



**ATRIO Special Needs Plan (HMO SNP)
ATRIO Special Needs Plan (Rogue) (HMO SNP)
ATRIO Special Needs Plan (Willamette) (HMO SNP)**

**Formulario 2018
(Lista de medicamentos cubiertos)**

**POR FAVOR LEER: ESTE DOCUMENTO CONTIENE INFORMACIÓN
SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

Archivo 18007 del Formulario aprobado del HPMS, versión número 19

Este formulario fue actualizado el 11/01/2018. Para obtener información actualizada o si tiene preguntas, contacte a ATRIO Health Plans llamando al 1-877-672-8620 o para usuarios de TTY/TDD, al 1-800-735-2900, todos los días de 8:00 a.m. a 8:00 p.m., o visite el sitio web atriohp.com.

ATRIO Health Plans tiene planes PPO y HMO D-SNP con un contrato de Medicare. La inscripción en ATRIO Health Plans depende de la renovación del contrato. El formulario puede cambiar en cualquier momento. Recibirá un aviso cuando corresponda.

Aviso para los miembros existentes: Este formulario ha cambiado desde el año pasado. Por favor revise este documento para asegurarse de que todavía contiene los medicamentos que usted toma.

Cuando en esta lista de medicamentos (Formulario) se mencione "nosotros" o "nuestro", estos términos hacen referencia a los planes de salud de ATRIO Health Plans. Cuando se mencione "nosotros" o "nuestro", estos términos hacen referencia a ATRIO Special Needs Plan (HMO SNP), ATRIO Special Needs Plan (Rogue) (HMO SNP), o ATRIO Special Needs Plan (Willamette) (HMO SNP).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está en vigencia desde el 11/01/2018. Contáctenos si desea solicitar un formulario actualizado. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Para tener acceso al beneficio de medicamentos recetados, en general, debe utilizar las farmacias de la red. Los beneficios, formulario, red de farmacias y/o copagos/coseguros pueden cambiar el 1º de enero de 2019, y de vez en cuando durante el año.

¿Qué es el Formulario de ATRIO Health Plans?

Un formulario es una lista de medicamentos cubiertos seleccionados por ATRIO Health Plans en consulta con un equipo de proveedores de atención médica, el cual representa las terapias prescritas que se creen son una parte necesaria de un programa de tratamiento de calidad. ATRIO Health Plans generalmente cubrirá los medicamentos que se listan en nuestro formulario siempre que el medicamento sea necesario a nivel médico, la receta sea surtida en una farmacia de la red ATRIO Health Plans y se sigan otras reglas del plan. Para más información sobre cómo surtir sus recetas, por favor revise la Evidencia de cobertura.

¿Puede modificarse este Formulario (Lista de medicamentos)?

Generalmente, si usted está tomando un medicamento de nuestro formulario 2018 que fue cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura de este medicamento durante el año de cobertura 2018, excepto si un medicamento genérico nuevo y más económico se encuentra disponible o si existe información nueva adversa sobre la seguridad o eficacia de un medicamento. Otro tipo de cambios en el formulario, tales como la eliminación de un medicamento del formulario, no afectarán a los miembros que actualmente se encuentran tomando el medicamento. Permanecerá disponible al mismo costo compartido para aquellos miembros que estén tomando el medicamento durante el resto del año de cobertura. Creemos que es importante que tenga acceso continuo durante el resto del año de cobertura a los medicamentos del formulario que se encontraban disponibles cuando eligió nuestro plan, excepto en casos en los cuales usted puede ahorrar dinero adicional o podemos garantizarle su seguridad.

Si quitamos medicamentos de nuestro formulario, o si agregamos requisitos de autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento (o si pasamos un medicamento a un nivel más alto de costo compartido), notificaremos el cambio a los miembros por lo menos 60 días antes de la fecha en que el cambio entre en vigencia, o en el momento en que el miembro haga una solicitud para volver a surtir la receta del medicamento (en este último caso, recibirá un suministro del medicamento para 60 días). Si la Administración de Alimentos y Medicamentos (FDA) de los EE.UU. determina que un medicamento de nuestro formulario no es seguro o si el fabricante del medicamento lo retira del mercado, eliminaremos inmediatamente el medicamento de nuestro formulario y se lo notificaremos a los miembros que toman el medicamento. El formulario adjunto está en vigencia desde el 11/01/2018. Contáctenos para obtener información actualizada sobre los medicamentos cubiertos por ATRIO Health Plans. Nuestra información de contacto figura en la portada y en la contratapa.

ATRIO Health Plans notificará a sus miembros si se quitan medicamentos del formulario o si se agregan requisitos de autorización previa, límites de cantidad o restricciones de terapia escalonada para un medicamento. La notificación de estos cambios se realizará de diversas formas. Su Explicación de beneficios (EOB) mensual, que le brinda un informe de todos los medicamentos comprados durante el mes anterior, incluirá un anexo enumerando todos los cambios en el formulario que tendrán efecto a los 60 días de la fecha de la notificación. Además, encontrará este adjunto publicado en atriohp.com o puede solicitarlo al 1-877-672-8620, todos los días, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2900. Por último, la versión más actual del formulario incluyendo todos los cambios, estará disponible en atriohp.com o

puede solicitarlo al 1-877-672-8620, todos los días de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2900.

¿Cómo utilizo el formulario?

Existen dos formas de encontrar su medicamento en el formulario:

Enfermedad

El formulario comienza en la página 1. En este formulario, los medicamentos están agrupados en categorías según el tipo de enfermedades para las que se utilizan. Por ejemplo, los medicamentos utilizados para tratar una enfermedad cardíaca se enumeran bajo la categoría "Agentes cardiovasculares". Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque el medicamento dentro de esa categoría.

Lista en orden alfabético

Si no sabe en qué categoría buscar, busque el medicamento en el Índice que comienza en la página I-1. El Índice proporciona una lista en orden alfabético de todos los medicamentos incluidos en este documento. En el Índice se enumeran tanto los medicamentos de marca como los genéricos. Busque en el Índice para encontrar su medicamento. Junto al nombre del medicamento, verá el número de página en la que podrá encontrar información sobre la cobertura. Diríjase a la página que se indica en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

ATRIO Health Plans cubre tanto medicamentos de marca como genéricos. Un medicamento genérico está aprobado por el FDA por tener los mismos ingredientes activos que un medicamento de marca. En general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

¿Existen restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos posean requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa (PA):** ATRIO Health Plans requiere que usted o su médico obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener aprobación de ATRIO Health Plans antes de poder surtir sus recetas. Si no obtiene aprobación, ATRIO Health Plans podría no cubrir el medicamento.
- **Límites de cantidad (QL):** Para ciertos medicamentos ATRIO Health Plans limita la cantidad de ese medicamento que el plan cubrirá. Por ejemplo, ATRIO Health Plans provee 30 comprimidos por receta para simvastatina. Esto además del suministro estándar de uno o tres meses.
- **Terapia escalonada (ST):** En algunos casos, ATRIO Health Plans requiere que pruebe utilizar primero ciertos medicamentos para tratar su enfermedad antes de cubrir otro medicamento para dicha enfermedad. Por ejemplo, si tanto el Medicamento A como el Medicamento B se utilizan para tratar su enfermedad, ATRIO Health Plans podría no cubrir el Medicamento B a menos que pruebe primero con el Medicamento A. Si el Medicamento A no funciona para usted, entonces ATRIO Health Plans cubrirá el Medicamento B.

Para saber si su medicamento tiene algún requisito o límite adicional, consulte el Formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a determinados medicamentos cubiertos visitando nuestro sitio web. Hemos publicado documentos en línea que explican nuestra autorización previa y las restricciones de la terapia escalonada. También puede solicitar que le enviemos una copia. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Puede solicitarle a ATRIO Health Plans que haga una excepción a estas restricciones o a los límites o solicitar una lista de otros medicamentos similares que pueden utilizarse en el tratamiento de su afección. Consulte la sección, “¿Cómo solicito una excepción al formulario de ATRIO Health Plans?” en la página iv para obtener información sobre cómo solicitar una excepción.

¿Qué son los medicamentos de venta libre (OTC)?

Los medicamentos de venta libre (OTC, por sus siglas en inglés) son medicamentos sin receta que normalmente no están cubiertos en un plan de medicamentos recetados de Medicare. Los planes de salud ATRIO pagan por determinados medicamentos de venta libre. ATRIO Health Plans le proporcionarán estos medicamentos de venta libre sin costo. El costo para ATRIO Health Plans de estos medicamentos de venta libre no se tendrá en cuenta para sus costos totales de los medicamentos de la Parte D (esto es, el importe que usted paga no se tiene en cuenta para la brecha de cobertura).

MEDICAMENTOS DE VENTA LIBRE CUBIERTOS

Nombre del genérico	(Marca de referencia)	Presentación
clorhidrato de cetirizina	(Zyrtec)	Comprimidos masticables, solución, comprimidos
Clorhidrato de cetirizina/pseudoefedrina hidrocloreto	(Zyrtec-D)	Comprimidos de 12 horas
loratadina	(Claritin)	Solución, comprimidos
loratadina/pseudoefedrina sulfato	(Claritin-D)	Comprimidos de 12 horas Comprimidos de 24 horas
ketotifeno fumarato	(Zaditor)	Gotas

¿Qué sucede si mi medicamento no se encuentra en el formulario?

Si su medicamento no se encuentra en este formulario (lista de medicamentos cubiertos), primero debe contactarse con el Servicio de atención al cliente y preguntar si su medicamento está cubierto.

En caso de que ATRIO Health Plans no cubra su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de atención al cliente que le envíen una lista de medicamentos similares que cubre ATRIO Health Plans. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar cubierto por ATRIO Health Plans.
- También puede solicitarle a ATRIO Health Plans que haga una excepción y cubra su medicamento. Vea a continuación la información sobre cómo solicitar una excepción.

¿Cómo solicito una excepción al formulario de ATRIO Health Plans?

Puede solicitarle a ATRIO Health Plans que haga una excepción con respecto a nuestras reglas de cobertura. Hay varios tipos de excepciones que puede pedirnos que hagamos.

- Puede solicitarnos que cubramos un medicamento, aunque no esté incluido en nuestro formulario. Si se aprueba, este medicamento estará cubierto en un nivel de costo compartido predeterminado y usted no podrá pedirnos que le suministremos el medicamento en un nivel de costo compartido menor.
- Puede solicitarnos que no apliquemos las restricciones o los límites de cobertura a su medicamento. Por ejemplo, para ciertos medicamentos ATRIO Health Plans limita la cantidad de ese medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede solicitarnos que no apliquemos ese límite y cubramos una cantidad mayor.

Generalmente, ATRIO Health Plans aprobará su solicitud de una excepción únicamente si los medicamentos alternativos figuran en el Formulario del plan, el medicamento de nivel de costo compartido inferior o las

restricciones adicionales de uso no son tan efectivas para tratar su enfermedad y/o si le provocan efectos médicos adversos.

Debe contactarnos para solicitarnos una decisión de cobertura inicial de formulario o de excepción de restricción de uso. **Cuando solicita una excepción de formulario o de restricción de uso, deberá enviar una declaración de su médico o persona que le prescribe que justifique su solicitud.** Generalmente, tomamos una decisión dentro de las 72 horas de haber recibido la justificación médica. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que su salud podría verse seriamente afectada si debe esperar por la decisión hasta 72 horas. Si se decide tomar una decisión acelerada, debemos informarle la decisión dentro de las 24 horas de haber recibido la justificación médica.

¿Qué hago antes de hablar con mi médico sobre el cambio de medicamento o la solicitud de excepción?

Como miembro nuevo o ya existente de nuestro plan, es posible que esté tomando medicamentos que no estén en nuestro formulario, o puede estar tomando un medicamento que esté en nuestro formulario pero su posibilidad de adquirirlo esté limitada. Por ejemplo, es posible que necesite nuestra autorización previa antes de surtir su receta. Debe hablar con su médico para decidir si debe cambiar a un medicamento que sí cubramos o solicitar una excepción al formulario para poder obtener cobertura para el medicamento. Mientras habla con su médico para determinar qué acción tomar, es posible que cubramos el medicamento en ciertos casos durante sus primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no se encuentre en el formulario o si posee un límite para obtenerlos, cubriremos un suministro provisorio de 30 días (a menos que tenga una receta para un período de tiempo menor) cuando vaya a una farmacia de la red. Luego del primer suministro de 30 días, no cubriremos más estos medicamentos, aún si ha sido miembro del plan por menos de 30 días.

Si usted es residente de un centro de atención prolongada, le permitiremos surtir la receta hasta que le hayamos proporcionado un suministro de transición de 93 días, de acuerdo con el incremento de dispensado (a menos que tenga una receta escrita para menos días). Cubriremos más de una receta para estos medicamentos durante los primeros 90 días como miembro nuevo de nuestro plan. Si usted necesita un medicamento que no se encuentra en nuestro formulario o si posee un límite para obtenerlos y ya han pasado los primeros 90 días desde que se hizo miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días (a menos que posea una receta para un período de tiempo menor) mientras solicita una excepción del formulario.

Si lo admiten o le dan de alta de un centro, cubriremos los “primeros reabastecimientos” de los medicamentos cubiertos anteriormente según sea necesario al momento de la admisión o el alta del centro.

Para más información

Para obtener información detallada sobre la cobertura de medicamentos recetados de ATRIO Health Plans, por favor revise la Evidencia de cobertura y otros documentos del plan.

Contáctenos si tiene preguntas sobre ATRIO Health Plans. Nuestra información de contacto, así como la fecha en que se actualizó el formulario por última vez, figura en la portada y en la contratapa.

Si tiene consultas generales sobre la cobertura de medicamentos de Medicare, por favor comuníquese con Medicare en el 1-800-MEDICARE (1-800-633-4227) durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O, visitar <http://www.medicare.gov>.

Formulario de ATRIO Health Plans

El formulario de abajo brinda información de cobertura sobre los medicamentos cubiertos por ATRIO Health Plans. Si tiene inconvenientes para encontrar su medicamento, consulte el Índice que comienza en la página I-1.

