



**Florida
Health Care
Plans**



An Independent Licensee of the Blue Cross and Blue Shield Association

FHCP's Medvantage Rx plan (HMO)
FHCP's Medvantage Rx Plus plan (HMO-POS)
FHCP's Medvantage Savings plan (HMO)
FHCP's Premier plan (HMO)
FHCP's Premier Plus plan (HMO)
FHCP's Premier Savings plan (HMO)

2018

FORMULARY

(LIST OF COVERED DRUGS)

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

This formulary was updated on 10/23/2018. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711, Hours of operation are 7 days a week, 8 am to 8 pm, or visit www.fhcp.com/medicare_2018_formulary.



Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Florida Health Care Plans. When it refers to “plan” or “our plan,” it means FHCP’s Medvantage Rx plan, Medvantage Rx Plus plan, FHCP’s Medvantage Savings plan, FHCP’s Premier plan, FHCP’s Premier Plus plan, and FHCP’s Premier Savings plan. This document includes list of the drugs (formulary) for our plan which is current as of **11/01/2018**. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

What is the FHCP’s Medvantage Rx plan, Medvantage Rx Plus plan, FHCP’s Medvantage Savings plan, FHCP’s Premier plan, FHCP’s Premier Plus plan, and FHCP’s Premier Savings plan Formulary?

A formulary is a list of covered drugs selected by Florida Health Care Plans (FHCP) in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. FHCP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a FHCP network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of **11/01/2018**. To get updated information about the drugs covered by FHCP, please contact us. Our contact information appears on the front and back cover pages. FHCP’s formulary is periodically updated. For an up-to-date formulary please visit our website at www.fhcp.com/medicare_2018_formulary.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **6**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR AGENTS". If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **92**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

FHCP covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** FHCP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from FHCP before you fill your prescriptions. If you don't get approval, FHCP may not cover the drug.
- **Quantity Limits:** For certain drugs, FHCP limits the amount of the drug that FHCP will cover. For example, FHCP provides 31 per prescription for Valacyclovir 1gm tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, FHCP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, FHCP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, FHCP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **8**. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization restrictions and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask FHCP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the FHCP's Medvantage Rx plan, Medvantage Rx Plus plan, FHCP's Medvantage Savings plan, FHCP's Premier plan, FHCP's Premier Plus plan, and FHCP's Premier Savings plan Formulary?" on page **3** for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that FHCP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by FHCP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by FHCP.
- You can ask FHCP to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the FHCP's Medvantage Rx plan, Medvantage Rx Plus plan, FHCP's Medvantage Savings plan, FHCP's Premier plan, FHCP's Premier Plus plan, and FHCP's Premier Savings plan Formulary?

You can ask FHCP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

You should contact us to ask us for an initial coverage decision for a formulary, or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 98-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

Patients discharged from an inpatient stay at a hospital may be eligible for a 7-day transition supply of non-formulary medications at a covered rate after hospital discharge. Patients must furnish prescription and hospital discharge paperwork to Florida Health Care Plans Pharmacy to be eligible for transition supply.

For more information

For more detailed information about your FHCP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Florida Health Care Plan's Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by FHCP. If you have trouble finding your drug in the list, turn to the Index that begins on page **92**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NICOTROL INHALATION INHALER 10 MG) and generic drugs are listed in lower-case italics (e.g., *gentak ophthalmic ointment 0.3 %*).

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

DRUG LISTING

KEY FOR REQUIREMENTS/LIMITS COLUMN

B/D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

LD: Limited Distribution - This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services at 1-877-615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

MO: Mail Order Drug - This medication is also available through Florida Health Care Plans mail-order pharmacy.

PA / PA-NS: Prior Authorization – There is a prior authorization restriction on this medication. This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services> at 1-877- 615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

QL: Quantity Limit – There is a quantity limit restriction on this medication.

ST / ST-NS: Step Therapy – There is a step therapy restriction on this medication. This prescription may be available only at certain pharmacies. For more information consult your Provider/Pharmacy Directory or call Member Services> at 1-877- 615-4022, 7 days a week, 8 am – 8 pm. TTY users should call TRS Relay 711.

NE: Non-Extended Day Supply – This medication is not available for an extended day supply.

Drug Tier Column (Tier 1 & Tier 2) – FHCP’s Medvantage Rx Plus and Premier Plus plans provide additional coverage of these prescription drugs in the coverage gap. Please refer to your Evidence of Coverage for more information about this coverage.

75% Usage Rule – One month prescriptions purchased at the Retail pharmacy and all mail order prescription refills will not be covered unless at least 75% of the previous prescription has been used by the member (based on the dosage schedule prescribed by the physician). Two or three month non-controlled substance prescriptions purchased at the Retail pharmacy are eligible for refill 7 days early.

90% Usage Rule – Prescription refills for narcotics or controlled substances will not be covered unless at least 90% of the previous prescription has been used by the Member (based on the dosage schedule prescribed by the physician).

2018 Medicare Formulary

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2018 Medicare Formulary

		Requirements/Limits
		B/D = B vs D Coverage Determination
		LD = Limited Distribution Drug
		MO = Available at Mail Order
		NE = Non-Extended Day Supply
		PA = Prior Authorization
		PA-NS = Prior Authorization New Starts Only
		QL = Quantity Limit
		ST = Step Therapy
		ST-NS = Step Therapy New Starts Only
lowercase italics = Generic drugs	Drug Tier	
UPPERCASE = Brand name drugs	1 = Preferred Generic	
	2 = Non-Preferred Generic	
	3 = Preferred Brand	
	4 = Non-Preferred Brand	
	5 = Injectable	
	6 = Specialty	

Drug Name	Drug Tier	Requirements/Limits
Analgesics		
<i>Analgesics</i>		
<i>acetaminophen-codeine #3 oral tablet 300-30 mg</i>	2	MO; (TYLENOL W/COD)
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	2	(TYLENOL W/COD); NE
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	2	MO; (TYLENOL W/COD)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	(FIORICET); NE
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	(FIORINAL); NE
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	QL (1800 ML per 30 days); NE
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; (NORCO)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; (PERCOCET)
Nonsteroidal Anti-Inflammatory Drugs		
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	MO; (VOLTAREN)
DICLOFENAC SODIUM TRANSDERMAL GEL 3 %	4	PA; (SOLARAZE); QL (100 GM per 30 days); NE
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	MO; (LODINE XL)
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MO; (LODINE)
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO; (LODINE)

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; (MOTRIN)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	MO; (INDOCIN SR)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MO; (INDOCIN)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	5	MO; J1885; (TORADOL)
<i>ketorolac tromethamine oral tablet 10 mg</i>	2	MO; (TORADOL); QL (20 EA per 31 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO; (MOBIC)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	MO; (RELAFEN)
<i>naproxen oral suspension 125 mg/5ml</i>	2	(NAPROSYN); NE
<i>naproxen oral tablet 250 mg</i>	2	MO; (NAPROSYN)
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	MO; (NAPROSYN)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO; (FELDENE)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	MO; (CLINORIL)
Opioid Analgesics, Long-Acting		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	5	B/D; J0592; (BUPRENEX)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	(SUBUTEX); NE
<i>duramorph injection solution 0.5 mg/ml, 1 mg/ml</i>	5	B/D
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; (DURAGESIC); NE
<i>hydromorphone hcl injection solution 2 mg/ml</i>	5	J1170; (DILAUDID)
METHADONE HCL INJECTION SOLUTION 10 MG/ML	5	J1230
<i>methadone hcl oral solution 5 mg/5ml</i>	2	(DOLOPHINE)
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	2	MO; (DOLOPHINE)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	(ROXANOL); NE
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	MO; (MS CONTIN)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	(ROXANOL); NE
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MO; (MSIR)

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

Drug Name	Drug Tier	Requirements/Limits
Opioid Analgesics, Short-Acting		
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	5	J0595; (STADOL)
FENTANYL CITRATE BUCCAL LOZENGE ON A HANDLE 1200 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; (ACTIQ); QL (120 EA per 31 days); NE
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; (DURAGESIC); NE
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	2	(DILAUDID); NE
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	2	MO; (DILAUDID)
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	5	B/D; J2175; (DEMEROL)
<i>meperidine hcl oral tablet 100 mg, 50 mg</i>	2	MO; (DEMEROL)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	(ROXANOL); NE
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	2	(ROXANOL); NE
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	2	MO; (MSIR)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	5	J2300; (NUBAIN)
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; (OXY IR)
<i>tramadol hcl oral tablet 50 mg</i>	2	MO; (ULTRAM)
Anesthetics		
Local Anesthetics		
<i>lidocaine external ointment 5 %</i>	2	(XYLOCAINE); QL (35.44 GM per 2 days); NE
<i>lidocaine external patch 5 %</i>	2	PA; (LIDODERM); NE
<i>lidocaine viscous mouth/throat solution 2 %</i>	2	(XYLOCAINE); QL (360 ML per 3 days); NE
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	2	(EMLA); QL (30 GM per 30 days); NE
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	MO; (CAMPRAL)
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	MO; (ANTABUSE)

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

Drug Name	Drug Tier	Requirements/Limits
<i>naltrexone hcl oral tablet 50 mg</i>	2	MO; (REVIA)
Opioid Dependence Treatments		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	5	B/D; J0592; (BUPRENEX)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	(SUBUTEX); NE
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	2	(SUBOXONE); NE
<i>naltrexone hcl oral tablet 50 mg</i>	2	MO; (REVIA)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	4	PA; NE
Opioid Reversal Agents		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	5	J2310
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	2	NE
NARCAN NASAL LIQUID 4 MG/0.1ML	4	MO; QL (4 EA per 365 days); NE
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	2	MO; (ZYBAN)
CHANTIX CONTINUING MONTH PAK ORAL TABLET 1 MG	4	NE
CHANTIX ORAL TABLET 0.5 MG, 1 MG	4	NE
CHANTIX STARTING MONTH PAK ORAL TABLET 0.5 MG X 11 & 1 MG X 42	4	NE
NICOTROL INHALATION INHALER 10 MG	3	QL (168 EA per 10 days); NE
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	5	J0278
<i>gentamicin sulfate external cream 0.1 %</i>	2	(GARAMYCIN); QL (30 GM per 30 days); NE
<i>gentamicin sulfate external ointment 0.1 %</i>	2	(GARAMYCIN); QL (30 GM per 30 days); NE
<i>gentamicin sulfate injection solution 40 mg/ml</i>	5	B/D; J1580; (GARAMYCIN)
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	(GARAMYCIN); NE
<i>neomycin sulfate oral tablet 500 mg</i>	2	NE
PAROMOMYCIN SULFATE ORAL CAPSULE 250 MG	3	(HUMATIN); NE

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

Drug Name	Drug Tier	Requirements/Limits
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED 1 GM	5	J3000
TOBI PODHALER INHALATION CAPSULE 28 MG	6	PA
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	3	NE
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	6	B/D; (TOBI)
<i>tobramycin ophthalmic solution 0.3 %</i>	2	(TOBREX); NE
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	5	J3260
TOBREX OPHTHALMIC OINTMENT 0.3 %	3	NE
Antibacterials, Other		
<i>acetic acid otic solution 2 %</i>	2	(VOSOL); NE
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	(OCU-TRACIN); NE
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	5	J0720; (CHLOROMYCETIN)
<i>clindamycin hcl oral capsule 150 mg</i>	2	(CLEOCIN); NE
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	2	(CLEOCIN); NE
<i>clindamycin phosphate external swab 1 %</i>	2	(CLEOCIN); QL (60 EA per 15 days); NE
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	5	B/D; J3490
<i>clindamycin phosphate vaginal cream 2 %</i>	2	(CLEOCIN); NE
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	PA; J0878; (CUBICIN)
<i>global alcohol prep ease pad 70 %</i>	2	MO
<i>lincomycin hcl injection solution 300 mg/ml</i>	5	J2010; (LINCOCIN)
<i>linezolid intravenous solution 600 mg/300ml</i>	5	J2020; (ZYVOX)
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	2	(ZYVOX); NE
<i>linezolid oral tablet 600 mg</i>	2	(ZYVOX); NE
<i>metronidazole external cream 0.75 %</i>	2	(METROCREAM); QL (45 GM per 30 days); NE
<i>metronidazole external gel 0.75 %, 1 %</i>	2	(METROGEL); QL (60 GM per 30 days); NE
<i>metronidazole external lotion 0.75 %</i>	2	(METROLOTION); QL (60 ML per 30 days); NE

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

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	5	B/D
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	(FLAGYL); NE
<i>metronidazole vaginal gel 0.75 %</i>	2	(METROGEL); QL (70 GM per 10 days); NE
<i>mupirocin external ointment 2 %</i>	2	(BACTROBAN); QL (22 GM per 30 days); NE
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (MACRODANTIN)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	2	MO; (MACROBID)
<i>tigecycline intravenous solution reconstituted 50 mg</i>	5	B/D; J3243; (TYGACIL)
<i>trimethoprim oral tablet 100 mg</i>	2	MO; (TRIMPEX)
<i>vancomycin hcl intravenous solution reconstituted 10 gm</i>	5	B/D; J3370; (VANCOCIN)
<i>vancomycin hcl intravenous solution reconstituted 1000 mg</i>	2	B/D; J3370; (VANCOCIN)
<i>vancomycin hcl intravenous solution reconstituted 500 mg</i>	2	B/D; J3370; (VANCOCIN)
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	6	PA; (VANCOCIN)
Antibacterials		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	J0770; (COLY-MYCIN M)
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED 150-350 MG	5	J2770
Beta-Lactam, Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	(CECLCOR); NE
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	(DURICEF); NE
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	5	B/D; J0690; (ANCEF)
<i>cefdinir oral capsule 300 mg</i>	2	(OMNICEF); NE
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	(OMNICEF); NE
<i>cefepime hcl injection solution reconstituted 1 gm, 2 gm</i>	5	J0692; (MAXIPIME)
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	(SUPRAX); NE

