

Independent Health's Medicare Advantage Employer Group's Part D Formulary



2016 Formulary

List of Covered Drugs

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

HPMS Approved Formulary File Submission ID 00016206, Version Number 27

This formulary was updated on 11/01/2016. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.independenthealth.com/Medicare.

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

When this drug list (formulary) refers to "we," "us", or "our," it means Independent Health. When it refers to "plan" or "our plan," it means Independent Health's Medicare Advantage Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 11/01/2016. 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, 2017, and from time to time during the year.

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

Verbal translation of written materials is available via free interpreter services. For those with special needs, accessibility to benefit information or alternate formats of written materials are available upon request

What is the Independent Health’s Medicare Advantage Employer Group’s Part D Formulary Formulary?

A formulary is a list of covered drugs selected by Independent Health 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. Independent Health will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Independent Health 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 2016 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2016 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 November 1, 2016. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website and in printed form.

How do I use the Formulary?

The formulary begins on page 1. The drugs in this formulary are arranged in alphabetical order. Both brand name drugs and generic drugs are listed in the formulary.

What are generic drugs?

Independent Health 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:** Independent Health requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug we will cover. For example, we provide 24 tablets per prescription for COARTEM. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we 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 1. 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 prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us 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 Independent Health's Medicare Advantage Employer Group's Part D formulary?" on page iv 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 Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.
- You can ask Independent Health 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 Independent Health's Medicare Advantage Employer Group's Part D Formulary?

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 91 and may be up to a 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.

For enrollees admitted or discharged from a long-term care facility or have had any change in level of care, early refill edits will not be used to limit appropriate and necessary access to your Part D benefit and you are allowed to access a refill upon admission or discharge without restrictions. LTC pharmacies are permitted to use Emergency Boxes (E Box) when necessary. However the E Box should be replenished from the patient's monthly prescription claim.

If you are a new or current Medicare Part D enrollee transitioning from one treatment setting to another or experience transitions due to level of care changes, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with transition and continuity of care provisions as follows:

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 91- 98 day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Independent Health Medicare Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

For more information

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

If you have questions about Independent Health, 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>.

Independent Health's Medicare Advantage Employer Groups' Part D Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Independent Health.

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

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

Drugs listed with an “**AL**” in the Requirements/Limits column have age limitations.

Drugs listed with a “**BD**” in the Requirements/Limits column may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-pay in this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a “*****” in the Requirements/Limit column is a prescription drug that is not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

Drugs listed with a “**GC**” in the Requirements/Limits column are covered by us in the coverage gap for all plans with prescription drug coverage (please refer to your Evidence of Coverage for more information about this coverage).

Home infusion drugs listed with a “**HI**” in the Requirements/Limits column may be covered under our medical benefit. For more information, call Independent Health’s Medicare Member Services Department. Our contact information appears on the front and back cover pages.

Drugs listed with a “**MB**” in the Requirements/Limits column are a medical benefit and are not covered as part of your Medicare Part D coverage. Please refer to your Evidence of Coverage or call Member Services to find out what your costs are for these drugs. Our contact information appears on the front and back cover pages. If you are receiving extra help in paying for your prescriptions, you will not get any extra help to pay for these medical drugs.

Drugs listed with a “**MO**” in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for a 90 day supply.

Drugs listed with a “**PA**” in the Requirements/Limits column require prior authorization (see “Are there any restrictions on my coverage” on page III).

Drugs listed with a “**QL**” in the Requirements/Limits column have quantity limitations (see “Are there any restrictions on my coverage” on page III).

Drugs listed with a “**RF**” in the Requirements/Limits column are restricted to females only.

Drugs listed with a “**RM**” in the Requirements/Limits column are restricted to males only.

Drugs listed with a “**ST**” in the Requirements/Limits column are restricted to step therapy requirements (see “Are there any restrictions on my coverage” on page III).

Drug Name	Tier	Requirements/Limits
8-MOP	4	
<i>abacavir sulfate</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	
ABELCET	5	HI
ABILIFY MAINTENA	5	BD
ABRAXANE	4	PA
ABSORICA	5	
ABSTRAL	5	PA; QL (128 EA per 30 days)
<i>acamprosate calcium</i>	2	MO
ACANYA	3	
<i>acarbose</i>	2	MO
<i>acebutolol hcl oral</i>	2	MO
<i>acetaminophen-codeine #2</i>	2	
<i>acetaminophen-codeine #3</i>	2	
<i>acetaminophen-codeine #4</i>	2	
<i>acetaminophen-codeine oral solution</i>	2	
<i>acetazol hc</i>	2	
<i>acetazolamide er</i>	2	MO
<i>acetazolamide oral</i>	2	MO
<i>acetazolamide sodium</i>	2	
<i>acetic acid otic</i>	2	
<i>acetylcysteine inhalation</i>	2	BD
<i>acitretin</i>	5	PA
ACTEMRA SUBCUTANEOUS*	5	PA
ACTHIB	2	GC
ACTIMMUNE	5	PA
ACUVAIL	3	
<i>acyclovir external</i>	2	
<i>acyclovir oral</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>acyclovir sodium intravenous* solution</i>	2	HI
ACZONE EXTERNAL GEL 5 %	4	
<i>adacel</i>	2	GC
ADAGEN	5	PA
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
ADCIRCA	5	PA
ADEFOVIR DIPIVOXIL	5	
ADEMPAS	5	PA
ADRUCIL INTRAVENOUS* SOLUTION 500 MG/10ML	4	
ADVAIR DISKUS	3	MO
ADVAIR HFA	3	MO
ADVICOR	4	MO
<i>aerospan</i>	2	MO
<i>afeditab cr</i>	2	MO
AFINITOR	5	PA
AFINITOR DISPERZ	5	PA
AFREZZA	4	PA; MO
<i>a-hydrocort</i>	2	
AKYNZEO	4	PA
<i>ala cort</i>	2	
ALBENZA	4	
<i>albuterol sulfate er</i>	2	MO
<i>albuterol sulfate inhalation</i>	2	BD
<i>albuterol sulfate oral</i>	2	MO
<i>alclometasone dipropionate</i>	2	
<i>alcohol prep with benzocaine</i>	2	
<i>alcohol wipes pad 70 %</i>	2	
ALDACTAZIDE ORAL TABLET 50-50 MG	3	MO
ALECENSA	5	PA
<i>alendronate sodium oral solution</i>	2	MO
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	MO
<i>alendronate sodium oral tablet 40 mg</i>	1	
<i>alfuzosin hcl er</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
ALIMTA INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	5	PA
ALINIA	3	
<i>allopurinol oral</i>	2	MO
<i>almotriptan malate</i>	2	AL (Min 12 Years)
ALOCRIIL	4	
<i>alogliptin-pioglitazone</i>	2	MO
ALOMIDE	3	
ALOPRIM	4	
<i>alosetron hcl</i>	2	MO
ALOXI INTRAVENOUS* SOLUTION 0.25 MG/5ML	4	HI
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	MO
<i>alprazolam er</i>	2	
<i>alprazolam oral</i>	2	
<i>alprazolam xr oral tablet extended release 24 hr* 0.5 mg</i>	2	
ALREX	3	
ALSUMA SUBCUTANEOUS*	4	
ALTABAX	4	
ALTOPREV	4	MO
ALVESCO	2	MO
<i>amantadine hcl oral</i>	2	MO
AMBISOME	4	HI
<i>amcinonide external cream</i>	2	
AMCINONIDE EXTERNAL LOTION	4	
AMCINONIDE EXTERNAL OINTMENT	4	
<i>amethia</i>	2	MO
AMETHYST	3	MO
<i>amifostine</i>	2	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	HI
<i>amiloride hcl oral</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>aminophylline intravenous*</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
AMINOSYN II INTRAVENOUS* SOLUTION 10 %, 7 %, 8.5 %	3	HI
AMINOSYN II/ELECTROLYTES	3	HI
AMINOSYN M	3	HI
AMINOSYN/ELECTROLYTES	3	HI
AMINOSYN-HBC	3	HI
AMINOSYN-PF	3	HI
AMINOSYN-RF	3	HI
<i>amiodarone hcl intravenous* solution 150 mg/3ml</i>	2	HI
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i>	2	MO
AMITIZA	4	MO
<i>amitriptyline hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>amlodipine besy-benazepril hcl</i>	2	MO
<i>amlodipine besylate oral</i>	2	MO
<i>amlodipine-valsartan-hctz</i>	2	MO
AMMONIUM CHLORIDE INTRAVENOUS*	4	HI
<i>ammonium lactate external</i>	2	
<i>amnesteam</i>	2	
<i>amoxapine</i>	2	MO
<i>amoxicill-clarithro-lansopraz</i>	2	
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er</i>	2	
<i>amoxicillin-pot clavulanate oral</i>	2	
<i>amphetamine-dextroamphet er</i>	2	MO
<i>amphetamine-dextroamphetamine</i>	2	MO
<i>amphotericin b injection</i>	2	HI
<i>ampicillin</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	HI
<i>ampicillin sodium intravenous* solution reconstituted 10 gm</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	HI
<i>ampicillin-sulbactam sodium intravenous* solution reconstituted 1.5 (1-0.5) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous* solution reconstituted 15 (10-5) gm</i>	2	HI
AMPYRA	5	PA
ANADROL-50	4	PA
<i>anagrelide hcl</i>	2	MO
<i>anastrozole oral</i>	2	MO
ANDRODERM TRANSDERMAL PATCH 24 HR 2 MG/24HR, 4 MG/24HR	3	PA; MO
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; MO
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA; MO
ANGELIQ	4	PA; MO; AL (Max 64 Years)
ANORO ELLIPTA	3	MO
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	MO
ANZEMET INTRAVENOUS*	4	
ANZEMET ORAL	4	BD
APEXICON	4	
APEXICON E	4	
APIDRA	4	MO
APIDRA SOLOSTAR SUBCUTANEOUS*	4	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR* 174 MG, 348 MG	4	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR* 522 MG	5	
APOKYN	5	PA
<i>apraclonidine hcl</i>	2	
<i>apri</i>	2	MO
APRISO	3	MO
APTENSIO XR	4	MO
APTIOM	4	MO
APTIVUS	3	MO

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

Drug Name	Tier	Requirements/Limits
ARALAST NP INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	5	PA; HI
<i>aranelle</i>	2	MO
ARANESP (ALBUMIN FREE) INJECTION	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 10 MCG/0.4ML, 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARCALYST	3	PA; MO
ARCAPTA NEOHALER	3	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (30 EA per 30 days)
<i>aripiprazole oral tablet 2 mg</i>	2	MO; QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
ARISTADA	5	BD
ARNUITY ELLIPTA	2	MO; AL (Min 12 Years)
ARRANON	4	PA
ARZERRA INTRAVENOUS* CONCENTRATE 100 MG/5ML	3	PA
ASACOL HD	3	
<i>ascomp-codeine</i>	2	PA; AL (Max 64 Years)
<i>ashlyna</i>	2	MO
ASMANEX 120 METERED DOSES	2	MO
ASMANEX 30 METERED DOSES	2	MO
ASMANEX 60 METERED DOSES	2	MO
ASMANEX HFA	2	MO
<i>aspirin-dipyridamole er</i>	2	MO
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	2	MO
ASTAGRAF XL	4	BD; MO
<i>atenolol oral</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
ATGAM	3	BD; HI
<i>atorvastatin calcium oral</i>	1	MO
ATOVAQUONE ORAL	5	
<i>atovaquone-proguanil hcl</i>	2	
ATRIPLA	5	

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

Drug Name	Tier	Requirements/Limits
<i>atropine sulfate injection solution 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>atropine sulfate ophthalmic solution</i>	2	MO
ATROVENT HFA	3	MO
AUBAGIO	5	
<i>aubra</i>	2	MO
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
AURYXIA	4	MO
AUVI-Q INJECTION	3	
AVANDAMET ORAL TABLET 2-1000 MG	4	MO
AVANDIA	4	MO
AVASTIN	4	PA
AVC VAGINAL	4	
AVELOX INTRAVENOUS*	3	HI
<i>aviane</i>	2	MO
<i>avita</i>	2	
AVONEX	5	
AVONEX PEN	5	
AVONEX PREFILLED	5	
AXIRON	4	PA; MO
AZACITIDINE	5	PA
AZACTAM IN DEXTROSE	3	HI
AZASAN	3	BD; MO
AZASITE	4	
<i>azathioprine oral</i>	2	BD; MO
<i>azelastine hcl nasal</i>	2	
<i>azelastine hcl ophthalmic</i>	2	
AZELEX	3	
AZILECT	3	MO
<i>azithromycin intravenous* solution reconstituted 500 mg</i>	2	HI
<i>azithromycin oral</i>	2	
AZOPT	3	MO
AZOR	4	MO