La primera columna muestra el nombre del medicamento. Los medicamentos de marca aparecen en mayúscula (por ejemplo: CRESTOR) y los medicamentos genéricos se enumeran en minúscula (por ejemplo: *rosuvastatina*).

Los datos en la columna Requisitos/Límites le informan si ATRIO Health Plans posee algún requerimiento especial para la cobertura del medicamento.

NIVELES DE COSTO COMPARTIDO

Plan	Venta minorista Copago/ (suministro por 1 mes)	Pedido por correo Copago/ (suministro por 3 mes)
ATRIO Special Needs Plan (HMO SNP)	\$0 / \$1.25 / \$3.35 or \$0 / 3.70 / \$8.35 or 25%	\$0 / \$1.25 / \$3.35 or \$0 / 3.70 / \$8.35 or 25%
ATRIO Special Needs Plan (Rogue) (HMO SNP)	Según el tipo de medicamento y el nivel de subsidio por bajos ingresos	Según el tipo de medicamento y el nivel de subsidio por bajos ingresos
ATRIO Special Needs Plan (Willamette) (HMO SNP)		

Las siguientes abreviaturas de las Restricciones en la Administración de Uso pueden encontrarse en el cuerpo de este documento.

ABREVIATURAS DE COMENTARIOS DE COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
PA	Restricción de autorización previa	Usted (o su médico) debe solicitar autorización previa de ATRIO Health Plans antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.
PA BvD	Restricción de autorización previa para la Determinación de la Parte D vs Parte B	Este medicamento puede ser elegible para pago dentro de Medicare Parte B o Parte D. Usted (o su médico) debe solicitar autorización previa de ATRIO Health Plans para determinar si este medicamento está cubierto por Medicare Parte D antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.
PA-HRM	Restricción de autorización previa para Medicamentos de alto riesgo	Este medicamento es considerado potencialmente riesgoso por los CMS y por lo tanto, un Medicamento de alto riesgo para los beneficiarios de 65 años de edad en adelante. Los beneficiarios de 65 años o más deben solicitar autorización previa de ATRIO Health Plans antes de surtir su receta para este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.
PA NSO	Restricción de autorización previa para Nuevas tomas solamente	Si es un miembro nuevo o si no ha tomado este medicamento previamente, usted (o su médico) debe obtener autorización previa de ATRIO Health Plans antes de surtir su receta por este medicamento. Sin la aprobación, es posible que ATRIO Health Plans no cubra este medicamento.
QL	Restricción de Límite de Cantidad	ATRIO Health Plans limita la cantidad de este medicamento que está cubierto por receta, o dentro de un plazo de tiempo específico.
ST	Restricción de terapia escalonada	Antes que ATRIO Health Plans le brinde cobertura por este medicamento, debe primero probar otro(s) medicamento(s) para

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
		tratar su afección médica. Este medicamento puede estar únicamente cubierto si otro(s) medicamento(s) no funcionan en su caso.

OTROS REQUISITOS ESPECIALES PARA LA COBERTURA

ABREVIATURA	DESCRIPCIÓN	EXPLICACIÓN
LA	Medicamento de Acceso Limitado	Esta receta puede estar disponible solo en algunas farmacias. Para más información, consulte el Directorio de farmacias o llame al Servicio de atención al cliente al 1-877-672-8620, todos los días, de 8:00 a.m. a 8:00 p.m. Los usuarios de TTY/TDD deben llamar al 1-800-735-2900.
NDS	Días de suministro no extendido	Este medicamento no está disponible para un suministro de 90 días.
NM	No hay pedido por correo	Este medicamento no está disponible en la farmacia de pedidos por correo

Table of Contents

Analgesics	3
Anesthetics	8
Anti-Addiction/Substance Abuse Treatment Agents	9
Antianxiety Agents	10
Antibacterials	11
Anticancer Agents	20
Anticholinergic Agents	29
Anticonvulsants	29
Antidementia Agents	32
Antidepressants	33
Antidiabetic Agents	36
Antifungals	39
Antigout Agents	41
Antihistamines	41
Anti-Infectives (Skin And Mucous Membrane)	42
Antimigraine Agents	42
Antimycobacterials	43
Antinausea Agents	43
Antiparasite Agents	45
Antiparkinsonian Agents	46
Antipsychotic Agents	47
Antivirals (Systemic)	51
Blood Products/Modifiers/Volume Expanders	57
Caloric Agents	60
Cardiovascular Agents	63
Central Nervous System Agents	75
Contraceptives	78

Dental And Oral Agents	84
Dermatological Agents	84
Devices	88
Enzyme Replacement/Modifiers	89
Eye, Ear, Nose, Throat Agents	90
Gastrointestinal Agents	94
Genitourinary Agents	97
Heavy Metal Antagonists	98
Hormonal Agents, Stimulant/Replacement/Modifying	99
Immunological Agents	105
Inflammatory Bowel Disease Agents	114
Irrigating Solutions	114
Metabolic Bone Disease Agents	115
Miscellaneous Therapeutic Agents	116
Ophthalmic Agents	118
Replacement Preparations	119
Respiratory Tract Agents	122
Skeletal Muscle Relaxants	126
Sleep Disorder Agents	127
Vasodilating Agents	128
Vitamins And Minerals	129

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	1	QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	1	QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR	1	QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	1	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (300 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	1	PA; NM; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	1	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i>	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	1	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	1	QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	1	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	
<i>hydromorphone hcl 10 mg/ml vial p/f, sdv 10 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	1	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	QL (180 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	1	QL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	1	PA; NM; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	1	QL (360 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	1	QL (360 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	1	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	1	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i>	1	QL (90 per 30 days)
<i>morphine 2 mg/ml syringe p/f, sub 2 mg/ml</i>	1	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	QL (180 per 30 days)
<i>morphine injection solution 10 mg/ml</i>	1	
<i>morphine intravenous cartridge 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine oral solution 10 mg/5 ml</i>	1	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	1	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	1	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	1	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	1	QL (90 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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	1	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	1	QL (181 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	1	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	1	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	1	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	1	QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12</i> (OxyContin) <i>hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60</i> <i>mg</i>	1	QL (60 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12</i> (OxyContin) <i>hr 80 mg</i>	1	NM; NDS; QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-</i> <i>325 mg/5 ml</i>	1	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-</i> (Endocet) <i>325 mg</i>	1	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-</i> (Endocet) <i>325 mg, 5-325 mg</i>	1	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-</i> (Endocet) <i>325 mg</i>	1	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325</i> <i>mg</i>	1	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	1	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	1	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release</i> <i>12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg,</i> <i>5 mg, 7.5 mg</i>	1	QL (60 per 30 days)
<i>reprexain oral tablet 2.5-200 mg</i>	1	QL (150 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>tencon oral tablet 50-325 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	1	QL (240 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	1	QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	1	QL (120 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	1	QL (240 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i> (Nalfon)	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (IBU)	1	
<i>indomethacin oral capsule 25 mg</i>	1	PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule 50 mg</i>	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>indomethacin oral capsule, extended release 75 mg</i>	1	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i> (Lidoderm)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA BvD
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	1	QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	1	QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
LUCEMYRA ORAL TABLET 0.18 MG	1	NM; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone oral tablet 50 mg</i>	1	
NARCAN NASAL SPRAY, NON-AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	1	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	1	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	1	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	1	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	QL (60 per 30 days)
Antianxiety Agents		
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	1	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	1	
DIASTAT RECTAL KIT 2.5 MG	1	
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	QL (1200 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>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	1	PA NSO; NM; NDS; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

Antibacterials

Aminoglycosides

BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	1	PA BvD; NM; NDS
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA BvD; NM; NDS
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
Antibacterials, Miscellaneous		
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiM)	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	1	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	1	NM; NDS
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	1	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	1	NM; NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	1	NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	NM; NDS
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrodantin)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years)
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (60 per 30 days); AGE (Max 64 Years)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin)	1	NM; NDS
XIFAXAN ORAL TABLET 200 MG	1	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; NM; NDS
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in 0.9% sod chloride intravenous solution 2 gram/100 ml</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/100 ml</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	1	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	1	
CEFEPIME INJECTION RECON SOLN (Maxipime) 1 GRAM, 2 GRAM	1	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	1	
<i>cefotaxime injection recon soln 1 gram, 500 mg</i>	1	
<i>cefotaxime injection recon soln 10 gram, 2 gram</i> (Claforan)	1	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	1	
<i>cefoxitin intravenous recon soln 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (TAZICEF)	1	
<i>ceftibuten oral capsule 400 mg</i>	1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i>	1	
<i>ceftriaxone 1 gm piggyback l/f, single use 1 gram/50 ml</i>	1	
<i>ceftriaxone 2 gm piggyback l/f, single use 2 gram/50 ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram</i>	1	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	
<i>cefuroxime-dextrose (iso-osm) intravenous piggyback 1.5 gram/50 ml</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL CAPSULE 400 MG	1	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
Macrolides		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	1	ST; NM; NDS; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	1	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	1	
INVANZ INJECTION RECON SOLN 1 GRAM	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	1	
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>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	1	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	1	
<i>nafcillin injection recon soln 1 gram</i>	1	
<i>nafcillin injection recon soln 10 gram</i>	1	NM; NDS
<i>nafcillin intravenous recon soln 2 gram</i>	1	NM; NDS
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i>	1	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	1	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	1	
Quinolones		
BAXDELA ORAL TABLET 450 MG	1	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	1	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg</i>	1	
<i>levofloxacin oral tablet 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
Tetracyclines		
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 75 mg</i>	1	
<i>minocycline oral capsule 50 mg</i> (Minocin)	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 50 mg</i>	1	
<i>okebo oral capsule 100 mg, 75 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	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
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	NM; NDS
<i>adriamycin intravenous recon soln 10 mg, 50 mg</i>	1	PA BvD
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	1	PA NSO; NM; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	PA NSO; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	PA NSO; NM; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	1	NM; NDS
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)	1	PA NSO; NM; NDS; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD; ST

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

Drug Name	Drug Tier	Requirements/Limits
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	1	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; LA; NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	NM; NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	1	PA BvD; NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	
EMCYT ORAL CAPSULE 140 MG	1	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
FARESTON ORAL TABLET 60 MG	1	NM; NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO; NM; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	1	NM; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)	1	PA BvD
<i>flutamide oral capsule 125 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO; NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	1	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	1	PA NSO; NM; NDS
HEXALEN ORAL CAPSULE 50 MG	1	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram,</i> (Ifex) <i>3 gram</i>	1	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	1	PA BvD; NM; NDS
<i>imatinib oral tablet 100 mg</i> (Gleevec)	1	PA NSO; NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	1	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	1	PA NSO; NM; NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	1	PA NSO; NM; NDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	1	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA NSO; NM; NDS; 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
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	1	PA NSO; NM; NDS; QL (4 per 21 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	PA NSO; NM; NDS; QL (8 per 21 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	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	1	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	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (19 ML)	1	PA NSO; NM; LA; 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)	1	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LONSURF ORAL TABLET 15-6.14 MG	1	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	1	PA NSO; NM; NDS; QL (80 per 28 days)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NM; NDS
MATULANE ORAL CAPSULE 50 MG	1	NM; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml, 25 mg/ml (10 ml)</i>	1	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (180 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
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	PA BvD; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NM; NDS; QL (100 per 21 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NM; NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	1	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML, 10 MG/ML (10 ML)	1	PA NSO; NM; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	1	PA NSO; NM; NDS; 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
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARCEVA ORAL TABLET 100 MG, 25 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	1	PA NSO; NM; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	1	PA NSO; NM; NDS; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	PA NSO; NM; NDS
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	1	NM; NDS
TIBSOVO ORAL TABLET 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>toposar intravenous solution 20 mg/ml</i>	1	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	NM; NDS
TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG	1	NM; NDS; QL (1 per 84 days)
TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG	1	NM; NDS; QL (1 per 168 days)
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	1	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
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	1	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	1	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	1	NM; NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	1	NM; NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	1	PA BvD; ST
TYKERB ORAL TABLET 250 MG	1	NM; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NM; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	1	NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	1	PA NSO; NM; LA; NDS; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinorelbine intravenous solution 10 mg/ml, (Navelbine) 50 mg/5 ml</i>	1	
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA BvD; ST
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; NDS; 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
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	1	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	1	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA NSO; NM; NDS; QL (140 per 28 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
Anticholinergic Agents		
Antimuscarinics/Antispasmodics		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>propantheline oral tablet 15 mg</i>	1	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	1	ST; NM; NDS
BANZEL ORAL SUSPENSION 40 MG/ML	1	ST; NM; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	1	ST; NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	NM; NDS; 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>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Epitol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	ST
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	ST
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
<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)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	1	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	1	ST
PEGANONE ORAL TABLET 250 MG	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<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>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<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>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	1	ST; NM; NDS; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	1	ST; NM; NDS; QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	1	
SABRIL ORAL TABLET 500 MG	1	NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	ST; 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
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	1	ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> (Gabitril)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	1	ST; QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	1	ST; NM; NDS; QL (60 per 30 days)
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	1	
<i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid 250 mg/5 ml soln 250 mg/5 ml</i> (Depakene)	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	1	NM; NDS
<i>vigadrone oral powder in packet 500 mg</i>	1	NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	1	ST; QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	1	ST; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	ST; QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
Antidementia Agents		
Antidementia Agents		
<i>donepezil oral tablet 10 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral capsule, ext rel. pellets</i> (Razadyne ER) 24 hr 16 mg, 24 mg, 8 mg	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	1	QL (60 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr</i> (Namenda XR) 14 mg, 21 mg, 28 mg, 7 mg	1	QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda Titration Pak)	1	QL (49 per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	1	QL (28 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg,</i> <i>3 mg, 4.5 mg, 6 mg</i>	1	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour</i> (Exelon) <i>13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24</i> <i>hr</i>	1	QL (30 per 30 days)
Antidepressants		
Antidepressants		
<i>amitriptyline oral tablet 10 mg, 100 mg,</i> <i>150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>amoxapine oral tablet 100 mg, 150 mg, 25</i> <i>mg, 50 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin XL) <i>24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-</i> <i>release 12 hr 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40</i> <i>mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg,</i> <i>75 mg</i> (Anafranil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	PA NSO-HRM; AGE (Max 64 Years)

