



ATRIO Bronze Rx (Basin) (PPO)
ATRIO Bronze Rx (Rogue) (PPO)
ATRIO Bronze Rx (Umpqua) (PPO)
ATRIO Gold Rx (PPO)
ATRIO Gold Rx (Willamette) (PPO)
ATRIO Silver Rx (PPO)
ATRIO Silver Rx (Rogue) (PPO)
ATRIO Silver Rx (Willamette) (PPO)

Formulario 2019 (Lista de medicamentos cubiertos)

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

Archivo 19138 del Formulario aprobado del HPMS, versión número 7

Este formulario fue actualizado el 10/09/2018. Para obtener información actualizada o si tiene preguntas, contacte a ATRIO Health Plans llamando al 1-877-672-8620 o para usuarios de TTY, al 1-800-735-2900, todos los días de 8:00 a.m. a 8:00 p.m., o visite el sitio web www.atriohp.com.

Los Planes de salud ATRIO poseen planes PPO y HMO D-SNP con un contrato Medicare. La inscripción en los Planes de salud ATRIO depende de la renovación del contrato.

ATENCIÓN: Si usted habla a español, servicios de asistencia de idioma, de forma gratuita, están disponibles para usted. Llamar al 1-877-672-8620 (TTY: 1-800-735-2900)

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 "plan" o "nuestro plan", se refiere a ATRIO Bronze Rx (Basin) (PPO), ATRIO Bronze Rx (Rogue) (PPO), ATRIO Bronze Rx (Umpqua) (PPO), ATRIO Gold Rx (PPO), ATRIO Gold Rx (Willamette) (PPO), ATRIO Silver Rx (PPO), ATRIO Silver Rx (Rogue) (PPO), y ATRIO Silver Rx (Willamette) (PPO).

Este documento incluye una lista de los medicamentos (formulario) de nuestro plan que está en vigencia desde el 10/09/2018. 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 2020, 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 2019, 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, o el medicamento ha sido retirado del mercado. (Consulte las viñetas a continuación para obtener más información sobre los cambios que afectan a los miembros que actualmente toman el 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. A continuación se encuentran los cambios a la lista de medicamentos que también afectan a los miembros que actualmente están tomando un medicamento:

- **Nuevos medicamentos genéricos.** Es posible que quitemos inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un medicamento genérico que aparecerá por el mismo costo o por un menor costo de medicamento compartido y con las mismas restricciones o menos. Además, al agregar el nuevo medicamento genérico, es posible que decidamos conservar el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente lo pasaremos a un nivel de costo compartido diferente o agregaremos nuevas restricciones. Si actualmente toma un medicamento de marca, es posible que no le avisemos anticipadamente antes de realizar ese cambio, pero posteriormente le brindaremos la información sobre el cambio específico que hemos realizado.
 - Si realizamos ese cambio, usted o su proveedor pueden pedirnos que hagamos una excepción y continuemos cubriendo el medicamento de marca para usted. En el aviso también incluiremos información sobre los pasos que puede seguir para solicitar una excepción, y también puede encontrar información en la sección con el título "¿Cómo puedo solicitar una excepción al Formulario de ATRIO Health Plans?".

- Medicamentos sacados del mercado. 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.
- **Otros cambios.** Es posible que realicemos otros cambios que pueden afectar a los miembros que actualmente están tomando un medicamento. Por ejemplo, podemos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente está en el formulario o podemos agregar nuevas restricciones al medicamento de marca o incluso colocarlo en un nivel de costo compartido diferente. O podemos hacer cambios en función de los nuevos lineamientos clínicos. 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 30 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 30 días).

El formulario adjunto está en vigencia desde el 10/09/2018. 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 actualizará los formularios mensualmente y brindará un documento que enumere los cambios en el formulario. La lista se publicará en atriohp.com/medicare o puede solicitarla 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 un 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 hidrocloreuro	(Zyrtec-D)	Comprimidos de 12 horas
loratadina	(Claritin)	Solución, comprimidos

Nombre del genérico	(Marca de referencia)	Presentación
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 cubramos un medicamento del formulario en un nivel de costo compartido menor [si este medicamento no está incluido en el nivel de especialidad]. Si se aprueba, esto reducirá el importe que debe pagar por su medicamento.
- 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 90 días.

Si usted es residente de un centro de atención prolongada, y 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 algunos de 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	Nivel de medicamento	Nombre del nivel del medicamento	Copago por venta minorista (suministro por 1 mes)	Copago por pedidos por correo (suministro por 3 mes)
ATRIO Bronze Rx (Basin) (PPO) * ATRIO Bronze Rx (Umpqua) (PPO) *	1	Medicamentos genéricos preferidos	\$ 10,00	\$ 20,00
	2	Medicamentos genéricos	\$ 20,00	\$ 40,00
	3	Medicamentos de marca preferidos	\$ 45,00	\$ 90,00
	4	Medicamentos de marca no preferida	\$ 95,00	\$ 190,00
	5	Medicamentos de nivel de especialidad	30%	No disponible
	6	Medicamentos seleccionados	\$ 0	\$ 0
ATRIO Bronze Rx (Rogue) (PPO) *	1	Medicamentos genéricos preferidos	\$ 10,00	\$ 20,00
	2	Medicamentos genéricos	\$ 20,00	\$ 40,00
	3	Medicamentos de marca preferidos	\$ 45,00	\$ 90,00
	4	Medicamentos de marca no preferida	\$ 95,00	\$ 190,00
	5	Medicamentos de nivel de especialidad	29%	No disponible
	6	Medicamentos seleccionados	\$ 0	\$ 0
ATRIO Silver Rx (PPO) *	1	Medicamentos genéricos preferidos	\$ 6,00	\$ 12,00
	2	Medicamentos genéricos	\$ 15,00	\$ 30,00
	3	Medicamentos de marca preferidos	\$ 40,00	\$ 80,00
	4	Medicamentos de marca no preferida	\$ 85,00	\$ 170,00
	5	Medicamentos de nivel de especialidad	30%	No disponible
	6	Medicamentos seleccionados	\$ 0	\$ 0
ATRIO Silver Rx (Rogue) (PPO) *	1	Medicamentos genéricos preferidos	\$ 6,00	\$ 12,00
	2	Medicamentos genéricos	\$ 15,00	\$ 30,00
	3	Medicamentos de marca preferidos	\$ 40,00	\$ 80,00
	4	Medicamentos de marca no preferida	\$ 85,00	\$ 170,00
	5	Medicamentos de nivel de especialidad	32%	No disponible

Plan	Nivel de medicamento	Nombre del nivel del medicamento	Copago por venta minorista (suministro por 1 mes)	Copago por pedidos por correo (suministro por 3 mes)
		de especialidad		
	6	Medicamentos seleccionados	\$ 0	\$ 0
Silver Rx (Willamette) (PPO) *	1	Medicamentos genéricos preferidos	\$ 6,00	\$ 12,00
	2	Medicamentos genéricos	\$ 15,00	\$ 30,00
	3	Medicamentos de marca preferidos	\$ 40,00	\$ 80,00
	4	Medicamentos de marca no preferida	\$ 85,00	\$ 170,00
	5	Medicamentos de nivel de especialidad	29%	No disponible
	6	Medicamentos seleccionados	\$ 0	\$ 0
ATRIO Gold Rx (PPO) ATRIO Gold Rx (Willamette) (PPO)	1	Medicamentos genéricos preferidos	\$ 4,00	\$ 8,00
	2	Medicamentos genéricos	\$ 10,00	\$ 20,00
	3	Medicamentos de marca preferidos	\$ 35,00	\$ 70,00
	4	Medicamentos de marca no preferida	\$ 75,00	\$ 150,00
	5	Medicamentos de nivel de especialidad	33%	No disponible
	6	Medicamentos seleccionados	\$ 0	\$ 0

***Este plan tiene un deducible por medicamentos recetados que no se aplica a los niveles 1, 2 y 6**

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 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	Sin pedido por correo	Este medicamento no está disponible en farmacias para pedidos por correo

Table of Contents

Analgesics	3
Anesthetics	9
Anti-Addiction/Substance Abuse Treatment Agents	10
Antianxiety Agents	10
Antibacterials	13
Anticancer Agents	22
Anticholinergic Agents	32
Anticonvulsants	32
Antidementia Agents	36
Antidepressants	36
Antidiabetic Agents	39
Antifungals	42
Antigout Agents	44
Antihistamines	44
Anti-Infectives (Skin And Mucous Membrane)	45
Antimigraine Agents	45
Antimycobacterials	46
Antinausea Agents	46
Antiparasite Agents	48
Antiparkinsonian Agents	49
Antipsychotic Agents	50
Antivirals (Systemic)	54
Blood Products/Modifiers/Volume Expanders	60
Caloric Agents	63
Cardiovascular Agents	66
Central Nervous System Agents	77
Contraceptives	80

Dental And Oral Agents	85
Dermatological Agents	86
Devices	91
Enzyme Replacement/Modifiers	91
Eye, Ear, Nose, Throat Agents	93
Gastrointestinal Agents	96
Genitourinary Agents	100
Heavy Metal Antagonists	101
Hormonal Agents, Stimulant/Replacement/Modifying	101
Immunological Agents	107
Inflammatory Bowel Disease Agents	115
Irrigating Solutions	115
Metabolic Bone Disease Agents	116
Miscellaneous Therapeutic Agents	117
Ophthalmic Agents	119
Replacement Preparations	120
Respiratory Tract Agents	123
Skeletal Muscle Relaxants	127
Sleep Disorder Agents	128
Vasodilating Agents	129
Vitamins And Minerals	130

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>	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	2	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	2	QL (180 per 30 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	2	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	4	QL (4 per 28 days)
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	4	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>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	2	QL (5 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>capacet oral capsule 50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (180 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 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)	5	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)	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	4	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Vicodin HP)	4	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i> (Lorcet HD)	2	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	2	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Vicodin)	4	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i> (Lorcet (hydrocodone))	2	QL (240 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Vicodin ES)	4	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-325 mg</i> (Lorcet Plus)	2	QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i> (Ibudone)	4	QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	
<i>hydromorphone oral liquid 1 mg/ml</i> (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	2	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
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NM; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet 5-325 mg</i>	2	QL (240 per 30 days)
<i>lorcet hd oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	2	
<i>methadone oral solution 10 mg/5 ml</i>	2	QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	2	QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	2	QL (180 per 30 days)
<i>methadose oral tablet,soluble 40 mg</i>	2	QL (30 per 30 days)
<i>morphine 10 mg/ml isecure syrg l/f, p/f, suv, inner 10 mg/ml</i>	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (180 per 30 days)
<i>morphine injection syringe 10 mg/ml</i>	2	
<i>morphine intravenous solution 10 mg/ml</i>	2	
<i>morphine oral solution 10 mg/5 ml</i>	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	QL (300 per 30 days)
MORPHINE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg, 30 mg</i> (MS Contin)	2	QL (90 per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	3	QL (181 per 30 days)
<i>oxycodone oral capsule 5 mg</i>	4	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	4	QL (120 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	4	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg</i>	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone oral tablet 20 mg</i>	2	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone oral tablet 5 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	3	QL (60 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Endocet)	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Endocet)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Endocet)	2	QL (240 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	4	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	4	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	QL (60 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	5	NM; NDS
<i>tencon oral tablet 50-325 mg</i>	4	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)	2	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i>	4	QL (180 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i>	4	QL (180 per 30 days)
<i>vicodin oral tablet 5-300 mg</i>	4	QL (240 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	3	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
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	3	QL (240 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i>	4	QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	4	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	QL (60 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i> (Celebrex)	4	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	4	PA; QL (100 per 28 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg</i> (Arthrotec 50)	4	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 75-200 mg-mcg</i> (Arthrotec 75)	4	
<i>diflunisal oral tablet 500 mg</i>	2	
DUEXIS ORAL TABLET 800-26.6 MG	5	PA; NM; NDS; QL (90 per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	4	
<i>etodolac oral tablet 400 mg</i> (Lodine)	4	
<i>etodolac oral tablet 500 mg</i>	4	
<i>fenoprofen oral tablet 600 mg</i> (ProFeno)	4	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	4	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Child Ibuprofen)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg (IBU)</i>	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>	4	PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>indomethacin sodium intravenous recon soln 1 mg</i>	2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	4	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	
<i>ketorolac injection cartridge 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection cartridge 30 mg/ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 15 mg/ml</i>	2	PA-HRM; QL (40 per 30 days); AGE (Max 64 Years)
<i>ketorolac injection syringe 30 mg/ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	2	PA-HRM; QL (20 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

Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac oral tablet 10 mg</i>	2	PA-HRM; QL (20 per 30 days); AGE (Max 64 Years)
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naproxen oral 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)	2	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	5	PA; NM; NDS; QL (224 per 28 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	4	
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	4	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	4	
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	5	PA; NM; NDS; QL (60 per 30 days)
VOLTAREN TOPICAL GEL 1 %	2	
Anesthetics		
Local Anesthetics		
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	QL (30 per 30 days)
<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)	2	
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	2	QL (30 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	4	PA; QL (30 per 30 days)
Anti-Addiction/Substance Abuse Treatment Agents		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	2	QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> (Zyban)	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (336 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (336 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (106 per 365 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
LUCEMYRA ORAL TABLET 0.18 MG	5	NM; NDS; QL (228 per 14 days)
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naltrexone oral tablet 50 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	3	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	3	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	3	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (60 per 30 days)
Antianxiety Agents		

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

Drug Name	Drug Tier	Requirements/Limits
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>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	QL (90 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<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>	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg</i>	2	QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	4	
<i>diazepam injection solution 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam injection syringe 5 mg/ml</i>	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	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)	4	
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 1 mg</i>	2	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 (60 per 30 days); AGE (Max 64 Years)
<i>estazolam oral tablet 2 mg</i>	2	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)
<i>flurazepam oral capsule 15 mg</i>	2	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 (60 per 30 days); AGE (Max 64 Years)
<i>flurazepam oral capsule 30 mg</i>	2	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)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	2	QL (2 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>lorazepam oral concentrate 2 mg/ml</i> (Lorazepam Intensol)	2	QL (150 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)
<i>midazolam oral syrup 2 mg/ml</i>	2	QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA NSO; NM; NDS; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i> (Restoril)	2	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)
<i>triazolam oral tablet 0.125 mg</i>	2	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 (120 per 30 days); AGE (Max 64 Years)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	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 (60 per 30 days); AGE (Max 64 Years)
Antibacterials		
Aminoglycosides		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	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>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>	4	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	2	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	2	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml, 60 mg/6 ml, 80 mg/8 ml</i>	2	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	4	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	NM; NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	5	PA BvD; NM; NDS
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	
Antibacterials, Miscellaneous		
<i>baciim intramuscular recon soln 50,000 unit</i>	4	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiM)	2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	2	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> (Cleocin Pediatric)	4	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	2	

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>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	5	PA BvD; NM; NDS
<i>daptomycin intravenous recon soln 350 mg</i>	5	NM; NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NM; NDS
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	4	
<i>linezolid 600 mg/300 ml-0.9% nacl 600 mg/300 ml</i>	5	NM; NDS
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> (Zyvox)	5	NM; NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NM; NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	2	
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	4	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> (Macrochantin)	2	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 macrocrystal oral capsule 25 mg</i> (Macrochantin)	4	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)

