

Plan Year 2020



CCHP Senior Program (HMO) 東華耆英(HMO)計劃

2020 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 00020513, Version Number 16

This formulary was updated on 3/24/2020. 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.

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 3/24/2020. 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, 2020, 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?

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

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

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

find information in the section below entitled “How do I request an exception to the CCHP Senior Program (HMO)’s 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, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the CCHP Senior Program (HMO)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 3/24/2020. 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 on page 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 3. 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 60 tablets per prescription for SAVELLA. 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 a document 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 IV 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 SOLUTION 0.025%
FREESTYLE CONTROL SOLUTION	ARTIFICIAL TEARS
PRECISION XTRA METER	POLYETHYLENE GLYCOL 3350
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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 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.

Table of Contents

Analgesics.....	3
Anesthetics	8
Anti-Addiction/Substance Abuse Treatment Agents.....	8
Antianxiety Agents	9
Antibacterials.....	10
Anticancer Agents	19
Anticholinergic Agents.....	31
Anticonvulsants	31
Antidementia Agents.....	35
Antidepressants	36
Antidiabetic Agents	39
Antifungals	42
Antigout Agents.....	44
Antihistamines	45
Anti-Infectives (Skin And Mucous Membrane)	46
Antimigraine Agents	46
Antimycobacterials.....	47
Antinausea Agents.....	47
Antiparasite Agents.....	49
Antiparkinsonian Agents	50
Antipsychotic Agents.....	51
Antivirals (Systemic)	55
Blood Products/Modifiers/Volume Expanders.....	60
Caloric Agents	64
Cardiovascular Agents.....	66
Central Nervous System Agents.....	78
Contraceptives	81

Dental And Oral Agents	86
Dermatological Agents.....	86
Devices	93
Enzyme Replacement/Modifiers	93
Eye, Ear, Nose, Throat Agents	95
Gastrointestinal Agents.....	99
Genitourinary Agents	103
Heavy Metal Antagonists.....	104
Hormonal Agents, Stimulant/Replacement/Modifying	105
Immunological Agents	111
Inflammatory Bowel Disease Agents.....	119
Irrigating Solutions	120
Metabolic Bone Disease Agents.....	120
Miscellaneous Therapeutic Agents	122
Ophthalmic Agents.....	123
Replacement Preparations	125
Respiratory Tract Agents	128
Skeletal Muscle Relaxants	132
Sleep Disorder Agents.....	132
Vasodilating Agents.....	133

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, 300-60 mg	2	QL (390 per 30 days)
acetaminophen-codeine oral tablet (Tylenol-Codeine #3) 300-30 mg	2	QL (390 per 30 days)
buprenorphine hcl injection solution (Buprenex) 0.3 mg/ml	2	
buprenorphine hcl injection syringe 0.3 mg/ml	2	
buprenorphine transdermal patch (Butrans) weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	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	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	2	PA; QL (120 per 30 days)
fentanyl citrate buccal tablet, effervescent 100 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	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	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
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	4	QL (5400 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	2	QL (5400 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg (Vicodin HP)	2	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg (Lorcet HD)	2	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	2	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 5-300 mg, 7.5-300 mg	2	QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 5-325 mg (Lorcet (hydrocodone))	2	QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 7.5-325 mg (Lorcet Plus)	2	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg (Ibudone)	2	QL (480 per 30 days)
hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg	2	QL (480 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	2	
hydromorphone injection syringe 2 mg/ml	2	
hydromorphone oral liquid 1 mg/ml (Dilaudid)	2	QL (2400 per 30 days)
hydromorphone oral tablet 2 mg (Dilaudid)	2	QL (450 per 30 days)
hydromorphone oral tablet 4 mg (Dilaudid)	2	QL (240 per 30 days)
hydromorphone oral tablet 8 mg (Dilaudid)	2	QL (120 per 30 days)
hydromorphone oral tablet extended release 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)
ibuprofen-oxycodone oral tablet 400-5 mg	2	QL (240 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG	4	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
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 2 mg</i>	3	QL (240 per 30 days)
<i>levorphanol tartrate oral tablet 3 mg</i>	3	QL (120 per 30 days)
<i>loracet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (360 per 30 days)
<i>loracet hd oral tablet 10-325 mg</i>	2	QL (360 per 30 days)
<i>loracet 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>	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 (Demerol)</i>	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 (Dolophine)</i>	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>	2	QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 40 mg</i>	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)
<i>MORPHINE ORAL TABLET 15 MG, 30 MG</i>	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	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
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)
<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 (Roxicodone)</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg (Roxicodone)</i>	2	QL (360 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral tablet (Endocet) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg (Opana)</i>	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 100 mg</i>	2	QL (120 per 30 days)
<i>tramadol oral tablet 50 mg (Ultram)</i>	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 (Ultracet) 37.5-325 mg</i>	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		

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>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	
<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	
<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	
<i>INDOCIN ORAL SUSPENSION 25 MG/5 ML</i>		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	

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>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 (Mobic)</i>	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 (Naprosyn)</i>	1	
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg (Anaprox DS)</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	4	
<i>piroxicam oral capsule 10 mg, 20 mg (Feldene)</i>	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 (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	2	
<i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	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		

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Drug Name	Drug Tier	Requirements/Limits
acamprosate oral tablet,delayed release (dr/ec) 333 mg	2	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	2	
buprenorphine-naloxone sublingual film 12-3 mg (Suboxone)	3	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg (Suboxone)	3	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	2	QL (90 per 30 days)
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	2	ST
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	
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	
disulfiram oral tablet 250 mg, 500 mg (Antabuse)	2	
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	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	

Antianxiety Agents

Benzodiazepines

ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	4	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg (Xanax)	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg (Xanax XR)	2	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>clonazepam oral tablet 0.5 mg, 1 mg, (Klonopin) 2 mg</i>	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	
<i>clorazepate dipotassium oral tablet (Tranxene T-Tab) 7.5 mg</i>	1	
<i>diazepam 5 mg/ml oral conc 5 mg/ml</i>	2	
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam oral concentrate 5 mg/ml (Diazepam Intensol)</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 (Valium)</i>	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 (Ativan)</i>	2	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml (Lorazepam Intensol)</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg (Ativan)</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	2	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg (Restoril)</i>	2	
<i>triazolam oral tablet 0.125 mg</i>	2	
<i>triazolam oral tablet 0.25 mg (Halcion)</i>	2	
Antibacterials		
Aminoglycosides		

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Drug Name	Drug Tier	Requirements/Limits
<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	
<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 (Tobi) inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; NM; NDS
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
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 75 mg/5 ml soln 75 mg/5 ml (Clindamycin Pediatric)</i>	2	
<i>clindamycin hcl oral capsule 150 mg, (Cleocin HCl) 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml (Cleocin)</i>	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml (Cleocin)</i>	2	
<i>colistin (colistimethate na) injection recon soln 150 mg (Coly-Mycin M Parenteral)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
DALVANCE INTRAVENOUS SOLUTION 500 MG	5	NM; NDS
<i>daptomycin intravenous recon soln</i> (Cubicin) 500 mg	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)	2	PA
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefepime injection recon soln 1 gram, 2 gram (Maxipime)</i>	2	
<i>cefixime oral capsule 400 mg (Suprax)</i>	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Suprax)</i>	2	
<i>cefotaxime injection recon soln 1 gram</i>	2	
<i>cefotetan injection recon soln 1 gram, 2 gram (Cefotan)</i>	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram (Tazicef)</i>	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg (Keflex)</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	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	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	2	
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 (Zithromax)</i>	2	
<i>azithromycin oral packet 1 gram (Zithromax)</i>	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml (Zithromax)</i>	2	

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Drug Name		Drug Tier	Requirements/Limits
<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)
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	
<i>erythromycin oral tablet,delayed release (dr/ec) 333 mg, 500 mg</i>	(Ery-Tab)	3	
Miscellaneous B-Lactam Antibiotics			
<i>aztreonam injection recon soln 1 gram</i>	(Azactam)	2	
<i>aztreonam injection recon soln 2 gram</i>	(Azactam)	4	
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	

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Drug Name		Drug Tier	Requirements/Limits
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	(Primaxin IV)	2	
<i>meropenem intravenous recon soln 500 mg</i>	(Merrem)	2	
<i>meropenem-0.9% nacl 500 mg/50 ml</i>		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 suspension for reconstitution 250-62.5 mg/5 ml</i>	(Augmentin)	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i>	(Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		2	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	(Augmentin)	2	
<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, 15 gram, 3 gram</i>	(Unasyn)	2	

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Drug Name	Drug Tier	Requirements/Limits
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>nafcillin 1 gm/ 50 ml inj 1 gram/50 ml</i>	2	
<i>nafcillin injection recon soln 1 gram</i>	2	
<i>nafcillin 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 (Pfizerpen-G) soln 20 million unit</i>	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	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin-tazobactam intravenous (Zosyn) recon soln 3.375 gram, 4.5 gram, 40.5 gram</i>	2	
ZOSYN 2.25 GRAM VIAL P/F,LTX-FR,INNER,SUV 2.25 GRAM	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
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 (<i>mixture</i>) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	2	
ciprofloxacin hcl oral tablet 250 mg, (Cipro) 500 mg	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 (Levaquin) mg	1	
moxifloxacin 400 mg/250 ml bag 400 mg/250 ml	4	
moxifloxacin oral tablet 400 mg	2	
moxifloxacin-sod.chloride(iso) (Avelox in NaCl (iso-intravenous piggyback 400 mg/250 ml 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	

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

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Drug Name	Drug Tier	Requirements/Limits
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
<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 (Arimidex)</i>	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	4	
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	3	
<i>arsenic trioxide intravenous solution (Trisenox) 2 mg/ml</i>	3	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	NM; NDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	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

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Drug Name	Drug Tier	Requirements/Limits
BESPONSA 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	
<i>bleomycin injection recon soln 30 unit</i>	2	PA BvD
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	NM; NDS
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)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; NM; NDS
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	
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> (Paraplatin)	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)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	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
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	
<i>dactinomycin intravenous recon soln (Cosmegen) 0.5 mg</i>	5	NM; NDS
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	5	PA NSO; NM; NDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	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) (Taxotere)</i>	5	NM; NDS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	5	NM; NDS
<i>doxorubicin intravenous recon soln (Adriamycin) 10 mg, 50 mg</i>	2	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (Adriamycin)</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)</i>	5	NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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 (Ellence) mg/100 ml</i>	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
ERLEADA ORAL TABLET 60 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg, (Tarceva) 25 mg</i>	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 (Toposar) mg/ml</i>	2	
<i>exemestane oral tablet 25 mg (Aromasin)</i>	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>fludarabine intravenous solution 50 mg/2 ml</i>	2	
<i>fluorouracil intravenous solution 1 gram/20 ml, 5 gram/100 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 500 (Adrucil) mg/10 ml</i>	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>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
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	NM; NDS
<i>hydroxyurea oral capsule 500 mg (Hydrea)</i>	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 (Idamycin PFS)</i>	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>	2	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	
<i>imatinib oral tablet 100 mg, 400 mg (Gleevec)</i>	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)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUICA ORAL TABLET 280 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUICA 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	
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
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

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Drug Name	Drug Tier	Requirements/Limits
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 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	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</i> (Alkeran (as HCl)) 50 mg	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
<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 (Nilandron)</i>	2	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS
NIPENT INTRAVENOUS RECON SOLN 10 MG	5	NM; NDS
NUBEQA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (30 per 30 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA NSO; NM; NDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	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 (Istodax) mg/2 ml</i>	5	PA NSO; NM; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
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
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

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Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<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>	5	NM; NDS
<i>thiotepa injection recon soln 15 mg</i>	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>	2	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	2	
<i>toremifene oral tablet 60 mg</i>	3	
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	
TURALIO ORAL CAPSULE 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
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 (Vincasar PFS) mg/ml, 2 mg/2 ml</i>	2	PA BvD
<i>vinorelbine intravenous solution 10 (Navelbine) mg/ml, 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; QL (30 per 30 days)
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; QL (90 per 30 days)
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)

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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 500 MG	5	PA NSO; NM; NDS
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml</i>	2	
Anticonvulsants		
Anticonvulsants		
APTIOM 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

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Drug Name	Drug Tier	Requirements/Limits
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,</i> <i>300 mg</i>	2	
<i>carbamazepine oral suspension 100</i> (Tegretol) <i>mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	2	
<i>carbamazepine oral tablet extended</i> (Tegretol XR) <i>release 12 hr 100 mg, 200 mg, 400</i> <i>mg</i>	2	
<i>carbamazepine oral tablet, chewable</i> <i>100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i> (Onfi)	1	
<i>clobazam oral tablet 10 mg, 20 mg</i> (Onfi)	1	
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	
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 rectal kit 12.5-15-17.5-20</i> (Diastat AcuDial) <i>mg, 5-7.5-10 mg</i>	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel</i> (Depakote Sprinkles) <i>sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended</i> (Depakote ER) <i>release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed</i> (Depakote) <i>release (dr/ec) 125 mg, 250 mg, 500</i> <i>mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO; NM; NDS
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	