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

Drug Name	Tier	Requirements/Limits
<i>aztreonam injection solution reconstituted 1 gm</i>	2	HI
<i>azurette</i>	2	MO
<i>bacitracin intramuscular*</i>	2	
<i>bacitracin ophthalmic</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc</i>	2	
<i>baclofen oral</i>	2	MO
BACTOCILL IN DEXTROSE	4	HI
BACTROBAN NASAL	4	
<i>balsalazide disodium</i>	2	
<i>balziva</i>	2	MO
BANZEL	3	MO
BARACLUDE ORAL SOLUTION	3	MO
<i>bcg vaccine</i>	2	GC
<i>bd eclipse shielded needle 18g x 1-1/2"</i>	2	
BECONASE AQ	3	
<i>bekyree</i>	2	MO
BELEODAQ	5	PA
BELSOMRA	4	QL (30 EA per 30 days)
<i>benazepril hcl oral</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	4	MO
BENICAR HCT	4	MO
BENLYSTA	4	PA
<i>benzonatate oral capsule 200 mg</i>	2	
<i>benzoyl peroxide-erythromycin</i>	2	
<i>benztropine mesylate injection</i>	2	HI
<i>benztropine mesylate oral</i>	2	PA; MO; AL (Max 64 Years)
BEPREVE	4	
BERINERT	5	PA
<i>betamethasone dipropionate aug</i>	2	
<i>betamethasone dipropionate external</i>	2	
<i>betamethasone valerate external</i>	2	
<i>betaxolol hcl</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>bethanechol chloride oral</i>	2	
BETHKIS	5	BD
BETIMOL	3	MO
BETOPTIC-S	3	MO
<i>bexarotene</i>	5	
BEXSERO	2	GC
BEYAZ	4	MO
<i>bicalutamide</i>	2	
BICILLIN C-R	4	
BICILLIN C-R 900/300	4	
BICILLIN L-A	4	
BICNU	4	PA
BIDIL	4	MO
BILTRICIDE	4	
<i>bimatoprost ophthalmic</i>	2	MO
BINOSTO	4	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BIVIGAM INTRAVENOUS* SOLUTION 10 GM/100ML	3	PA; HI
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	PA
BLEPHAMIDE	3	
BLEPHAMIDE S.O.P.	3	
<i>blisovi 24 fe</i>	2	MO
<i>blisovi fe 1.5/30</i>	2	MO
<i>blisovi fe 1/20</i>	2	MO
BOOSTRIX	2	GC
BOSULIF	5	PA
BREO ELLIPTA	3	MO
<i>brillyn</i>	2	MO
BRILINTA	3	MO
<i>brimonidine tartrate ophthalmic</i>	2	MO
BRINTELLIX	4	MO
BRISDELLE	4	MO
BRIVIACT	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>bromfenac sodium (once-daily)</i>	2	
<i>bromfenac sodium ophthalmic</i>	2	
<i>bromocriptine mesylate oral</i>	2	MO
BROVANA	4	BD
<i>budesonide er</i>	5	
<i>budesonide inhalation</i>	2	BD
<i>budesonide nasal</i>	2	
<i>budesonide oral</i>	5	
<i>bumetanide injection</i>	2	HI
<i>bumetanide oral</i>	2	MO
BUPAP ORAL TABLET 50-300 MG	4	PA; AL (Max 64 Years)
BUPHENYL ORAL TABLET	5	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	HI
<i>buprenorphine hcl sublingual</i>	2	
<i>buproban</i>	2	
<i>bupropion hcl er (smoking det)</i>	2	
<i>bupropion hcl er (sr)</i>	2	MO
<i>bupropion hcl er (xl)</i>	2	MO
<i>bupropion hcl oral</i>	2	MO
<i>buspirone hcl oral</i>	2	
BUSULFEX	4	PA
<i>butalbital-acetaminophen</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caff-cod</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	2	PA; AL (Max 64 Years)
<i>butalbital-asa-caff-codeine</i>	2	PA; AL (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i>	2	PA; AL (Max 64 Years)
<i>butorphanol tartrate injection</i>	2	HI
<i>butorphanol tartrate nasal</i>	2	
BUTRANS	3	QL (4 EA per 28 days)
BYDUREON	4	ST; MO
BYETTA 10 MCG PEN SUBCUTANEOUS*	4	ST; MO
BYETTA 5 MCG PEN SUBCUTANEOUS*	4	ST; MO
BYSTOLIC	4	MO

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

Drug Name	Tier	Requirements/Limits
<i>byvalson</i>	4	MO
<i>cabergoline</i>	2	
CABOMETYX	5	PA
CAFERGOT	3	
<i>calcipotriene external</i>	2	
<i>calcipotriene-betameth diprop</i>	2	PA
<i>calcitonin (salmon)</i>	2	MO
<i>calcitriol external</i>	2	
<i>calcitriol intravenous* solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral</i>	2	MO
<i>calcium acetate (phos binder) oral capsule</i>	2	MO
CAMBIA	4	
<i>camila</i>	2	MO
CANASA	3	
CANCIDAS	3	HI
<i>candesartan cilexetil</i>	2	MO
CANTIL	4	
CAPASTAT SULFATE	4	HI
CAPEX	3	
CAPITAL/CODEINE	4	
CAPRELSA	5	PA
<i>captopril oral</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	MO
CARAC	3	
CARAFATE ORAL SUSPENSION	3	MO
CARBAGLU	5	PA
<i>carbamazepine er</i>	2	MO
<i>carbamazepine oral</i>	2	MO
<i>carbidopa oral</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa er oral tablet extendedrelease* 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	2	MO
<i>carbinoxamine maleate oral solution</i>	2	PA; AL (Min 2 Years and Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>carbinoxamine maleate oral tablet</i>	2	PA; AL (Min 2 Years and Max 64 Years)
<i>carboplatin intravenous* solution 150 mg/15ml</i>	2	BD
CARDENE IV INTRAVENOUS* SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR* 120 MG	4	MO
CARDURA XL	4	MO
CARIMUNE NF INTRAVENOUS* SOLUTION RECONSTITUTED 6 GM	3	PA; HI
<i>carteolol hcl</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
CAYSTON	4	
<i>caziant</i>	2	MO
CEDAX	4	
<i>cefaclor</i>	2	
CEFACLOR ER	4	
<i>cefadroxil</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>cefazolin sodium intravenous* solution</i>	2	HI
<i>cefdinir</i>	2	
<i>cefditoren pivoxil oral tablet 200 mg</i>	2	AL (Min 12 Years)
<i>cefepime hcl injection</i>	2	HI
<i>cefepime-dextrose</i>	2	
<i>cefixime</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	HI
CEFOTETAN DISODIUM	4	HI
<i>cefoxitin sodium</i>	2	HI
CEFOXITIN SODIUM-DEXTROSE	4	HI
<i>cefpodoxime proxetil</i>	2	
<i>cefprozil</i>	2	
CEFTAZIDIME AND DEXTROSE	4	HI

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

Drug Name	Tier	Requirements/Limits
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	HI
CEFTIN ORAL SUSPENSION RECONSTITUTED	4	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous*</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 7.5 gm, 750 mg</i>	2	HI
<i>celecoxib oral</i>	2	MO
CELLCEPT INTRAVENOUS	3	BD
CELONTIN	3	MO
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
CERDELGA	5	PA
CEREZYME INTRAVENOUS* SOLUTION RECONSTITUTED 400 UNIT	5	PA
CERVARIX	2	GC
CESAMET	4	PA
<i>cevimeline hcl</i>	2	MO
CHANTIX	3	
CHANTIX CONTINUING MONTH PAK	3	
CHANTIX STARTING MONTH PAK	3	
CHEMET	3	
CHENODAL	4	PA
CHLORAMPHENICOL SOD SUCCINATE	4	HI
<i>chlordiazepoxide-amitriptyline</i>	2	PA; MO; AL (Max 64 Years)
<i>chlorhexidine gluconate mouth/throat</i>	2	
<i>chloroquine phosphate oral</i>	2	MO
<i>chlorothiazide oral</i>	1	MO
<i>chlorothiazide sodium</i>	2	HI
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	HI
<i>chlorpromazine hcl oral</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
CHOLBAM	5	PA
<i>cholestyramine light</i>	2	MO
<i>cholestyramine oral</i>	2	MO
<i>chorionic gonadotropin intramuscular*</i>	2	PA
<i>ciclopirox</i>	2	
<i>ciclopirox olamine external</i>	2	
<i>cidofovir intravenous*</i>	2	HI
<i>cilostazol</i>	2	MO
CILOXAN OPHTHALMIC OINTMENT	4	
<i>cimetidine hcl oral</i>	2	MO
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	MO
CIMZIA PREFILLED	5	PA
CIMZIA SUBCUTANEOUS* KIT 2 X 200 MG	5	PA
CINRYZE	5	PA
CIPRO HC	4	
CIPRODEX	3	
<i>ciprofloxacin hcl ophthalmic</i>	2	
<i>ciprofloxacin hcl oral</i>	2	
<i>ciprofloxacin in d5w intravenous* solution 200 mg/100ml</i>	2	HI
<i>ciprofloxacin intravenous* solution 400 mg/40ml</i>	2	HI
<i>ciprofloxacin oral</i>	2	
<i>ciprofloxacin-ciproflox hcl er</i>	2	
<i>cisplatin intravenous* solution 100 mg/100ml</i>	2	PA
<i>citalopram hydrobromide</i>	1	MO
<i>cladribine</i>	2	PA
CLAFORAN INTRAVENOUS*	4	HI
<i>claravis</i>	2	
CLARINEX ORAL SYRUP	4	
CLARINEX-D 12 HOUR	4	
<i>clarithromycin er</i>	2	
<i>clarithromycin oral</i>	2	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA

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

Drug Name	Tier	Requirements/Limits
CLEOCIN VAGINAL SUPPOSITORY	4	
CLIMARA PRO	4	PA; MO; AL (Max 64 Years)
CLINDAGEL	4	
<i>clindamax external gel</i>	2	
<i>clindamycin hcl oral</i>	2	
<i>clindamycin palmitate hcl</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	2	
<i>clindamycin phosphate external</i>	2	
<i>clindamycin phosphate in d5w</i>	2	HI
<i>clindamycin phosphate injection solution 600 mg/4ml</i>	2	HI
<i>clindamycin phosphate vaginal</i>	2	
<i>clindamycin-tretinoin</i>	2	
CLINIMIX E/DEXTROSE (2.75/10)	3	HI
CLINIMIX E/DEXTROSE (2.75/5)	3	HI
CLINIMIX E/DEXTROSE (4.25/10)	3	HI
CLINIMIX E/DEXTROSE (4.25/25)	3	HI
CLINIMIX E/DEXTROSE (4.25/5)	3	HI
CLINIMIX E/DEXTROSE (5/15)	3	HI
CLINIMIX E/DEXTROSE (5/20)	3	HI
CLINIMIX E/DEXTROSE (5/25)	3	HI
CLINIMIX/DEXTROSE (2.75/5)	3	HI
CLINIMIX/DEXTROSE (4.25/10)	3	HI
CLINIMIX/DEXTROSE (4.25/20)	3	HI
CLINIMIX/DEXTROSE (4.25/25)	3	HI
CLINIMIX/DEXTROSE (4.25/5)	3	HI
CLINIMIX/DEXTROSE (5/15)	3	HI
CLINIMIX/DEXTROSE (5/20)	3	HI
CLINIMIX/DEXTROSE (5/25)	3	HI
CLINISOL SF	3	HI
<i>clobetasol propionate e</i>	2	
<i>clobetasol propionate external</i>	2	
<i>clodan external shampoo</i>	2	
CLODERM PUMP	4	
CLOLAR	4	PA

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

Drug Name	Tier	Requirements/Limits
<i>clomipramine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>clonazepam oral</i>	2	MO
<i>clonidine hcl er</i>	2	MO; AL (Min 6 Years and Max 17 Years)
<i>clonidine hcl oral</i>	2	MO
<i>clonidine hcl transdermal</i>	2	MO
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	2	MO
<i>clorazepate dipotassium</i>	2	
CLORPRES	4	MO
<i>clotrimazole external</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<i>clotrimazole-betamethasone</i>	2	
<i>clozapine</i>	2	
COARTEM	3	QL (24 EA per 30 days)
<i>codeine sulfate oral tablet</i>	2	
<i>colchicine oral</i>	2	
<i>colchicine-probenecid</i>	2	MO
COLCRYS	4	
<i>colestipol hcl</i>	2	MO
<i>colistimethate sodium injection</i>	2	HI
<i>colocort</i>	2	
COLY-MYCIN S	4	
COMBIGAN	3	MO
COMBIPATCH	3	PA; MO; AL (Max 64 Years)
COMBIVENT RESPIMAT	3	MO
COMETRIQ (100 MG DAILY DOSE)	5	PA
COMETRIQ (140 MG DAILY DOSE)	5	PA
COMETRIQ (60 MG DAILY DOSE)	5	PA
<i>comfort assist insulin syringe 29g x 1/2" 0.3 ml</i>	2	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	2	MO
COMPLERA	5	
<i>compro</i>	2	
COMVAX	2	
CONDYLOX EXTERNAL GEL	3	

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

Drug Name	Tier	Requirements/Limits
<i>constulose</i>	2	MO
CONZIP	4	ST; QL (30 EA per 30 days)
COPAXONE SUBCUTANEOUS* 40 MG/ML	5	
CORDRAN EXTERNAL TAPE	3	
COREG CR	4	MO
CORLANOR	4	PA; MO
<i>cormax scalp application</i>	2	
<i>cortisone acetate oral</i>	2	
CORTISPORIN EXTERNAL	4	
CORTISPORIN-TC	4	
COSENTYX	5	PA
COSENTYX SENSOREADY PEN SUBCUTANEOUS* 150 MG/ML	5	PA
COSMEGEN	4	PA
COSOPT PF	4	MO
COTELLIC	5	PA
COUMADIN ORAL	4	MO
CREON	3	MO
CRESTOR	3	MO
CRINONE	4	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	MO
<i>cromolyn sodium inhalation</i>	2	BD
<i>cromolyn sodium ophthalmic</i>	2	
<i>cromolyn sodium oral</i>	2	MO
<i>cryselle-28</i>	2	MO
CUBICIN	5	HI
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
CUVPOSA	4	MO
<i>cyanocobalamin injection</i>	2	
<i>cyclafem 1/35</i>	2	MO
<i>cyclafem 7/7/7</i>	2	MO
<i>cyclobenzaprine hcl oral</i>	2	PA; AL (Max 64 Years)
<i>cyclophosphamide oral capsule</i>	2	BD
CYCLOSET	4	MO
<i>cyclosporine intravenous*</i>	2	BD; HI