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>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	1	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>doxepin oral concentrate 10 mg/ml</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i> (Cymbalta)	1	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> (Cymbalta)	1	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	ST; QL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	ST; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Sarafem)	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	PA NSO-HRM; AGE (Max 64 Years)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	1	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> (Paxil)	1	PA NSO-HRM; AGE (Max 64 Years)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	1	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	1	PA NSO-HRM; AGE (Max 64 Years)
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	PA NSO-HRM; AGE (Max 64 Years)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG	1	PA NSO-HRM; AGE (Max 64 Years)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	1	PA NSO-HRM; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	1	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>venlafaxine oral capsule, extended release</i> (Effexor XR) 24hr 37.5 mg, 75 mg	1	QL (90 per 30 days)
<i>venlafaxine oral tablet</i> 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	1	ST; QL (30 per 180 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet</i> 100 mg, 25 mg, 50 <i>mg</i> (Precose)	1	QL (90 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	1	QL (180 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150- 1,000 MG, 150-500 MG, 50-1,000 MG	1	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	1	ST; QL (120 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	1	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	1	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	1	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50- 500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5- 1,000 MG, 2.5-500 MG, 2.5-850 MG	1	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
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (90 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	1	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	QL (90 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/0.75 ML (2 MG/1.5 ML)	1	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (DUETACT)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (240 per 30 days)
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	1	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NM; NDS; QL (10.8 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	ST; 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
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	QL (30 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	ST; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	ST; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	1	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	1	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD; 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
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	1	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	1	NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	1	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>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nyata topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution 200 mg (Vfend IV)</i>	1	NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	1	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	1	NM; NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg (Zyloprim)</i>	1	
COLCRYS ORAL TABLET 0.6 MG	1	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	1	QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG	1	ST; QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml (Children's Allergy (diphenhyd))</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	1	PA-HRM; AGE (Max 64 Years)

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>hydroxyzine hcl intramuscular solution 50 mg/ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	1	
<i>levocetirizine oral tablet 5 mg</i> (24HR Allergy Relief)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
AVC VAGINAL VAGINAL CREAM 15 %	1	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
Antimigraine Agents		
Antimigraine Agents		
AIMOVIG 70 MG/ML AUTOINJECTOR 70 MG/ML	1	PA; QL (2 per 30 days)
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	1	PA; QL (2 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	1	NM; NDS; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	NM; NDS; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	1	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	1	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	1	QL (18 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	1	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	1	QL (18 per 28 days)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	1	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	1	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Kit Refill)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex STATdose Pen)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	1	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	1	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	1	QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>ethambutol oral tablet 100 mg</i>	1	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	1	
PRIFTIN ORAL TABLET 150 MG	1	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG	1	
SIRTURO ORAL TABLET 100 MG	1	PA; NM; NDS; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	1	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	1	

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

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	1	PA BvD
<i>aprepitant oral capsule 125 mg</i> (Emend)	1	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	1	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	1	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	1	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	1	QL (2 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	1	PA BvD; QL (6 per 28 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	1	PA-HRM; AGE (Max 64 Years)
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	1	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	1	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> (Zofran ODT)	1	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	PA-HRM; AGE (Max 64 Years)

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>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i> (Phenadoz)	1	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	1	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	1	QL (10 per 30 days)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	1	QL (10 per 30 days)
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	1	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	
ALINIA ORAL TABLET 500 MG	1	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Meproon)	1	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
<i>benznidazole oral tablet 100 mg, 12.5 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
DARAPRIM ORAL TABLET 25 MG	1	PA; NM; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>mefloquine oral tablet 250 mg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INHALATION RECON SOLN 300 MG	1	PA BvD
<i>paromomycin oral capsule 250 mg</i>	1	
PENTAM INJECTION RECON SOLN 300 MG	1	
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA; QL (42 per 7 days)
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	NM; NDS; QL (60 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	1	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	1	PA; NM; NDS; 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
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	1	PA; NM; NDS; QL (30 per 30 days)
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	1	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	1	ST; QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
XADAGO ORAL TABLET 100 MG, 50 MG	1	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	NM; NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	1	QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	QL (90 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>aripiprazole oral tablet,disintegrating 15 mg</i>	1	QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	NM; NDS; QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	1	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	1	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	1	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	1	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	1	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i> (FazaClo)	1	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i> (FazaClo)	1	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	1	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<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.)	1	QL (6 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	NM; NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	NM; NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	NM; NDS; QL (2.625 per 84 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
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	1	QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i>	1	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i>	1	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	1	NM; NDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	NM; NDS; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i> (Seroquel XR)	1	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i> (Seroquel XR)	1	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	1	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	1	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	1	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	1	QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	1	NM; NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	1	QL (120 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	1	ST; NM; NDS; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	1	ST; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		
<i>abacavir oral solution 20 mg/ml</i> (Ziagen)	1	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	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>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	1	NM; NDS
APTIVUS ORAL SOLUTION 100 MG/ML	1	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	1	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	1	NM; NDS
BIKTARVY ORAL TABLET 50-200-25 MG	1	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	1	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	1	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	NM; NDS
DESCOVY ORAL TABLET 200-25 MG	1	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	1	
EDURANT ORAL TABLET 25 MG	1	NM; NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	1	NM; NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	1	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	1	NM; NDS
EMTRIVA ORAL CAPSULE 200 MG	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	1	
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	1	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	1	NM; NDS
INTELENCE ORAL TABLET 25 MG	1	
INVIRASE ORAL CAPSULE 200 MG	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
INVIRASE ORAL TABLET 500 MG	1	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	NM; NDS
KALETRA ORAL TABLET 100-25 MG	1	
KALETRA ORAL TABLET 200-50 MG	1	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	1	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	1	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	1	
NORVIR ORAL CAPSULE 100 MG	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL SOLUTION 80 MG/ML	1	
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS
PIFELTRO ORAL TABLET 100 MG	1	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	1	
PREZISTA ORAL TABLET 600 MG, 800 MG	1	NM; NDS
RESCRIPTOR ORAL TABLET 200 MG	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL POWDER IN PACKET 50 MG	1	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	1	NM; NDS
SELZENTRY ORAL TABLET 25 MG	1	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	1	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS
SYMFI LO ORAL TABLET 400-300-300 MG	1	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	1	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	1	NM; NDS
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS
VEMLIDY ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	1	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	

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

Drug Name	Drug Tier	Requirements/Limits
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG	1	
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	NM; NDS
ZERIT ORAL RECON SOLN 1 MG/ML	1	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	
<i>zidovudine oral tablet 300 mg</i>	1	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	1	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	1	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	1	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	1	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	1	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	1	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	1	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	1	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
MAVYRET ORAL TABLET 100-40 MG	1	PA; NM; NDS; QL (84 per 28 days)
OLYSIO ORAL CAPSULE 150 MG	1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	1	PA; NM; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	1	PA; NM; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	1	PA; NM; NDS; QL (112 per 28 days)
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	1	PA; NM; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	PA NSO; NM; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA NSO; NM; NDS; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir 1,000 mg/20 ml vial 10's,latex-free,sdv 50 mg/ml</i>	1	PA BvD; NM; NDS
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	PA BvD; NM; NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	NM; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	NM; NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	1	PA BvD
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	1	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	1	PA BvD; NM; NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	NM; NDS

Blood Products/Modifiers/Volume Expanders

Anticoagulants

BEVYXXA ORAL CAPSULE 40 MG, 80 MG	1	QL (43 per 42 days)
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	1	NM; NDS
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	1	NM; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin 25,000 unit/250 ml (100 unit/ml)- 0.45% nacl bag l/f,inner,single-use 25,000 unit/250 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	1	PA; NM; NDS; QL (24 per 28 days)
<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	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	ST; QL (60 per 30 days)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; NDS
DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK)	1	PA; NM; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	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
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	1	PA; NM; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	1	NM; NDS
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 200 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	1	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
MULPLETA ORAL TABLET 3 MG	1	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	1	NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	1	PA; NM; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; NM; NDS; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NM; NDS; QL (30 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	ST; NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
<i>protamine intravenous solution 10 mg/ml</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; NM; NDS; 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>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<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>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	1	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	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
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	1	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	PA BvD
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	1	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	1	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	1	PA BvD
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
Cardiovascular Agents		
Alpha-Adrenergic Agents		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i> (Catapres-TTS-1)	1	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	QL (8 per 28 days)
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	1	PA; NM; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
Angiotensin Ii Receptor Antagonists		
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	1	ST
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	1	ST
EDARBI ORAL TABLET 40 MG, 80 MG	1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	1	
<i>olmesartan-amlodipin-hcthiaid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> (Tribenzor)	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	1	
Angiotensin-Converting Enzyme Inhibitors		

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>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	1	
<i>benazepril oral tablet 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	
<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>	1	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	1	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
Antiarrhythmic Agents		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>procainamide intravenous syringe 100 mg/ml</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg</i> (Tenoretic 100)	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	1	
BYVALSON ORAL TABLET 5-80 MG	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i> (Brevibloc)	1	PA BvD; 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>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	1	
<i>sotalol af oral tablet 120 mg</i>	1	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	1	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	1	
<i>verapamil oral tablet 40 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; QL (60 per 30 days)
DEMSEER ORAL CAPSULE 250 MG	1	NM; NDS
<i>digitek oral tablet 125 mcg</i>	1	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>digitek oral tablet 250 mcg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>digox oral tablet 125 mcg</i>	1	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digox oral tablet 250 mcg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	1	PA-HRM; AGE (Max 64 Years)
DIGOXIN ORAL SOLUTION 50 MCG/ML	1	PA-HRM; AGE (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i> (Digitek)	1	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digoxin oral tablet 250 mcg</i> (Digitek)	1	PA-HRM; AGE (Max 64 Years)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	1	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	1	Mylan generic preferred; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	1	Mylan generic preferred; QL (4 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	1	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	1	NM; NDS; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
LANOXIN ORAL TABLET 187.5 MCG	1	PA-HRM; QL (30 per 30 days); AGE (Max 64 Years)
LANOXIN ORAL TABLET 62.5 MCG	1	PA-HRM; High Risk Med. PA Required for ages 65 and older and dose is greater than 125mcg per day; QL (60 per 30 days); AGE (Max 64 Years)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	PA BvD; NM; NDS
<i>milrinone intravenous solution 1 mg/ml</i>	1	PA BvD; NM; NDS
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))	1	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	1	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	1	
<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)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiazyd 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)	1	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50 ML, 50 MG/100 ML	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> (Adalat CC)	1	
Diuretics		
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	1	PA; NM; NDS; QL (56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light packet 4 gram</i>	1	
<i>colestipol oral packet 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	1	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	

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

Drug Name	Drug Tier	Requirements/Limits
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	1	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	1	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	1	PA; NM; NDS; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	1	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	(Niaspan Extended-Release)	1
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	(Lovaza)	1
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	PA; NM; NDS; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	1	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i>	(Pravachol)	1
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; NM; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; NM; NDS; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; NM; NDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	(Crestor)	1
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i>	(Zocor)	1
<i>simvastatin oral tablet 5 mg</i>	1	
<i>simvastatin oral tablet 80 mg</i>	(Zocor)	1
VASCEPA ORAL CAPSULE 0.5 GRAM	1	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	1	