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>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	2	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 sulfite injection recon soln 500,000 unit</i>	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 250 mg, 5 gram, 500 mg, 750 mg</i>	2	PA BvD
<i>vancomycin oral capsule 125 mg</i> (Vancocin)	4	
<i>vancomycin oral capsule 250 mg</i> (Vancocin)	5	NM; NDS
XIFAXAN ORAL TABLET 200 MG	5	PA; NM; NDS; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; NM; NDS
Cephalosporins		
<i>cefactor oral capsule 250 mg, 500 mg</i>	2	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	4	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 2 gram/50 ml</i>	4	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	
<i>cefditoren pivoxil oral tablet 400 mg</i> (Spectracef)	2	
<i>cefepime injection recon soln 1 gram, 2 gram</i> (Maxipime)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefixime oral suspension for reconstitution</i> (Suprax) 100 mg/5 ml, 200 mg/5 ml	4	
<i>cefotaxime injection recon soln</i> 1 gram, 500 mg	4	
<i>cefotaxime injection recon soln</i> 10 gram, 2 gram (Claforan)	4	
<i>cefoxitin intravenous recon soln</i> 1 gram, 10 gram, 2 gram	4	
<i>cefpodoxime oral suspension for reconstitution</i> 100 mg/5 ml, 50 mg/5 ml	2	
<i>cefpodoxime oral tablet</i> 100 mg, 200 mg	2	
<i>cefprozil oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	2	
<i>cefprozil oral tablet</i> 250 mg, 500 mg	2	
<i>ceftazidime injection recon soln</i> 1 gram (Fortaz)	4	
<i>ceftazidime injection recon soln</i> 2 gram, 6 gram (TAZICEF)	4	
<i>ceftibuten oral capsule</i> 400 mg	4	
<i>ceftibuten oral suspension for reconstitution</i> 180 mg/5 ml	4	
<i>ceftriaxone injection recon soln</i> 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	4	
<i>cefuroxime axetil oral tablet</i> 250 mg, 500 mg	2	
<i>cefuroxime sodium injection recon soln</i> 750 mg	4	
<i>cefuroxime sodium intravenous recon soln</i> 1.5 gram, 7.5 gram	4	
<i>cephalexin oral capsule</i> 250 mg, 500 mg (Keflex)	1	
<i>cephalexin oral capsule</i> 750 mg (Keflex)	4	
<i>cephalexin oral suspension for reconstitution</i> 125 mg/5 ml, 250 mg/5 ml	2	
<i>cephalexin oral tablet</i> 250 mg, 500 mg	2	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
<i>tazicef injection recon soln</i> 1 gram, 2 gram, 6 gram	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	NM; NDS
Macrolides		
<i>azithromycin intravenous recon soln</i> 500 mg (Zithromax)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral packet 1 gram</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml</i> (Zithromax)	4	
<i>azithromycin oral suspension for reconstitution 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i> (Zithromax)	1	
<i>azithromycin oral tablet 600 mg</i> (Zithromax)	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	4	
DIFICID ORAL TABLET 200 MG	5	ST; NM; NDS; QL (20 per 10 days)
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (E.E.S. Granules)	4	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	NM; LA; NDS
<i>ertapenem injection recon soln 1 gram</i> (Invanz)	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg</i>	4	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i> (Primaxin IV)	4	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	4	
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>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	4	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	4	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	4	
<i>ampicillin sodium intravenous recon soln 2 gram</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> (Unasyn)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>nafcillin 2 gm vial sterile, latex-free 2 gram</i>	4	
<i>nafcillin injection recon soln 1 gram</i>	4	
<i>nafcillin injection recon soln 10 gram</i>	5	NM; NDS
<i>nafcillin intravenous recon soln 2 gram</i>	5	NM; NDS
<i>oxacillin 1 gm add-vantage vl add-vantage, inner 1 gram</i>	4	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>penicillin g potassium injection recon soln 20 million unit</i> (Pfizerpen-G)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	4	PA BvD
Quinolones		
BAXDELA ORAL TABLET 450 MG	5	PA; NM; NDS; QL (28 per 14 days)
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	2	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	2	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i>	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	4	
<i>levofloxacin intravenous solution 25 mg/ml</i>	4	
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	
<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)	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	2	
<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>	4	
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	4	
<i>doxy-100 intravenous recon soln 100 mg</i>	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i> (Doxy-100)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 75 mg</i>	4	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 150 mg</i> (Soloxide)	4	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	4	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> (Mondoxyne NL)	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	4	
<i>doxycycline monohydrate oral capsule 75 mg</i> (Mondoxyne NL)	4	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	2	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	2	
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	4	
<i>doxycycline monohydrate oral tablet 50 mg</i>	2	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	3	
<i>minocycline oral capsule 100 mg, 75 mg</i>	2	
<i>minocycline oral capsule 50 mg</i> (Minocin)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>mondoxyne nl oral capsule 100 mg, 50 mg</i>	2	
<i>mondoxyne nl oral capsule 75 mg</i>	4	
<i>okebo oral capsule 100 mg</i>	2	
<i>okebo oral capsule 75 mg</i>	4	
<i>soloxide oral tablet, delayed release (dr/ec) 150 mg</i>	4	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
<i>tigecycline intravenous recon soln 50 mg (Tygacil)</i>	5	NM; NDS
Anticancer Agents		
Anticancer Agents		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NM; NDS
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	PA BvD
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NM; NDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>anastrozole oral tablet 1 mg (Arimidex)</i>	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
<i>azacitidine injection recon soln 100 mg (Vidaza)</i>	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NM; NDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	PA NSO; NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NM; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NM; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i>	4	
<i>cladribine intravenous solution 10 mg/10 ml</i>	4	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NM; NDS; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; NM; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	5	PA BvD; NM; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	2	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; NM; LA; NDS
<i>decitabine intravenous recon soln 50 mg (Dacogen)</i>	5	NM; NDS
<i>docetaxel intravenous solution 20 mg/2 ml (10 mg/ml), 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	5	NM; NDS
<i>docetaxel intravenous solution 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml) (Taxotere)</i>	5	NM; NDS
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml (Adriamycin)</i>	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml (Doxil)</i>	5	PA BvD; NM; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	4	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	
EMCYT ORAL CAPSULE 140 MG	5	NM; NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	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
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	4	
FARESTON ORAL TABLET 60 MG	5	NM; NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NM; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NM; NDS
<i>floxuridine injection recon soln 0.5 gram</i>	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	2	PA BvD
<i>fluorouracil intravenous solution 5 gram/100 ml, 500 mg/10 ml</i> (Adrucil)	2	PA BvD
<i>flutamide oral capsule 125 mg</i>	4	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NM; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar)	5	NM; NDS
<i>gemcitabine intravenous recon soln 2 gram</i>	5	NM; NDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 100 mg/ml, 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	5	NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG, 5 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	5	PA NSO; NM; NDS
HEXALEN ORAL CAPSULE 50 MG	5	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	2	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i>	5	PA BvD; NM; NDS
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NM; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml</i> (Camptosar)	4	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	4	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	5	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	5	PA NSO; NM; NDS; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA NSO; NM; NDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA NSO; NM; NDS; QL (91 per 28 days)

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
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA NSO; NM; NDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA NSO; NM; NDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; NM; 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)	5	PA NSO; NM; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	5	NM; NDS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	2	
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NM; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NM; NDS; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (448 per 28 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NM; NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NM; NDS; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
<i>melfhalan hcl intravenous recon soln 50 mg</i> (Alkeran)	5	NM; NDS
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	PA NSO; NM; NDS
NERLYNX ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NM; NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; NM; LA; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	PA BvD; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	5	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	4	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	4	PA BvD
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NM; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NM; NDS; QL (100 per 21 days)
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	PA NSO; NM; NDS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NM; NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NM; LA; NDS; QL (28 per 28 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	5	PA NSO; NM; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NM; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; NM; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NM; NDS; QL (84 per 28 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NM; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NM; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NM; NDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA NSO; NM; NDS; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NM; NDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i> (Torisel)	5	PA BvD; NM; NDS; QL (4 per 28 days)
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	5	NM; NDS
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>toposar intravenous solution 20 mg/ml</i>	2	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	NM; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	NM; NDS
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA BvD; NM; NDS; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	NM; NDS
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	5	NM; NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	NM; NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML	5	NM; NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	5	NM; NDS
TYKERB ORAL TABLET 250 MG	5	NM; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NM; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	NM; NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	4	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; NM; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	5	PA NSO; NM; LA; NDS; QL (42 per 28 days)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (56 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	4	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	4	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	4	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	PA BvD; NM; NDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA BvD; ST
XTANDI ORAL CAPSULE 40 MG	5	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)	5	PA NSO; NM; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NM; NDS
YONSA ORAL TABLET 125 MG	5	PA NSO; NM; NDS; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NM; NDS
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NM; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NM; NDS; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	5	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>	4	
<i>propantheline oral tablet 15 mg</i>	4	
Anticonvulsants		
Anticonvulsants		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NM; NDS
BANZEL ORAL SUSPENSION 40 MG/ML	5	NM; NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	NM; NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	NM; NDS; QL (600 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
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NM; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Epilex)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	4	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	4	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	4	
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	NM; NDS
FYCOMPA ORAL TABLET 2 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	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>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i>	(Lamictal ODT Starter (Blue))	4	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	(Lamictal ODT Starter (Orange))	4	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i>	(Lamictal ODT Starter (Green))	4	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	(Lamictal XR)	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	(Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	(Lamictal ODT)	4	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>		4	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	(Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i>	(Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	(Keppra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	(Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG		3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML		3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	(Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	(Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG		4	
PEGANONE ORAL TABLET 250 MG		4	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>		2	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>		2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenytoin oral suspension 125 mg/5 ml</i>	(Dilantin-125)	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	(Dilantin Infatabs)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	2	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG	2	
SABRIL ORAL TABLET 500 MG	5	NM; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	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)	4	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 200 MG	5	NM; NDS; QL (60 per 30 days)
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	2	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	
<i>vigabatrin oral powder in packet 500 mg</i> (Sabril)	5	NM; NDS
<i>vigadrone oral powder in packet 500 mg</i>	5	NM; NDS
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	3	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	3	QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	2	

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
zonisamide oral capsule 50 mg	2	
Antidementia Agents		
Antidementia Agents		
donepezil oral tablet 10 mg, 5 mg (Aricept)	1	QL (30 per 30 days)
donepezil oral tablet 23 mg (Aricept)	4	QL (30 per 30 days)
donepezil oral tablet, disintegrating 10 mg, 5 mg	2	QL (30 per 30 days)
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg (Razadyne ER)	2	QL (30 per 30 days)
galantamine oral solution 4 mg/ml	4	QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg (Razadyne)	2	QL (60 per 30 days)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg (Namenda XR)	4	QL (30 per 30 days)
memantine oral solution 2 mg/ml	4	QL (360 per 30 days)
memantine oral tablet 10 mg, 5 mg (Namenda)	2	QL (60 per 30 days)
memantine oral tablets, dose pack 5-10 mg (Namenda Titration Pak)	4	QL (49 per 28 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 per 30 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr (Exelon)	4	QL (30 per 30 days)
Antidepressants		
Antidepressants		
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	PA NSO-HRM; AGE (Max 64 Years)
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	2	PA NSO-HRM; AGE (Max 64 Years)
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	2	PA NSO-HRM; AGE (Max 64 Years)
bupropion hcl oral tablet 100 mg, 75 mg	2	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg (Wellbutrin XL)	2	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg (Wellbutrin SR)	2	
citalopram oral solution 10 mg/5 ml	2	QL (600 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>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	4	PA NSO-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	4	PA NSO-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> (Pristiq)	2	QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>doxepin oral concentrate 10 mg/ml</i>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i> (Cymbalta)	2	QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i> (Cymbalta)	2	QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	4	QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	
<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)	4	QL (56 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	2	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>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<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>	2	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)	4	PA NSO-HRM; AGE (Max 64 Years)
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	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>	2	PA NSO-HRM; AGE (Max 64 Years)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	PA NSO-HRM; AGE (Max 64 Years)
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	4	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trazodone oral tablet 300 mg</i>	4	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	2	PA NSO-HRM; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg</i> (Effexor XR)	2	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 37.5 mg, 75 mg</i> (Effexor XR)	2	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>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	4	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	ST; QL (30 per 180 days)
Antidiabetic Agents		
Antidiabetic Agents, Miscellaneous		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	2	QL (90 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	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	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	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
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NM; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	6	QL (60 per 30 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	4	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	2	QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	QL (30 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)	3	QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	6	QL (240 per 30 days)
<i>repaglinide oral tablet 1 mg, 2 mg</i> (Prandin)	6	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	4	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NM; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	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	3	ST; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	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
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	QL (2 per 28 days)
VICTOZA SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	3	QL (9 per 30 days)
Insulins		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	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	3	QL (30 per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	ST; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	QL (18 per 28 days)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	QL (13.5 per 28 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	6	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	6	PA-HRM; AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	4	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	4	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	4	QL (180 per 30 days)
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	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	5	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	2	PA BvD
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i> (Cancidas)	5	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Ciclodan)	2	
<i>ciclopirox topical gel 0.77 %</i>	4	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	4	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	4	
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
<i>clotrimazole topical cream 1 %</i> (Antifungal (clotrimazole))	2	
<i>clotrimazole topical solution 1 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	
<i>econazole topical cream 1 %</i>	4	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	4	PA BvD
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	5	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	4	
<i>ketoconazole oral tablet 200 mg</i>	2	
<i>ketoconazole topical cream 2 %</i>	2	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NM; NDS
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	5	NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	
<i>nystatin topical ointment 100,000 unit/gram</i>	2	
<i>nystatin topical powder 100,000 unit/gram (Nyamyc)</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	4	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	4	
<i>nystop topical powder 100,000 unit/gram</i>	2	
SPORANOX ORAL SOLUTION 10 MG/ML	5	NM; NDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution 200 mg (Vfend IV)</i>	5	PA BvD; NM; NDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml) (Vfend)</i>	5	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg (Vfend)</i>	5	NM; NDS
Antigout Agents		
Antigout Agents, Other		
<i>allopurinol oral tablet 100 mg, 300 mg (Zyloprim)</i>	1	
<i>colchicine oral capsule 0.6 mg (Mitigare)</i>	2	
<i>colchicine oral tablet 0.6 mg (Colcrys)</i>	2	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
ULORIC ORAL TABLET 40 MG, 80 MG	3	QL (30 per 30 days)
Antihistamines		
Antihistamines		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>clemastine oral tablet 2.68 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	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>cyproheptadine oral tablet 4 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>diphenhydramine 50 mg/ml syrng outer,l/f,suv,p/f 50 mg/ml</i>	4	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i> (Children's Allergy (diphenhyd))	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	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)	4	
<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>	2	PA-HRM; AGE (Max 64 Years)
Anti-Infectives (Skin And Mucous Membrane)		
Anti-Infectives (Skin And Mucous Membrane)		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
Antimigraine Agents		
Antimigraine Agents		
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	5	NM; NDS; QL (24 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NM; NDS; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	2	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	4	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg</i> (Maxalt)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet 5 mg</i>	2	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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	2	QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	4	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)	4	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)	4	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	4	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	4	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig ZMT)	4	QL (12 per 28 days)
Antimycobacterials		
Antimycobacterials		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
<i>ethambutol oral tablet 100 mg</i>	2	
<i>ethambutol oral tablet 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	4	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	4	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
SIRTURO ORAL TABLET 100 MG	5	PA; NM; NDS; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	4	
Antinausea Agents		
Antinausea Agents		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	4	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant oral capsule 125 mg</i> (Emend)	2	PA BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i> (Emend)	2	PA BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 mg</i> (Emend)	2	PA BvD; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD; QL (6 per 28 days)
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	4	QL (36 per 28 days)
<i>compro rectal suppository 25 mg</i>	4	
<i>dimenhydrinate injection solution 50 mg/ml</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	4	PA
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	4	PA BvD; QL (6 per 28 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet 1 mg</i>	4	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>meclizine oral tablet 25 mg</i> (Dramamine Less Drowsy)	2	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 intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	4	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	2	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran)	2	PA BvD
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran ODT)	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	4	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)</i>	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> (Phenergan)	4	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)	4	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 50 mg</i> (Phenergan)	4	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	4	PA-HRM; AGE (Max 64 Years)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> (Transderm-Scop)	2	PA-HRM; QL (10 per 30 days); AGE (Max 64 Years)
SYNDROS ORAL SOLUTION 5 MG/ML	4	PA
Antiparasite Agents		
Antiparasite Agents		
ALBENZA ORAL TABLET 200 MG	5	NM; NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	5	NM; NDS
ALINIA ORAL TABLET 500 MG	5	NM; NDS
<i>atovaquone oral suspension 750 mg/5 ml</i> (Meproon)	5	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	2	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA; NM; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; NM; NDS; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i>	2	
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>paromomycin oral capsule 250 mg</i>	4	
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	4	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg</i>	2	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	2	
Antiparkinsonian Agents		
Antiparkinsonian Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NM; NDS; QL (60 per 30 days)
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	5	PA-HRM; NM; NDS; AGE (Max 64 Years)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	5	NM; NDS
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	4	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	4	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	4	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	4	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	4	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	4	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	4	
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	