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

Drug Name	Tier	Requirements/Limits
<i>cyclosporine modified</i>	2	BD; MO
<i>cyclosporine oral capsule</i>	2	BD; MO
<i>cyproheptadine hcl oral</i>	2	PA
CYRAMZA	5	PA
CYSTADANE	3	MO
CYSTAGON	3	MO
CYSTARAN	5	PA
<i>cytarabine (pf) injection solution 100 mg/ml</i>	2	PA
<i>cytarabine injection solution</i>	2	PA
CYTOVENE	4	PA
<i>dacarbazine intravenous* solution reconstituted 200 mg</i>	2	PA
DAKLINZA	5	PA
DALIRESP	4	MO
<i>danazol oral</i>	2	
<i>dantrolene sodium oral</i>	2	
<i>dapsone oral</i>	2	MO
DAPTACEL	2	GC
DARAPRIM	3	
<i>darifenacin hydrobromide er</i>	2	MO
DARZALEX	5	PA
<i>daunorubicin hcl intravenous* injectable</i>	2	PA
DAYTRANA	4	MO
<i>deblitane</i>	2	MO
<i>decitabine</i>	2	PA; HI
DELESTROGEN INTRAMUSCULAR* OIL 10 MG/ML	4	PA
<i>delyla</i>	2	MO
DELZICOL	3	MO
<i>demeclocycline hcl oral</i>	2	
DEMSER	4	
DENAVIR	4	
DENTA 5000 PLUS	2	
DEPEN TITRATABS	3	
DEPO-ESTRADIOL	4	PA

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

Drug Name	Tier	Requirements/Limits
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR* SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104	4	
DESCOVY	5	
<i>desipramine hcl oral</i>	2	MO
<i>desloratadine</i>	2	
<i>desmopressin ace rhinal tube</i>	2	MO
<i>desmopressin ace spray refrig</i>	2	MO
<i>desmopressin acetate injection</i>	2	
<i>desmopressin acetate oral</i>	2	MO
<i>desmopressin acetate spray</i>	2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
DESONATE	4	
<i>desonide external</i>	2	
<i>desoximetasone external</i>	2	
<i>desvenlafaxine er</i>	2	MO
DEXAMETHASONE INTENSOL	3	
<i>dexamethasone oral elixir</i>	2	
DEXAMETHASONE ORAL SOLUTION	3	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
<i>dexamethasone sodium phosphate ophthalmic</i>	2	
<i>dexmethylphenidate hcl</i>	2	MO
<i>dexmethylphenidate hcl er</i>	2	MO
DEXPAK 13 DAY	4	
<i>dexrazoxane intravenous* solution reconstituted 250 mg</i>	2	PA
<i>dextroamphetamine sulfate er</i>	2	MO
<i>dextroamphetamine sulfate oral tablet</i>	2	MO
<i>dextrose in lactated ringers</i>	2	HI
<i>dextrose intravenous* solution 10 %, 5 %</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
<i>dextrose-nacl intravenous* solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	2	HI
DIASTAT ACUDIAL	4	
DIASTAT PEDIATRIC	4	
<i>diazepam gel</i>	2	
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diclofenac potassium</i>	2	MO
<i>diclofenac sodium er</i>	2	MO
<i>diclofenac sodium ophthalmic</i>	2	
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium transdermal gel</i>	2	PA
<i>diclofenac sodium transdermal solution</i>	2	
<i>dicloxacillin sodium</i>	2	
<i>dicyclomine hcl intramuscular*</i>	2	
<i>dicyclomine hcl oral</i>	2	
<i>didanosine</i>	2	MO
DIFFERIN EXTERNAL LOTION	4	
DIFICID	4	PA
<i>diflorasone diacetate external</i>	2	
<i>diflunisal oral</i>	2	MO
<i>digitek oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>digitek oral tablet 250 mcg</i>	2	PA; MO; AL (Max 64 Years)
<i>digox oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>digoxin injection</i>	2	PA; HI; AL (Max 64 Years)
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg</i>	2	MO; QL (30 EA per 30 days)
<i>digoxin oral tablet 250 mcg</i>	2	PA; MO; AL (Max 64 Years)
<i>dihydroergotamine mesylate injection</i>	2	
<i>dihydroergotamine mesylate nasal</i>	2	
DILANTIN ORAL CAPSULE 30 MG	3	MO
DILAUDID INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	

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

Drug Name	Tier	Requirements/Limits
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	MO
<i>diltiazem hcl intravenous* solution 50 mg/10ml</i>	2	HI
<i>diltiazem hcl intravenous* solution reconstituted</i>	2	HI
<i>diltiazem hcl oral</i>	2	MO
<i>dilt-xr</i>	2	MO
DIPENTUM	4	MO
<i>diphenhydramine hcl injection</i>	2	HI
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>diphenoxylate-atropine</i>	2	
<i>diphtheria-tetanus toxoids dt</i>	2	GC
<i>dipyridamole oral</i>	2	PA; MO; AL (Max 64 Years)
<i>disopyramide phosphate oral</i>	2	PA; MO; AL (Max 64 Years)
<i>disulfiram oral</i>	2	MO
DIURIL	3	MO
<i>divalproex sodium</i>	2	MO
<i>divalproex sodium er oral tablet extended release 24 hr*</i>	2	MO
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	PA; MO; AL (Max 64 Years)
DOCEFREZ INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	4	PA
DOCETAXEL INTRAVENOUS* CONCENTRATE 80 MG/4ML	4	PA
DOCETAXEL INTRAVENOUS* SOLUTION 80 MG/8ML	4	PA
<i>dofetilide</i>	2	MO
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil hcl oral tablet dispersible</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
DORIBAX INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	4	
<i>dorzolamide hcl</i>	2	MO
<i>dorzolamide hcl-timolol mal</i>	2	MO
<i>doxazosin mesylate</i>	2	MO
<i>doxepin hcl external</i>	2	
<i>doxepin hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>doxercalciferol intravenous*</i>	2	HI
<i>doxercalciferol oral</i>	2	ST; MO
<i>doxorubicin hcl intravenous* solution</i>	2	PA
<i>doxorubicin hcl liposomal</i>	2	PA
DOXY 100	4	HI
<i>doxycycline hyclate intravenous*</i>	2	HI
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral</i>	2	
<i>dronabinol</i>	2	
<i>drospirenone-ethinyl estradiol</i>	2	MO
DROXIA	4	MO
DUAVEE	4	PA; MO; AL (Max 64 Years)
DULERA	4	MO
<i>duloxetine hcl oral</i>	2	MO
DUOPA SUSPENSION 4.63-20 MG/ML	4	PA; MO
<i>duramorph</i>	2	HI
DUREZOL	4	
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin hcl</i>	2	MO
<i>dutoprol</i>	2	MO
DYMISTA	4	
DYRENIUM	4	MO
<i>e.e.s. 400 oral tablet</i>	2	
<i>e.e.s. granules</i>	2	
<i>econazole nitrate external</i>	2	
EDARBI	4	MO

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

Drug Name	Tier	Requirements/Limits
EDARBYCLOR	4	MO
EDECRIN	4	MO
EDURANT	5	
<i>effe-k oral tablet effervescent 25 meq</i>	2	MO
EFFIENT	3	MO
EGRIFTA SUBCUTANEOUS* SOLUTION RECONSTITUTED 1 MG	3	PA; MO
ELESTRIN	4	PA; MO; AL (Max 64 Years)
ELIDEL	3	
ELIGARD	3	PA
ELIQUIS	3	MO
ELITEK	3	PA
ELIXOPHYLLIN	3	MO
ELMIRON	3	
EMADINE	4	
EMBEDA	3	QL (60 EA per 30 days)
EMCYT	3	
EMEND ORAL	3	BD
<i>emoquette</i>	2	MO
<i>empliciti intravenous* solution reconstituted 300 mg</i>	5	PA
EMPLICITI INTRAVENOUS* SOLUTION RECONSTITUTED 400 MG	5	PA
EMSAM	3	PA; MO
EMTRIVA	3	MO
EMVERM	4	
<i>enalapril maleate oral</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
ENBREL SUBCUTANEOUS*	5	PA
ENBREL SUBCUTANEOUS* KIT	5	PA
ENBREL SUBCUTANEOUS* SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS*	5	PA
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>endodan</i>	2	
ENGERIX-B INJECTION	2	BD; GC

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

Drug Name	Tier	Requirements/Limits
ENJUVIA	4	PA; MO; AL (Max 64 Years)
ENOXAPARIN SODIUM INJECTION	5	
ENOXAPARIN SODIUM SUBCUTANEOUS* SOLUTION 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 80 MG/0.8ML	5	
<i>enoxaparin sodium subcutaneous* solution 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml</i>	2	
<i>enpresse-28</i>	2	MO
ENSTILAR	4	PA
<i>entacapone</i>	2	MO
<i>entecavir</i>	2	MO
ENTRESTO	4	PA; MO
<i>enulose</i>	2	MO
ENVARUSUS XR	4	BD; MO
EPANED	4	MO
EPCLUSA	5	PA
EPIDUO	4	
EPIDUO FORTE	4	
<i>epinastine hcl</i>	2	
EPINEPHRINE INJECTION 0.15 MG/0.15ML, 0.3 MG/0.3ML	3	
EPIPEN 2-PAK INJECTION	3	
EPIPEN JR 2-PAK INJECTION	3	
<i>epirubicin hcl intravenous* solution 50 mg/25ml</i>	2	PA
<i>epitol</i>	2	MO
EPIVIR HBV ORAL SOLUTION	3	MO
<i>eplerenone</i>	2	MO
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
<i>eprosartan mesylate</i>	2	MO
EPZICOM	5	
EQUETRO	4	MO
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	4	HI
ERAXIS INTRAVENOUS* SOLUTION RECONSTITUTED 50 MG	4	

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

Drug Name	Tier	Requirements/Limits
ERBITUX INTRAVENOUS* SOLUTION 100 MG/50ML	5	PA
<i>ergoloid mesylates oral</i>	2	MO
ERGOMAR	3	
ERIVEDGE	5	PA
<i>errin</i>	2	MO
ERTACZO	4	
ERWINAZE INJECTION	5	PA
ERY	4	
ERYPED 200	4	
ERYPED 400	4	
ERY-TAB	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS* SOLUTION RECONSTITUTED 500 MG	4	HI
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin external gel</i>	2	
<i>erythromycin external solution</i>	2	
<i>erythromycin ophthalmic</i>	2	
ESBRIET	5	PA
<i>escitalopram oxalate</i>	2	MO
<i>estazolam</i>	2	
ESTRACE VAGINAL	3	MO
<i>estradiol oral</i>	2	PA; MO; AL (Max 64 Years)
<i>estradiol transdermal</i>	2	PA; MO; AL (Max 64 Years)
<i>estradiol valerate intramuscular* oil 20 mg/ml, 40 mg/ml</i>	2	PA
<i>estradiol-norethindrone acet</i>	2	PA; MO; AL (Max 64 Years)
ESTRING	3	MO
<i>estropipate oral</i>	2	PA; MO; AL (Max 64 Years)
<i>ethambutol hcl oral</i>	2	
<i>ethosuximide oral</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>etidronate disodium</i>	2	
<i>etodolac oral</i>	2	MO
ETOPOPHOS	4	
<i>etoposide intravenous* solution 500 mg/25ml</i>	2	
EURAX	3	
EVAMIST	4	PA; MO; AL (Max 64 Years)
EVOTAZ	5	
EVZIO	4	PA
<i>exel comfort point pen needle 29g x 12mm</i>	2	MO
<i>exel insulin syringe 29g x 1/2" 0.3 ml</i>	2	
<i>exel pen needles 1/2"</i>	2	MO
EXELDERM	4	
<i>exemestane</i>	2	MO
EXJADE	5	PA
FABIOR	3	PA
FABRAZYME INTRAVENOUS* SOLUTION RECONSTITUTED 35 MG	5	PA
<i>factive</i>	4	
<i>falmina</i>	2	MO
<i>famciclovir oral tablet 125 mg, 250 mg</i>	2	QL (60 EA per 30 days)
<i>famciclovir oral tablet 500 mg</i>	2	QL (90 EA per 30 days)
<i>famotidine intravenous* solution 20 mg/2ml</i>	2	HI
<i>famotidine oral suspension reconstituted</i>	1	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>famotidine premixed</i>	2	HI
FANAPT	4	
FANAPT TITRATION PACK	4	
FARESTON	3	MO
FARYDAK	5	PA
FASLODEX INTRAMUSCULAR* SOLUTION 250 MG/5ML	3	PA
FAZACLO	4	
<i>felbamate</i>	2	MO
<i>felodipine er</i>	2	MO
FEMRING	4	MO
<i>fenofibrate micronized</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>fenofibrate oral</i>	2	MO
<i>fenofibric acid</i>	2	MO
FENOGLIDE	4	MO
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	MO
FENOPROFEN CALCIUM ORAL TABLET	3	MO
<i>fentanyl citrate buccal</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hr 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	2	QL (15 EA per 30 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
<i>ferrex 150 forte</i>	4	
FERREX 150 FORTE PLUS	4	
FERRIPROX	5	PA
FETZIMA	4	MO
FETZIMA TITRATION	4	
FIBRICOR	4	MO
FINACEA	3	
<i>finasteride oral tablet 5 mg</i>	2	MO
FIRAZYR	5	PA
FIRMAGON	3	PA
FLAGYL ER	4	
FLAREX	3	
<i>flavoxate hcl</i>	2	MO
FLEBOGAMMA DIF INTRAVENOUS* SOLUTION 5 GM/50ML	3	PA; HI
<i>flecainide acetate</i>	2	MO
FLECTOR	3	PA
FLO-PRED	4	
FLOVENT DISKUS	2	MO
FLOVENT HFA	2	MO
<i>fluconazole in dextrose intravenous* solution 400 mg/200ml</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
<i>fluconazole in sodium chloride intravenous* solution 200-0.9 mg/100ml-%</i>	2	HI
<i>fluconazole oral</i>	2	
<i>flucytosine oral</i>	2	
<i>fludarabine phosphate intravenous* solution reconstituted</i>	2	PA
<i>fludrocortisone acetate oral</i>	2	MO
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	2	
<i>fluocinolone acetonide body</i>	2	
<i>fluocinolone acetonide external</i>	2	
<i>fluocinolone acetonide otic</i>	2	
<i>fluocinolone acetonide scalp</i>	2	
<i>fluocinonide external</i>	2	
<i>fluocinonide-e</i>	2	
<i>fluorometholone ophthalmic</i>	2	
<i>fluorouracil external</i>	2	
<i>fluorouracil intravenous* solution 2.5 gm/50ml</i>	2	
<i>fluoxetine hcl oral capsule</i>	1	MO
<i>fluoxetine hcl oral capsule delayed release</i>	2	MO
<i>fluoxetine hcl oral solution</i>	1	MO
<i>fluphenazine decanoate injection</i>	2	BD
<i>fluphenazine hcl injection</i>	2	BD
<i>fluphenazine hcl oral</i>	2	MO
<i>flurbiprofen oral</i>	2	MO
<i>flurbiprofen sodium</i>	2	
<i>flutamide</i>	2	
<i>fluticasone propionate external</i>	2	
<i>fluticasone propionate nasal</i>	2	
<i>fluvastatin sodium</i>	2	MO
<i>fluvastatin sodium er</i>	2	MO
<i>fluvoxamine maleate</i>	1	MO
<i>fluvoxamine maleate er</i>	2	MO
FML	3	
FML FORTE	3	

