2	
<i>clemastine oral tablet 2.68 mg</i>		2	
<i>cycloheptadine oral syrup 2 mg/5 ml</i>		2	
<i>cycloheptadine oral tablet 4 mg</i>		2	
<i>desloratadine oral tablet 5 mg</i>	(Clarinet)	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>		2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>		2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>		2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>		2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>		2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	(Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i>	(24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>		2	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	(Promethazine VC)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	2	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	4	QL (16 per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i> (Frova)	2	QL (18 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (36 per 60 days)
<i>rizatriptan oral tablet 5 mg</i>	2	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 10 mg</i> (Maxalt-MLT)	2	QL (36 per 60 days)
<i>rizatriptan oral tablet,disintegrating 5 mg</i>	2	QL (36 per 60 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	3	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Refill)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (5 per 30 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	2	QL (5 per 30 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (18 per 30 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	2	QL (18 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	4	QL (16 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	4	QL (12 per 30 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid injection solution 100 mg/ml</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
RIFAMATE ORAL CAPSULE 300-150 MG	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA BvD; QL (1 per 7 days)
ANZEMET ORAL TABLET 100 MG, 50 MG	4	PA BvD; QL (9 per 2 days)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	2	PA BvD; QL (3 per 2 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (3 per 2 days)
CESAMET ORAL CAPSULE 1 MG	4	PA
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA
EMEND ORAL CAPSULE 125 MG	3	PA BvD; QL (3 per 2 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	3	PA BvD; QL (3 per 2 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	2	PA BvD; QL (30 per 30 days)
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	1	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg</i>	2	
PHENERGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	2	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	2	
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	2	
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	4	QL (4 per 28 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	4	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i> (Tigan)	2	PA
VARUBI ORAL TABLET 90 MG	3	PA BvD
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg</i> (Albenza)	5	NM; NDS
ALBENZA ORAL TABLET 200 MG	5	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
ALINIA ORAL TABLET 500 MG	3	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	
DARAPRIM ORAL TABLET 25 MG	5	NM; NDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	3	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	3	PA BvD
<i>pentamidine injection recon soln 300 mg</i> (Pentam)	3	PA BvD
PRIMAQUINE ORAL TABLET 26.3 MG	3	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NM; NDS
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	3	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	3	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	3	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	3	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	3	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	3	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i> (Mirapex ER)	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 3 mg, 5 mg</i> (Requip)	1	
<i>ropinirole oral tablet 0.5 mg, 1 mg, 2 mg, 4 mg</i>	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	4	ST
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	4	
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	PA NSO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	PA NSO
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	4	PA NSO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	PA NSO; NM; NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	5	PA NSO; NM; NDS
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine oral tablet 200 mg, 50 mg</i>	2	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i> (FazaClo)	2	
<i>clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg</i> (FazaClo)	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA NSO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)- 6MG(2)	4	PA NSO; QL (60 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
<i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	4	PA NSO