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

Drug Name	Drug Tier	Requirements/Limits
WELCHOL ORAL TABLET 625 MG	1	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	1	ST
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	1	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	1	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/hr</i>	1	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<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, 0.6 mg/hr</i> (Minitran)	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Minitran)	1	QL (60 per 30 days)
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	1	
AUBAGIO ORAL TABLET 14 MG, 7 MG	1	PA; NM; NDS; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	1	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; NDS
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	1	PA; NM; NDS; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	QL (60 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	1	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	1	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	1	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	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
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	1	PA; NM; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG	1	PA; NM; NDS; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA; NM; NDS; QL (28 per 28 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	1	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	1	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; NM; NDS; QL (12 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	
INGREZZA ORAL CAPSULE 40 MG	1	PA; NM; NDS; QL (60 per 30 days)
INGREZZA ORAL CAPSULE 80 MG	1	PA; NM; NDS; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	1	PA; NM; NDS
<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)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)	1	QL (60 per 30 days)
<i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	1	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>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i> (Ritalin LA)	1	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	1	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	1	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	1	QL (60 per 30 days)
NUDEXTA ORAL CAPSULE 20-10 MG	1	PA NSO; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; NM; NDS; QL (20 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; NM; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	1	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	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)	1	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (60 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	1	PA; NM; NDS; QL (14 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	1	PA; NM; NDS; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	QL (91 per 84 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
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	
cyclafem 1/35 (28) oral tablet 1-35 mg-mcg	1	
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
cyred oral tablet 0.15-0.03 mg	1	
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	QL (91 per 84 days)
deblitane oral tablet 0.35 mg	1	
delyla (28) oral tablet 0.1-20 mg-mcg	1	
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Azurette (28))	1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg (Apri)	1	
drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg (Gianvi (28))	1	
drosiprenone-ethinyl estradiol oral tablet 3-0.03 mg (Ocella)	1	
elinest oral tablet 0.3-30 mg-mcg	1	
ELLA ORAL TABLET 30 MG	1	QL (6 per 365 days)
emoquette oral tablet 0.15-0.03 mg	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	
errin oral tablet 0.35 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg (Kelnor 1/35 (28))	1	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg (Kelnor 1-50)	1	
falmina (28) oral tablet 0.1-20 mg-mcg	1	
femynor oral tablet 0.25-35 mg-mcg	1	
gianvi (28) oral tablet 3-0.02 mg	1	
gildagia oral tablet 0.4-35 mg-mcg	1	
heather oral tablet 0.35 mg	1	
incassia oral tablet 0.35 mg	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Amethia Lo)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> (Fayosim)	1	QL (91 per 84 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Amethia)	1	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Aubra)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	1	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Introvale)	1	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	1	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow oral tablet 0.15-0.03 mg</i>	1	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho Tri-Cyclen LO (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
<i>norlyroc oral tablet 0.35 mg</i>	1	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	1	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	1	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	
<i>portia oral tablet 0.15-0.03 mg</i>	1	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg- 35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>tulana oral tablet 0.35 mg</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	1	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	1	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i> (Evoxac)	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> (Paroex Oral Rinse)	1	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>perio gard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> (Salagen (pilocarpine))	1	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	1	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	1	NM; NDS
<i>acyclovir topical ointment 5 %</i> (Zovirax)	1	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ALCOHOL PREP PADS	1	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	1	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	1	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	1	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	1	
<i>calcitrene topical ointment 0.005 %</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	1	
CONDYLOX TOPICAL GEL 0.5 %	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; NM; NDS
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL (300 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	1	PA; NM; NDS; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; NM; NDS
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	1	PA
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	NM; NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	PA NSO; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (OxSORALEN Ultra)	1	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	1	NM; NDS
PICATO TOPICAL GEL 0.015 %	1	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	1	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	1	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	1	PA; NM; NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; NM; NDS
TOLAK TOPICAL CREAM 4 %	1	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS
VALCHLOR TOPICAL GEL 0.016 %	1	NM; NDS
VOLTAREN TOPICAL GEL 1 %	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
Dermatological Antibacterials		
clindamycin phosphate topical gel 1 % (Cleocin T)	1	
clindamycin phosphate topical lotion 1 % (Cleocin T)	1	
clindamycin phosphate topical solution 1 % (Cleocin T)	1	
clindamycin phosphate topical swab 1 % (Cleocin T)	1	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 % (Erygel)	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin with ethanol topical swab 2 % (Ery Pads)	1	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
metronidazole topical cream 0.75 % (MetroCream)	1	
metronidazole topical gel 0.75 % (Rosadan)	1	
metronidazole topical gel 1 % (Metrogel)	1	
metronidazole topical lotion 0.75 % (MetroLotion)	1	
mupirocin calcium topical cream 2 % (Bactroban)	1	
mupirocin topical ointment 2 % (Centany)	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	
rosadan topical cream 0.75 %	1	
selenium sulfide topical lotion 2.5 %	1	
silver sulfadiazine topical cream 1 % (Silvadene)	1	
ssd topical cream 1 %	1	
sulfacetamide sodium (acne) topical suspension 10 % (Klaron)	1	
Dermatological Anti-Inflammatory Agents		
ala-cort topical cream 1 %, 2.5 %	1	
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	1	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	1	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	1	
<i>cormax scalp solution 0.05 %</i>	1	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	1	
ELIDEL TOPICAL CREAM 1 %	1	
EUCRISA TOPICAL OINTMENT 2 %	1	
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>mometasone topical cream 0.1 %</i> (Elocon)	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone topical ointment 0.1 %</i> (Elocon)	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %</i> (Differin)	1	
<i>tazarotene topical cream 0.1 %</i> (Avage)	1	
TAZORAC TOPICAL CREAM 0.05 %	1	
<i>tretinoin topical cream 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
Scabicides And Pediculicides		
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	1	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	

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

Drug Name	Drug Tier	Requirements/Limits
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 (Ultilet Insulin Syringe) SYRINGE 0.3 ML 29 GAUGE	1	
INSULIN SYRINGE-NEEDLE U-100 (Advocate Syringes) SYRINGE 1 ML 29 GAUGE X 1/2"	1	
INSULIN SYRINGE-NEEDLE U-100 (Lite Touch Insulin Syringe) SYRINGE 1/2 ML 28 GAUGE	1	
PEN NEEDLE, DIABETIC NEEDLE 29 (1st Tier Unifine Gauge X 1/2" Pentips)	1	
STERILE PADS 2" X 2" 2 X 2 "	1	
VGO 40 DISPOSABLE DEVICE	1	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	1	NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	1	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	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	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	NM; NDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; NM; NDS; QL (14 per 28 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	1	NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	1	NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	1	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	1	PA; NM; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	1	NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA BvD; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	1	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	NM; NDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 20,000-68,000 - 109,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000-168,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT	1	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	1	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	NM; NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	1	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (15 per 10 days)
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	1	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	1	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	1	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	1	

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

Drug Name	Drug Tier	Requirements/Limits
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> (Gentak)	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g- 1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit- mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml- unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin hc ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit/g-1%	1	
<i>neo-polycin ophthalmic (eye) ointment</i> 3.5-400-10,000 mg-unit-unit/g	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> (Bleph-10)	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	1	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i> (Tobrex)	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> (TobraDex)	1	
<i>trifluridine ophthalmic (eye) drops 1 %</i> (Viroptic)	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	1	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	1	ST
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	1	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	1	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL (50 per 25 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>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	1	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	QL (60 per 30 days)
Gastrointestinal Agents		
Antiulcer Agents And Acid Suppressants		
CARAFATE ORAL SUSPENSION 100 MG/ML	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg</i> (Acid Reducer (cimetidine))	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i> (Zantac)	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> (Zantac)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	
Gastrointestinal Agents, Other		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	1	
OICALIVA ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NM; NDS
RELISTOR ORAL TABLET 150 MG	1	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; NM; NDS; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	1	PA; NM; NDS; QL (28 per 28 days)
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	1	NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	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
VIBERZI ORAL TABLET 100 MG, 75 MG	1	ST; NM; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	1	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (GaviLyte-N)	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	1	
<i>eliphos oral tablet 667 mg</i>	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	1	
RENAGEL ORAL TABLET 400 MG, 800 MG	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	1	

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 5 mg</i> (Ditropan XL)	1	
<i>oxybutynin chloride oral tablet extended release 24hr 15 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	1	
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	1	
Genitourinary Agents, Miscellaneous		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	1	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
Heavy Metal Antagonists		
Heavy Metal Antagonists		
CUPRIMINE ORAL CAPSULE 250 MG	1	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	1	PA
DEPEN TITRATABS ORAL TABLET 250 MG	1	PA; NM; NDS
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	1	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	1	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
FERRIPROX ORAL TABLET 500 MG	1	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	1	PA; NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	1	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	1	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	1	PA; NM; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	1	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	1	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	1	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i>	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	1	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	1	PA-HRM; AGE (Max 64 Years)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	PA-HRM; AGE (Max 64 Years)

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>estradiol transdermal patch semiweekly</i> (Alora) 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly</i> (Minivelle) 0.0375 mg/24 hr	1	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly</i> 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 (Climara)	1	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 %</i> (0.1 mg/gram) (Estrace)	1	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	1	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	1	PA-HRM; AGE (Max 64 Years)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 84 days)
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	PA-HRM; AGE (Max 64 Years)
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		

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>a-hydrocort injection recon soln 100 mg</i>	1	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	1	
<i>cortisone oral tablet 25 mg</i>	1	PA BvD
<i>decadron oral elixir 0.5 mg/5 ml</i>	1	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	1	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i> (Decadron)	1	PA BvD
<i>dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	PA BvD
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	1	PA; NM; NDS; QL (39 per 30 days)
EMFLAZA ORAL TABLET 18 MG	1	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	1	PA; NM; NDS; QL (60 per 30 days)
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	1	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> (Depo-Medrol)	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Medrol)	1	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	PA BvD
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	1	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	1	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet 10 mg</i>	1	PA BvD
<i>prednisone oral tablet 20 mg (Deltasone)</i>	1	PA BvD
<i>prednisone oral tablets, dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 100 MG/2 ML	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml (Kenalog)</i>	1	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml) (DDAVP)</i>	1	
<i>desmopressin injection solution 4 mcg/ml (DDAVP)</i>	1	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate) (DDAVP)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg (DDAVP)</i>	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	1	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	1	NM; NDS
NORDITROPIN FLEXPRO 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)	1	PA; NM; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	1	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	1	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml</i>	1	NM; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i> (Sandostatin)	1	
<i>octreotide acetate injection solution 200 mcg/ml</i>	1	
<i>octreotide acetate injection solution 500 mcg/ml</i> (Sandostatin)	1	NM; NDS
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	NM; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; NM; NDS
ORILISSA ORAL TABLET 150 MG	1	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	1	PA; NM; NDS; QL (56 per 28 days)

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	1	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	1	PA; NM; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	1	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	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	1	NM; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	1	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	NM; NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	1	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	1	PA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	1	PA; NM; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	1	QL (10 per 28 days)
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	PA NSO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera) 1	QL (1 per 84 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>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	QL (1 per 84 days)
<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>	1	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	NM; NDS
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levo-T)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
Immunological Agents		
Immunological Agents		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	NM; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	1	PA BvD; 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
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	1	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	1	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	1	PA; NM; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	1	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	1	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	1	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK), 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML	1	PA; NM; NDS
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; NM; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	1	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	1	
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	1	PA; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	1	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	1	PA; NM; NDS; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 2 MG	1	PA; NM; NDS; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	1	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	1	PA; NM; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; NDS; 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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	1	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	PA BvD; NM; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	1	
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	1	NM; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	1	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	1	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	1	PA BvD; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; LA; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG	1	PA; NM; NDS; 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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL TABLET 5 MG	1	PA; NM; NDS; QL (120 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	1	PA BvD; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
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	1	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
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	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25- 58-10 LF-MCG-LF/0.5ML	1	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	1	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	1	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML	1	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	QL (1 per 365 days)
Inflammatory Bowel Disease Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	NM; NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	1	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i> (Entocort EC)	1	NM; NDS
CANASA RECTAL SUPPOSITORY 1,000 MG	1	
<i>colocort rectal enema 100 mg/60 ml</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	1	
DIPENTUM ORAL CAPSULE 250 MG	1	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i> (Asacol HD)	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
UCERIS RECTAL FOAM 2 MG/ACTUATION	1	
Irrigating Solutions		
Irrigating Solutions		
<i>acetic acid irrigation solution 0.25 %</i>	1	
LACTATED RINGERS IRRIGATION SOLUTION	1	
<i>ringer's irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	1	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i>	1	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	1	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	1	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	1	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	1	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	1	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NM; NDS; QL (2 per 28 days)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	1	
<i>paricalcitol intravenous solution 2 mcg/ml</i> (Zemplar)	1	
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (Zemplar)	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	1	
<i>paricalcitol oral capsule 4 mcg</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	1	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	1	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	1	QL (30 per 30 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	1	QL (30 per 30 days)
SENSIPAR ORAL TABLET 30 MG	1	QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG	1	NM; NDS; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	1	NM; NDS; QL (120 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	1	PA; QL (1.56 per 30 days)
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	QL (100 per 300 days)
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	1	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	1	NM; NDS
Miscellaneous Therapeutic Agents		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	NM; NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO- INJECTOR 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	1	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>droperidol injection solution 2.5 mg/ml</i>	1	
ELMIRON ORAL CAPSULE 100 MG	1	
ENDARI ORAL POWDER IN PACKET 5 GRAM	1	PA; NM; NDS; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	1	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	1	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	1	NM; NDS
<i>guanidine oral tablet 125 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg,</i> (Vistaril) <i>50 mg</i>	1	PA-HRM; AGE (Max 64 Years)
KEVEYIS ORAL TABLET 50 MG	1	PA; NM; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg</i>	1	
<i>leucovorin calcium injection recon soln 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution</i> (Carnitor) <i>100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	1	
<i>levoleucovorin intravenous recon soln 50</i> (Fusilev) <i>mg</i>	1	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	NM; NDS
MESTINON ORAL SYRUP 60 MG/5 ML	1	NM; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	1	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	1	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
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NM; NDS; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	1	NM; NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	1	NM; NDS
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	1	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	1	PA; NM; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic (eye) drops 2 % (Trusopt)</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml (Cosopt)</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 % (Xalatan)</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	1	
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 % (Isopto Carpine)</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>timolol maleate ophthalmic (eye) drops</i> (Timoptic) 0.25 %, 0.5 %	1	
<i>timolol maleate ophthalmic (eye) drops,</i> (Istalol) <i>once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel</i> (Timoptic-XE) <i>forming solution 0.25 %, 0.5 %</i>	1	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	1	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	1	QL (30 per 30 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous solution 100</i> <i>mg/ml (10 %)</i>	1	
<i>calcium chloride intravenous syringe 100</i> <i>mg/ml (10 %)</i>	1	
<i>d10 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i> <i>intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride</i> <i>intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous</i> <i>parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous</i> <i>parenteral solution</i>	1	
<i>dextrose 5 %-lactated ringers intravenous</i> <i>parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride</i> <i>intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i> <i>intravenous parenteral solution</i>	1	
<i>dextrose with sodium chloride intravenous</i> <i>parenteral solution 5-0.2 %</i>	1	
<i>electrolyte-48 in d5w intravenous</i> <i>parenteral solution</i>	1	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	

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

Drug Name	Drug Tier	Requirements/Limits
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	1	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq</i>	1	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i> (Cytra K Crystals)	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	
<i>sodium lactate intravenous solution 5 meq/ml</i>	1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	1	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	1	
Respiratory Tract Agents		
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	QL (13 per 28 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	1	QL (17.4 per 25 days)

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

Drug Name	Drug Tier	Requirements/Limits
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	1	QL (21.2 per 25 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	1	QL (12 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	QL (11 per 25 days)
Antileukotrienes		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	1	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	1	QL (60 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	1	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	NM; NDS
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release (Theochron) 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	1	
Respiratory Tract Agents, Other		

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>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	1	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 250 MCG, 500 MCG	1	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; NM; NDS; QL (90 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	1	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	1	PA; NM; NDS; QL (56 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	1	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	1	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	1	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; NM; NDS; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	NM; LA; NDS; QL (540 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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

Vasodilating Agents

Vasodilating Agents

ADCIRCA ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; NDS; QL (90 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	1	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	1	PA; NM; NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; NM; NDS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	1	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

Effective Date: 11/01/2018

Formulary ID: 18007.000

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	1	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	1	PA; QL (90 per 30 days)
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	1	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	1	PA; NM; NDS; QL (112 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	1	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; NDS; QL (400 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg</i>	1	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>sodium fluoride 0.5 mg/ml drop d/f, s/f, gluten-free (otc) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	