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

Drug Name	Drug Tier	Requirements/Limits
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	5	PA; NM; NDS; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	5	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	3	QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	4	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)	4	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	4	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	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	5	PA; NM; NDS; QL (30 per 30 days)
Antipsychotic Agents		
Antipsychotic Agents		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	5	NM; NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	4	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	4	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	4	ST; QL (90 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	ST; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	NM; NDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	NM; NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	NM; NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	NM; NDS; QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet 50 mg</i>	2	QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg</i> (FazaClo)	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet,disintegrating 150 mg</i> (FazaClo)	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet,disintegrating 200 mg</i> (FazaClo)	4	ST; QL (120 per 30 days)
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; NM; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)
<i>haloperidol dec 50 mg/ml vial mdv 50 mg/ml</i> (Haldol Decanoate)	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haldol Decanoate)	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate)	4	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NM; NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NM; NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NM; NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NM; NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NM; NDS; QL (0.875 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NM; NDS; QL (1.315 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
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NM; NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NM; NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; NM; NDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	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)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	4	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	5	NM; NDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	5	NM; NDS; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i> (Seroquel XR)	4	QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i> (Seroquel XR)	4	QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NM; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	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	5	NM; NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	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>	4	QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 3 mg, 4 mg</i>	4	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG	5	ST; NM; NDS; QL (60 per 30 days)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER 10 MG	5	ST; NM; NDS; QL (60 per 30 days)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER 5 MG	5	ST; NM; NDS; QL (60 per 30 days)
SAPHRIS SUBLINGUAL TABLET 2.5 MG	5	ST; NM; NDS; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NM; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (14 per 365 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NM; NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NM; NDS; QL (1 per 28 days)
Antivirals (Systemic)		
Antiretrovirals		

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 oral solution 20 mg/ml</i> (Ziagen)	2	
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	2	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NM; NDS
APTIVUS ORAL CAPSULE 250 MG	5	NM; NDS
APTIVUS ORAL SOLUTION 100 MG/ML	5	NM; NDS
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> (Reyataz)	5	NM; NDS
ATRIPLA ORAL TABLET 600-200-300 MG	5	NM; NDS
BIKTARVY ORAL TABLET 50-200-25 MG	5	NM; NDS
CIMDUO ORAL TABLET 300-300 MG	5	NM; NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NM; NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	
DESCOVY ORAL TABLET 200-25 MG	5	NM; NDS
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	NM; NDS
<i>efavirenz oral capsule 200 mg</i> (Sustiva)	5	NM; NDS
<i>efavirenz oral capsule 50 mg</i> (Sustiva)	2	
<i>efavirenz oral tablet 600 mg</i> (Sustiva)	5	NM; NDS
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	4	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EVOTAZ ORAL TABLET 300-150 MG	5	NM; NDS
<i>fosamprenavir oral tablet 700 mg</i> (Lexiva)	5	NM; NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NM; NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NM; NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NM; NDS
INTELENCE ORAL TABLET 25 MG	4	

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
INVIRASE ORAL CAPSULE 200 MG	5	NM; NDS
INVIRASE ORAL TABLET 500 MG	5	NM; NDS
ISENTRESS HD ORAL TABLET 600 MG	5	NM; NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	5	NM; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	4	
JULUCA ORAL TABLET 50-25 MG	5	NM; NDS
KALETRA ORAL TABLET 100-25 MG	4	
KALETRA ORAL TABLET 200-50 MG	5	NM; NDS
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	4	
<i>lamivudine oral tablet 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	4	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	5	NM; NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	3	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	4	
NORVIR ORAL POWDER IN PACKET 100 MG	4	
NORVIR ORAL SOLUTION 80 MG/ML	4	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NM; NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NM; NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	NM; NDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	NM; NDS
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	

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

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NM; NDS
<i>ritonavir oral tablet 100 mg</i> (Norvir)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	NM; NDS
SELZENTRY ORAL TABLET 25 MG	4	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NM; NDS
SYMFI LO ORAL TABLET 400-300-300 MG	5	NM; NDS
SYMFI ORAL TABLET 600-300-300 MG	5	NM; NDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	NM; NDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i> (Viread)	5	NM; NDS
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NM; NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NM; NDS
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	NM; NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NM; NDS
VEMLIDY ORAL TABLET 25 MG	5	NM; NDS; QL (30 per 30 days)
VIDEX 2 GM PEDIATRIC SOLN 10 MG/ML (FINAL)	4	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	4	
VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG	4	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NM; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	NM; NDS
ZERIT ORAL RECON SOLN 1 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i>	2	
Antivirals, Miscellaneous		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	4	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> (Tamiflu)	2	QL (540 per 180 days)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML	5	PA; NM; NDS; QL (336 per 28 days)
PREVYMIS INTRAVENOUS SOLUTION 480 MG/24 ML	5	PA; NM; NDS; QL (672 per 28 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; NM; NDS; QL (28 per 28 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
Hcv Antivirals		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; NM; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NM; NDS; QL (30 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	5	PA; NM; NDS; QL (84 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NM; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	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
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	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	5	PA; NM; NDS; QL (84 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NM; NDS; QL (30 per 30 days)
Interferons		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NM; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NM; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	5	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NM; NDS; QL (4 per 28 days)
Nucleosides And Nucleotides		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	5	PA BvD; NM; NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	NM; NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	NM; NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	2	PA BvD
<i>ribasphere oral capsule 200 mg</i>	2	
<i>ribasphere oral tablet 200 mg</i>	4	
<i>ribasphere oral tablet 400 mg, 600 mg</i>	5	NM; NDS
<i>ribasphere ribapak 400-400 mg 400 mg (7)- 400 mg (7)</i>	5	NM; NDS
<i>ribasphere ribapak 600-400 mg 600 mg (7)- 400 mg (7)</i>	5	NM; NDS
<i>ribasphere ribapak 600-600 mg 600 mg (7)- 600 mg (7)</i>	5	NM; NDS
<i>ribasphere ribapak oral tablets,dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)</i>	5	NM; NDS
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	5	PA BvD; NM; NDS
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	2	
<i>ribavirin oral tablet 200 mg</i> (Moderiba)	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	2	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NM; NDS
Blood Products/Modifiers/Volume Expanders		
Anticoagulants		
<i>BEVYXXA ORAL CAPSULE 40 MG, 80 MG</i>	4	QL (43 per 42 days)
<i>CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT</i>	5	NM; NDS
<i>ELIQUIS ORAL TABLET 2.5 MG, 5 MG</i>	3	
<i>ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS)</i>	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	
<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)	2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> (Arixtra)	5	NM; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection cartridge</i> 5,000 unit/ml (1 ml)	2	
<i>heparin (porcine) injection solution</i> 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	2	
<i>heparin (porcine) injection syringe</i> 5,000 unit/ml	2	
<i>heparin, porcine (pf) injection solution</i> 1,000 unit/ml	2	
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	2	
IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG	5	PA; NM; NDS; QL (24 per 28 days)
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	4	ST; QL (60 per 30 days)
<i>warfarin oral tablet</i> 1 mg, 10 mg, 2 mg, (Coumadin) 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	3	
Blood Formation Modifiers		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NM; NDS
DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK)	5	PA; NM; NDS
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NM; NDS; QL (12 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	NM; NDS
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	5	PA; NM; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NM; NDS
MULPLETA ORAL TABLET 3 MG	5	PA; NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; NM; NDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; 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	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NM; NDS; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NM; NDS; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	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	4	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; QL (6 per 28 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NM; NDS
Hematologic Agents, Miscellaneous		
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	2	
<i>anagrelide oral capsule 1 mg</i>	2	
<i>protamine intravenous solution 10 mg/ml</i>	2	
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
Platelet-Aggregation Inhibitors		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	4	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>prasugrel oral tablet 10 mg, 5 mg</i> (Effient)	4	QL (30 per 30 days)
Caloric Agents		
Caloric Agents		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
<i>dextrose 10 % in water (d10w)</i> <i>intravenous parenteral solution 10 %</i>	4	PA BvD
<i>dextrose 20 % in water (d20w)</i> <i>intravenous parenteral solution 20 %</i>	4	PA BvD
<i>dextrose 25 % in water (d25w)</i> <i>intravenous syringe</i>	4	PA BvD
<i>dextrose 30 % in water (d30w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
<i>dextrose 40 % in water (d40w)</i> <i>intravenous parenteral solution 40 %</i>	4	PA BvD
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	2	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	4	
<i>dextrose 50 % in water (d50w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
<i>dextrose 50 % in water (d50w)</i> <i>intravenous syringe</i>	4	PA BvD
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	4	PA BvD
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD

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

Drug Name	Drug Tier	Requirements/Limits
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>smoflipid intravenous emulsion 20 %</i>	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD

Cardiovascular Agents

Alpha-Adrenergic Agents

<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	(Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr</i>	(Catapres-TTS-1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i>	(Catapres-TTS-2)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i>	(Catapres-TTS-3)	2	QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>		4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	(Cardura)	2	
<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>		2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG		5	PA; NM; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i>	(Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	(Minipress)	2	

Angiotensin II Receptor Antagonists

<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	(Atacand)	4	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	(Atacand HCT)	4	
EDARBI ORAL TABLET 40 MG, 80 MG		3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG		3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG		3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>eprosartan oral tablet 600 mg</i>	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> (Benicar)	2	
<i>olmesartan-amlodipin-hcthiazyd 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)	4	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	4	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<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)	6	
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg</i> (Lotensin)	6	
<i>benazepril oral tablet 5 mg</i>	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	2	
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 20 mg, 5 mg</i> (Prinivil)	6	
<i>lisinopril oral tablet 2.5 mg, 30 mg, 40 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	
Antiarrhythmic Agents		
<i>amiodarone intravenous solution 50 mg/ml</i>	4	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	4	
<i>amiodarone oral tablet 100 mg, 400 mg</i> (Pacerone)	4	
<i>amiodarone oral tablet 200 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	PA-HRM; AGE (Max 64 Years)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pacerone oral tablet 200 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	2	
<i>procainamide intravenous syringe 100 mg/ml</i>	2	
<i>propafenone oral capsule, extended release (Rythmol SR) 12 hr 225 mg, 325 mg, 425 mg</i>	4	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)</i>	2	
<i>atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet (Ziac) 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
BYVALSON ORAL TABLET 5-80 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml) (Brevibloc)</i>	5	PA BvD; NM; NDS
<i>labetalol intravenous solution 5 mg/ml</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg (Toprol XL)</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	2	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	4	
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	4	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg</i> (Taztia XT)	4	
<i>diltiazem hcl oral capsule,extended release 24 hr 420 mg</i> (Tiazac)	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl oral tablet 90 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i> (Verelan PM) <i>100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24</i> (Verelan) <i>hr 120 mg, 180 mg, 240 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24</i> (Verelan) <i>hr 360 mg</i>	4	
<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</i> (Calan SR) <i>mg, 180 mg, 240 mg</i>	1	
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA; QL (60 per 30 days)
DEMSEER ORAL CAPSULE 250 MG	5	NM; NDS
<i>digitek oral tablet 125 mcg</i>	2	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>digitek oral tablet 250 mcg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>digox oral tablet 125 mcg</i>	2	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>	2	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>digoxin injection syringe 250 mcg/ml</i>	2	PA-HRM; AGE (Max 64 Years)
DIGOXIN ORAL SOLUTION 50 MCG/ML	4	PA-HRM; AGE (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i> (Digitek)	2	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)	2	PA-HRM; AGE (Max 64 Years)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (EpiPen Jr)	3	Mylan generic preferred; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> (Auvi-Q)	3	Mylan generic preferred; QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	NM; NDS; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	5	PA BvD; NM; NDS
<i>milrinone intravenous solution 1 mg/ml</i>	5	PA BvD; NM; NDS
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))	2	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
Dihydropyridines		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	2	
<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)	6	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	6	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> (Azor)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	6	

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

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine-valsartan-hctiazid oral tablet</i> (Exforge HCT) 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	4	
<i>felodipine oral tablet extended release 24 hr</i> 10 mg, 2.5 mg, 5 mg	2	
<i>isradipine oral capsule</i> 2.5 mg, 5 mg	4	
<i>nicardipine oral capsule</i> 20 mg, 30 mg	4	
<i>nifedipine oral capsule</i> 10 mg (Procardia)	2	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral capsule</i> 20 mg	2	PA-HRM; AGE (Max 64 Years)
<i>nifedipine oral tablet extended release</i> (Procardia XL) 24hr 30 mg, 60 mg, 90 mg	2	
<i>nifedipine oral tablet extended release</i> 30 mg, 60 mg, 90 mg (Adalat CC)	2	
Diuretics		
<i>amiloride oral tablet</i> 5 mg	2	
<i>amiloride-hydrochlorothiazide oral tablet</i> 5-50 mg	2	
<i>bumetanide injection solution</i> 0.25 mg/ml	4	
<i>bumetanide oral tablet</i> 0.5 mg, 1 mg, 2 mg	2	
<i>chlorothiazide oral tablet</i> 250 mg, 500 mg	2	
<i>chlorothiazide sodium intravenous recon soln</i> 500 mg (Diuril IV)	2	
<i>chlorthalidone oral tablet</i> 25 mg, 50 mg	2	
<i>furosemide injection solution</i> 10 mg/ml	2	
<i>furosemide injection syringe</i> 10 mg/ml	2	
<i>furosemide oral solution</i> 10 mg/ml, 40 mg/5 ml (8 mg/ml)	2	
<i>furosemide oral tablet</i> 20 mg, 40 mg, 80 mg (Lasix)	1	
<i>hydrochlorothiazide oral capsule</i> 12.5 mg (Microzide)	1	
<i>hydrochlorothiazide oral tablet</i> 12.5 mg, 25 mg, 50 mg	1	
<i>indapamide oral tablet</i> 1.25 mg, 2.5 mg	1	
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; NM; NDS; QL (56 per 28 days)
<i>methyclothiazide oral tablet</i> 5 mg	2	
<i>metolazone oral tablet</i> 10 mg, 2.5 mg, 5 mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	2	
<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)	4	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	4	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Lipitor)	6	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i> (Questran)	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light packet 4 gram</i>	2	
<i>colestipol oral packet 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	2	
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	2	
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	2	
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	2	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	4	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	4	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	4	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	4	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NM; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NM; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NM; NDS; QL (45 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (4 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	4	
<i>niacor oral tablet 500 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	4	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; NM; NDS; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	6	
<i>pravastatin oral tablet 20 mg, 40 mg, 80 mg</i> (Pravachol)	6	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NM; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NM; NDS; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NM; NDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Zocor)	6	
<i>simvastatin oral tablet 5 mg</i>	6	