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML	4	PA NSO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA NSO; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	4	
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS
NUPLAZID ORAL TABLET 10 MG, 17 MG	5	PA NSO; NM; NDS
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> (Invega)	2	PA NSO
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG	5	PA NSO; NM; NDS
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	2	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA NSO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	PA NSO
RISPERDAL M-TAB ORAL TABLET,DISINTEGRATING 0.5 MG, 1 MG, 3 MG, 4 MG	4	
RISPERDAL ORAL SOLUTION 1 MG/ML	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA NSO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	PA NSO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	5	NM; NDS
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	2	
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
APTIVUS ORAL SOLUTION 100 MG/ML	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	5	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY ORAL TABLET 50-200-25 MG	5	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	NM; NDS
DESCOVY ORAL TABLET 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
DOVATO ORAL TABLET 50-300 MG	5	NM; NDS
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg, 50 mg</i> (Sustiva)	3	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	3	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	3	
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	2	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	
INVIRASE ORAL CAPSULE 200 MG	3	
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	5	NM; NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS
lamivudine oral solution 10 mg/ml (Epivir)	2	
lamivudine oral tablet 100 mg (Epivir HBV)	2	
lamivudine oral tablet 150 mg, 300 mg (Epivir)	2	
lamivudine-zidovudine oral tablet 150-300 mg (Combivir)	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	5	NM; NDS
lopinavir-ritonavir oral solution 400-100 mg/5 ml (Kaletra)	5	NM; NDS
nevirapine oral suspension 50 mg/5 ml (Viramune)	2	
nevirapine oral tablet 200 mg (Viramune)	1	
nevirapine oral tablet extended release 24 hr 100 mg	2	
nevirapine oral tablet extended release 24 hr 400 mg (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PIFELTRO ORAL TABLET 100 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 600 MG, 800 MG	5	NM; NDS
RESCRIPTOR ORAL TABLET 200 MG	3	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	NM; NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	4	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	4	NM
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>stavudine oral recon soln 1 mg/ml</i>	4	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
SYMFI LO ORAL TABLET 400-300-300 MG	5	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	
TIVICAY ORAL TABLET 10 MG, 25 MG	4	
TIVICAY ORAL TABLET 50 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NM; NDS
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	3	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
ZERIT ORAL RECON SOLN 1 MG/ML	4	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (56 per 180 days)
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	5	PA; NM; NDS
Hcv Antivirals		
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NM; NDS; QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	3	
INTRON A INJECTION RECON SOLN 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA; NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	PA; NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NM; NDS
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg (Zovirax)</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml (Zovirax)</i>	2	
<i>acyclovir oral tablet 400 mg, 800 mg (Zovirax)</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>adefovir oral tablet 10 mg (Hepsera)</i>	5	PA; NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	2	
<i>entecavir oral tablet 0.5 mg, 1 mg (Baraclude)</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg (Cytovene)</i>	2	PA BvD
MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)-400 MG (7), 600 MG (7)- 600 MG (7)	5	NM; NDS
MODERIBA ORAL TABLET 200 MG	2	
REBETOL ORAL SOLUTION 40 MG/ML	5	NM; NDS
<i>ribasphere oral capsule 200 mg</i>	2	
<i>ribasphere oral tablet 200 mg</i>	2	
<i>ribasphere oral tablet 400 mg</i>	4	
<i>ribasphere oral tablet 600 mg</i>	5	NM; NDS
<i>ribasphere ribapak 600-400 mg 600 mg (7)- 400 mg (7)</i>	5	NM; NDS
<i>ribasphere ribapak 600-600 mg 600 mg (7)- 600 mg (7)</i>	5	NM; NDS
<i>ribasphere ribapak oral tablets,dose pack 400 mg (7)- 400 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	2	
<i>ribavirin oral tablet 200 mg</i>	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NM; NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NM; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	NM; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	4	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
ELIQUIS ORAL TABLETS, DOSE PACK 5 MG (74 TABS)	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	QL (51 per 17 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> (Lovenox)	2	QL (34 per 17 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	2	QL (28 per 17 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	2	QL (11 per 17 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	2	QL (14 per 17 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	2	QL (21 per 17 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	5	PA; NM; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	PA
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	5	NM; NDS
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	2	PA BvD
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	2	PA BvD
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	PA BvD
heparin (porcine) injection syringe 5,000 unit/ml	2	PA BvD
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	2	PA BvD
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	2	PA BvD
heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml	2	PA BvD
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA BvD
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA BvD
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	5	PA; NM; NDS
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA BvD
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NM; NDS
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA BvD
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; NDS
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	5	PA; NM; NDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
CYKLOKAPRON INTRAVENOUS SOLUTION 1,000 MG/10 ML (100 MG/ML)	4	
<i>tranexamic acid intravenous solution</i> (Cyklokapron) <i>1,000 mg/10 ml (100 mg/ml)</i>	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er</i> (Aggrenox) <i>multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	4	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
EFFIENT ORAL TABLET 10 MG, 5 MG	3	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	
ZONTIVITY ORAL TABLET 2.08 MG	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Caloric Agents		
Caloric Agents		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	3	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	3	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INTRAVENOUS EMULSION 30 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	2	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	2	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	2	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	2	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	2	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	2	
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>methyldopa oral tablet 250 mg</i>	1	
<i>methyldopa oral tablet 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NM; NDS
<i>phenoxybenzamine oral capsule 10 mg</i> (Dibenzyl)line)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	2	
EDARBI ORAL TABLET 40 MG, 80 MG	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	PA
<i>eprosartan oral tablet 600 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	PA
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
trandolapril-verapamil oral tablet, ir - er, (Tarka) biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg	2	
Antiarrhythmic Agents		
amiodarone intravenous solution 50 mg/ml	2	
amiodarone oral tablet 100 mg, 400 mg (Pacerone)	2	
amiodarone oral tablet 200 mg (Pacerone)	1	
disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	2	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	2	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	2	
pacerone oral tablet 100 mg, 400 mg	2	
pacerone oral tablet 200 mg	1	
procainamide injection solution 100 mg/ml, 500 mg/ml	3	
procainamide intravenous syringe 100 mg/ml	3	
propafenone oral capsule,extended release (Rythmol SR) 12 hr 225 mg, 325 mg, 425 mg	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
quinidine gluconate injection solution 80 mg/ml	3	
quinidine gluconate oral tablet extended release 324 mg	2	
quinidine sulfate oral tablet 200 mg, 300 mg	2	
Beta-Adrenergic Blocking Agents		
acebutolol oral capsule 200 mg, 400 mg	2	
atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)	1	
atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)	2	
atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> (Coreg CR)	4	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>propranolol oral tablet 60 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	2	
Calcium-Channel Blocking Agents		
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	2	
diltiazem hcl intravenous recon soln 100 mg	2	
diltiazem hcl intravenous solution 5 mg/ml	2	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	2	
diltiazem hcl oral capsule,extended release 24 hr 360 mg (Taztia XT)	2	
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiazac)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cardizem CD)	2	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg (Cardizem)	1	
diltiazem hcl oral tablet 90 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	2	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	2	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
verapamil intravenous solution 2.5 mg/ml	2	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg (Verelan PM)	2	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg (Verelan)	2	
verapamil oral tablet 120 mg (Calan)	1	
verapamil oral tablet 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg (Calan SR)	2	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
DEMSEER ORAL CAPSULE 250 MG	5	NM; NDS
digitek oral tablet 125 mcg (0.125 mg)	2	QL (30 per 30 days)
digitek oral tablet 250 mcg (0.25 mg)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>digox oral tablet 125 mcg (0.125 mg)</i>	2	QL (30 per 30 days)
<i>digox oral tablet 250 mcg (0.25 mg)</i>	2	
<i>digoxin 125 mcg tablet 125 mcg (0.125 mg)</i> (Digitek)	2	QL (30 per 30 days)
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	2	
DIGOXIN ORAL SOLUTION 50 MCG/ML (0.05 MG/ML)	2	
<i>digoxin oral tablet 125 mcg (0.125 mg)</i> (Digitek)	2	QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg)</i> (Digitek)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml</i> (Auvi-Q)	4	ST; QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	3	QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i>	4	ST; QL (2 per 15 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	3	QL (2 per 15 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (2 per 15 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (2 per 15 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	PA; NM; NDS
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML)	4	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> (Ranexa)	3	
Dihydropyridines		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral capsule 10 mg</i> (Procardia)	2	
<i>nifedipine oral capsule 20 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	2	
<i>nifedipine oral tablet extended release 30 mg</i> (Adalat CC)	2	
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i> (Adalat CC)	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	2	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 30 mg, 40 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 25.5 mg</i>	4	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>bumetanide injection solution 0.25 mg/ml</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i> (Edecrin)	2	
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide injection syringe 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg (Lasix)	1	
hydrochlorothiazide oral capsule 12.5 mg (Microzide)	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
methyclothiazide oral tablet 5 mg	2	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	2	
spironolactone oral tablet 100 mg, 25 mg, 50 mg (Aldactone)	2	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg (Aldactazide)	2	
toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg (Dyazide)	1	
triamterene-hydrochlorothiazid oral capsule 50-25 mg	2	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg (Maxzide-25mg)	1	
triamterene-hydrochlorothiazid oral tablet 75-50 mg (Maxzide)	1	
Dyslipidemias		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg (Caduet)	2	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	2	
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Lipitor)	1	
cholestyramine (with sugar) oral powder in packet 4 gram (Questran)	2	
cholestyramine light oral powder 4 gram	2	
cholestyramine light packet 4 gram	2	
colesevelam oral powder in packet 3.75 gram (WelChol)	3	
colesevelam oral tablet 625 mg (WelChol)	3	
colestipol oral packet 5 gram (Colestid)	2	
colestipol oral tablet 1 gram (Colestid)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	3	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	4	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibrate oral tablet 40 mg</i> (Fenoglide)	4	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	4	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i> (Lescol XL)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	5	PA; NM; NDS
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>niacin oral tablet 500 mg</i> (Niacor)	2	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	2	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	
<i>pravastatin oral tablet 10 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	1	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NM; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NM; NDS; QL (2 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NM; NDS; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Zocor)	1	
<i>simvastatin oral tablet 5 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren oral tablet 150 mg, 300 mg</i> (Tekturna)	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKTURNA HCT ORAL TABLET 150- 12.5 MG, 150-25 MG, 300-12.5 MG, 300- 25 MG	4	
TEKTURNA ORAL TABLET 150 MG, 300 MG	4	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide dinitrate oral tablet 30 mg</i>	3	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> (Minitran)	2	
<i>nitroglycerin translingual spray, non- aerosol 400 mcg/spray</i> (Nitrolingual)	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	2	QL (60 per 30 days)
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NM; NDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	5	PA; NM; NDS; QL (60 per 30 days)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	2	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	2	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	2	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (28 per 28 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; NM; NDS; QL (20 per 336 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; NM; NDS; QL (118 per 28 days)
MAYZENT ORAL TABLET 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	5	PA; NM; NDS
<i>metadate er oral tablet extended release 20 mg</i>	2	
<i>methamphetamine oral tablet 5 mg</i> (Desoxyn)	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 20 mg, 40 mg</i> (Ritalin LA)	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 72 mg</i> (Relexxii)	2	
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate la 20 mg cap 20 mg</i> (Ritalin LA)	2	
<i>methylphenidate la 40 mg cap 40 mg</i> (Ritalin LA)	2	
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; NM; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG	4	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NM; NDS; QL (14 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; NM; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	5	PA; NM; NDS
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
Contraceptives		
Contraceptives		
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	2	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
amethyst (28) oral tablet 90-20 mcg (28)	2	
apri oral tablet 0.15-0.03 mg	2	
aranella (28) oral tablet 0.5/1/0.5-35 mg- mcg	2	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	2	
aubra oral tablet 0.1-20 mg-mcg	2	
aviane oral tablet 0.1-20 mg-mcg	2	
balziva (28) oral tablet 0.4-35 mg-mcg	2	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	2	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	2	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	2	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	2	
briellyn oral tablet 0.4-35 mg-mcg	2	
camila oral tablet 0.35 mg	2	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	2	
cryselle (28) oral tablet 0.3-30 mg-mcg	2	
cyclafem 1/35 (28) oral tablet 1-35 mg- mcg	2	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
deblitane oral tablet 0.35 mg	2	
delyla (28) oral tablet 0.1-20 mg-mcg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
<i>desog-e.estradiol/e.estradiol oral tablet</i>	(Azurette (28))	2	
0.15-0.02 mgx21 /0.01 mg x 5			
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	(Beyaz)	2	
3-0.02-0.451 mg (24) (4)			
<i>drospirenone-ethinyl estradiol oral tablet</i>	(Gianvi (28))	2	
3-0.02 mg			
<i>drospirenone-ethinyl estradiol oral tablet</i>	(Ocella)	2	
3-0.03 mg			
<i>emoquette oral tablet</i> 0.15-0.03 mg		2	
<i>enpresse oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)		2	
<i>errin oral tablet</i> 0.35 mg		2	
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-35 mg-mcg	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet</i> 1-50 mg-mcg	(Kelnor 1-50)	2	
<i>falmina (28) oral tablet</i> 0.1-20 mg-mcg		2	
<i>femynor oral tablet</i> 0.25-35 mg-mcg		2	
<i>gianvi (28) oral tablet</i> 3-0.02 mg		2	
<i>introvale oral tablets,dose pack,3 month</i> 0.15 mg-30 mcg (91)		2	
<i>jolivette oral tablet</i> 0.35 mg		2	
<i>juleber oral tablet</i> 0.15-0.03 mg		2	
<i>junel 1.5/30 (21) oral tablet</i> 1.5-30 mg-mcg		2	
<i>junel 1/20 (21) oral tablet</i> 1-20 mg-mcg		2	
<i>junel fe 1.5/30 (28) oral tablet</i> 1.5 mg-30 mcg (21)/75 mg (7)		2	
<i>junel fe 1/20 (28) oral tablet</i> 1 mg-20 mcg (21)/75 mg (7)		2	
<i>junel fe 24 oral tablet</i> 1 mg-20 mcg (24)/75 mg (4)		2	
<i>kaitlib fe oral tablet,chewable</i> 0.8mg-25mcg(24) and 75 mg (4)		2	
<i>kariva (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5		2	
<i>kelnor 1/35 (28) oral tablet</i> 1-35 mg-mcg		2	
<i>kelnor 1-50 oral tablet</i> 1-50 mg-mcg		2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i> 0.15 mg-20 mcg/ 0.15 mg-25 mcg	(Fayosim)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	2	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Afirmelle)	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Altavera (28))	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i> (Amethyst (28))	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> (Introvale)	2	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
mili oral tablet 0.25-35 mg-mcg	2	
mononessa (28) oral tablet 0.25-35 mg-mcg	2	
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	2	
nikki (28) oral tablet 3-0.02 mg	2	
nora-be oral tablet 0.35 mg	2	
noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7) (Wymzya Fe)	2	
noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4) (Generess Fe)	2	
norethindrone (contraceptive) oral tablet 0.35 mg (Camila)	2	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg (Aurovela 1/20 (21))	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7) (Aurovela Fe 1-20 (28))	2	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4) (Aurovela 24 Fe)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg (Tri-Lo-Estarylla)	2	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28) (Ortho Tri-Cyclen (28))	2	
norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg (Estarylla)	2	
norlyroc oral tablet 0.35 mg	2	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	2	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	2	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	2	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	2	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	3	
ocella oral tablet 3-0.03 mg	2	
ogestrel (28) oral tablet 0.5-50 mg-mcg	4	
orsythia oral tablet 0.1-20 mg-mcg	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>pimtrex (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 1-35 mg-mcg</i>	2	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tulana oral tablet 0.35 mg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	3	
<i>zarah oral tablet 3-0.03 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
zenchent (28) oral tablet 0.4-35 mg-mcg	2	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	2	
Dental And Oral Agents		
Dental And Oral Agents		
cevimeline oral capsule 30 mg (Evoxac)	2	
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Paroex Oral Rinse)	2	
paroex oral rinse mucous membrane mouthwash 0.12 %	2	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	2	
triamcinolone acetonide dental paste 0.1 % (Oralone)	2	
Dermatological Agents		
Dermatological Agents, Other		
acitretin oral capsule 10 mg, 25 mg (Soriatane)	5	NM; NDS
acitretin oral capsule 17.5 mg	5	NM; NDS
acyclovir topical cream 5 % (Zovirax)	4	
acyclovir topical ointment 5 % (Zovirax)	2	ST
ALCOHOL PADS TOPICAL PADS, MEDICATED	2	
ammonium lactate topical cream 12 % (Geri-Hydrolac)	2	
ammonium lactate topical lotion 12 % (AmLactin)	2	
azelaic acid topical gel 15 % (Finacea)	3	
AZELEX TOPICAL CREAM 20 %	4	PA
calcipotriene scalp solution 0.005 %	2	
calcipotriene topical cream 0.005 % (Dovonex)	2	
calcipotriene topical ointment 0.005 % (Calcitrene)	2	
calcipotriene-betamethasone topical ointment 0.005-0.064 % (Taclonex)	2	
calcitriol topical ointment 3 mcg/gram (Vectical)	3	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
DENAVIR TOPICAL CREAM 1 %	3	
doxepin topical cream 5 % (Prudoxin)	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NM; NDS; QL (6 per 28 days)
FINACEA TOPICAL FOAM 15 %	3	