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5	J0698; (CLAFORAN)
<i>cefoxitin sodium injection solution reconstituted 10 gm</i>	5	J0694; (MEFOXIN)
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 2 gm</i>	5	J0694; (MEFOXIN)
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	2	(VANTIN); NE
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	2	(VANTIN); NE
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	(CEFZIL); NE
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	(CEFZIL); NE
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	5	J0713; (FORTAZ)
<i>ceftriaxone sodium injection solution reconstituted 250 mg, 500 mg</i>	5	J0696; (ROCEPHIN)
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	(CEFTIN); NE
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	5	B/D; J0697; (ZINACEF)
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	5	B/D; J0697; (ZINACEF)
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	(KEFLEX); NE
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	(KEFLEX); NE
SUPRAX ORAL CAPSULE 400 MG	4	NE
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	B/D; J0712
Beta-Lactam, Other		
<i>aztreonam injection solution reconstituted 1 gm</i>	5	(AZACTAM)
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	5	J0743; (PRIMAXIN)
INVANZ INJECTION SOLUTION RECONSTITUTED 1 GM	5	J1335
<i>meropenem intravenous solution reconstituted 500 mg</i>	5	J2185; (MERREM)
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	(AMOXIL); NE

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	2	(AMOXIL); NE
<i>amoxicillin oral tablet 875 mg</i>	2	(AMOXIL); NE
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	(AMOXIL); NE
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	2	(AUGMENTIN XR); NE
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	(AUGMENTIN); NE
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	(AUGMENTIN); NE
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	2	(AUGMENTIN); NE
<i>ampicillin oral capsule 500 mg</i>	2	(PRINCIPEN); NE
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	5	B/D; J0290
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	5	B/D; J0295; (UNASYN)
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML	5	B/D; J0558
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML	5	B/D; J0558
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	5	B/D; J0561
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	(DYCILL); NE
<i>oxacillin sodium injection solution reconstituted 10 gm, 2 gm</i>	5	B/D; J2700
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	5	B/D; J2515; (PFIZERPEN)
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION 600000 UNIT/ML	5	B/D; J2510
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	(PEN-VEE K); NE
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	(PEN-VEE K); NE

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	5	B/D; J2543; (ZOSYN)
Macrolides		
AZASITE OPHTHALMIC SOLUTION 1 %	4	NE
<i>azithromycin intravenous solution reconstituted 500 mg</i>	5	B/D; J0456; (ZITHROMAX)
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	(ZITHROMAX); NE
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	2	(ZITHROMAX); NE
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	(BIAXIN); NE
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	(BIAXIN); NE
E.E.S. 400 ORAL TABLET 400 MG	3	NE
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	B/D; J1364
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
ERYTHROMYCIN BASE ORAL CAPSULE DELAYED RELEASE PARTICLES 250 MG	4	(ERYC)
<i>erythromycin external solution 2 %</i>	2	(A/T/S); QL (60 ML per 30 days); NE
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	2	(ILOTYCIN); NE
Quinolones		
CILOXAN OPHTHALMIC OINTMENT 0.3 %	3	NE
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	2	(CILOXAN); NE
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	(CIPRO); NE
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	5	B/D
<i>levofloxacin in d5w intravenous solution 500 mg/100ml</i>	5	B/D
<i>levofloxacin intravenous solution 25 mg/ml</i>	5	B/D; J1956; (LEVAQUIN)
<i>levofloxacin ophthalmic solution 0.5 %</i>	2	(QUIXIN); NE
<i>levofloxacin oral solution 25 mg/ml</i>	2	(LEVAQUIN); NE
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	(LEVAQUIN); NE
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	NE

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Drug Name	Drug Tier	Requirements/Limits
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	5	J2280; (AVELOX)
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	(VIGAMOX); NE
<i>ofloxacin ophthalmic solution 0.3 %</i>	2	(OCUFLOX); NE
<i>ofloxacin otic solution 0.3 %</i>	2	(FLOXIN); NE
VIGAMOX OPHTHALMIC SOLUTION 0.5 %	3	NE
Sulfonamides		
<i>silver sulfadiazine external cream 1 %</i>	2	(SILVADENE); NE
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	(BLEPH-10); NE
<i>sulfadiazine oral tablet 500 mg</i>	2	(AZULFIDINE)
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	5	B/D
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	(SEPTRA); NE
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i>	2	MO; (SEPTRA)
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i>	2	MO; (SEPTRA DS)
Tetracyclines		
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	5	B/D
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO; (VIBRAMYCIN)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	MO; (VIBRA-TABS)
<i>doxycycline hyclate oral tablet 20 mg</i>	2	MO; (PERIOSTAT)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	MO; (MONODOX)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	(VIBRAMYCIN); NE
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	MO; (ADOXA)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	2	MO; (MINOCIN)
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	5	B/D
BRIVIACT ORAL SOLUTION 10 MG/ML	6	PA-NS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	6	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	6	MO
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	6	MO
<i>diazepam oral solution 5 mg/5ml</i>	2	(VALIUM); NE
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MO; (VALIUM)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO; (KEPPRA XR)
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml</i>	5	J1953; (KEPPRA)
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO; (KEPPRA)
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO; (KEPPRA)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	MO
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>ethosuximide oral capsule 250 mg</i>	2	MO; (ZARONTIN)
<i>ethosuximide oral solution 250 mg/5ml</i>	2	MO; (ZARONTIN)
LYRICA ORAL SOLUTION 20 MG/ML	4	NE
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (ZONEGRAN)
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; (KLONOPIN)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg</i>	2	MO; (KLONOPIN)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	MO; (TRANXENE)
<i>diazepam oral solution 5 mg/5ml</i>	2	(VALIUM); NE
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MO; (VALIUM)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO; (DEPAKOTE ER)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO; (DEPAKOTE SPRINKLES)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	MO; (DEPAKOTE)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	MO; (NEURONTIN)

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

Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral solution 250 mg/5ml</i>	2	(NEURONTIN); NE
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	MO; (NEURONTIN)
GABITRIL ORAL TABLET 12 MG, 16 MG	4	MO
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; (ATIVAN)
ONFI ORAL SUSPENSION 2.5 MG/ML	4	PA-NS
ONFI ORAL TABLET 10 MG, 20 MG	4	PA-NS; MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO; (MYSOLINE)
SABRIL ORAL PACKET 500 MG	6	PA-NS; LD
SABRIL ORAL TABLET 500 MG	6	PA-NS; LD
<i>tiagabine hcl oral tablet 12 mg, 16 mg</i>	2	MO
<i>tiagabine hcl oral tablet 2 mg, 4 mg</i>	2	MO; (GABITRIL)
<i>valproate sodium intravenous solution 100 mg/ml</i>	5	B/D; (DEPACON)
<i>valproate sodium oral solution 250 mg/5ml</i>	2	MO; (DEPAKENE)
<i>valproic acid oral capsule 250 mg</i>	2	MO; (DEPAKENE)
<i>vigabatrin oral packet 500 mg</i>	2	(SABRIL)
Glutamate Reducing Agents		
<i>felbamate oral suspension 600 mg/5ml</i>	2	MO; (FELBATOL)
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	MO; (FELBATOL)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA-NS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA-NS; MO
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	MO; (LAMICTAL)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO; (LAMICTAL)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	MO; (TOPAMAX)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (TOPAMAX)
Sodium Channel Agents		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	4	PA-NS; MO
BANZEL ORAL SUSPENSION 40 MG/ML	4	PA-NS
BANZEL ORAL TABLET 200 MG, 400 MG	4	PA-NS; MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO; (TEGRETOL)

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral tablet 200 mg</i>	2	MO; (TEGRETOL)
<i>carbamazepine oral tablet chewable 100 mg</i>	2	MO; (TEGRETOL)
DILANTIN ORAL CAPSULE 30 MG	3	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	5	B/D; (CEREBYX)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	(TRILEPTAL)
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	MO; (TRILEPTAL)
PEGANONE ORAL TABLET 250 MG	4	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	2	(DILANTIN)
<i>phenytoin oral tablet chewable 50 mg</i>	2	MO; (DILANTIN)
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO; (DILANTIN)
<i>phenytoin sodium injection solution 50 mg/ml</i>	5	B/D; J1165
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML	5	B/D
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA-NS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA-NS; MO
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet 1 mg</i>	2	MO; (HYDERGINE)
Cholinesterase Inhibitors		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	MO; (ARICEPT)
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	2	MO; (ARICEPT ODT)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	MO; (RAZADYNE ER)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; (RAZADYNE)
RIVASTIGMINE TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR	4	PA; MO; (EXELON)
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<i>memantine hcl oral solution 2 mg/ml</i>	2	(NAMENDA)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO; (NAMENDA)

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

Drug Name	Drug Tier	Requirements/Limits
Antidepressants		
Antidepressants, Other		
<i>aripiprazole oral solution 1 mg/ml</i>	2	MO; (ABILIFY)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; (ABILIFY)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	2	MO; (ABILIFY DISCMELT)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg</i>	2	MO; (WELLBUTRIN SR)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	2	MO; (WELLBUTRIN XL)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	MO; (WELLBUTRIN)
<i>maprotiline hcl oral tablet 25 mg, 50 mg, 75 mg</i>	2	MO; (LUDIOMIL)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	MO; (REMERON)
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	MO; (REMERON)
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	MO; (SERZONE)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL XR)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL)
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO; (DESYREL)
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR, 9 MG/24HR	4	PA-NS; MO; NE
MARPLAN ORAL TABLET 10 MG	4	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	2	MO; (NARDIL)
<i>tranylcypromine sulfate oral tablet 10 mg</i>	2	MO; (PARNATE)
Ssris/ Snris		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	(CELEXA)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; (CELEXA)

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

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	MO; (PRISTIQ)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	MO; (CYMBALTA)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	(LEXAPRO)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; (LEXAPRO)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	PA-NS; MO
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	1	MO; (PROZAC)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	(PROZAC)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; (LUVOX)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	MO; (PAXIL CR)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	MO; (PAXIL)
PAXIL ORAL SUSPENSION 10 MG/5ML	4	MO
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	(ZOLOFT)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; (ZOLOFT)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA-NS; MO
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	MO; (EFFEXOR XR)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	MO; (EFFEXOR)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	MO
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
Tricyclics		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; (ELAVIL)
<i>amitriptyline hcl oral tablet 150 mg</i>	2	MO; (ELAVIL)
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO; (ASENDIN)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	2	MO; (ANAFRANIL)

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Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; (NORPRAMIN)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; (SINEQUAN)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	(SINEQUAN); NE
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; (TOFRANIL)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	1	MO; (PAMELOR)
<i>nortriptyline hcl oral capsule 50 mg, 75 mg</i>	2	MO; (PAMELOR)
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	2	(PAMELOR); NE
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	2	MO; (VIVACTIL)
SILENOR ORAL TABLET 3 MG, 6 MG	3	NE
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (SURMONTIL)
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	5	B/D; J3230
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (THORAZINE)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	B/D; J1200; (BENADRYL)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	5	J3410; (ATARAX)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; (ATARAX)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (VISTARIL)
<i>meclizine hcl oral tablet 25 mg</i>	2	MO; (ANTIVERT)
<i>metoclopramide hcl injection solution 5 mg/ml</i>	5	B/D; J2765; (REGLAN)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	(REGLAN); NE
<i>metoclopramide hcl oral tablet 10 mg</i>	1	MO; (REGLAN)
<i>metoclopramide hcl oral tablet 5 mg</i>	2	MO; (REGLAN)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	MO; (TRILAFON)
<i>prochlorperazine edisylate injection solution 5 mg/ml</i>	5	B/D; J0780
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	(COMPAZINE); NE

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine rectal suppository 25 mg</i>	2	(COMPAZINE); QL (12 EA per 6 days); NE
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	5	B/D; J2550; (PHENERGAN)
<i>promethazine hcl oral tablet 25 mg</i>	2	MO; (PHENERGAN)
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	(PHENERGAN); QL (12 EA per 2 days); NE
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	PA; (TRANSDERM-SCOP)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	5	J3250
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	PA; NE
<i>trimethobenzamide hcl oral capsule 300 mg</i>	2	(TIGAN); NE
Emetogenic Therapy Adjuncts		
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	5	B/D; J2469
APREPITANT ORAL CAPSULE 125 MG, 40 MG, 80 & 125 MG, 80 MG	4	PA; (EMEND); NE
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA; (MARINOL); QL (60 EA per 30 days); NE
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	J1453
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG	4	PA; NE
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	5	J1626
<i>ondansetron hcl injection solution 4 mg/2ml</i>	5	B/D; J2405; (ZOFTRAN)
<i>ondansetron hcl oral solution 4 mg/5ml</i>	2	B/D; (ZOFTRAN); NE
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D; MO; (ZOFTRAN); QL (90 EA per 30 days)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	B/D; MO; (ZOFTRAN ODT); QL (90 EA per 30 days)
Antifungals		
Antifungals		
<i>amphotericin b injection solution reconstituted 50 mg</i>	5	B/D; J0285
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG	5	B/D; J0367

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox external gel 0.77 %</i>	2	(LOPROX); QL (120 GM per 30 days); NE
<i>ciclopirox external solution 8 %</i>	2	(PENLAC); NE
<i>ciclopirox olamine external cream 0.77 %</i>	2	(LOPROX); QL (120 GM per 30 days); NE
<i>ciclopirox olamine external suspension 0.77 %</i>	2	(LOPROX); QL (60 ML per 30 days); NE
<i>clotrimazole mouth/throat lozenge 10 mg</i>	2	(MYCELEX); NE
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG	5	B/D; J1833
<i>econazole nitrate external cream 1 %</i>	2	(SPECTAZOLE); QL (120 GM per 30 days); NE
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG	5	B/D; J0348
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	5	B/D; J1450
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	(DIFLUCAN); NE
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	(DIFLUCAN); NE
<i>fluconazole oral tablet 150 mg</i>	2	(DIFLUCAN); QL (4 EA per 28 days); NE
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	(ANCOBON); NE
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	(GRIFULVIN V); NE
<i>itraconazole oral capsule 100 mg</i>	2	PA; (SPORONOX); NE
<i>ketoconazole external cream 2 %</i>	2	(NIZORAL); QL (120 GM per 30 days); NE
<i>ketoconazole oral tablet 200 mg</i>	2	(NIZORAL); NE
<i>mycamine intravenous solution reconstituted 100 mg, 50 mg</i>	5	J2248
NATACYN OPHTHALMIC SUSPENSION 5 %	3	NE
NOXAFIL ORAL SUSPENSION 40 MG/ML	6	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	6	PA
<i>nystatin external cream 100000 unit/gm</i>	2	QL (120 GM per 30 days); NE
<i>nystatin external ointment 100000 unit/gm</i>	2	QL (120 GM per 30 days); NE
<i>nystatin external powder 100000 unit/gm</i>	2	(NYSTOP); NE