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Drug Name	Drug Tier	Requirements/Limits
<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>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
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	
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	
<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	

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 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	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (10 per 30 days)
<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	
<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	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG</i>	4	PA NSO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG</i>	3	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>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	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
<i>VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML</i>	3	
<i>VIMPAT ORAL SOLUTION 10 MG/ML</i>	3	
<i>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG</i>	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)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	2	ST; QL (30 per 30 days)

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Drug Name		Drug Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	(Razadyne ER)	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 14 mg, 21 mg, 28 mg, 7 mg	(Namenda XR)	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 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	(Exelon)	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 24 hr 150 mg, 300 mg	(Wellbutrin XL)	2	
bupropion hcl oral tablet sustained- release 12 hr 100 mg, 150 mg, 200 mg	(Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml		1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	(Celexa)	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	(Anafranil)	2	
desipramine oral tablet 10 mg, 25 mg	(Norpramin)	2	
desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg		2	
DESVENLAFAKINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG		4	ST

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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	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg (Cymbalta)</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 mg, 5 mg (Lexapro)</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 mg (Prozac)</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, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
maprotiline oral tablet 25 mg, 50 mg, 75 mg	2	
MARPLAN ORAL TABLET 10 MG	3	ST
mirtazapine oral tablet 15 mg, 30 mg (Remeron)	1	
mirtazapine oral tablet 45 mg	1	
mirtazapine oral tablet 7.5 mg	2	
mirtazapine oral tablet,disintegrating (Remeron SolTab) 15 mg, 30 mg, 45 mg	2	
nefazodone oral tablet 100 mg, 150 mg, 200 mg	4	
nefazodone oral tablet 250 mg, 50 mg	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg (Pamelor)	1	
nortriptyline oral solution 10 mg/5 ml	3	
olanzapine-fluoxetine oral capsule 12-25 mg	2	
olanzapine-fluoxetine oral capsule 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg (Symbax)	2	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg (Paxil)	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg (Paxil CR)	2	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	2	
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	ST
phenelzine oral tablet 15 mg (Nardil)	2	
protriptyline oral tablet 10 mg, 5 mg	2	
sertraline oral concentrate 20 mg/ml (Zoloft)	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg (Zoloft)	1	
tranylcypromine oral tablet 10 mg (Parnate)	2	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
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	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	
CYCLOSET ORAL TABLET 0.8 MG	4	
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; 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	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; 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	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS
<i>metformin oral solution 500 mg/5 ml (Riomet)</i>	4	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	ST; QL (30 per 30 days)
OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	3	ST; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg</i>	2	
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	2	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	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	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	ST; QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	ST; QL (9 per 30 days)
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	
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 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 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	

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Drug Name	Drug Tier	Requirements/Limits
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		
chlorpropamide oral tablet 100 mg, 250 mg	2	
glimepiride oral tablet 1 mg, 2 mg, 4 mg (Amaryl)	1	
glipizide oral tablet 10 mg, 5 mg (Glucotrol)	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg (Glucotrol XL)	2	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	2	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg (Glynase)	2	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	2	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
tolazamide oral tablet 250 mg, 500 mg	2	
tolbutamide oral tablet 500 mg	3	
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	PA BvD
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	4	PA BvD
amphotericin b injection recon soln 50 mg	3	PA BvD
caspofungin intravenous recon soln 50 mg, 70 mg (Cancidas)	5	NM; NDS

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Drug Name		Drug Tier	Requirements/Limits
ciclopirox topical cream 0.77 %	(Ciclodan)	2	
ciclopirox topical gel 0.77 %		2	
ciclopirox topical shampoo 1 %	(Loprox)	2	
ciclopirox topical solution 8 %	(Ciclodan)	2	
ciclopirox topical suspension 0.77 %	(Loprox (as olamine))	2	
clotrimazole mucous membrane troche 10 mg		2	
clotrimazole topical cream 1 %	(Antifungal (clotrimazole))	2	
clotrimazole topical solution 1 %		2	
clotrimazole-betamethasone topical cream 1-0.05 %	(Lotrisone)	2	
clotrimazole-betamethasone topical lotion 1-0.05 %		2	
econazole topical cream 1 %		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	
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml		2	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	(Diflucan)	2	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical foam 2 %</i> (Extina)	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
MENTAX TOPICAL CREAM 1 %	4	
<i>miconazole-3 vaginal suppository 200 mg</i>	4	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	4	
<i>naftifine topical cream 1 %</i>	2	
<i>naftifine topical cream 2 %</i> (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
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram</i> (Nyamyc)	2	
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>oxiconazole topical cream 1 %</i> (Oxistat)	2	
<i>posaconazole oral tablet,delayed release (dr/ec) 100 mg</i>	5	PA; NM; NDS
SPORANOX ORAL SOLUTION 10 MG/ML	4	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<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

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
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</i> (Uloric)	1	ST
<i>febuxostat oral tablet 80 mg</i> (Uloric)	2	ST
<i>probencid oral tablet 500 mg</i>	2	
<i>probencid-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>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i> (Clarinex)	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	

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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>	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 Refill</i> (Imitrex STATdose)	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)

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Drug Name	Drug Tier	Requirements/Limits
<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)
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
TRECATOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEQ (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA BvD; QL (1 per 7 days)
<i>aprepitant oral capsule 125 mg</i>	2	PA BvD; QL (3 per 2 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	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
<i>aprepitant oral capsule 80 mg</i>	(Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	(Emend)	2	PA BvD; QL (6 per 28 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>		2	PA
<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	
<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>	(Compro)	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>promethazine rectal suppository 12.5 mg (Phenadoz)</i>	2	
<i>promethazine rectal suppository 25 mg, 50 mg (Promethegan)</i>	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 (Transderm-Scop) 3 day 1 mg over 3 days</i>	2	
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 (Tigan)</i>	2	PA
VARUBI ORAL TABLET 90 MG	3	PA BvD
Antiparasite Agents		
Antiparasite Agents		
<i>albendazole oral tablet 200 mg (Albenza)</i>	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 (Mepron)</i>	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg (Malarone)</i>	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg (Malarone Pediatric)</i>	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 (Plaquenil)</i>	2	
<i>ivermectin oral tablet 3 mg (Stromectol)</i>	2	
<i>mefloquine oral tablet 250 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INHALATION RECON SOLN 300 MG	3	PA BvD
<i>paromomycin oral capsule 250 mg</i>	2	
PENTAM INJECTION RECON SOLN 300 MG	4	PA BvD
<i>pentamidine inhalation recon soln 300 mg</i> (Nebupent)	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	3	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i>	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>	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>	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	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 6 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 4 mg, 8 mg</i>	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

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
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, 200 mg, 25 mg, 50 mg</i> (Clozaril)	2	
<i>clozapine oral tablet,disintegrating 100 mg, 25 mg</i>	2	
<i>clozapine oral tablet,disintegrating 12.5 mg, 150 mg, 200 mg</i>	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)

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>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 (Haldol Decanoate) 50 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution (Haldol) 5 mg/ml</i>	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
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>loxpipine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	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 SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	4	PA NSO
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	
<i>risperidone oral tablet 0.25 mg</i>	1	
<i>risperidone oral tablet 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)

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Drug Name	Drug Tier	Requirements/Limits
<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, (Geodon) 40 mg, 60 mg, 80 mg</i>	2	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml (Ziagen)</i>	2	
<i>abacavir oral tablet 300 mg (Ziagen)</i>	2	
<i>abacavir-lamivudine oral tablet 600-300 mg (Epzicom)</i>	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg (Trizivir)</i>	2	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg (Reyataz)</i>	5	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	5	NM; NDS
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	

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Drug Name	Drug Tier	Requirements/Limits
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, 250 mg</i> (Videx EC)	2	
<i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 400 mg</i>	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 TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	4	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	2	
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (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	

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Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR ORAL TABLET, DISPERISIBLE 100 MG	3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
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	
STRIBILD ORAL TABLET 150- 150-200-300 MG	5	NM; NDS
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
TEMIXYS ORAL TABLET 300-300 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 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
<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	
<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 45-200 MG, 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 200 MG, 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)
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
INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML	3	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 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
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		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml (Zovirax)	2	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	2	PA BvD
adefovir oral tablet 10 mg (Hepsera)	5	PA; NM; NDS
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	PA; NM; NDS
cidofovir intravenous solution 75 mg/ml	2	
entecavir oral tablet 0.5 mg, 1 mg (Baraclude)	1	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ganciclovir sodium intravenous recon soln 500 mg	2	PA BvD
REBETOL ORAL SOLUTION 40 MG/ML	5	NM; NDS
ribasphere oral capsule 200 mg	2	
ribasphere oral tablet 600 mg	5	NM; NDS
ribasphere ribapak oral tablets, dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7)	5	NM; NDS
ribavirin inhalation recon soln 6 gram (Virazole)	5	NM; NDS
ribavirin oral capsule 200 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir oral tablet 1 gram, 500 mg (Valtrex)	2	
valganciclovir oral recon soln 50 mg/ml (Valcyte)	5	NM; NDS
valganciclovir oral tablet 450 mg (Valcyte)	5	NM; NDS
Blood		
Products/Modifiers/Volume		
Expanders		

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Drug Name	Drug Tier	Requirements/Limits
Anticoagulants		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution</i> (Lovenox) 300 mg/3 ml	2	QL (51 per 17 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 100 mg/ml, 150 mg/ml	2	QL (34 per 17 days)
<i>enoxaparin subcutaneous syringe</i> (Lovenox) 120 mg/0.8 ml, 80 mg/0.8 ml	2	QL (28 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 30 (Lovenox) mg/0.3 ml	2	QL (11 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 40 (Lovenox) mg/0.4 ml	2	QL (14 per 17 days)
<i>enoxaparin subcutaneous syringe</i> 60 (Lovenox) mg/0.6 ml	2	QL (21 per 17 days)
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	5	PA; NM; NDS
<i>fondaparinux subcutaneous syringe</i> (Arixtra) 2.5 mg/0.5 ml	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	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i> 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
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	PA BvD
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	PA BvD
<i>heparin (porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/500 ml</i>	2	PA BvD
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	PA BvD
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	PA BvD
<i>heparin, porcine (pf) subcutaneous syringe 5,000 unit/0.5 ml</i>	2	PA BvD
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin oral tablet 1 mg, 10 mg, 2 (Jantoven) mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG</i>	3	
<i>XARELTO ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)</i>	3	
Blood Formation Modifiers		
<i>ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML</i>	4	PA BvD
<i>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</i>	4	PA BvD
<i>BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)</i>	5	PA; NM; NDS
<i>CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)</i>	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
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
PROCIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA BvD
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA BvD; NM; NDS
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NM; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA BvD
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	
<i>tranexamic acid intravenous solution 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 multiphase 12 hr 25-200 mg</i> (Aggrenox)	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	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	3	

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Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY ORAL TABLET 2.08 MG	4	PA
Caloric Agents		
Caloric Agents		
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA
AMINOSYN II 8.5 %- ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	PA
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	3	PA

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	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	
<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>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
Angiotensin II Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	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>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50- 12.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-amlodipin-hcthiazid 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>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	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>	1	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i>	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>	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>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
<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 (Prinivil)</i>	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg (Zestril)</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Zestoretic)</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 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 (Accupril)</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg (Accuretic)</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg (Altace)</i>	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	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 2-240 mg, 4-240 mg (Tarka)</i>	2	
Antiarrhythmic Agents		
<i>amiodarone intravenous solution 50 mg/ml</i>	2	
<i>amiodarone oral tablet 100 mg, 400 mg (Pacerone)</i>	2	
<i>amiodarone oral tablet 200 mg (Pacerone)</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg (Norpace)</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg (Tikosyn)</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
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 12 hr 225 mg, 325 mg, 425 mg	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	2	
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, (Tenormin) 50 mg	1	
atenolol-chlorthalidone oral tablet (Tenoretic 100) 100-25 mg	2	
atenolol-chlorthalidone oral tablet (Tenoretic 50) 50-25 mg	2	
betaxolol oral tablet 10 mg, 20 mg	2	
bisoprolol fumarate oral tablet 10 mg, 5 mg	2	
carvedilol oral tablet 12.5 mg, 25 (Coreg) mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er (Coreg CR) multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	4	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
metoprolol succinate oral tablet (Toprol XL) extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	2	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg	2	

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Drug Name	Drug Tier	Requirements/Limits
<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> (Sorine)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	2	

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Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl oral capsule,extended release 24 hr 420 mg (Tiadylt ER)	2	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg (Cartia XT)	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, 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
DEMSER 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	
digox oral tablet 125 mcg (0.125 mg)	2	QL (30 per 30 days)
digox oral tablet 250 mcg (0.25 mg)	2	
digoxin 125 mcg tablet 125 mcg (Digitek) (0.125 mg)	2	QL (30 per 30 days)
digoxin injection syringe 250 mcg/ml (0.25 mg/ml)	2	