FINACEA TOPICAL GEL 15 %	3	
<i>fluorouracil topical cream 0.5 %</i> (Carac)	3	
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in metered-dose pump 3.75 %</i> (Zyclara)	4	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Absorica)	2	
<i>mafenide acetate topical packet 50 gram</i> (Sulfamylon)	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	2	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS
PICATO TOPICAL GEL 0.015 %	5	NM; NDS; QL (3 per 10 days)
PICATO TOPICAL GEL 0.05 %	5	NM; NDS; QL (2 per 10 days)
<i>podofilox topical solution 0.5 %</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	NM; NDS; QL (30 per 15 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
VALCHLOR TOPICAL GEL 0.016 %	5	PA NSO; NM; NDS; QL (240 per 30 days)
XERESE TOPICAL CREAM 5-1 %	4	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
ZOVIRAX TOPICAL CREAM 5 %	4	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	4	
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical lotion 1 % (Cleocin T)	2	
clindamycin phosphate topical solution 1 % (Cleocin T)	2	
clindamycin phosphate topical swab 1 % (Clindacin ETZ)	2	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 % (Duac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	2	
clindamycin-tretinoin topical gel 1.2-0.025 % (Veltin)	2	
ery pads topical swab 2 %	2	
erythromycin with ethanol topical gel 2 % (Erygel)	2	
erythromycin with ethanol topical solution 2 %	2	
erythromycin-benzoyl peroxide topical gel 3-5 % (Aktipak)	2	
gentamicin topical cream 0.1 %	2	
gentamicin topical ointment 0.1 %	2	
metronidazole topical cream 0.75 % (MetroCream)	2	
metronidazole topical gel 0.75 % (Rosadan)	2	
metronidazole topical gel 1 % (Metrogel)	2	
metronidazole topical lotion 0.75 % (MetroLotion)	2	
mupirocin calcium topical cream 2 %	2	
mupirocin topical ointment 2 % (Centany)	2	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	2	
neuac topical gel 1.2 %(1 % base) -5 %	2	
selenium sulfide topical lotion 2.5 %	2	
silver sulfadiazine topical cream 1 % (Silvadene)	2	
ssd topical cream 1 %	2	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %, 2.5 %	2	
alclometasone topical cream 0.05 %	2	
alclometasone topical ointment 0.05 %	2	
amcinonide topical cream 0.1 %	2	PA
amcinonide topical lotion 0.1 %	4	
amcinonide topical ointment 0.1 %	3	PA
APEXICON E TOPICAL CREAM 0.05 %	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	2	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
CAPEX TOPICAL SHAMPOO 0.01 %	4	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	2	PA
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	PA
<i>clobetasol topical foam 0.05 %</i> (Olux)	2	PA
<i>clobetasol topical gel 0.05 %</i>	2	PA
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	PA
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	PA
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	2	PA
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	2	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	2	PA
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	PA
CLODAN TOPICAL SHAMPOO 0.05 %	2	PA
CLODERM TOPICAL CREAM 0.1 %	4	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	4	
<i>cormax scalp solution 0.05 %</i>	2	PA
DESONATE TOPICAL GEL 0.05 %	3	PA
<i>desonide topical cream 0.05 %</i> (DesOwen)	2	PA
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %</i> (Topicort)	3	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical ointment 0.25 %</i> (Topicort)	2	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i>	2	
ELIDEL TOPICAL CREAM 1 %	3	
<i>fluocinolone 0.01% body oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i> (Derma-Smoothe/FS Scalp Oil)	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical cream 0.1 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	2	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>flurandrenolide topical cream 0.05 %</i> (Cordran)	2	
<i>fluticasone propionate topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone propionate topical lotion 0.05 %</i> (Beser)	2	PA
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i> (Halog)	4	PA
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
HALOG TOPICAL CREAM 0.1 %	4	PA
HALOG TOPICAL OINTMENT 0.1 %	4	PA
<i>hydrocort buty 0.1% lipo cream 0.1 %</i> (Locoid Lipocream)	2	PA
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	2	PA
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical solution</i> (Locoid) 0.1 %	2	
<i>hydrocortisone topical cream</i> 1 % (Ala-Cort)	2	
<i>hydrocortisone topical cream</i> 2.5 %	2	
<i>hydrocortisone topical lotion</i> 2.5 %	2	
<i>hydrocortisone topical ointment</i> 1 % (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment</i> 2.5 %	2	
<i>hydrocortisone valerate topical cream</i> 0.2 %	2	
<i>hydrocortisone valerate topical ointment</i> 0.2 %	2	
<i>mometasone topical cream</i> 0.1 % (Elocon)	2	
<i>mometasone topical ointment</i> 0.1 %	2	
<i>mometasone topical solution</i> 0.1 %	2	
PANDEL TOPICAL CREAM 0.1 %	4	PA
<i>pimecrolimus topical cream</i> 1 % (Elidel)	3	
<i>prednicarbate topical cream</i> 0.1 %	2	
<i>prednicarbate topical ointment</i> 0.1 % (Dermatop)	2	
<i>procto-med hc topical cream with perineal applicator</i> 2.5 %	2	
<i>procto-pak topical cream with perineal applicator</i> 1 %	2	
<i>proctosol hc topical cream with perineal applicator</i> 2.5 %	2	
<i>proctozone-hc topical cream with perineal applicator</i> 2.5 %	2	
<i>tacrolimus topical ointment</i> 0.03 %, 0.1 % (Protopic)	2	
<i>triamcinolone acetonide topical aerosol</i> (Kenalog) 0.147 mg/gram	2	
<i>triamcinolone acetonide topical cream</i> 0.025 %	2	
<i>triamcinolone acetonide topical cream</i> 0.1 %, 0.5 % (Triderm)	2	
<i>triamcinolone acetonide topical lotion</i> 0.025 %, 0.1 %	2	
<i>triamcinolone acetonide topical ointment</i> 0.025 %, 0.1 %, 0.5 %	2	
TRIDESILON TOPICAL CREAM 0.05 %	2	PA
ULTRAVATE TOPICAL LOTION 0.05 %	4	
Dermatological Retinoids		
<i>adapalene 0.3% gel pump</i> 0.3 % (Differin)	2	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene topical cream 0.1 %</i> (Differin)	2	PA
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	2	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i> (Epiduo)	4	PA
<i>avita topical cream 0.025 %</i>	2	PA
<i>avita topical gel 0.025 %</i>	2	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA
<i>tazarotene topical cream 0.1 %</i> (Avage)	4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
Scabicides And Pediculicides		
ELIMITE TOPICAL CREAM 5 %	4	
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>lindane topical shampoo 1 %</i>	2	
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
SKLICE TOPICAL LOTION 0.5 %	4	QL (117 per 15 days)
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	3	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	3	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	3	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	3	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	3	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ulitet Insulin Syringe)	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	(Advocate Syringes)	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE	(Lite Touch Insulin Syringe)	3	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	(1st Tier Unifine Pentips)	3	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2"		3	
Enzyme Replacement/Modifiers			
Enzyme Replacement/Modifiers			
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML		5	PA; NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML		5	NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT		5	NM; NDS
CHENODAL ORAL TABLET 250 MG		5	NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT		3	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG		3	PA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML		5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG		5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG		5	NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG		5	PA; NM; NDS
KUVAN ORAL TABLET, SOLUBLE 100 MG		5	PA; NM; NDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG		5	NM; NDS
<i>miglustat oral capsule 100 mg</i>	(Zavesca)	5	PA; NM; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML		5	NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG		5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	4	ST
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	ST
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8 ML	5	PA; NM; NDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000- 63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000- 126,000- 168,000 UNIT, 5,000-17,000 - 27,000 UNIT, 5,000-17,000- 24,000 UNIT	4	ST
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NM; NDS; QL (60 per 30 days)
EMADINE OPHTHALMIC (EYE) DROPS 0.05 %	4	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 %	4	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	2	ST
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	3	ST
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	4	ST; QL (2.5 per 30 days)
<i>proparacaine ophthalmic (eye) drops 0.5 %</i> (Alcaine)	2	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	QL (2.5 per 30 days)
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	ST; QL (5 per 30 days)
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	2	
gatifloxacin ophthalmic (eye) drops 0.5 % (Zymaxid)	2	ST
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	2	
gentamicin ophthalmic (eye) drops 0.3 %	2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	2	
levofloxacin ophthalmic (eye) drops 0.5 %	2	
moxifloxacin ophthalmic (eye) drops 0.5 % (Vigamox)	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	(Neo-Polycin HC) 2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	(Neo-Polycin) 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	(Maxitrol) 2	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	(Maxitrol) 2	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	2	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	2	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	2	
ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)	2	
ofloxacin otic (ear) drops 0.3 %	2	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	2	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	(Polytrim) 2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)	2	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	2	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	2	
tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)	2	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)	2	
trifluridine ophthalmic (eye) drops 1 %	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	3	
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	
BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)	4	ST; QL (50 per 15 days)
bromfenac ophthalmic (eye) drops 0.09 %	2	
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	2	
diclofenac sodium ophthalmic (eye) drops 0.1 %	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	QL (10 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	2	QL (50 per 15 days)
fluocinolone acetate oil otic (ear) drops 0.01 % (DermOtic Oil)	2	
fluorometholone ophthalmic (eye) drops,suspension 0.1 % (FML Liquifilm)	2	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	2	
fluticasone propionate nasal spray,suspension 50 mcg/actuation (24 Hour Allergy Relief)	2	QL (32 per 15 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	QL (3 per 30 days)
ketorolac ophthalmic (eye) drops 0.4 % (Acular LS)	2	
ketorolac ophthalmic (eye) drops 0.5 % (Acular)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye)</i> (Lotemax) <i>drops,suspension 0.5 %</i>	3	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	2	ST; QL (34 per 15 days)
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
OMNARIS NASAL SPRAY, NON- AEROSOL 50 MCG	4	ST; QL (25 per 15 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye)</i> (Pred Forte) <i>drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	QL (3 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	4	ST; QL (9.8 per 15 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	4	ST; QL (17.4 per 15 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	4	PA; ST
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	4	ST; QL (12.2 per 15 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	4	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
esomeprazole sodium intravenous recon soln 40 mg	(Nexium IV)	2	
famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml		3	
famotidine intravenous solution 10 mg/ml		2	
famotidine oral suspension 40 mg/5 ml (8 mg/ml)		2	
famotidine oral tablet 20 mg	(Acid Controller)	1	
famotidine oral tablet 40 mg	(Pepcid)	1	
lansoprazole oral capsule, delayed release(dr/ec) 15 mg	(Heartburn Treatment 24 Hour)	2	
lansoprazole oral capsule, delayed release(dr/ec) 30 mg	(Prevacid)	2	
misoprostol oral tablet 100 mcg, 200 mcg	(Cytotec)	2	
nizatidine oral capsule 150 mg, 300 mg		2	
nizatidine oral solution 150 mg/10 ml		2	
omeprazole oral capsule, delayed release(dr/ec) 10 mg		2	
omeprazole oral capsule, delayed release(dr/ec) 20 mg, 40 mg		1	
pantoprazole intravenous recon soln 40 mg	(Protonix)	2	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	(Protonix)	1	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	(AcipHex)	2	
ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)	(Zantac)	4	
ranitidine hcl oral capsule 150 mg, 300 mg		1	
ranitidine hcl oral syrup 15 mg/ml		1	
ranitidine hcl oral tablet 150 mg	(Acid Control (ranitidine))	1	
ranitidine hcl oral tablet 300 mg		1	
sucralfate oral tablet 1 gram	(Carafate)	2	
Gastrointestinal Agents, Other			
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG		4	PA
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML		4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG		4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	5	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	4	
<i>dicyclomine intramuscular solution 10 mg/ml</i> (Bentyl)	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA
PYLERA ORAL CAPSULE 140-125-125 MG	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	PA
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	2	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps 15 gm/60 ml suspension 15 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
OSMOPREP ORAL TABLET 1.5 GRAM	4	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	2	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	2	
RENAGEL ORAL TABLET 800 MG	3	
RENVELA ORAL TABLET 800 MG	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	3	
<i>sevelamer hcl oral tablet 400 mg</i>	3	
<i>sevelamer hcl oral tablet 800 mg</i> (Renagel)	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> (Enablex)	2	ST
<i>flavoxate oral tablet 100 mg</i>	2	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %)	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	2	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	4	ST
<i>solifenacin oral tablet 10 mg, 5 mg</i> (Vesicare)	3	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	4	ST
<i>trospium oral capsule,extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	2	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin oral capsule, er</i> (Jalyn) <i>multiphase 24 hr 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	4	
<i>silodosin oral capsule 4 mg, 8 mg</i> (Rapaflo)	4	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	NM; NDS
DEPEN TITRATABS ORAL TABLET 250 MG	3	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG	5	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	NM; NDS
SYPRINE ORAL CAPSULE 250 MG	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR	3	PA; QL (60 per 30 days)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 4 MG/24 HR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	4	PA; QL (180 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
METHITEST ORAL TABLET 10 MG	4	PA
<i>methyltestosterone oral capsule 10 mg</i> (Android)	2	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	2	
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	4	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i> (AndroGel)	4	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	4	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i> (AndroGel)	4	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i> (AndroGel)	4	PA; QL (150 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	4	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly</i> (Alora) 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	
<i>estradiol transdermal patch semiweekly</i> (Dotti) 0.0375 mg/24 hr	2	
<i>estradiol transdermal patch weekly</i> 0.025 (Climara) mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	2	
<i>estradiol vaginal cream 0.01 % (0.1</i> (Estrace) <i>mg/gram)</i>	4	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	2	
<i>estradiol valerate intramuscular oil 20</i> (Delestrogen) <i>mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i> (Activella) <i>0.5-0.1 mg, 1-0.5 mg</i>	2	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	ST
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3</i> <i>mg</i>	2	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	ST
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5</i> <i>mg-mcg</i>	2	
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Femhrt Low Dose) <i>0.5-2.5 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet</i> (Fyavolv) <i>1-5 mg-mcg</i>	2	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
PREMARIN INJECTION RECON SOLN 25 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	ST
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvaferm vaginal tablet 10 mcg</i>	2	
Glucocorticoids/Mineralocorticoids		
<i>cortisone oral tablet 25 mg</i>	4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	2	
<i>dexamethasone oral tablet 1.5 mg</i>	1	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	
<i>dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)</i>	4	
<i>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	3	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ injection recon soln 40 mg</i>	2	PA BvD
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	PA BvD
MILLIPRED ORAL SOLUTION 10 MG/5 ML	4	
MILLIPRED ORAL TABLET 5 MG	4	
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml)</i>	4	
<i>prednisolone sodium phosphate oral solution 20 mg/5 ml (4 mg/ml)</i> (Veripred 20)	4	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	2	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	3	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet 10 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	4	
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
SOLU-CORTEF (PF) INJECTION RECON SOLN 250 MG/2 ML	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM	4	PA BvD
<i>triamcinolone acetonide injection suspension 40 mg/ml</i> (Kenalog)	3	
VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML)	4	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NORDITROPIN FLEXPPO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> (Sandostatin)	2	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	2	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	5	PA; NM; NDS
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	5	NM; NDS
Progestins		
CRINONE VAGINAL GEL 4 %, 8 %	3	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	PA NSO; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name		Drug Tier	Requirements/Limits
medroxyprogesterone intramuscular suspension 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone intramuscular syringe 150 mg/ml	(Depo-Provera)	2	
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	(Provera)	1	
megestrol oral suspension 400 mg/10 ml (40 mg/ml)		2	PA
megestrol oral suspension 625 mg/5 ml	(Megace ES)	2	PA
norethindrone acetate oral tablet 5 mg	(Aygestin)	2	
progesterone micronized oral capsule 100 mg, 200 mg	(Prometrium)	2	
Thyroid And Antithyroid Agents			
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	(Euthyrox)	2	
levothyroxine oral tablet 300 mcg	(Levo-T)	2	
liothyronine intravenous solution 10 mcg/ml	(Triostat)	2	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	(Cytomel)	2	
methimazole oral tablet 10 mg, 5 mg	(Tapazole)	1	
propylthiouracil oral tablet 50 mg		2	
THYROLAR-1 ORAL TABLET 12.5-50 MCG		3	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG		3	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG		3	
THYROLAR-2 ORAL TABLET 25-100 MCG		3	
THYROLAR-3 ORAL TABLET 37.5-150 MCG		3	
TIROSINT ORAL CAPSULE 13 MCG		4	
Immunological Agents			
Immunological Agents			
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG		5	PA; NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG		4	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	5	PA BvD; NM; NDS
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	4	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	5	PA; NM; NDS
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	5	PA; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	4	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; NM; NDS; QL (6 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; NM; NDS
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	5	PA; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; NM; NDS
GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %)	5	PA; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 20 GRAM/200 ML (10 %)	5	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NM; NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; NM; NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; NM; NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	PA BvD
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	PA BvD
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NM; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	4	PA BvD
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	3	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	PA BvD
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
<i>sirolimus oral solution 1 mg/ml</i> (Rapamune)	3	PA BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	2	PA BvD
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	5	PA BvD; NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA NSO
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	3	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	PA; AGE (Min 9 Years and Max 26 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	PA; AGE (Min 9 Years and Max 26 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	3	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25- 58-10 LF-MCG-LF/0.5ML	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOLE INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	3	
IPOLE INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	3	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	3	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	3	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	3	