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Drug Name	Drug Tier	Requirements/Limits
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	NE
<i>nystatin oral tablet 500000 unit</i>	2	NE
SPORANOX ORAL SOLUTION 10 MG/ML	4	PA; NE
<i>terbinafine hcl oral tablet 250 mg</i>	2	(LAMISIL); NE
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	(TERAZOL); NE
<i>terconazole vaginal suppository 80 mg</i>	2	(TERAZOL); NE
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	B/D; J3465
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	6	PA; (VFEND)
<i>voriconazole oral tablet 200 mg, 50 mg</i>	6	PA; (VFEND)
ZOLINZA ORAL CAPSULE 100 MG	6	PA-NS

Antigout Agents

Antigout Agents

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; (ZYLOPRIM)
<i>colchicine oral tablet 0.6 mg</i>	2	MO; (COLCRYS); QL (120 EA per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	MO; (COLBENEMID)
<i>probenecid oral tablet 500 mg</i>	2	MO; (BENEMID)

Anti-Inflammatory Agents

Glucocorticoids

<i>betamethasone dipropionate external cream 0.05 %</i>	2	(DIPROSONE); QL (120 GM per 30 days); NE
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	(DIPROSONE); QL (60 ML per 30 days); NE
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	(DIPROSONE); QL (120 GM per 30 days); NE
<i>betamethasone valerate external cream 0.1 %</i>	2	(VALISONE); QL (120 GM per 30 days); NE
<i>betamethasone valerate external lotion 0.1 %</i>	2	(VALISONE); QL (60 ML per 30 days); NE
<i>betamethasone valerate external ointment 0.1 %</i>	2	(VALISONE); QL (120 GM per 30 days); NE
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	NE
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	NE
<i>cortisone acetate oral tablet 25 mg</i>	2	MO; (CORTONE)

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Drug Name	Drug Tier	Requirements/Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	5	J1020
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	2	(DECADRON); NE
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	(DECADRON); NE
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	2	MO; (DECADRON)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	5	B/D; J1100
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	MO; (CORTEF)
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	5	J3301
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	5	B/D; J1030; (DEPO-MEDROL)
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	5	B/D; J1040; (DEPO-MEDROL)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	MO; (MEDROL)
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	NE
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	(PRED-FORTE); NE
<i>prednisolone oral solution 15 mg/5ml</i>	2	(ORAPRED); NE
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	(INFLAMASE FORTE); NE
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	2	(PEDIAPRED); NE
<i>prednisone oral solution 5 mg/5ml</i>	2	(DELTASONE); NE
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	MO; (DELTASONE)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	5	B/D; J1720
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	(VASOCIDIN); NE
Nonsteroidal Anti-Inflammatory Drugs		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO; (CELEBREX)
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	2	MO; (VOLTAREN)

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Drug Name	Drug Tier	Requirements/Limits
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	2	MO; (LODINE XL)
<i>etodolac oral capsule 200 mg</i>	2	MO; (LODINE)
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO; (LODINE)
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; (MOTRIN)
<i>indomethacin er oral capsule extended release 75 mg</i>	2	MO; (INDOCIN SR)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MO; (INDOCIN)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	5	MO; J1885; (TORADOL)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO; (MOBIC)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	MO; (RELAFEN)
<i>naproxen oral suspension 125 mg/5ml</i>	2	(NAPROSYN); NE
<i>naproxen oral tablet 250 mg</i>	2	MO; (NAPROSYN)
<i>naproxen oral tablet 375 mg, 500 mg</i>	1	MO; (NAPROSYN)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	MO; (FELDENE)
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	MO; (CLINORIL)
Antimigraine Agents		
Ergot Alkaloids		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	5	B/D; (D.H.E 45)
DIHYDROERGOTAMINE MESYLATE NASAL SOLUTION 4 MG/ML	4	(MIGRANAL); NE
<i>migergot rectal suppository 2-100 mg</i>	2	(CAFERGOT); QL (12 EA per 14 days); NE
Prophylactic		
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO; (DEPAKOTE ER)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO; (DEPAKOTE SPRINKLES)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	MO; (DEPAKOTE)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	2	MO; (TOPAMAX)
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (TOPAMAX)
<i>valproate sodium oral solution 250 mg/5ml</i>	2	MO; (DEPAKENE)
<i>valproic acid oral capsule 250 mg</i>	2	MO; (DEPAKENE)

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

Drug Name	Drug Tier	Requirements/Limits
Serotonin (5-Ht) 1B/1D Receptor Agonists		
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	2	MO; (MAXALT); QL (18 EA per 31 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	MO; (MAXALT MLT); QL (18 EA per 31 days)
<i>sumatriptan nasal solution 20 mg/act</i>	2	MO; (IMITREX); QL (12 EA per 31 days)
<i>sumatriptan nasal solution 5 mg/act</i>	2	MO; (IMITREX); QL (6 EA per 31 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; (IMITREX); QL (12 EA per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	2	MO; (IMITREX); QL (6 ML per 31 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	2	MO; (IMITREX); QL (4 ML per 31 days)
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet 125 mg</i>	2	MO
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	2	MO; (MESTINON TIMESPAN)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO; (MESTINON)
Antimycobacterials		
Antimycobacterials, Other		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	MO
PRIFTIN ORAL TABLET 150 MG	4	MO
<i>rifabutin oral capsule 150 mg</i>	2	MO; (MYCOBUTIN)
Antituberculars		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED 1 GM	5	B/D
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	MO; (MYAMBUTAL)
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	MO
PASER ORAL PACKET 4 GM	4	MO
<i>pyrazinamide oral tablet 500 mg</i>	2	MO
<i>rifampin intravenous solution reconstituted 600 mg</i>	5	B/D
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MO; (RIFADIN)
SIRTURO ORAL TABLET 100 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
TRECATOR ORAL TABLET 250 MG	4	MO
Antineoplastics		
Alkylating Agents		
<i>busulfan intravenous solution 6 mg/ml</i>	5	J0594; (BUSULFEX)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	B/D; MO; (CYTOXAN)
HEXALEN ORAL CAPSULE 50 MG	3	MO
LEUKERAN ORAL TABLET 2 MG	3	MO
MATULANE ORAL CAPSULE 50 MG	3	MO
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	5	J9245; (ALKERAN)
THIOTEPA INJECTION SOLUTION RECONSTITUTED 15 MG	6	B/D
VALCHLOR EXTERNAL GEL 0.016 %	6	
Antiandrogens		
<i>bicalutamide oral tablet 50 mg</i>	2	MO; (CASODEX)
ERLEADA ORAL TABLET 60 MG	6	PA-NS; MO
<i>flutamide oral capsule 125 mg</i>	2	MO; (EULEXIN)
<i>nilutamide oral tablet 150 mg</i>	6	(NILANDRON)
XTANDI ORAL CAPSULE 40 MG	6	PA-NS; LD
ZYTIGA ORAL TABLET 250 MG	6	PA-NS
ZYTIGA ORAL TABLET 500 MG	6	PA-NS; MO
Antiangiogenic Agents		
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	6	PA-NS; LD
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	6	PA-NS; LD; QL (31 EA per 31 days)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	6	PA-NS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	6	
FARESTON ORAL TABLET 60 MG	6	
SOLTAMOX ORAL SOLUTION 10 MG/5ML	3	NE
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	2	MO; (NOLVADEX)
Antimetabolites		
DROXIA ORAL CAPSULE 200 MG	3	MO
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	5	J9201; (GEMZAR)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyurea oral capsule 500 mg</i>	2	MO; (HYDREA)
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	6	PA-NS
PURIXAN ORAL SUSPENSION 2000 MG/100ML	6	LD
TABLOID ORAL TABLET 40 MG	3	MO
<i>Antineoplastics, Other</i>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	B/D; J9264
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	5	B/D; J9185; (FLUDARA)
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	5	B/D; J0640 IS covered; Fusilev (levoleucovorin) is NOT covered.
<i>leucovorin calcium oral tablet 5 mg</i>	2	MO; (WELLCOVORIN)
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	5	B/D; J9293
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	6	PA-NS; LD; QL (31 EA per 31 days)
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	6	PA-NS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	6	
YERVOY INTRAVENOUS SOLUTION 50 MG/10ML	5	PA; LD; J9228
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML	5	PA; J9400
<i>Antineoplastics</i>		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	B/D; MO
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	B/D; J9305
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	5	B/D; J9261
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA; Prior Authorization not required for Ophthalmology.; J9035
<i>azacitidine injection suspension reconstituted 100 mg</i>	5	B/D; J9025; (VIDAZA)
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	6	B/D

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Drug Name	Drug Tier	Requirements/Limits
BICNU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	B/D; J9050
BLEOMYCIN SULFATE INJECTION SOLUTION RECONSTITUTED 30 UNIT	5	PA; J9040
<i>bortezomib intravenous solution reconstituted 3.5 mg</i>	5	MO
<i>carboplatin intravenous solution 150 mg/15ml</i>	5	B/D; J9045
<i>cisplatin intravenous solution 50 mg/50ml</i>	5	B/D; J9060
<i>cladribine intravenous solution 10 mg/10ml</i>	5	B/D; J9065
<i>clofarabine intravenous solution 1 mg/ml</i>	5	B/D
<i>cosmegen intravenous solution reconstituted 0.5 mg</i>	5	B/D; J9120
<i>cytarabine injection solution 20 mg/ml</i>	5	B/D; J9100
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	5	B/D; J9130
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	5	B/D; (COSMEGEN)
<i>daunorubicin hcl intravenous injectable 5 mg/ml</i>	5	B/D; J9150
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	B/D; J0894; (DACOGEN)
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	5	B/D; J9171; (TAXOTERE)
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	5	B/D; J9000; (ADRIAMYCIN)
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	5	B/D; Q2050; (DOXIL)
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG	6	PA
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	5	B/D; J9178; (ELLECE)
<i>erbitux intravenous solution 100 mg/50ml</i>	5	B/D; J9055
ERWINAZE INJECTION SOLUTION RECONSTITUTED 10000 UNIT	5	B/D
FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML	5	B/D; J9395
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	6	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML	5	B/D; J9179

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Drug Name	Drug Tier	Requirements/Limits
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	5	B/D
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG	5	B/D; J9355
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	5	B/D; J9211; (IDAMYCIN)
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	5	B/D; J9208
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	5	B/D; J9206; (CAMPTOSTAR)
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML	5	B/D; J9043
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; J9354
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 160 MG	5	PA-NS; J9354
LYNPARZA ORAL CAPSULE 50 MG	6	PA-NS; LD
LYNPARZA ORAL TABLET 100 MG, 150 MG	6	PA-NS; LD
MESNA INTRAVENOUS SOLUTION 100 MG/ML	5	B/D; J9209; (MESNEX)
MESNEX ORAL TABLET 400 MG	4	MO
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	5	B/D; J9280
MUSTARGEN INJECTION SOLUTION RECONSTITUTED 10 MG	5	B/D; J9230
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG	5	B/D; MO; J9203
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	6	PA-NS
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	5	B/D; J9263; (ELOXATIN)
<i>oxaliplatin intravenous solution reconstituted 100 mg</i>	5	B/D; J9263
<i>paclitaxel intravenous concentrate 100 mg/16.7ml</i>	5	B/D; J9267; (ONXOL)
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML	5	B/D; J9306
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT	6	B/D
RUBRACA ORAL TABLET 200 MG, 300 MG	6	PA-NS; LD
RUBRACA ORAL TABLET 250 MG	6	PA-NS; MO

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

Drug Name	Drug Tier	Requirements/Limits
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	B/D; J9033
<i>treanda intravenous solution reconstituted 25 mg</i>	5	B/D; J9033
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML	5	B/D; J9017
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	5	B/D; J9303
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG	5	B/D; J9041
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA-NS; NE
VENCLEXTA ORAL TABLET 100 MG	6	PA-NS
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	6	PA-NS
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	5	B/D; J9360
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	5	B/D; J9370; (VINCASAR)
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG	5	B/D; MO; J9100
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG	6	B/D
ZEJULA ORAL CAPSULE 100 MG	6	PA-NS
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet 1 mg</i>	2	MO; (ARIMIDEX)
<i>exemestane oral tablet 25 mg</i>	2	MO; (AROMASIN)
<i>letrozole oral tablet 2.5 mg</i>	2	MO; (FEMARA)
Enzyme Inhibitors		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	6	B/D; MO
<i>etoposide intravenous solution 100 mg/5ml</i>	5	B/D
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	6	PA-NS
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	6	PA-NS; LD
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA-NS
KISQALI 200 DOSE ORAL TABLET 200 MG	6	PA-NS
KISQALI 400 DOSE ORAL TABLET 200 MG	6	PA-NS