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

Drug Name	Tier	Requirements/Limits
<i>folic acid oral tablet 1 mg</i>	2	MO
FOLOTYN INTRAVENOUS* SOLUTION 40 MG/2ML	3	PA
<i>fomepizole intravenous* solution 1 gml/ml</i>	2	
FONDAPARINUX SODIUM SUBCUTANEOUS* SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML	5	
<i>fondaparinux sodium subcutaneous* solution 2.5 mg/0.5ml</i>	2	
FORADIL AEROLIZER	3	MO
FORFIVO XL	4	MO
FORTEO SUBCUTANEOUS* SOLUTION 600 MCG/2.4ML	5	PA
FORTESTA	4	PA; MO
<i>fortical</i>	2	MO
<i>fosinopril sodium</i>	1	MO
<i>fosinopril sodium-hctz</i>	1	MO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	2	HI
FOSRENOL ORAL PACKET	3	MO
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	3	MO
FRAGMIN SUBCUTANEOUS* SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	3	
FREAMINE HBC	3	HI
<i>frovatriptan succinate</i>	2	
FULYZAQ	4	PA; MO
<i>furosemide injection</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	MO
<i>furosemide oral tablet</i>	2	MO
FUSILEV	4	
FUZEON SUBCUTANEOUS* SOLUTION RECONSTITUTED	5	
<i>fyavolv</i>	2	PA; MO; AL (Max 64 Years)
FYCOMPA	4	MO

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

Drug Name	Tier	Requirements/Limits
<i>gabapentin oral capsule</i>	2	MO
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO
<i>gabapentin oral tablet</i>	2	MO
GABITRIL ORAL TABLET 12 MG, 16 MG	3	MO
<i>galantamine hydrobromide</i>	2	MO
<i>galantamine hydrobromide er</i>	2	MO
GAMASTAN S/D	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	3	PA; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	3	PA; HI
GAMMAPLEX INTRAVENOUS* SOLUTION 10 GM/200ML	3	PA; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	3	PA; HI
<i>ganciclovir sodium</i>	2	PA
GARDASIL	2	GC
GARDASIL 9	2	GC
<i>gatifloxacin ophthalmic</i>	2	
GATTEX	5	PA
<i>gauze pads pad 2"x2"</i>	2	
<i>gavilyte-c</i>	2	
<i>gavilyte-g</i>	2	
<i>gavilyte-h</i>	2	
<i>gavilyte-n with flavor pack</i>	2	
GELNIQUE	4	MO
<i>gemcitabine hcl intravenous* solution reconstituted 1 gm</i>	2	PA
<i>gemfibrozil oral</i>	2	MO
<i>generlac</i>	2	MO
<i>gengraf</i>	2	BD; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin in saline intravenous* solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.4-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
<i>gentamicin in saline intravenous* solution 0.9-0.9 mg/ml-%, 1.2-0.9 mg/ml-%</i>	2	
<i>gentamicin sulfate external</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	HI
<i>gentamicin sulfate intravenous*</i>	2	HI
<i>gentamicin sulfate ophthalmic</i>	2	
GENVOYA	5	
GEODON INTRAMUSCULAR*	4	BD
<i>gianvi</i>	2	MO
GIAZO	4	
<i>gildagia</i>	2	MO
<i>gildess 1.5/30</i>	2	MO
<i>gildess 24 fe</i>	2	MO
GILENYA	5	
GILOTRIF	5	PA
GLASSIA	5	PA; HI
GLATOPA	5	
GLEOSTINE	4	
<i>glimepiride</i>	1	MO
<i>glipizide er</i>	1	MO
<i>glipizide oral</i>	1	MO
<i>glipizide-metformin hcl</i>	1	MO
<i>global alcohol prep ease</i>	2	MO
<i>glucagen hypokit</i>	2	
<i>glucagon emergency</i>	2	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	2	
<i>glycopyrrolate oral</i>	2	
GLYSET	3	MO
GLYXAMBI	4	ST; MO
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	
GRALISE	4	MO
GRALISE STARTER	4	
<i>granisetron hcl intravenous* solution 0.1 mg/ml, 1 mg/ml</i>	2	HI
<i>granisetron hcl oral</i>	2	BD

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

Drug Name	Tier	Requirements/Limits
GRANIX	5	PA
GRASTEK	4	PA; MO
<i>griseofulvin microsize oral</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>guanfacine hcl er</i>	2	PA; MO; AL (Max 64 Years)
<i>guanfacine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
<i>guanidine hcl oral</i>	2	
GYNAZOLE-1	4	
HALAVEN	3	PA
<i>halobetasol propionate</i>	2	
HALOG	3	
<i>haloperidol decanoate intramuscular*</i>	2	BD
<i>haloperidol lactate injection</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral</i>	2	MO
HARVONI	5	PA
HAVRIX	2	GC
HEMANGEOL	4	PA
<i>heparin (porcine) in d5w</i>	2	
<i>heparin sod (porcine) in d5w</i>	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
HEPATAMINE	3	HI
HERCEPTIN	4	PA
HETLIOZ	5	PA
HEXALEN	3	
<i>hiberix injection</i>	2	GC
HORIZANT ORAL TABLET EXTENDEDRELEASE*	4	MO
HP ACTHAR	5	PA
HUMALOG	3	MO
HUMALOG KWIKPEN SUBCUTANEOUS*	3	MO
HUMALOG MIX 50/50	3	MO
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS*	3	MO

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

Drug Name	Tier	Requirements/Limits
HUMALOG MIX 75/25	3	MO
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS*	3	MO
HUMATROPE	3	PA; MO
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS*	5	PA
HUMIRA PEN SUBCUTANEOUS*	5	PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS*	5	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS*	5	PA
HUMIRA SUBCUTANEOUS*	5	PA
HUMULIN 70/30	3	MO
HUMULIN 70/30 KWIKPEN	3	MO
HUMULIN N	3	MO
HUMULIN N KWIKPEN	3	MO
HUMULIN N PEN SUBCUTANEOUS* SUSPENSION	3	MO
HUMULIN R	3	MO
HUMULIN R U-500 (CONCENTRATED)	3	MO
HUMULIN R U-500 KWIKPEN	3	MO
<i>hydralazine hcl injection</i>	2	HI
<i>hydralazine hcl oral</i>	2	MO
<i>hydrochlorothiazide oral</i>	1	MO
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	2	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	
<i>hydrocortisone butyr lipo base</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</i>	2	
<i>hydrocortisone enema</i>	2	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone external lotion 2.5 %</i>	2	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone oral</i>	2	
<i>hydrocortisone valerate</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>hydromorphone hcl er</i>	2	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
<i>hydromorphone hcl oral liquid†</i>	2	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	2	
<i>hydroxychloroquine sulfate oral</i>	2	MO
<i>hydroxyurea oral</i>	2	
HYPERRAB S/D	3	BD
HYSINGLA ER	3	QL (60 EA per 30 days)
<i>ibandronate sodium intravenous* solution 3 mg/3ml</i>	2	PA
<i>ibandronate sodium oral</i>	2	MO
IBRANCE	5	PA
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	MO
ICLUSIG	5	PA
<i>idarubicin hcl intravenous* solution 10 mg/10ml</i>	2	PA
<i>ifosfamide intravenous* solution reconstituted 1 gm</i>	2	PA
ILARIS	5	PA
ILEVRO	3	
ILOTYCIN	4	
<i>imatinib mesylate</i>	5	PA
IMBRUVICA	5	PA
<i>imipenem-cilastatin</i>	2	HI
<i>imipramine hcl oral</i>	2	PA; MO; AL (Max 64 Years)
IMIPRAMINE PAMOATE	4	PA; MO; AL (Max 64 Years)
<i>imiquimod external</i>	2	PA
IMITREX NASAL	4	
IMOVAX RABIES	2	GC
INCRELEX	5	PA

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

Drug Name	Tier	Requirements/Limits
INCRUSE ELLIPTA	4	MO
<i>indapamide oral</i>	1	MO
INDOCIN ORAL	4	PA; MO; AL (Max 64 Years)
<i>indomethacin er</i>	2	PA; MO; AL (Max 64 Years)
<i>indomethacin oral</i>	2	PA; MO; AL (Max 64 Years)
INFANRIX	2	GC
INLYTA	5	PA
INNOPRAN XL	4	MO
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
<i>intralipid intravenous* emulsion 20 %</i>	2	HI
INTRALIPID INTRAVENOUS* EMULSION 30 %	4	HI
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	3	PA; MO
INTRON A INJECTION SOLUTION RECONSTITUTED	3	PA; MO
<i>introvale</i>	2	MO
INVANZ INJECTION	3	HI
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	BD
INVEGA SUSTENNA INTRAMUSCULAR* SUSPENSION 39 MG/0.25ML	3	BD
INVEGA TRINZA	5	PA
INVIRASE	3	MO
INVOKAMET	3	MO
INVOKANA	3	MO
IONOSOL-B IN D5W	4	HI
IONOSOL-MB IN D5W	4	HI
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>ipol injection injectable</i>	2	GC
<i>ipratropium bromide inhalation</i>	2	BD
<i>ipratropium bromide nasal</i>	2	MO
<i>ipratropium-albuterol</i>	2	BD

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

Drug Name	Tier	Requirements/Limits
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
IRENKA	4	MO
IRESSA	5	PA
<i>irinotecan hcl intravenous* solution 100 mg/5ml</i>	2	PA
ISENTRESS	3	MO
ISOLYTE-P IN D5W	4	HI
ISOLYTE-S	4	HI
ISONIAZID INJECTION	4	
<i>isoniazid oral</i>	2	MO
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	MO
<i>isosorbide dinitrate er</i>	2	MO
<i>isosorbide dinitrate oral</i>	2	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
<i>isradipine</i>	2	MO
ISTALOL	3	MO
ISTODAX	4	PA
<i>itraconazole oral</i>	2	PA
<i>ivermectin oral</i>	2	
IXEMPRA KIT INTRAVENOUS* SOLUTION RECONSTITUTED 45 MG	3	PA
IXIARO	2	GC
JADENU	5	PA
JAKAFI	5	PA
<i>jantoven</i>	1	MO
JANUMET	3	MO
JANUMET XR	3	MO
JANUVIA	3	MO
JARDIANCE	4	MO
JENTADUETO	3	MO
JENTADUETO XR	3	MO
JEVTANA	3	PA
JINTELI	4	PA; MO; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>jolivette</i>	2	MO
JUBLIA	4	PA
<i>juleber</i>	2	MO
<i>junel 1.5/30</i>	2	MO
<i>junel 1/20</i>	2	MO
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	MO
<i>junel fe 24</i>	2	MO
JUXTAPID	5	PA
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 40 MG	4	QL (60 EA per 30 days)
<i>kaitlib fe</i>	2	MO
KALETRA ORAL SOLUTION	5	
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	5	
KALYDECO	5	PA
KANUMA	5	PA
<i>kariva</i>	2	MO
KAZANO	4	MO
<i>kcl in dextrose-nacl intravenous* solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	2	HI
<i>kcl-lactated ringers-d5w</i>	2	HI
<i>k-effervescent</i>	2	MO
<i>kelnor 1/35</i>	2	MO
KENALOG INJECTION	4	
KEPIVANCE	4	HI
KERYDIN	4	PA
KETEK	3	
<i>ketoconazole external</i>	2	
<i>ketoconazole oral</i>	2	PA
KETOPROFEN ER	3	MO
<i>ketoprofen oral</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	HI
<i>ketorolac tromethamine ophthalmic</i>	2	
<i>ketorolac tromethamine oral</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
KEVEYIS	5	PA
KEYTRUDA	5	PA
<i>kimidess</i>	2	MO
KINERET SUBCUTANEOUS*	5	PA
<i>kionex oral powder</i>	2	
<i>klor-con 10</i>	2	MO
KLOR-CON M15	4	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20 meq</i>	2	
<i>klor-con oral tablet extendedrelease*</i>	2	MO
<i>klor-con sprinkle</i>	2	MO
<i>klor-con/ef</i>	2	MO
KOMBIGLYZE XR	3	MO
KORLYM	3	PA; MO
<i>k-prime</i>	2	MO
KRISTALOSE	4	MO
K-SOL ORAL SOLUTION 20 MEQ/15ML (10%)	2	
K-TAB ORAL TABLET EXTENDEDRELEASE* 20 MEQ, 8 MEQ	4	MO
KUVAN	5	PA
<i>k-vescent oral tablet effervescent</i>	2	MO
KYNAMRO SUBCUTANEOUS*	5	PA
<i>labetalol hcl intravenous*</i>	2	HI
<i>labetalol hcl oral</i>	2	MO
LACRISERT	3	
<i>lactated ringers intravenous*</i>	2	HI
<i>lactated ringers irrigation</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	2	MO
LAMICTAL STARTER	4	
LAMICTAL XR ORAL KIT	4	