Inflammatory Bowel Disease

Agents

Inflammatory Bowel Disease Agents

<i>alosetron oral tablet 0.5 mg, 1 mg</i>	(Lotronex)	2	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM		3	ST
<i>balsalazide oral capsule 750 mg</i>	(Colazal)	2	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	(Entocort EC)	5	NM; NDS
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	(Uceris)	5	PA; NM; NDS; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	ST
DIPENTUM ORAL CAPSULE 250 MG	5	NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	3	ST
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i> (Delzicol)	3	ST
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> (Lialda)	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	3	
<i>mesalamine rectal enema 4 gram/60 ml</i> (Rowasa)	2	
<i>mesalamine rectal suppository 1,000 mg</i> (Canasa)	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	4	ST
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	PA
Irrigating Solutions		
Irrigating Solutions		
LACTATED RINGERS IRRIGATION SOLUTION	2	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	2	
<i>ringer's irrigation solution</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	2	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	2	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	4	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg</i>	1	
<i>alendronate oral tablet 40 mg</i>	3	
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	PA BvD
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	PA BvD
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	PA BvD
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	PA BvD
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	PA BvD
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	5	PA; NM; NDS
<i>ibandronate intravenous solution 3 mg/3 ml</i>	2	PA BvD
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	PA BvD
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	PA BvD
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (30 per 30 days)
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	2	PA BvD
<i>pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)</i>	4	PA BvD
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	2	PA BvD
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	2	PA BvD
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	2	PA BvD
<i>paricalcitol oral capsule 4 mcg</i>	2	PA BvD
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> (Actonel)	2	
<i>risedronate oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA BvD
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	2	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	2	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	NM; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; NDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	NM; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg</i> (Zinecard (as HCl))	2	
ELMIRON ORAL CAPSULE 100 MG	3	
<i>ergoloid oral tablet 1 mg</i>	2	
<i>fomepizole intravenous solution 1 gram/ml</i>	2	
FUSILEV INTRAVENOUS RECON SOLN 50 MG	4	
<i>guanidine oral tablet 125 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	5	NM; NDS
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	2	
levocarnitine (with sugar) oral solution 100 mg/ml (Carnitor)	2	PA BvD
levocarnitine oral tablet 330 mg (Carnitor)	2	PA BvD
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG	5	NM; NDS
levoleucovorin calcium intravenous recon soln 50 mg (Fusilev)	5	NM; NDS
levoleucovorin calcium intravenous solution 10 mg/ml	5	NM; NDS
LITHOSTAT ORAL TABLET 250 MG	4	
mesna intravenous solution 100 mg/ml (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
MESTINON ORAL SYRUP 60 MG/5 ML	4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
pyridostigmine bromide oral syrup 60 mg/5 ml (Mestinon)	4	
pyridostigmine bromide oral tablet 60 mg (Mestinon)	2	
pyridostigmine bromide oral tablet extended release 180 mg (Mestinon Timespan)	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	PA; QL (30 per 30 days)
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	5	NM; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS
THIOLA ORAL TABLET 100 MG	4	
TYBOST ORAL TABLET 150 MG	3	
Ophthalmic Agents		
Antiglaucoma Agents		
acetazolamide oral capsule, extended release 500 mg	2	
acetazolamide oral tablet 125 mg, 250 mg	2	
acetazolamide sodium injection recon soln 500 mg	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	4	ST
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	3	QL (5 per 30 days)
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	QL (5 per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	QL (5 per 30 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> (Istalol)	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i> (Timoptic-XE)	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i> (Timoptic-XE)	2	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	4	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	ST; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
Replacement Preparations		
Replacement Preparations		
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	2	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	2	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	2	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	2	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	2	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
LACTATED RINGERS INTRAVENOUS PARENTERAL SOLUTION	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	
NORMOSOL-R IV SOLUTION L/F, SINGLE-USE	3	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 40 meq/l</i>	2	
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq</i>	2	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	2	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	3	
potassium citrate oral tablet extended release 10 meq (1,080 mg) (Urocit-K 10)	2	
potassium citrate oral tablet extended release 15 meq (Urocit-K 15)	2	
potassium citrate oral tablet extended release 5 meq (540 mg) (Urocit-K 5)	2	
ringer's intravenous parenteral solution	2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	2	
sodium chloride 0.45 % intravenous piggyback 0.45 %	2	
sodium chloride 0.9 % intravenous parenteral solution	2	
sodium chloride 3 % intravenous parenteral solution 3 %	2	
sodium chloride 5 % intravenous parenteral solution 5 %	2	
sodium lactate intravenous solution 5 meq/ml	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	2	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	2	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 500-50 MCG/DOSE	3	QL (60 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for</i> (Pulmicort) <i>nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1</i> <i>mg/2 ml</i>	2	PA BvD; QL (120 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (60 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	2	QL (24 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>fluticasone propion-salmeterol inhalation</i> (AirDuo RespiClick) <i>aerosol powdr breath activated 113-14</i> <i>mcg/actuation, 232-14 mcg/actuation, 55-</i> <i>14 mcg/actuation</i>	3	QL (1 per 30 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	QL (30 per 30 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	
ZYFLO ORAL TABLET 600 MG	4	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	4	PA BvD
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	2	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	2	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i>	4	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	4	
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	PA BvD
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	2	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron)	2	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	5	NM; NDS
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	5	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; NM; NDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (120 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	5	NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 350 mg</i> (Soma)	2	
<i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i>	2	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i> (Fexmid)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	
<i>metaxall oral tablet 800 mg</i>	2	
<i>metaxalone oral tablet 400 mg</i>	4	
<i>metaxalone oral tablet 800 mg</i> (Metaxall)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA; QL (30 per 30 days)
BUTISOL ORAL TABLET 30 MG	4	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	QL (30 per 30 days)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG	4	PA; QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	PA; NM; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (30 per 30 days)
<i>zolpidem oral tablet 10 mg</i> (Ambien)	2	QL (30 per 30 days)
<i>zolpidem oral tablet 5 mg</i> (Ambien)	2	QL (60 per 30 days)
Vasodilating Agents		
Vasodilating Agents		
ADCIRCA ORAL TABLET 20 MG	5	PA; NM; NDS
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS
<i>alyq oral tablet 20 mg</i>	5	PA; NM; NDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i> (Letairis)	5	PA; NM; NDS; QL (30 per 30 days)
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA BvD; NM; NDS
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5 ML	5	PA; NM; NDS
REVATIO ORAL TABLET 20 MG	5	PA; NM; NDS
<i>sildenafil (antihypertensive) intravenous</i> (Revatio) <i>solution 10 mg/12.5 ml</i>	5	PA; NM; NDS
<i>sildenafil (antihypertensive) oral tablet 20</i> (Revatio) <i>mg</i>	2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>treprostinil sodium injection solution 1</i> (Remodulin) <i>mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	PA BvD; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS; QL (200 per 30 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	5	PA; NM; NDS

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

INDEX

A		
abacavir	51	
abacavir-lamivudine	51	
abacavir-lamivudine-zidovudine	51	
ABELCET	40	
ABILIFY MAINTENA	48	
ABILIFY MYCITE	48	
abiraterone	18	
ABRAXANE	18	
acamprosate	8	
acarbose	37	
acebutolol	65	
acetaminophen-codeine	3	
acetazolamide	115	
acetazolamide sodium	115	
acetic acid	90	
acetylcysteine	122	
acitretin	81	
ACTHIB (PF)	108	
ACTIMMUNE	114	
ACTOPLUS MET XR	37	
acyclovir	56, 81	
acyclovir sodium	56	
ADACEL(TDAP ADOLESN/ADULT)(PF)	108	
ADAGEN	88	
adapalene	86, 87	
adapalene-benzoyl peroxide ...	87	
ADCIRCA	124	
adefovir	56	
ADEMPAS	124	
adriamycin	18	
adrucil	19	
ADVAIR DISKUS	119	
ADVAIR HFA	120	
AFINITOR	19	
AFINITOR DISPERZ	19	
AKYNZEO (NETUPITANT)	44	
ala-cort	83	
albendazole	46	
ALBENZA	46	
albuterol sulfate	121	
alclometasone	83	
ALCOHOL PADS	81	
ALDURAZYME	88	
ALECENSA	19	
alendronate	112, 113	
alfuzosin	97	
ALIMTA	19	
ALINIA	46	
ALIQOPA	19	
aliskiren	72	
allopurinol	42	
ALOCRIAL	92	
ALOMIDE	89	
alosetron	111	
ALPHAGAN P	115	
alprazolam	9	
ALPRAZOLAM INTENSOL .	9	
ALREX	92	
ALTOPREV	70	
ALUNBRIG	19	
alyacen 1/35 (28)	76	
alyq	124	
amabelz	99	
amantadine hcl	46	
AMBISOME	40	
ambrisentan	124	
amcinonide	83	
amethia	76	
amethyst (28)	76	
amikacin	10	
amiloride	69	
amiloride-hydrochlorothiazide	69	
aminophylline	121	
AMINOSYN 7 % WITH ELECTROLYTES	60	
AMINOSYN 8.5 %- ELECTROLYTES	60	
AMINOSYN II 10 %	60	
AMINOSYN II 15 %	60	
AMINOSYN II 7 %	60	
AMINOSYN II 8.5 %	60	
AMINOSYN II 8.5 %- ELECTROLYTES	60	
AMINOSYN-HBC 7%	60	
AMINOSYN-PF 10 %	60	
AMINOSYN-PF 7 % (SULFITE-FREE)	60	
AMINOSYN-RF 5.2 %	60	
amiodarone	65	
AMITIZA	94	
amitriptyline	34	
amitriptyline-chlordiazepoxide	34	
amlodipine	68	
amlodipine-atorvastatin	70	
amlodipine-benazepril	68	
amlodipine-olmesartan	68	
amlodipine-valsartan	69	
amlodipine-valsartan-hcthiacid	69	
ammonium lactate	81	
amoxapine	34	
amoxicil-clarithromy-lansopraz	93	
amoxicillin	15	
amoxicillin-pot clavulanate... ..	15, 16	

amphotericin b.....	40	ATGAM.....	105	BANZEL.....	29
ampicillin.....	16	atomoxetine	73	BARACLUDE	56
ampicillin sodium.....	16	atorvastatin.....	70	BAVENCIO.....	19
ampicillin-sulbactam	16	atovaquone.....	46	BCG VACCINE, LIVE (PF) 108	
AMPYRA.....	73	atovaquone-proguanil	46	BD ULTRA-FINE NANO PEN	
ANADROL-50	98	ATRIPLA	51	NEEDLE.....	87
anagrelide	59	atropine	29, 89	BD VEO INSULIN SYR HALF	
anastrozole.....	19	ATROVENT HFA.....	121	UNIT	87
ANDRODERM	98	AUBAGIO.....	73	BD VEO INSULIN SYRINGE	
ANDROGEL.....	98, 99	aubra	76	UF	87
ANGELIQ	99	AUGMENTIN	16	BECONASE AQ.....	92
ANORO ELLIPTA	121	AVANDIA.....	37	bekyree (28)	76
ANZEMET.....	44	AVASTIN.....	19	BELEODAQ.....	19
APEXICON E	83	AVC VAGINAL.....	43	benazepril.....	64
APLENZIN	34	AVELOX IN NACL (ISO-		benazepril-hydrochlorothiazide	
APOKYN	47	OSMOTIC).....	17	.....	64
apraclonidine	89	aviane.....	76	BENLYSTA.....	114
aprepitant.....	44	avita	87	BENTYL.....	94
apri.....	76	AVONEX	73	benztropine.....	47
APRISO.....	111	AVONEX (WITH ALBUMIN)		BEPREVE.....	90
APTIOM.....	29	.....	73	BERINERT	58
APTIVUS	51	AVYCAZ.....	12	BESIVANCE	90
ARALAST NP	123	AXIRON.....	99	BESPONSA	19
aranelle (28).....	76	azacitidine.....	19	betamethasone dipropionate... 84	
ARANESP (IN		AZACTAM	15	betamethasone valerate	84
POLYSORBATE).....	58	AZASITE.....	90	betamethasone, augmented ... 84	
ARCALYST.....	104	azathioprine	105	BETASERON	73
aripiprazole.....	48	azathioprine sodium.....	105	betaxolol.....	66, 116
ARISTADA.....	48	azelaic acid	81	bethanechol chloride	97
ARISTADA INITIO	48	azelastine	89	bexarotene	19
armodafinil	124	AZELEX.....	81	BEXSERO	108
ARNUITY ELLIPTA.....	120	azithromycin	14	bicalutamide.....	19
ARRANON	19	AZOPT	115	BICILLIN C-R.....	16
arsenic trioxide	19	aztreonam.....	15	BICILLIN L-A.....	16
ashlyna.....	76	B		BICNU	19
aspirin-dipyridamole	59	baciim	11	BIDIL	72
ASSURE ID INSULIN		bacitracin	90	BIKTARVY	52
SAFETY.....	87	bacitracin-polymyxin b.....	90	bimatoprost	116
ASTAGRAF XL	104	baclofen	123	bisoprolol fumarate	66
atazanavir	51	balsalazide	111	BIVIGAM.....	105
atenolol	65	BALVERSA	19	bleomycin.....	19
atenolol-chlorthalidone.....	65	balziva (28).....	76	blisovi 24 fe.....	76

blisovi fe 1.5/30 (28)	76	CAPEX	84	cephalexin	13
blisovi fe 1/20 (28)	76	CAPRELSA	20	CEREZYME	88
BOOSTRIX TDAP	109	captopril	64	CESAMET	44
BORTEZOMIB	19	captopril-hydrochlorothiazide	64	cetirizine	42
BOSULIF	20	CARBAGLU	94	cevimeline	81
BRAFTOVI	20	carbamazepine	29, 30	CHANTIX	9
BREO ELLIPTA	120	carbidopa	47	CHANTIX CONTINUING	
briellyn	76	carbidopa-levodopa	47	MONTH BOX	8
BRILINTA	59	carbidopa-levodopa-entacapone		CHANTIX STARTING	
brimonidine	116	.....	47	MONTH BOX	9
BRIVIACT	29	carbinoxamine maleate	42	CHEMET	98
bromfenac	92	carboplatin	20	CHENODAL	88
bromocriptine	47	CARDURA XL	62	chloramphenicol sod succinate	
BROVANA	121	CARIMUNE NF		.....	11
budesonide	111, 120	NANOFILTERED	105	chlordiazepoxide hcl	9
bumetanide	69	carisoprodol	123	chlorhexidine gluconate	81
buprenorphine	3	carisoprodol-asa-codeine	123	chloroquine phosphate	46
buprenorphine hcl	3, 8	carisoprodol-aspirin	123	chlorothiazide	69
buprenorphine-naloxone	8	carmustine	20	chlorothiazide sodium	69
bupropion hcl	34	carteolol	116	chlorpromazine	48
bupropion hcl (smoking deter)	8	cartia xt	67	chlorpropamide	39
buspirone	9	carvedilol	66	chlorthalidone	69
busulfan	20	carvedilol phosphate	66	chlorzoxazone	123
BUSULFEX	20	CAYSTON	15	CHOLBAM	95
BUTISOL	124	caziant (28)	76	cholestyramine (with sugar)	70
butorphanol tartrate	3	cefaclor	12	cholestyramine light	70
C		cefadroxil	12	ciclopirox	40
cabergoline	47	cefazolin	13	cidofovir	56
CABOMETYX	20	cefdinir	13	cilostazol	59
calcipotriene	81	cefepime	13	CIMDUO	52
calcipotriene-betamethasone	81	cefixime	13	cimetidine	93
calcitonin (salmon)	113	cefotaxime	13	cimetidine hcl	93
calcitriol	81, 113	cefotetan	13	CIMZIA	105
calcium acetate	96	cefoxitin	13	CIMZIA POWDER FOR	
CALQUENCE	20	cefpodoxime	13	RECONST	105
camila	76	cefprozil	13	CINRYZE	58
CANASA	112	ceftazidime	13	CIPRO HC	90
CANCIDAS	40	ceftriaxone	13	CIPRODEX	90
candesartan	63	cefuroxime axetil	13	ciprofloxacin	17
candesartan-hydrochlorothiazid		cefuroxime sodium	13	ciprofloxacin (mixture)	17
.....	63	celecoxib	6	ciprofloxacin hcl	17, 90
CAPASTAT	44	CELONTIN	30	ciprofloxacin in 5 % dextrose	17

