

# **Independent Health's Medicare Advantage Individual Part D Formulary**



## **2017 Formulary**

### **(List of Covered Drugs)**

This document includes:

Independent Health's Encompass 65® Basic (HMO)  
Independent Health's Encompass 65® Core (HMO)  
Independent Health's Medicare Family Choice® (HMO-SNP)  
Independent Health's Medicare Passport® Advantage (PPO)

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

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This formulary was updated on December 1, 2017. For more recent information or other questions, please contact us, Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users, (716) 631-3108 or 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.independenthealth.com/Medicare](http://www.independenthealth.com/Medicare).

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.

The formulary may change at any time. You will receive notice when necessary.

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**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 December 1, 2017. 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.

### **What is the Independent Health's Medicare Advantage Plan Individual Part D 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. We 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 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 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, 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 December 1, 2017. 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 at [www.independenthealth.com/Medicare](http://www.independenthealth.com/Medicare) and in printed form.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents". If you know what your drug is used for, look for the category name in the list that begins page number 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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 Independent Health 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 that Independent Health will cover. For example, Independent Health provides 30 EA PER 30 DAYS per prescription for JANUVIA. 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, Independent Health 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line document that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Independent Health 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 formulary?” on page III 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. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 us.
- 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 Plan Individual 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 a 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. Long Term Care (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 Advantage Plan 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 Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 119.

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

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 an “**EDS**” in the Requirements/Limits column may be prescribed and dispensed at a participating network retail or mail order pharmacy for an extended 90-day supply.

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 at 1-800-665-1502 or, for TTY users, 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m.

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

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

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 II).

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Drug Name	Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics</b>		
acetaminophen-codeine #2 oral tablet	2	
acetaminophen-codeine #3 oral tablet	2	
acetaminophen-codeine #4 oral tablet	2	
acetaminophen-codeine oral solution	2	
ascomp-codeine oral capsule	2	PA; AL (Max 64 Years)
butalbital-acetaminophen oral tablet 50-325 mg	2	PA; AL (Max 64 Years)
butalbital-apap-caff-cod oral capsule	2	PA; AL (Max 64 Years)
butalbital-apap-caffeine oral capsule	2	PA; AL (Max 64 Years)
butalbital-apap-caffeine oral tablet 50-325-40 mg	2	PA; AL (Max 64 Years)
butalbital-asa-caff-codeine oral capsule	2	PA; AL (Max 64 Years)
butalbital-aspirin-caffeine oral capsule	2	PA; AL (Max 64 Years)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	
lorcet hd oral tablet	2	
lorcet oral tablet	2	
lorcet plus oral tablet 7.5-325 mg	2	
oxycodone-acetaminophen oral solution	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
oxycodone-aspirin oral tablet 4.8355-325 mg	2	QL (360 EA per 30 days)
pentazocine-naloxone hcl oral tablet	2	
SYNALGOS-DC ORAL CAPSULE	4	
TENCON ORAL TABLET 50-325 MG	4	PA; AL (Max 64 Years)
tramadol-acetaminophen oral tablet	2	
VANATOL LQ ORAL SOLUTION	3	PA; AL (Max 64 Years)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; AL (Max 64 Years)

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

Drug Name	Tier	Requirements/Limits
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
CAMBIA ORAL PACKET	4	EDS
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	5	PA
<i>diclofenac sodium transdermal solution</i>	2	PA
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	EDS
FENOPROFEN CALCIUM ORAL TABLET	3	EDS
FLECTOR TRANSDERMAL PATCH	4	PA
<i>flurbiprofen oral tablet</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
INDOCIN ORAL SUSPENSION	4	PA; AL (Max 64 Years); EDS
<i>indomethacin er oral capsule extended release</i>	2	PA; AL (Max 64 Years); EDS
<i>indomethacin oral capsule</i>	2	PA; AL (Max 64 Years); EDS
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>ketoprofen oral capsule</i>	2	EDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral capsule</i>	2	EDS
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>oxycodone-ibuprofen oral tablet</i>	2	QL (240 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
PENNSAID TRANSDERMAL SOLUTION 2 %	4	
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
VOLTAREN TRANSDERMAL GEL	4	PA
<b>Opioid Analgesics, Long-Acting</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; QL (128 EA per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	QL (4 EA per 28 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	ST; QL (30 EA per 30 days)
<i>duramorph injection solution</i>	2	HI
EMBEDA ORAL CAPSULE EXTENDED RELEASE	3	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 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; QL (120 EA per 30 days)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrant</i>	2	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	5	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG	4	EDS