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

Drug Name	Tier	Requirements/Limits
LAMISIL ORAL PACKET	4	
<i>lamivudine</i>	2	MO
<i>lamivudine-zidovudine</i>	2	MO
<i>lamotrigine er</i>	2	MO
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet chewable</i>	2	MO
<i>lamotrigine oral tablet dispersible</i>	2	MO
LANOXIN ORAL TABLET 187.5 MCG	4	PA; MO; AL (Max 64 Years)
LANOXIN ORAL TABLET 62.5 MCG	4	MO; QL (30 EA per 30 days)
<i>lansoprazole oral capsule delayed release</i>	2	MO
LANTUS	3	MO
LANTUS SOLOSTAR SUBCUTANEOUS*	3	MO
<i>larin 1.5/30</i>	2	MO
<i>larin 1/20</i>	2	MO
<i>larin fe 1.5/30</i>	2	MO
<i>larin fe 1/20</i>	2	MO
<i>larissia</i>	2	MO
LASTACFT	4	
<i>latanoprost ophthalmic</i>	2	MO
LATUDA	4	MO
<i>layolis fe</i>	2	MO
LAZANDA	5	PA; QL (120 EA per 30 days)
<i>leena</i>	2	MO
<i>leflunomide oral</i>	2	MO
LENVIMA 10 MG DAILY DOSE	5	PA
LENVIMA 14 MG DAILY DOSE	5	PA
LENVIMA 18 MG DAILY DOSE	5	PA
LENVIMA 20 MG DAILY DOSE	5	PA
LENVIMA 24 MG DAILY DOSE	5	PA
LENVIMA 8 MG DAILY DOSE	5	PA
LENVIMA 8MG DAILY DOSE	5	PA
<i>lessina</i>	2	MO
LETAIRIS	5	PA
<i>letrozole oral</i>	2	MO
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>leucovorin calcium oral</i>	2	
LEUKERAN	3	
LEUKINE INTRAVENOUS*	5	PA
<i>leuprolide acetate injection</i>	2	PA
<i>levalbuterol hcl inhalation</i>	2	BD
LEVEMIR	3	MO
LEVEMIR FLEXTOUCH	3	MO
<i>levetiracetam er</i>	2	MO
<i>levetiracetam in nacl</i>	2	
<i>levetiracetam intravenous*</i>	2	HI
<i>levetiracetam oral</i>	2	MO
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	MO
<i>levocarnitine intravenous*</i>	2	HI
<i>levocarnitine oral solution</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<i>levocetirizine dihydrochloride oral</i>	2	
<i>levofloxacin in d5w intravenous* solution 500 mg/100ml, 750 mg/150ml</i>	2	HI
<i>levofloxacin intravenous*</i>	2	HI
<i>levofloxacin ophthalmic</i>	2	
<i>levofloxacin oral</i>	2	
<i>levoleucovorin calcium intravenous* solution</i>	2	
<i>levonest</i>	2	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 &0.01 mg, 0.15-0.03 mg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	MO
<i>levora 0.15/30 (28)</i>	2	MO
LEVORPHANOL TARTRATE ORAL	4	
LEVOTHYROXINE SODIUM INTRAVENOUS*	4	
<i>levothyroxine sodium oral</i>	2	MO
<i>levoxyl</i>	2	MO
LEXIVA ORAL SUSPENSION	3	MO
LEXIVA ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
LIALDA	4	
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution 0.5 %, 2 %</i>	2	
<i>lidocaine hcl external gel</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 1 %, 2 %</i>	2	
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
LINCOCIN	4	HI
<i>lincomycin hcl injection</i>	2	HI
<i>lindane external</i>	2	
<i>linezolid intravenous* solution 2 mg/ml</i>	2	PA
<i>linezolid intravenous* solution 600 mg/300ml</i>	2	PA; HI
<i>linezolid oral</i>	5	PA
LINZESS	4	MO
<i>liothyronine sodium intravenous*</i>	2	
<i>liothyronine sodium oral</i>	2	MO
LIPOFEN	4	MO
<i>lisinopril oral</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>lithium</i>	2	MO
<i>lithium carbonate er</i>	2	MO
<i>lithium carbonate oral</i>	2	MO
LIVALO	4	MO
LO LOESTRIN FE	4	MO
LOCOID EXTERNAL LOTION	4	
LOMEDIA 24 FE	4	MO
<i>lomustine</i>	2	
LONSURF	5	PA
<i>loperamide hcl oral capsule</i>	2	
<i>lopreeza</i>	2	PA; MO; AL (Max 64 Years)
<i>lorazepam injection</i>	2	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral tablet</i>	2	
<i>lorcet</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>lorcet hd</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
<i>loratab oral tablet 10-325 mg</i>	2	
<i>loryna</i>	2	MO
<i>losartan potassium</i>	1	MO
<i>losartan potassium-hctz</i>	1	MO
LOTEMAX	3	
<i>lovastatin</i>	1	MO
<i>low-ogestrel</i>	2	MO
<i>loxapine succinate oral</i>	2	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO
LUMIZYME	5	PA
LUPANETA PACK	4	BD
LUPRON DEPOT	5	PA
LUPRON DEPOT-PED INTRAMUSCULAR* KIT 11.25 MG, 15 MG	5	PA
<i>lutera</i>	2	MO
LYNPARZA	5	PA
LYRICA	3	MO
LYSODREN	3	
<i>lyza</i>	2	MO
<i>magnesium sulfate injection solution 50 %</i>	2	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	HI
<i>malathion external</i>	2	
<i>maprotiline hcl</i>	2	MO
<i>margesic</i>	2	PA; AL (Max 64 Years)
<i>marlissa</i>	2	MO
MARPLAN	3	MO
MATULANE	5	
<i>matzim la</i>	2	MO
MAXIDEX	3	
<i>meclizine hcl oral tablet</i>	2	
<i>meclofenamate sodium oral</i>	2	MO
MEDROL ORAL TABLET 2 MG	4	

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

Drug Name	Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular*</i>	2	
<i>medroxyprogesterone acetate oral</i>	2	MO
<i>mefloquine hcl</i>	2	MO
MEGACE ES	4	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	MO
<i>megestrol acetate oral tablet</i>	2	
MEKINIST	5	PA
MELOXICAM ORAL SUSPENSION	4	MO
<i>meloxicam oral tablet</i>	2	MO
<i>melphalan hcl</i>	2	PA; HI
<i>memantine hcl oral solution</i>	2	MO
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO
<i>memantine hcl oral tablet 5 (28)-10 (21) mg</i>	2	
MENACTRA	2	GC
MENEST	4	PA; MO; AL (Max 64 Years)
MENHIBRIX	2	GC
MENOMUNE	2	GC
MENOSTAR	3	PA; MO; AL (Max 64 Years)
MENTAX	4	
MENVEO	2	GC
<i>meprobamate</i>	2	PA; AL (Max 64 Years)
<i>mercaptopurine oral</i>	2	
<i>meropenem intravenous* solution reconstituted 500 mg</i>	2	HI
<i>mesalamine enema</i>	2	
MESALAMINE ORAL	3	MO
<i>mesalamine-cleanser</i>	2	
<i>mesna</i>	2	PA
MESNEX ORAL	3	
MESTINON ORAL SYRUP	3	
<i>metaproterenol sulfate oral</i>	2	MO
<i>metaxall</i>	2	PA; AL (Max 64 Years)
<i>metaxalone</i>	2	PA; AL (Max 64 Years)
<i>metformin hcl er</i>	1	MO

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

Drug Name	Tier	Requirements/Limits
<i>metformin hcl oral</i>	1	MO
<i>methadone hcl injection</i>	2	HI
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet</i>	2	
<i>methamphetamine hcl</i>	2	MO
<i>methazolamide oral</i>	2	MO
<i>methenamine hippurate</i>	2	
<i>methimazole oral</i>	2	MO
METHITEST	3	PA; MO
<i>methotrexate oral</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 100 mg/4ml, 25 mg/ml, 250 mg/10ml, 50 mg/2ml</i>	2	BD
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	BD
<i>methotrexate sodium injection solution reconstituted</i>	2	BD
<i>methoxsalen rapid</i>	2	
<i>methscopolamine bromide oral</i>	2	
<i>methyclothiazide oral</i>	2	MO
<i>methyl dopa oral</i>	2	PA; MO; AL (Max 64 Years)
<i>methyl dopa-hydrochlorothiazide</i>	2	PA; MO
METHYLDOPATE HCL	4	HI
<i>methylergonovine maleate oral</i>	2	
<i>methylphenidate hcl er (cd)</i>	2	MO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release 24 hr*</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release* 10 mg, 20 mg</i>	2	MO
<i>methylphenidate hcl er oral tablet extended release* 18 mg, 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl oral</i>	2	MO
<i>methylprednisolone (pak) oral tablet</i>	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>methylprednisolone oral</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 125 mg, 40 mg</i>	2	HI
<i>methyltestosterone oral</i>	2	PA; MO
<i>metipranolol</i>	2	MO
<i>metoclopramide hcl injection</i>	2	HI
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>metolazone</i>	1	MO
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate intravenous* solution 1 mg/ml</i>	1	HI
<i>metoprolol tartrate intravenous* solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol-hydrochlorothiazide</i>	2	MO
<i>metronidazole external</i>	2	
<i>metronidazole in nacl intravenous* solution 500-0.79 mg/100ml-%</i>	2	HI
<i>metronidazole oral</i>	2	
<i>metronidazole vaginal</i>	2	
<i>mexiletine hcl oral</i>	2	MO
MIACALCIN INJECTION	4	
MICONAZOLE 3 VAGINAL SUPPOSITORY	4	
<i>microgestin 1.5/30</i>	2	MO
<i>microgestin 1/20</i>	2	MO
<i>microgestin fe 1.5/30</i>	2	MO
<i>microgestin fe 1/20</i>	2	MO
<i>micronized colestipol hcl</i>	2	MO
<i>midodrine hcl</i>	2	
MIGERGOT	3	
<i>miglitol</i>	2	MO
MIGRANAL	4	
MILLIPRED	4	
<i>mimvey</i>	2	PA; MO; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<i>mimvey lo</i>	2	PA; MO; AL (Max 64 Years)
MINASTRIN 24 FE	4	MO
MINITRAN	4	MO
<i>minocycline hcl er</i>	2	
<i>minocycline hcl oral</i>	2	
<i>minoxidil oral</i>	2	MO
<i>mirtazapine oral</i>	2	MO
MIRVASO	4	PA
<i>misoprostol oral</i>	2	MO
MITIGARE	4	
<i>mitomycin intravenous* solution reconstituted 20 mg</i>	2	PA
<i>mitoxantrone hcl intravenous* concentrate 25 mg/12.5ml</i>	2	PA
M-M-R II	2	GC
MOBIC ORAL SUSPENSION	4	MO
<i>modafinil</i>	2	PA; MO
MODERIBA 1200 DOSE PACK	4	PA
MODERIBA 800 DOSE PACK	4	PA
MODERIBA ORAL TABLET	4	PA
<i>moexipril hcl</i>	2	MO
<i>moexipril-hydrochlorothiazide</i>	2	MO
<i>molindone hcl</i>	2	MO
<i>mometasone furoate external</i>	2	
<i>mometasone furoate nasal</i>	2	
<i>mononessa</i>	2	MO
<i>montelukast sodium oral</i>	2	MO
MONUROL	4	
<i>morgidox oral capsule 50 mg</i>	2	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	QL (360 ML per 30 days)
<i>morphine sulfate (pf) intravenous* solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	HI
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	2	QL (120 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	QL (30 EA per 30 days)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 100 mg, 200 mg</i>	2	QL (180 EA per 30 days)
<i>morphine sulfate er oral tablet extended release* 15 mg, 30 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>morphine sulfate oral solution 10 mg/5ml</i>	2	QL (2700 ML per 30 days)
<i>morphine sulfate oral solution 20 mg/5ml</i>	2	QL (1350 ML per 30 days)
<i>morphine sulfate oral tablet</i>	2	QL (360 EA per 30 days)
MOVANTIK	4	
MOVIPREP	4	
<i>moxifloxacin hcl intravenous*</i>	2	HI
<i>moxifloxacin hcl oral</i>	2	
MOZOBIL	4	PA
MULTAQ	4	MO
MULTIGEN PLUS	4	
<i>mupirocin calcium</i>	2	
<i>mupirocin external</i>	2	
MUSTARGEN	4	PA
MYALEPT	5	PA
MYCAMINE	3	HI
<i>mycophenolate mofetil</i>	2	BD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	2	BD; MO
MYCOPHENOLATE SODIUM ORAL TABLET DELAYED RELEASE 360 MG	5	BD
<i>mycophenolic acid oral tablet delayed release 180 mg</i>	2	BD; MO
MYCOPHENOLIC ACID ORAL TABLET DELAYED RELEASE 360 MG	5	BD
<i>myorisan</i>	2	
MYOZYME	3	PA
MYRBETRIQ	3	MO
<i>nabumetone oral</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>nadolol-bendroflumethiazide</i>	2	MO
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS* SOLUTION 1 GM/50ML	4	HI
<i>nafcillin sodium injection solution reconstituted 1 gm, 10 gm</i>	2	HI
<i>naftifine hcl</i>	2	
NAFTIN EXTERNAL GEL	3	
NAGLAZYME	3	PA
<i>nalbuphine hcl injection</i>	2	
NALLPEN IN DEXTROSE INTRAVENOUS* SOLUTION 1 GM/50ML	4	
<i>naloxone hcl injection</i>	2	
<i>naltrexone hcl oral</i>	2	
NAMENDA XR	3	MO
NAMENDA XR TITRATION PACK	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	4	PA; MO
<i>naphazoline hcl ophthalmic</i>	2	
<i>naproxen oral</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>naratriptan hcl</i>	2	
NARCAN	3	QL (2 EA per 30 days)
NATACYN	3	
NATAZIA	4	MO
<i>nateglinide</i>	2	MO
NATESTO	4	PA; MO
NATPARA	5	PA
NEBUPENT	4	BD
<i>necon 0.5/35 (28)</i>	2	MO
<i>necon 1/35 (28)</i>	2	MO
NECON 1/50 (28)	4	MO
NECON 10/11 (28)	4	MO
<i>necon 7/7/7</i>	2	MO
<i>nefazodone hcl</i>	2	MO
<i>neomycin sulfate oral</i>	2	
<i>neomycin-bacitracin zn-polymyx</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin b gu</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
NEOMYCIN-POLYMYXIN-HC OPTHALMIC SUSPENSION 3.5-10000-1	4	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
NEPHRAMINE	3	HI
NESINA	4	MO
<i>neuac external gel</i>	2	
NEULASTA SUBCUTANEOUS*	5	PA
NEUPOGEN INJECTION	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPRO	4	MO
NEVANAC	3	
<i>nevirapine</i>	2	MO
<i>nevirapine er</i>	2	MO
NEXAVAR	5	PA
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	4	ST
<i>niacin er (antihyperlipidemic)</i>	2	MO
<i>niacor</i>	2	
NICARDIPINE HCL INTRAVENOUS*	3	
<i>nicardipine hcl oral</i>	2	MO
NICOTROL	3	
NICOTROL NS	3	
<i>nifedical xl</i>	2	MO
<i>nifedipine er</i>	2	MO
<i>nifedipine er osmotic release</i>	2	MO
<i>nifedipine oral</i>	2	PA; MO; AL (Max 64 Years)
<i>nikki</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
NILANDRON	3	
<i>nilutamide</i>	2	
<i>nimodipine oral</i>	2	MO
NINLARO	5	PA
NIPENT	4	PA
<i>nisoldipine er oral tablet extended release 24 hr* 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	2	MO
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HR* 20 MG, 30 MG, 40 MG	4	MO
NITRO-BID	4	MO
NITRO-DUR TRANSDERMAL PATCH 24 HR 0.3 MG/HR, 0.8 MG/HR	4	MO
<i>nitrofurantoin monohyd macro</i>	2	
<i>nitrofurantoin oral capsule</i>	2	
<i>nitroglycerin intravenous*</i>	2	HI
<i>nitroglycerin transdermal patch 24 hr</i>	2	MO
<i>nitroglycerin translingual solution</i>	2	MO
NITROMIST	4	MO
NITROSTAT	3	MO
<i>nizatidine</i>	2	MO
<i>nora-be</i>	2	MO
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML	3	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS* SOLUTION 30 MG/3ML	3	PA
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	MO
<i>norethindrone acetate oral</i>	2	MO
<i>norethindrone oral</i>	2	MO
<i>norethindrone-eth estradiol</i>	2	PA; MO; AL (Max 64 Years)
<i>norethin-eth estradiol-fe</i>	2	MO
<i>norgestim-eth estrad triphasic</i>	2	MO
NORINYL 1+50 (28)	4	MO
<i>norlyroc</i>	2	MO
<i>normosol-m in d5w</i>	2	HI