cisplatin	20	CLINIMIX E 5%/D15W		CORDRAN TAPE LARGE	
citalopram	34	SULFIT FREE	61	ROLL	84
cladribine	20	CLINIMIX E 5%/D20W		CORLANOR	67
claravis	81	SULFIT FREE	61	cormax	84
clarithromycin	14	CLINIMIX E 5%/D25W		cortisone	101
clemastine	42	SULFIT FREE	61	COSENTYX (2 SYRINGES)	81
CLEOCIN	43	CLINISOL SF 15 %	61	COSENTYX PEN (2 PENS)	81
CLIMARA PRO	99	clobazam	9	COSMEGEN	20
clindamycin hcl	11	clobetasol	84	COTELLIC	20
clindamycin in 5 % dextrose	11	clobetasol-emollient	84	COUMADIN	57
clindamycin palmitate hcl	11	CLODAN	84	CREON	88
clindamycin phosphate 11, 43,		CLODERM	84	CRINONE	103
82, 83		clofarabine	20	CRIVAN	52
clindamycin-benzoyl peroxide		clomipramine	34	cromolyn	90, 95, 123
.....	83	clonazepam	9	cryselle (28)	76
clindamycin-tretinoin	83	clonidine	62	CUVPOSA	95
CLINIMIX 5%/D15W		clonidine hcl	62	cyclafem 1/35 (28)	76
SULFITE FREE	60	clopidogrel	59	cyclafem 7/7/7 (28)	76
CLINIMIX 5%/D25W		clorazepate dipotassium 9, 10		cyclobenzaprine	123
SULFITE-FREE	60	clorpres	62	CYCLOPHOSPHAMIDE	20
CLINIMIX 2.75%/D5W		clotrimazole	40	CYCLOSET	37
SULFIT FREE	60	clotrimazole-betamethasone ..	40	cyclosporine	105
CLINIMIX 4.25%/D10W SULF		clozapine	48, 49	cyclosporine modified	105
FREE	60	COARTEM	46	CYKLOKAPRON	59
CLINIMIX 4.25%/D5W		codeine sulfate	3	cyproheptadine	42
SULFIT FREE	60	colchicine	42	CYRAMZA	20
CLINIMIX 4.25%-D20W		colesevelam	70	CYSTAGON	88
SULF-FREE	61	colestipol	70	CYSTARAN	90
CLINIMIX 4.25%-D25W		colistin (colistimethate na) 11		cytarabine	20
SULF-FREE	61	colocort	112	cytarabine (pf)	20
CLINIMIX 5%-		COLY-MYCIN S	90	D	
D20W(SULFITE-FREE) ...	61	COMBIGAN	116	d10 %-0.45 % sodium chloride	
CLINIMIX E 2.75%/D10W		COMBIPATCH	99	.....	117
SUL FREE	61	COMBIVENT RESPIMAT.	121	d2.5 %-0.45 % sodium chloride	
CLINIMIX E 2.75%/D5W		COMETRIQ	20	.....	117
SULF FREE	61	COMPLERA	52	d5 % and 0.9 % sodium chloride	
CLINIMIX E 4.25%/D10W		compro	44	.....	117
SUL FREE	61	CONDYLOX	81	d5 %-0.45 % sodium chloride	
CLINIMIX E 4.25%/D25W		constulose	95	.....	117
SUL FREE	61	COPAXONE	73	dacarbazine	20
CLINIMIX E 4.25%/D5W		COPIKTRA	20	DACOGEN	20
SULF FREE	61			dactinomycin	20

dalfampridine	73	DESVENLAFAXINE		digox	68
DALIRESP	123	FUMARATE	34	digoxin	68
DALVANCE	11	dexamethasone	101	DIGOXIN	68
danazol	99	DEXAMETHASONE		dihydroergotamine	43
dantrolene	124	INTENSOL	101	DILANTIN	30
dapsone	44	dexamethasone sodium phos		DILANTIN EXTENDED	30
DAPTACEL (DTAP		(pf)	101	DILANTIN INFATABS	30
PEDIATRIC) (PF)	109	dexamethasone sodium		DILANTIN-125	30
daptomycin	11	phosphate	92, 101	diltiazem hcl	67
DARAPRIM	46	DEXILANT	93	dilt-xr	67
darifenacin	97	dexmethylphenidate	73	DIPENTUM	112
DARZALEX	21	dexpak 13 day	101	diphenhydramine hcl	42
daunorubicin	21	dexrazoxane hcl	114	diphenoxylate-atropine	95
DAURISMO	21	dextroamphetamine	73	dipyridamole	59
DAYTRANA	73	dextroamphetamine-		disopyramide phosphate	65
deblitane	76	amphetamine	73	disulfiram	9
decitabine	21	dextrose 10 % and 0.2 % nacl		divalproex	30
deferasirox	98	.....	117	docetaxel	21
DELESTROGEN	99	dextrose 5 % in water (d5w) ..	61	dofetilide	65
DELSTRIGO	52	dextrose 5 %-lactated ringers		donepezil	33, 34
delyla (28)	76	.....	117	dorzolamide	116
DELZICOL	112	dextrose 5%-0.2 % sod chloride		dorzolamide-timolol	116
demeclocycline	18	.....	117	DOVATO	52
DEMSER	67	dextrose 5%-0.3 % sod.chloride		doxazosin	62
DENAVIR	81	.....	117	doxepin	35, 81
DEPACON	30	dextrose with sodium chloride		doxercalciferol	113
DEPAKENE	30	.....	117	DOXIL	21
DEPAKOTE	30	DIASTAT	10	doxorubicin	21
DEPAKOTE ER	30	DIASTAT ACUDIAL	10	doxorubicin, peg-liposomal ...	21
DEPAKOTE SPRINKLES	30	diazepam	10	doxy-100	18
DEPEN TITRATABS	98	diazepam intensol	10	doxycycline hyclate	18
DEPO-ESTRADIOL	100	diclofenac epolamine	6	doxycycline monohydrate	18
DEPO-MEDROL	101	diclofenac potassium	6	dronabinol	44
DESCOVY	52	diclofenac sodium	6, 7, 92	drospirenone-e.estradiol-lm.fa	77
desipramine	34	diclofenac-misoprostol	7	drospirenone-ethinyl estradiol	77
desloratadine	42	dicloxacillin	16	DROXIA	21
desmopressin	102, 103	dicyclomine	95	DULERA	120
desog-e.estradiol/e.estradiol ...	77	didanosine	52	duloxetine	35
DESONATE	84	DIFICID	14	DUPIXENT	82, 105
desonide	84, 85	diflorasone	85	DURAMORPH (PF)	3
desoximetasone	85	diflunisal	7	DUREZOL	92
DESVENLAFAXINE	35	digitek	67	dutasteride	97

dutasteride-tamsulosin.....	98	enulose.....	95	estradiol-norethindrone acet.	100
E		ENVARSUS XR.....	105	ESTRING.....	100
E.E.S. GRANULES	14	EPANED	64	estropipate.....	100
econazole.....	40	EPCLUSA	55	eszopiclone.....	124
EDARBI.....	63	EPIDIOLEX	30	ethacrynic acid	69
EDARBYCLOR.....	63	epinastine.....	90	ethambutol.....	44
EDURANT.....	52	epinephrine	68	ethosuximide.....	30
efavirenz.....	52	EIPEN 2-PAK	68	ethynodiol diac-eth estradiol..	77
EFFIENT.....	59	EIPEN JR 2-PAK.....	68	etidronate disodium.....	113
ELAPRASE.....	88	epirubicin.....	21	etodolac.....	7
ELIDEL.....	85	EPIVIR HBV.....	52	ETOPOPHOS	22
ELIGARD	21	eplerenone.....	72	etoposide	22
ELIGARD (3 MONTH).....	21	EPOGEN	59	EURAX.....	87
ELIGARD (4 MONTH).....	21	eprosartan.....	63	EVAMIST.....	100
ELIGARD (6 MONTH).....	21	ERAXIS(WATER DILUENT)		EVOTAZ.....	52
ELIMITE.....	87	.....	40	EXELDERM.....	40
ELIQUIS	57	ERBITUX.....	21	exemestane	22
ELITEK.....	88	ergoloid.....	114	EXJADE	98
ELMIRON.....	114	ERIVEDGE	21	EXTAVIA.....	73
EMADINE	90	ERLEADA.....	22	ezetimibe.....	71
EMBEDA	3	erlotinib.....	22	ezetimibe-simvastatin	71
EMCYT.....	21	errin.....	77	F	
EMEND.....	44, 45	ERTACZO.....	40	FABRAZYME.....	88
emoquette	77	ertapenem.....	15	falmina (28).....	77
EMPLICITI	21	ERWINAZE	22	famciclovir	56
EMSAM	35	ery pads.....	83	famotidine	94
EMTRIVA.....	52	ERYPED 200.....	14	famotidine (pf)-nacl (iso-os). 94	
EMVERM	46	ERYPED 400.....	14	FANAPT	49
enalapril maleate	64	ery-tab.....	14	FARESTON.....	22
enalapril-hydrochlorothiazide	64	ERY-TAB.....	14	FARYDAK	22
ENBREL	105	ERYTHROCIN	14	FASLODEX.....	22
ENBREL MINI	105	erythromycin.....	14, 91	febuxostat.....	42
ENBREL SURECLICK	105	erythromycin ethylsuccinate..	14	felbamate.....	30
endocet	3	erythromycin with ethanol....	83	felodipine	69
ENGERIX-B (PF)	109	erythromycin-benzoyl peroxide		FEMRING.....	100
ENGERIX-B PEDIATRIC (PF)		.....	83	femynor.....	77
.....	109	ESBRIET	123	fenofibrate.....	71
enoxaparin	57	escitalopram oxalate	35	fenofibrate micronized.....	71
enpresse	77	esomeprazole sodium	93, 94	fenofibrate nanocrystallized...	71
entacapone.....	47	estazolam	10	fenofibric acid	71
entecavir	56	estradiol	100	fenofibric acid (choline).....	71
ENTRESTO	63	estradiol valerate.....	100	fentanyl	3

fentanyl citrate.....	3	fomepizole	114	gentamicin.....	10, 83, 91
FENTORA	3	fondaparinux	57	gentamicin in nacl (iso-osm)..	10
FERRIPROX.....	98	FORTEO.....	113	gentamicin sulfate (ped) (pf)..	10
FETZIMA.....	35	fosamprenavir	52	GENVOYA.....	52
FINACEA.....	82	fosinopril.....	64	GEODON.....	49
finasteride.....	98	fosinopril-hydrochlorothiazide		gianvi (28).....	77
FIRAZYR.....	68	.....	64	GILENYA.....	73
FIRMAGON KIT W DILUENT		fosphenytoin	30	GILOTTRIF	22
SYRINGE.....	22	FRAGMIN.....	57	GLASSIA.....	123
flavoxate	97	FREAMINE HBC 6.9 %	61	glatiramer	74
FLEBOGAMMA DIF	105	frovatriptan	43	GLEOSTINE.....	22
flecainide	65	fulvestrant	22	glimepiride	39
FLECTOR	7	furosemide	69, 70	glipizide.....	39
FLOVENT DISKUS	120	FUSILEV	114	glipizide-metformin	39
FLOVENT HFA.....	120	FUZEON	52	GLUCAGEN HYPOKIT	37
fluconazole	40, 41	fyavolv	100	GLUCAGON EMERGENCY	
fluconazole in nacl (iso-osm) .	40	FYCOMPA.....	31	KIT (HUMAN)	37
flucytosine	41	G		glyburide	40
fludarabine.....	22	gabapentin.....	31	glyburide micronized	39
fludrocortisone	101	galantamine.....	34	glyburide-metformin	40
flunisolide	92	GAMASTAN S/D	105	glycopyrrolate	95
fluocinolone.....	85	GAMMAGARD LIQUID ...	105	GLYSET	37
fluocinolone acetonide oil	92	GAMMAGARD S-D (IGA < 1		granisetron (pf).....	45
fluocinolone and shower cap..	85	MCG/ML).....	106	granisetron hcl.....	45
fluocinonide.....	85	GAMMAKED	106	GRANIX	59
fluocinonide-e.....	85	GAMMAPLEX (WITH		griseofulvin microsize.....	41
fluorometholone	92	SORBITOL)	106	griseofulvin ultramicrosize	41
fluorouracil	22, 82	GAMUNEX-C.....	106	guanfacine	62, 74
fluoxetine.....	35	ganciclovir sodium	56	guanidine.....	114
fluphenazine decanoate	49	GARDASIL 9 (PF).....	109	H	
fluphenazine hcl	49	gatifloxacin	91	HALAVEN	22
flurandrenolide	85	GATTEX 30-VIAL	95	halcinonide.....	85
flurazepam.....	10	GAUZE PAD.....	87	halobetasol propionate	85
flurbiprofen.....	7	gavilyte-c	96	HALOG.....	85
flurbiprofen sodium.....	92	gavilyte-g	96	haloperidol	49
flutamide.....	22	gavilyte-n	96	haloperidol decanoate	49
fluticasone propionate	85, 92	GELNIQUE	97	haloperidol lactate	49
fluticasone propion-salmeterol		gemcitabine.....	22	HARVONI	55
.....	120	gemfibrozil.....	71	HAVRIX (PF).....	109
fluvastatin	71	generlac.....	95	heparin (porcine).....	58
fluvoxamine.....	35	gengraf.....	106	heparin (porcine) in 5 % dex..	58
FOLOTYN	22	gentak.....	91	heparin, porcine (pf).....	58