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

Drug Name	Drug Tier	Requirements/Limits
KISQALI 600 DOSE ORAL TABLET 200 MG	6	PA-NS
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	6	PA-NS
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	6	PA-NS
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK 200 & 2.5 MG	6	PA-NS
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	5	B/D; J9351; (HYCAMTIN)
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	6	PA-NS; MO
ZOLINZA ORAL CAPSULE 100 MG	6	PA-NS
ZYDELIG ORAL TABLET 100 MG, 150 MG	6	PA-NS
Molecular Target Inhibitors		
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	6	
ALECENSA ORAL CAPSULE 150 MG	6	PA-NS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	6	PA-NS; MO
ALUNBRIG ORAL TABLET 30 MG	6	PA-NS
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	6	PA-NS; MO
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	6	PA-NS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	6	PA-NS
CALQUENCE ORAL CAPSULE 100 MG	6	PA-NS; MO
CAPRELSA ORAL TABLET 100 MG, 300 MG	6	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	6	PA-NS
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	6	PA-NS
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	6	PA-NS
COTELLIC ORAL TABLET 20 MG	6	PA-NS; LD
ERIVEDGE ORAL CAPSULE 150 MG	6	PA-NS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	6	PA-NS
ICLUSIG ORAL TABLET 15 MG	6	PA-NS
ICLUSIG ORAL TABLET 45 MG	6	PA-NS; LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	6	(GLEEVEC)
IMBRUVICA ORAL CAPSULE 140 MG	6	PA-NS; LD
IMBRUVICA ORAL CAPSULE 70 MG	6	PA-NS; MO; QL (30 EA per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	6	PA-NS; MO; QL (30 EA per 30 days)
INLYTA ORAL TABLET 1 MG, 5 MG	6	LD
IRESSA ORAL TABLET 250 MG	6	PA-NS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	6	PA-NS; LD
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 30 MG, 60 MG	5	B/D
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 MG	6	PA-NS; LD
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 & 4 MG	6	PA-NS; LD
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) MG	6	PA-NS; LD
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK 10 (2) & 4 MG	6	PA-NS; LD
MEKINIST ORAL TABLET 0.5 MG, 2 MG	6	PA-NS; LD
NERLYNX ORAL TABLET 40 MG	6	PA-NS; MO
NEXAVAR ORAL TABLET 200 MG	6	
ODOMZO ORAL CAPSULE 200 MG	6	PA-NS; LD
OFEV ORAL CAPSULE 100 MG, 150 MG	6	PA
RYDAPT ORAL CAPSULE 25 MG	6	PA-NS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	6	
STIVARGA ORAL TABLET 40 MG	6	LD
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	6	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	6	PA-NS; LD
TAGRISO ORAL TABLET 40 MG, 80 MG	6	PA-NS; LD
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	6	LD
TASIGNA ORAL CAPSULE 150 MG, 200 MG	6	PA-NS
TASIGNA ORAL CAPSULE 50 MG	6	PA-NS; MO
TYKERB ORAL TABLET 250 MG	6	PA-NS

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Drug Name	Drug Tier	Requirements/Limits
VOTRIENT ORAL TABLET 200 MG	6	LD
XALKORI ORAL CAPSULE 200 MG, 250 MG	6	PA-NS
ZELBORAF ORAL TABLET 240 MG	6	PA-NS
ZYKADIA ORAL CAPSULE 150 MG	6	PA-NS
Monoclonal Antibody/Antibody-Drug Conjugate		
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML	6	B/D
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	B/D; J9308
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	6	B/D
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG	5	B/D
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML	6	B/D
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	B/D; J9271
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML, 500 MG/50ML	6	B/D
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 40 MG/4ML	5	PA; LD; J9299
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML	5	PA
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	5	PA; J9310
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	6	PA-NS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	6	PA-NS; MO
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML	5	B/D
Retinoids		
<i>bexarotene oral capsule 75 mg</i>	6	
PANRETIN EXTERNAL GEL 0.1 %	6	QL (60 GM per 30 days)
TARGRETIN EXTERNAL GEL 1 %	6	QL (60 GM per 30 days)
TRETINOIN ORAL CAPSULE 10 MG	6	PA-NS; (VESANOID)

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Drug Name	Drug Tier	Requirements/Limits
Antiparasitics		
Anthelmintics		
ALBENZA ORAL TABLET 200 MG	4	NE
<i>ivermectin oral tablet 3 mg</i>	2	(STROMECTOL); NE
Antiprotozoals		
ALINIA ORAL TABLET 500 MG	6	
<i>atovaquone oral suspension 750 mg/5ml</i>	2	MO; (MEPRON)
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	MO; (MALARONE)
<i>chloroquine phosphate oral tablet 500 mg</i>	2	MO; (ARALEN)
COARTEM ORAL TABLET 20-120 MG	4	NE
DARAPRIM ORAL TABLET 25 MG	6	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	MO; (PLAQUENIL)
<i>mefloquine hcl oral tablet 250 mg</i>	2	MO; (LARIAM)
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG	4	B/D; J2545
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG	5	B/D
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 MG	3	MO
<i>quinine sulfate oral capsule 324 mg</i>	2	PA; MO; (QUALAQUIN)
Pediculicides/Scabicides		
<i>malathion external lotion 0.5 %</i>	2	(OVIDE); QL (60 ML per 7 days); NE
<i>permethrin external cream 5 %</i>	2	(ELIMITE); QL (60 GM per 7 days); NE
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate injection solution 1 mg/ml</i>	5	B/D; J0515; (COGENTIN)
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; (COGENTIN)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	B/D; J1200; (BENADRYL)
<i>trihexyphenidyl hcl oral elixir 0.4 mg/ml</i>	2	MO; (ARTANE)
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	2	MO; (ARTANE)

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

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO; (SYMMETREL)
<i>entacapone oral tablet 200 mg</i>	2	MO; (COMTAN)
<i>tolcapone oral tablet 100 mg</i>	6	(TASMAR)
Antiparkinson Agents		
<i>carbidopa oral tablet 25 mg</i>	6	(LODOSYN)
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML	6	PA; LD
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	MO; (PARLODEL)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO; (PARLODEL)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR	4	PA; MO
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	MO; (MIRAPEX)
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	MO; (REQUIP XL)
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MO; (REQUIP)
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO; (SINEMET CR)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO; (SINEMET)
Monoamine Oxidase B (Mao-B) Inhibitors		
RASAGILINE MESYLATE ORAL TABLET 0.5 MG, 1 MG	4	PA; MO; (AZILECT)
<i>selegiline hcl oral capsule 5 mg</i>	2	MO; (ELDEPRYL)
<i>selegiline hcl oral tablet 5 mg</i>	2	MO; (ELDEPRYL)
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl injection solution 50 mg/2ml</i>	5	B/D; J3230
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (THORAZINE)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	5	B/D; J2680
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	5	B/D
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	(PROLIXIN)
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	MO; (PROLIXIN)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	B/D; J1631; (HALDOL)
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	B/D; J1630; (HALDOL)
<i>haloperidol lactate injection solution 5 mg/ml(1 ml prefilled syringe)</i>	2	MO; (HALDOL)
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	(HALDOL)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	MO; (HALDOL)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; (LOXITANE)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	MO; (TRILAFON)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO; (ORAP)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO; (MELLARIL)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO; (NAVANE)
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO; (STELAZINE)
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 400 MG	5	B/D; J0401
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG	5	B/D; J0401
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 400 MG	5	B/D; MO
<i>aripiprazole oral solution 1 mg/ml</i>	2	MO; (ABILIFY)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; (ABILIFY)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	2	MO; (ABILIFY DISCMELT)

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	5	B/D
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	PA-NS
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	6	PA-NS
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	PA-NS
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG	5	B/D; J3486
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML	5	J2426
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 156 MG/ML	5	B/D; J2426
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	6	PA-NS
NUPLAZID ORAL TABLET 17 MG	6	PA-NS
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	5	PA-NS
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; (ZYPREXA)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO; (ZYPREXA ZYDIS)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	MO; (INVEGA)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL XR)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	6	PA-NS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 12.5 MG	5	B/D; MO; J2794
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 25 MG, 37.5 MG, 50 MG	5	B/D; J2794
<i>risperidone oral solution 1 mg/ml</i>	2	(RISPERDAL)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; (RISPERDAL)

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; (RISPERDAL M)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	6	PA-NS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	6	PA-NS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS; NE
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; (GEODON)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	5	B/D; J2358
Treatment-Resistant		
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (CLOZARIL)
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	MO; (FAZACLO)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO; (LIORESAL)
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT	5	PA; J0585
<i>dantrolene sodium oral capsule 50 mg</i>	2	MO; (DANTRIUM)
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	2	MO; (ZANAFLEX)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT	5	PA; J0588
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
<i>cidofovir intravenous solution 75 mg/ml</i>	5	B/D; J0740; (VISTIDE)
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	5	B/D; J1570; (CYTOVENE)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	6	(VALCYTE)
<i>valganciclovir hcl oral tablet 450 mg</i>	6	(VALCYTE)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	NE
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet 10 mg</i>	6	(HEPSERA)

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

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	(BARACLUDE); NE
INTRON A INJECTION SOLUTION 10000000 UNIT/ML	5	B/D; MO
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D; J9214
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	B/D; J9214
<i>lamivudine oral solution 10 mg/ml</i>	2	(EPIVIR)
<i>lamivudine oral tablet 100 mg</i>	2	MO; (EPIVIR HBV)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	MO; (EPIVIR)
<i>ribavirin oral capsule 200 mg</i>	2	(REBETOL); NE
VEMLIDY ORAL TABLET 25 MG	3	MO
VIREAD ORAL POWDER 40 MG/GM	3	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	3	MO
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
MAVYRET ORAL TABLET 100-40 MG	6	PA; MO
Anti-Hepatitis C (Hcv) Agents, Others		
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	B/D; J9214
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	B/D; J9214
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	6	PA
<i>ribavirin oral capsule 200 mg</i>	2	(REBETOL); NE
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	6	PA-NS
ZEPATIER ORAL TABLET 50-100 MG	6	PA
Antitherpetic Agents		
ACYCLOVIR EXTERNAL OINTMENT 5 %	4	(ZOVIRAX); NE
<i>acyclovir oral capsule 200 mg</i>	2	MO; (ZOVIRAX)
<i>acyclovir oral suspension 200 mg/5ml</i>	2	(ZOVIRAX)
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	MO; (ZOVIRAX)
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	5	B/D; J0133
<i>trifluridine ophthalmic solution 1 %</i>	2	(VIROPTIC); NE

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

Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	2	MO; (VALTREX)
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET 50-200-25 MG	3	MO
GENVOYA ORAL TABLET 150-150-200-10 MG	3	MO
ISENTRESS HD ORAL TABLET 600 MG	3	MO
ISENTRESS ORAL PACKET 100 MG	3	MO
ISENTRESS ORAL TABLET 400 MG	3	MO
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG	3	MO
STRIBILD ORAL TABLET 150-150-200-300 MG	3	MO
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	3	MO
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET 200-25-300 MG	3	MO
EDURANT ORAL TABLET 25 MG	3	MO
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	MO; (SUSTIVA)
<i>efavirenz oral tablet 600 mg</i>	2	MO; (SUSTIVA)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	MO
<i>nevirapine er oral tablet extended release 24 hour 100 mg, 400 mg</i>	2	MO; (VIRAMUNE XR)
<i>nevirapine oral tablet 200 mg</i>	2	MO; (VIRAMUNE)
RESCRIPTOR ORAL TABLET 100 MG, 200 MG	3	MO
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	MO
SUSTIVA ORAL TABLET 600 MG	3	MO
VIRAMUNE ORAL SUSPENSION 50 MG/5ML	3	
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	MO; (ZIAGEN)
<i>abacavir sulfate oral tablet 300 mg</i>	2	MO; (ZIAGEN)

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

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	MO; (EPZICOM)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	2	MO; (TRIZIVIR)
ATRIPLA ORAL TABLET 600-200-300 MG	3	MO
CIMDUO ORAL TABLET 300-300 MG	3	MO
DESCOVY ORAL TABLET 200-25 MG	3	MO
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	2	MO; (VIDEX)
EMTRIVA ORAL CAPSULE 200 MG	3	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
JULUCA ORAL TABLET 50-25 MG	3	MO
<i>lamivudine oral solution 10 mg/ml</i>	2	(EPIVIR)
<i>lamivudine oral tablet 100 mg</i>	2	MO; (EPIVIR HBV)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	2	MO; (EPIVIR)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	MO; (COMBIVIR)
ODEFSEY ORAL TABLET 200-25-25 MG	3	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	5	J3485
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	2	MO; (ZERIT)
SYMFI LO ORAL TABLET 400-300-300 MG	3	MO
SYMFI ORAL TABLET 600-300-300 MG	3	MO
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	MO; (VIREAD)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	3	MO
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	MO
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	3	NE
VIREAD ORAL POWDER 40 MG/GM	3	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	3	MO
ZERIT ORAL SOLUTION RECONSTITUTED 1 MG/ML	3	
ZIAGEN ORAL SOLUTION 20 MG/ML	3	MO
<i>zidovudine oral capsule 100 mg</i>	2	MO; (RETROVIR)

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine oral syrup 50 mg/5ml</i>	2	(RETROVIR)
<i>zidovudine oral tablet 300 mg</i>	2	MO; (RETROVIR)
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	3	MO
SELZENTRY ORAL SOLUTION 20 MG/ML	3	MO
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	3	MO
TRIUMEQ ORAL TABLET 600-50-300 MG	3	MO
TYBOST ORAL TABLET 150 MG	3	MO
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE 250 MG	3	MO
APTIVUS ORAL SOLUTION 100 MG/ML	3	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
EVOTAZ ORAL TABLET 300-150 MG	3	MO
<i>fosamprenavir calcium oral tablet 700 mg</i>	2	MO; (LEXIVA)
INVIRASE ORAL CAPSULE 200 MG	3	MO
INVIRASE ORAL TABLET 500 MG	3	MO
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	3	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	3	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	(KALETRA)
NORVIR ORAL CAPSULE 100 MG	3	MO
NORVIR ORAL PACKET 100 MG	3	MO
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	MO
PREZCOBIX ORAL TABLET 800-150 MG	3	MO
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL PACKET 50 MG	3	MO
<i>ritonavir oral tablet 100 mg</i>	2	MO; (NORVIR)
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	MO
Anti-Influenza Agents		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO; (SYMMETREL)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/BLISTER	3	NE
<i>rimantadine hcl oral tablet 100 mg</i>	2	MO; (FLUMADINE)
Anxiolytics		
Anxiolytics, Other		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 5 mg</i>	2	MO; (BUSPAR)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; (SINEQUAN)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	(SINEQUAN); NE
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	5	J3410; (ATARAX)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; (ATARAX)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (VISTARIL)
<i>meprobamate oral tablet 200 mg, 400 mg</i>	2	MO; (EQUANIL)
SILENOR ORAL TABLET 3 MG, 6 MG	3	NE
Benzodiazepines		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	MO; (XANAX)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; (KLONOPIN)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg</i>	2	MO; (KLONOPIN)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	MO; (TRANXENE)
<i>diazepam oral solution 5 mg/5ml</i>	2	(VALIUM); NE
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MO; (VALIUM)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO; (ATIVAN)
Ssris/ Snris		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	MO; (CYMBALTA)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; (LEXAPRO)