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>simvastatin oral tablet 80 mg</i> (Zocor)	6	QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	2	
WELCHOL ORAL TABLET 625 MG	2	
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	4	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST
Vasodilators		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	2	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 60 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg</i>	1	
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	2	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/hr</i>	2	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
NITRO-BID TRANSDERMAL OINTMENT 2 %	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i> (Minitran)	2	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/hr</i> (Minitran)	2	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
Central Nervous System Agents		
Central Nervous System Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	2	
AUBAGIO ORAL TABLET 14 MG, 7 MG	5	PA; NM; NDS; QL (28 per 28 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; NM; NDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; NM; NDS; QL (60 per 30 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	5	PA; NM; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; NM; NDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; NM; NDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NM; NDS
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	PA BvD
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	4	
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i> (Ampyra)	5	PA; NM; NDS; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	4	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenedi)	4	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	4	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	4	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)	2	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	5	PA; NM; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i> (Copaxone)	5	PA; NM; NDS; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; NM; NDS; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	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)	2	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	5	PA; NM; NDS; QL (30 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NM; NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	2	
<i>lithium carbonate oral tablet extended release 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	4	
<i>metadate er oral tablet extended release 20 mg</i>	4	QL (90 per 30 days)
<i>methylphenidate er 18 mg tab 18 mg</i> (Concerta)	4	QL (30 per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i> (Concerta)	4	QL (30 per 30 days)
<i>methylphenidate er 36 mg tab 36 mg</i> (Concerta)	4	QL (60 per 30 days)
<i>methylphenidate er 54 mg tab 54 mg</i> (Concerta)	4	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>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	4	QL (60 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 40 mg</i> (Ritalin LA)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral capsule, er biphasic 50-50 30 mg</i> (Ritalin LA)	4	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 60 mg</i>	4	QL (30 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	4	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	4	QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	4	QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> (Concerta)	4	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; QL (60 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	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	5	PA; NM; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NM; NDS
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	5	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NM; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NM; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NM; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; NM; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NM; NDS; QL (112 per 28 days)
Contraceptives		
Contraceptives		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i>	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg</i>	2	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	2	
<i>camila oral tablet 0.35 mg</i>	2	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	

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>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i>	2	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>deblitane oral tablet 0.35 mg</i>	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Azurette (28))	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Apri)	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (Gianvi (28))	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Ocella)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	
ELLA ORAL TABLET 30 MG	4	QL (6 per 365 days)
<i>emoquette oral tablet 0.15-0.03 mg</i>	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> (Kelnor 1/35 (28))	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Kelnor 1-50)	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	2	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	2	
<i>incassia oral tablet 0.35 mg</i>	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	
<i>jencycla oral tablet 0.35 mg</i>	2	
<i>jolivette oral tablet 0.35 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>juleber oral tablet 0.15-0.03 mg</i>	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	2	
<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)	2	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)	2	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)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	4	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i> (Aubra)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i> (Altavera (28))	2	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Introvale)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Enpresse)	2	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	
<i>lillow oral tablet 0.15-0.03 mg</i>	2	
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	
<i>lyza oral tablet 0.35 mg</i>	2	
<i>marlissa oral tablet 0.15-0.03 mg</i>	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	4	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	4	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Camila)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Junel 1/20 (21))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Blisovi Fe 1/20 (28))	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Blisovi 24 Fe)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho Tri-Cyclen LO (28))	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho Tri-Cyclen (28))	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i> (Estarylla)	2	
<i>norlyda oral tablet 0.35 mg</i>	2	
<i>norlyroc oral tablet 0.35 mg</i>	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	QL (1 per 28 days)
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	2	
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	2	
<i>portia oral tablet 0.15-0.03 mg</i>	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	2	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	
<i>tulana oral tablet 0.35 mg</i>	2	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	2	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	2	QL (3 per 28 days)
<i>zarah oral tablet 3-0.03 mg</i>	2	
<i>zenchent (28) oral tablet 0.4-35 mg-mcg</i>	2	
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	
<i>zovia 1/50e (28) oral tablet 1-50 mg-mcg</i>	2	
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline oral capsule 30 mg</i>	(Evovac)	4
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	(Paroex Oral Rinse)	1
<i>oralone dental paste 0.1 %</i>		2

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

Drug Name	Drug Tier	Requirements/Limits
<i>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))	2	
<i>triamcinolone acetonide dental paste 0.1 %</i> (Oralene)	2	
Dermatological Agents		
Dermatological Agents, Other		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	2	
<i>acyclovir topical ointment 5 %</i> (Zovirax)	4	QL (30 per 30 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
<i>ammonium lactate topical cream 12 %</i> (Geri-Hydrolac)	2	
<i>ammonium lactate topical lotion 12 %</i> (AmLactin)	2	
<i>calcipotriene scalp solution 0.005 %</i>	4	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	4	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	4	
<i>calcitrene topical ointment 0.005 %</i>	4	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NM; NDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NM; NDS
DENAVIR TOPICAL CREAM 1 %	5	NM; NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; NM; NDS
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NM; NDS
<i>fluorouracil topical cream 5 %</i> (Efudex)	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	5	NM; NDS
PANRETIN TOPICAL GEL 0.1 %	5	NM; NDS
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
REGRANEX TOPICAL GEL 0.01 %	5	PA; NM; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	5	PA; NM; NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NM; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NM; NDS
TOLAK TOPICAL CREAM 4 %	4	
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS
VALCHLOR TOPICAL GEL 0.016 %	5	NM; NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NM; NDS
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ZOVIRAX TOPICAL CREAM 5 %	5	NM; NDS; QL (5 per 4 days)
Dermatological Antibacterials		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	4	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	2	
<i>clindamycin-benzoyl peroxide topical gel 1.2 % (1 % base) -5 %</i> (Duac)	4	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	4	
<i>ery pads topical swab 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	4	
<i>erythromycin with ethanol topical solution 2 %</i>	2	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Aktipak)	4	
<i>gentamicin topical cream 0.1 %</i>	2	
<i>gentamicin topical ointment 0.1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	2	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	2	
<i>metronidazole topical gel 1 %</i> (Metrogel)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	2	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	4	
<i>rosadan topical cream 0.75 %</i>	2	
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>silver sulfadiazine topical cream 1 %</i> (Silvadene)	4	
<i>ssd topical cream 1 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	2	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	
<i>ala-scalp topical lotion 2 %</i>	4	
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	4	
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	2	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	2	
<i>clobetasol topical cream 0.05 %</i> (Temovate)	2	
<i>clobetasol topical foam 0.05 %</i> (Olux)	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	4	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	4	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	2	
<i>clobetasol-emollient topical foam 0.05 %</i> (Olux-E)	4	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	4	
<i>cormax scalp solution 0.05 %</i>	2	
<i>desonide topical cream 0.05 %</i> (DesOwen)	4	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	4	
<i>desonide topical ointment 0.05 %</i>	4	
<i>desoximetasone topical cream 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical cream 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	4	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	4	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	4	
<i>diflorasone topical ointment 0.05 %</i>	4	
ELIDEL TOPICAL CREAM 1 %	3	
EUCRISA TOPICAL OINTMENT 2 %	3	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	2	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical gel 0.05 %</i>	2	
<i>fluocinonide topical ointment 0.05 %</i>	4	
<i>fluocinonide topical solution 0.05 %</i>	2	
<i>fluocinonide-e topical cream 0.05 %</i>	2	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical ointment 0.005 %</i>	2	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	
<i>hydrocort buty 0.1% lipo cream 0.1 %</i> (Locoid Lipocream)	4	
<i>hydrocortisone butyrate topical cream 0.1 %</i> (Locoid)	4	
<i>hydrocortisone butyrate topical lotion 0.1 %</i> (Locoid)	4	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %</i> (Anti-Itch (HC))	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	4	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	4	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	4	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<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>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
Dermatological Retinoids		
<i>adapalene topical cream 0.1 %</i> (Differin)	2	
<i>adapalene topical gel 0.1 %</i> (Differin)	2	
<i>tazarotene topical cream 0.1 %</i> (Avage)	4	
TAZORAC TOPICAL CREAM 0.05 %	4	
<i>tretinoin topical cream 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical cream 0.05 %, 0.1 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	2	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	2	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	2	PA
Scabicides And Pediculicides		

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>malathion topical lotion 0.5 %</i> (Ovide)	4	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	4	
Devices		
Devices		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	2	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	2	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE (Ultilet Insulin Syringe)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (Advocate Syringes)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Lite Touch Insulin Syringe)	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (1st Tier Unifine Pentips)	2	
VGO 40 DISPOSABLE DEVICE	2	
Enzyme Replacement/Modifiers		
Enzyme Replacement/Modifiers		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	NM; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NM; NDS
CERDELGA ORAL CAPSULE 84 MG	5	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	

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
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NM; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	NM; NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NM; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	PA BvD; NM; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NM; NDS
<i>miglustat oral capsule 100 mg</i> (Zavesca)	5	NM; NDS; QL (90 per 30 days)
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NM; NDS
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	PA; NM; NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA; NM; NDS
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; NM; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	NM; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; NM; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NM; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000-UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 - 27,000 UNIT, 5,000-17,000- 24,000 UNIT	3	
Eye, Ear, Nose, Throat Agents		
Eye, Ear, Nose, Throat Agents, Miscellaneous		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i> (Iopidine)	2	
<i>atropine ophthalmic (eye) drops 1 %</i> (Isopto Atropine)	4	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	2	QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	4	QL (30 per 25 days)
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	4	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	2	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	NM; NDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i> (Elestat)	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i>	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	QL (15 per 10 days)
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	4	QL (30.5 per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.1 %</i> (Patanol)	2	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i> (Pataday)	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> (AK-Poly-Bac)	2	
<i>bleph-10 ophthalmic (eye) drops 10 %</i>	2	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> (Ciloxan)	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> (Cetraxal)	4	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> (Zymaxid)	4	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	4	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> (Vigamox)	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 % (Ocuflox)</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	4	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml (Polytrim)</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 % (Bleph-10)</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 % (Tobrex)</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 % (TobraDex)</i>	2	
<i>trifluridine ophthalmic (eye) drops 1 % (Viroptic)</i>	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> (DermOtic Oil)	4	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> (FML Liquifilm)	4	
<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 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %</i> (Acular LS)	2	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i> (Acular)	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> (Omnipred)	4	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	QL (60 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 per 30 days)

Gastrointestinal Agents

Antiulcer Agents And Acid Suppressants

<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	4	
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	

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

Drug Name		Drug Tier	Requirements/Limits
<i>cimetidine oral tablet 200 mg</i>	(Acid Reducer (cimetidine))	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG		3	ST
<i>esomeprazole sodium intravenous recon soln 20 mg</i>		2	
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	(Nexium IV)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>		2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>		2	
<i>famotidine intravenous solution 10 mg/ml</i>		2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	(Pepcid)	4	
<i>famotidine oral tablet 20 mg</i>	(Acid Controller)	1	
<i>famotidine oral tablet 40 mg</i>	(Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	(Heartburn Treatment 24 Hour)	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	(Prevacid)	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	(Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>		2	
<i>nizatidine oral solution 150 mg/10 ml</i>		2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>		1	
<i>pantoprazole intravenous recon soln 40 mg</i>	(Protonix)	2	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	(Protonix)	1	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	(Aciphex)	2	ST; QL (30 per 30 days)
<i>ranitidine hcl injection solution 25 mg/ml, 50 mg/2 ml (25 mg/ml)</i>	(Zantac)	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>		2	
<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)	2	
Gastrointestinal 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
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	2	PA-HRM; AGE (Max 64 Years)
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	PA-HRM; AGE (Max 64 Years)
<i>enulose oral solution 10 gram/15 ml</i>	2	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NM; NDS
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Constulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Anti-Diarrheal (loperamide))	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
OICALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR ORAL TABLET 150 MG	5	PA; NM; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NM; NDS; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	PA; NM; NDS; QL (28 per 28 days)
<i>sod polystyren sulf 15 g/60 ml sorbitol free 15 gram/60 ml</i>	2	
<i>sodium phenylbutyrate oral tablet 500 mg</i> (Buphenyl)	5	NM; NDS
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	2	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	2	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NM; NDS; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	5	PA; NM; NDS; QL (90 per 30 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	4	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>gavilyte-n oral recon soln 420 gram</i>	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (GaviLyte-G)	2	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	4	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (ClearLax)	2	
<i>polyethylene glycol 3350 powd 17 gm packets (rx) 17 gram</i> (ClearLax)	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	

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

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
<i>trilyte with flavor packets oral recon soln</i> 420 gram	2	
Phosphate Binders		
<i>calcium acetate oral capsule 667 mg</i>	2	
<i>calcium acetate oral tablet 667 mg</i> (Calphron)	2	
<i>eliphos oral tablet 667 mg</i>	2	
<i>lanthanum oral tablet, chewable 1,000 mg,</i> (Fosrenol) <i>500 mg, 750 mg</i>	5	NM; NDS
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
<i>sevelamer carbonate oral powder in</i> (Renvela) <i>packet 0.8 gram, 2.4 gram</i>	5	NM; NDS
<i>sevelamer carbonate oral tablet 800 mg</i> (Renvela)	4	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
Genitourinary Agents		
Antispasmodics, Urinary		
<i>bethanechol chloride oral tablet 10 mg, 25</i> (Urecholine) <i>mg, 5 mg, 50 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended</i> (Ditropan XL) <i>release 24hr 10 mg, 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended</i> <i>release 24hr 15 mg</i>	2	
<i>tolterodine oral capsule, extended release</i> (Detrol LA) <i>24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>trospium oral capsule, extended release</i> <i>24hr 60 mg</i>	4	
<i>trospium oral tablet 20 mg</i>	4	
Genitourinary 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

Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	4	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	5	PA; NM; NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	4	PA
DEPEN TITRATABS ORAL TABLET 250 MG	5	PA; NM; NDS
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	PA; NM; NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	PA; NM; NDS
FERRIPROX ORAL TABLET 500 MG	5	PA; NM; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	5	PA; NM; NDS
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	5	PA; NM; NDS
<i>trientine oral capsule 250 mg</i> (Syprine)	5	PA; NM; NDS; QL (240 per 30 days)
Hormonal Agents, Stimulant/Replacement/Modifying		
Androgens		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NM; NDS
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	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)	3	PA; QL (150 per 30 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg</i> (Oxandrin)	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone oral tablet 2.5 mg</i> (Oxandrin)	4	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone cypionate intramuscular oil 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i> (AndroGel)	2	PA; QL (300 per 30 days)
Estrogens And Antiestrogens		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	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)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Alora)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i> (Minivelle)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> (Estrace)	2	
<i>estradiol vaginal tablet 10 mcg</i> (Vagifem)	4	QL (18 per 28 days)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	PA-HRM; AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	2	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>mimvey lo oral tablet 0.5-0.1 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Femhrt Low Dose)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Fyavolv)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	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	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
<i>yuvafem vaginal tablet 10 mcg</i>	4	QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>a-hydrocort injection recon soln 100 mg</i>	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i> (Celestone Soluspan)	2	
<i>cortisone oral tablet 25 mg</i>	2	
<i>decadron oral elixir 0.5 mg/5 ml</i>	2	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i> (Decadron)	2	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>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml</i>	2	
<i>dexamethasone sodium phosphate injection solution 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	5	PA; NM; NDS; QL (104 per 30 days)
EMFLAZA ORAL TABLET 18 MG	5	PA; NM; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 36 MG, 6 MG	5	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>fludrocortisone oral tablet 0.1 mg</i>	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> (Cortef)	2	
<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)	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	2	
<i>methylprednisolone sodium succ recon soln 125 mg, 40 mg</i>	2	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	2	
<i>prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)</i>	2	PA BvD
<i>prednisolone oral solution 15 mg/5 ml</i>	2	PA BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	2	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</i> (Deltasone)	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	2	
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetate injection suspension 40 mg/ml</i> (Kenalog)	2	
Pituitary		
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	2	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	2	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	4	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	2	
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
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	5	PA; NM; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NM; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NM; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NM; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NM; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA; NM; NDS
NORDITROPIN FLEXP SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	4	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)	5	PA; NM; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml</i>	4	
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	(Sandostatin)
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NM; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NM; NDS
ORILISSA ORAL TABLET 150 MG	5	PA; NM; NDS; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; NM; NDS; QL (56 per 28 days)
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	5	PA; NM; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NM; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NM; NDS
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NM; NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	NM; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NM; NDS; QL (1 per 28 days)
SOMAVERT SUBCUTANEOUS RECON SOLN 15 MG, 20 MG, 25 MG, 30 MG	5	NM; NDS
STIMATE NASAL SPRAY, NON- AEROSOL 150 MCG/SPRAY (0.1 ML)	5	NM; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NM; NDS; QL (1 per 360 days)
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	5	NM; NDS
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NM; NDS; QL (1 per 168 days)
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NM; NDS
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NM; NDS
Progestins		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	QL (10 per 28 days)
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	5	PA NSO; NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	4	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>	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
Thyroid And Antithyroid Agents		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	5	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 intravenous solution 10 mcg/ml</i> (Triostat)	4	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	2	
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)	5	PA; NM; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NM; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	2	PA BvD
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 6 GRAM	5	PA BvD; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NM; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Gengraf)	2	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i>	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Gengraf)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NM; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NM; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NM; NDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA BvD
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NM; NDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA BvD; NM; NDS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	5	PA BvD; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML)	5	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
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	2	PA BvD
HUMIRA PEDIATRIC 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	5	PA; NM; NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML	5	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	5	PA; NM; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	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	5	PA; NM; NDS
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	4	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
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 %)	5	PA BvD; NM; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 150 MG/ML	5	PA; NM; NDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; NM; NDS
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	5	PA; NM; NDS; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NM; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	5	PA BvD; NM; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NM; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NM; NDS
OLUMIANT ORAL TABLET 2 MG	5	PA; NM; NDS; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NM; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; NM; NDS
OTEZLA ORAL TABLET 30 MG	5	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)	5	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
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	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	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, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
RIDAURA ORAL CAPSULE 3 MG	5	NM; NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NM; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	4	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NM; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; NM; NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; NM; LA; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NM; NDS; QL (30 per 30 days)