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

Drug Name	Tier	Requirements/Limits
<i>normosol-r in d5w</i>	2	HI
NORMOSOL-R PH 7.4	4	HI
NORPACE CR	4	PA; MO; AL (Max 64 Years)
NORTHERA	5	PA
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7</i>	2	MO
<i>nortriptyline hcl oral</i>	2	MO
NORVIR	3	MO
<i>novarel</i>	2	PA
NOVOLIN 70/30	3	MO
NOVOLIN N	3	MO
NOVOLIN R	3	MO
NOVOLOG	3	MO
NOVOLOG FLEXPEN SUBCUTANEOUS*	3	MO
NOVOLOG MIX 70/30	3	MO
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS*	3	MO
NOVOLOG PENFILL SUBCUTANEOUS*	3	MO
NOXAFIL ORAL	5	
NUCALA	5	PA
NUCYNTA	3	QL (180 EA per 30 days)
NUCYNTA ER	3	QL (60 EA per 30 days)
NUEDEXTA	3	PA; MO
NULOJIX	4	BD
NUPLAZID	5	PA
<i>nutrilipid intravenous* emulsion 20 %</i>	2	
<i>nutrilipid intravenous* emulsion 20 %</i>	2	HI
NUTROPIN AQ NUSPIN 10	3	PA; MO
NUTROPIN AQ NUSPIN 20	3	PA; MO
NUTROPIN AQ NUSPIN 5	3	PA; MO
NUTROPIN AQ PEN	3	PA; MO
NUVARING	3	MO
NUVESSA	4	
<i>nyamyc</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder 100000 unit/gm</i>	2	
<i>nystatin mouth/throat</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystatin-triamcinolone</i>	2	
<i>nystop</i>	2	
OCALIVA	5	PA
<i>ocella</i>	2	MO
OCTAGAM INTRAVENOUS* SOLUTION 1 GM/20ML, 2 GM/20ML	3	PA; HI
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA; MO
ODEFSEY	5	
ODOMZO	5	PA
OFEV	5	PA
<i>ofloxacin ophthalmic</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin otic</i>	2	
OGESTREL	3	MO
<i>olanzapine intramuscular*</i>	2	BD
<i>olanzapine oral</i>	2	MO
<i>olanzapine-fluoxetine hcl</i>	2	MO
<i>olopatadine hcl</i>	2	
OLYSIO	5	PA
OMECLAMOX-PAK	4	
<i>omega-3-acid ethyl esters</i>	2	MO
<i>omeprazole oral capsule delayed release</i>	1	MO
OMNARIS	4	
OMNITROPE	4	PA; MO
ONCASPAR INJECTION	5	PA
<i>ondansetron</i>	2	BD
<i>ondansetron hcl injection</i>	2	
<i>ondansetron hcl oral</i>	2	BD
ONEXTON	4	

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

Drug Name	Tier	Requirements/Limits
ONFI ORAL SUSPENSION	3	PA; MO
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO
ONGLYZA	3	MO
OPANA ER ORAL 10 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	4	QL (90 EA per 30 days)
OPANA ER ORAL 40 MG	4	QL (165 EA per 30 days)
OPDIVO INTRAVENOUS* SOLUTION 40 MG/4ML	5	PA
OPSUMIT	5	PA
ORALAIR	4	PA; MO
ORAVIG	4	
ORBACTIV	5	PA
ORENCIA INTRAVENOUS*	5	PA
ORENITRAM	4	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA
ORFADIN ORAL SUSPENSION	5	PA
ORKAMBI	5	PA; AL (Min 12 Years)
<i>orphenadrine citrate er</i>	2	PA; AL (Max 64 Years)
<i>orsythia</i>	2	MO
ORTHO TRI-CYCLEN LO	4	MO
OSENI	4	MO
OSMOPREP	4	
OTEZLA ORAL TABLET	5	PA
OTREXUP	4	PA; MO
<i>oxacillin sodium injection solution reconstituted 10 gm, 2 gm</i>	2	HI
<i>oxaliplatin intravenous* solution 100 mg/20ml</i>	2	PA
<i>oxandrolone oral</i>	2	
<i>oxazepam</i>	2	
<i>oxcarbazepine</i>	2	MO
<i>oxiconazole nitrate</i>	2	
OXISTAT EXTERNAL LOTION	4	
OXTELLAR XR	4	MO
<i>oxybutynin chloride er</i>	2	MO
<i>oxybutynin chloride oral</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>oxycodone hcl er oral 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	QL (90 EA per 30 days)
<i>oxycodone hcl er oral 80 mg</i>	2	QL (120 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML	4	QL (270 ML per 30 days)
<i>oxycodone hcl oral solution</i>	2	QL (2700 ML per 30 days)
<i>oxycodone hcl oral tablet 10 mg</i>	2	QL (270 EA per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 30 mg</i>	2	QL (180 EA per 30 days)
<i>oxycodone hcl oral tablet 20 mg</i>	2	QL (135 EA per 30 days)
<i>oxycodone hcl oral tablet 5 mg</i>	2	QL (540 EA per 30 days)
<i>oxycodone-acetaminophen oral solution</i>	2	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	2	
<i>oxycodone-ibuprofen</i>	2	
OXYCONTIN ORAL 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (90 EA per 30 days)
OXYCONTIN ORAL 80 MG	3	QL (120 EA per 30 days)
<i>oxymorphone hcl</i>	2	QL (180 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hr* 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	QL (90 EA per 30 days)
<i>oxymorphone hcl er oral tablet extended release 12 hr* 40 mg</i>	2	QL (165 EA per 30 days)
OXYTROL	4	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>paclitaxel intravenous* concentrate 300 mg/50ml</i>	2	PA
<i>paliperidone er</i>	2	MO
<i>pamidronate disodium intravenous* solution</i>	2	PA
PANCREAZE	4	MO
PANDEL	4	
PANRETIN	3	
<i>pantoprazole sodium intravenous*</i>	2	
<i>pantoprazole sodium oral</i>	1	MO
<i>paricalcitol oral</i>	2	ST; MO

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

Drug Name	Tier	Requirements/Limits
<i>paromomycin sulfate oral</i>	2	
<i>paroxetine hcl er</i>	1	MO
<i>paroxetine hcl oral tablet</i>	1	MO
PASER	4	
PATADAY	4	
PAXIL ORAL SUSPENSION	4	MO
PCE	4	
PEDVAX HIB INTRAMUSCULAR* SUSPENSION	2	GC
<i>peg 3350-kcl-na bicarb-nacl</i>	2	
<i>peg-3350/electrolytes</i>	2	
PEGANONE	3	MO
PEGASYS PROCLICK	5	PA
PEGASYS SUBCUTANEOUS* SOLUTION	5	PA
PEGINTRON	5	PA
PEG-INTRON REDIPEN	5	PA
PEG-INTRON SUBCUTANEOUS* KIT 50 MCG/0.5ML	5	PA
<i>penicillin g pot in dextrose intravenous* solution 40000 unit/ml, 60000 unit/ml</i>	2	HI
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	HI
<i>penicillin g procaine</i>	2	
<i>penicillin g sodium</i>	2	HI
<i>penicillin v potassium</i>	2	
PENNSAID TRANSDERMAL SOLUTION 2 %	4	
PENTAM	4	
PENTASA	3	MO
PENTAZOCINE-NALOXONE HCL	4	
<i>pentoxifylline er</i>	2	MO
PERFOROMIST	3	BD
<i>perindopril erbumine</i>	2	MO
<i>periogard</i>	2	
<i>permethrin external cream</i>	2	
<i>perphenazine oral</i>	2	MO
<i>perphenazine-amitriptyline</i>	2	PA; MO; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
PERTZYE	4	MO
PEXEVA	4	MO
<i>phenadoz suppository 12.5 mg</i>	2	PA; AL (Max 64 Years)
<i>phenelzine sulfate oral</i>	2	MO
PHENERGAN	4	PA; AL (Max 64 Years)
<i>phenobarbital oral elixir</i>	2	PA; MO; AL (Max 64 Years)
<i>phenobarbital oral tablet</i>	2	PA; MO; AL (Max 64 Years)
PHENYTEK	3	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	2	MO
<i>phenytoin oral tablet chewable</i>	2	MO
<i>phenytoin sodium extended</i>	2	MO
<i>phenytoin sodium injection</i>	2	HI
PHOSLYRA	4	MO
PHOSPHOLINE IODIDE	3	MO
<i>physiolyte</i>	2	
<i>physiosol irrigation</i>	2	
PICATO	4	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
<i>pilocarpine hcl oral</i>	2	MO
<i>pimozide</i>	2	MO
<i>pimtrea</i>	2	MO
<i>pindolol</i>	2	MO
<i>pioglitazone hcl</i>	2	MO
<i>piperacillin sod-tazobactam so intravenous* solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	HI
<i>pirmella 1/35</i>	2	MO
<i>piroxicam oral</i>	2	MO
PLASMA-LYTE 148	4	HI
PLASMA-LYTE A	4	HI
PLASMA-LYTE-56 IN D5W	4	HI
PLEGRIDY	5	
PLEGRIDY STARTER PACK	5	
PLENAMINE	3	HI
<i>podofilox external</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>polyethylene glycol 3350 oral</i>	2	
<i>polymyxin b sulfate injection</i>	2	
<i>polymyxin b-trimethoprim</i>	2	
POMALYST	5	PA
<i>portia-28</i>	2	MO
<i>potassium bicarbonate oral</i>	2	MO
<i>potassium chloride crys er</i>	2	MO
<i>potassium chloride er oral capsule extended release*</i>	2	MO
<i>potassium chloride er oral tablet extendedrelease* 20 meq, 8 meq</i>	2	MO
<i>potassium chloride in dextrose intravenous* solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	HI
<i>potassium chloride in nacl</i>	2	HI
<i>potassium chloride intravenous* solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	HI
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral solution</i>	2	MO
<i>potassium citrate er</i>	2	
POTIGA	4	MO
PRADAXA	3	MO
PRALUENT	5	PA
<i>pramipexole dihydrochloride</i>	2	MO
<i>pramipexole dihydrochloride er</i>	2	MO
<i>pravastatin sodium</i>	1	MO
<i>prazosin hcl oral</i>	2	MO
PRED MILD	3	
PRED-G	4	
PRED-G S.O.P.	4	
<i>prednicarbate</i>	2	
<i>prednisolone acetate ophthalmic</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral syrup 15 mg/5ml</i>	2	
<i>prednisolone sodium phosphate ophthalmic</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone (pak) oral tablet 10 mg</i>	2	
<i>prednisone intensol</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	MO
PREFEST	4	PA; MO; AL (Max 64 Years)
<i>pregnyl</i>	2	PA
PREMARIN INJECTION	3	
PREMARIN ORAL	3	PA; MO; AL (Max 64 Years)
PREMARIN VAGINAL	3	MO
PREMASOL	3	HI
PREMPHASE	3	PA; MO; AL (Max 64 Years)
PREMPRO	3	PA; MO; AL (Max 64 Years)
PRENATAL ORAL TABLET 27-1 MG	3	MO
PREPOPIK	4	
<i>prevalite oral powder</i>	2	MO
<i>previfem</i>	2	MO
PREZCOBIX	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
PRIFTIN	4	
<i>primaquine phosphate oral</i>	2	
<i>primidone oral</i>	2	MO
PRIMSOL	4	
PRISTIQ	3	MO
PRIVIGEN INTRAVENOUS* SOLUTION 20 GM/200ML	3	PA; HI
PROAIR HFA	3	MO
PROAIR RESPICLICK	3	MO
<i>probenecid oral</i>	2	MO
<i>procainamide hcl injection</i>	2	HI
PROCALAMINE	3	HI