HEPATAMINE 8%.....	61
HERCEPTIN.....	23
HETLIOZ.....	124
HEXALEN.....	23
HIBERIX (PF).....	109
HUMIRA.....	106
HUMIRA PEDIATRIC CROHNS START.....	106
HUMIRA PEN.....	106
HUMIRA PEN CROHNS-UC- HS START.....	106
HUMIRA PEN PSOR- UVEITS-ADOL HS.....	106
HUMIRA(CF).....	106
HUMIRA(CF) PEDI CROHNS STARTER.....	106
HUMIRA(CF) PEN.....	106
HUMIRA(CF) PEN CROHNS- UC-HS.....	106
HUMIRA(CF) PEN PSOR-UV- ADOL HS.....	106
hydralazine.....	68
hydrochlorothiazide.....	70
hydrocodone-acetaminophen ...	4
hydrocodone-ibuprofen.....	4
hydrocortisone.....	86, 101, 112
hydrocortisone butyrate....	85, 86
hydrocortisone butyr-emollient	85
hydrocortisone valerate.....	86
hydrocortisone-acetic acid.....	91
hydromorphone.....	4
hydromorphone (pf).....	4
hydroxychloroquine.....	46
hydroxyprogesterone caproate	103
hydroxyurea.....	23
hydroxyzine hcl.....	42
hydroxyzine pamoate.....	114
HYPERRAB S/D (PF).....	107
HYSINGLA ER.....	4

I	
ibandronate.....	113
IBRANCE.....	23
ibu.....	7
ibuprofen.....	7
ibuprofen-oxycodone.....	4
ICLUSIG.....	23
idarubicin.....	23
IDHIFA.....	23
ifosfamide.....	23
ILEVRO.....	92
imatinib.....	23
IMBRUVICA.....	23
IMFINZI.....	23
imipenem-cilastatin.....	15
imipramine hcl.....	35
imipramine pamoate.....	35
imiquimod.....	82
IMOGAM RABIES-HT (PF)	107
IMOVAX RABIES VACCINE (PF).....	109
INCRELEX.....	103
INCRUSE ELLIPTA.....	121
indapamide.....	70
INDOCIN.....	7
indomethacin.....	7
INFANRIX (DTAP) (PF)....	109
INLYTA.....	23
INREBIC.....	23
INSULIN SYRINGE-NEEDLE U-100.....	87, 88
INTELENCE.....	52
INTRALIPID.....	61, 62
INTRON A.....	55, 56
introvale.....	77
INVANZ.....	15
INVEGA SUSTENNA.....	49
INVEGA TRINZA.....	50
INVIRASE.....	52
INVOKAMET.....	37
INVOKAMET XR.....	37

INVOKANA.....	37
IONOSOL-B IN D5W.....	117
IONOSOL-MB IN D5W.....	117
IPOL.....	109
ipratropium bromide.....	90, 121
ipratropium-albuterol.....	121
irbesartan.....	63
irbesartan-hydrochlorothiazide	63
IRESSA.....	23
irinotecan.....	23
ISENTRESS.....	52
ISENTRESS HD.....	52
ISOLYTE-P IN 5 % DEXTROSE.....	117
ISOLYTE-S.....	117
isoniazid.....	44
isosorbide dinitrate.....	72
isosorbide mononitrate.....	72
isotretinoin.....	82
isradipine.....	69
ISTODAX.....	23
itraconazole.....	41
ivermectin.....	46
IXIARO (PF).....	109
J	
JADENU.....	98
JADENU SPRINKLE.....	98
JAKAFI.....	23
jantoven.....	58
JANUMET.....	37
JANUMET XR.....	37
JANUVIA.....	37
JARDIANCE.....	37
JEVTANA.....	23
jinteli.....	100
jolivetite.....	77
juleber.....	77
JULUCA.....	53
june1 1.5/30 (21).....	77
june1 1/20 (21).....	77
june1 fe 1.5/30 (28).....	77

junel fe 1/20 (28).....77
 junel fe 24.....77
 JUXTAPID.....71
K
 KADCYLA23
 KADIAN4
 kaitlib fe.....77
 KALETRA53
 KALYDECO.....123
 kariva (28)77
 kelnor 1/35 (28).....77
 kelnor 1-5077
 KENALOG.....101
 KEPIVANCE114
 KEPPRA.....31
 KEPPRA XR.....31
 ketoconazole.....41
 ketorolac7, 92
 KEYTRUDA24
 KINERET.....107
 KINRIX (PF).....109, 110
 kionex (with sorbitol)95
 KISQALI.....24
 KISQALI FEMARA CO-PACK
24
 KLOR-CON 10117
 KLOR-CON 8117
 klor-con m10117
 klor-con m15117
 klor-con m20117
 klor-con sprinkle117
 KOMBIGLYZE XR.....37
 KORLYM.....37
 KUVAN88
 KYNAMRO71
 KYPROLIS24
L
 l norgest/e.estradiol-e.estrad..77,
 78
 labetalol66
 LACRISERT90

LACTATED RINGERS..... 112,
 118
 lactulose 95
 LAMICTAL STARTER
 (BLUE) KIT 31
 LAMICTAL STARTER
 (GREEN) KIT..... 31
 LAMICTAL STARTER
 (ORANGE) KIT 31
 LAMICTAL XR STARTER
 (BLUE) 31
 LAMICTAL XR STARTER
 (GREEN) 31
 LAMICTAL XR STARTER
 (ORANGE)..... 31
 lamivudine 53
 lamivudine-zidovudine 53
 lamotrigine..... 31, 32
 LANOXIN..... 68
 lansoprazole 94
 LANTUS SOLOSTAR U-100
 INSULIN 38
 LANTUS U-100 INSULIN ... 38
 larin 1.5/30 (21) 78
 larin 1/20 (21) 78
 larin fe 1.5/30 (28)..... 78
 larin fe 1/20 (28) 78
 larissia..... 78
 LARTRUVO 24
 LASTACFT 90
 latanoprost 116
 LATUDA..... 50
 layolis fe 78
 LAZANDA..... 4
 leena 28..... 78
 leflunomide..... 107
 LENVIMA..... 24
 lessina 78
 LETAIRIS 124
 letrozole 24
 leucovorin calcium 114, 115
 LEUKERAN..... 24

leuprolide24
 levalbuterol hcl..... 122
 levetiracetam32
 levetiracetam in nacl (iso-os) .32
 levobunolol 116
 levocarnitine..... 115
 levocarnitine (with sugar) 115
 levocetirizine.....42
 levofloxacin..... 17, 91
 levofloxacin in d5w..... 17
 levoleucovorin calcium 115
 LEVOLEUCOVORIN
 CALCIUM 115
 levonest (28).....78
 levonorgestrel-ethinyl estrad..78
 levonorg-eth estrad triphasic..78
 levora-28 78
 levorphanol tartrate4, 5
 levothyroxine 104
 LEXIVA.....53
 LIALDA..... 112
 lidocaine..... 8
 lidocaine (pf).....8
 lidocaine hcl.....8
 lidocaine viscous.....8
 lidocaine-prilocaine.....8
 lincomycin..... 11
 lindane.....87
 linezolid..... 11
 linezolid in dextrose 5%..... 11
 linezolid-0.9% sodium chloride
 11
 LINZESS.....95
 liothyronine 104
 lisinopril 64
 lisinopril-hydrochlorothiazide 64
 lithium carbonate 74
 lithium citrate 74
 LITHOSTAT..... 115
 LONSURF 24
 loperamide.....95
 lopinavir-ritonavir 53

lorazepam	10	MAVENCLAD (5 TABLET PACK)	74	metaxalone	124
LORBRENA	24	MAVENCLAD (6 TABLET PACK)	74	metformin.....	37, 38
lorcet (hydrocodone)	5	MAVENCLAD (7 TABLET PACK)	74	methadone	5
lorcet hd.....	5	MAVENCLAD (8 TABLET PACK)	74	methamphetamine	74
lorcet plus	5	MAVENCLAD (9 TABLET PACK)	74	methazolamide	116
loryna (28).....	78	MAVYRET	55	methenamine hippurate.....	12
losartan	63	MAYZENT.....	74	methimazole	104
losartan-hydrochlorothiazide..	63	MAYZENT STARTER PACK	74	METHITEST	99
LOTEMAX	93	meclizine.....	45	methocarbamol.....	124
loteprednol etabonate	93	MEDROL	101	methotrexate sodium.....	25
lovastatin	71	medroxyprogesterone	104	methotrexate sodium (pf).....	25
low-ogestrel (28)	78	mefloquine	46	methoxsalen	82
loxapine succinate	50	megestrol	25, 104	methscopolamine	95
LUMIGAN	116	MEKINIST	25	methyclothiazide	70
LUMIZYME	88	MEKTOVI.....	25	methyl dopa.....	62
LUPRON DEPOT	25	meloxicam	7	methyl dopa-hydrochlorothiazide	63
LUPRON DEPOT (3 MONTH)	24	melpalhan hcl.....	25	methylphenidate hcl.....	74, 75
LUPRON DEPOT (4 MONTH)	24	memantine	34	methylprednisolone.....	101
LUPRON DEPOT (6 MONTH)	25	MENACTRA (PF).....	110	methylprednisolone acetate..	101
LUPRON DEPOT-PED	103	MENEST	100	methylprednisolone sodium succ	102
lutura (28).....	78	MENOSTAR	100	methyltestosterone	99
LYNPARZA.....	25	MENTAX	41	metipranolol	116
LYRICA.....	32	MENVEO A-C-Y-W-135-DIP (PF)	110	metoclopramide hcl.....	95
LYSODREN.....	25	meperidine	5	metolazone	70
lyza	78	meperidine (pf)	5	metoprolol succinate	66
M		meprobamate	10	metoprolol ta-hydrochlorothiaz	66
mafenide acetate	82	mercaptapurine	25	metoprolol tartrate.....	66
magnesium sulfate.....	118	meropenem	15	metronidazole.....	12, 43, 83
malathion.....	87	mesalamine	112	metronidazole in nacl (iso-os)	12
maprotiline	35	mesna	115	mexiletine.....	65
marlissa (28).....	78	MESNEX.....	115	MIACALCIN.....	113
MARPLAN	35	MESTINON.....	115	miconazole-3.....	41
MATULANE	25	metadate er.....	74	microgestin 1.5/30 (21).....	78
matzim la.....	67	metaproterenol	122	microgestin 1/20 (21).....	78
MAVENCLAD (10 TABLET PACK).....	74	metaxall	124	microgestin fe 1.5/30 (28).....	78
MAVENCLAD (4 TABLET PACK).....	74			microgestin fe 1/20 (28).....	78
				midodrine	63
				miglitol.....	38
				miglustat.....	88