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

Effective Date: 11/01/2018

Formulary ID: 18007.000

INDEX

A		
abacavir	51	
abacavir-lamivudine	51	
abacavir-lamivudine-zidovudine	52	
ABELCET	39	
ABILIFY MAINTENA.....	47	
ABRAXANE.....	20	
acamprosate.....	9	
acarbose.....	36	
acebutolol	66	
acetaminophen-codeine.....	3	
acetazolamide.....	118	
acetazolamide sodium	118	
acetic acid.....	91, 114	
acetylcysteine	126	
acitretin.....	84	
ACTEMRA	105	
ACTHIB (PF).....	110	
ACTIMMUNE	116	
acyclovir.....	56, 84	
acyclovir sodium	56, 57	
ADACEL(TDAP ADOLESN/ADULT)(PF) 110		
ADAGEN.....	89	
adapalene.....	88	
ADCIRCA.....	128	
adefovir.....	57	
ADEMPAS.....	128	
adriamycin.....	20	
adrucil.....	20	
ADVAIR DISKUS.....	122	
ADVAIR HFA	123	
afeditab cr.....	70	
AFINITOR	20	
AFINITOR DISPERZ.....	20	
a-hydrocort.....	101	
AIMOVIG AUTOINJECTOR	42	
AIMOVIG AUTOINJECTOR (2 PACK).....	42	
AKTEN (PF)	91	
AKYNZEO (FOSNETUPITANT)	43	
AKYNZEO (NETUPITANT).....	44	
ala-cort.....	86	
ALBENZA.....	45	
albuterol sulfate	124	
alclometasone	86	
ALCOHOL PADS.....	84	
ALCOHOL PREP PADS	84	
ALDURAZYME	89	
ALECENSA	20	
alendronate.....	115	
alfuzosin.....	98	
ALIMTA.....	20	
ALINIA	45	
ALIQOPA.....	20	
allopurinol.....	41	
alosetron.....	114	
ALPHAGAN P.....	118	
alprazolam	10	
ALREX.....	93	
altavera (28).....	78	
ALUNBRIG.....	20	
alyacen 1/35 (28).....	78	
alyacen 7/7/7 (28).....	78	
amabelz.....	99	
amantadine hcl.....	46	
AMBISOME.....	40	
amethia.....	78	
amethia lo	78	
amifostine crystalline.....	116	
amiloride.....	71	
amiloride-hydrochlorothiazide	71	
AMINOSYN 10 %.....	60	
AMINOSYN 7 % WITH ELECTROLYTES	60	
AMINOSYN 8.5 %.....	60	
AMINOSYN 8.5 %- ELECTROLYTES	60	
AMINOSYN II 10 %	60	
AMINOSYN II 15 %	60	
AMINOSYN II 7 %	60	
AMINOSYN II 8.5 %	60	
AMINOSYN II 8.5 %- ELECTROLYTES	60	
AMINOSYN M 3.5 %	60	
AMINOSYN-HBC 7%	60	
AMINOSYN-PF 10 %	61	
AMINOSYN-PF 7 % (SULFITE-FREE).....	61	
AMINOSYN-RF 5.2 %	61	
amiodarone.....	65	
AMITIZA.....	95	
amitriptyline.....	33	
amlodipine.....	70	
amlodipine-atorvastatin.....	72	
amlodipine-benazepril.....	70	
amlodipine-olmesartan.....	71	
amlodipine-valsartan.....	71	
amlodipine-valsartan-hcthiazid	71	
ammonium lactate.....	84	
amoxapine.....	33	
amoxicillin	16	
amoxicillin-pot clavulanate....	17	
amphotericin b	40	
ampicillin	17	
ampicillin sodium.....	17	

ampicillin-sulbactam	17	AVASTIN.....	20	betamethasone valerate	87
AMPYRA.....	75	AVC VAGINAL.....	42	betamethasone, augmented	87
ANADROL-50.....	99	aviane.....	78	BETASERON.....	75
anagrelide	59	AVONEX	75	betaxolol.....	66, 118
anastrozole.....	20	AVONEX (WITH ALBUMIN)		bethanechol chloride	97
ANDRODERM	99	.....	75	BETHKIS.....	11
ANDROGEL.....	99	azacitidine.....	20	BEVYXXA	57
androxy.....	99	azathioprine	105	bexarotene	21
ANORO ELLIPTA	124	azathioprine sodium.....	105	BEXSERO	110
APOKYN	46	azelastine	91	bicalutamide.....	21
apraclonidine	91	azithromycin	15	BICILLIN C-R.....	17
aprepitant.....	44	AZOPT	118	BICILLIN L-A.....	17
apri.....	78	aztreonam.....	16	BIDIL.....	74
APRISO.....	114	azurette (28).....	78	BIKTARVY	52
APTIOM.....	29	B		bisoprolol fumarate	66
APTIVUS	52	bacitracin	12, 91	bisoprolol-hydrochlorothiazide	
aranelle (28).....	78	bacitracin-polymyxin b.....	91	.....	66
ARCALYST.....	105	baclofen	126	bleomycin.....	21
aripiprazole.....	47, 48	balsalazide	114	bleph-10	91
ARISTADA.....	48	balziva (28).....	78	BLINCYTO	21
ARISTADA INITIO	48	BANZEL	29	blisovi 24 fe.....	78
armodafinil	127	BAVENCIO.....	20	blisovi fe 1.5/30 (28).....	78
ARNUITY ELLIPTA.....	123	BAXDELA	18	blisovi fe 1/20 (28).....	78
ascomp with codeine	3	BCG VACCINE, LIVE (PF).....	110	BOOSTRIX TDAP	110
ashlyna.....	78	BD ULTRA-FINE NANO PEN		BORTEZOMIB.....	21
aspirin-dipyridamole	60	NEEDLE.....	88	BOSULIF.....	21
ASSURE ID INSULIN		BD VEO INSULIN SYRINGE		BRAFTOVI.....	21
SAFETY.....	88	UF	88, 89	BREO ELLIPTA.....	123
ASTAGRAF XL	105	bekyree (28).....	78	brillyn	78
atazanavir	52	BELBUCA.....	3	BRILINTA	60
atenolol	66	BELEODAQ.....	20	brimonidine	118
atenolol-chlorthalidone.....	66	BELSOMRA	127	BRIVIACT.....	29
atomoxetine	75	benazepril.....	65	bromocriptine.....	46
atorvastatin	72	benazepril-hydrochlorothiazide		BROMSITE	93
atovaquone	45	.....	65	budesonide	114, 123
atovaquone-proguanil.....	45	BENDEKA	20	bumetanide.....	71
ATRIPLA	52	BENLYSTA	116	BUNAVAIL.....	9
atropine.....	29, 91	benznidazole	45	buprenorphine	3
ATROVENT HFA	124	benztropine	46	buprenorphine hcl	3, 9
AUBAGIO	75	BESPONSA.....	20	buprenorphine-naloxone	9
aubra.....	78	betamethasone acet,sod phos.....	101	bupropion hcl	33
AUSTEDO	75	betamethasone dipropionate ..	86	bupropion hcl (smoking deter).....	9

bupirone	10	carteolol	118	CHANTIX.....	9
butalbital compound w/codeine	3	cartia xt	67	CHANTIX CONTINUING	
butalbital-acetaminop-caf-cod..	3	carvedilol	66	MONTH BOX	9
butalbital-acetaminophen	3	caspofungin.....	40	CHANTIX STARTING	
butalbital-acetaminophen-caff..	3	CAYSTON	16	MONTH BOX	9
butalbital-aspirin-caffeine	3, 4	caziant (28)	79	chloramphenicol sod succinate	
BUTRANS	4	cefaclor	13	.....	12
BYSTOLIC	66	cefadroxil.....	13, 14	chlordiazepoxide hcl	10
BYVALSON	66	cefazolin.....	14	chlorhexidine gluconate	84
C		cefazolin in 0.9% sod chloride		chloroquine phosphate	45
cabergoline	46	.....	14	chlorothiazide.....	71
CABOMETYX.....	21	cefazolin in dextrose (iso-os).	14	chlorothiazide sodium.....	71
caffeine citrate	75	cefdinir.....	14	chlorpromazine	48
calcipotriene	84	cefditoren pivoxil.....	14	chlorthalidone	71
calcitonin (salmon).....	115	CEFEPIME.....	14	chlorzoxazone	127
calcitrene	84	CEFEPIME IN DEXTROSE 5		cholestyramine (with sugar)..	72
calcitriol.....	85, 115	%	14	cholestyramine light.....	72
calcium acetate	97	CEFEPIME IN		ciclopirox	40
calcium chloride	119	DEXTROSE,ISO-OSM.....	14	cilostazol	60
CALDOLOR	7	cefotaxime	14	CIMDUO	52
CALQUENCE.....	21	cefoxitin	14	cimetidine.....	94
camila	78	cefoxitin in dextrose, iso-osm	14	cimetidine hcl.....	94
camrese.....	78	cefpodoxime	14	CIMZIA	106
camrese lo.....	78	cefprozil	14	CIMZIA POWDER FOR	
CANASA	114	ceftazidime.....	14	RECONST	106
candesartan	64	ceftibuten	14	CINQAIR.....	126
candesartan-hydrochlorothiazid		ceftriaxone	15	CINRYZE	58
.....	64	ceftriaxone in dextrose,iso-os	14	CINVANTI	44
capacet.....	4	cefuroxime axetil	15	CIPRODEX.....	91
CAPASTAT	43	cefuroxime sodium	15	ciprofloxacin	18
CAPRELSA	21	cefuroxime-dextrose (iso-osm)		ciprofloxacin hcl	18, 91
captopril.....	65	.....	15	ciprofloxacin in 5 % dextrose	18
captopril-hydrochlorothiazide	65	celecoxib.....	7	ciprofloxacin lactate.....	18
CARAFATE.....	94	CELONTIN	30	cialopram	33
CARBAGLU.....	95	cephalexin.....	15	clarithromycin.....	15
carbamazepine.....	30	CEPROTIN (BLUE BAR)	57	CLEVIPREX.....	71
carbidopa-levodopa	46	CERDELGA.....	89	clindamycin hcl.....	12
carbidopa-levodopa-entacapone		CEREZYME.....	89	clindamycin in 5 % dextrose..	12
.....	46	CERVARIX VACCINE (PF)		clindamycin palmitate hcl	12
CARIMUNE NF		.....	110	clindamycin phosphate....	12, 42,
NANOFILTERED	105	CETYLEV	116	86	
carisoprodol.....	127	cevimeline.....	84		

CLINIMIX 5%/D15W	clorazepate dipotassium.....	10	CYSTADANE	116
SULFITE FREE	clotrimazole	40	CYSTARAN	91
CLINIMIX 5%/D25W	clotrimazole-betamethasone ..	40	D	
SULFITE-FREE.....	clozapine.....	48	d10 %-0.45 % sodium chloride	
CLINIMIX 2.75%/D5W	COARTEM.....	45	.....	119
SULFIT FREE.....	codeine sulfate	4	d2.5 %-0.45 % sodium chloride	
CLINIMIX 4.25%/D10W SULF	COLCRYS.....	41	.....	119
FREE	colestipol.....	72	d5 % and 0.9 % sodium chloride	
CLINIMIX 4.25%/D5W	colistin (colistimethate na)....	12	.....	119
SULFIT FREE.....	colocort	114	d5 %-0.45 % sodium chloride	
CLINIMIX 4.25%-D20W	COLY-MYCIN S	92	.....	119
SULF-FREE	COMBIGAN	118	DAKLINZA	55
CLINIMIX 4.25%-D25W	COMBIPATCH.....	99	dalfampridine	75
SULF-FREE	COMBIVENT RESPIMAT.	124	DALIRESP	126
CLINIMIX 5%-	COMETRIQ	21	danazol	99
D20W(SULFITE-FREE) ...	COMPLERA	52	dantrolene.....	127
CLINIMIX E 2.75%/D10W	compro	44	dapsone	43
SUL FREE.....	CONDYLOX.....	85	DAPTACEL (DTAP	
CLINIMIX E 2.75%/D5W	constulose	95	PEDIATRIC) (PF)	110
SULF FREE	CORLANOR	68	daptomycin.....	12
CLINIMIX E 4.25%/D10W	cormax	87	DARAPRIM	45
SUL FREE.....	cortisone.....	101	DARZALEX.....	22
CLINIMIX E 4.25%/D25W	COSENTYX (2 SYRINGES)	85	dasetta 1/35 (28).....	79
SUL FREE.....	COSENTYX PEN (2 PENS).	85	dasetta 7/7/7 (28).....	79
CLINIMIX E 4.25%/D5W	COTELLIC.....	21	daysee.....	79
SULF FREE	CREON.....	89	deblitane.....	79
CLINIMIX E 5%/D15W	CRIXIVAN.....	52	decadron.....	101
SULFIT FREE.....	cromolyn.....	91, 126	decitabine	22
CLINIMIX E 5%/D20W	cryselle (28)	79	deferoxamine.....	98
SULFIT FREE.....	CUPRIMINE	98	DELSTRIGO	52
CLINIMIX E 5%/D25W	cyclafem 1/35 (28).....	79	delyla (28).....	79
SULFIT FREE.....	cyclafem 7/7/7 (28).....	79	DELZICOL.....	114
CLINISOL SF 15 %	cyclobenzaprine	127	DEMSEER	68
clobetasol.....	cyclopentolate.....	91	DEPEN TITRATABS.....	98
clobetasol-emollient	cyclophosphamide	21	DEPO-PROVERA	104
clocortolone pivalate	CYCLOPHOSPHAMIDE	21	DESCOVY	52
clofarabine	CYCLOSET.....	36	desipramine	33, 34
clomipramine.....	cyclosporine.....	106	desmopressin.....	102
clonazepam.....	cyclosporine modified	106	desog-e.estradiol/e.estradiol...	79
clonidine	cyproheptadine.....	41	desogestrel-ethinyl estradiol ..	79
clonidine hcl	CYRAMZA	22	desoximetasone	87
clopidogrel.....	cyred	79	desvenlafaxine succinate.....	34