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

Drug Name	Tier	Requirements/Limits
LAZANDA NASAL SOLUTION 300 MCG/ACT	5	PA; QL (120 EA per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET	4	
<i>methadone hcl injection solution</i>	2	HI
<i>methadone hcl oral solution</i>	2	
<i>methadone hcl oral tablet 10 mg</i>	2	
<i>methadone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	2	
<i>morphine sulfate er oral tablet extended release</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	QL (60 EA per 30 days)
OPANA ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	4	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrant</i>	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	2	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg</i>	2	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	2	ST; QL (30 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	4	QL (60 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<b>Opioid Analgesics, Short-Acting</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; QL (128 EA per 30 days)
<i>butorphanol tartrate injection solution</i>	2	
<i>butorphanol tartrate nasal solution</i>	2	
<i>codeine sulfate oral tablet</i>	2	
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	2	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 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; QL (120 EA per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>hydromorphone hcl oral liquid</i>	2	
<i>hydromorphone hcl oral tablet</i>	2	QL (180 EA per 30 days)
LAZANDA NASAL SOLUTION	5	PA; QL (120 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate oral solution</i>	2	
<i>morphine sulfate oral tablet</i>	2	
<i>nalbuphine hcl injection solution 10 mg/ml</i>	2	QL (480 ML per 30 days)
<i>nalbuphine hcl injection solution 20 mg/ml</i>	2	QL (240 ML per 30 days)
NUCYNTA ORAL TABLET	3	QL (180 EA per 30 days)
<i>oxycodone hcl oral capsule</i>	2	
OXYCODONE HCL ORAL CONCENTRATE 100 MG/5ML	4	
<i>oxycodone hcl oral solution</i>	2	
<i>oxycodone hcl oral tablet</i>	2	
<i>oxymorphone hcl oral tablet 10 mg</i>	2	
<i>oxymorphone hcl oral tablet 5 mg</i>	2	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (120 EA per 30 days)
TALWIN INJECTION SOLUTION	4	PA
<i>tramadol hcl oral tablet</i>	2	

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

Drug Name	Tier	Requirements/Limits
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>lidocaine external ointment</i>	2	
<i>lidocaine external patch 5 %</i>	2	PA
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	2	
<i>lidocaine hcl external gel 2 %</i>	2	
<i>lidocaine hcl external solution</i>	2	
<i>lidocaine hcl injection solution 2 %</i>	2	
<i>lidocaine viscous mouth/throat solution</i>	2	
<i>lidocaine-prilocaine external cream</i>	2	
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/ Anti-Craving</b>		
<i>acamprosate calcium oral tablet delayed release</i>	2	EDS
<i>disulfiram oral tablet</i>	2	EDS
<i>naltrexone hcl oral tablet</i>	2	
<b>Opioid Dependence Treatments</b>		
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	2	
<i>buprenorphine hcl sublingual tablet sublingual</i>	2	
<i>buprenorphine transdermal patch weekly</i>	2	QL (4 EA per 28 days)
<i>BUTTRANS TRANSDERMAL PATCH WEEKLY</i>	3	QL (4 EA per 28 days)
<i>naltrexone hcl oral tablet</i>	2	
<i>ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG</i>	3	
<b>Opioid Reversal Agents</b>		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe</i>	2	
<i>NARCAN NASAL LIQUID</i>	3	QL (2 EA per 30 days)
<b>Smoking Cessation Agents</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	2	

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

Drug Name	Tier	Requirements/Limits
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL SOLUTION	3	
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
BETHKIS INHALATION NEBULIZATION SOLUTION	5	BD
<i>gentak ophthalmic ointment</i>	2	
<i>gentamicin in saline intravenous solution 0.8- 0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	2	HI
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	HI
<i>gentamicin sulfate intravenous solution</i>	2	HI
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	4	
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts Only
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation nebulization solution</i>	5	BD
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
TOBREX OPHTHALMIC OINTMENT	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	4	PA