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Drug Name	Drug Tier	Requirements/Limits
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 2-Pak)	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> (EpiPen 2-Pak)	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	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i> (Firazyr)	5	PA; NM; NDS
LANOXIN INJECTION SOLUTION 250 MCG/ML (0.25 MG/ML)	4	
<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	

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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-hcthiazid 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, 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	

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Drug Name	Drug Tier	Requirements/Limits
furosemide injection solution 10 mg/ml	2	
furosemide injection syringe 10 mg/ml	2	
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
furosemide oral tablet 20 mg, 40 mg, (Lasix) 80 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	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 (Aldactone) mg, 50 mg	2	
spironolactone-hydrochlorothiazide oral tablet 25-25 mg	2	
toresemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
triamterene-hydrochlorothiazide oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazide oral capsule 50-25 mg	2	
triamterene-hydrochlorothiazide oral tablet 37.5-25 mg	1	
triamterene-hydrochlorothiazide oral tablet 75-50 mg	1	
Dyslipidemics		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	
amlodipine-atorvastatin oral tablet (Caduet) 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	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	

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Drug Name		Drug Tier	Requirements/Limits
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	(Questran)	2	
<i>cholestyramine light oral powder 4 gram</i>		2	
<i>cholestyramine light packet 4 gram</i>		2	
<i>colesevelam oral powder in packet 3.75 gram</i>	(WelChol)	3	
<i>colesevelam oral tablet 625 mg</i>	(WelChol)	3	
<i>colestipol oral packet 5 gram</i>	(Colestid)	2	
<i>colestipol oral tablet 1 gram</i>	(Colestid)	2	
<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>	(Fibrincor)	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	
<i>JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG</i>		5	PA; NM; NDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>		1	

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Drug Name	Drug Tier	Requirements/Limits
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg (Niaspan Extended-Release)	2	
niacor oral tablet 500 mg	2	
omega-3 acid ethyl esters oral capsule 1 gram (Lovaza)	2	
pravastatin oral tablet 10 mg, 80 mg	1	
pravastatin oral tablet 20 mg, 40 mg (Pravachol)	1	
prevalite oral powder in packet 4 gram	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; QL (2 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg (Crestor)	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg (Zocor)	1	
simvastatin oral tablet 5 mg	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	4	PA
Renin-Angiotensin-Aldosterone System Inhibitors		
aliskiren oral tablet 150 mg, 300 mg (Tekturna)	4	
eplerenone oral tablet 25 mg, 50 mg (Inspira)	2	
TEKTURNNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg	2	
isosorbide dinitrate oral tablet 30 mg	3	
isosorbide dinitrate oral tablet 5 mg (Isordil Titradose)	2	
isosorbide dinitrate oral tablet (ISOCHRON) extended release 40 mg	2	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	2	
minoxidil oral tablet 10 mg, 2.5 mg	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	

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Drug Name	Drug Tier	Requirements/Limits
<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	

Central Nervous System Agents

Central Nervous System Agents

<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 30 MCG/0.5 ML	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
<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>dextmethylphenidate 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>dextmethylphenidate 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	

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Drug Name		Drug Tier	Requirements/Limits
<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)
<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	
<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 10 mg</i>	(Ritalin LA)	4	
<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	
<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	

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Drug Name		Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	(Metadate ER)	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>		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</i>	(Relexxii)	2	
<i>extended release 24hr 72 mg</i>			
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>		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	
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)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)-240 MG (46), 240 MG		5	PA; NM; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	(Xenazine)	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	
Contraceptives		
Contraceptives		
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	2	
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	

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Drug Name		Drug Tier	Requirements/Limits
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Bekyree (28))	2	
<i>drosipреноне-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	(Beyaz)	2	
<i>drosipреноне-ethинyl estradiol oral tablet 3-0.02 mg</i>	(Gianvi (28))	2	
<i>drosipреноне-ethинyl estradiol oral tablet 3-0.03 mg</i>	(Ocella)	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>		3	
<i>emoquette oral tablet 0.15-0.03 mg</i>		2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>		2	
<i>errin oral tablet 0.35 mg</i>		2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	(Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	(Kelnor 1-50)	2	
<i>etonogestrel-ethинyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	(EluRyng)	3	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>		2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>		2	
<i>gianvi (28) oral tablet 3-0.02 mg</i>		2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>		2	
<i>jolivette oral tablet 0.35 mg</i>		2	
<i>juleber oral tablet 0.15-0.03 mg</i>		2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>		2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>		2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>		2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>		2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>		2	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>		2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>		2	

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Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	2	
<i>l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	
<i>l norgest/e.estriadiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	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>larinfe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larinfe 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 estrad oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	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>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>milu oral tablet 0.25-35 mg-mcg</i>	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>norlyroc oral tablet 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>NUVARING VAGINAL RING 0.12-0.015 MG/24 HR</i>	3	
<i>ocella oral tablet 3-0.03 mg</i>	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	4	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>pimtrea (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>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-estarrylla 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>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	

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Drug Name	Drug Tier	Requirements/Limits
vienna oral tablet 0.1-20 mg-mcg	2	
vyfemla (28) oral tablet 0.4-35 mg-mcg	2	
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	2	
xulane transdermal patch weekly 150-35 mcg/24 hr	3	
zarah oral tablet 3-0.03 mg	2	
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 %	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)	3	
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 % (Geri-Hydrolac)	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 %	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>CONDYLOX TOPICAL GEL 0.5 %</i>	4	
<i>DENA VIR TOPICAL CREAM 1 %</i>	3	
<i>doxepin topical cream 5 %</i> (Prudoxin)	4	
<i>FINACEA TOPICAL FOAM 15 %</i>	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> (Claravis)	2	
<i>mafénide 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	
<i>PANRETIN TOPICAL GEL 0.1 %</i>	5	NM; NDS
<i>PICATO TOPICAL GEL 0.015 %</i>	5	NM; NDS; QL (3 per 10 days)
<i>PICATO TOPICAL GEL 0.05 %</i>	5	NM; NDS; QL (2 per 10 days)
<i>podo filox topical solution 0.5 %</i>	2	
<i>REGRANEX TOPICAL GEL 0.01 %</i>	5	NM; NDS; QL (30 per 15 days)
<i>SANTYL TOPICAL OINTMENT 250 UNIT/GRAM</i>	3	
<i>SULFAMYLYON TOPICAL CREAM 85 MG/G</i>	3	
<i>UVADEX INJECTION SOLUTION 20 MCG/ML</i>	4	
<i>VALCHLOR TOPICAL GEL 0.016 %</i>	5	PA NSO; NM; NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XERESE TOPICAL CREAM 5-1 %	4	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	4	
Dermatological Antibacterials		
clindamycin phosphate topical foam 1 % (Evoclin)	2	
clindamycin phosphate topical gel 1 % (Cleocin T)	2	
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 % (Neuac)	2	
clindamycin-benzoyl peroxide topical gel 1-5 % (Benzaclin)	2	
clindamycin-tretinooin 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 % (Benzamycin)	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine topical cream 1 % (SSD)</i>	2	
<i>ssd topical cream 1 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %</i>	2	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	2	PA
<i>amcinonide topical lotion 0.1 %</i>	4	
<i>amcinonide topical ointment 0.1 %</i>	3	PA
<i>APEXICON E TOPICAL CREAM 0.05 %</i>	4	PA
<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 (Luxiq) 0.12 %</i>	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 % (Diprolene)</i>	2	
<i>CAPEX TOPICAL SHAMPOO 0.01 %</i>	4	
<i>clobetasol scalp solution 0.05 %</i>	2	
<i>clobetasol topical cream 0.05 % (Temovate)</i>	2	
<i>clobetasol topical foam 0.05 % (Olux)</i>	2	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical gel 0.05 %</i>	2	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	2	PA
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i> (Clodan)	2	PA
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	2	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	2	PA
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	4	PA
CLODAN TOPICAL SHAMPOO 0.05 %	2	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> (Tridesilon)	2	PA
<i>desonide topical lotion 0.05 %</i> (DesOwen)	2	PA
<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>diflurasone topical ointment 0.05 %</i>	2	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>HALOG TOPICAL CREAM 0.1 %</i>	4	PA
<i>HALOG TOPICAL OINTMENT 0.1 %</i>	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 solution 0.1 %</i>	2	
<i>hydrocortisone topical cream 1 %</i> (Ala-Cort)	2	
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>PANDEL TOPICAL CREAM 0.1 %</i>	4	PA
<i>pimecrolimus topical cream 1 %</i> (Elidel)	3	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>protozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> (Kenalog)	2	
<i>triamcinolone acetonide topical cream 0.025 %</i>	2	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
TRIDESILON TOPICAL CREAM 0.05 %	2	PA
ULTRAVATE TOPICAL LOTION 0.05 %	4	
Dermatological Retinoids		
<i>adapalene 0.3% gel pump 0.3 %</i> (Differin)	2	PA
<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> (Tazorac)	4	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	4	
<i>tretinoi (emollient) topical cream 0.05 %</i> (Refissa)	2	PA
<i>tretinoi microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	2	PA
<i>tretinoi topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoi topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoi topical gel 0.01 %</i> (Retin-A)	2	PA

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Drug Name	Drug Tier	Requirements/Limits	
<i>tretinooin topical gel 0.025 %</i> (Avita)	2	PA	
<i>tretinooin topical gel 0.05 %</i> (Atralin)	2	PA	
Scabicides And Pediculicides			
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 SYRINGE 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	(Ultilet Insulin Syringe)	3	
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	
V-GO 40 DISPOSABLE DEVICE		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	

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Drug Name	Drug Tier	Requirements/Limits
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	
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
<i>nitisinone oral capsule 10 mg, 2 mg,</i> (Orfadin) 5 mg	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
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

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Drug Name	Drug Tier	Requirements/Limits
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, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000- 126,000- 168,000 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 % (Isopto Atropine)</i>	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	
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	

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Drug Name	Drug Tier	Requirements/Limits
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	2	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
LASTACAFT 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> (Pataday)	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	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (Polycin)	2	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	ST
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	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	2	ST
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	

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

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Drug Name		Drug Tier	Requirements/Limits
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	(Bleph-10)	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>		2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>		2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	(Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	(TobraDex)	2	
<i>trifluridine ophthalmic (eye) drops 1 %</i>		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			
<i>ALOCRIL OPHTHALMIC (EYE) DROPS 2 %</i>		3	
<i>ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %</i>		3	
<i>BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %)</i>		4	ST; QL (50 per 15 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>		2	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>		2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>		2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %		3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>		2	QL (50 per 15 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	(DermOtic Oil)	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	(FML Liquifilm)	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>		2	

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Drug Name		Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	(24 Hour Allergy Relief)	2	QL (32 per 15 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %		3	QL (3 per 30 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	(Acular LS)	2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	(Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %		3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %		3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	(Lotemax)	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) drops,suspension 1 %</i>	(Pred Forte)	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; QL (60 per 30 days)
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	

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Drug Name		Drug Tier	Requirements/Limits
<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 RELEASE 30 MG, 60 MG		4	ST; QL (30 per 30 days)
<i>esomeprazole sodium intravenous recon soln 20 mg</i>		2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	(Nexium IV)	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>		3	
<i>famotidine intravenous solution 10 mg/ml</i>		2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>		2	
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	(Heartburn Treatment 24 Hour)	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	(Prevacid)	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		2	
<i>nizatidine oral solution 150 mg/10 ml</i>		2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>		2	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>		1	
<i>pantoprazole intravenous recon soln 40 mg</i>	(Protonix)	2	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	1	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	(AcipHex)	2	
<i>ranitidine hcl injection solution 50 mg/2 ml (25 mg/ml)</i>	(Zantac)	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg</i> (Acid Control (ranitidine))	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA; ST
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	4	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA
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	

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Drug Name		Drug Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG		4	PA; ST; QL (30 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM		3	
<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; ST
<i>propantheline oral tablet 15 mg</i>		3	
PYLERA ORAL CAPSULE 140-125-125 MG		4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML		5	PA; NM; NDS
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML		4	PA; ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML		4	PA; ST
<i>sod polystyren sulf 15 g/60 ml 15 gram/60 ml</i>		1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)		2	
<i>sodium polystyrene sulfonate oral powder</i>		1	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i> (sodium polystyrene (sorb free))		1	
<i>sps (with sorbitol) oral suspension 15-20 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	
Laxatives			