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
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD; NM; NDS
Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	6	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	6	PA BvD
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	6	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	6	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	PA BvD
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	

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
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25- 58-10 LF-MCG-LF/0.5ML	6	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	6	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	6	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	6	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	6	
PENTACEL DTAP-IPV COMPNT (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	

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
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
RABA VERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	6	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	QL (2 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	6	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	
TETANUS, DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	4	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	

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
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	QL (2 per 365 days)
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	6	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	6	QL (1 per 365 days)
Inflammatory Bowel Disease		
Agents		
Inflammatory Bowel Disease Agents		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NM; NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	4	
CANASA RECTAL SUPPOSITORY 1,000 MG	3	
<i>colocort rectal enema 100 mg/60 ml</i>	2	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NM; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	2	
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	4	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
Irrigating Solutions		
Irrigating Solutions		

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>acetic acid irrigation solution 0.25 %</i>	4	
LACTATED RINGERS IRRIGATION SOLUTION	4	
<i>sodium chloride irrigation solution 0.9 %</i> (Aqua Care Sodium Chloride)	4	
<i>water for irrigation, sterile irrigation solution</i> (Aqua Care Sterile Water)	4	
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i>	2	
<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>	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Hectorol)	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i>	4	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	3	PA; QL (2.4 per 28 days)
<i>ibandronate intravenous solution 3 mg/3 ml</i>	4	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	4	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NM; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	4	
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	4	
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	4	
<i>paricalcitol oral capsule 4 mcg</i>	4	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	4	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg</i>	4	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg</i> (Actonel)	4	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	4	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i> (Actonel)	4	QL (30 per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec) 35 mg</i> (Atelvia)	4	QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG	5	NM; NDS; QL (60 per 30 days)
SENSIPAR ORAL TABLET 90 MG	5	NM; NDS; QL (120 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NM; NDS
<i>zoledronic acid intravenous recon soln 4 mg</i>	4	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	4	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	4	QL (100 per 300 days)
<i>zoledronic ac-mannitol-0.9nacl intravenous piggyback 4 mg/100 ml</i>	4	
ZOMETA INTRAVENOUS PIGGYBACK 4 MG/100 ML	5	NM; NDS

Miscellaneous Therapeutic Agents

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

Drug Name	Drug Tier	Requirements/Limits
Miscellaneous Therapeutic Agents		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML	5	PA; NM; NDS; QL (35 per 28 days)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NM; NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NM; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; NM; NDS; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NM; NDS; QL (4 per 28 days)
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NM; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	5	NM; NDS
<i>droperidol injection solution 2.5 mg/ml</i>	2	
ELMIRON ORAL CAPSULE 100 MG	4	
ENDARI ORAL POWDER IN PACKET 5 GRAM	5	PA; NM; NDS; QL (180 per 30 days)
<i>ergoloid oral tablet 1 mg</i>	4	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	5	NM; NDS
<i>guanidine oral tablet 125 mg</i>	4	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	PA-HRM; AGE (Max 64 Years)
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	PA-HRM; AGE (Max 64 Years)
KEVEYIS ORAL TABLET 50 MG	5	PA; NM; NDS; QL (120 per 30 days)
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	5	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NM; NDS
MESTINON ORAL SYRUP 60 MG/5 ML	5	NM; NDS
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	4	
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	5	PA; NM; NDS; QL (8 per 28 days)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	5	NM; NDS
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon Timespan)	4	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	5	PA; NM; NDS
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	5	PA; NM; NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NM; NDS; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	5	NM; NDS
TOTECT INTRAVENOUS RECON SOLN 500 MG	5	NM; NDS
TYBOST ORAL TABLET 150 MG	4	QL (30 per 30 days)
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	5	NM; NDS; QL (24 per 14 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	5	PA; NM; NDS; QL (120 per 30 days)
Ophthalmic Agents		
Antiglaucoma Agents		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>acetazolamide sodium injection recon soln 500 mg</i>	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	4	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i> (Alphagan P)	4	
<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 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i> (Xalatan)	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> (Timoptic)	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	3	QL (2.5 per 25 days)
Replacement Preparations		
Replacement Preparations		
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	2	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	2	PA BvD
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	2	PA BvD
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	2	PA BvD
<i>magnesium sulfate injection syringe 4 meq/ml</i>	2	PA BvD
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R IV SOLUTION L/F, SINGLE-USE	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	

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

Drug Name	Drug Tier	Requirements/Limits
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	4	PA BvD
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	4	PA BvD
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	PA BvD
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	4	PA BvD
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<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>	4	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	PA BvD
<i>potassium chloride intravenous solution 2 meq/ml (20 ml)</i>	2	PA BvD
<i>potassium chloride oral capsule, extended release 10 meq</i>	2	
<i>potassium chloride oral capsule, extended release 8 meq</i> (Klor-Con Sprinkle)	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	2	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	2	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	4	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	4	
<i>sodium lactate intravenous solution 5 meq/ml</i>	4	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	2	
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	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	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
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 28 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 25 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	3	QL (12 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION	3	QL (10.2 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
SYMBICORT INHALATION HFA AEROSOL INHALER 80-4.5 MCG/ACTUATION	3	QL (11 per 25 days)
Antileukotrienes		
<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)	4	
Bronchodilators		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i>	4	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	PA BvD
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i> (Xopenex HFA)	4	QL (30 per 30 days)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL (60 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	

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

Drug Name	Drug Tier	Requirements/Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	3	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	5	NM; NDS
<i>theophylline oral solution 80 mg/15 ml</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i> (Theochron)	2	
<i>theophylline oral tablet extended release 12 hr 300 mg</i> (Theochron)	4	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	4	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	3	
Respiratory Tract Agents, Other		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	PA BvD
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	PA BvD
DALIRESP ORAL TABLET 250 MCG	3	QL (28 per 28 days)
DALIRESP ORAL TABLET 500 MCG	3	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
ESBRIET ORAL CAPSULE 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; NM; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	5	PA; NM; NDS; QL (90 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; NM; NDS; QL (1 per 28 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; NM; NDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NM; NDS; QL (56 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; NM; LA; NDS; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NM; NDS; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; NM; NDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	PA BvD; NM; NDS
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; NM; NDS; QL (56 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NM; NDS
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	
<i>carisoprodol oral tablet 250 mg</i> (Soma)	4	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>carisoprodol oral tablet 350 mg</i> (Soma)	2	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg</i>	2	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	2	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i>	2	
<i>tizanidine oral tablet 2 mg</i>	2	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	2	
Sleep Disorder Agents		
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	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	5	PA; NM; NDS; QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	NM; LA; NDS; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	2	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)

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>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)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	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	5	PA; NM; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NM; NDS; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	PA
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	PA; NM; NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NM; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NM; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; NM; NDS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; NM; NDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (antihypertensive) intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NM; NDS; QL (37.5 per 1 day)
<i>sildenafil (antihypertensive) oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
<i>tadalafil (antihypertensive) oral tablet 20 mg</i> (Adcirca)	5	PA; NM; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; NM; LA; NDS; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; NM; NDS; QL (112 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NM; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NM; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NM; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NM; NDS; QL (400 per 365 days)
Vitamins And Minerals		
Vitamins And Minerals		
<i>pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg</i>	3	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	ALL RX PRENATAL VITAMINS COVERABLE UNDER PART D

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

INDEX

A		
abacavir	55	
abacavir-lamivudine	55	
abacavir-lamivudine-zidovudine	55	
ABELCET	42	
ABILIFY MAINTENA	50	
ABRAXANE	22	
acamprosate	10	
acarbose	39	
acebutolol	69	
acetaminophen-codeine	3	
acetazolamide	119	
acetazolamide sodium	119	
acetic acid	94, 116	
acetylcysteine	126	
acitretin	86	
ACTEMRA	107	
ACTHAR H.P.	118	
ACTHIB (PF)	112	
ACTIMMUNE	118	
acyclovir	59, 86	
acyclovir sodium	59	
ADACEL(TDAP ADOLESN/ADULT)(PF)	112	
ADAGEN	91	
adapalene	90	
ADCIRCA	129	
adefovir	59	
ADEMPAS	129	
adriamycin	22	
adrucil	22	
ADVAIR DISKUS	123	
ADVAIR HFA	123	
afeditab cr	72	
AFINITOR	22	
AFINITOR DISPERZ	22	
a-hydrocort	103	
AKYNZEO (FOSNETUPITANT)	46	
AKYNZEO (NETUPITANT)	46	
ala-cort	88	
ala-scalp	88	
ALBENZA	48	
albuterol sulfate	125	
alclometasone	88	
ALCOHOL PADS	86	
ALDURAZYME	91	
ALECENSA	22	
alendronate	116	
alfuzosin	101	
ALIMTA	22	
ALINIA	48	
ALIQOPA	22	
allopurinol	44	
alosetron	115	
ALPHAGAN P	119	
alprazolam	11	
ALREX	95	
altavera (28)	80	
ALUNBRIG	22	
alyacen 1/35 (28)	80	
alyacen 7/7/7 (28)	80	
amabelz	102	
amantadine hcl	49	
AMBISOME	43	
amethia	80	
amethia lo	80	
amifostine crystalline	118	
amiloride	73	
amiloride-hydrochlorothiazide	73	
AMINOSYN 10 %	63	
AMINOSYN 7 % WITH ELECTROLYTES	63	
AMINOSYN 8.5 %	63	
AMINOSYN 8.5 %- ELECTROLYTES	63	
AMINOSYN II 10 %	63	
AMINOSYN II 15 %	63	
AMINOSYN II 7 %	63	
AMINOSYN II 8.5 %	63	
AMINOSYN II 8.5 %- ELECTROLYTES	63	
AMINOSYN M 3.5 %	63	
AMINOSYN-HBC 7%	63	
AMINOSYN-PF 10 %	63	
AMINOSYN-PF 7 % (SULFITE-FREE)	63	
AMINOSYN-RF 5.2 %	63	
amiodarone	68	
AMITIZA	98	
amitriptyline	36	
amitriptyline-chlordiazepoxide	36	
amlodipine	72	
amlodipine-atorvastatin	74	
amlodipine-benazepril	72	
amlodipine-olmesartan	72	
amlodipine-valsartan	72	
amlodipine-valsartan-hcthiiazid	73	
ammonium lactate	86	
amoxapine	36	
amoxicil-clarithromy-lansopraz	96	
amoxicillin	18	
amoxicillin-pot clavulanate ...	19	
amphotericin b	43	
ampicillin	19	

ampicillin sodium.....	19	AVONEX	77	betamethasone, augmented	88
ampicillin-sulbactam	19	AVONEX (WITH ALBUMIN)		BETASERON.....	77
AMPYRA.....	77	.....	77	betaxolol.....	69, 119
ANADROL-50.....	101	azacitidine.....	22	bethanechol chloride	100
anagrelide	62	azathioprine	108	BETHKIS.....	13
anastrozole.....	22	azathioprine sodium.....	108	BEVYXXA.....	60
ANDROGEL.....	101	azelastine	93	bexarotene	23
ANORO ELLIPTA	125	azithromycin	17, 18	BEXSERO	112
APOKYN	49	AZOPT	119	bicalutamide.....	23
apraclonidine	93	aztreonam.....	18	BICILLIN L-A.....	19
aprepitant.....	47	azurette (28).....	80	BIDIL.....	76
apri.....	80	B		BIKTARVY	55
APRISO.....	115	baciim	14	bimatoprost	120
APTIOM.....	32	bacitracin	14, 94	bisoprolol fumarate	69
APTIVUS	55	bacitracin-polymyxin b.....	94	bisoprolol-hydrochlorothiazide	
aranelle (28).....	80	baclufen	127	.....	69
ARCALYST	107	balsalazide	115	bleomycin.....	23
aripiprazole.....	50, 51	balziva (28).....	80	bleph-10	94
ARISTADA.....	51	BANZEL	32	BLINCYTO	23
ARISTADA INITIO	51	BAVENCIO.....	23	blisovi 24 fe.....	80
armodafinil	128	BAXDELA	20	blisovi fe 1.5/30 (28).....	80
ARNUITY ELLIPTA.....	123	BCG VACCINE, LIVE (PF).....	112	blisovi fe 1/20 (28).....	80
ascomp with codeine	3	BD ULTRA-FINE NANO PEN		BOOSTRIX TDAP.....	112
ashlyna.....	80	NEEDLE.....	91	BORTEZOMIB.....	23
aspirin-dipyridamole	62	BD VEO INSULIN SYR HALF		BOSULIF.....	23
ASSURE ID INSULIN		UNIT.....	91	BRAFTOVI.....	23
SAFETY.....	91	BD VEO INSULIN SYRINGE		BREO ELLIPTA.....	124
atazanavir	55	UF	91	briellyn	80
atenolol	69	bekyree (28).....	80	BRILINTA	62
atenolol-chlorthalidone.....	69	BELEODAQ.....	23	brimonidine	120
atomoxetine	77	BELSOMRA	128	BRIVIACT.....	32, 33
atorvastatin	74	benazepril.....	67	bromfenac	95
atovaquone	48	benazepril-hydrochlorothiazide		bromocriptine.....	49
atovaquone-proguanil.....	48	.....	67	BROMSITE	95
ATRIPLA.....	55	BENDEKA	23	budesonide	115, 124
atropine.....	32, 93	BENLYSTA	118	bumetanide.....	73
ATROVENT HFA	125	benztropine	49	buprenorphine	3
AUBAGIO	77	BEPREVE	93	buprenorphine hcl	3, 10
aubra.....	80	BESPONSA.....	23	buprenorphine-naloxone	10
AUSTEDO	77	betamethasone acet,sod phos.....	103	bupropion hcl	36
AVASTIN	22	betamethasone dipropionate ..	88	bupropion hcl (smoking deter)	
aviane	80	betamethasone valerate.....	88	.....	10