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

Drug Name	Tier	Requirements/Limits
<i>prochlorperazine</i>	2	
<i>prochlorperazine edisylate injection</i>	2	
<i>prochlorperazine maleate oral</i>	2	MO
PROCRIT	3	PA
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc</i>	2	
<i>proctozone-hc</i>	2	
PROCYSBI	5	PA
<i>progesterone micronized oral</i>	2	MO
PROGLYCEM	3	MO
PROGRAF INTRAVENOUS*	3	BD; HI
PROLASTIN-C	5	PA; HI
PROLENSA	4	
PROLEUKIN	3	PA
PROLIA	3	PA
PROMACTA	5	PA
<i>promethazine hcl injection</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>promethazine hcl suppository</i>	2	PA; AL (Max 64 Years)
<i>promethazine vc plain</i>	2	PA; AL (Max 64 Years)
<i>promethazine-dm</i>	2	AL (Max 64 Years)
<i>promethegan suppository 25 mg, 50 mg</i>	2	PA; AL (Max 64 Years)
<i>propafenone hcl</i>	2	MO
<i>propafenone hcl er</i>	2	MO
<i>propantheline bromide oral</i>	2	
<i>proparacaine hcl ophthalmic</i>	2	
<i>propranolol hcl er</i>	2	MO
<i>propranolol hcl intravenous*</i>	1	HI
<i>propranolol hcl oral</i>	1	MO
<i>propranolol-hctz</i>	1	MO
<i>propylthiouracil oral</i>	2	MO
PROQUAD	2	GC
PROSOL	3	HI
PROTONIX INTRAVENOUS*	4	

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

Drug Name	Tier	Requirements/Limits
<i>protriptyline hcl</i>	2	MO
PRUDOXIN	4	
PULMICORT FLEXHALER	2	MO
PULMOZYME	3	BD
PURIXAN	3	
PYLERA	4	
<i>pyrazinamide oral</i>	2	
<i>pyridostigmine bromide er</i>	2	
<i>pyridostigmine bromide oral</i>	2	
QNASL	4	
QNASL CHILDRENS	4	QL (4.9 GM per 30 days)
QUADRACEL	2	GC
QUARTETTE	4	MO
<i>quasense</i>	2	MO
QUDEXY XR	4	PA; MO
<i>quetiapine fumarate</i>	2	MO
QUILLICHEW ER	4	MO
QUILLIVANT XR	4	MO
<i>quinapril hcl</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>quinidine gluconate er</i>	2	MO
<i>quinidine gluconate injection</i>	2	HI
<i>quinidine sulfate oral</i>	2	MO
<i>quinine sulfate oral</i>	2	
<i>qvar inhalation aerosol, solution 40 mcg/act, 80 mcg/act</i>	2	MO
RABAVERT	2	GC
<i>rabeprazole sodium</i>	2	MO
RAGWITEK	4	PA; MO
<i>raloxifene hcl</i>	2	MO
<i>ramipril</i>	1	MO
RANEXA	3	MO
<i>ranitidine hcl injection solution 150 mg/6ml</i>	2	
<i>ranitidine hcl oral capsule</i>	2	MO
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	MO
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	MO

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

Drug Name	Tier	Requirements/Limits
RAPAFLO	4	MO
RAPAMUNE ORAL SOLUTION	3	BD; MO
RASUVO	4	PA; MO
RAVICTI	5	PA
RAYOS	4	
REBETOL ORAL SOLUTION	4	PA
REBIF	5	
REBIF REBIDOSE	5	
REBIF REBIDOSE TITRATION PACK	5	
REBIF TITRATION PACK	5	
<i>reclipsen</i>	2	MO
RECOMBIVAX HB	2	BD; GC
RECTIV	4	
REGRANEX	4	
RELENZA DISKHALER	4	
<i>reli-on insulin syringe 29g 0.3 ml</i>	2	MO
RELISTOR ORAL	3	
RELISTOR SUBCUTANEOUS* SOLUTION	3	
RELPAX	3	
REMICADE	5	PA
REMODULIN	4	PA
RENACIDIN	3	
RENAGEL	3	MO
REVELA	3	MO
<i>repaglinide</i>	2	MO
<i>repaglinide-metformin hcl</i>	2	MO
REPATHA	5	PA
REPATHA PUSHTRONEX SYSTEM	5	PA
REPATHA SURECLICK	5	PA
RESCRIPTOR	3	MO
RESCULA	4	MO
RESERPINE ORAL TABLET 0.1 MG	4	MO
RESERPINE ORAL TABLET 0.25 MG	4	PA; MO
RESTASIS	3	MO
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 %	4	

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

Drug Name	Tier	Requirements/Limits
RETROVIR INTRAVENOUS*	3	HI
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA
REVLIMID	5	PA
REXULTI	5	QL (30 EA per 30 days)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL PACKET	5	
RHEUMATREX	4	MO
RIBASPHERE	4	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 & 600 MG, 400 MG, 600 MG	4	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
RIDAURA	3	MO
<i>rifabutin</i>	2	
RIFAMATE	4	
<i>rifampin intravenous*</i>	2	HI
<i>rifampin oral</i>	2	
RIFATER	3	
<i>riluzole</i>	2	MO
<i>rimantadine hcl</i>	2	
<i>ringers</i>	2	HI
<i>ringers irrigation</i>	2	
RIOMET	4	MO
<i>risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg</i>	2	MO
<i>risedronate sodium oral tablet 30 mg</i>	2	
<i>risedronate sodium oral tablet delayed release</i>	2	MO
RISPERDAL CONSTA	3	BD
<i>risperidone</i>	2	MO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 60 MG	4	MO
RITUXAN INTRAVENOUS* SOLUTION 500 MG/50ML	5	PA
<i>rivastigmine</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>rivastigmine tartrate</i>	2	MO
<i>rizatriptan benzoate</i>	2	
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hcl er</i>	2	MO
<i>rosuvastatin calcium</i>	2	MO
ROTARIX	2	GC
ROTATEQ ORAL SOLUTION	2	GC
<i>roweepra</i>	2	MO
ROXICET ORAL SOLUTION	4	
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	4	QL (540 EA per 30 days)
ROZEREM	3	MO
RUCONEST	5	PA
SABRIL	5	
SAFYRAL	4	MO
SAIZEN	4	PA; MO
SAIZEN CLICK.EASY	4	PA; MO
SAMSCA	5	PA
SANCUSO	5	
SANDIMMUNE ORAL SOLUTION	4	BD; MO
SANDOSTATIN LAR DEPOT	5	PA
SANTYL	3	
SAPHRIS	3	MO
SAVAYSA	4	MO
SAVELLA	3	MO
SAVELLA TITRATION PACK	3	
SECONAL	4	PA; AL (Max 64 Years)
SEEBRI	4	MO
SEEBRI NEOHALER	4	MO
<i>selegiline hcl oral</i>	2	MO
<i>selenium sulfide external lotion</i>	2	
SELZENTRY	5	
SEMPREX-D	4	
SENSIPAR	3	MO
SEREVENT DISKUS	3	MO

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

Drug Name	Tier	Requirements/Limits
SEROQUEL XR	3	MO
SEROSTIM SUBCUTANEOUS* SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA; MO
<i>sertraline hcl oral</i>	1	MO
<i>setlakin</i>	2	MO
SFROWASA	4	
<i>sharobel</i>	2	MO
SIGNIFOR	4	PA; MO
<i>sildenafil citrate intravenous*</i>	5	PA
<i>sildenafil citrate oral</i>	2	PA; MO
SILENOR	4	MO; QL (30 EA per 30 days)
<i>silver sulfadiazine external</i>	2	
SIMBRINZA	3	MO
SIMCOR	3	MO
SIMPONI ARIA	5	PA
SIMPONI SUBCUTANEOUS*	5	PA
SIMULECT INTRAVENOUS* SOLUTION RECONSTITUTED 20 MG	4	BD; HI
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 80 mg</i>	1	PA; MO
<i>sirolimus oral</i>	2	BD; MO
SIRTURO	4	PA
SIVEXTRO	4	PA
SKLICE	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	HI
<i>sodium chloride intravenous* solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	HI
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	MO
<i>sodium fluoride oral tablet chewable 1.1 (0.5 f) mg</i>	2	
<i>sodium lactate intravenous* solution 5 meq/ml</i>	2	HI
<i>sodium phenylbutyrate oral powder 3 gml/tsp</i>	2	MO
<i>sodium polystyrene sulfonate oral suspension</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>sodium polystyrene sulfonate suspension</i>	2	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR* 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	
SOLTAMOX	3	MO
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	HI
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	HI
SOMATULINE DEPOT	4	PA
SOMAVERT	5	PA
SOOLANTRA	4	
SORILUX	4	
<i>sorine</i>	2	MO
<i>sotalol hcl (af)</i>	2	MO
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	2	MO
SOTYLIZE	4	MO
SOVALDI	5	PA
SPECTRACEF ORAL TABLET 400 MG	4	AL (Min 12 Years)
SPIRIVA HANDIHALER	3	MO
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 1.25 MCG/ACT	3	MO; AL (Min 12 Years)
SPIRIVA RESPIMAT INHALATION AEROSOL, SOLUTION 2.5 MCG/ACT	3	MO
<i>spironolactone oral</i>	1	MO
<i>spironolactone-hctz</i>	1	MO
SPORANOX ORAL SOLUTION	3	PA
<i>sprintec 28</i>	2	MO
SPRITAM	4	MO
SPRIX	4	PA; AL (Max 64 Years)
SPRYCEL	5	PA
<i>sps</i>	2	
<i>sronyx</i>	2	MO
<i>ssd</i>	2	
STALEVO 100	4	MO
STALEVO 125	4	MO
STALEVO 150	4	MO

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

Drug Name	Tier	Requirements/Limits
STALEVO 200	4	MO
STALEVO 50	4	MO
STALEVO 75	4	MO
<i>stavudine</i>	2	MO
STELARA SUBCUTANEOUS*	5	PA
<i>sterile water for irrigation</i>	2	
STIMATE	3	MO
STIOLTO RESPIMAT	3	MO
STIVARGA	5	PA
STRATTERA	3	MO
STRENSIQ	5	PA
STREPTOMYCIN SULFATE INTRAMUSCULAR*	4	
STRIANT	4	PA; MO
STRIBILD	5	
STRIVERDI RESPIMAT	3	MO
SUBSYS SUBLINGUAL LIQUID† 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID† 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA
SUCRAID	5	PA
<i>sucralfate oral tablet</i>	2	MO
<i>sulfacetamide sodium external suspension</i>	2	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfacetamide sodium-sulfur external emulsion</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>sulfadiazine oral</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous*</i>	2	HI
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
SULFAMYLON EXTERNAL CREAM	4	
<i>sulfasalazine oral</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>sulfazine ec</i>	2	MO
<i>sulindac oral</i>	2	MO
<i>sumatriptan nasal</i>	2	
<i>sumatriptan succinate oral</i>	2	
<i>sumatriptan succinate refill</i>	2	
<i>sumatriptan succinate subcutaneous* 4 mg/0.5ml, 6 mg/0.5ml, 6 mg/0.5ml (auto-injector)</i>	2	
<i>sumatriptan succinate subcutaneous* solution 6 mg/0.5ml</i>	2	
SUMAVEL DOSEPRO SUBCUTANEOUS*	4	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
SUPREP BOWEL PREP	4	
SUSTIVA	3	MO
SUTENT	5	PA
SYLATRON SUBCUTANEOUS* KIT 200 MCG, 300 MCG, 600 MCG	5	PA
SYLVANT	5	BD
SYMBICORT	3	MO
SYMLINPEN 120 SUBCUTANEOUS*	3	PA; MO
SYMLINPEN 60 SUBCUTANEOUS*	3	PA; MO
SYNAGIS INTRAMUSCULAR* SOLUTION 50 MG/0.5ML	5	PA
SYNALGOS-DC	3	
SYNAREL	3	PA
SYNERCID	4	HI
SYNJARDY	4	MO
SYNRIBO	5	PA
SYNTHROID	3	MO
SYPRINE	5	PA
<i>tabloid</i>	2	
TACLONEX EXTERNAL SUSPENSION	4	PA
<i>tacrolimus external</i>	2	
<i>tacrolimus oral</i>	2	BD; MO