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Drug Name	Drug Tier	Requirements/Limits
<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 (GaviLyte-G) 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg 3350-electrolytes oral recon soln (Gavilyte-C) 240-22.72-6.72 -5.84 gram</i>	2	
<i>peg-electrolyte soln oral recon soln (GaviLyte-N) 420 gram</i>	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	2	
Phosphate Binders		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	3	
<i>sevelamer hcl oral tablet 400 mg</i>	3	
<i>sevelamer hcl oral tablet 800 mg (Renagel)</i>	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	QL (180 per 30 days)
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 5 mg</i>	2	
<i>bethanechol chloride oral tablet 25 mg, 50 mg</i>	2	
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	ST
<i>flavoxate oral tablet 100 mg</i>	2	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
<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 (Ditropan XL) extended release 24hr 10 mg, 5 mg</i>	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>solifenacine oral tablet 10 mg, 5 mg (Vesicare)</i>	3	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg (Detrol)</i>	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	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release (Uroxatral) 24 hr 10 mg</i>	1	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
<i>dutasteride oral capsule 0.5 mg (Avodart)</i>	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	
<i>finasteride oral tablet 5 mg (Proscar)</i>	1	
LITHOSTAT ORAL TABLET 250 MG	4	
<i>silodosin oral capsule 4 mg, 8 mg (Rapaflo)</i>	4	
<i>tamsulosin oral capsule 0.4 mg (Flomax)</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THIOLA ORAL TABLET 100 MG	4	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral tablet 180 mg (Jadenu)</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> (Exjade)	5	NM; NDS
DEPEN TITRATABS ORAL TABLET 250 MG	3	
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
<i>penicillamine oral tablet 250 mg</i> (Depen Titratabs)	3	
<i>trientine oral capsule 250 mg</i> (Clovique)	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 PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; QL (150 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, 200 mg/ml</i> (Depo-Testosterone)	1	
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	

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Drug Name		Drug Tier	Requirements/Limits
<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)	1	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)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>		4	PA; QL (180 per 30 days)
Estrogens And Antiestrogens			
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>		2	
<i>ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG</i>		4	
<i>CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR</i>		4	
<i>COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR</i>		4	
<i>DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML</i>		4	
<i>DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML</i>		4	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	(Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	(Alora)	2	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i>	(Dotti)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal patch weekly 0.025 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</i>	2	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	4	
<i>estradiol vaginal tablet 10 mcg</i>	(Yuvafem)	2
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	(Delestrogen)	2
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	(Amabelz)	2
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	ST
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 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 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	(Fyavolv)	2
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	4	
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	

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Drug Name	Drug Tier	Requirements/Limits
raloxifene oral tablet 60 mg (Evista)	2	
yuvafem vaginal tablet 10 mcg	2	
Glucocorticoids/Mineralocorticoids		
cortisone oral tablet 25 mg	4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	2	
dexamethasone oral elixir 0.5 mg/5 ml	2	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg (Decadron)	1	
dexamethasone oral tablet 1 mg, 2 mg	2	
dexamethasone oral tablet 1.5 mg	1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	2	
dexamethasone sodium phosphate injection syringe 4 mg/ml	2	
dexpak 13 day oral tablets,dose pack 1.5 mg (51 tabs)	4	
fludrocortisone oral tablet 0.1 mg	2	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (Cortef)	2	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
MEDROL ORAL TABLET 2 MG	4	
methylprednisolone acetate injection (Depo-Medrol) suspension 40 mg/ml, 80 mg/ml	2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg (Medrol)	2	
methylprednisolone oral tablets,dose pack 4 mg (Medrol (Pak))	2	
methylprednisolone sodium succ injection recon soln 40 mg	2	PA BvD
methylprednisolone sodium succ intravenous recon soln 1,000 mg (Solu-Medrol)	2	PA BvD
MILLIPRED ORAL TABLET 5 MG	4	
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)	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>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) (Veripred 20)</i>	4	
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml) (Pediapred)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg (Orapred ODT)</i>	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, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 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 ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	4	
SOLU-CORTEF ACT-O-VIAL (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 (Kenalog)</i>	3	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml) (DDAVP)</i>	2	
<i>desmopressin injection solution 4 mcg/ml (DDAVP)</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	2	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NORDITROPIN FLEXPRESS 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</i> 1,000 mcg/ml, 200 mcg/ml	2	
<i>octreotide acetate injection solution</i> (Sandostatin) 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	2	
<i>octreotide acetate injection syringe</i> 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	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

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i> (Makena)	5	PA NSO; NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	2	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	2	PA
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>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</i> (Euthyrox)	2	
<i>levothyroxine oral tablet 300 mcg</i> (Levo-T)	2	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	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		

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Drug Name	Drug Tier	Requirements/Limits
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
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
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
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
<i>cyclosporine intravenous solution</i> (Sandimmune) 250 mg/5 ml	2	PA BvD
<i>cyclosporine modified oral capsule</i> (Gengraf) 100 mg, 25 mg	2	PA BvD
<i>cyclosporine modified oral capsule</i> 50 mg	4	PA BvD
<i>cyclosporine modified oral solution</i> (Gengraf) 100 mg/ml	2	PA BvD
<i>cyclosporine oral capsule</i> 100 mg, 25 (Sandimmune) mg	2	PA BvD
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; NM; NDS; QL (4 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

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Drug Name	Drug Tier	Requirements/Limits
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
ENVARSUS 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 INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; NM; NDS
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</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	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-UVEITS-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

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Drug Name	Drug Tier	Requirements/Limits
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
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	PA BvD
IMOGRAB 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 (Arava)</i>	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
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 GRANULES IN PACKET 0.2 MG, 1 MG	4	PA BvD
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	5	PA; NM; NDS; QL (30 per 30 days)
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
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	5	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
SKYRIZI SUBCUTANEOUS SYRINGE 75 MG/0.83 ML	5	PA; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg (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, 22 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	
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	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
ENGERIX-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 45 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	PA; AGE (Min 9 Years and Max 45 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	
IPOV INJECTION SUSPENSION 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	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	
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	3	
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
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	PA BvD
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		
alosetron oral tablet 0.5 mg, 1 mg (Lotronex)	2	
balsalazide oral capsule 750 mg (Colazal)	2	
budesonide oral capsule,delayed,extend.release 3 mg (Entocort EC)	4	
budesonide oral tablet,delayed and ext.release 9 mg (Uceris)	5	PA; NM; NDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	5	NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	3	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	3	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	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>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	
<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>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	PA BvD

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Drug Name		Drug Tier	Requirements/Limits
<i>calcitriol oral solution 1 mcg/ml</i>	(Rocaltrol)	2	PA BvD
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	(Sensipar)	3	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
<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	

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	3	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 (Reclast) intravenous piggyback 5 mg/100 ml</i>	2	
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; NDS
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	3	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS
<i>dexrazoxane hcl intravenous recon (Zinecard (as HCl)) soln 250 mg</i>	2	
ELMIRON ORAL CAPSULE 100 MG	3	
<i>ergoloid oral tablet 1 mg</i>	2	
<i>fomepizole intravenous solution 1 gram/ml</i>	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	3	
<i>guanidine oral tablet 125 mg</i>	3	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 25 (Vistaril) mg, 50 mg</i>	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 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	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 500 mg</i>	2		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2		
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	PA BvD	
<i>levocarnitine oral tablet 330 mg</i>	(Carnitor)	2	PA BvD
LEVOLEUCOVORIN CALCIUM INTRAVENOUS RECON SOLN 175 MG		5	NM; NDS
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	(Fusilev)	5	NM; NDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>		5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i>	(Mesnex)	2	
MESNEX ORAL TABLET 400 MG		5	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML		4	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	(Mestinon)	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	(Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	(Mestinon Timespan)	2	
RECTIV RECTAL OINTMENT 0.4 % (W/W)		4	QL (30 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG		5	PA NSO; NM; NDS
TYBOST ORAL TABLET 150 MG		3	
Ophthalmic Agents			
Antiglaucoma Agents			
<i>acetazolamide oral capsule, extended release 500 mg</i>	2		
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2		
<i>acetazolamide sodium injection recon soln 500 mg</i>	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 % (Alphagan P)</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %</i>	3	
<i>dorzolamide ophthalmic (eye) drops (Trusopt) 2 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) (Cosopt) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops (Xalatan) 0.005 %</i>	1	QL (5 per 30 days)
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</i>	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	
<i>PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %</i>	3	
<i>pilocarpine hcl ophthalmic (eye) (Isopto Carpine) drops 1 %, 2 %, 4 %</i>	2	
<i>SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %</i>	3	
<i>timolol maleate ophthalmic (eye) (Timoptic) drops 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) (Istalol) drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel (Timoptic-XE) forming solution 0.25 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel (Timoptic-XE) forming solution 0.5 %</i>	2	
<i>TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %</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
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	QL (5 per 30 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i> (Travatan Z)	3	QL (5 per 30 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	ST; QL (30 per 30 days)
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	
<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	

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 8 meq</i>	2	
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	

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>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral tablet (K-Tab) extended release 10 meq, 20 meq, 8 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	3	
<i>potassium citrate oral tablet extended (Urocit-K 10) release 10 meq (1,080 mg)</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 15) release 15 meq</i>	2	
<i>potassium citrate oral tablet extended (Urocit-K 5) release 5 meq (540 mg)</i>	2	
<i>ringer's intravenous parenteral solution</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</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
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)
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)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml (Pulmicort)	2	PA BvD; QL (120 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)

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
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	2	QL (21.2 per 30 days)
Antileukotrienes		
montelukast oral granules in packet 4 mg (Singulair)	2	
montelukast oral tablet 10 mg (Singulair)	1	
montelukast oral tablet, chewable 4 mg, 5 mg (Singulair)	1	
zafirlukast oral tablet 10 mg, 20 mg (Accolate)	2	
zileuton oral tablet, er multiphase 12 hr 600 mg	4	
ZYFLO ORAL TABLET 600 MG	4	
Bronchodilators		
albuterol 5 mg/ml solution 5 mg/ml	2	PA BvD
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	2	PA BvD
albuterol sulfate oral syrup 2 mg/5 ml	2	
albuterol sulfate oral tablet 2 mg, 4 mg	2	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	2	
aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml	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	

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>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
<i>levalbuterol hcl inhalation solution (Xopenex) for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	2	PA BvD
<i>levalbuterol hcl inhalation solution (Xopenex Concentrate) for nebulization 1.25 mg/0.5 ml</i>	2	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i>	4	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	4	
PERFOROMIST 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, 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	4	ST
<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	

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>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
<i>ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG</i>	5	NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
<i>DALIRESP ORAL TABLET 250 MCG, 500 MCG</i>	4	
<i>ESBRIET ORAL CAPSULE 267 MG</i>	5	PA; NM; NDS
<i>GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)</i>	5	NM; NDS
<i>KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>KALYDECO ORAL TABLET 150 MG</i>	5	PA; NM; NDS; QL (60 per 30 days)
<i>NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML</i>	5	PA; NM; NDS
<i>NUCALA SUBCUTANEOUS RECON SOLN 100 MG</i>	5	PA; NM; NDS
<i>NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML</i>	5	PA; NM; NDS
<i>OFEV ORAL CAPSULE 100 MG, 150 MG</i>	5	PA; NM; NDS
<i>ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG</i>	5	PA; NM; NDS; QL (120 per 30 days)
<i>PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG</i>	5	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
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 (Soma)</i>	2	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 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 (Fexmid)</i>	2	
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg (Dantrium)</i>	2	
<i>metaxall oral tablet 800 mg</i>	2	
<i>metaxalone oral tablet 400 mg</i>	4	
<i>metaxalone oral tablet 800 mg (Metaxall)</i>	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>methocarbamol oral tablet 750 mg (Robaxin-750)</i>	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 (Zanaflex)</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg (Zanaflex)</i>	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg (Nuvigil)</i>	2	PA; QL (30 per 30 days)
<i>BUTISOL ORAL TABLET 30 MG</i>	4	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg (Lunesta)</i>	2	QL (30 per 30 days)
<i>HETLIOZ ORAL CAPSULE 20 MG</i>	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
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	2	PA; QL (60 per 30 days)
ROZEREM ORAL TABLET 8 MG	4	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		
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)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NM; NDS
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	2	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>treprostинil sodium injection solution 1 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	55
abacavir-lamivudine	55
abacavir-lamivudine-zidovudine	55
ABELCET	42
ABILIFY MAINTENA	52
ABILIFY MYCITE	52
abiraterone	19
ABRAXANE	20
acamprostate	9
acarbose	39
acebutolol	70
acetaminophen-codeine	3
acetazolamide	123
acetazolamide sodium	123
acetic acid	96
acetylcysteine	131
acitretin	86
ACTHIB (PF)	116
ACTIMMUNE	122
acyclovir	60, 86
acyclovir sodium	60
ADACEL(TDAP ADOLESN/ADULT)(PF)	116
ADAGEN	93
adapalene	92
adapalene-benzoyl peroxide	92
adefovir	60
ADEMPAS	133
adrucil	20
ADVAIR DISKUS	128
ADVAIR HFA	128
AFINITOR	20
AFINITOR DISPERZ	20
AKYNZEO (NETUPITANT)	47
ala-cort	89
albendazole	49
albuterol sulfate	129
alclometasone	89
ALCOHOL PADS	86
ALDURAZYME	93
ALECENSA	20
alendronate	120
alfuzosin	104
ALIMTA	20
ALINIA	49
ALIQOPA	20
aliskiren	77
allopurinol	45
ALOCRIL	98
ALOMIDE	95
alosetron	119
ALPHAGAN P	123
alprazolam	9
ALPRAZOLAM INTENSOL .	9
ALREX	98
ALTOPREV	75
ALUNBRIG	20
alyacen 1/35 (28)	81
alyq	133
amabelz	106
amantadine hcl	50
AMBISOME	42
ambrisentan	133
amcinonide	89
amethia	81
amethyst (28)	81
amikacin	11
amiloride	74
amiloride-hydrochlorothiazide	74
aminophylline	129
AMINOSYN 7 % WITH ELECTROLYTES	64
AMINOSYN 8.5 % ELECTROLYTES	64
AMINOSYN II 10 %	64
AMINOSYN II 15 %	64
AMINOSYN II 7 %	64
AMINOSYN II 8.5 %	64
AMINOSYN II 8.5 % ELECTROLYTES	64
AMINOSYN-HBC 7%	64
AMINOSYN-PF 10 %	64
AMINOSYN-PF 7 % (SULFITE-FREE)	64
AMINOSYN-RF 5.2 %	64
amiodarone	69
AMITIZA	101
amitriptyline	36
amitriptyline-chlordiazepoxide	36
amlodipine	73
amlodipine-atorvastatin	75
amlodipine-benazepril	73
amlodipine-olmesartan	73
amlodipine-valsartan	74
amlodipine-valsartan-hcthiazid	74
ammonium lactate	86
amoxapine	36
amoxicil-clarithromy-lansopraz	99
amoxicillin	16
amoxicillin-pot clavulanate	16
amphotericin b	42
ampicillin	16
ampicillin sodium	16
ampicillin-sulbactam	16