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	2	MO; (PAXIL CR)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	2	MO; (PAXIL)
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; (ZOLOFT)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	2	MO; (EFFEXOR XR)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	MO; (EFFEXOR)

Bipolar Agents

Bipolar Agents, Other

<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO; (ZYPREXA)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO; (ZYPREXA ZYDIS)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL XR)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MO; (SEROQUEL)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED 25 MG, 37.5 MG, 50 MG	5	B/D; J2794
<i>risperidone oral solution 1 mg/ml</i>	2	(RISPERDAL)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; (RISPERDAL)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; (RISPERDAL M)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG	6	PA-NS
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	6	PA-NS
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	PA-NS; NE
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	5	B/D; J2358

Mood Stabilizers

<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO; (TEGRETOL)
<i>carbamazepine oral tablet 200 mg</i>	2	MO; (TEGRETOL)
<i>carbamazepine oral tablet chewable 100 mg</i>	2	MO; (TEGRETOL)

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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO; (DEPAKOTE ER)
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO; (DEPAKOTE SPRINKLES)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	MO; (DEPAKOTE)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	MO; (LAMICTAL)
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO; (LAMICTAL)
<i>lithium carbonate er oral tablet extended release 300 mg</i>	2	MO; (LITHOBID)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	2	MO; (ESKALITH CR)
<i>lithium carbonate oral capsule 150 mg</i>	2	MO; (ESKALITH)
<i>lithium carbonate oral capsule 300 mg</i>	1	MO; (ESKALITH)
<i>lithium oral solution 8 meq/5ml</i>	2	
<i>valproate sodium oral solution 250 mg/5ml</i>	2	MO; (DEPAKENE)
<i>valproic acid oral capsule 250 mg</i>	2	MO; (DEPAKENE)
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; (PRECOSE)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	3	ST; NE
BYDUREON SUBCUTANEOUS PEN-INJECTOR 2 MG	3	ST; NE
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER 2 MG	3	ST; NE
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	ST; NE
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	3	ST; NE
<i>chlorpropamide oral tablet 100 mg, 250 mg</i>	2	MO; (DIABINESE)
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST-NS; MO
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; (AMARYL)
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	MO; (GLUCOTROL)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	PA; MO; HRM; (GLYNASE)
<i>glyburide oral tablet 1.25 mg</i>	2	PA; MO; HRM; (DIABETA)

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide oral tablet 2.5 mg, 5 mg</i>	1	PA; MO; HRM; (DIABETA)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	4	PA; MO; QL (31 EA per 31 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST-NS; MO
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST-NS; MO
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	ST-NS; MO
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO; (GLUCOPHAGE XR)
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	MO; (GLUCOPHAGE)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	MO; (STARLIX)
ONGLYZA ORAL TABLET 2.5 MG	4	PA; MO; QL (31 EA per 31 days)
ONGLYZA ORAL TABLET 5 MG	4	PA; MO
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	2	MO; (ACTOS)
QTERN ORAL TABLET 10-5 MG	4	ST; MO
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	PA; NE
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	PA; NE
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	ST; MO
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG, 50 MG	3	ST-NS; NE
<i>tolazamide oral tablet 250 mg, 500 mg</i>	2	MO; (TOLINASE)
<i>tolbutamide oral tablet 500 mg</i>	2	MO; (ORINASE)
TRADJENTA ORAL TABLET 5 MG	3	ST-NS; MO
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML	3	ST-NS; MO
WELCHOL ORAL PACKET 3.75 GM	4	PA; MO
WELCHOL ORAL TABLET 625 MG	4	PA; MO
Blood Glucose Regulators		
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	ST-NS; MO

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	3	ST-NS; MO
Glycemic Agents		
GLUCAGON EMERGENCY INJECTION KIT 1 MG	3	QL (1 EA per 15 days); NE
KORLYM ORAL TABLET 300 MG	6	PA; LD
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	NE
Insulins		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	MO
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	MO
<i>cvs gauze sterile pad 2"x2"</i>	2	MO
<i>exel comfort point pen needle 29g x 12mm</i>	2	MO
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
FIASP SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	MO
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	MO
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	MO
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	MO
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	MO
Blood Products/ Modifiers/ Volume Expanders		
<i>Anticoagulants</i>		
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO
ELIQUIS STARTER PACK ORAL TABLET 5 MG	3	NE
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 100 MG/ML, 150 MG/ML	4	(LOVENOX); QL (28 ML per 14 days); NE
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 120 MG/0.8ML, 80 MG/0.8ML	4	(LOVENOX); QL (22.4 ML per 14 days); NE
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 30 MG/0.3ML	4	(LOVENOX); QL (8.4 ML per 14 days); NE
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 40 MG/0.4ML	4	(LOVENOX); QL (11.2 ML per 14 days); NE
ENOXAPARIN SODIUM SUBCUTANEOUS SOLUTION 60 MG/0.6ML	4	(LOVENOX); QL (16.8 ML per 14 days); NE
FONDAPARINUX SODIUM SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML	4	PA; (ARIXTRA); NE
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	5	B/D; J1644
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	3	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO; (COUMADIN)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	NE
<i>Blood Formation Modifiers</i>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	2	MO; (AGRYLIN)

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Drug Name	Drug Tier	Requirements/Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML	6	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 40 MCG/0.4ML, 60 MCG/0.3ML	5	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML	6	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	B/D; J1447
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED 250 MCG	6	B/D
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML	5	B/D; J0888
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML	5	B/D; J2562
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	B/D; (MD Buy and bill); J2505
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	6	B/D; J1442
PROCRIT INJECTION SOLUTION 10000 UNIT/ML	4	PA
PROCRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	5	B/D
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	6	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	6	PA-NS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	B/D; Q5101
Hemostasis Agents		
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	5	B/D
<i>tranexamic acid oral tablet 650 mg</i>	2	(LYSTEDA); NE

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

Drug Name	Drug Tier	Requirements/Limits
Platelet Modifying Agents		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	2	MO; (AGGRENEX)
BRILINTA ORAL TABLET 60 MG, 90 MG	4	MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	MO; (PLETAL)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO; (PLAVIX)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	MO; (PERSANTINE)
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1	MO; (CATAPRES)
<i>clonidine hcl oral tablet 0.3 mg</i>	2	MO; (CATAPRES)
<i>clonidine hcl transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	MO; (CATAPRES)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	MO; (TENEX)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	MO; (ALDOMET)
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO; (PRO-AMATINE)
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	6	PA; LD
Alpha-Adrenergic Blocking Agents		
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	MO; (CARDURA)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; (MINIPRESS)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO; (HYTRIN)
Angiotensin II Receptor Antagonists		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	4	PA; MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; (COZAAR)
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO; (BENICAR)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; (MICARDIS)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO; (DIOVAN)
Angiotensin-Converting Enzyme (Ace) Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; (LOTENSIN)

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

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MO; (VASOTEC)
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; (MONOPRIL)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; (ZESTRIL)
<i>lisinopril oral tablet 30 mg</i>	2	MO; (ZESTRIL)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO; (ALTACE)
Antiarrhythmics		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	5	B/D
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO; (PACERONE)
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	MO; (NORPACE)
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	MO; (TIKOSYN)
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO; (TAMBOCOR)
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	2	MO; (MEXITIL)
MULTAQ ORAL TABLET 400 MG	4	PA; MO
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG	4	MO
PROCAINAMIDE HCL INJECTION SOLUTION 100 MG/ML, 500 MG/ML	5	B/D; J2690
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO; (RYTHMOL)
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	2	MO; (QUINAGLUTE)
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	MO; (QUINIDEX)
<i>sorine oral tablet 120 mg</i>	2	MO; (BETAPACE)
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO; (BETAPACE)
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	2	MO; (SECTRAL)
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; (TENORMIN)
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO; (COREG)

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

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO; (TRANDATE)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; (TOPROL XL)
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	5	B/D; (LOPRESSOR)
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; (LOPRESSOR)
<i>propranolol hcl intravenous solution 1 mg/ml</i>	5	B/D; J1800
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	2	(INDERAL)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; (INDERAL)
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; (NORVASC)
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	2	MO; (CARDIZEM CD)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	2	MO; (CARDIZEM CD)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	MO; (CARDIZEM)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	MO; (ADALAT CC)
<i>nifedipine oral capsule 10 mg, 20 mg</i>	2	MO; (PROCARDIA)
NIMODIPINE ORAL CAPSULE 30 MG	4	(NIMOTOP); NE
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	MO; (CALAN SR)
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	5	B/D
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	2	MO; (CALAN)
Cardiovascular Agents, Other		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA; MO
<i>digoxin injection solution 0.25 mg/ml</i>	5	B/D; J1160; (LANOXIN)
<i>digoxin oral solution 0.05 mg/ml</i>	2	(LANOXIN); NE
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	2	MO; (LANOXIN)
<i>pentoxifylline er oral tablet extended release 400 mg</i>	2	MO; (TRENTAL)

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

Drug Name	Drug Tier	Requirements/Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	3	PA; MO
TEKTRUNA ORAL TABLET 150 MG, 300 MG	4	ST-NS; MO
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	6	PA; LD
UPTRAVI ORAL TABLET THERAPY PACK 200 & 800 MCG	6	PA; LD
Cardiovascular Agents		
DEMSER ORAL CAPSULE 250 MG	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO; (ZESTORETIC)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO; (HYZAAR)
<i>spironolactone-hctz oral tablet 25-25 mg</i>	2	MO; (ALDACTAZIDE)
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	2	MO; (DYAZIDE)
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO; (MAXZIDE)
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	MO; (DIAMOX SEQUELS)
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO; (DIAMOX)
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	5	B/D; J1120
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	MO; (NEPTAZANE)
Diuretics, Loop		
<i>bumetanide injection solution 0.25 mg/ml</i>	5	B/D
<i>bumetanide oral tablet 0.5 mg, 1 mg</i>	1	MO; (BUMEX)
<i>bumetanide oral tablet 2 mg</i>	2	MO; (BUMEX)
<i>ethacrynic acid oral tablet 25 mg</i>	6	(EDECRIN)
<i>furosemide injection solution 10 mg/ml</i>	5	B/D; J1940; (LASIX)
<i>furosemide oral solution 10 mg/ml</i>	2	(LASIX)
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO; (LASIX)
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet 5 mg</i>	2	MO; (MIDAMOR)
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO; (INSPIRA)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	2	MO; (ALDACTONE)

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Drug Name	Drug Tier	Requirements/Limits
Diuretics, Thiazide		
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	2	MO; (DIURIL)
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	5	B/D; J1205; (DIURIL)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO; (HYGROTON)
DIURIL ORAL SUSPENSION 250 MG/5ML	4	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	1	MO; (HYDRODIURIL)
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO; (ZAROXOLYN)
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate oral tablet 145 mg, 48 mg</i>	2	MO; (TRICOR)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	2	MO; (TRILIPIX)
<i>gemfibrozil oral tablet 600 mg</i>	2	MO; (LOPID)
Dyslipidemics, Hmg Coa Reductase Inhibitors		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; (LIPITOR)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; (MEVACOR)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; (PRAVACHOL)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; (CRESTOR)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; (ZOCOR)
Dyslipidemics, Other		
<i>cholestyramine light oral powder 4 gm/dose</i>	2	MO; (QUESTRAN LIGHT)
<i>cholestyramine oral packet 4 gm</i>	2	MO; (QUESTRAN)
<i>colesevelam hcl oral tablet 625 mg</i>	4	PA; MO
<i>ezetimibe oral tablet 10 mg</i>	2	MO; (ZETIA)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	6	PA; LD
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	6	PA; LD
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	MO; (NIASPAN)
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	MO; (LOVAZA)

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

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	6	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	6	PA
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	6	PA
WELCHOL ORAL PACKET 3.75 GM	4	PA; MO
WELCHOL ORAL TABLET 625 MG	4	PA; MO
Vasodilators, Direct-Acting Arterial/Venous		
<i>isosorbide dinitrate er oral tablet extended release 40 mg</i>	2	MO; (ISORDIL)
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; (ISORDIL)
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	2	MO; (IMDUR)
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MO; (NITROSTAT)
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	MO; (MINITRAN)
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG	3	MO
Vasodilators, Direct-Acting Arterial		
<i>hydralazine hcl injection solution 20 mg/ml</i>	5	B/D; J0360
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO; (APRESOLINE)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	MO; (LONITEN)
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; (ADDERALL XR); QL (31 EA per 31 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	MO; (ADDERALL XR); QL (62 EA per 31 days)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; (DEXEDRINE CR)