bupirone	11	carisoprodol	127	chlorothiazide.....	73
butalbital compound w/codeine3		carteolol	120	chlorothiazide sodium.....	73
butalbital-acetaminop-caf-cod..3		cartia xt	70	chlorpromazine	51
butalbital-acetaminophen	3	carvedilol	69	chlorthalidone	73
butalbital-acetaminophen-caff..3		casprofungin.....	43	chlorzoxazone	127
butalbital-aspirin-caffeine	3	CAYSTON	18	cholestyramine (with sugar)...	74
butorphanol tartrate	3	caziant (28)	80	cholestyramine light.....	74
BYSTOLIC	69	cefaclor	16	CIALIS.....	129
BYVALSON	69	cefadroxil.....	16	ciclopirox	43
C		cefazolin.....	16	cidofovir	59
cabergoline	49	cefazolin in dextrose (iso-os). 16		cilostazol	63
CABOMETYX.....	23	cefdinir.....	16	CILOXAN.....	94
caffeine citrate	77	cefditoren pivoxil.....	16	CIMDUO	55
calcipotriene	86	cefepime.....	16	cimetidine.....	97
calcitonin (salmon).....	116	cefixime	17	cimetidine hcl.....	96
calcitrene	86	cefotaxime	17	CIMZIA	108
calcitriol.....	86, 116	cefoxitin	17	CIMZIA POWDER FOR	
calcium acetate	100	cefpodoxime	17	RECONST	108
calcium chloride	120	cefprozil	17	CINQAIR	126
CALDOLOR	7	ceftazidime.....	17	CINRYZE	61
CALQUENCE.....	23	ceftibuten	17	CINVANTI	47
camila	80	ceftriaxone	17	CIPRODEX.....	94
CANASA	115	cefuroxime axetil	17	ciprofloxacin	20
candesartan	66	cefuroxime sodium	17	ciprofloxacin (mixture)	20
candesartan-hydrochlorothiazid		celecoxib.....	7	ciprofloxacin hcl	20, 94
.....	66	CELONTIN	33	ciprofloxacin in 5 % dextrose	20
capacet.....	4	cephalexin.....	17	ciprofloxacin lactate.....	20
CAPASTAT	46	CEPROTIN (BLUE BAR)	60	.....	36, 37
CAPRELSA	23	CERDELGA	91	citalopram	36, 37
captopril.....	67	CEREZYME.....	91	cladribine.....	23
captopril-hydrochlorothiazide	67	CETYLEV	118	clarithromycin	18
CARAFATE.....	96	cevimeline.....	85	clemastine	44
CARBAGLU.....	98	CHANTIX	10	CLENPIQ.....	99
carbamazepine.....	33	CHANTIX CONTINUING		clindamycin hcl.....	14
carbidopa	49	MONTH BOX	10	clindamycin in 5 % dextrose..	14
carbidopa-levodopa	49	CHANTIX STARTING		clindamycin palmitate hcl.....	14
carbidopa-levodopa-entacapone		MONTH BOX	10	clindamycin phosphate....	14, 45,
.....	49	chloramphenicol sod succinate		87	
carbinoxamine maleate.....	44	.....	14	clindamycin-benzoyl peroxide	
carboplatin.....	23	chlordiazepoxide hcl.....	11	.....	87
CARIMUNE NF		chlorhexidine gluconate.....	85	CLINIMIX 5%/D15W	
NANOFILTERED	108	chloroquine phosphate.....	48	SULFITE FREE.....	64

CLINIMIX 5%/D25W SULFITE-FREE.....	64	clotrimazole-betamethasone ..	43	d5 % and 0.9 % sodium chloride	120
CLINIMIX 2.75%/D5W SULFIT FREE.....	64	clozapine.....	51	d5 %-0.45 % sodium chloride	121
CLINIMIX 4.25%/D10W SULF FREE	64	COARTEM.....	48	DAKLINZA.....	58
CLINIMIX 4.25%/D5W SULFIT FREE.....	64	codeine sulfate	4	dalfampridine	77
CLINIMIX 4.25%-D20W SULF-FREE.....	64	colchicine.....	44	DALIRESP	126
CLINIMIX 4.25%-D25W SULF-FREE.....	64	colestipol.....	74	danazol	101
CLINIMIX 5%- D20W(SULFITE-FREE) ...	64	colistin (colistimethate na).....	15	dantrolene.....	127
CLINIMIX E 2.75%/D10W SUL FREE.....	64	colocort	115	dapsone	46
CLINIMIX E 2.75%/D5W SULF FREE	64	COMBIGAN	120	DAPTACEL (DTAP PEDIATRIC) (PF)	112
CLINIMIX E 4.25%/D10W SUL FREE.....	64	COMBIVENT RESPIMAT.	125	daptomycin.....	15
CLINIMIX E 4.25%/D25W SUL FREE.....	64	COMETRIQ	24	DARAPRIM	48
CLINIMIX E 4.25%/D5W SULF FREE	64	COMPLERA	55	DARZALEX.....	24
CLINIMIX E 5%/D15W SULFIT FREE.....	64	compro	47	dasetta 1/35 (28).....	81
CLINIMIX E 5%/D20W SULFIT FREE.....	65	constulose	98	dasetta 7/7/7 (28).....	81
CLINIMIX E 5%/D25W SULFIT FREE.....	65	CORLANOR	71	daysee.....	81
clobetasol.....	88, 89	cormax	89	deblitane	81
clobetasol-emollient	89	cortisone.....	103	decadron.....	103
clocortolone pivalate	89	COSENTYX (2 SYRINGES)	86	decitabine	24
clofarabine	23	COSENTYX PEN (2 PENS).	86	deferoxamine.....	101
clomipramine.....	37	COTELLIC.....	24	delyla (28).....	81
clonazepam.....	11	CREON.....	91	DELZICOL	115
clonidine	66	CRIXIVAN.....	55	demeclocycline	21
clonidine hcl	66, 77	cromolyn.....	93, 98, 126	DEMSEER	71
clopidogrel.....	63	cryselle (28).....	80	DENAVIR.....	86
clorazepate dipotassium	11	CUPRIMINE	101	DEPEN TITRATABS.....	101
clorpres	66	cyclafem 1/35 (28).....	81	DEPO-PROVERA	107
clotrimazole.....	43	cyclafem 7/7/7 (28).....	81	DESCOVY.....	55
		cyclobenzaprine	127	desipramine	37
		cyclopentolate.....	93	desmopressin.....	104
		cyclophosphamide	24	desog-e.estradiol/e.estradiol... ..	81
		CYCLOPHOSPHAMIDE	24	desogestrel-ethinyl estradiol ..	81
		cyclosporine.....	108	desonide	89
		cyclosporine modified	108	desoximetasone	89
		cyproheptadine.....	44, 45	desvenlafaxine succinate.....	37
		CYRAMZA	24	dexamethasone.....	103
		cyred	81	dexamethasone sodium phos (pf).....	103
		CYSTADANE.....	118	dexamethasone sodium phosphate	96, 103
		CYSTARAN.....	93		
		D			
		d10 %-0.45 % sodium chloride	120		

DEXILANT.....	97	dimenhydrinate	47	ELIDEL.....	89
dexmethylphenidate	77	DIPENTUM.....	115	ELIGARD.....	24
dexrazoxane hcl.....	118	diphenhydramine hcl	45	ELIGARD (3 MONTH).....	24
dextroamphetamine	77	diphenoxylate-atropine	98	ELIGARD (4 MONTH).....	24
dextroamphetamine-		dipyridamole.....	63	ELIGARD (6 MONTH).....	24
amphetamine	77	disopyramide phosphate	68	elinest	81
dextrose 10 % in water (d10w)		disulfiram.....	10	eliphos.....	100
.....	65	divalproex	33	ELIQUIS	60
dextrose 20 % in water (d20w)		docetaxel.....	24	ELITEK.....	92
.....	65	dofetilide.....	68	elixophyllin	125
dextrose 25 % in water (d25w)		donepezil.....	36	ELLA	81
.....	65	DOPTELET	61	ELMIRON	118
dextrose 30 % in water (d30w)		dorzolamide	120	EMBEDA.....	4
.....	65	dorzolamide-timolol	120	EMCYT.....	24
dextrose 40 % in water (d40w)		doxazosin.....	66	EMEND	47
.....	65	doxepin	37	EMEND (FOSAPREPITANT)	
dextrose 5 % in water (d5w) ..	65	doxercalciferol.....	116	.....	47
dextrose 50 % in water (d50w)		doxorubicin.....	24	EMFLAZA.....	103
.....	65	doxorubicin, peg-liposomal ...	24	emoquette.....	81
dextrose 70 % in water (d70w)		doxy-100.....	21	EMPLICITI.....	24
.....	65	doxycycline hyclate	21	EMSAM.....	37
DIASTAT.....	11	doxycycline monohydrate.....	21	EMTRIVA	55
DIASTAT ACUDIAL.....	11	dronabinol.....	47	enalapril maleate	67
diazepam.....	11	droperidol.....	118	enalaprilat.....	67
diazepam intensol.....	11	drospirenone-ethinyl estradiol	81	enalapril-hydrochlorothiazide	68
diclofenac potassium.....	7	DROXIA.....	24	ENBREL.....	108
diclofenac sodium	7, 96	DUAVEE.....	102	ENBREL SURECLICK.....	108
diclofenac-misoprostol.....	7	DUEXIS.....	7	ENDARI	118
dicloxacillin.....	19	DULERA	124	endocet	4
dicyclomine	98	duloxetine	37	ENGERIX-B (PF).....	112
didanosine.....	55	DUPIXENT	86	ENGERIX-B PEDIATRIC (PF)	
DIFICID	18	DUREZOL.....	96	.....	112
diflorasone.....	89	dutasteride.....	101	enoxaparin.....	60
diflunisal.....	7	dutasteride-tamsulosin.....	101	enpresse.....	81
digitek.....	71	E		enskyce.....	81
digox.....	71	econazole	43	entacapone.....	49
digoxin.....	72	EDARBI	66	entecavir	59
DIGOXIN.....	72	EDARBYCLOR	66	ENTRESTO	66
dihydroergotamine	45	EDURANT	55	enulose	98
DILANTIN.....	33	efavirenz	55	EPCLUSA.....	58
diltiazem hcl	70, 71	ELAPRASE.....	92	epinastine	93
dilt-xr.....	71	electrolyte-48 in d5w	121	epinephrine.....	72

epitol.....	33	ezetimibe.....	74	fluconazole in nacl (iso-osm).....	43
EPIVIR HBV.....	55	ezetimibe-simvastatin.....	74	flucytosine.....	43
eplerenone.....	76	F		fludrocortisone.....	104
EPOGEN.....	61	FABRAZYME.....	92	flumazenil.....	78
epoprostenol (glycine).....	129	falmina (28).....	81	flunisolide.....	96
eprosartan.....	67	famciclovir.....	59	fluocinolone.....	89
ergoloid.....	118	famotidine.....	97	fluocinolone acetonide oil.....	96
ERGOMAR.....	45	famotidine (pf).....	97	fluocinonide.....	89
ERIVEDGE.....	24	famotidine (pf)-nacl (iso-os).....	97	fluocinonide-e.....	89
ERLEADA.....	24	FANAPT.....	51	fluorometholone.....	96
errin.....	81	FARESTON.....	25	fluorouracil.....	25, 86
ertapenem.....	18	FARYDAK.....	25	fluoxetine.....	37
ery pads.....	87	FASENRA.....	127	fluphenazine decanoate.....	51
erythromycin.....	18, 94	FASLODEX.....	25	fluphenazine hcl.....	52
erythromycin ethylsuccinate ..	18	felbamate.....	33	flurazepam.....	12
erythromycin with ethanol.....	87	felodipine.....	73	flurbiprofen.....	7
erythromycin-benzoyl peroxide		FEMRING.....	102	flurbiprofen sodium.....	96
.....	87	femynor.....	81	flutamide.....	25
ESBRIET.....	127	fenofibrate.....	74	fluticasone.....	89, 96
escitalopram oxalate.....	37	fenofibrate micronized.....	74	fluvastatin.....	75
esmolol.....	69	fenofibrate nanocrystallized ..	74	flvoxamine.....	37
esomeprazole sodium.....	97	fenofibric acid.....	75	fomepizole.....	118
estarylla.....	81	fenofibric acid (choline).....	75	fondaparinux.....	60
estazolam.....	12	fenopropfen.....	7	FORTEO.....	116
estradiol.....	102	fenofenyl.....	4	fosamprenavir.....	55
estradiol valerate.....	102	fenofenyl citrate.....	4	foscarnet.....	58
estradiol-norethindrone acet.....	102	FERRIPROX.....	101	fosinopril.....	68
estropipate.....	102	FETZIMA.....	37	fosinopril-hydrochlorothiazide	
eszopiclone.....	128	FIASP FLEXTOUCH U-100		.....	68
ethambutol.....	46	INSULIN.....	41	fosphenytoin.....	33
ethosuximide.....	33	FIASP U-100 INSULIN.....	41	FREAMINE HBC 6.9 %.....	65
ethynodiol diac-eth estradiol ..	81	finasteride.....	101	FREAMINE III 10 %.....	65
etidronate disodium.....	116	FIRAZYR.....	72	FULPHILA.....	61
etodolac.....	7	FIRVANQ.....	15	furosemide.....	73
ETOPOPHOS.....	25	flavoxate.....	100	FUZEON.....	55
etoposide.....	25	FLEBOGAMMA DIF.....	108	fyavolv.....	102
EUCRISA.....	89	flecainide.....	68	FYCOMPA.....	33
EVOTAZ.....	55	FLECTOR.....	7	G	
exemestane.....	25	FLOVENT DISKUS.....	124	gabapentin.....	33
EXJADE.....	101	FLOVENT HFA.....	124	galantamine.....	36
EXONDYS 51.....	118	floxuridine.....	25	GAMASTAN S/D.....	108
EXTAVIA.....	78	fluconazole.....	43	GAMMAGARD LIQUID....	108