dexamethasone	101	didanosine	52	DUAVEE	99
dexamethasone sodium phos (pf)	101	DIFICID	15	DULERA	123
dexamethasone sodium phosphate	93, 101	diflunisal	7	duloxetine	34
dexmethylphenidate	75	digitek	68, 69	DUPIXENT	85
dextroamphetamine	75	digox	69	DUREZOL	93
dextroamphetamine- amphetamine	75	digoxin	69	dutasteride	98
dextrose 10 % and 0.2 % nacl	119	DIGOXIN	69	dutasteride-tamsulosin	98
dextrose 10 % in water (d10w)	62	dihydroergotamine	42	E	
dextrose 20 % in water (d20w)	62	DILANTIN	30	e.e.s. 400	15
dextrose 25 % in water (d25w)	62	diltiazem hcl	67, 68	E.E.S. GRANULES	16
dextrose 40 % in water (d40w)	62	dilt-xr	68	econazole	40
dextrose 5 % in ringer's	62	dimenhydrinate	44	EDARBI	64
dextrose 5 % in water (d5w) ..	62	DIOVAN	64	EDARBYCLOR	64
dextrose 5 %-lactated ringers	119	DIOVAN HCT	64	EDURANT	52
dextrose 5%-0.2 % sod chloride	119	DIPENTUM	114	efavirenz	52
dextrose 5%-0.3 % sod.chloride	119	diphenhydramine hcl	41	ELAPRASE	89
dextrose 50 % in water (d50w)	62	diphenoxylate-atropine	95	electrolyte-48 in d5w	119
dextrose 70 % in water (d70w)	62	dipyridamole	60	ELIDEL	87
dextrose with sodium chloride	119	disopyramide phosphate	66	ELIGARD	22
DIASTAT	10	disulfiram	9	ELIGARD (3 MONTH)	22
DIASTAT ACUDIAL	10	divalproex	30	ELIGARD (4 MONTH)	22
diazepam	10, 11	dobutamine	69	ELIGARD (6 MONTH)	22
diazepam intensol	10	dobutamine in d5w	69	elinest	79
diclofenac potassium	7	dofetilide	66	eliphos	97
diclofenac sodium	7, 85, 93	donepezil	32	ELIQUIS	57
diclofenac-misoprostol	7	dopamine	69	ELITEK	89
dicloxacillin	17	dopamine in 5 % dextrose	69	ELLA	79
dicyclomine	95	DOPTELET	58	ELMIRON	117
		dorzolamide	118	EMCYT	22
		dorzolamide-timolol	118	EMEND	44
		doxazosin	63	EMEND (FOSAPREPITANT)	44
		doxepin	34	EMFLAZA	101
		doxercalciferol	115	emoquette	79
		doxorubicin	22	EMPLICITI	22
		doxorubicin, peg-liposomal ..	22	EMSAM	34
		doxy-100	19	EMTRIVA	52
		doxycycline hyclate	19	enalapril maleate	65
		doxycycline monohydrate	19	enalaprilat	65
		dronabinol	44	enalapril-hydrochlorothiazide	65
		droperidol	117	ENBREL	106
		drosiprenone-ethinyl estradiol	79	ENBREL SURECLICK	106
		DROXIA	22		

ENDARI.....	117	esmolol.....	66	fenoprofen.....	7
endocet.....	4	esomeprazole sodium.....	94	fentanyl.....	4
ENGERIX-B (PF).....	110	estarylla.....	79	fentanyl citrate.....	4
ENGERIX-B PEDIATRIC (PF)	110, 111	estradiol.....	99, 100	FERRIPROX.....	98, 99
enoxaparin.....	57	estradiol valerate.....	100	FETZIMA.....	34
enpresse.....	79	estradiol-norethindrone acet.....	100	FIASP FLEXTOUCH U-100 INSULIN.....	38
enskyce.....	79	estropipate.....	100	FIASP U-100 INSULIN.....	38
entacapone.....	46	eszopiclone.....	127	finasteride.....	98
entecavir.....	57	ethambutol.....	43	FIRAZYR.....	70
ENTRESTO.....	64	ethosuximide.....	30	FLEBOGAMMA DIF.....	106
enulose.....	95	ethynodiol diac-eth estradiol.....	79	flecainide.....	66
ENVARUSUS XR.....	106	etodolac.....	7	FLECTOR.....	85
EPCLUSA.....	55	ETOPOPHOS.....	22	FLOVENT DISKUS.....	123
epinastine.....	91	etoposide.....	22	FLOVENT HFA.....	123
epinephrine.....	70	EUCRISA.....	87	floxuridine.....	22
EPIPEN.....	70	EVOTAZ.....	52	fluconazole.....	40
EPIPEN 2-PAK.....	70	exemestane.....	22	fluconazole in nacl (iso-osm).....	40
EPIPEN JR 2-PAK.....	70	EXJADE.....	98	flucytosine.....	40
epitol.....	30	EXONDYS 51.....	117	fludrocortisone.....	101
EPIVIR HBV.....	52	EXTAVIA.....	76	flumazenil.....	76
eplerenone.....	74	ezetimibe.....	72	flunisolide.....	93
EPOGEN.....	58	F		fluocinolone.....	87
epoprostenol (glycine).....	128	FABRAZYME.....	89	fluocinonide.....	87
ergoloid.....	117	falmina (28).....	79	fluocinonide-e.....	87
ERGOMAR.....	42	famciclovir.....	57	fluoride (sodium).....	129
ERIVEDGE.....	22	famotidine.....	94, 95	fluorometholone.....	94
ERLEADA.....	22	famotidine (pf).....	94	fluorouracil.....	22, 85
errin.....	79	famotidine (pf)-nacl (iso-os).....	94	fluoxetine.....	34
ertapenem.....	16	FANAPT.....	48	fluphenazine decanoate.....	48
ery pads.....	86	FARESTON.....	22	fluphenazine hcl.....	48, 49
ERYPED 200.....	16	FARYDAK.....	22	flurbiprofen.....	7
ERYPED 400.....	16	FASENRA.....	126	flurbiprofen sodium.....	94
ery-tab.....	16	FASLODEX.....	22	flutamide.....	22
ERY-TAB.....	16	felbamate.....	30	fluticasone.....	87, 94
ERYTHROCIN.....	16	felodipine.....	71	fluvoxamine.....	34
erythrocin (as stearate).....	16	FEMRING.....	100	fomepizole.....	117
erythromycin.....	16, 92	femynor.....	79	fondaparinux.....	57
erythromycin ethylsuccinate.....	16	fenofibrate.....	72	FORTEO.....	115
erythromycin with ethanol.....	86	fenofibrate micronized.....	72	fosamprenavir.....	52
ESBRIET.....	126	fenofibrate nanocrystallized.....	72	foscarnet.....	55
escitalopram oxalate.....	34	fenofibric acid.....	72	fosinopril.....	65
		fenofibric acid (choline).....	72		

fosinopril-hydrochlorothiazide	GEODON	HEPATAMINE 8%
.....65	..... 49	..... 62
fosphenytoin	gianvi (28)	HERCEPTIN
.....30	..... 79	..... 23
FREAMINE HBC 6.9 %	gildagia	HETLIOZ
.....62	..... 79	..... 127
FREAMINE III 10 %	GILENYA	HEXALEN
.....62	..... 76	..... 23
FULPHILA	GILOTRIF	HIBERIX (PF)
.....58	..... 23	..... 111
furosemide	glatiramer	HUMATROPE
.....71	..... 76	..... 102
FUZEON	glatopa	HUMIRA
.....52	..... 76	..... 107
FYCOMPA	GLEOSTINE	HUMIRA PEDIATRIC
.....30	..... 23	CROHN'S START
G	glimepiride	..... 107
gabapentin	..... 39	HUMIRA PEN
.....30	glipizide	..... 107
GALAFOLD	..... 39	HUMIRA PEN CROHN'S-UC-
.....89	glipizide-metformin	HS START
galantamine	..... 39	..... 107
.....33	GLUCAGEN HYPOKIT	HUMIRA PEN PSORIASIS-
GAMASTAN S/D	..... 36	UVEITIS
.....106	GLUCAGON EMERGENCY	..... 107
GAMMAGARD LIQUID	KIT (HUMAN)	HUMULIN R U-500 (CONC)
.... 106	..... 36	INSULIN
GAMMAGARD S-D (IGA < 1	glyburide	..... 38
MCG/ML)	..... 39	HUMULIN R U-500 (CONC)
.....106	glyburide micronized	KWIKPEN
GAMMAPLEX	..... 39	..... 38
.....106	glyburide-metformin	hydralazine
GAMMAPLEX (WITH	..... 39	..... 70
SORBITOL)	glycopyrrolate	hydrochlorothiazide
.....106	..... 95	..... 71
ganciclovir sodium	glydo	hydrocodone-acetaminophen
.....57	..... 8	... 4
GARDASIL (PF)	GLYXAMBI	hydrocodone-ibuprofen
.....111	..... 36	..... 4
GARDASIL 9 (PF)	GOCOVRI	hydrocortisone
.....111	..... 46, 47	..... 87, 101, 114
gatifloxacin	granisetron (pf)	hydromorphone
.....92	..... 44	..... 4, 5
GATTEX 30-VIAL	granisetron hcl	hydromorphone (pf)
.....95	..... 44	..... 4
GAUZE PAD	GRANIX	hydroxychloroquine
.....89	..... 58	..... 45
gavilyte-c	griseofulvin microsize	hydroxyprogesterone caproate
.....97	..... 40	..... 104
gavilyte-g	guanfacine	hydroxyurea
.....97	..... 63, 76	..... 23
gavilyte-n	guanidine	hydroxyzine hcl
.....97	..... 117	..... 41, 42
GAZYVA	H	hydroxyzine pamoate
.....23	HAEGARDA	..... 117
gemfibrozil	..... 59	HYPERRAB (PF)
.....72	halobetasol propionate	..... 107
generlac	..... 87	HYPERRAB S/D (PF)
.....95	haloperidol	..... 107
gengraf	..... 49	HYQVIA
.....106, 107	haloperidol decanoate	..... 107
GENOTROPIN	..... 49	HYSINGLA ER
.....102	haloperidol lactate	..... 5
GENOTROPIN MINIQUICK	HARVONI	I
.....102	..... 55	ibandronate
gentak	HAVRIX (PF)	..... 115
.....92	..... 111	IBRANCE
gentamicin	heather	..... 23
..... 11, 86, 92	..... 79	ibu
gentamicin in nacl (iso-osm)	heparin (porcine)	..... 8
.. 11	..... 58	ibuprofen
gentamicin sulfate (ped) (pf)	heparin (porcine) in 5 % dex	..... 8
.. 11	58	ICLUSIG
gentamicin sulfate (pf)	heparin(porcine) in 0.45% nacl	..... 23
..... 11	..... 58	IDHIFA
GENVOYA	heparin, porcine (pf)	..... 23
.....52	..... 58	

ifosfamide.....	23	IONOSOL-MB IN D5W	120	junel fe 24	80
ifosfamide-mesna	23	IPOL	111	JUXTAPID	73
ILARIS (PF).....	107	ipratropium bromide	91, 124	JYNARQUE	71
ILEVRO	94	IPRIVASK.....	58	K	
ILUMYA.....	107	irbesartan	64	KABIVEN.....	63
imatinib.....	23	irbesartan-hydrochlorothiazide		KALETRA	53
IMBRUVICA	23	.....	64	KALYDECO.....	126
IMFINZI.....	23	IRESSA	24	KANUMA.....	89
imipenem-cilastatin	16	ISENTRESS	53	kariva (28).....	80
imipramine hcl.....	34	ISENTRESS HD.....	53	KEDRAB (PF).....	108
imipramine pamoate.....	35	isibloom	80	kelnor 1/35 (28).....	80
imiquimod	85	ISOLYTE-P IN 5 %		kelnor 1-50.....	80
IMLYGIC.....	23	DEXTROSE	120	KENALOG	101
IMOGAM RABIES-HT (PF)		ISOLYTE-S	120	ketoconazole	40
.....	107	isoniazid.....	43	ketoprofen	8
IMOVAX RABIES VACCINE		isosorbide dinitrate	74	ketorolac.....	8, 94
(PF).....	111	isosorbide mononitrate	74	KEVEYIS	117
IMPAVIDO.....	45	isradipine	71	KEVZARA	108
incassia	79	itraconazole.....	40	KEYTRUDA.....	24
INCRELEX	103	ivermectin	45	kimidess (28).....	80
INCRUSE ELLIPTA.....	124	IXEMPRA	24	KINERET	108
indapamide	71	IXIARO (PF).....	111	KINRIX (PF)	111
indomethacin	8	J		kionex (with sorbitol).....	96
indomethacin sodium	8	JADENU.....	99	KISQALI.....	24
INFANRIX (DTAP) (PF).....	111	JADENU SPRINKLE.....	99	KISQALI FEMARA CO-PACK	
INFLECTRA	107	JAKAFI	24	.....	24
INGREZZA	76	jantoven	58	klor-con m10.....	120
INLYTA.....	23	JANUMET.....	36	klor-con m15.....	120
INSULIN SYRINGE-NEEDLE		JANUMET XR	36	klor-con m20.....	120
U-100.....	89	JANUVIA.....	36	klor-con sprinkle	120
INTELENCE.....	52	JARDIANCE	36	KORLYM	37
INTRALIPID	63	jencycla.....	80	KRYSTEXXA	90
INTRON A.....	56	JENTADUETO	36	kurvelo	80
introvale.....	80	JENTADUETO XR.....	37	KUVAN	90
INVANZ.....	16	jolessa	80	KYNAMRO	73
INVEGA SUSTENNA.....	49	jolivette	80	KYPROLIS.....	24
INVEGA TRINZA.....	49	juleber	80	L	
INVIRASE	52, 53	JULUCA.....	53	l norgest/e.estradiol-e.estrad ..	80
INVOKAMET.....	36	junel 1.5/30 (21)	80	labetalol.....	67
INVOKAMET XR	36	junel 1/20 (21)	80	LACRISERT.....	91
INVOKANA	36	junel fe 1.5/30 (28)	80	LACTATED RINGERS	114
IONOSOL-B IN D5W	119	junel fe 1/20 (28)	80	lactulose	96