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

Drug Name	Drug Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	MO; (DEXTROSTAT)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	MO; QL (31 EA per 31 days)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	MO; QL (31 EA per 31 days)
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	MO; (STRATTERA)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO; (INTUNIV)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	MO; (METADATE CD); QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 54 mg</i>	2	MO; (CONCERTA); QL (31 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	2	MO; (RITALIN SR); QL (93 EA per 31 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	2	MO; (CONCERTA); QL (62 EA per 31 days)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	2	(METHYLIN); NE
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; (RITALIN)
Central Nervous System, Other		
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; MO
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML	6	MO
<i>riluzole oral tablet 50 mg</i>	2	PA; MO; (RILUTEK)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	6	
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	MO; (CYMBALTA)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	4	MO; QL (93 EA per 31 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG	6	PA; LD
AUBAGIO ORAL TABLET 14 MG, 7 MG	6	PA; LD
AVONEX INTRAMUSCULAR KIT 30 MCG	6	Q3027
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	6	Q3027
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	6	Q3027
BETASERON SUBCUTANEOUS KIT 0.3 MG	6	
GILENYA ORAL CAPSULE 0.5 MG	6	PA; QL (28 EA per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	6	(COPAXONE)
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	6	MO
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	5	B/D; J9293
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML	6	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG	6	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML	6	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG	6	
TECFIDERA ORAL 120 & 240 MG	6	PA; LD
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG	6	PA; LD
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML	5	PA; J2323
Dental And Oral Agents		
Dental And Oral Agents		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	2	MO; (PERIDEX)

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO; (VIBRAMYCIN)
<i>doxycycline hyclate oral tablet 100 mg</i>	2	MO; (VIBRA-TABS)
<i>doxycycline hyclate oral tablet 20 mg</i>	2	MO; (PERIOSTAT)
<i>doxycycline monohydrate oral tablet 150 mg, 75 mg</i>	2	MO; (ADOXA)
<i>minocycline hcl oral capsule 100 mg, 50 mg</i>	2	MO; (MINOCIN)
<i>pilocarpine hcl oral tablet 5 mg</i>	2	MO; (SALAGEN)
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	(KENALOG ORABASE); NE

Dermatological Agents

Dermatological Agents

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	6	(SORIATANE)
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	(DIPROSONE); QL (60 ML per 30 days); NE
<i>calcipotriene external cream 0.005 %</i>	2	(DOVONEX); QL (60 GM per 30 days); NE
<i>calcipotriene external ointment 0.005 %</i>	2	(DOVONEX); QL (60 GM per 30 days); NE
<i>calcipotriene external solution 0.005 %</i>	2	(DOVONEX); QL (60 ML per 30 days); NE
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	2	(LOTRISONE); QL (120 GM per 30 days); NE
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	2	(LOTRISONE); QL (60 ML per 30 days); NE
CORTISPORIN EXTERNAL CREAM 3.5-10000-0.5	3	QL (15 GM per 7 days); NE
CORTISPORIN EXTERNAL OINTMENT 1 %	3	QL (15 GM per 7 days); NE
<i>diclofenac sodium transdermal gel 1 %</i>	2	(VOLTAREN); NE
DICLOFENAC SODIUM TRANSDERMAL GEL 3 %	4	PA; (SOLARAZE); QL (100 GM per 30 days); NE
<i>doxycycline hyclate oral capsule 50 mg</i>	2	MO; (VIBRAMYCIN)
<i>doxycycline monohydrate oral capsule 50 mg</i>	2	MO; (MONODOX)
ELIDEL EXTERNAL CREAM 1 %	4	QL (30 GM per 30 days); NE
EUCRISA EXTERNAL OINTMENT 2 %	3	ST-NS; MO
<i>fluorouracil external cream 5 %</i>	2	(EFUDEX); QL (40 GM per 15 days); NE
<i>fluorouracil external solution 5 %</i>	2	(EFUDEX); QL (20 ML per 15 days); NE

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Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil intravenous solution 5 gm/100ml</i>	5	B/D; J9190; (ADRUCIL)
<i>fluticasone propionate external cream 0.05 %</i>	2	(CUTIVATE); QL (120 GM per 30 days); NE
<i>fluticasone propionate external lotion 0.05 %</i>	2	(CUTIVATE); QL (60 ML per 30 days); NE
<i>fluticasone propionate external ointment 0.005 %</i>	2	(CUTIVATE); QL (120 GM per 30 days); NE
<i>imiquimod external cream 5 %</i>	2	(ALDARA); QL (12 EA per 10 days); NE
<i>methoxsalen rapid oral capsule 10 mg</i>	6	(OXSORALEN ULTRA)
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	(MYCOLOG); QL (120 GM per 30 days); NE
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	2	(MYCOLOG); QL (120 GM per 30 days); NE
<i>podofilox external solution 0.5 %</i>	2	(CONDYLOX); NE
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (30 GM per 10 days); NE
<i>selenium sulfide external lotion 2.5 %</i>	2	(SELSUN); QL (120 ML per 30 days); NE
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	MO; (PROTOPIC); QL (30 GM per 30 days)
TAZAROTENE EXTERNAL CREAM 0.1 %	4	PA; QL (30 GM per 30 days); NE
TAZORAC EXTERNAL CREAM 0.05 %	4	PA; QL (30 GM per 30 days); NE
TAZORAC EXTERNAL GEL 0.05 %, 0.1 %	4	PA; QL (30 GM per 30 days); NE
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA; (RETIN-A); QL (30 GM per 30 days); NE
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	PA; (RETIN-A); QL (30 GM per 30 days); NE
VALCHLOR EXTERNAL GEL 0.016 %	6	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	PA; (ACCUTANE)
<i>zenatane oral capsule 30 mg</i>	2	PA; (ACCUTANE)
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/ Mineral Replacement		
CARBAGLU ORAL TABLET 200 MG	6	PA
<i>magnesium sulfate injection solution 50 %</i>	5	B/D; J3475

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	2	MO; (K-TAB)
<i>potassium chloride intravenous solution 2 meq/ml</i>	5	B/D; J3480
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	(K-SOL)
<i>sodium chloride intravenous solution 0.45 %</i>	5	
<i>sodium chloride intravenous solution 0.9 %</i>	5	J7050
<i>sodium chloride irrigation solution 0.9 %</i>	2	NE
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/180ML	4	MO
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE 100 MG	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG	6	PA
FERRIPROX ORAL TABLET 500 MG	6	PA
<i>kionex oral suspension 15 gm/60ml</i>	2	NE
<i>sodium polystyrene sulfonate oral powder</i>	2	(KAYEXALATE); NE
SYPRINE ORAL CAPSULE 250 MG	4	MO
Electrolytes/Minerals/Metals/Vitamins		
DEXTROSE IN LACTATED RINGERS INTRAVENOUS SOLUTION 5 %	5	
<i>dextrose intravenous solution 10 %</i>	5	
<i>dextrose intravenous solution 5 %</i>	5	J7060
<i>dextrose-nacl intravenous solution 5-0.45 %</i>	5	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	5	J7042
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	5	B/D
INTRALIPID INTRAVENOUS EMULSION 30 %	5	B/D
<i>kcl in dextrose-nacl intravenous solution 20-5-0.45 meq/l-%-%</i>	5	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION 20 MEQ/L	5	
LACTATED RINGERS INTRAVENOUS SOLUTION	5	B/D; J7120
<i>ringers irrigation irrigation solution</i>	2	NE
<i>sterile water for irrigation irrigation solution</i>	2	NE

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

Drug Name	Drug Tier	Requirements/Limits
TPN ELECTROLYTES INTRAVENOUS SOLUTION	5	
TRAVASOL INTRAVENOUS SOLUTION 10 %	5	B/D
Vitamins		
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	5	B/D; J1270; (HECTOROL)
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	6	(HECTOROL)
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	5	B/D; J0500; (BENTYL)
<i>dicyclomine hcl oral capsule 10 mg</i>	2	MO; (BENTYL)
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	(BENTYL); NE
<i>dicyclomine hcl oral tablet 20 mg</i>	2	MO; (BENTYL)
<i>glycopyrrolate injection solution 4 mg/20ml</i>	5	B/D; (ROBINUL)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO; (ROBINUL)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	4	PA; NE
Gastrointestinal Agents, Other		
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	2	(LOMOTIL); NE
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	MO; (LOMOTIL)
GATTEX SUBCUTANEOUS KIT 5 MG	6	PA
<i>loperamide hcl oral capsule 2 mg</i>	2	(IMODIUM); NE
<i>metoclopramide hcl injection solution 5 mg/ml</i>	5	B/D; J2765; (REGLAN)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	(REGLAN); NE
<i>metoclopramide hcl oral tablet 10 mg</i>	1	MO; (REGLAN)
<i>metoclopramide hcl oral tablet 5 mg</i>	2	MO; (REGLAN)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; MO
<i>proctozone-hc rectal cream 2.5 %</i>	2	(ANUSOL-HC); QL (30 GM per 30 days); NE
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	PA
<i>ursodiol oral capsule 300 mg</i>	2	MO; (ACTIGALL)

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

Drug Name	Drug Tier	Requirements/Limits
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	(TAGAMET)
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO; (TAGAMET)
<i>ranitidine hcl injection solution 50 mg/2ml</i>	5	B/D; J2780; (ZANTAC)
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	2	(ZANTAC)
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO; (ZANTAC)
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	6	PA; (LOTROXEX)
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	MO
<i>budesonide oral capsule delayed release particles 3 mg</i>	6	PA; (ENTOCORT EC)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO
Laxatives		
<i>lactulose oral solution 10 gm/15ml</i>	2	MO; (CEPHULAC)
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	2	(GOLYTELY); NE
<i>polyethylene glycol 3350 oral powder</i>	2	(MIRALAX); QL (527 GM per 31 days); NE
Protectants		
CARAFATE ORAL SUSPENSION 1 GM/10ML	3	NE
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO; (CYTOTEC)
<i>sucralfate oral tablet 1 gm</i>	2	MO; (CARAFATE)
Proton Pump Inhibitors		
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	2	MO; (PREVACID)
<i>omeprazole oral capsule delayed release 10 mg, 20 mg</i>	2	MO; (PRILOSEC)
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	5	B/D; (PROTONIX)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	2	MO; (PROTONIX)

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

Drug Name	Drug Tier	Requirements/Limits
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
<i>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</i>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	6	B/D
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	6	B/D; J1931
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA; J1786
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000 UNIT, 24000- 76000 UNIT, 3000-9500 UNIT, 36000 UNIT, 6000 UNIT	3	MO
CYSTADANE ORAL POWDER	4	LD; NE
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML	5	PA; J1743
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	6	PA; LD
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 5 MG	6	PA; MO; LD
KUVAN ORAL PACKET 500 MG	6	PA
KUVAN ORAL TABLET SOLUBLE 100 MG	6	PA
<i>miglustat oral capsule 100 mg</i>	6	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	6	PA; J1458
RAVICTI ORAL LIQUID 1.1 GM/ML	6	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	6	B/D
ZAVESCA ORAL CAPSULE 100 MG	6	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	4	MO
Genitourinary Agents		
<i>Antispasmodics, Urinary</i>		
<i>flavoxate hcl oral tablet 100 mg</i>	2	MO; (URISPAS)

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	PA; MO
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; (DITROPAN XL)
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO; (DITROPAN)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	MO
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	2	MO; (UROXATRAL)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	2	MO; (CARDURA)
<i>dutasteride oral capsule 0.5 mg</i>	2	MO; (AVODART)
<i>finasteride oral tablet 5 mg</i>	2	MO; (PROSCAR)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	6	PA; (DIBENZYLINE)
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO; (MINIPRESS)
<i>tamsulosin hcl oral capsule 0.4 mg</i>	2	MO; (FLOMAX)
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO; (HYTRIN)
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO; (URECHOLINE)
CUPRIMINE ORAL CAPSULE 250 MG	6	PA
ELMIRON ORAL CAPSULE 100 MG	4	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	MO; (UROKIT-K)
Phosphate Binders		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	2	MO; (PHOSLO)
FOSRENOL ORAL PACKET 1000 MG, 750 MG	6	PA
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	6	PA
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	6	PA; (FOSRENOL)

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
<i>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</i>		
<i>betamethasone dipropionate external cream 0.05 %</i>	2	(DIPROSONE); QL (120 GM per 30 days); NE
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	(DIPROSONE); QL (120 GM per 30 days); NE
<i>betamethasone valerate external cream 0.1 %</i>	2	(VALISONE); QL (120 GM per 30 days); NE
<i>betamethasone valerate external lotion 0.1 %</i>	2	(VALISONE); QL (60 ML per 30 days); NE
<i>betamethasone valerate external ointment 0.1 %</i>	2	(VALISONE); QL (120 GM per 30 days); NE
<i>clobetasol propionate external cream 0.05 %</i>	2	(TEMOVATE E); QL (120 GM per 30 days); NE
<i>clobetasol propionate external gel 0.05 %</i>	2	(TEMOVATE); QL (120 GM per 30 days); NE
<i>clobetasol propionate external ointment 0.05 %</i>	2	(TEMOVATE); QL (120 GM per 30 days); NE
<i>clobetasol propionate external solution 0.05 %</i>	2	(TEMOVATE); QL (60 ML per 30 days); NE
CORDRAN EXTERNAL TAPE 4 MCG/SQCM	3	NE
<i>cortisone acetate oral tablet 25 mg</i>	2	MO; (CORTONE)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	5	J1020
<i>desonide external cream 0.05 %</i>	2	(TRIDESILON); QL (120 GM per 30 days); NE
<i>desonide external lotion 0.05 %</i>	2	(TRIDESILON); QL (60 ML per 30 days); NE
<i>desonide external ointment 0.05 %</i>	2	(TRIDESILON); QL (120 GM per 30 days); NE
DESOXIMETASONE EXTERNAL CREAM 0.05 %, 0.25 %	4	(TOPICORT); QL (120 GM per 30 days); NE
DESOXIMETASONE EXTERNAL GEL 0.05 %	4	(TOPICORT); QL (120 GM per 30 days); NE
DESOXIMETASONE EXTERNAL OINTMENT 0.05 %, 0.25 %	4	(TOPICORT); QL (120 GM per 30 days); NE
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	2	(DECADRON); NE