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

Drug Name	Tier	Requirements/Limits
TAFINLAR	5	PA
TAGRISSE	5	PA
TALWIN	4	PA; AL (Max 64 Years)
TAMIFLU ORAL CAPSULE	3	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
<i>tamoxifen citrate oral</i>	2	MO
<i>tamsulosin hcl</i>	2	MO
TANZEUM	4	ST; MO
TARCEVA	5	
TARGRETIN	3	
<i>tarina fe 1/20</i>	2	MO
TASIGNA	5	
<i>tazicef injection</i>	2	
TAZORAC	3	PA
<i>taztia xt</i>	2	MO
TECENTRIQ	5	PA
TECFIDERA	5	
TECHNIVIE	5	PA
TEFLARO	4	HI
TEKTURNA	4	ST; MO
TEKTURNA HCT	4	ST; MO
<i>telmisartan</i>	2	MO
<i>telmisartan-hctz</i>	2	MO
<i>temazepam</i>	2	QL (7 EA per 30 days)
TENCON ORAL TABLET 50-325 MG	4	PA; AL (Max 64 Years)
TENIVAC	2	GC
<i>terazosin hcl oral</i>	2	MO
<i>terbinafine hcl oral</i>	2	
<i>terbutaline sulfate injection</i>	2	
<i>terbutaline sulfate oral</i>	2	MO
<i>terconazole vaginal cream</i>	2	
TESTIM	4	PA; MO
<i>testosterone cypionate intramuscular* solution 100 mg/ml, 200 mg/ml</i>	2	PA

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

Drug Name	Tier	Requirements/Limits
<i>testosterone enanthate intramuscular* solution</i>	2	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	4	PA; MO
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm, 50 mg/5gm (1%), 50 mg/5gm (1%) (5000mg)</i>	2	PA; MO
TESTOSTERONE TRANSDERMAL GEL 50 MG/5GM (1%)	3	PA; MO
<i>tetanus-diphtheria toxoids td</i>	2	GC
<i>tetrabenazine</i>	5	PA
<i>tetracycline hcl oral</i>	2	
THALOMID	3	MO
THEO-24	4	MO
<i>theophylline er</i>	2	MO
<i>theophylline oral solution</i>	2	MO
<i>thioridazine hcl oral</i>	2	PA; MO
THIOTEPA INJECTION	4	BD
<i>thiothixene oral</i>	2	MO
THYMOGLOBULIN	4	BD
THYROLAR-1	4	MO
THYROLAR-1/2	4	MO
THYROLAR-1/4	4	MO
THYROLAR-2	4	MO
THYROLAR-3	4	MO
<i>tiagabine hcl</i>	2	MO
TIKOSYN	3	MO
<i>timolol maleate ophthalmic</i>	2	MO
<i>timolol maleate oral</i>	2	MO
TIMOPTIC OCUDOSE	4	MO
<i>tinidazole oral</i>	2	
TIROSINT	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
<i>tizanidine hcl oral</i>	2	MO
TOBI PODHALER	5	PA
TOBRADEX OPHTHALMIC OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
TOBRADEX ST	3	
<i>tobramycin inhalation</i>	5	BD
<i>tobramycin ophthalmic</i>	2	
<i>tobramycin sulfate in saline intravenous* solution 0.8-0.9 mg/ml-%</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	HI
<i>tobramycin-dexamethasone</i>	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOLAK	4	
TOLAZAMIDE	4	MO
TOLBUTAMIDE	4	MO
<i>tolterodine tartrate</i>	2	MO
<i>tolterodine tartrate er</i>	2	MO
TOPICORT EXTERNAL CREAM 0.05 %	4	
TOPICORT EXTERNAL OINTMENT 0.05 %	4	
TOPICORT SPRAY	4	
<i>topiramate er</i>	2	PA; MO
<i>topiramate oral</i>	2	MO
<i>toposar intravenous* solution 1 gm/50ml</i>	2	
<i>topotecan hcl intravenous* solution reconstituted</i>	2	
<i>toremide oral</i>	2	MO
TOUJEO SOLOSTAR	3	MO
TOVIAZ	4	MO
<i>tpn electrolytes intravenous* solution</i>	2	HI
TRACLEER	5	PA
TRADJENTA	3	MO
<i>tramadol hcl er</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic)</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl oral</i>	2	
<i>tramadol-acetaminophen</i>	2	
<i>trandolapril</i>	2	MO
<i>trandolapril-verapamil hcl er</i>	2	MO
<i>tranexamic acid intravenous* solution 100 mg/ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>tranexamic acid intravenous* solution 1000 mg/10ml</i>	2	HI
<i>tranexamic acid oral</i>	2	
TRANSDERM-SCOP (1.5 MG)	4	
<i>tranylcypromine sulfate</i>	2	MO
TRAVASOL	3	HI
TRAVATAN Z	3	MO
<i>travoprost</i>	2	MO
<i>trazodone hcl oral</i>	2	MO
TREANDA INTRAVENOUS* SOLUTION 45 MG/0.5ML	3	PA
TREANDA INTRAVENOUS* SOLUTION RECONSTITUTED 100 MG	3	PA
TRECTOR	4	
TRELSTAR MIXJECT	4	PA
TRESIBA FLEXTOUCH	3	MO
<i>tretinoin external</i>	2	
<i>tretinoin microsphere</i>	2	
<i>tretinoin oral</i>	2	
TREXALL	3	
TREXIMET ORAL TABLET 85-500 MG	4	
<i>triamcinolone acetonide external</i>	2	
<i>triamcinolone acetonide mouth/throat</i>	2	
<i>triamcinolone acetonide nasal aerosol†</i>	2	
<i>triamterene-hctz</i>	1	MO
TRIANEX	4	
<i>triazolam</i>	2	QL (7 EA per 30 days)
TRIBENZOR	4	MO
<i>triderm external cream</i>	2	
<i>trifluoperazine hcl oral</i>	2	MO
<i>trifluridine ophthalmic</i>	2	
TRIGLIDE ORAL TABLET 160 MG	4	MO
<i>trihexyphenidyl hcl</i>	2	PA; MO; AL (Max 64 Years)
<i>tri-legest fe</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO

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

Drug Name	Tier	Requirements/Limits
<i>trilyte</i>	2	
<i>trimethobenzamide hcl oral</i>	2	PA; AL (Max 64 Years)
<i>trimethoprim oral</i>	2	
<i>trimipramine maleate oral</i>	2	PA; MO; AL (Max 64 Years)
<i>trinessa (28)</i>	2	MO
TRINTELLIX	4	MO
<i>tri-previfem</i>	2	MO
TRISENOX	3	PA
<i>tri-sprintec</i>	2	MO
TRIUMEQ	5	
<i>trivora (28)</i>	2	MO
TROKENDI XR	4	PA; MO
TROPHAMINE INTRAVENOUS* SOLUTION 10 %	3	HI
<i>trospium chloride</i>	2	MO
<i>trospium chloride er</i>	2	MO
TRULICITY	3	ST; MO
TRUMENBA	2	GC
TRUVADA	5	
TUDORZA PRESSAIR	4	MO
TWINRIX	2	GC
TYBOST	3	MO
TYGACIL	4	HI
TYKERB	5	PA
TYPHIM VI	2	GC
TYSABRI	5	PA
TYZEKA	4	MO
TYZINE NASAL SOLUTION 0.05 %	4	
UCERIS	4	
ULORIC	3	MO
ULTRAVATE EXTERNAL LOTION	4	
ULTRESA	4	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO
UPTRAVI	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>ursodiol oral</i>	2	MO
UTIBRON NEOHALER	4	MO
UVADEX	4	
VAGIFEM VAGINAL TABLET 10 MCG	3	MO
<i>valacyclovir hcl oral</i>	2	
VALCHLOR	5	PA
VALCYTE ORAL SOLUTION RECONSTITUTED	5	
VALGANCICLOVIR HCL ORAL TABLET	5	
<i>valproate sodium intravenous* solution 500 mg/5ml</i>	2	HI
<i>valproate sodium oral</i>	2	MO
<i>valproic acid oral capsule</i>	2	MO
<i>valproic acid oral syrup</i>	2	MO
<i>valsartan</i>	2	MO
<i>valsartan-hydrochlorothiazide</i>	2	MO
VANATOL LQ	3	PA; AL (Max 64 Years)
<i>vancomycin hcl intravenous* solution reconstituted 10 gm, 1000 mg, 500 mg</i>	2	HI
<i>vancomycin hcl oral</i>	2	
<i>vandazole</i>	2	
VAQTA INTRAMUSCULAR* SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	2	GC
VARIVAX	2	GC
VARIZIG INTRAMUSCULAR* SOLUTION	2	GC
VARUBI	4	BD
VASCEPA	3	MO
VECAMYL	4	PA; MO
VECTIBIX INTRAVENOUS* SOLUTION 100 MG/5ML	4	BD
VECTICAL	3	
VELCADE INJECTION	5	PA
<i>velivet</i>	2	MO
VELPHORO	4	MO
VELTASSA	3	
VELTIN	4	
VENCLEXTA	4	PA

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

Drug Name	Tier	Requirements/Limits
VENCLEXTA STARTING PACK	4	PA
<i>venlafaxine hcl</i>	2	MO
<i>venlafaxine hcl er</i>	2	MO
VENTAVIS	4	PA; MO
VENTOLIN HFA	3	MO
VERAMYST	4	
<i>verapamil hcl er</i>	2	MO
<i>verapamil hcl intravenous*</i>	2	HI
<i>verapamil hcl oral</i>	2	MO
VEREGEN	3	
VERIPRED 20	4	
VERSACLOZ	4	
VESICARE	3	MO
<i>vestura</i>	2	MO
VEXOL	3	
V-GO 20	3	
V-GO 30	3	
V-GO 40	3	
VIAGRA	3	QL (6 EA per 30 days)
VIBERZI	4	PA; MO
VIBRAMYCIN ORAL SYRUP	4	
VICTOZA SUBCUTANEOUS*	3	ST; MO
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	MO
<i>vienva</i>	2	MO
VIIBRYD ORAL TABLET	4	MO
VIIBRYD STARTER PACK	4	
VIMPAT INTRAVENOUS*	3	HI
VIMPAT ORAL	3	MO
VINBLASTINE SULFATE INTRAVENOUS* SOLUTION	4	PA
<i>vincasar pfs</i>	2	PA
<i>vincristine sulfate intravenous*</i>	2	PA
<i>vinorelbine tartrate intravenous* solution 50 mg/5ml</i>	2	PA
VIOKACE	4	MO

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

Drug Name	Tier	Requirements/Limits
<i>viorele</i>	2	MO
VIRACEPT ORAL TABLET	5	
VIRAZOLE	5	BD
VIREAD	5	
<i>vitamin d (ergocalciferol)</i>	2	MO
VITEKTA	3	MO
<i>voriconazole intravenous*</i>	2	PA
<i>voriconazole oral</i>	2	PA
VOTRIENT	5	PA
VPRIV	5	PA
VRAYLAR ORAL	4	PA
VRAYLAR ORAL CAPSULE	5	PA
<i>vyfemla</i>	2	MO
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	4	MO
VYTORIN ORAL TABLET 10-80 MG	4	PA; MO
VYVANSE	4	MO
<i>warfarin sodium oral</i>	1	MO
WELCHOL	3	MO
<i>wymzya fe</i>	2	MO
XALKORI	5	PA
XARELTO	3	MO
XARELTO STARTER PACK	3	
XARTEMIS XR	4	
XELJANZ	5	PA
XELJANZ XR	5	PA
XENAZINE	5	PA
XERESE	4	
XGEVA	5	BD
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	4	MO
XIIDRA	3	MO
XOLAIR	5	PA
XOPENEX HFA	4	MO
XTAMPZA ER	4	QL (60 EA per 30 days)
XTANDI	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>xulane</i>	2	MO
XYREM	5	PA
YERVOY INTRAVENOUS* SOLUTION 50 MG/10ML	4	PA
YF-VAX	2	GC
YONDELIS	5	PA
<i>zafirlukast</i>	2	MO
<i>zaleplon</i>	2	
ZAMICET	4	
ZANOSAR	4	PA
ZARXIO	5	PA
ZAVESCA	3	PA; MO
<i>zazole vaginal cream</i>	2	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; AL (Max 64 Years)
ZELAPAR	3	MO
ZELBORAF	5	PA
ZEMAIRA	5	PA; HI
<i>zenatane</i>	2	
<i>zenchent</i>	2	MO
<i>zenchent fe</i>	2	MO
ZENPEP	3	MO
ZENZEDI	4	MO
ZERBAXA	5	PA
ZETIA	3	MO
ZETONNA	4	
ZIAGEN ORAL SOLUTION	3	MO
ZIANA	3	
<i>zidovudine</i>	2	MO
ZINBRYTA	5	PA
ZIOPTAN	4	MO
<i>ziprasidone hcl</i>	2	MO
ZIPSOR	4	
ZIRGAN	3	
ZITHROMAX ORAL PACKET	4	
ZMAX	4	
<i>zoledronic acid intravenous* concentrate</i>	2	PA

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

Drug Name	Tier	Requirements/Limits
zoledronic acid intravenous* solution 5 mg/100ml	2	PA
ZOLINZA	3	
zolmitriptan oral	2	
zolpidem tartrate oral	2	
ZOMACTON	4	PA; MO
ZOMETA INTRAVENOUS* SOLUTION	4	PA
ZOMIG NASAL	3	
ZONALON	3	
zonisamide oral	2	MO
ZONTIVITY	4	PA; MO
ZORBTIVE	4	PA; MO
ZORTRESS	3	BD; MO
ZOSTAVAX	2	GC
ZOSYN INTRAVENOUS* SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	HI
zovia 1/35e (28)	2	MO
ZOVIA 1/50E (28)	3	MO
ZOVIRAX EXTERNAL CREAM	3	
ZUBSOLV	3	
ZUPLENZ	4	BD
ZURAMPIC	4	PA; MO
ZYCLARA	4	PA
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	4	PA
ZYDELIG	5	PA
ZYFLO	3	PA; MO
ZYFLO CR	3	PA; MO
ZYKADIA	5	PA
ZYLET	4	
ZYPREXA RELPREVV INTRAMUSCULAR* SUSPENSION RECONSTITUTED 210 MG	4	BD
ZYTIGA	5	PA

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

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

This formulary was updated on 11/01/2016. For more recent information or other questions, please contact Independent Health's Medicare Member Services Department at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1st – February 14th: Monday through Sunday from 8 a.m. to 8 p.m., February 15th – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.independenthealth.com/Medicare.