GAMMAGARD S-D (IGA < 1 MCG/ML)	108	glycopyrrolate	98	HUMULIN R U-500 (CONC) KWIKPEN	41
GAMMAPLEX	108	glydo	9	hydralazine	72
GAMMAPLEX (WITH SORBITOL)	108	GLYXAMBI	39	hydrochlorothiazide	73
GAMUNEX-C	109	GOCOVRI	50	hydrocodone-acetaminophen ...	4
ganciclovir sodium	59, 60	GRALISE	33	hydrocodone-ibuprofen	4
GARDASIL 9 (PF)	112	GRALISE 30-DAY STARTER PACK	33	hydrocortisone	90, 104, 115
gatifloxacin	94	granisetron (pf)	47	hydrocortisone butyrate ...	89, 90
GATTEX 30-VIAL	98	granisetron hcl	47	hydrocortisone butyr-emollient	89
GAUZE PAD	91	GRANIX	61	hydrocortisone valerate	90
gavilyte-c	99	griseofulvin microsize	43	hydrocortisone-acetic acid	94
gavilyte-g	99	griseofulvin ultramicrosize ...	43	hydromorphone	4
gavilyte-n	99	guanfacine	66, 78	hydromorphone (pf)	4
GAZYVA	25	guanidine	118	hydroxychloroquine	48
gemcitabine	25	H		hydroxyprogesterone caproate	107
gemfibrozil	75	HAEGARDA	61	hydroxyurea	25
generlac	98	halobetasol propionate	89	hydroxyzine hcl	45
gengraf	109	haloperidol	52	hydroxyzine pamoate	118
GENOTROPIN	105	haloperidol decanoate	52	HYPERRAB (PF)	109
GENOTROPIN MINIQUICK	104, 105	haloperidol lactate	52	HYPERRAB S/D (PF)	109
gentak	94	HARVONI	58	HYQVIA	109
gentamicin	14, 87, 94	HAVRIX (PF)	112	HYSINGLA ER	5
gentamicin in nacl (iso-osm) ..	14	heather	81	I	
gentamicin sulfate (ped) (pf) ..	14	heparin (porcine)	61	ibandronate	116
gentamicin sulfate (pf)	14	heparin, porcine (pf)	61	IBRANCE	25
GENVOYA	55	HEPATAMINE 8%	65	ibu	7
GEODON	52	HERCEPTIN	25	ibuprofen	7, 8
gildagia	81	HETLIOZ	128	ICLUSIG	25
GILENYA	78	HEXALEN	25	IDHIFA	25
GILOTRIF	25	HIBERIX (PF)	113	ifosfamide	25, 26
glatiramer	78	HUMATROPE	105	ifosfamide-mesna	26
glatopa	78	HUMIRA	109	ILARIS (PF)	109
GLEOSTINE	25	HUMIRA PEDIATRIC CROHN'S START	109	ILEVRO	96
glimepiride	42	HUMIRA PEN	109	ILUMYA	109
glipizide	42	HUMIRA PEN CROHN'S-UC- HS START	109	imatinib	26
glipizide-metformin	42	HUMIRA PEN PSORIASIS- UVEITIS	109	IMBRUVICA	26
GLUCAGEN HYPOKIT	39	HUMULIN R U-500 (CONC) INSULIN	41	IMFINZI	26
glyburide	42			imipenem-cilastatin	18
glyburide micronized	42			imipramine hcl	37
glyburide-metformin	42			imipramine pamoate	38

imiquimod	86	isibloom	81	KEDRAB (PF)	110
IMLYGIC	26	ISOLYTE-P IN 5 %		kelnor 1/35 (28).....	82
IMOGAM RABIES-HT (PF)		DEXTROSE	121	kelnor 1-50.....	82
.....	110	ISOLYTE-S	121	ketoconazole	43
IMOVAX RABIES VACCINE		isoniazid.....	46	ketoprofen	8
(PF).....	113	isosorbide dinitrate	76	ketorolac.....	8, 9, 96
IMPAVIDO	48	isosorbide mononitrate	76	KEVEYIS	118
incassia	81	isradipine	73	KEVZARA	110
INCRELEX	105	itraconazole.....	43	KEYTRUDA.....	26
INCRUSE ELLIPTA.....	125	ivermectin	48	kimidess (28).....	82
indapamide	73	IXEMPRA	26	KINERET	110
indomethacin	8	IXIARO (PF)	113	KINRIX (PF)	113
indomethacin sodium	8	J		kionex (with sorbitol).....	98
INFANRIX (DTAP) (PF).....	113	JADENU.....	101	KISQALI.....	27
INFLECTRA	110	JADENU SPRINKLE.....	101	KISQALI FEMARA CO-PACK	
INGREZZA	78	JAKAFI	26	.....	26
INLYTA	26	jantoven	61	klor-con m10.....	121
INSULIN SYRINGE-NEEDLE		JANUMET.....	39	klor-con m15.....	121
U-100.....	91	JANUMET XR	39	klor-con m20.....	121
INTELENCE.....	55	JANUVIA.....	39	klor-con sprinkle	121
INTRALIPID	65	JARDIANCE	39	KORLYM	40
INTRON A.....	59	jencycla.....	81	KRYSTEXXA	92
introvale.....	81	JENTADUETO	39	kurvelo	82
INVANZ.....	18	JENTADUETO XR.....	39	KUVAN	92
INVEGA SUSTENNA.....	52	jinteli.....	102	KYNAMRO	75
INVEGA TRINZA.....	52, 53	jolivette	81	KYPROLIS.....	27
INVIRASE	56	juleber	82	L	
INVOKAMET.....	39	JULUCA.....	56	l norgest/e.estradiol-e.estrad ..	82
INVOKAMET XR	39	junel 1.5/30 (21)	82	labetalol.....	69
INVOKANA	39	junel 1/20 (21)	82	LACTATED RINGERS	116
IONOSOL-B IN D5W	121	junel fe 1.5/30 (28)	82	lactulose	98
IONOSOL-MB IN D5W	121	junel fe 1/20 (28)	82	lamivudine.....	56
IPOL.....	113	junel fe 24.....	82	lamivudine-zidovudine	56
ipratropium bromide.....	93, 125	JUXTAPID	75	lamotrigine	33, 34
IPRIVASK	61	JYNARQUE	73	lansoprazole	97
irbesartan	67	K		lanthanum.....	100
irbesartan-hydrochlorothiazide		KABIVEN	65	LANTUS SOLOSTAR U-100	
.....	67	KALETRA.....	56	INSULIN.....	41
IRESSA	26	KALYDECO	127	LANTUS U-100 INSULIN...	41
irinotecan.....	26	KANUMA	92	larin 1.5/30 (21)	82
ISENTRESS	56	kariva (28).....	82	larin 1/20 (21)	82
ISENTRESS HD	56	KAZANO	40	larin 24 fe	82

larin fe 1.5/30 (28).....	82	lillow	83	LYRICA.....	34
larin fe 1/20 (28).....	82	linezolid	15	LYSODREN	27
larissia.....	82	linezolid in dextrose 5%	15	lyza.....	83
LARTRUVO	27	linezolid-0.9% sodium chloride		M	
latanoprost	120	.....	15	magnesium sulfate	121
LATUDA	53	LINZESS	98	magnesium sulfate in d5w ...	121
LAZANDA.....	5	liothyronine.....	107	magnesium sulfate in water .	121
leena 28	82	lisinopril.....	68	malathion.....	91
leflunomide.....	110	lisinopril-hydrochlorothiazide	68	maprotiline	38
LEMTRADA.....	78	lithium carbonate	78	marlissa	83
LENVIMA	27	lithium citrate.....	78	MARPLAN	38
lessina	82	LIVALO	75	MARQIBO.....	27
LETAIRIS	129	LONHALA MAGNAIR		MATULANE	27
letrozole.....	27	STARTER	125	matzim la.....	71
leucovorin calcium	118	LONSURF	27	MAVYRET.....	58
LEUKERAN	27	loperamide	98	meclizine	47
LEUKINE.....	61	lopinavir-ritonavir.....	56	medroxyprogesterone.....	107
leuprolide.....	27	lorazepam.....	12, 13	mefenamic acid	9
levabuterol tartrate	125	lorcet (hydrocodone).....	5	mefloquine	48
levetiracetam	34	lorcet hd	5	megestrol.....	28, 107
levetiracetam in nacl (iso-os)	34	lorcet plus	5	MEKINIST	28
levobunolol.....	120	loryna (28)	83	MEKTOVI	28
levocarnitine	118	losartan.....	67	meloxicam.....	9
levocarnitine (with sugar)....	118	losartan-hydrochlorothiazide .	67	melphalan hcl	28
levocetirizine	45	LOTEMAX.....	96	memantine.....	36
levofloxacin.....	20, 94	lovastatin.....	75	MENACTRA (PF).....	113
levofloxacin in d5w	20	low-ogestrel (28).....	83	MENEST.....	102
levoleucovorin.....	119	loxapine succinate.....	53	MENVEO A-C-Y-W-135-DIP	
LEVOLEUCOVORIN	118	LUCEMYRA.....	10	(PF)	113
levonest (28).....	82	LUMIGAN	120	mercaptapurine	28
levonorgestrel-ethinyl estrad .	82,	LUPRON DEPOT	27	meropenem.....	18
83		LUPRON DEPOT (3 MONTH)		mesalamine	115
levonorg-eth estrad triphasic ..	83	.....	27	mesna	119
levora-28.....	83	LUPRON DEPOT (4 MONTH)		MESNEX	119
levothyroxine.....	107	.....	27	MESTINON	119
LEXIVA	56	LUPRON DEPOT (6 MONTH)		metadate er	78
LIALDA	115	.....	27	metaproterenol	125
lidocaine	9	LUPRON DEPOT-PED	105	metformin.....	40
lidocaine (pf)	9, 68	LUPRON DEPOT-PED (3		methadone	5
lidocaine hcl	9	MONTH)	105	methadose	5
lidocaine viscous	9	lutra (28)	83	methazolamide	120
lidocaine-prilocaine	10	LYNPARZA	27	methenamine hippurate.....	15

methimazole	107	misoprostol	97	necon 0.5/35 (28)	83
methocarbamol	128	mitoxantrone	28	nefazodone	38
methotrexate sodium	28	M-M-R II (PF)	113	neomycin	14
methotrexate sodium (pf)	28	moexipril	68	neomycin-bacitracin-poly-hc	94
methoxsalen	86	moexipril-hydrochlorothiazide	68	neomycin-bacitracin-polymyxin	94
methscopolamine	98	mometasone	90	neomycin-polymyxin b gu	88
methylclothiazide	73	mondoxyne nl	22	neomycin-polymyxin b-dexameth	94
methylergonovine	119	mono-lynyah	83	neomycin-polymyxin-gramicidin	95
methylphenidate hcl	78, 79	mononessa (28)	83	neomycin-polymyxin-hc	95
methylprednisolone	104	montelukast	125	neo-polycin	95
methylprednisolone acetate	104	morphine	5	neo-polycin hc	95
methylprednisolone sodium succ	104	MORPHINE	5	NEPHRAMINE 5.4 %	65
metipranolol	120	morphine concentrate	5	NERLYNX	28
metoclopramide hcl	98	MOVANTIK	98	NESINA	40
metolazone	73	MOVIPREP	99	neuac	88
metoprolol succinate	69	MOXEZA	94	NEULASTA	62
metoprolol ta-hydrochlorothiaz	69, 70	moxifloxacin	20, 94	NEUPOGEN	62
metoprolol tartrate	70	MOZOBIL	62	NEUPRO	50
metronidazole	15, 45, 87, 88	MULPLETA	62	nevirapine	56
metronidazole in nacl (iso-os)	15	MULTAQ	68	NEXAVAR	28
mexiletine	68	mupirocin	88	niacin	75
MIACALCIN	116	mycophenolate mofetil	110	niacor	75
miconazole-3	43	mycophenolate mofetil hcl	110	nicardipine	73
microgestin 1.5/30 (21)	83	MYLOTARG	28	NICOTROL	10
microgestin 1/20 (21)	83	MYRBETRIQ	100	nifedipine	73
microgestin fe 1.5/30 (28)	83	myzilra	83	nikki (28)	83
microgestin fe 1/20 (28)	83	N		nilutamide	28
midazolam	13	nabumetone	9	NINLARO	28
midodrine	66	nadolol	70	NITRO-BID	76
miglitol	40	nafcillin	19	nitrofurantoin macrocrystal	15
miglustat	92	NAGLAZYME	92	nitrofurantoin monohyd/m-cryst	16
mili	83	naloxone	10	nitroglycerin	76
milrinone	72	naltrexone	10	NITYR	92
milrinone in 5 % dextrose	72	NAMZARIC	36	NIVESTYM	62
mimvey lo	103	naproxen	9	nizatidine	97
minitran	76	naratriptan	45	nora-be	83
MINOCIN	21	NARCAN	10	NORDITROPIN FLEXPRO	105
minocycline	21, 22	NATACYN	94	norepinephrine bitartrate	72
minoxidil	76	nateglinide	40		
mirtazapine	38	NATPARA	116		
		NEBUPENT	48		

norethindrone (contraceptive) 83	NULOJIX 110	ORENCIA (WITH MALTOSE) 110
norethindrone acetate 107	NUPLAZID 53	ORENCIA CLICKJECT..... 110
norethindrone ac-eth estradiol 83, 103	NUTRILIPID..... 65	ORENITRAM..... 129
norethindrone-e.estradiol-iron 83	NUTROPIN AQ NUSPIN... 105	ORFADIN..... 92
norgestimate-ethinyl estradiol 83, 84	NUVARING..... 84	ORLISSA..... 106
norlyda..... 84	nyamyc..... 44	ORKAMBI..... 127
norlyroc 84	nystatin..... 44	orsythia..... 84
NORMOSOL-M IN 5 %	nystatin-triamcinolone 44	oseltamivir..... 58
DEXTROSE 121	nystop..... 44	OSENI..... 40
NORMOSOL-R 121	O	OSMOLEX ER 50
NORMOSOL-R PH 7.4 121	OCALIVA 98	OTEZLA 110
NORTHERA 66	OCREVUS..... 79	OTEZLA STARTER 110
nortrel 0.5/35 (28) 84	OCTAGAM..... 110	OTREXUP (PF) 111
nortrel 1/35 (21) 84	octreotide acetate 105	oxacillin..... 19
nortrel 1/35 (28) 84	ODEFSEY 56	oxaliplatin 28
nortrel 7/7/7 (28) 84	ODOMZO..... 28	oxandrolone..... 101, 102
nortriptyline..... 38	OFEV 127	oxazepam 13
NORVIR..... 56	ofloxacin 20, 95	oxcarbazepine 34
NOVOLIN 70/30 U-100	ogestrel (28)..... 84	OXTELLAR XR..... 34
INSULIN..... 41	okebo 22	oxybutynin chloride 100
NOVOLIN N NPH U-100	olanzapine..... 53	oxycodone 5, 6
INSULIN..... 41	olmesartan..... 67	oxycodone-acetaminophen 6
NOVOLIN R REGULAR U-100	olmesartan-amlodipin-hcthiamid 67	oxycodone-aspirin..... 6
100 INSULN 41	olmesartan-hydrochlorothiazide 67	OXYCONTIN..... 6
NOVOLOG FLEXPEN U-100	olopatadine..... 93	oxymorphone 6
INSULIN..... 41	OLUMIANT 110	OZEMPIC 40
NOVOLOG MIX 70-30 U-100	omega-3 acid ethyl esters 75	P
INSULN 41	omeprazole..... 97	pacerone 68, 69
NOVOLOG MIX 70-30FLEXPEN U-100 41	OMNITROPE..... 106	paclitaxel 29
NOVOLOG PENFILL U-100	ONCASPASPAR..... 28	paliperidone..... 53
INSULIN..... 42	ondansetron..... 47	PALYNZIQ..... 92
NOVOLOG U-100 INSULIN	ondansetron hcl..... 47	pamidronate..... 116, 117
ASPART..... 42	ondansetron hcl (pf)..... 47	PANRETIN..... 86
NOXAFIL 43, 44	ONFI..... 13	pantoprazole..... 97
NPLATE..... 119	ONIVYDE..... 28	paricalcitol..... 117
NUCALA 127	OPDIVO 28	PARICALCITOL..... 117
NUCYNTA 5	OPSUMIT..... 129	paroex oral rinse..... 86
NUCYNTA ER 5	oralone 85	paromomycin 49
NUEDEXTA 79	ORENCIA 110	paroxetine hcl..... 38
		PASER 46
		PAXIL..... 38