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	(DECADRON); NE
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	2	MO; (DECADRON)
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	5	B/D; J1100
DIFLORASONE DIACETATE EXTERNAL CREAM 0.05 %	4	(MAXIFLOR); QL (120 GM per 30 days); NE
DIFLORASONE DIACETATE EXTERNAL OINTMENT 0.05 %	4	(MAXIFLOR); QL (120 GM per 30 days); NE
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	2	MO; (FLORINEF)
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	(SYNALAR); QL (120 GM per 30 days); NE
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	(SYNALAR); QL (120 GM per 30 days); NE
<i>fluocinolone acetonide external solution 0.01 %</i>	2	(SYNALAR); QL (60 ML per 30 days); NE
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	(DERMOTIC); NE
<i>fluocinonide emulsified base external cream 0.05 %</i>	2	(LIDEX-E); QL (120 GM per 30 days); NE
<i>fluocinonide external gel 0.05 %</i>	2	(LIDEX); QL (120 GM per 30 days); NE
<i>fluocinonide external ointment 0.05 %</i>	2	(LIDEX); QL (120 GM per 30 days); NE
<i>fluocinonide external solution 0.05 %</i>	2	(LIDEX); QL (60 ML per 30 days); NE
<i>hydrocortisone external cream 2.5 %</i>	2	(HYTONE); QL (120 GM per 30 days); NE
<i>hydrocortisone external lotion 2.5 %</i>	2	(HYTONE); QL (60 ML per 30 days); NE
<i>hydrocortisone external ointment 2.5 %</i>	2	(HYTONE); QL (120 GM per 30 days); NE
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; (CORTEF)
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	5	J3301
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	5	B/D; J1030; (DEPO-MEDROL)
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	5	B/D; J1040; (DEPO-MEDROL)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	MO; (MEDROL)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	(MEDROL PAK); NE
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg</i>	5	B/D; J2930; (SOLU-MEDROL)
<i>methylprednisolone sodium succ injection solution reconstituted 40 mg</i>	5	B/D; J2920; (SOLU-MEDROL)
<i>mometasone furoate external cream 0.1 %</i>	2	(ELOCON); QL (120 GM per 30 days); NE
<i>mometasone furoate external ointment 0.1 %</i>	2	(ELOCON); QL (120 GM per 30 days); NE
<i>mometasone furoate external solution 0.1 %</i>	2	(ELOCON); QL (60 ML per 30 days); NE
<i>prednisolone oral solution 15 mg/5ml</i>	2	(ORAPRED); NE
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	2	(PEDIAPRED); NE
<i>prednisone oral solution 5 mg/5ml</i>	2	(DELTASONE); NE
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	MO; (DELTASONE)
<i>triamcinolone acetonide external cream 0.025 %, 0.5 %</i>	2	(ARISTOCORT); QL (120 GM per 30 days); NE
<i>triamcinolone acetonide external cream 0.1 %</i>	2	(ARISTOCORT); NE
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	(ARISTOCORT); QL (60 ML per 30 days); NE
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	2	(ARISTOCORT); QL (120 GM per 30 days); NE
<i>triamcinolone acetonide external ointment 0.1 %</i>	2	(ARISTOCORT); NE
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	5	MO; (KENALOG)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
<i>chorionic gonadotropin intramuscular solution reconstituted 10000 unit</i>	5	B/D; (PREGNYL)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	(DDAVP)
<i>desmopressin acetate injection solution 4 mcg/ml</i>	5	B/D; J2597; (DDAVP)

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

Drug Name	Drug Tier	Requirements/Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	MO; (DDAVP)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	6	PA
OMNITROPE SUBCUTANEOUS SOLUTION 10 MG/1.5ML, 5 MG/1.5ML	6	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	6	PA
STIMATE NASAL SOLUTION 1.5 MG/ML	6	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
<i>misoprostol oral tablet 200 mcg</i>	2	MO; (CYTOTEC)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET 50 MG	6	
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO; (OXANDRIN)
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	4	MO; QL (150 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%)	4	MO; QL (75 GM per 30 days)
ANDROGEL TRANSDERMAL GEL 40.5 MG/2.5GM (1.62%)	4	MO; QL (150 GM per 30 days)
<i>danazol oral capsule 100 mg, 200 mg</i>	2	MO; (DANOCRINE)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	MO; J1071; (DEPO-TESTOSTERONE)
TESTOSTERONE ENANTHATE INTRAMUSCULAR SOLUTION 200 MG/ML	4	MO; J3121; (DELAESTRYL)
Estrogens		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	5	B/D; J1380
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	5	B/D; J1000

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Drug Name	Drug Tier	Requirements/Limits
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
ESTRACE VAGINAL CREAM 0.1 MG/GM	4	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO; (ESTRACE)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO; (CLIMARA); QL (4 EA per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	MO; (ESTRACE)
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	5	B/D; J1380; (DELESTROGEN)
<i>estropipate oral tablet 0.75 mg</i>	2	MO; (OGEN)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA-NS; MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	MO

**Hormonal Agents, Stimulant/
Replacement/ Modifying (Sex
Hormones/ Modifiers)**

<i>apri oral tablet 0.15-30 mg-mcg</i>	2	MO; (DESOGEN)
<i>budesonide oral capsule delayed release particles 3 mg</i>	6	PA; (ENTOCORT EC)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	2	MO; (LO/OVRAL)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO; (YAZ)
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	5	B/D; J1380; (DELESTROGEN)
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	MO
<i>gianvi oral tablet 3-0.02 mg</i>	2	MO; (YAZ)
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	MO; (LOESTRIN Fe)
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	2	MO; (LOESTRIN Fe)
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO; (ALESSE)
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO; (TRIPHASIL)
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	2	MO
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	MO; (MODICON)
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	MO; (ORTHO-CYCLEN)

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

Drug Name	Drug Tier	Requirements/Limits
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	2	MO; (ORTHO TRI-CYCLEN)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	MO; (MODICON)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO; (ORTHO NOVUM)
<i>ogestrel oral tablet 0.5-50 mg-mcg</i>	2	MO; (OVRAL)
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	2	MO
PREMPHASE ORAL TABLET 0.625-5 MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	2	MO; (DEMULEN)
Progestins		
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	2	J1050; (DEPO-PROVERA)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; (PROVERA)
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	(MEGACE); NE
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	2	MO; (MEGACE)
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO; (AYGESTIN)
<i>norethindrone oral tablet 0.35 mg</i>	2	MO; (MICRONOR)
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	MO; (PROMETRIUM)
Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl oral tablet 60 mg</i>	2	MO; (EVISTA)
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
<i>levothyroxine sodium 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>	1	MO; (SYNTHROID)
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	MO; (CYTOMEL)
Hormonal Agents, Suppressant (Adrenal)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET 500 MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
Hormonal Agents, Suppressant (Pituitary)		
<i>Hormonal Agents, Suppressant (Pituitary)</i>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	2	MO; (PARLODEL)
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO; (PARLODEL)
<i>cabergoline oral tablet 0.5 mg</i>	2	MO; (DOSTINEX)
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 7.5 MG	5	B/D; J9217
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG, 80 MG	5	J9155
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	5	B/D; J9218; (LUPRON)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	B/D; J1950
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	B/D; J9217
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	B/D; J1950
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	B/D; J9217
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	B/D; J1950
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG	5	B/D; J9217
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	B/D; J2354; (SANDOSTATIN)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG	5	B/D; J2353
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	6	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA-NS; J1930
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA; J1930
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG	6	PA; J3490
SYNAREL NASAL SOLUTION 2 MG/ML	4	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	5	J3315
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO; (TAPAZOLE)
<i>propylthiouracil oral tablet 50 mg</i>	2	MO; (PTU)
Immunological Agents		
Angioedema Agents		
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	5	PA; J0598
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	6	PA; J1744
Immune Suppressants		
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG	6	
AFINITOR ORAL TABLET 2.5 MG	6	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML	5	B/D; J7504
<i>azathioprine oral tablet 50 mg</i>	2	B/D; MO; (IMURAN)
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	6	PA; J0490
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	6	PA; J0490
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	6	PA; J0490
<i>cyclosporine intravenous solution 50 mg/ml</i>	5	B/D; J7516; (SANDIMMUNE)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	B/D; MO; (NEORAL)
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	B/D; MO; (NEORAL)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	B/D; MO; (SANDIMMUNE)
ELIDEL EXTERNAL CREAM 1 %	4	QL (30 GM per 30 days); NE
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	6	PA; J1438
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	6	PA; J1438

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	6	PA; J1438
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	6	PA; J0135
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (6 PACK), 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	6	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML	6	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	6	PA; J0135
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	6	PA
HUMIRA PEN-PS/UV STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	6	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	6	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	6	PA; J0135
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	6	PA
<i>mercaptopurine oral tablet 50 mg</i>	2	MO; (PURINETHOL)
<i>methotrexate oral tablet 2.5 mg</i>	2	MO; (TREXALL)
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	MO
<i>methotrexate sodium injection solution 250 mg/10ml</i>	2	MO
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	B/D; MO; (CELLCEPT)
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	2	B/D; (CELLCEPT)
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	B/D; MO; (CELLCEPT)
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	2	B/D; MO; (MYFORTIC)

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

Drug Name	Drug Tier	Requirements/Limits
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	B/D; J0485
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA; J0129
OTEZLA ORAL TABLET 30 MG	6	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	6	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML	6	B/D
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA; J1745
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML	6	PA; J1602
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML	6	PA; J1602
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	6	PA; J1602
SIMUMECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	5	J0480
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	2	B/D; MO; (RAPAMUNE)
<i>sirolimus oral tablet 2 mg</i>	2	B/D; (RAPAMUNE)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	B/D; MO; (PROGRAF)
XELJANZ ORAL TABLET 10 MG, 5 MG	6	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	6	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	6	B/D
<i>Immunizing Agents, Passive</i>		
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA; J1569
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; J1561
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	5	B/D; MO; LD
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	B/D
<i>Immunological Agents</i>		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO; (ARAVA)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	B/D

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

Drug Name	Drug Tier	Requirements/Limits
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML	6	PA-NS; J9216
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	6	PA; LD
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML	6	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	B/D
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO; (ARAVA)
Vaccines		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	5	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE)	5	MO
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	5	
BCG VACCINE INJECTION INJECTABLE	5	B/D
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	5	
DAPTACEL INTRAMUSCULAR SUSPENSION 15-23-5 LF-MCG/0.5	5	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	5	B/D
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	5	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION	5	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 1440 EL U/ML 1 ML, 720 EL U/0.5ML, 720 EL U/0.5ML 0.5 ML	5	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	5	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE 2.5 UNIT/ML	5	

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

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	5	
IPOL INJECTION INJECTABLE	5	
IXIARO INTRAMUSCULAR SUSPENSION	5	
KINRIX INTRAMUSCULAR SUSPENSION , INJECTION 0.5 ML	5	
MENACTRA INTRAMUSCULAR INJECTABLE	5	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	5	
M-M-R II SUBCUTANEOUS INJECTABLE	5	
PEDIARIX INTRAMUSCULAR SUSPENSION	5	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	5	
PROQUAD SUBCUTANEOUS INJECTABLE	5	
QUADRACEL INTRAMUSCULAR SUSPENSION	5	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 10 MCG/ML (1ML SYRINGE), 40 MCG/ML, 5 MCG/0.5ML	5	B/D
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	4	NE
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG	5	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU	5	B/D
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	5	B/D
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	5	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML, 25 MCG/0.5ML (0.5ML SYRINGE)	5	

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

Drug Name	Drug Tier	Requirements/Limits
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML, 50 UNIT/ML, 50 UNIT/ML 1 ML	5	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML	5	
YF-VAX SUBCUTANEOUS INJECTABLE	5	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED 19400 UNT/0.65ML	5	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
<i>balsalazide disodium oral capsule 750 mg</i>	2	MO; (COLAZAL)
CANASA RECTAL SUPPOSITORY 1000 MG	3	QL (30 EA per 30 days); NE
DIPENTUM ORAL CAPSULE 250 MG	4	MO
<i>mesalamine oral tablet delayed release 800 mg</i>	2	MO; (ASACOL HD)
<i>mesalamine rectal enema 4 gm</i>	2	(ROWASA); QL (1680 ML per 28 days); NE
Glucocorticoids		
<i>budesonide oral capsule delayed release particles 3 mg</i>	6	PA; (ENTOCORT EC)
<i>cortisone acetate oral tablet 25 mg</i>	2	MO; (CORTONE)
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	5	J1020
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	2	(DECADRON); NE
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	2	(DECADRON); NE
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>	2	MO; (DECADRON)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; (CORTEF)
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	(CORTENEMA); QL (420 ML per 7 days); NE
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	5	B/D; J1030; (DEPO-MEDROL)
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	5	B/D; J1040; (DEPO-MEDROL)
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	MO; (MEDROL)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	2	MO; (MEDROL PAK); NE
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	(PRED-FORTE); NE
<i>prednisolone oral solution 15 mg/5ml</i>	2	(ORAPRED); NE
<i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml</i>	2	(PEDIAPRED); NE
<i>prednisone oral solution 5 mg/5ml</i>	2	(DELTASONE); NE
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	MO; (DELTASONE)
Sulfonamides		
<i>sulfasalazine oral tablet 500 mg</i>	2	MO; (AZULFIDINE)
Metabolic Bone Disease Agents		
Metabolic Bone Disease Agents		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg</i>	2	MO; (FOSAMAX)
<i>alendronate sodium oral tablet 70 mg</i>	1	MO; (FOSAMAX)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	(MIACALCIN)
<i>calcitriol intravenous solution 1 mcg/ml</i>	5	B/D; J0636; (CALCIJEX)
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	MO; (ROCALTROL)
<i>calcitriol oral solution 1 mcg/ml</i>	2	(ROCALTROL)
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	5	B/D; J1270; (HECTOROL)
DOXERCALCIFEROL ORAL CAPSULE 0.5 MCG	4	MO; (HECTOROL)
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	6	(HECTOROL)
<i>etidronate disodium oral tablet 400 mg</i>	2	MO; (DIDRONEL)
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	6	PA; J3110
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	5	B/D; J0630
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	6	PA; LD
<i>pamidronate disodium intravenous solution 6 mg/ml</i>	5	B/D; J2430
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	5	J2501; (ZEMPLAR)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	PA; MO; (ZEMPLAR)