mili	79	MYFORTIC.....	107	NEXAVAR.....	25
MILLIPRED.....	102	MYLOTARG.....	25	NEXTERONE.....	65
mimvey.....	100	myorisan	82	niacin.....	71
mimvey lo.....	100	MYRBETRIQ.....	97	niacor.....	71
minocycline	18	N		nicardipine.....	69
minoxidil	72	nabumetone.....	7	NICOTROL	9
mirtazapine	35, 36	nadolol	66	NICOTROL NS	9
misoprostol	94	nadolol-bendroflumethiazide.	66	nifedipine	69
MITIGARE	42	nafcillin.....	16	nikki (28).....	79
mitomycin.....	25	nafcillin in dextrose iso-osm..	16	nilutamide	25
mitoxantrone.....	25	naftifine.....	41	nimodipine	69
M-M-R II (PF).....	110	NAGLAZYME.....	88	NINLARO.....	25
modafinil	124	naloxone.....	9	NIPENT	26
MODERIBA.....	56	naltrexone	9	nisoldipine.....	69
MODERIBA DOSE PACK ...	56	naproxen	7	NITRO-DUR.....	72
moexipril	64	naproxen sodium.....	7, 8	nitrofurantoin	12
moexipril-hydrochlorothiazide		naratriptan.....	43	nitrofurantoin macrocrystal....	12
.....	64	NARCAN	9	nitrofurantoin monohyd/m-cryst	
molindone.....	50	NATACYN.....	91	.....	12
mometasone.....	86, 93	NATACYN.....	91	nitroglycerin.....	72
mononessa (28)	79	nateglinide	38	nizatidine.....	94
montelukast	121	NATPARA	113	nora-be	79
MONUROL.....	12	NEBUPENT	46	NORDITROPIN FLEXPPO 103	
morphine.....	5	necon 0.5/35 (28).....	79	noreth-ethinyl estradiol-iron ..	79
MORPHINE	5	necon 7/7/7 (28).....	79	norethindrone (contraceptive) 79	
morphine concentrate	5	nefazodone.....	36	norethindrone acetate	104
MOVANTIK	95	neomycin	10	norethindrone ac-eth estradiol	
moxifloxacin.....	17, 91	neomycin-bacitracin-poly-hc.	91	.....	79, 100
moxifloxacin-sod.ace,sul-water		neomycin-bacitracin-polymyxin		norethindrone-e.estradiol-iron 79	
.....	17	.....	91	norgestimate-ethinyl estradiol 79	
moxifloxacin-sod.chloride(iso)		neomycin-polymyxin b gu.....	83	norlyroc	79
.....	17	neomycin-polymyxin b-		NORMOSOL-M IN 5 %	
MOZOBIL.....	59	dexameth.....	91	DEXTROSE.....	118
MULTAQ.....	65	neomycin-polymyxin-		NORMOSOL-R	118
mupirocin	83	gramicidin.....	91	NORMOSOL-R IN 5 %	
mupirocin calcium.....	83	neomycin-polymyxin-hc.....	91	DEXTROSE.....	118
MUSTARGEN	25	NEPHRAMINE 5.4 %.....	62	NORMOSOL-R PH 7.4.....	118
mutamycin.....	25	NERLYNX	25	NORTHERA.....	63
MYCAMINE.....	41	neuac.....	83	nortrel 0.5/35 (28)	79
mycophenolate mofetil	107	NEULASTA	59	nortrel 1/35 (21)	79
mycophenolate mofetil hcl ...	107	NEUPRO	47	nortrel 1/35 (28)	79
mycophenolate sodium.....	107	NEVANAC.....	93	nortrel 7/7/7 (28).....	79
		nevirapine	53		

nortriptyline.....	36
NORVIR.....	53
NOVOLIN 70/30 U-100	
INSULIN.....	39
NOVOLIN 70-30 FLEXPEN U-	
100.....	39
NOVOLIN N NPH U-100	
INSULIN.....	39
NOVOLIN R REGULAR U-	
100 INSULN	39
NOVOLOG FLEXPEN U-100	
INSULIN.....	39
NOVOLOG MIX 70-30 U-100	
INSULN	39
NOVOLOG MIX 70-	
30FLEXPEN U-100	39
NOVOLOG PENFILL U-100	
INSULIN.....	39
NOVOLOG U-100 INSULIN	
ASPART.....	39
NOXAFIL	41
NUCALA	123
NUCYNTA	5
NUCYNTA ER	5
NULOJIX.....	107
NUPLAZID.....	50
NUTRILIPID	62
NUVARING.....	79
nyamyc	41
nystatin	41
nystop	41
O	
ocella	79
OCTAGAM.....	107
octreotide acetate.....	103
ODEFSEY	53
ODOMZO	26
OFEV	123
ofloxacin.....	17, 91
ogestrel (28).....	79
okebo	18
olanzapine.....	50

olanzapine-fluoxetine	36
olmesartan.....	63
olmesartan-amlodipin-hcthiazid	
.....	63
olmesartan-hydrochlorothiazide	
.....	63
olopatadine.....	90
omega-3 acid ethyl esters	71
omeprazole.....	94
OMNARIS.....	93
ondansetron.....	45
ondansetron hcl.....	45
ondansetron hcl (pf).....	45
ONFI.....	10
ONGLYZA.....	38
OPDIVO	26
OPSUMIT.....	124
ORENCIA	107
ORENCIA (WITH MALTOSE)	
.....	107
ORENCIA CLICKJECT	107
ORFADIN	88
ORKAMBI	123
orphenadrine citrate	124
orsythia	79
oseltamivir	55
OSMOPREP	96
oxacillin	16
oxacillin in dextrose(iso-osm) 16	
oxaliplatin	26
oxandrolone	99
oxazepam	10
oxcarbazepine	32
oxiconazole.....	41
OXTELLAR XR.....	32
oxybutynin chloride.....	97
oxycodone.....	5, 6
oxycodone-acetaminophen	6
oxycodone-aspirin	6
OXYCONTIN	6
oxymorphone	6
OXYTROL	97

P	
pacerone	65
paclitaxel	26
paliperidone.....	50
pamidronate.....	113
PANCREAZE	89
PANDEL.....	86
PANRETIN.....	82
pantoprazole.....	94
paricalcitol.....	113
PARICALCITOL.....	113
paroex oral rinse.....	81
paromomycin	46
paroxetine hcl.....	36
PASER	44
PAXIL.....	36
PAZEO.....	90
PCE	15
PEDIARIX (PF).....	110
PEDVAX HIB (PF)	110
peg 3350-electrolytes.....	96
PEGANONE	32
PEGASYS.....	56
PEGASYS PROCLICK.....	56
peg-electrolyte soln.....	96
PEN NEEDLE, DIABETIC... 88	
penicillin g pot in dextrose.... 16	
penicillin g potassium	16
penicillin g procaine.....	16
penicillin g sodium.....	16
penicillin v potassium	16, 17
PENNSAID.....	8
PENTACEL DTAP-IPV	
COMPNT (PF).....	110
PENTAM	46
pentamidine.....	46
PENTASA.....	112
pentazocine-naloxone	6
pentoxifylline	59
PERFOROMIST	122
perindopril erbumine.....	64
PERJETA	26

permethrin.....	87	polymyxin b sulf-trimethoprim	91	PREZCOBIX	53
perphenazine.....	50	POMALYST.....	26	PREZISTA	53
perphenazine-amitriptyline.....	36	portia 28.....	80	PRIFTIN	44
PERSERIS.....	50	posaconazole.....	41	PRIMAQUINE	46
PERTZYE	89	potassium chlorid-d5-0.45%nacl	118	primidone	33
PEXEVA	36	potassium chloride.....	118	PRIMLEV	6
phenadoz.....	45	potassium chloride in 5 % dex	118	PRIVIGEN.....	107
phenelzine.....	36	potassium chloride in lr-d5 ..	118	PROAIR HFA.....	122
PHENERGAN.....	45	potassium chloride-0.45 % nacl	119	PROAIR RESPICLICK.....	122
phenobarbital.....	32	potassium chloride-d5-0.2%nacl	119	probenecid.....	42
phenoxybenzamine.....	63	potassium chloride-d5-0.3%nacl	119	probenecid-colchicine	42
PHENYTEK.....	32	potassium chloride-d5-0.9%nacl	119	procainamide.....	65
phenytoin.....	32	potassium citrate.....	119	PROCALAMINE 3%	62
phenytoin sodium	33	POTELIGEO	26	prochlorperazine	45
phenytoin sodium extended....	32	pramipexole	47	prochlorperazine edisylate	45
PHOSPHOLINE IODIDE....	116	prasugrel	59	prochlorperazine maleate	45
PHYSIOLYTE	112	pravastatin.....	71	PROCRT.....	59
PHYSIOSOL IRRIGATION	112	prazosin.....	63	procto-med hc	86
PICATO	82	PRED MILD.....	93	procto-pak	86
PIFELTRO	53	prednicarbate	86	proctosol hc.....	86
pilocarpine hcl.....	81, 116	prednisolone.....	102	proctozone-hc.....	86
pimecrolimus.....	86	prednisolone acetate	93	progesterone micronized	104
pimozide	50	prednisolone sodium phosphate	93, 102	PROGLYCEM.....	115
pimtree (28).....	80	prednisone.....	102	PROGRAF	107
pindolol.....	66	PREDNISONE INTENSOL	102	PROLASTIN-C.....	123
pioglitazone	38	PREFEST	100	PROLENSA	93
pioglitazone-glimepiride	38	pregabalin	33	PROLEUKIN.....	26
pioglitazone-metformin.....	38	PREMARIN.....	101	PROLIA	113
piperacillin-tazobactam	17	PREMASOL 10 %	62	PROMACTA	59
PIQRAY	26	PREMASOL 6 %	62	promethazine.....	42, 45
pirmella.....	80	PREMPHASE.....	101	promethazine-phenylephrine..	42
piroxicam.....	8	PREMPRO	101	promethegan.....	45
PLASMA-LYTE 148	118	prevalite	71	propafenone.....	65
PLASMA-LYTE A	118	previfem.....	80	propantheline.....	29
PLEGRIDY	75			proparacaine.....	90
PLENAMINE.....	62			propranolol.....	66
podofilox	82			propranolol-hydrochlorothiazid	66
polycin.....	91			propylthiouracil.....	104
POLYETHYLENE GLYCOL				PROQUAD (PF)	110
3350(BULK)	96			PROSOL 20 %.....	62
polymyxin b sulfate.....	12			protriptyline.....	36

PULMOZYME.....	89	REVELA.....	96	ROWEEPRA.....	33
PURIXAN	26	repaglinide	38	ROZEREM	124
PYLERA	95	repaglinide-metformin	38	RUBRACA	26
pyrazinamide	44	REPATHA PUSHTRONEX .	71	RUCONEST	59
pyridostigmine bromide	115	REPATHA SURECLICK.....	71	RYDAPT.....	26
Q		REPATHA SYRINGE	72	RYTARY	48
QNASL.....	93	RESCRIPTOR.....	53	S	
QUADRACEL (PF).....	110	RESTASIS.....	93	SABRIL	33
quasense	80	RETIN-A MICRO PUMP	87	SANCUSO.....	45
quetiapine	50	RETROVIR	53	SANDOSTATIN LAR DEPOT	
quinapril	64	REVATIO.....	125	.....	103
quinapril-hydrochlorothiazide	64	REVLIMID.....	26	SANTYL.....	82
quinidine gluconate	65	REXULTI.....	50	SAPHRIS	51
quinidine sulfate	65	REYATAZ.....	54	SAVELLA	75
quinine sulfate	46	ribasphere.....	56	scopolamine base	45
QVAR.....	120	ribasphere ribapak.....	56	selegiline hcl	48
QVAR REDIHALER.....	121	ribavirin	57	selenium sulfide	83
R		RIDAURA.....	108	SELZENTRY.....	54
RABAVERT (PF)	110	rifabutin	44	SENSIPAR.....	114
rabeprazole	94	RIFAMATE.....	44	SEREVENT DISKUS.....	122
raloxifene.....	101	rifampin	44	sertraline.....	36
ramipril	64	RIFATER.....	44	setlakin	80
RANEXA	68	riluzole	75	sevelamer carbonate.....	96, 97
ranitidine hcl.....	94	rimantadine	55	sevelamer hcl	97
ranolazine	68	ringer's	112, 119	sharobel	80
RAPAFLO.....	98	RIOMET.....	38	SHINGRIX (PF)	110
RAPAMUNE	107, 108	risedronate	114	SIGNIFOR.....	103
rasagiline	47	RISPERDAL	50, 51	sildenafil (antihypertensive).	125
RAVICTI.....	96	RISPERDAL CONSTA	50	silodosin	98
REBETOL.....	56	RISPERDAL M-TAB	50	silver sulfadiazine	83
REBIF (WITH ALBUMIN)...	75	risperidone	51	SIMBRINZA.....	116
REBIF REBIDOSE	75	RITALIN LA.....	75	SIMPONI	108
REBIF TITRATION PACK...	75	ritonavir	54	SIMPONI ARIA	108
reclipsen (28).....	80	RITUXAN	26	SIMULECT.....	115
RECOMBIVAX HB (PF)	110	rivastigmine	34	simvastatin	72
RECTIV	115	rivastigmine tartrate.....	34	sirolimus.....	108
REGRANEX	82	rizatriptan.....	43	SIRTURO	44
RELENZA DISKHALER.....	55	romidepsin	26	SIVEXTRO.....	12
RELISTOR.....	96	ropinirole	47, 48	SKLICE.....	87
REMICADE.....	108	rosuvastatin.....	72	sodium chloride.....	112
REMODULIN.....	125	ROTARIX	110	sodium chloride 0.45 %	119
RENAGEL	96	ROTATEQ VACCINE.....	110	sodium chloride 0.9 %	119