ANADROL-50	105
anagrelide	63
anastrozole.....	20
ANDRODERM	105
ANDROGEL.....	105
ANGELIQ	106
ANORO ELLIPTA	129
APEXICON E	89
APLENZIN	36
APOKYN	50
apraclonidine	95
aprepitant.....	47, 48
apri.....	81
APTIOM.....	31
APTIVUS	55
APTIVUS (WITH VITAMIN E).....	55
ARALAST NP	131
aranelle (28).....	81
ARANESP (IN POLYSORBATE).....	62
ARCALYST	112
aripiprazole.....	52
ARISTADA.....	52
ARISTADA INITIO	52
armodafinil	132
ARNUITY ELLIPTA.....	128
ARRANON	20
arsenic trioxide	20
ashlyna.....	81
aspirin-dipyridamole	63
ASSURE ID INSULIN SAFETY	93
ASTAGRAF XL	112
atazanavir	55
atenolol	70
atenolol-chlorthalidone.....	70
ATGAM	112
atomoxetine	78
atorvastatin	75
atovaquone	49
atovaquone-proguanil.....	49
ATRIPLA	55
atropine	31, 95
ATROVENT HFA.....	129
AUBAGIO.....	78
aubra	81
AUGMENTIN	17
AVANDIA.....	39
AVASTIN.....	20
AVC VAGINAL.....	46
AVELOX IN NACL (ISO-OSMOTIC).....	18
aviane.....	81
avita	92
AVONEX	78
AVONEX (WITH ALBUMIN)	78
AVYCAZ.....	13
AYVAKIT	20
azacitidine.....	20
AZASITE.....	96
azathioprine	112
azathioprine sodium.....	112
azelaic acid	86
azelastine	95
AZELEX.....	86
azithromycin	14, 15
AZOPT	123
aztreonam.....	15
B	
baciim	11
bacitracin	96
bacitracin-polymyxin b.....	96
baclofen	132
balsalazide	119
BALVERSA	20
balziva (28).....	81
BANZEL	31
BAQSIMI	122
BARACLUDE.....	60
BAVENCIO.....	20
BCG VACCINE, LIVE (PF)	116
BD ULTRA-FINE NANO PEN NEEDLE	93
BD VEO INSULIN SYR HALF UNIT	93
BD VEO INSULIN SYRINGE UF	93
BECONASE AQ	98
bekyree (28)	81
BELEODAQ	20
benazepril	68
benazepril-hydrochlorothiazide	68
BENLYSTA.....	122
BENTYL	101
benztropine.....	50
BEPREVE	95
BERINERT	62
BESIVANCE	96
BESPONSA	21
betamethasone dipropionate...	89
betamethasone valerate	89
betamethasone, augmented	89
BETASERON	78
betaxolol.....	70, 124
bethanechol chloride	103
bexarotene	21
BEXZERO	116
bicalutamide	21
BICILLIN C-R.....	17
BICILLIN L-A.....	17
BIDIL	77
BIKTARVY	55
bimatoprost	124
bisoprolol fumarate	70
BIVIGAM	112
bleomycin.....	21
blisovi 24 fe.....	81
blisovi fe 1.5/30 (28).....	81
blisovi fe 1/20 (28).....	81
BOOSTRIX TDAP	116
BORTEZOMIB.....	21
BOSULIF	21

BRAUTOVI	21
BREO ELLIPTA	128
briellyn	81
BRILINTA	63
brimonidine	124
BRIVIACT	31, 32
bromfenac	98
bromocriptine	50
BROVANA	129
BRUKINSA	21
budesonide	119, 128
bumetanide	74
buprenorphine	3
buprenorphine hcl	3, 9
buprenorphine-naloxone	9
bupropion hcl	36
bupropion hcl (smoking deter)	9
buspirone	10
busulfan	21
BUTISOL	132
butorphanol tartrate	3
C	
cabergoline	50
CABOMETYX	21
calcipotriene	86
calcipotriene-betamethasone	87
calcitriol	87, 120, 121
calcium acetate(phosphat bind)	103
CALQUENCE	21
camila	81
candesartan	67
candesartan-hydrochlorothiazid	67
CAPASTAT	47
CAPEX	89
CAPRELSA	21
captopril	68
captopril-hydrochlorothiazide	68
CARBAGLU	101
carbamazepine	32
carbidopa	50
carbidopa-levodopa	50
carbidopa-levodopa-entacapone	50, 51
carbinoxamine maleate	45
carboplatin	21
CARDURA XL	66
carisoprodol	132
carisoprodol-aspirin	132
carisoprodol-aspirin-codeine	132
carmustine	21
carteolol	124
cartia xt	71
carvedilol	70
carvedilol phosphate	70
caspofungin	42
CAYSTON	15
caziant (28)	81
cefaclor	13
cefadroxil	13
cefazolin	13
cefdinir	13
cefepime	13
cefixime	13
cefotaxime	13
cefotetan	13
cefoxitin	13
cefepodoxime	13
cefprozil	14
ceftazidime	14
ceftriaxone	14
cefuroxime axetil	14
cefuroxime sodium	14
celecoxib	7
CELONTIN	32
cephalexin	14
CEREZYME	94
CESAMET	48
cetirizine	45
cevimeline	86
CHANTIX	9
CHANTIX CONTINUING MONTH BOX	9
CHANTIX STARTING MONTH BOX	9
CHEMET	104
CHENODAL	94
chloramphenicol sod succinate	11
chlordiazepoxide hcl	10
chlorhexidine gluconate	86
chloroquine phosphate	49
chlorothiazide	74
chlorothiazide sodium	74
chlorpromazine	52
chlorpropamide	42
chlorthalidone	74
chlorzoxazone	132
CHOLBAM	101
cholestyramine (with sugar)	76
cholestyramine light	76
ciclopirox	43
cidofovir	60
cilostazol	63
CIMDUO	55
cimetidine	100
cimetidine hcl	100
CIMZIA	112
CIMZIA POWDER FOR RECONST	112
cinacalcet	121
CINRYZE	62
CIPRO HC	96
CIPRODEX	96
ciprofloxacin	18
ciprofloxacin (mixture)	18
ciprofloxacin hcl	18, 96
ciprofloxacin in 5 % dextrose	18
cisplatin	21
citalopram	36
cladribine	21
claravis	87
clarithromycin	15
clemastine	45
CLEOCIN	46

CLIMARA PRO.....	106
clindamycin hcl	11
clindamycin in 5 % dextrose ..	11
clindamycin palmitate hcl	11
clindamycin pediatric	11
clindamycin phosphate....	11, 46,
88	
clindamycin-benzoyl peroxide	88
clindamycin-tretinoin	88
CLINIMIX 5%/D15W	
SULFITE FREE	64
CLINIMIX 5%/D25W	
SULFITE-FREE.....	64
CLINIMIX 4.25%/D10W SULF	
FREE	65
CLINIMIX 4.25%/D5W	
SULFIT FREE.....	65
CLINIMIX 4.25%-D25W	
SULF-FREE	65
CLINIMIX 5%-	
D20W(SULFITE-FREE) ...	65
CLINIMIX E 2.75%/D10W	
SUL FREE.....	65
CLINIMIX E 2.75%/D5W	
SULF FREE	65
CLINIMIX E 4.25%/D10W	
SUL FREE.....	65
CLINIMIX E 4.25%/D25W	
SUL FREE.....	65
CLINIMIX E 4.25%/D5W	
SULF FREE	65
CLINIMIX E 5%/D15W	
SULFIT FREE.....	65
CLINIMIX E 5%/D20W	
SULFIT FREE.....	65
CLINIMIX E 5%/D25W	
SULFIT FREE.....	65
CLINISOL SF 15 %.....	65
clobazam.....	32
clobetasol.....	89, 90
clobetasol-emollient	90
clocortolone pivalate.....	90
CLODAN.....	90
clofarabine	21
clomipramine	36
clonazepam	10
clonidine	66, 67
clonidine hcl	66
clopidogrel.....	63
clorazepate dipotassium.....	10
clotrimazole	43
clotrimazole-betamethasone ..	43
clozapine.....	52
COARTEM.....	49
codeine sulfate	3
colchicine.....	45
colesevelam	76
colestipol.....	76
colistin (colistimethate na)....	11
colocort	120
COLY-MYCIN S	96
COMBIGAN	124
COMBIPATCH.....	106
COMBIVENT RESPIMAT.	129
COMETRIQ	21
COMPLERA	55
compro	48
CONDYLOX.....	87
constulose	101
COPIKTRA	21
CORDRAN TAPE LARGE	
ROLL.....	90
CORLANOR	72
cormax	90
cortisone.....	108
COSENTYX (2 SYRINGES)	
.....	112
COSENTYX PEN (2 PENS)	112
COTELLIC	21
CREON.....	94
CRINONE	110
CRIXIVAN.....	55
cromolyn.....	95, 101, 131
cryselle (28)	81
CUVPOSA.....	101
cyclafem 1/35 (28).....	81
cyclafem 7/7/7 (28).....	81
cyclobenzaprine	132
CYCLOPHOSPHAMIDE.....	21
CYCLOSET	39
cyclosporine	112
cyclosporine modified.....	112
cyproheptadine	45
CYRAMZA.....	22
CYSTAGON.....	104
CYSTARAN	95
cytarabine	22
cytarabine (pf).....	22
D	
d10 %-0.45 % sodium chloride	125
d2.5 %-0.45 % sodium chloride	125
d5 % and 0.9 % sodium chloride	125
d5 %-0.45 % sodium chloride	125
dacarbazine	22
dactinomycin.....	22
dalfampridine	78
DALIRESP	131
DALVANCE.....	12
danazol	105
dantrolene.....	132
dapsone	47
DAPTACEL (DTAP	
PEDIATRIC) (PF)	116
daptomycin.....	12
DARAPRIM	49
darifenacin.....	103
DARZALEX	22
daunorubicin	22
DAURISMO	22
DAYTRANA	78
deblitane	81

decitabine	22
deferasirox.....	104, 105
DELESTROGEN	106
DELSTRIGO.....	56
delyla (28)	81
demeclocycline.....	19
DEMSER.....	72
DENAVIR.....	87
DEPACON.....	32
DEPAKENE.....	32
DEPEN TITRATABS	105
DEPO-ESTRADIOL.....	106
DEPO-MEDROL	108
DESCOVERY	56
desipramine	36
desloratadine.....	45
desmopressin	109
desog-e.estradiol/e.estradiol...	82
DESONATE.....	90
desonide.....	90
desoximetasone	90
DESVENLAFAKINE	37
DESVENLAFAKINE FUMARATE.....	36
dexamethasone	108
DEXAMETHASONE INTENSOL	108
dexamethasone sodium phos (pf).....	108
dexamethasone sodium phosphate.....	98, 108
DEXILANT.....	100
dexamethylphenidate	78
dexpak 13 day.....	108
dexrazoxane hcl.....	122
dextroamphetamine	78
dextroamphetamine- amphetamine	79
dextrose 10 % and 0.2 % nacl	125
dextrose 5 % in water (d5w) ..	65
dextrose 5 %-lactated ringers	125
dextrose 5%-0.2 % sod chloride	125
dextrose 5%-0.3 % sod.chloride	125
dextrose with sodium chloride	125
DIASTAT	32
DIASTAT ACUDIAL	32
diazepam.....	10, 32
diazepam intensol	10
diclofenac epolamine.....	7
diclofenac potassium	7
diclofenac sodium.....	7, 98
diclofenac-misoprostol	7
dicloxacillin	17
dicyclomine	101
didanosine.....	56
DIFICID.....	15
diflorasone	90
diflunisal	7
digitek	72
digox	72
digoxin.....	72, 73
DIGOXIN	73
dihydroergotamine.....	46
DILANTIN	32
diltiazem hcl	71, 72
dilt-xr	72
DIPENTUM.....	120
diphenhydramine hcl	45
diphenoxylate-atropine	101
dipyridamole.....	63
disopyramide phosphate	69
disulfiram.....	9
divalproex	32
docetaxel.....	22
dofetilide.....	69
donepezil.....	35
dorzolamide	124
dorzolamide-timolol	124
DOVATO.....	56
doxazosin	67
doxepin.....	37, 87
doxercalciferol	121
DOXIL	22
doxorubicin	22
doxorubicin, peg-liposomal ..	22
doxy-100	19
doxycycline hyclate	19
doxycycline monohydrate.....	19
DRIZALMA SPRINKLE	37
dronabinol	48
drospirenone-e.estradiol-lm.fa	82
drospirenone-ethinyl estradiol	82
DROXIA	22
duloxetine.....	37
DUPIXENT.....	112
DURAMORPH (PF).....	3
DUREZOL.....	98
dutasteride	104
dutasteride-tamsulosin	104
E	
econazole.....	43
EDARBI.....	67
EDARBYCLOR	67
EDURANT	56
efavirenz.....	56
ELAPRASE	94
ELIGARD	23
ELIGARD (3 MONTH).....	23
ELIGARD (4 MONTH).....	23
ELIGARD (6 MONTH).....	23
ELIQUIS	61
ELIQUIS DVT-PE TREAT 30D START	61
ELITEK.....	94
ELMIRON	122
eluryng	82
EMADINE	95
EMBEDA	3
EMCYT	23
emoquette	82