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

Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SOLUTION 60 MG/ML	5	PA; J0897
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	6	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA; J0897
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	5	B/D; J3487; (ZOMETA)
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	5	B/D; J3488; (RECLAST)

Ophthalmic Agents

Ophthalmic Agents, Other

<i>atropine sulfate ophthalmic solution 1 %</i>	2	NE
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	6	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	2	(ALCAINE); NE
RESTASIS OPHTHALMIC EMULSION 0.05 %	3	QL (60 EA per 30 days); NE

Ophthalmic Agents

<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	(POLYSPORIN); NE
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	(NEOMYCIN); NE
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %	3	NE
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	3	NE
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	(NEOSPORIN); NE
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	2	(MAXITROL); NE
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	(MAXITROL); NE
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	(NEOSPORIN); NE
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	2	(CORTISPORIN); NE
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	2	(POLYTRIM); NE
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %	3	NE

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

Drug Name	Drug Tier	Requirements/Limits
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %	3	NE
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	2	(VASOCIDIN); NE
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	(TOBRADEX); NE
Ophthalmic Anti-Allergy Agents		
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	3	NE
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	(OPTIVAR); NE
<i>cromolyn sodium ophthalmic solution 4 %</i>	2	(CROLOM); NE
Ophthalmic Antiglaucoma Agents		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	2	MO; (IOPIDINE)
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	2	MO; (BETOPTIC)
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	3	MO
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	2	MO; (ALPHAGAN)
<i>carteolol hcl ophthalmic solution 1 %</i>	2	MO; (OCUPRESS)
<i>dorzolamide hcl ophthalmic solution 2 %</i>	2	MO; (TRUSOPT)
<i>dorzolamide hcl-timolol mal ophthalmic solution 22.3-6.8 mg/ml</i>	2	MO; (COSOPT)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO; (BETAGAN)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	MO; (NEPTAZANE)
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 %	3	NE
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO; (TIMOPTIC)
Ophthalmic Anti-Inflammatories		
ALREX OPHTHALMIC SUSPENSION 0.2 %	4	NE
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	(DECADRON); NE
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	2	(VOLTAREN); NE
DUREZOL OPHTHALMIC EMULSION 0.05 %	4	NE
<i>fluorometholone ophthalmic suspension 0.1 %</i>	2	(FML); NE
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	(OCUFEN); NE

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Drug Name	Drug Tier	Requirements/Limits
FML FORTE OPHTHALMIC SUSPENSION 0.25 %	3	NE
FML OPHTHALMIC OINTMENT 0.1 %	3	NE
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	NE
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	2	(ACULAR LS); NE
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	2	(ACULAR); NE
LOTEMAX OPHTHALMIC SUSPENSION 0.5 %	4	NE
NEVANAC OPHTHALMIC SUSPENSION 0.1 %	3	NE
PRED MILD OPHTHALMIC SUSPENSION 0.12 %	3	NE
<i>prednisolone acetate ophthalmic suspension 1 %</i>	2	(PRED-FORTE); NE
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	2	(INFLAMASE FORTE); NE
Ophthalmic Prostaglandin And Prostanoid Analogs		
<i>latanoprost ophthalmic solution 0.005 %</i>	2	MO; (XALATAN)
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 %	3	MO
Otic Agents		
Otic Agents		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	3	NE
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	(CORTISPORIN); NE
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	(CORTISPORIN); NE
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
<i>azelastine hcl nasal solution 0.1 %</i>	2	MO; (ASTELIN); QL (60 ML per 30 days)
<i>cyproheptadine hcl oral tablet 4 mg</i>	2	MO; (PERIACTIN)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	5	B/D; J1200; (BENADRYL)
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	2	(ATARAX)

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO; (ATARAX)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO; (VISTARIL)
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	2	MO; (XYZAL)
<i>olopatadine hcl nasal solution 0.6 %</i>	2	MO; (PATANASE); QL (30.5 GM per 30 days)
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	MO; QL (60 EA per 30 days)
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	MO; QL (12 GM per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 EA per 30 days)
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MO; QL (1 EA per 30 days)
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH, 220 MCG/INH	3	MO; QL (1 EA per 30 days)
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH	3	MO; QL (1 EA per 30 days)
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	3	MO; QL (13 GM per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	B/D; MO; (PULMICORT)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	3	MO
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	3	MO; QL (12 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	3	MO; QL (24 GM per 30 days)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	3	MO; QL (10.6 GM per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	MO; (NASALIDE)
<i>fluticasone propionate external lotion 0.05 %</i>	2	(CUTIVATE); QL (60 ML per 30 days); NE
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	2	MO; (FLONASE); QL (16 GM per 30 days)
Antileukotrienes		
<i>montelukast sodium oral packet 4 mg</i>	2	MO; (SINGULAIR)
<i>montelukast sodium oral tablet 10 mg</i>	1	MO; (SINGULAIR)
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO; (SINGULAIR)
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	6	(ZYFLO CR)
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	3	MO; QL (25.8 GM per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	MO; QL (30 EA per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D; MO; (ATROVENT)
<i>ipratropium bromide nasal solution 0.03 %</i>	2	MO; (ATROVENT); QL (30 ML per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	MO; (ATROVENT); QL (15 ML per 28 days)
Bronchodilators, Sympathomimetic		
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	2	B/D; MO; (VENTOLIN)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	2	MO; (VENTOLIN); NE
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	MO; (VENTOLIN)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	3	MO; QL (60 EA per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	3	MO; QL (13 GM per 30 days)
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	3	(EPIPEN JR); QL (2 EA per 30 days)
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML	3	(EPIPEN); QL (2 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	2	MO; (AIRDUO)
<i>metaproterenol sulfate oral syrup 10 mg/5ml</i>	2	MO; (ALUPENT)
<i>metaproterenol sulfate oral tablet 10 mg, 20 mg</i>	2	MO; (ALUPENT)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE	3	MO
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	MO
<i>terbutaline sulfate injection solution 1 mg/ml</i>	5	J3105; (BRETHINE)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	2	MO; (BRETHINE)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	ST; MO
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	3	MO; QL (36 GM per 30 days)
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	6	
KALYDECO ORAL TABLET 150 MG	6	PA
ORKAMBI ORAL TABLET 200-125 MG	6	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	6	PA; QL (150 ML per 28 days)
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	B/D; MO; (INTAL)
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	(GASTROCROM)
Phosphodiesterase Inhibitors, Airways Disease		
<i>aminophylline intravenous solution 25 mg/ml</i>	5	B/D; J0280
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	PA; MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	MO; (UNIPHYL)
<i>theophylline oral solution 80 mg/15ml</i>	2	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET 20 MG	6	PA

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Drug Name	Drug Tier	Requirements/Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	6	PA; LD
OPSUMIT ORAL TABLET 10 MG	6	PA; LD
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	6	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; LD
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO; (REVATIO)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	6	PA
TRACLEER ORAL TABLET SOLUBLE 32 MG	6	PA
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	B/D; J7608; (MUCOMYST); NE
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/INH	3	MO; QL (60 EA per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH	3	MO; QL (30 EA per 30 days)
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	PA; J0220
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA; LD; J0256
Respiratory Tract/ Pulmonary Agents		
ESBRIET ORAL CAPSULE 267 MG	6	PA; LD
ESBRIET ORAL TABLET 267 MG, 801 MG	6	PA; LD
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	2	B/D; MO; (DUONEB)
OFEV ORAL CAPSULE 100 MG, 150 MG	6	PA
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	4	MO; QL (10.2 GM per 30 days)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA; J2357
Skeletal Muscle Relaxants		
Skeletal Muscle Relaxants		
<i>cyclobenzaprine hcl oral tablet 10 mg</i>	2	MO; (FLEXERIL)

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

Drug Name	Drug Tier	Requirements/Limits
<i>methocarbamol injection solution 1000 mg/10ml</i>	5	J2800; (ROBAXIN)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	MO; (ROBAXIN)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	5	J2360; (NORFLEX)
Sleep Disorder Agents		
Gaba Receptor Modulators		
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	2	MO; (DALMANE)
<i>temazepam oral capsule 15 mg, 30 mg</i>	2	MO; (RESTORIL)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	MO; (SONATA)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	2	MO; (AMBIEN)
Sleep Disorders, Other		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	MO; (NUVIGIL)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; (SINEQUAN)
<i>doxepin hcl oral concentrate 10 mg/ml</i>	2	(SINEQUAN); NE
HETLIOZ ORAL CAPSULE 20 MG	6	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	MO; (PROVIGIL)
ROZEREM ORAL TABLET 8 MG	4	PA; MO
XYREM ORAL SOLUTION 500 MG/ML	6	PA; LD

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

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- Florida Health Care Plans : 1-877-615-4022

If you believe that Florida Health Care Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Health Care Plans
Civil Rights Coordinator
1340 Ridgewood Avenue,
Holly Hill, FL 32117.
Phone: 1-844-219-6137,
TTY: 1-800-955-8770
Fax: 386-676-7149,
Email: rights@fhcp.com.

You can file grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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

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

If you or someone you're helping has questions about Florida Health Care Plans, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-615-4022. (TTY: TRS Relay 711)

Si usted o alguien a quien ayuda tienen preguntas sobre Florida Health Care Plans, tienen derecho a obtener ayuda e información en su idioma de manera gratuita. Para hablar con un intérprete, llame al 1-877-615-4022. (TTY: TRS Relay 711)

Si ou menm, oswa yon moun w ap ede, gen kesyon sou Florida Health Care Plans ,ou gen dwa pou jwenn enfòmasyon nan lang ou gratis. Pou ale ak yon entèprèt, rele 1-877-615-4022. (TTY: TRS Relay 711)

Nếu quý vị, hoặc người nào đó mà quý vị đang giúp đỡ, có các thắc mắc về Florida Health Care Plans, quý vị có quyền được nhận trợ giúp và thông tin bằng ngôn ngữ của quý vị miễn phí. Để trao đổi với phiên dịch, hãy gọi theo số 1-877-615-4022. (TTY: TRS Relay 711)

Se você, ou alguém que estiver a ajudar, tiver dúvidas sobre Florida Health Care Plans, tem o direito de obter ajuda e informações na sua língua, sem nenhuma custas. Para falar com um intérprete, ligue para 1-877-615-4022. (TTY: TRS Relay 711)

如果您或您正協助的某人對Florida Health Care Plans 有疑問，您有權免費以您的語言取得本協助及資訊。如欲與口譯員交談，請致電1-877-615-4022. (TTY: TRS Relay 711)

Si vous ou une personne que vous aidez avez des questions au sujet de Florida Health Care Plans, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, veuillez appeler le 1-877-615-4022. (TTY: TRS Relay 711)

Kung ikaw, o ang isang taong tinutulungan mo, ay may mga tanong tungkol sa Florida Health Care Plans, mayroon kang karapatang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang interpreter, tumawag sa 1-877-615-4022. (TTY: TRS Relay 711)

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы о программе Florida Health Care Plans, Вы имеет право бесплатно получить ответы в переводе на Ваш язык. Для того чтобы воспользоваться помощью устного переводчика, позвоните по телефону 1-877-615-4022. (TTY: TRS Relay 711)

إذا كان لديك أو الشخص الذي تساعد استفسارات حول [Florida Health Care Plans]، يحق لك تلقي المساعدة والمعلومات بلغتك مجاناً. تحدث إلى مترجم فوري، اتصل على الرقم [1-877-615-4022. (TTY: TRS Relay 711)]

se voi, o una persona che state aiutando, avete domande relative al Florida Health Care Plans, avete diritto a ottenere assistenza e informazioni gratuitamente nella vostra lingua. Per parlare con un interprete, chiamare il numero 1-877-615-4022. (TTY: TRS Relay 711)

Falls Sie oder jemand, dem Sie helfen, irgendwelche Fragen über Florida Health Care Plans haben, so haben Sie Anspruch auf kostenlose Unterstützung und Informationen in Ihrer eigenen Sprache. Bitte rufen Sie uns unter der Nummer 1-877-615-4022. (TTY: TRS Relay 711) an, um mit einem Dolmetscher/einer Dolmetscherin zu sprechen.

귀하 또는 귀하가 도와드리고 있는 분이 Florida Health Care Plans에 관한 질문이 있을 경우, 귀하에게는 무료로 본인이 구사하는 언어로 도움과 정보를 받을 권리가 있습니다. 통역으로 전화 연결하려면 1-877-615-4022. (TTY: TRS Relay 711) 번으로 전화해 주십시오.

Jeśli Ty lub ktoś, komu pomagasz macie pytania dotyczące Florida Health Care Plans, macie prawo uzyskać pomoc i informacje w swoim języku, bez żadnych kosztów. Porozmawiaj z tłumaczem, zadzwoń pod numer 1-877-615-4022. (TTY: TRS Relay 711)

જો તમને અથવા તમે જેને મદદ કરી રહ્યાં છો તેમને Florida Health Care Plans વિશે કોઈ પ્રશ્નો હોય, તો તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વિના મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે 1-877-615-4022. (TTY: TRS Relay 711) પર ફોન કરો.

หากคุณ หรือคนที่กำลังช่วยเหลืออยู่มีคำถามเกี่ยวกับ Florida Health Care Plans คุณจะได้รับการช่วยเหลือและได้รับข้อมูลในภาษาของคุณโดยที่ไม่มีค่าใช้จ่ายใดๆ หากต้องการพูดคุยกับล่ามแปลภาษา โทร. 1-877-615-4022. (TTY: TRS Relay 711)

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This formulary was updated on **10/23/2018**. For more recent information or other questions, please contact Florida Health Care Plans Member Services at 1-877-615-4022 or, for TTY users, TRS Relay 711, Hours of operation are 7 days a week, 8 am to 8 pm, or visit www.fhcp.com/medicare_2018_formulary.