lamivudine.....	53	levora-28.....	81	LUPRON DEPOT.....	25
lamivudine-zidovudine.....	53	levothyroxine.....	105	LUPRON DEPOT (3 MONTH)	
lamotrigine.....	30	LEXIVA.....	53	.....	25
LANOXIN.....	70	LIALDA.....	114	LUPRON DEPOT (4 MONTH)	
lansoprazole.....	95	lidocaine.....	9	.....	25
LANTUS SOLOSTAR U-100		lidocaine (pf).....	8, 9, 66	LUPRON DEPOT (6 MONTH)	
INSULIN.....	38	lidocaine hcl.....	9	.....	25
LANTUS U-100 INSULIN....	38	lidocaine in 5 % dextrose (pf)	66	LUPRON DEPOT-PED.....	103
larin 1.5/30 (21).....	80	lidocaine viscous.....	9	LUPRON DEPOT-PED (3	
larin 1/20 (21).....	80	lidocaine-prilocaine.....	9	MONTH).....	103
larin 24 fe.....	80	lillow.....	81	lutera (28).....	81
larin fe 1.5/30 (28).....	80	linezolid.....	12	LYNPARZA.....	25
larin fe 1/20 (28).....	80	linezolid in dextrose 5%.....	12	LYRICA.....	31
larissia.....	81	linezolid-0.9% sodium chloride		LYSODREN.....	25
LARTRUVO.....	24	.....	12	lyza.....	81
latanoprost.....	118	LINZESS.....	96	M	
LATUDA.....	50	liothyronine.....	105	magnesium sulfate.....	120
LAZANDA.....	5	lisinopril.....	65	magnesium sulfate in d5w ...	120
leena 28.....	81	lisinopril-hydrochlorothiazide	65	magnesium sulfate in water .	120
leflunomide.....	108	lithium carbonate.....	76	malathion.....	88
LEMTRADA.....	76	lithium citrate.....	76	maprotiline.....	35
LENVIMA.....	24	LIVALO.....	73	marlissa.....	81
lessina.....	81	lomedial 24 fe.....	81	MARPLAN.....	35
LETAIRIS.....	128	LONHALA MAGNAIR		MATULANE.....	25
letrozole.....	24	STARTER.....	125	matzim la.....	68
leucovorin calcium.....	117	LONSURF.....	24	MAVYRET.....	56
LEUKERAN.....	24	loperamide.....	96	meclizine.....	44
LEUKINE.....	59	lopinavir-ritonavir.....	53	medroxyprogesterone... 104, 105	
leuprolide.....	24	lopreeza.....	100	mefenamic acid.....	8
levabuterol tartrate.....	124	lorazepam.....	11	mefloquine.....	45
levetiracetam.....	30, 31	lorcet (hydrocodone).....	5	megestrol.....	25, 105
levobunolol.....	118	lorcet hd.....	5	MEKINIST.....	25
levocarnitine.....	117	lorcet plus.....	5	MEKTOVI.....	25
levocarnitine (with sugar)....	117	loryna (28).....	81	meloxicam.....	8
levocetirizine.....	42	losartan.....	64	memantine.....	33
levofloxacin.....	18, 19, 92	losartan-hydrochlorothiazide.	64	MENACTRA (PF).....	111
levofloxacin in d5w.....	18	LOTEMAX.....	94	MENEST.....	100
levoleucovorin.....	117	lovastatin.....	73	MENHIBRIX (PF).....	111
LEVOLEUCOVORIN.....	117	low-ogestrel (28).....	81	MENOMUNE - A/C/Y/W-135	
levonest (28).....	81	loxapine succinate.....	50	.....	112
levonorgestrel-ethinyl estrad..	81	LUCEMYRA.....	9	MENOMUNE - A/C/Y/W-135	
levonorg-eth estrad triphasic ..	81	LUMIGAN.....	118	(PF).....	112

MENVEO A-C-Y-W-135-DIP (PF).....	112	midodrine.....	63	myzilra	81
mercaptapurine.....	25	miglitol.....	37	N	
meropenem.....	16	miglustat	90	nabumetone	8
mesalamine.....	114	mili.....	81	nadolol.....	67
mesna.....	117	milrinone.....	70	nafcillin	17
MESNEX	117	milrinone in 5 % dextrose.....	70	NAGLAZYME	90
MESTINON	117	mimvey	100	naloxone.....	9
metaproterenol.....	125	mimvey lo.....	100	naltrexone.....	10
metformin	37	minitrans.....	74	NAMENDA XR.....	33
methadone	5	minocycline	19	NAMZARIC	33
methadose.....	5	minoxidil.....	74	naproxen.....	8
methazolamide	118	MIRCERA.....	59	naratriptan	42
methenamine hippurate	12	mirtazapine	35	NARCAN.....	10
methimazole	105	misoprostol	95	NATACYN	92
methocarbamol.....	127	mitoxantrone.....	25	nateglinide.....	37
methotrexate sodium	25	M-M-R II (PF).....	112	NATPARA.....	115
methotrexate sodium (pf)	25	moexipril.....	65	NEBUPENT.....	46
methoxsalen.....	85	moexipril-hydrochlorothiazide	65	necon 0.5/35 (28)	81
methscopolamine.....	96	molindone	50	necon 1/50 (28)	81
methylclothiazide	72	mometasone.....	87, 88	necon 10/11 (28)	82
methylphenidate hcl	76, 77	mondoxylene nl	19	necon 7/7/7 (28)	82
methylprednisolone	101	mono-lynyah.....	81	nefazodone	35
methylprednisolone acetate ..	101	mononessa (28).....	81	neomycin.....	11
methylprednisolone sodium succ	101	montelukast.....	124	neomycin-bacitracin-poly-hc .	92
metipranolol	118	morphine.....	5	neomycin-bacitracin-polymyxin	92
metoclopramide hcl.....	96	MORPHINE	5	neomycin-polymyxin b gu	86
metolazone	72	morphine concentrate	5	neomycin-polymyxin b- dexameth	92
metoprolol succinate	67	MOVANTIK	96	neomycin-polymyxin- gramicidin	92
metoprolol ta-hydrochlorothiaz	67	MOVIPREP	97	neomycin-polymyxin-hc	92
metoprolol tartrate.....	67	MOXEZA	92	neo-polycin	93
metronidazole	13, 42, 86	moxifloxacin.....	19, 92	neo-polycin hc.....	93
metronidazole in nacl (iso-os)	13	MOZOBIL.....	59	NEPHRAMINE 5.4 %	63
mexiletine	66	MULPLETA	59	NERLYNX	25
MIACALCIN	115	MULTAQ	66	NEULASTA	59
miconazole-3	40	mupirocin.....	86	NEUPOGEN	59
microgestin 1.5/30 (21)	81	mupirocin calcium	86	NEUPRO.....	47
microgestin 1/20 (21)	81	mycophenolate mofetil	108	nevirapine.....	53
microgestin fe 1.5/30 (28)	81	mycophenolate mofetil hcl ..	108	NEXAVAR.....	26
microgestin fe 1/20 (28)	81	mycophenolate sodium	108	niacin.....	73
		MYLOTARG.....	25		
		MYRBETRIQ.....	98		

niacor.....	73	NOVOLOG MIX 70-30 U-100		olopatadine.....	91
nicardipine.....	71	INSULN.....	38	OLUMIANT.....	108
NICOTROL.....	10	NOVOLOG MIX 70-		OLYSIO.....	56
nifedipine.....	71	30FLEXPEN U-100.....	38	omega-3 acid ethyl esters.....	73
nikki (28).....	82	NOVOLOG PENFILL U-100		omeprazole.....	95
nilutamide.....	26	INSULIN.....	39	OMNITROPE.....	103
NINLARO.....	26	NOVOLOG U-100 INSULIN		ONCASPAR.....	26
NITRO-BID.....	74	ASPART.....	39	ondansetron.....	44
nitrofurantoin macrocrystal....	13	NOXAFIL.....	40	ondansetron hcl.....	44
nitrofurantoin monohyd/m-cryst	13	NUCALA.....	126	ondansetron hcl (pf).....	44
nitroglycerin.....	74, 75	NUCYNTA.....	6	ONFI.....	11
nitroglycerin in 5 % dextrose.	74	NUCYNTA ER.....	6	ONIVYDE.....	26
NIVESTYM.....	59	NUEDEXTA.....	77	OPDIVO.....	26
nora-be.....	82	NULOJIX.....	108	OPSUMIT.....	128
NORDITROPIN FLEXPRO	103	NUPLAZID.....	50	oralone.....	84
norepinephrine bitartrate.....	70	NUTRESTORE.....	96	ORENCIA.....	108
norethindrone (contraceptive)	82	NUTRILIPID.....	63	ORENCIA (WITH MALTOSE)	108
norethindrone acetate.....	105	NUTROPIN AQ NUSPIN...	103	ORENCIA CLICKJECT.....	108
norethindrone ac-eth estradiol	82	NUVARING.....	82	ORENITRAM.....	128
norethindrone-e.estradiol-iron	82	nyamyc.....	41	ORFADIN.....	90
norgestimate-ethinyl estradiol	82	nyata.....	41	ORLISSA.....	103
norlyda.....	82	nystatin.....	41	ORKAMBI.....	126
norlyroc.....	82	nystatin-triamcinolone.....	41	orsythia.....	82
NORMOSOL-M IN 5 %		nystop.....	41	oseltamivir.....	55
DEXTROSE.....	120	O		OSMOLEX ER.....	47
NORMOSOL-R PH 7.4.....	120	OCALIVA.....	96	OTEZLA.....	108
NORTHERA.....	64	ocella.....	82	OTEZLA STARTER.....	108
nortrel 0.5/35 (28).....	82	OCREVUS.....	77	OTOVEL.....	91
nortrel 1/35 (21).....	82	OCTAGAM.....	108	OTREXUP (PF).....	109
nortrel 1/35 (28).....	82	octreotide acetate.....	103	oxacillin.....	17, 18
nortrel 7/7/7 (28).....	82	ODEFSEY.....	53	oxacillin in dextrose(iso-osm)	18
nortriptyline.....	35	ODOMZO.....	26	oxandrolone.....	99
NORVIR.....	53	OFEV.....	126	oxcarbazepine.....	31
NOVOLIN 70/30 U-100		ofloxacin.....	19, 93	OXTELLAR XR.....	31
INSULIN.....	38	ogestrel (28).....	82	oxybutynin chloride.....	98
NOVOLIN N NPH U-100		okebo.....	19	oxycodone.....	6
INSULIN.....	38	olanzapine.....	50	oxycodone-acetaminophen.....	6
NOVOLIN R REGULAR U-		olmesartan.....	64	oxycodone-aspirin.....	6
100 INSULN.....	38	olmesartan-amlodipin-hcthiazid		OXYCONTIN.....	6
NOVOLOG FLEXPEN U-100		.....	64	oxymorphone.....	6
INSULIN.....	38	olmesartan-hydrochlorothiazide		OZEMPIC.....	37
		.....	64		

P		
pacerone	66	
paliperidone.....	50	
PALYNZIQ.....	90	
PANRETIN	85	
pantoprazole	95	
paricalcitol.....	115	
PARICALCITOL.....	115	
paroex oral rinse.....	84	
paromomycin.....	46	
paroxetine hcl	35	
PASER	43	
PAXIL	35	
PEDIARIX (PF).....	112	
PEDVAX HIB (PF).....	112	
peg 3350-electrolytes	97	
PEGANONE	31	
PEGASYS	56	
PEGASYS PROCLICK	56	
peg-electrolyte soln	97	
PEGINTRON	56	
PEN NEEDLE, DIABETIC ...	89	
penicillin g pot in dextrose	18	
penicillin g potassium.....	18	
penicillin g procaine	18	
penicillin v potassium.....	18	
PENTACEL (PF)	112	
PENTACEL DTAP-IPV COMPNT (PF)	112	
PENTAM	46	
pentoxifylline	60	
PERIKABIVEN	63	
perindopril erbumine	65	
periogard.....	84	
permethrin	88	
perphenazine.....	50	
perphenazine-amitriptyline.....	35	
pfizerpen-g	18	
phenadoz.....	44	
phenelzine.....	35	
phenobarbital	31	
phenylephrine hcl	64, 91	
phenytoin	31	
phenytoin sodium	31	
phenytoin sodium extended... ..	31	
philith.....	82	
PHOSLYRA	97	
PHOSPHOLINE IODIDE ...	118	
PICATO.....	85	
PIFELTRO.....	53	
pilocarpine hcl	84, 118	
pimozide	50	
pimtree (28)	82	
pindolol.....	67	
pioglitazone	37	
pioglitazone-glimepiride.....	37	
pioglitazone-metformin	37	
piperacillin-tazobactam	18	
pirmella.....	82	
piroxicam	8	
PLASMA-LYTE 148	120	
PLASMA-LYTE A.....	120	
PLASMA-LYTE-56 IN 5 % DEXTROSE	120	
PLEGRIDY	77	
PLENAMINE	63	
podofilox.....	85	
polycin	93	
polyethylene glycol 3350.....	97	
polymyxin b sulfate	13	
polymyxin b sulf-trimethoprim	93	
POMALYST.....	26	
portia.....	82	
PORTRAZZA.....	26	
potassium acetate.....	120	
potassium chlorid-d5-0.45%nacl	121	
potassium chloride.....	121	
potassium chloride in 0.9%nacl	121	
potassium chloride in 5 % dex	121	
potassium chloride in lr-d5 ..	121	
potassium chloride in water .	121	
potassium chloride-0.45 % nacl	121	
potassium chloride-d5-0.2%nacl	121	
potassium chloride-d5-0.3%nacl	121	
potassium chloride-d5-0.9%nacl	122	
potassium citrate	122	
potassium citrate-citric acid .	122	
POTELIGEO.....	26	
POTIGA.....	31	
PRADAXA	58	
PRALUENT PEN	73	
pramipexole.....	47	
prasugrel.....	60	
pravastatin	73	
prazosin	64	
prednicarbate.....	88	
prednisolone.....	101	
prednisolone acetate.....	94	
prednisolone sodium phosphate	94, 101, 102	
prednisone	102	
PREMARIN.....	100	
PREMASOL 10 %	63	
PREMASOL 6 %	63	
PREMPHASE.....	100	
PREMPRO.....	100	
prenatal plus (calcium carb). .	129	
prenatal vitamin plus low iron	129	
prevalite.....	73	
previfem	82	
PREVYMIS	55	
PREZCOBIX	53	
PREZISTA	53	
PRIFTIN	43	
PRIMAQUINE	46	
primidone	31	
PRIVIGEN.....	109	