EMPLICITI	23
EMSAM	37
EMTRIVA.....	56
EMVERM	49
enalapril maleate	68
enalapril-hydrochlorothiazide	68
ENBREL	112, 113
ENBREL MINI	112
ENBREL SURECLICK	113
endocet	3
ENGERIX-B (PF)	116
ENGERIX-B PEDIATRIC (PF)	117
.....	
enoxaparin	61
enpresse	82
entacapone	51
entecavir	60
ENTRESTO	67
enulose.....	101
ENVARSUS XR	113
EPANED	68
EPCLUSIA	59
EPIDIOLEX	32
epinastine.....	95
epinephrine	73
EPIPEN 2-PAK.....	73
EPIPEN JR 2-PAK.....	73
epirubicin.....	23
EPIVIR HBV.....	56
eplerenone	77
eprosartan	67
ERAXIS(WATER DILUENT)	43
.....	
ERBITUX.....	23
ergoloid.....	122
ERIVEDGE.....	23
ERLEADA	23
erlotinib	23
errin	82
ERTACZO	43
ertapenem	15
ERWINAZE	23
.....	
ery pads.....	88
ery-tab.....	15
ERY-TAB.....	15
ERYTHROCIN	15
erythromycin.....	15, 96
erythromycin ethylsuccinate..	15
erythromycin with ethanol....	88
erythromycin-benzoyl peroxide	88
.....	
ESBRIET	131
escitalopram oxalate	37
esomeprazole sodium	100
estazolam	10
estradiol	106, 107
estradiol valerate.....	107
estradiol-norethindrone acet	107
ESTRING	107
eszopiclone	132
ethacrylic acid.....	74
ethambutol	47
ethosuximide.....	32, 33
ethynodiol diac-eth estradiol .	82
etidronate disodium	121
etodolac.....	7
etonogestrel-ethinyl estradiol	82
ETOPOPHOS	23
etoposide.....	23
EURAX	93
EVAMIST	107
EVOTAZ	56
EXELDERM	43
exemestane.....	23
EXTAVIA	79
ezetimibe.....	76
ezetimibe-simvastatin	76
F	
FABRAZYME.....	94
falmina (28)	82
famciclovir.....	60
famotidine.....	100
famotidine (pf)-nacl (iso-os)	100
FANAPT.....	52
.....	
FARYDAK	23
FASLODEX.....	23
febuxostat.....	45
felbamate.....	33
felodipine	74
FEMRING.....	107
femynor	82
fenofibrate	76
fenofibrate micronized.....	76
fenofibrate nanocrystallized...	76
fenofibric acid	76
fenofibric acid (choline).....	76
fentanyl	3
fentanyl citrate	3
FENTORA	3
FERRIPROX.....	105
FETZIMA	37
FINACEA	87
finasteride.....	104
FIRAZYR	73
FIRMAGON KIT W DILUENT	
SYRINGE	23
flavoxate.....	103
FLEBOGAMMA DIF.....	113
flecainide.....	69
FLOVENT DISKUS	128
FLOVENT HFA	128, 129
fluconazole.....	43
fluconazole in nacl (iso-osm).	43
flucytosine.....	43
fludarabine	23, 24
fludrocortisone	108
flunisolide	98
fluocinolone	90
fluocinolone acetonide oil....	98
fluocinolone and shower cap .	90
fluocinonide	90, 91
fluocinonide-e	91
fluorometholone	98
fluorouracil.....	24, 87
fluoxetine	37
fluphenazine decanoate	53

fluphenazine hcl	53
flurandrenolide	91
flurazepam.....	10
flurbiprofen.....	7
flurbiprofen sodium.....	98
flutamide.....	24
fluticasone propionate	91, 99
fluvastatin.....	76
fluvoxamine.....	37
FOLOTYN	24
fomepizole.....	122
fondaparinux.....	61
FORTEO	121
fosamprenavir.....	56
fosinopril	69
fosinopril-hydrochlorothiazide	69
fosphenytoin.....	33
FRAGMIN	61
FREAMINE HBC 6.9 %.....	65
frovatriptan	46
furosemide	75
FUZEON	56
fyavolv.....	107
FYCOMPA.....	33
G	
gabapentin	33
galantamine	36
GAMASTAN	113
GAMMAGARD LIQUID....	113
GAMMAGARD S-D (IGA < 1 MCG/ML)	113
GAMMAKED.....	113
GAMMAPLEX (WITH SORBITOL).....	113
GAMUNEX-C	113
ganciclovir sodium	60
GARDASIL 9 (PF).....	117
gatifloxacin.....	96
GATTEX 30-VIAL	101
GAUZE PAD	93
gavilyte-c.....	103
gavilyte-g	103
gavilyte-n.....	103
GELNIQUE	103
gemcitabine.....	24
gemfibrozil.....	76
generlac.....	101
gengraf.....	113
gentak.....	96
gentamicin	11, 88, 97
gentamicin in nacl (iso-osm) .	11
gentamicin sulfate (ped) (pf) .	11
GENVOYA	56
GEODON	53
gianvi (28).....	82
GILENYA	79
GILOTRIF	24
GLASSIA	131
glatiramer.....	79
GLEOSTINE	24
glimepiride.....	42
glipizide	42
glipizide-metformin.....	42
GLUCAGEN HYPOKIT	122
GLUCAGON EMERGENCY KIT (HUMAN).....	122
glyburide	42
glyburide micronized.....	42
glyburide-metformin.....	42
glycopyrrolate	101
granisetron (pf)	48
granisetron hcl	48
GRANIX.....	63
griseofulvin microsize	43
griseofulvin ultramicrosize	43
guanfacine.....	67, 79
guanidine	122
H	
HALAVEN	24
halcinonide.....	91
halobetasol propionate	91
HALOG	91
haloperidol	53
haloperidol decanoate	53
haloperidol lactate	53
HARVONI	59
HAVRIX (PF).....	117
heparin (porcine).....	61, 62
heparin (porcine) in 5 % dex..	61
heparin(porcine) in 0.45% nacl	62
heparin, porcine (pf).....	62
HEPATAMINE 8%	66
HERCEPTIN.....	24
HETLIOZ.....	132
HIBERIX (PF)	117
HUMIRA	113
HUMIRA PEDIATRIC CROHNS START.....	113
HUMIRA PEN.....	113
HUMIRA PEN CROHNS-UC- HS START.....	113
HUMIRA PEN PSOR- UVEITS-ADOL HS.....	113
HUMIRA(CF).....	114
HUMIRA(CF) PEDI CROHNS STARTER.....	114
HUMIRA(CF) PEN	114
HUMIRA(CF) PEN CROHNS- UC-HS.....	114
HUMIRA(CF) PEN PSOR-UV- ADOL HS	114
hydralazine	73
hydrochlorothiazide	75
hydrocodone-acetaminophen ...	4
hydrocodone-ibuprofen.....	4
hydrocortisone.....	91, 108, 120
hydrocortisone butyrate	91
hydrocortisone butyr-emollient	91
hydrocortisone-acetic acid	97
hydromorphone	4
hydromorphone (pf)	4
hydroxychloroquine	49

hydroxyprogesterone cap(ppres)	111
hydroxyurea	24
hydroxyzine hcl	45
hydroxyzine pamoate	122
HYPERRAB S/D (PF)	114
HYSINGLA ER	4
I	
ibandronate	121
IBRANCE	24
ibu	7
ibuprofen	7
ibuprofen-oxycodone	4
icatibant	73
ICLUSIG	24
idarubicin	24
IDHIFA	24
ifosfamide	24
ILEVRO	99
imatinib	24
IMBRUVICA	24, 25
IMFINZI	25
imipenem-cilastatin	15, 16
imipramine hcl	37
imipramine pamoate	37
imiquimod	87
IMOGRAM RABIES-HT (PF)	114
IMOVA X RABIES VACCINE (PF)	117
INCRELEX	109
INCRUSE ELLIPTA	129
indapamide	75
INDOCIN	7
indomethacin	7
INFANRIX (DTAP) (PF)	117
INLYTA	25
INREBIC	25
INSULIN SYRINGE-NEEDLE U-100	93
INTELENCE	56
INTRALIPID	66
INTRON A	59
introvale	82
INVEGA SUSTENNA	53
INVEGA TRINZA	53
INVIRASE	56
INVOKAMET	39
INVOKAMET XR	39
INVOKANA	39
IONOSOL-B IN D5W	125
IONOSOL-MB IN D5W	125
IPOL	117
ipratropium bromide	96, 130
ipratropium-albuterol	130
irbesartan	67
irbesartan-hydrochlorothiazide	67
IRESSA	25
irinotecan	25
ISENTRESS	56
ISENTRESS HD	56
ISOLYTE-P IN 5 % DEXTROSE	125
ISOLYTE-S	125
isoniazid	47
isosorbide dinitrate	77
isosorbide mononitrate	77
isotretinoin	87
isradipine	74
itraconazole	43
ivermectin	49
IXIARO (PF)	117
J	
JADENU	105
JADENU SPRINKLE	105
JAKAFI	25
jantoven	62
JANUMET	39
JANUMET XR	39
JANUVIA	39
JARDIANCE	39
JEVTANA	25
jinteli	107
jolivette	82
juleber	82
JULUCA	57
junel 1.5/30 (21)	82
junel 1/20 (21)	82
junel fe 1.5/30 (28)	82
junel fe 1/20 (28)	82
junel fe 24	82
JUXTAPID	76
K	
KADCYLA	25
KADIAN	4
kaitlib fe	82
KALETRA	57
KALYDECO	131
kariva (28)	82
kelnor 1/35 (28)	83
kelnor 1-50	83
KENALOG	108
KEPIVANCE	122
ketoconazole	43, 44
ketorolac	7, 8, 99
KEYTRUDA	25
KINERET	114
KINRIX (PF)	117
kionex (with sorbitol)	101
KISQALI	25
KISQALI FEMARA CO-PACK	25
klor-con m10	125
klor-con m15	125
klor-con m20	126
klor-con sprinkle	126
KOMBIGLYZE XR	40
KORLYM	40
KUVAN	94
KYPROLIS	25
L	
l norgest/e.estradiol-e.estrad	83
labetalol	70
LACRISERT	96