PEDIARIX (PF).....	113	piroxicam.....	9	prednisolone acetate.....	96
PEDVAX HIB (PF).....	113	PLASMA-LYTE 148	121	prednisolone sodium phosphate	
peg 3350-electrolytes	99	PLASMA-LYTE A.....	122	.....	96, 104
PEGANONE	34	PLASMA-LYTE-56 IN 5 %		prednisone.....	104
PEGASYS	59	DEXTROSE	122	PREMARIN.....	103
PEGASYS PROCLICK	59	PLEGRIDY	79	PREMPHASE.....	103
PEGINTRON	59	podofilox.....	86	PREMPRO.....	103
PEN NEEDLE, DIABETIC ...	91	polycin	95	prenatal plus (calcium carb). 130	
penicillin g potassium.....	19	polyethylene glycol 3350.....	99	prenatal vitamin plus low iron	
penicillin g procaine	20	polymyxin b sulfate	16	.....	130
penicillin v potassium.....	20	polymyxin b sulf-trimethoprim		PREPOPIK.....	99
PENNSAID	9	.....	95	prevalite.....	75
PENTACEL (PF)	113	POMALYST.....	29	previfem	84
PENTACEL DTAP-IPV		portia.....	84	PREVYMIS	58
COMPNT (PF).....	113	PORTRAZZA.....	29	PREZCOBIX	56
PENTAM	49	potassium chlorid-d5-0.45%nacl		PREZISTA	56
pentoxifylline	63	.....	122	PRIFTIN	46
PERIKABIVEN	65	potassium chloride.....	122	PRIMAQUINE	49
perindopril erbumine	68	potassium chloride in 0.9%nacl		primidone	35
perigard.....	86	.....	122	PRIVIGEN.....	111
PERJETA	29	potassium chloride in 5 % dex		PROAIR HFA.....	125
permethrin	91	.....	122	PROAIR RESPICLICK	126
perphenazine.....	53	potassium chloride in lr-d5 ..	122	probenecid.....	44
perphenazine-amitriptyline....	38	potassium chloride in water. 122		probenecid-colchicine	44
pfizerpen-g	20	potassium chloride-0.45 % nacl		procainamide.....	69
phenadoz.....	47	.....	122	PROCALAMINE 3%	66
phenelzine.....	38	potassium chloride-d5-0.2%nacl		prochlorperazine	48
phenobarbital.....	34	.....	122	prochlorperazine edisylate	48
phenylephrine hcl	66, 93	potassium chloride-d5-0.3%nacl		prochlorperazine maleate	48
phenytoin.....	34	.....	123	PROCRIT.....	62
phenytoin sodium	35	potassium chloride-d5-0.9%nacl		procto-med hc	90
phenytoin sodium extended....	35	.....	123	procto-pak	90
philith	84	potassium citrate	123	proctosol hc.....	90
PHOSLYRA.....	100	POTELIGEO	29	proctozone-hc.....	90
PICATO	86	PRADAXA.....	61	PROCYSBI.....	92
pilocarpine hcl.....	86, 120	PRALUENT PEN.....	75	progesterone in oil.....	107
pimozide	53	pramipexole	50	progesterone micronized.....	107
pimtrea (28).....	84	prasugrel	63	PROGLYCEM.....	119
pindolol.....	70	pravastatin.....	75	PROGRAF	111
pioglitazone	40	prazosin.....	66	PROLASTIN-C.....	127
piperacillin-tazobactam	20	prednicarbate	90	PROLENSA.....	96
pirmella.....	84	prednisolone.....	104	PROLEUKIN.....	29

PROLIA	117	RAVICTI.....	98	rivastigmine.....	36
PROMACTA.....	62	RAYALDEE.....	117	rivastigmine tartrate	36
promethazine	45, 48	REBIF (WITH ALBUMIN) ..	79	rizatriptan	45, 46
promethazine vc	45	REBIF REBIDOSE	79	ropinirole.....	50
promethegan.....	48	REBIF TITRATION PACK..	79	rosadan	88
propafenone.....	69	reclipsen (28).....	84	rosuvastatin	75
propantheline.....	32	RECOMBIVAX HB (PF)....	114	ROTARIX.....	114
proparacaine	93	REGRANEX	87	ROTATEQ VACCINE.....	114
propranolol	70	RELENZA DISKHALER	58	ROWEEPPRA.....	35
propranolol-hydrochlorothiazid	70	RELISTOR.....	99	RUBRACA	29
propylthiouracil	107	REMICADE	111	RYDAPT.....	29
PROQUAD (PF)	113	REMODULIN	129	S	
PROSOL 20 %	66	RENAGEL.....	100	SABRIL	35
protamine.....	62	RENFLEXIS.....	119	SAIZEN	106
protriptyline.....	38	repaglinide	40	SAIZEN SAIZENPREP.....	106
PULMOZYME.....	92	repaglinide-metformin.....	40	SANDOSTATIN LAR DEPOT	106
PURIXAN	29	REPATHA PUSHTRONEX .	75	SANTYL.....	87
pyrazinamide	46	REPATHA SURECLICK.....	75	SAPHRIS	54
pyridostigmine bromide	119	REPATHA SYRINGE	75	SAPHRIS (BLACK CHERRY)	54
Q		RESCRIPTOR.....	56	SAVELLA	79
QUADRACEL (PF).....	114	RESTASIS.....	96	scopolamine base	48
quasense	84	RETACRIT.....	62	selegiline hcl	50
quetiapine	53	RETROVIR	56	selenium sulfide	88
quinapril	68	REVLIMID.....	29	SELZENTRY	57
quinapril-hydrochlorothiazide	68	revonto	128	SENSIPAR.....	117
quinidine gluconate	69	REXULTI	53	SEREVENT DISKUS.....	126
quinidine sulfate	69	REYATAZ.....	57	SEROSTIM.....	106
quinine sulfate	49	RHOPRESSA	120	sertraline.....	38
QVAR.....	124	ribasphere.....	60	setlakin	84
QVAR REDIHALER.....	124	ribasphere ribapak.....	60	sevelamer carbonate.....	100
R		ribavirin	60	sharobel.....	84
RABAVERT (PF)	114	RIDAURA.....	111	SHINGRIX (PF)	114
rabeprazole	97	rifabutin	46	SIGNIFOR	106
RADICAVA.....	79	rifampin	46	sildenafil (antihypertensive). 130	
raloxifene.....	103	riluzole	79	SILENOR.....	128
ramipril	68	rimantadine	58	SILIQ	87
RANEXA	72	risedronate	117	silver sulfadiazine	88
ranitidine hcl.....	97	RISPERDAL CONSTA ..	53, 54	SIMBRINZA.....	120
RAPAMUNE	111	risperidone	54	SIMPONI	111
rasagiline	50	ritonavir	57	SIMPONI ARIA	111
RASUVO (PF)	111	RITUXAN	29		
		RITUXAN HYCELA	29		

simvastatin.....	75, 76	STIVARGA.....	29	T	
sirolimus.....	111	STRENSIQ.....	92	TABLOID.....	29
SIRTURO.....	46	streptomycin.....	14	tacrolimus.....	111
smoflipid.....	66	STRIBILD.....	57	tadalafil (antihypertensive) ..	130
sodium acetate.....	123	STRIVERDI RESPIMAT...	126	TAFINLAR.....	30
sodium chloride.....	116, 123	SUBLOCADE.....	6	TAGRISSE.....	30
sodium chloride 0.45 %.....	123	SUBOXONE.....	10	TAKHZYRO.....	119
sodium chloride 0.9 %.....	123	subvenite.....	35	TALTZ AUTOINJECTOR....	87
sodium lactate.....	123	sucralfate.....	97	TALTZ SYRINGE.....	87
sodium phenylbutyrate.....	99	sulfacetamide sodium.....	95	tamoxifen.....	30
sodium phosphate.....	123	sulfacetamide sodium (acne) .	88	tamsulosin.....	101
sodium polystyrene (sorb free)		sulfacetamide-prednisolone...	95	TARCEVA.....	30
.....	99	sulfadiazine.....	20	TARGRETIN.....	30
sodium polystyrene sulfonate.	99	sulfamethoxazole-trimethoprim		tarina fe 1/20 (28).....	84
SOLQUA 100/33.....	42	.....	21	TASIGNA.....	30
soloxide.....	22	sulfasalazine.....	115	TAVALISSE.....	62
SOLTAMOX.....	29	sulfatrim.....	21	tazarotene.....	90
SOLU-CORTEF (PF).....	104	sulindac.....	9	tazicef.....	17
SOMATULINE DEPOT.....	106	sumatriptan.....	46	TAZORAC.....	90
SOMAVERT.....	106	sumatriptan succinate.....	46	taztia xt.....	71
sorine.....	70	SUPPRELIN LA.....	106	TECENTRIQ.....	30
sotalol.....	70	SUPRAX.....	17	TECFIDERA.....	80
sotalol af.....	70	SUPREP BOWEL PREP KIT		TECHNIVIE.....	58
SOVALDI.....	58	.....	100	TEFLARO.....	17
spinosad.....	91	SUTENT.....	29	TEKTRUNA.....	76
SPIRIVA RESPIMAT.....	126	syeda.....	84	TEKTRUNA HCT.....	76
SPIRIVA WITH		SYLATRON.....	59	telmisartan.....	67
HANDIHALER.....	126	SYLVANT.....	29	telmisartan-amlodipine.....	67
spironolactone.....	74	SYMBICORT.....	124, 125	telmisartan-hydrochlorothiazid	
spironolacton-hydrochlorothiaz		SYMDEKO.....	127	.....	67
.....	74	SYMFI.....	57	temazepam.....	13
SPORANOX.....	44	SYMFI LO.....	57	TEMODAR.....	30
sprintec (28).....	84	SYMLINPEN 120.....	40	temsirolimus.....	30
SPRITAM.....	35	SYMLINPEN 60.....	40	tencon.....	6
SPRYCEL.....	29	SYMTUZA.....	57	TENIVAC (PF).....	114
sps (with sorbitol).....	99	SYNAGIS.....	58	tenofovir disoproxil fumarate	57
sronyx.....	84	SYNAREL.....	106	terazosin.....	101
ssd.....	88	SYNDROS.....	48	terbinafine hcl.....	44
stavudine.....	57	SYNERCID.....	16	terbutaline.....	126
STELARA.....	111	SYNJARDY.....	40	terconazole.....	45
STIMATE.....	106	SYNJARDY XR.....	40	testosterone.....	102
STIOLTO RESPIMAT.....	126	SYNRIBO.....	29	testosterone cypionate.....	102

testosterone enanthate	102	TOUJEO SOLOSTAR U-300	tri-previfem (28).....	85
TETANUS,DIPHThERIA TOX		INSULIN	TRIPTODUR	106
PED(PF)	114	TOVIAZ	tri-sprintec (28)	85
TETANUS-DIPHThERIA		TRACLEER.....	TRIUMEQ	57
TOXOIDS-TD.....	114	TRADJENTA	trivora (28)	85
tetrabenazine.....	80	tramadol.....	tri-vylibra	85
tetracycline	22	tramadol-acetaminophen	TROGARZO.....	57
THALOMID.....	119	trandolapril.....	TROKENDI XR.....	35
theophylline.....	126	tranexamic acid.....	TROPHAMINE 10 %	66
THIOLA	119	tranylcypromine.....	TROPHAMINE 6%	66
thioridazine.....	54	TRAVASOL 10 %.....	trosipium	100
thiotepa	30	TRAVATAN Z.....	TRULICITY	41
thiothixene.....	54	trazodone	TRUMENBA	114
tiagabine	35	TREANDA	TRUVADA	57
TIBSOVO.....	30	TRECTOR	tulana.....	85
TICE BCG.....	114	TRELEGY ELLIPTA.....	TWINRIX (PF).....	114
tigecycline	22	TRELSTAR	TYBOST	119
tilia fe.....	84	TREMFYA	TYKERB.....	31
timolol maleate.....	70, 120	tretinoin.....	TYMLOS	117
tinidazole	49	tretinoin (chemotherapy)	TYPHIM VI.....	114
TIVICAY	57	tri femynor	TYSABRI	111
tizanidine	128	triamcinolone acetonide..	TYVASO	130
TOBI PODHALER	14	104	U	
tobramycin.....	95	triamterene-hydrochlorothiazid	UCERIS	115
tobramycin in 0.225 % nacl....	14	.....	ULORIC.....	44
tobramycin in 0.9 % nacl.....	14	.....	UNITUXIN.....	31
tobramycin sulfate	14	triazolam	UPTRAVI	130
tobramycin-dexamethasone....	95	trientine.....	ursodiol	99
TOLAK	87	tri-estarylla.....	V	
tolazamide	42	trifluoperazine.....	valacyclovir.....	60
tolbutamide.....	42	trifluridine.....	VALCHLOR.....	87
tolmetin.....	9	tri-hexyphenidyl.....	valganciclovir.....	60
tolterodine.....	100	tri-legest fe.....	valproate sodium.....	35
topiramate.....	35	tri-linyah	valproic acid.....	35
toposar	30	tri-lo-estarylla	valproic acid (as sodium salt)	35
topotecan	30	tri-lo-marzia	valsartan	67
TORISEL	30	tri-lo-sprintec	valsartan-hydrochlorothiazide	67
torseamide	74	trilyte with flavor packets	VALSTAR	31
TOTECT.....	119	trimethoprim	vancomycin	16
TOUJEO MAX U-300		tri-mili	VAQTA (PF)	115
SOLOSTAR	42	trimipramine	VARIVAX (PF).....	115
		trinessa (28)	VASCEPA	76
		TRINTELLIX.....		

VECTIBIX	31	VIREAD	58	Z	
VELCADE	31	VISTOGARD	119	zafirlukast.....	125
velivet triphasic regimen (28)	85	VOLTAREN.....	9	zaleplon	128
VELPHORO.....	100	voriconazole.....	44	ZALTRAP.....	32
VELTASSA	99	VOSEVI.....	59	zarah.....	85
VEMLIDY	57	VOTRIENT	31	ZARXIO	62
VENCLEXTA.....	31	VPRIV	92	zebotal	7
VENCLEXTA STARTING		VRAYLAR.....	54	ZEJULA	32
PACK	31	vyfemla (28)	85	ZELBORAF.....	32
venlafaxine	38, 39	vylibra.....	85	zenatane.....	87
verapamil.....	71	VYXEOS	31	zenchent (28).....	85
VEREGEN	87	W		ZENPEP	93
VERSACLOZ	54	warfarin.....	61	ZEPATIER.....	59
VERZENIO.....	31	water for irrigation, sterile ...	116	ZERIT	58
vestura (28).....	85	WELCHOL.....	76	zidovudine.....	58
VGO 40	91	wera (28).....	85	ziprasidone hcl	54
VIBERZI	99	X		ZIRGAN	95
vicodin.....	6	XADAGO	50	ZOHYDRO ER.....	7
vicodin es.....	6	XALKORI	31	ZOLADEX.....	32
vicodin hp.....	6	XARELTO.....	61	zoledronic acid.....	117
VICTOZA	41	XATMEP	31	zoledronic acid-mannitol-water	
VIDEX 2 GRAM PEDIATRIC		XELJANZ.....	111	.....	117
.....	57	XELJANZ XR	111	zoledronic ac-mannitol-0.9nacl	
VIDEX 4 GRAM PEDIATRIC		XERMELO	99	.....	117
.....	57	XGEVA	117	ZOLINZA	32
VIDEX EC	57	XIFAXAN	16	zolmitriptan	46
VIEKIRA PAK	59	XIIDRA	96	zolpidem.....	129
VIEKIRA XR.....	59	XOLAIR	127	ZOMACTON.....	106
vienva	85	XTAMPZA ER.....	6, 7	ZOMETA	117
vigabatrin.....	35	XTANDI.....	31	zonisamide	35, 36
vigadrone.....	35	xulane.....	85	ZORBTIVE.....	107
VIIBRYD	39	XULTOPHY 100/3.6.....	42	ZORTRESS.....	112
VIMIZIM	92	XURIDEN	119	ZOSTAVAX (PF).....	115
VIMOVO	9	xylon 10	7	zovia 1/35e (28)	85
VIMPAT.....	35	XYREM.....	128	zovia 1/50e (28)	85
vinblastine	31	Y		ZOVIRAX.....	87
vincasar pfs.....	31	YERVOY.....	32	ZUBSOLV	10
vincristine	31	YF-VAX (PF).....	115	ZYDELIG	32
vinorelbine.....	31	YONDELIS	32	ZYKADIA	32
violele (28).....	85	YONSA	32	ZYLET.....	95
VIRACEPT	57	yuvafem	103	ZYPREXA RELPREVV	54
VIRAMUNE	58			ZYTIGA.....	32

Este formulario fue actualizado el 10/09/2018. 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.