sodium chloride 3 %.....	119	sulfamethoxazole-trimethoprim	taztia xt.....	67
sodium chloride 5 %.....	119	.....	TDVAX.....	110
sodium lactate.....	119	SULFAMYLON.....	TECENTRIQ	27
sodium phenylbutyrate	96	sulfasalazine.....	TECFIDERA.....	75, 76
sodium polystyrene sulfonate.....	96	sulindac.....	TEFLARO.....	14
solifenacin	97	sumatriptan	TEKTURNA	72
SOLTAMOX.....	26	sumatriptan succinate	TEKTURNA HCT	72
SOLU-CORTEF (PF).....	102	SUPRAX	telmisartan.....	63
SOLU-MEDROL	102	SURE COMFORT INS. SYR.	telmisartan-amlodipine	63
SOMATULINE DEPOT	103	U-100	telmisartan-hydrochlorothiazid	
SOMAVERT	103	SUSTIVA .....	.....	63
sorine	66	SUTENT.....	temazepam	10
sotalol	66	SYLATRON.....	temsirolimus.....	27
sotalol af.....	66	SYLVANT.....	TENIVAC (PF).....	111
SOVALDI	55	SYMFI.....	tenofovir disoproxil fumarate	54
SPIRIVA RESPIMAT.....	122	SYMFI LO.....	terazosin	98
SPIRIVA WITH		SYMLINPEN 120	terbinafine hcl	41
HANDIHALER.....	122	SYMLINPEN 60	terbutaline	122
spironolactone	70	SYMPAZAN	terconazole	43
spironolacton-hydrochlorothiaz		SYMTUZA.....	testosterone	99
.....	70	SYNAGIS.....	testosterone cypionate.....	99
SPORANOX	41	SYNAREL.....	testosterone enanthate	99
sprintec (28).....	80	SYNERCID	TETANUS,DIPHThERIA TOX	
SPRITAM.....	33	SYNJARDY	PED(PF).....	111
SPRYCEL	26	SYNJARDY XR.....	tetrabenazine	76
sps (with sorbitol).....	96	SYNRIBO.....	tetracycline.....	18
sronyx	80	SYPRINE.....	THALOMID	115
ssd.....	83	T	THEO-24.....	122
stavudine.....	54	TABLOID.....	theophylline.....	122
STIMATE.....	103	tacrolimus	THIOLA.....	115
STIOLTO RESPIMAT	122	TAFINLAR	thioridazine	51
STIVARGA.....	26	TAGRISSO.....	thiotepa.....	27
STRENSIQ.....	89	TALZENNA.....	thiothixene.....	51
streptomycin	11	tamoxifen	THYMOGLOBULIN	108
STRIBILD.....	54	tamsulosin.....	THYROLAR-1	104
SUBOXONE	9	TARCEVA	THYROLAR-1/2	104
SUCRAID	89	TARGRETIN.....	THYROLAR-1/4	104
sucrafate	94	tarina fe 1/20 (28)	THYROLAR-2	104
sulfacetamide sodium.....	92	TASIGNA.....	THYROLAR-3	104
sulfacetamide sodium (acne).....	83	tazarotene.....	tiagabine.....	33
sulfacetamide-prednisolone.....	92	tazicef.....	TIBSOVO	27
sulfadiazine.....	17	TAZORAC	TIGAN	46

tigecycline	18	trazodone	36	TYBOST	115
timolol maleate	67, 116	TREANDA	27	TYKERB	28
TIMOPTIC	116	TRECATOR	44	TYPHIM VI	111
TIMOPTIC OCUDOSE (PF)	116	TRELSTAR	27	TYSABRI	108
tinidazole	46	treprostinil sodium	125	U	
TIROSINT	104	tretinoin	87	UCERIS	112
TIVICAY	54	tretinoin (chemotherapy)	27	ULORIC	42
tizanidine	124	tretinoin microspheres	87	ULTRAVATE	86
TOBI PODHALER	11	TREXALL	27	UPTRAVI	125
tobramycin	92	triamcinolone acetonide.. 81, 86, 102		ursodiol	96
tobramycin in 0.225 % nacl....	11	triamterene-hydrochlorothiazid	70	UVADEX	82
tobramycin sulfate	11	triazolam	10	V	
tobramycin with nebulizer	11	TRIDESILON	86	valacyclovir	57
tobramycin-dexamethasone....	92	trientine	98	VALCHLOR	82
tolazamide	40	trifluoperazine	51	valganciclovir	57
tolbutamide	40	trifluridine	92	valproate sodium	33
tolcapone	48	trihexyphenidyl	48	valproic acid	33
tolterodine	97	tri-legest fe	80	valproic acid (as sodium salt) 33	
topiramate	33	tri-lo-estarylla	80	valsartan	63
toposar	27	tri-lo-sprintec	80	valsartan-hydrochlorothiazide 63	
topotecan	27	trilyte with flavor packets	96	vancomycin	12
toremifene	27	trimethobenzamide	46	vancomycin in dextrose 5 %.. 12	
TORISEL	27	trimethoprim	12	VAQTA (PF)	111
torsemide	70	tri-mili	80	VARIVAX (PF)	111
TOUJEO MAX U-300 SOLOSTAR	39	trimipramine	36	VARUBI	46
TOUJEO SOLOSTAR U-300 INSULIN	39	trinessa (28)	80	VASCEPA	72
TOVIAZ	97	TRINTELLIX	36	VECTIBIX	28
TPN ELECTROLYTES	119	tri-previfem (28)	80	VELCADE	28
TPN ELECTROLYTES II	119	TRISENOX	27	velivet triphasic regimen (28) 80	
TRACLEER	125	tri-sprintec (28)	80	VELPHORO	97
tramadol	6	TRIUMEQ	54	VELTASSA	96
tramadol-acetaminophen	6	trivora (28)	80	VENCLEXTA	28
trandolapril	64	TROPHAMINE 10 %	62	VENCLEXTA STARTING PACK	28
trandolapril-verapamil	64, 65	TROPHAMINE 6%	62	venlafaxine	36
tranexamic acid	59	trospium	97	VENTAVIS	125
TRANSDERM-SCOP	46	TRULICITY	38	verapamil	67
tranylcypromine	36	TRUMENBA	111	VERIPRED 20	102
TRAVASOL 10 %	62	TRUVADA	54	VERSACLOZ	51
TRAVATAN Z	116	tulana	80	VERZENIO	28
		TWINRIX (PF)	111	VESICARE	97
				vestura (28)	80

VIBRAMYCIN	18	wymzya fe.....	80	ZEPATIER.....	55
vicodin.....	6	X		ZERBAXA.....	14
vicodin es.....	6	XALKORI	28	ZERIT	55
vicodin hp.....	6	XARELTO.....	58	ZETONNA.....	93
VICTOZA	38	XATMEP.....	28	ZIAGEN.....	55
VIDEX 2 GRAM PEDIATRIC		XELJANZ.....	108	zidovudine.....	55
.....	54	XELJANZ XR.....	108	zileuton.....	121
VIDEX 4 GRAM PEDIATRIC		XERESE	82	ZIOPTAN (PF)	116
.....	54	XGEVA	114	ziprasidone hcl	51
VIDEX EC	54	XIFAXAN	12	ZIRGAN	92
vienva	80	XOLAIR.....	123	ZMAX.....	15
vigabatrin.....	33	XOSPATA.....	28	zoledronic acid.....	114
VIIBRYD	37	XPOVIO	28	zoledronic acid-mannitol-water	
VIMPAT.....	33	XTANDI.....	29	.....	114
vinblastine	28	xulane.....	80	ZOLINZA	29
vincasar pfs.....	28	XYREM.....	124	zolmitriptan	43
vincristine	28	Y		zolpidem.....	124
vinorelbine.....	28	YERVOY.....	29	ZOMETA.....	114
VIRACEPT	54	YF-VAX (PF).....	111	ZOMIG	43, 44
VIRAMUNE	55	YONDELIS	29	zonisamide	33
VIRAZOLE.....	57	YONSA	29	ZONTIVITY	59
VIREAD.....	55	yuvaferm	101	ZORTRESS.....	108
VITRAKVI.....	28	Z		ZOSTAVAX (PF).....	111
VIZIMPRO.....	28	zafirlukast	121	ZOSYN	17
voriconazole	42	zaleplon.....	124	ZOSYN IN DEXTROSE (ISO-	
VOSEVI	55	ZALTRAP	29	OSM).....	17
VOTRIENT	28	ZANOSAR	29	zovia 1/35e (28)	81
VPRIV	89	zarah.....	80	ZOVIRAX.....	82
VRAYLAR.....	51	ZARXIO	59	ZYBAN.....	9
vyfemla (28)	80	ZEJULA.....	29	ZYCLARA.....	82
VYVANSE.....	76	ZELAPAR	48	ZYDELIG	29
VYXEOS.....	28	ZELBORAF.....	29	ZYFLO.....	121
W		ZEMAIRA.....	123	ZYKADIA	29
warfarin	58	zenatane	82	ZYLET	92
water for irrigation, sterile....	112	zenchent (28)	81	ZYPREXA RELPREVV	51
WELCHOL	72	ZENPEP.....	89	ZYTIGA.....	29

Discrimination is Against the Law

Chinese Community Health Plan (CCHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Chinese Community Health Plan:

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

If you need these services, contact CCHP Member Services.

If you believe that CCHP 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 us in person, by phone, by mail, or by fax at:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-8898
Fax 1-415-397-2129

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>.

華人保健計劃 (CCHP) 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。華人保健計劃 (CCHP) 不因種族、膚色、民族血統、年齡、殘障或性別而排斥任何人或以不同的方式對待他們。

華人保健計劃 (CCHP) :

- 向殘障人士免費提供各種援助和服務，以幫助他們與我們進行有效溝通，如：
 - 合格的手語翻譯員
 - 以其他格式提供的書面資訊 (大號字體、音訊、無障礙電子格式、其他格式)
- 向母語非英語的人員免費提供各種語言服務，如：
 - 合格的翻譯員
 - 以其他語言書寫的資訊

如果您需要此類服務，請聯絡華人保健計劃 (CCHP)

如果您認為華人保健計劃 (CCHP) 未能提供此類服務或者因種族、膚色、民族血統、年齡、殘障或性別而透過其他方式歧視您，您可以親自提交投訴，或者以郵寄、傳真或電郵的方式向我們提交投訴：

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, 聽力殘障人士電話 1-877-681-8898
傳真 1-415-397-2129

您還可以向 U.S. Department of Health and Human Services (美國衛生及公共服務部) 的 Office for Civil Rights (民權辦公室) 提交民權投訴, 透過 Office for Civil Rights Complaint Portal 以電子方式投訴:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, 或者透過郵寄或電話的方式投訴:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD) (聾人用電信設備)

登入 <http://www.hhs.gov/ocr/office/file/index.html> 可獲得投訴表格。

Chinese Community Health Plan (CCHP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Chinese Community Health Plan no excluye a las personas ni las trata de forma diferente debido a su origen étnico, color, nacionalidad, edad, discapacidad o sexo.

Chinese Community Health Plan:

- Proporciona asistencia y servicios gratuitos a las personas con discapacidades para que se comuniquen de manera eficaz con nosotros, como los siguientes:
 - Intérpretes de lenguaje de señas capacitados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos).
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - Intérpretes capacitados.
 - Información escrita en otros idiomas.

Si necesita recibir estos servicios, comuníquese con CCHP Member Services.

Si considera que CCHP no le proporcionó estos servicios o lo discriminó de otra manera por motivos de origen étnico, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo a la siguiente persona:

CCHP Member Services
445 Grant Ave, Suite 700, San Francisco, CA 94108
1-888-775-7888, TTY 1-877-681-889
Fax 1-415-397-2129.

También puede presentar un reclamo de derechos civiles ante la Office for Civil Rights (Oficina de Derechos Civiles) del Department of Health and Human Services (Departamento de Salud y Servicios Humanos) de EE. UU. de manera electrónica a través de Office for Civil Rights Complaint Portal, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Puede obtener los formularios de reclamo en el sitio web <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English: ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-775-7888 (TTY: 1-877-681-8898).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-775-7888 (TTY: 1-877-681-8898).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-775-7888 (TTY: 1-877-681-8898) 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-775-7888 (телетайп: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-775-7888 (رقم هاتف الصم والبكم: 1-877-681-8898).

Hindi: ध्यान दः यद आप हद बोलते ह तो आपके लिए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-888-775-7888 (TTY: 1-877-681-8898) पर कॉल कर।

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-775-7888 (TTY: 1-877-681-8898) まで、お電話にてご連絡ください。

Armenian: Ուշադրություն՝ եթե խոսում եք հայերեն, ապա ձեզ անվճար կապող են տրամադրվել լեզվական օգնությունների ծառայություններ: Ձանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 1-877-681-8898):

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤਾਜ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-775 7888 (TTY: 1-877-681-8898) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 1-888-775 7888 (TTY: 1-877-681-8898)។

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-775 7888 (TTY: 1-877-681-8898).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-775 7888 (TTY: 1-877-681-8898).

Persian (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-775-7888 (TTY: 1-877-681-8898) تماس بگیرید.



445 Grant Avenue, Suite 700, San Francisco, CA 94108 | Tel 1-415-955-8800 | Fax 1-415-955-8818 | www.cchphealthplan.com/medicare

This formulary was updated on 10/22/2019. For more recent information or other questions, please contact Chinese Community Health Plan Member Services, at 1-888-775-7888 or, for TTY users, 1-877-681-8898, seven days a week from 8:00 a.m. to 8:00 p.m., or visit www.CCHPHealthPlan.com/medicare.

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

Chinese Community Health Plan (CCHP) is a Medicare Advantage HMO plan with a Medicare contract and a California Medicaid program contract for our SNP. Enrollment in CCHP depends on contract renewal.

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1-888-775-7888 (TTY: 1-877-681-8898).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-775-7888 (TTY: 1-877-681-8898).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-888-775-7888 (TTY: 1-877-681-8898)。

H0571_2019_11_FINAL_2_C