LACTATED RINGERS.....	120,
126	
lactulose.....	101
LAMICTAL XR STARTER (BLUE).....	33
LAMICTAL XR STARTER (GREEN).....	33
LAMICTAL XR STARTER (ORANGE).....	33
lamivudine.....	57
lamivudine-zidovudine.....	57
lamotrigine	33, 34
LANOXIN.....	73
lansoprazole.....	100
LANTUS SOLOSTAR U-100 INSULIN	41
LANTUS U-100 INSULIN....	41
larin 1.5/30 (21).....	83
larin 1/20 (21).....	83
larin fe 1.5/30 (28).....	83
larin fe 1/20 (28).....	83
larissia.....	83
LARTRUVO	26
LASTACAFT.....	96
latanoprost.....	124
LATUDA	53
layolis fe	83
LAZANDA.....	5
leena 28	83
leflunomide.....	114
LENVIMA	26
lessina	83
letrozole.....	26
leucovorin calcium.....	123
LEUKERAN	26
leuprolide.....	26
levalbuterol hcl.....	130
levetiracetam	34
levetiracetam in nacl (iso-os) .34	
levobunolol.....	124
levocarnitine	123
levocarnitine (with sugar)....	123
levocetirizine	45
levofloxacin	18, 97
levofloxacin in d5w	18
levoleucovorin calcium.....	123
LEVOLEUCOVORIN CALCIUM.....	123
levonest (28)	83
levonorgestrel-ethinyl estrad .	83
levonorg-eth estrad triphasic .	83
levora-28.....	83
levorphanol tartrate.....	5
levothyroxine	111
LEXIVA	57
lidocaine.....	8
lidocaine (pf).....	8
lidocaine hcl.....	8
lidocaine viscous.....	8
lidocaine-prilocaine	8
lincomycin	12
lindane	93
linezolid	12
linezolid in dextrose 5%	12
linezolid-0.9% sodium chloride	12
LINZESS	102
liothyronine.....	111
lisinopril.....	69
lisinopril-hydrochlorothiazide	69
lithium carbonate	79
lithium citrate.....	79
LITHOSTAT	104
LOKELMA.....	102
LONSURF	26
loperamide	102
lopinavir-ritonavir.....	57
lorazepam.....	10
LORBRENA.....	26
lorcet (hydrocodone).....	5
lorcet hd	5
lorcet plus	5
loryna (28)	83
losartan.....	67
losartan-hydrochlorothiazide .	67
LOTEMAX	99
loteprednol etabonate	99
lovastatin	76
low-ogestrel (28).....	83
loxapine succinate	53
LUMIGAN.....	124
LUMIZYME	94
LUPRON DEPOT.....	26, 110
LUPRON DEPOT (3 MONTH)	26, 110
LUPRON DEPOT (4 MONTH)	26
LUPRON DEPOT (6 MONTH)	26
LUPRON DEPOT-PED.....	110
lutera (28).....	83
LYNPARZA	26
LYRICA.....	34
LYSODREN	26
lyza	83
M	
mafenide acetate.....	87
magnesium sulfate	126
malathion.....	93
maprotiline	38
marlissa (28).....	84
MARPLAN	38
MATULANE	26
matzim la.....	72
MAVYRET.....	59
meclizine	48
MEDROL.....	108
medroxyprogesterone.....	111
mefloquine	49
megestrol.....	26, 111
MEKINIST	26
MEKTOVI	26
meloxicam.....	8
melphalan hcl	26
memantine	36
MENACTRA (PF).....	117

MENEST	107	metoclopramide hcl	102	moxifloxacin-sod.ace,sul-water	18
MENOSTAR	107	metolazone.....	75	moxifloxacin-sod.chloride(iso)	18
MENTAX.....	44	metoprolol succinate.....	70	MOZOBIL	63
MENVEO A-C-Y-W-135-DIP (PF).....	117	metoprolol ta-hydrochlorothiaz	70, 71	MULTAQ	69
meperidine.....	5	metoprolol tartrate	71	mupirocin	88
meperidine (pf).....	5	metronidazole	12, 46, 88	mupirocin calcium	88
meprobamate	10	metronidazole in nacl (iso-os)	12	mutamycin.....	27
mercaptopurine.....	27	mexiletine	69	MYCAMINE	44
meropenem	16	MIACALCIN.....	121	mycophenolate mofetil.....	114
meropenem-0.9% sodium chloride.....	16	miconazole-3	44	mycophenolate mofetil (hcl)	114
mesalamine.....	120	microgestin 1.5/30 (21).....	84	mycophenolate sodium	114
mesna.....	123	microgestin 1/20 (21).....	84	MYLOTARG	27
MESNEX	123	microgestin fe 1.5/30 (28)	84	myorisan.....	87
metadate er	79	microgestin fe 1/20 (28)	84	MYRBETRIQ	103
metaproterenol.....	130	midodrine.....	67	N	
metaxall	132	miglitol.....	40	nabumetone	8
metaxalone	132	miglustat	94	nadolol.....	71
metformin	40	mili.....	84	nadolol-bendroflumethiazide	71
methadone	5	MILLIPRED	108	nafcillin	17
methamphetamine	79	mimvey	107	nafcillin in dextrose iso-osm	17
methazolamide	124	mimvey lo	107	naftifine	44
methenamine hippurate	12	minocycline	19	NAGLAZYME	94
methimazole	111	minoxidil.....	77	naloxone	9
METHITEST.....	105	mirtazapine	38	naltrexone	9
methocarbamol	132	misoprostol	100	naproxen	8
methotrexate sodium	27	mitomycin.....	27	naproxen sodium	8
methotrexate sodium (pf)	27	mitoxantrone	27	naratriptan	46
methoxsalen.....	87	M-M-R II (PF)	118	NARCAN	9
methscopolamine.....	102	modafinil.....	133	NATACYN	97
methyclothiazide	75	moexipril.....	69	nateglinide	40
methyldopa	67	molindone	54	NATPARA	121
methyldopa-hydrochlorothiazide	67	mometasone	91, 99	NAYZILAM	34
methylphenidate hcl	79, 80	mononessa (28).....	84	NEBUPENT	50
methylprednisolone	108	montelukast.....	129	necon 0.5/35 (28)	84
methylprednisolone acetate..	108	MONUROL	12	nefazodone	38
methylprednisolone sodium succ	108	morphine	5	neomycin	11
methyltestosterone.....	105	MORPHINE	5	neomycin-bacitracin-poly-hc ..	97
metipranolol	124	morphine concentrate	5	neomycin-bacitracin-polymyxin	
		MOVANTIK	102	.....	97
		moxifloxacin.....	18, 97	neomycin-polymyxin b gu	88

neomycin-polymyxin b-	
dexameth	97
neomycin-polymyxin-	
gramicidin	97
neomycin-polymyxin-hc	97
NEPHRAMINE 5.4 %	66
NERLYNX	27
neuac	88
NEULASTA	63
NEUPRO	51
NEVANAC	99
nevirapine	57
NEXAVAR	27
NEXTERONE	70
niacin	77
niacor	77
nicardipine	74
NICOTROL	9
NICOTROL NS	9
nifedipine	74
nikki (28)	84
nilutamide	27
nimodipine	74
NINLARO	27
NIPENT	27
nisoldipine	74
nitisinone	94
NITRO-DUR	77
nitrofurantoin	12
nitrofurantoin macrocrystal	12
nitrofurantoin monohyd/m-cryst	
.....	12
nitroglycerin	78
nizatidine	100
nora-be	84
NORDITROPIN FLEXPRO	110
noreth-ethinyl estradiol-iron	84
norethindrone (contraceptive)	84
norethindrone acetate	111
norethindrone ac-eth estradiol	
.....	84, 107
norethindrone-e.estradiol-iron	84
norgestimate-ethinyl estradiol	84
norlyroc	84
NORMOSOL-M IN 5 %	
DEXTROSE	126
NORMOSOL-R	126
NORMOSOL-R IN 5 %	
DEXTROSE	126
NORMOSOL-R PH 7.4	126
NORTHERA	67
nortrel 0.5/35 (28)	84
nortrel 1/35 (21)	84
nortrel 1/35 (28)	85
nortrel 7/7/7 (28)	85
nortriptyline	38
NORVIR	57
NOVOLIN 70/30 U-100	
INSULIN	41
NOVOLIN 70-30 FLEXPEN U-	
100	41
NOVOLIN N FLEXPEN	41
NOVOLIN N NPH U-100	
INSULIN	41
NOVOLIN R FLEXPEN	41
NOVOLIN R REGULAR U-	
100 INSULN	41
NOVOLOG FLEXPEN U-100	
INSULIN	41
NOVOLOG MIX 70-30FLEXPEN U-100	41
INSULN	41
NOVOLOG MIX 70-	
30FLEXPEN U-100	41
NOVOLOG PENFILL U-100	
INSULIN	42
NOVOLOG U-100 INSULIN	
ASPART	42
NOXAFILE	44
NUBEQA	27
NUCALA	131
NUCYNTA	6
NUCYNTA ER	6
NULOJIX	114
NUPLAZID	54
NUTRILIPID	66
NUVARING	85
nyamyc	44
nystatin	44
nystop	44
O	
ocella	85
OCTAGAM	114
octreotide acetate	110
ODEFSEY	57
ODOMZO	27
OFEV	131
ofloxacin	18, 97
ogestrel (28)	85
olanzapine	54
olanzapine-fluoxetine	38
olmesartan	67
olmesartan-amlodipin-hctiazid	
.....	68
olmesartan-hydrochlorothiazide	
.....	68
olopatadine	96
omega-3 acid ethyl esters	77
omeprazole	100
OMNARIS	99
ondansetron	48
ondansetron hcl	48
ondansetron hcl (pf)	48
ONGLYZA	40
OPDIVO	27
OPSUMIT	133
ORENCIA	115
ORENCIA (WITH MALTOSE)	
.....	115
ORENCIA CLICKJECT	115
ORFADIN	94
ORKAMBI	131
orphenadrine citrate	132
orsythia	85
oseltamivir	59
OSMOPREP	103
oxacillin	17

oxacillin in dextrose(iso-osm)	17	penicillin g procaine	17	PLASMA-LYTE	148
oxaliplatin	27	penicillin g sodium	17	PLASMA-LYTE A	126
oxandrolone	105	penicillin v potassium	17	PLEGRIDY	80
oxazepam	10	PENNSAID	8	PLENAMINE	66
oxcarbazepine	34	PENTACEL DTAP-IPV		podofilox	87
oxiconazole	44	COMPNT (PF)	118	polycin	97
OXTELLAR XR	34	PENTAM	50	polymyxin b sulfate	12
oxybutynin chloride	104	pentamidine	50	polymyxin b sulf-trimethoprim	
oxycodone	6	pentazocine-naloxone	6	.....	97
oxycodone-acetaminophen	6	pentoxifylline	63	POMALYST	28
oxycodone-aspirin	6	PERFOROMIST	130	portia 28	85
oxymorphone	6	perindopril erbumine	69	posaconazole	44
OXYTROL	104	PERJETA	27	potassium chlorid-d5-0.45%nacl	
OZEMPIC	40	permethrin	93	.....	126
P		perphenazine	54	potassium chloride	126, 127
pacerone	70	perphenazine-amitriptyline	38	potassium chloride in 5 % dex	
paclitaxel	27	PERSERIS	54	.....	126
paliperidone	54	PERTZYE	94	potassium chloride in lr-d5 ..	126
pamidronate	121	PEXEVA	38	potassium chloride-0.45 % nacl	
PANCREAZE	94	phenadoz	48	.....	127
PANDEL	91	phenelzine	38	potassium chloride-d5-0.2%nacl	
PANRETIN	87	phenobarbital	34	.....	127
pantoprazole	100	phenoxybenzamine	67	potassium chloride-d5-0.3%nacl	
paricalcitol	121	phenytoin	34	.....	127
PARICALCITOL	121	phenytoin sodium	34	potassium chloride-d5-0.9%nacl	
paroex oral rinse	86	phenytoin sodium extended	34	.....	127
paromomycin	50	PHOSPHOLINE IODIDE	124	potassium citrate	127
paroxetine hcl	38	PHYSIOLYTE	120	pramipexole	51
PASER	47	PHYSIOSOL IRRIGATION	120	prasugrel	63
PAXIL	38	PICATO	87	pravastatin	77
PAZEO	96	PIFELTRO	57	prazosin	67
PEDIARIX (PF)	118	pilocarpine hcl	86, 124	PRED MILD	99
PEDVAX HIB (PF)	118	pimecrolimus	91	prednicarbate	91
peg 3350-electrolytes	103	pimozide	54	prednisolone	109
PEGANONE	34	pimtreia (28)	85	prednisolone acetate	99
PEGASYS	60	pindolol	71	prednisolone sodium phosphate	
PEGASYS PROCLICK	59	pioglitazone	40	.....	99, 108, 109
peg-electrolyte soln	103	pioglitazone-glimepiride	40	prednisone	109
PEN NEEDLE, DIABETIC	93	piperacillin-tazobactam	17	PREDNISONE INTENSOL	109
penicillamine	105	PIQRAY	28	PREFEST	107
penicillin g pot in dextrose	17	pirmella	85	pregabalin	35
penicillin g potassium	17	piroxicam	8	PREMARIN	107