PROAIR HFA	125	Q	RETROVIR.....	54
PROAIR RESPICLICK	125	QUADRACEL (PF)	REVLIMID	26
probenecid	41	quasense.....	revonto	127
probenecid-colchicine	41	quetiapine.....	REXULTI	50
procainamide	66	quinapril.....	REYATAZ.....	54
PROCALAMINE 3%.....	63	quinapril-hydrochlorothiazide	RHOPRESSA	119
prochlorperazine.....	45	.....	ribasphere.....	57
prochlorperazine edisylate.....	45	quinidine sulfate	ribavirin.....	57
prochlorperazine maleate	45	.....	RIDAURA	109
PROCRIPT	59	quinine sulfate.....	rifabutin.....	43
procto-med hc.....	88	QVAR.....	rifampin.....	43
procto-pak.....	88	QVAR REDIHALER	RIFATER	43
proctosol hc	88	R	riluzole	77
proctozone-hc	88	RABAVERT (PF)	rimantadine	55
PROCYSBI	90	RADICAVA	ringer's.....	114, 122
progesterone in oil.....	105	raloxifene	risedronate.....	116
progesterone micronized	105	ramipril	RISPERDAL CONSTA... 50, 51	
PROGLYCEM	117	RANEXA.....	risperidone.....	51
PROGRAF	109	ranitidine hcl.....	ritonavir.....	54
PROLASTIN-C.....	126	RAPAMUNE.....	RITUXAN.....	26
PROLENSA	94	rasagiline.....	RITUXAN HYCELA	26
PROLEUKIN	26	RASUVO (PF).....	rivastigmine.....	33
PROLIA	116	RAVICTI.....	rivastigmine tartrate	33
PROMACTA.....	59	RAYALDEE.....	rizatriptan	42
promethazine	42, 45	REBIF (WITH ALBUMIN) ..	ropinirole.....	47
promethazine vc	42	REBIF REBIDOSE	rosadan	86
promethegan	45	REBIF TITRATION PACK..	rosuvastatin	73
propafenone	66	.....	ROTARIX.....	112
propantheline.....	29	reclipsen (28).....	ROTATEQ VACCINE	112
proparacaine	91	RECOMBIVAX HB (PF)....	ROWEEPPRA.....	31
propranolol	67	.....	RUBRACA	26
propranolol-hydrochlorothiazid		RELENZA DISKHALER	RYDAPT.....	26
.....	67	RELISTOR	S	
propylthiouracil	105	REMICADE	SABRIL	31
PROQUAD (PF)	112	REMODULIN	SAIZEN	104
PROSOL 20 %	63	RENAGEL.....	SAIZEN SAIZENPREP.....	104
protamine.....	59	RENFLEXIS.....	SANDOSTATIN LAR DEPOT	
protriptyline.....	35	repaglinide .....	.....	104
PULMOZYME.....	90	repaglinide-metformin	SANTYL.....	85
PURIXAN	26	REPATHA PUSHTRONEX .	SAPHRIS	51
pyrazinamide	43	REPATHA SURECLICK.....	SAVELLA	77
pyridostigmine bromide	117	REPATHA SYRINGE	scopolamine base	45
		reprexain		
		RESCRIPTOR.....		
			
		RESTASIS.....		
		RETACRIT.....		

selegiline hcl.....	47	sotalol af	67	SUTENT	27
selenium sulfide.....	86	SOVALDI.....	56	syeda	83
SELZENTRY	54	SPIRIVA RESPIMAT	125	SYLATRON	56
SENSIPAR	116	SPIRIVA WITH		SYLVANT	27
SEREVENT DISKUS	125	HANDIHALER.....	125	SYMBICORT	124
SEROSTIM	104	spironolactone.....	72	SYMDEKO.....	126
sertraline	35	spironolacton-hydrochlorothiaz		SYMFI	54
setlakin	83	.....	72	SYMFI LO.....	54
sevelamer carbonate	97	sprintec (28).....	83	SYMLINPEN 120.....	37
sharobel	83	SPRITAM.....	31, 32	SYMLINPEN 60.....	37
SHINGRIX (PF).....	113	SPRYCEL.....	26	SYMITUZA	54
SIGNIFOR	104	sps (with sorbitol)	96	SYNAGIS	55
sildenafil (antihypertensive) .	129	sronyx	83	SYNAREL	104
SILENOR.....	127	ssd	86	SYNERCID.....	13
SILIQ.....	85	stavudine.....	54	SYNJARDY.....	37
silver sulfadiazine.....	86	STELARA	109	SYNJARDY XR.....	37
SIMBRINZA	119	STERILE PADS	89	SYNRIBO	27
SIMPONI	109	STIOLTO RESPIMAT	125	T	
SIMPONI ARIA.....	109	STIVARGA	27	TABLOID	27
simvastatin.....	73	STRENSIQ	90	tacrolimus.....	88, 109
sirolimus	109	streptomycin	12	tadalafil (antihypertensive) ..	129
SIRTURO.....	43	STRIBILD	54	TAFINLAR.....	27
smoflipid.....	63	STRIVERDI RESPIMAT....	125	TAGRISSE	27
sodium acetate	122	SUBLOCADE	6	TAKHZYRO.....	117
sodium chloride	114, 122	SUBOXONE	10	TALTZ AUTOINJECTOR....	85
sodium chloride 0.45 %	122	subvenite.....	32	TALTZ SYRINGE.....	85
sodium chloride 0.9 %	122	sucralfate.....	95	tamoxifen	27
sodium lactate.....	122	sulfacetamide sodium	93	tamsulosin	98
sodium phenylbutyrate	96	sulfacetamide sodium (acne) .	86	TARCEVA.....	27
sodium phosphate.....	122	sulfacetamide-prednisolone ...	93	TARGRETIN.....	27
sodium polystyrene (sorb free)		sulfadiazine.....	19	tarina fe 1/20 (28).....	83
.....	96	sulfamethoxazole-trimethoprim		TASIGNA	27
sodium polystyrene sulfonate.	96	.....	19	TAVALISSE.....	59
SOLQUA 100/33	39	sulfasalazine.....	114	tazarotene	88
SOLTAMOX.....	26	sulfatrim.....	19	tazicef.....	15
SOLU-CORTEF (PF).....	102	sulindac	8	TAZORAC.....	88
SOMATULINE DEPOT	104	sumatriptan	43	taztia xt.....	68
SOMAVERT	104	sumatriptan succinate	43	TECENTRIQ	27
sorbitol.....	114	SUPPRELIN LA.....	104	TECFIDERA.....	77, 78
sorbitol-mannitol	114	SUPRAX	15	TECHNIVIE	56
sorine	67	SUPREP BOWEL PREP KIT	97	TEFLARO.....	15
sotalol	67	SURMONTIL.....	35	TEKAMLO	74

TEKTURNA	74	tobramycin-dexamethasone ...	93	trifluoperazine	51
TEKTURNA HCT	74	TOLAK.....	85	trifluridine	93
telmisartan	64	tolazamide.....	39	trihexyphenidyl	47
temazepam.....	11	tolbutamide	39	tri-legest fe	83
TEMODAR	27	tolterodine.....	98	tri-linyah.....	83
tencon	7	topiramate	32	tri-lo-estarylla.....	83
TENIVAC (PF)	113	toposar	27	tri-lo-marzia	83
tenofovir disoproxil fumarate.	54	torseamide	72	tri-lo-sprintec.....	83
terazosin	98	TOTECT	118	trilyte with flavor packets	97
terbinafine hcl.....	41	TOUJEO MAX U-300		trimethoprim	13
terbutaline.....	125	SOLOSTAR.....	39	tri-mili	83
terconazole	42	TOUJEO SOLOSTAR U-300		trimipramine.....	35
testosterone.....	99	INSULIN	39	trinessa (28).....	83
testosterone cypionate	99	TOVIAZ	98	TRINTELLIX	35
testosterone enanthate	99	TPN ELECTROLYTES	122	tri-previfem (28).....	83
TETANUS,DIPHThERIA TOX		TPN ELECTROLYTES II..	122	TRIPTODUR	104
PED(PF)	113	TRACLEER.....	129	tri-sprintec (28)	83
TETANUS-DIPHThERIA		TRADJENTA	38	TRIUMEQ	54
TOXOIDS-TD.....	113	tramadol	7	trivora (28)	83
tetrabenazine.....	78	tramadol-acetaminophen	7	tri-vylibra	83
THALOMID.....	118	trandolapril.....	65	TROGARZO.....	54
theophylline.....	125	tranexamic acid.....	60	TROKENDI XR.....	32
theophylline in dextrose 5 %	125	TRANSDERM-SCOP	45	TROPHAMINE 10 %	63
THIOLA	118	tranylcypromine.....	35	TROPHAMINE 6%	63
thioridazine.....	51	TRAVASOL 10 %.....	63	trosium	98
thiotepa.....	27	TRAVATAN Z.....	119	TRULICITY	38
thiothixene.....	51	trazodone	35	TRUMENBA	113
tiagabine	32	TREANDA	27	TRUVADA.....	54
TIBSOVO.....	27	TRECTOR	43	tulana.....	83
TICE BCG.....	113	TRELEGY ELLIPTA.....	125	TWINRIX (PF)	113
tigecycline	19	TRELSTAR.....	27, 28	TYBOST	118
tilia fe.....	83	TREMFYA	85	TYKERB.....	28
timolol maleate.....	67, 119	tretinoin.....	88	TYMLOS	116
TIVICAY	54	tretinoin (chemotherapy)	28	TYPHIM VI.....	113
tizanidine	127	TREXALL	28	TYSABRI	109
TOBI PODHALER	12	tri femynor	83	TYVASO	129
TOBRADEX	93	triamcinolone acetonide..	84, 88,	U	
TOBRADEX ST	93	102		UCERIS	114
tobramycin.....	93	triamterene-hydrochlorothiazid		ULORIC.....	41
tobramycin in 0.225 % nacl....	12	.....	72	UNITUXIN	28
tobramycin in 0.9 % nacl.....	12	trientine.....	99	UPTRAVI	129
tobramycin sulfate	12	tri-estarylla.....	83	ursodiol	96

V		
valacyclovir	57	
VALCHLOR	85	
valganciclovir	57	
valproate sodium	32	
valproic acid	32	
valproic acid (as sodium salt)	32	
valsartan	64	
valsartan-hydrochlorothiazide	64	
VALSTAR	28	
vancomycin	13	
vancomycin in dextrose 5 % ..	13	
VAQTA (PF).....	113	
VARIVAX (PF)	113	
VASCEPA.....	73	
VELCADE	28	
velivet triphasic regimen (28) ..	83	
VELPHORO.....	97	
VELTASSA	96	
VEMLIDY	54	
VENCLEXTA.....	28	
VENCLEXTA STARTING PACK	28	
venlafaxine	35, 36	
verapamil.....	68	
VERSACLOZ	51	
VERZENIO	28	
VESICARE	98	
vestura (28).....	84	
VGO 40	89	
VIBERZI	97	
VICTOZA	38	
VIDEX 2 GRAM PEDIATRIC	54	
VIDEX 4 GRAM PEDIATRIC	54	
VIDEX EC	55	
VIEKIRA PAK	56	
VIEKIRA XR.....	56	
vienna	84	
vigabatrin.....	32	
vigadrone.....	32	
VIIBRYD.....	36	
VIMIZIM.....	90	
VIMPAT.....	32	
vinorelbine	28	
viorele (28)	84	
VIRACEPT.....	55	
VIRAMUNE.....	55	
VIREAD	55	
VISTOGARD	118	
VOLTAREN.....	85	
voriconazole.....	41	
VOSEVI.....	56	
VOTRIENT	28	
VPRIV	90	
VRAYLAR.....	51	
vyfemla (28)	84	
vylibra.....	84	
VYXEOS	28	
W		
warfarin.....	58	
water for irrigation, sterile ...	114	
WELCHOL.....	73, 74	
wera (28).....	84	
X		
XADAGO	47	
XALKORI	28	
XARELTO.....	58	
XATMEP.....	28	
XELJANZ.....	109, 110	
XELJANZ XR	110	
XERMELO.....	97	
XIFAXAN	13	
XOLAIR	126	
XTAMPZA ER.....	7	
XTANDI.....	28	
xulane.....	84	
XULTOPHY 100/3.6.....	39	
XURIDEN	118	
XYREM.....	127	
Y		
YERVOY.....	29	
YF-VAX (PF).....	113	
YONDELIS.....	29	
YONSA.....	29	
yuvafem.....	100	
Z		
zafirlukast.....	124	
zaleplon	128	
zarah	84	
ZARXIO	59	
zebutal	7	
ZEJULA	29	
ZELBORAF	29	
zenatane.....	86	
zenchent (28).....	84	
ZENPEP	90	
ZEPATIER.....	56	
ZERIT	55	
zidovudine.....	55	
ZIOPTAN (PF)	119	
ziprasidone hcl	51	
ZIRGAN	93	
ZOLADEX.....	29	
zoledronic acid	116	
zoledronic acid-mannitol-water	116	
zoledronic ac-mannitol-0.9nacl	116	
ZOLINZA	29	
zolmitriptan	43	
zolpidem.....	128	
ZOMACTON	104	
ZOMETA	116	
zonisamide	32	
ZORBTIVE.....	104	
ZORTRESS.....	110	
ZOSTAVAX (PF).....	114	
zovia 1/35e (28)	84	
zovia 1/50e (28)	84	
ZUBSOLV	10	
ZURAMPIC.....	41	
ZYDELIG	29	
ZYKADIA	29	
ZYLET	93	

ZYPREXA RELPREVV51

ZYTIGA 29

Este formulario fue actualizado el 11/01/2018. Para obtener información actualizada o si tiene preguntas, contacte a ATRIO Health Plans llamando al 1-877-672-8620 o para usuarios de TTY/TDD, al 1-800-735-2900, todos los días de 8:00 a.m. a 8:00 p.m., o visite el sitio web atriohp.com.