PREMASOL 10 %	66
PREMASOL 6 %	66
PREMPHASE	107
PREMPRO	107
prevalite.....	77
previfem	85
PREZCOBIX.....	57
PREZISTA	57
PRIFTIN.....	47
PRIMAQUINE.....	50
primidone	35
PRIMLEV	6
PRIVIGEN	115
PROAIR HFA	130
PROAIR RESPICLICK	130
probenecid	45
probenecid-colchicine	45
procainamide	70
PROCALAMINE 3%.....	66
prochlorperazine.....	48
prochlorperazine edisylate.....	48
prochlorperazine maleate	48
PROCIT	63
procto-med hc.....	91
procto-pak.....	92
proctosol hc	92
protozone-hc	92
progesterone micronized	111
PROGLYCEM	123
PROGRAF	115
PROLASTIN-C.....	131
PROLENSA	99
PROLEUKIN	28
PROLIA	121
PROMACTA.....	63
promethazine	45, 48, 49
promethazine-phenylephrine..	45
promethegan	49
propafenone	70
propantheline.....	102
proparacaine	96
propranolol	71
propranolol-hydrochlorothiazid	71
propylthiouracil	111
PROQUAD (PF).....	118
PROSOL 20 %	66
protriptyline	38
PULMOZYME.....	95
PURIXAN	28
PYLERA.....	102
pyrazinamide	47
pyridostigmine bromide.....	123
Q	
QNDSL.....	99
QUADRACEL (PF)	118
quetiapine.....	54
quinapril.....	69
quinapril-hydrochlorothiazide	69
quinidine gluconate.....	70
quinidine sulfate	70
quinine sulfate.....	50
R	
RABAVERT (PF)	118
rabeprazole.....	100
raloxifene	108
ramipril	69
ranitidine hcl	100, 101
ranolazine.....	73
rasagiline.....	51
RAVICTI.....	102
REBETOL	60
REBIF (WITH ALBUMIN) ..	80
REBIF REBIDOSE	80
REBIF TITRATION PACK..	80
reclipsen (28)	85
RECOMBIVAX HB (PF)....	118
RECTIV	123
REGRANEX	87
RELENZA DISKHALER ..	59
RELISTOR	102
REMICADE	115
repaglinide	40
repaglinide-metformin	40
REPATHA SYRINGE.....	77
RESCRIPTOR	57, 58
RESTASIS	99
RETACRIT	63
RETIN-A MICRO PUMP.....	92
RETROVIR.....	58
REVCLIMID	28
REXULTI	54
REYATAZ	58
ribasphere	60
ribasphere ribapak	60
ribavirin.....	60
RIDAURA	115
rifabutin.....	47
RIFAMATE	47
rifampin.....	47
RIFATER	47
riluzole	80
rimantadine	59
ringer's.....	120, 127
RINVOQ	115
risedronate.....	121
RISPERDAL CONSTA.....	54
risperidone.....	54
ritonavir.....	58
RITUXAN.....	28
rivastigmine	36
rivastigmine tartrate	36
rizatriptan	46
romidepsin.....	28
ropinirole.....	51
rosuvastatin	77
ROTARIX.....	118
ROTATEQ VACCINE	118
ROZEREM	133
ROZLYTREK.....	28
RUBRACA	28
RUCONEST	63
RYDAPT.....	28
RYTARY	51
S	
SANCUSO	49

SANDOSTATIN LAR DEPOT	110
SANTYL	87
SAPHRIS	54
SAVELLA	80
scopolamine base	49
selegiline hcl	51
selenium sulfide	88
SELZENTRY	58
SENSIPAR	122
SEREVENT DISKUS	130
sertraline	38
setlakin	85
sevelamer carbonate	103
sevelamer hcl	103
sharobel	85
SHINGRIX (PF)	118
SIGNIFOR	110
sildenafil (pulm.hypertension)	133
silodosin	104
silver sulfadiazine	89
SIMBRINZA	124
SIMPONI	115
SIMPONI ARIA	115
SIMULECT	115
simvastatin	77
sirolimus	115
SIRTURO	47
SIVEXTRO	12
SKLICE	93
SKYRIZI	115
sodium chloride 0.45 %	127
sodium chloride 0.9 %	127
sodium chloride 3 %	127
sodium chloride 5 %	127
sodium lactate	128
sodium phenylbutyrate	102
sodium polystyrene (sorb free)	102
sodium polystyrene sulfonate	102
solifenacin	104
SOLTAMOX	28
SOLU-CORTEF ACT-O-VIAL (PF)	109
SOLU-MEDROL	109
SOMATULINE DEPOT	110
SOMAVERT	110
sorine	71
sotalol	71
sotalol af	71
SOVALDI	59
SPIRIVA RESPIMAT	130
SPIRIVA WITH HANIDHALER	130
spironolactone	75
spironolacton-hydrochlorothiaz	75
SPORANOX	44
sprintec (28)	85
SPRITAM	35
SPRYCEL	28
sps (with sorbitol)	102
sronyx	85
ssd	89
stavudine	58
STELARA	115
STIMATE	110
STIOLTO RESPIMAT	130
STIVARGA	28
STRENSIQ	95
streptomycin	11
STRIBILD	58
SUCRAID	95
sucralfate	101
sulfacetamide sodium	98
sulfacetamide sodium (acne)	89
sulfacetamide-prednisolone	98
sulfadiazine	18
sulfamethoxazole-trimethoprim	18, 19
SULFAMYLYON	87
sulfasalazine	120
sulindac	8
sumatriptan	46
sumatriptan succinate	46
SUPRAX	14
SUTENT	28
SYLATRON	60
SYLVANT	28
SYMFI	58
SYMFI LO	58
SYMLINPEN 120	40
SYMLINPEN 60	40
SYMPAZAN	35
SYMTUZA	58
SYNAGIS	59
SYNAREL	110
SYNERCID	12
SYNJARDY	40
SYNJARDY XR	40
SYNRIBO	28
T	
TABLOID	28
tacrolimus	92, 116
TAFINLAR	28
TAGRISSO	28
TALZENNA	29
tamoxifen	29
tamsulosin	104
TARCEVA	29
TARGRETIN	29
tarina fe 1/20 (28)	85
TASIGNA	29
tazarotene	92
tazicef	14
TAZORAC	92
taztia xt	72
TDVAX	118
TECENTRIQ	29
TECFIDERA	80
TEFLARO	14
TEKTURNA HCT	77
telmisartan	68
telmisartan-amlodipine	68

telmisartan-hydrochlorothiazid	68
temazepam.....	10
TEMIXYS	58
temsirolimus	29
TENIVAC (PF)	118, 119
tenofovir disoproxil fumarate.	58
terazosin	104
terbinafine hcl.....	44
terbutaline.....	130
terconazole	46
testosterone.....	106
testosterone cypionate	105
testosterone enanthate	105
TETANUS,DIPHTHERIA TOX PED(PF)	119
tetrabenazine.....	80
tetracycline	19
THALOMID.....	123
THEO-24.....	130
theophylline.....	131
THIOLA	104
thioridazine.....	55
thiotepa.....	29
thiothixene.....	55
THYMOGLOBULIN.....	116
THYROLAR-1.....	111
THYROLAR-1/2.....	111
THYROLAR-1/4.....	111
THYROLAR-2.....	111
THYROLAR-3.....	111
tiagabine	35
TIBSOVO.....	29
TIGAN	49
tigecycline	19
timolol maleate.....	71, 124
TIMOPTIC OCUDOSE (PF)	124
tinidazole	50
TIROSINT.....	111
TIVICAY	58
tizanidine	132
TOBI PODHALER	11
tobramycin.....	98
tobramycin in 0.225 % nacl... ..	11
tobramycin sulfate	11
tobramycin-dexamethasone ...	98
tolazamide.....	42
tolbutamide	42
tolcapone.....	51
tolterodine.....	104
topiramate	35
toposar	29
topotecan.....	29
toremifene	29
torsemide	75
TOUJEO MAX U-300 SOLOSTAR.....	42
TOUJEO SOLOSTAR U-300 INSULIN	42
TOVIAZ	104
TPN ELECTROLYTES	128
TPN ELECTROLYTES II... ..	128
TRACLEER.....	133
tramadol	6
tramadol-acetaminophen	6
trandolapril.....	69
trandolapril-verapamil	69
tranexamic acid.....	63
TRANSDERM-SCOP	49
tranylcypromine	38
TRAVASOL 10 %.....	66
TRAVATAN Z.....	125
travoprost.....	125
trazodone	38
TREANDA	29
TRECATOR	47
TRELSTAR	29
treprostinil sodium.....	133
tretinoin.....	92, 93
tretinoin (chemotherapy)	29
tretinoin (emollient)	92
tretinoin microspheres	92
TREXALL	29
triamcinolone acetonide ..	86, 92, 109
triamterene-hydrochlorothiazid	75
triazolam	10
TRIDESILON	92
trientine	105
trifluoperazine	55
trifluridine	98
trihexyphenidyl	51
tri-legest fe	85
tri-lo-estarrylla.....	85
tri-lo-sprintec.....	85
trilyte with flavor packets	103
trimethobenzamide.....	49
trimethoprim	12
tri-mili	85
trimipramine.....	39
TRINTELLIX	39
tri-previfem (28).....	85
TRISENOX.....	29
tri-sprintec (28)	85
TRIUMEQ	58
trivora (28)	85
TROPHAMINE 10 %.....	66
TROPHAMINE 6%.....	66
trospium	104
TRULICITY	41
TRUMENBA	119
TRUVADA	58
TUDORZA PRESSAIR.....	131
tulana.....	85
TURALIO	29
TWINRIX (PF)	119
TYBOST	123
TYKERB	29
TYPHIM VI.....	119
TYSABRI	116
U	
UCERIS	120
ULORIC.....	45
ULTRAVATE.....	92

UPTRAVI.....	133
ursodiol.....	102
UVADEX.....	87
V	
valacyclovir	60
VALCHLOR	87
valganciclovir.....	60
valproate sodium	35
valproic acid	35
valproic acid (as sodium salt).....	35
valsartan	68
valsartan-hydrochlorothiazide	68
vancomycin	12, 13
vancomycin in dextrose 5 % ..	12
VAQTA (PF).....	119
VARIVAX (PF)	119
VARUBI.....	49
VASCEPA.....	77
VECTIBIX	29
VELCADE	30
velivet triphasic regimen (28)	85
VELPHORO.....	103
VENCLEXTA	30
VENCLEXTA STARTING PACK	30
venlafaxine	39
VENTAVIS.....	133
verapamil.....	72
VERSACLOZ	55
VERZENIO.....	30
V-GO 40.....	93
VIBRAMYCIN	19
vicodin.....	6
vicodin es.....	6
vicodin hp.....	6
VICTOZA	41
VIDEX 2 GRAM PEDIATRIC	58
VIDEX EC	58
vienna	86
vigabatrin.....	35
VIIBRYD	39
VIMPAT	35
vinblastine.....	30
vincasar pfs	30
vincristine	30
vinorelbine.....	30
VIRACEPT.....	58
VIREAD	59
VITRAKVI.....	30
VIZIMPRO	30
voriconazole.....	44
VOSEVI.....	59
VOTRIENT	30
VPRI.....	95
VRAYLAR.....	55
vyfemla (28)	86
VYVANSE	81
VYXEOS	30
W	
warfarin.....	62
water for irrigation, sterile ...	120
wymzya fe.....	86
X	
XALKORI	30
XARELTO.....	62
XATMEP	30
XELJANZ.....	116
XELJANZ XR	116
XERESE	88
XGEVA	122
XIFAXAN	13
XOLAIR	132
XOSPATA.....	30
XPOVIO	30
XTANDI.....	31
xulane.....	86
XYREM.....	133
Y	
YERVOY	31
YF-VAX (PF).....	119
YONDELIS	31
YONSA	31
yuvafem	108
Z	
zafirlukast.....	129
zaleplon	133
ZALTRAP.....	31
ZANOSAR.....	31
zarah.....	86
ZARXIO	63
ZEJULA	31
ZELAPAR.....	51
ZELBORAF	31
ZEMAIRA	132
zenatane.....	88
zenchent (28).....	86
ZENPEP	95
ZERBAXA	14
ZETONNA	99
zidovudine	59
zileuton.....	129
ZIOPTAN (PF)	125
ziprasidone hcl	55
ZIRGAN	98
zoledronic acid	122
zoledronic acid-mannitol-water	122
ZOLINZA	31
zolmitriptan	46, 47
zolpidem.....	133
ZOMIG	47
zonisamide	35
ZONTIVITY	64
ZORTRESS.....	116
ZOSTAVAX (PF).....	119
ZOSYN	17
ZOSYN IN DEXTROSE (ISO- OSM).....	18
zovia 1/35e (28)	86
ZYCLARA.....	88
ZYDELIG	31
ZYFLO	129
ZYKADIA	31
ZYLET	98
ZYPREXA RELPREVV	55

ZYTIGA 31

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, 聽力殘障人仕電話 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 1-877-681-8898
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 (телефон: 1-877-681-8898)

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفّرة 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 կարող են տրամադրվել լեզվական աջակցության ծառայությունները: Զանգահարեք 1-888-775-7888 (TTY (հեռատիպ)՝ 1-877-681-8898):

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

Cambodian: ប្រយ័ត្តុ៖ បៀសិនជាមួកកិយាយ ភាសាខ្មែរ, សេវាឌំឡូយដំឡូកភាសា ខោយចិនគិនល្អូល គិត្យាលមានសំរាប់បំនើមួក។ ចូរ ទូរសព្ទ 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: ຕິດຕະພາບໄທຫຼຸດສາມາດໃຫ້ບໍລິການຊ່າຍເຫັນວ່າໄດ້ພິໄຕ ໂທ 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 3/24/2020. 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.