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

Drug Name	Tier	Requirements/Limits
<b>Antibacterials</b>		
<i>colistimethate sodium injection solution reconstituted</i>	2	HI
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
<b>Antibacterials, Other</b>		
<i>acetic acid otic solution</i>	2	
<i>bacitracin intramuscular solution reconstituted</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
BACTROBAN NASAL NASAL OINTMENT	4	
CHLORAMPHENICOL SOD SUCCINATE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external foam</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	2	
<i>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	HI
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	HI
<i>clindamycin phosphate vaginal cream</i>	2	
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED	5	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
GLOBAL ALCOHOL PREP EASE PAD	3	
<i>lincomycin hcl injection solution</i>	2	HI
<i>linezolid intravenous solution 600 mg/300ml</i>	2	PA; HI
<i>linezolid oral suspension reconstituted</i>	2	PA
<i>linezolid oral tablet</i>	2	PA
<i>methenamine hippurate oral tablet</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	HI
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
MONUROL ORAL PACKET	4	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
NUVESSA VAGINAL GEL	4	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
PRIMSOL ORAL SOLUTION	4	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SIVEXTRO ORAL TABLET	5	PA
SULFAMYLYON EXTERNAL CREAM	4	
SULFAMYLYON EXTERNAL PACKET	4	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	5	
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 1000 mg, 500 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole vaginal gel</i>	2	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	5	

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

Drug Name	Tier	Requirements/Limits
<b>Beta-Lactam, Cephalosporins</b>		
CEDAX ORAL CAPSULE	4	
CEDAX ORAL SUSPENSION RECONSTITUTED 180 MG/5ML	4	
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	HI
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	2	HI
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	4	
<i>cefoxitin sodium injection solution reconstituted</i>	2	HI
<i>cefoxitin sodium intravenous solution reconstituted 1 gm</i>	2	HI
<i>cefoxitin sodium intravenous solution reconstituted 2 gm</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<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 250 mg, 500 mg</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>ceftriaxone sodium intravenous solution reconstituted</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 1.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm</i>	2	HI
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	3	
SUPRAX ORAL TABLET CHEWABLE	3	
<i>tazicef injection solution reconstituted</i>	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	4	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
<b>Beta-Lactam, Other</b>		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
INVANZ INJECTION SOLUTION RECONSTITUTED	4	
<i>meropenem intravenous solution reconstituted</i>	2	
<b>Beta-Lactam, Penicillins</b>		
<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	

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

Drug Name	Tier	Requirements/Limits
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	2	
amoxicillin-pot clavulanate oral suspension reconstituted	2	
amoxicillin-pot clavulanate oral tablet	2	
amoxicillin-pot clavulanate oral tablet chewable	2	
ampicillin oral capsule 500 mg	2	
ampicillin sodium injection solution reconstituted 1 gm, 125 mg	2	HI
ampicillin sodium intravenous solution reconstituted 10 gm	2	HI
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	2	HI
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm	2	HI
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	4	HI
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
dicloxacillin sodium oral capsule	2	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM	4	HI; EDS
nafcillin sodium injection solution reconstituted 10 gm	5	HI
oxacillin sodium injection solution reconstituted 10 gm	2	HI
penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml	2	HI
penicillin g potassium injection solution reconstituted 5000000 unit	2	HI
penicillin g procaine intramuscular suspension	2	

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

Drug Name	Tier	Requirements/Limits
<i>penicillin g sodium injection solution reconstituted</i>	2	HI
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 3.375 (3-0.375) gm, 4.5 (4-0.5) gm</i>	2	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	3	
<b>Macrolides</b>		
AZASITE OPHTHALMIC SOLUTION	4	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral packet</i>	2	
<i>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL TABLET	5	PA
e.e.s. 400 oral tablet	2	
ERY EXTERNAL PAD	4	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	4	
ERY-TAB ORAL TABLET DELAYED RELEASE	4	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
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 suspension reconstituted</i>	2	

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

Drug Name	Tier	Requirements/Limits
erythromycin ethylsuccinate oral tablet	2	
erythromycin external gel	2	
erythromycin external solution	2	
erythromycin ophthalmic ointment	2	
PCE ORAL TABLET DELAYED RELEASE	4	
ZITHROMAX ORAL PACKET	4	
ZMAX ORAL SUSPENSION RECONSTITUTED	4	
<b>Quinolones</b>		
AVELOX INTRAVENOUS SOLUTION	3	HI
CILOXAN OPHTHALMIC OINTMENT	4	
ciprofloxacin hcl ophthalmic solution	2	
ciprofloxacin hcl oral tablet	2	
ciprofloxacin in d5w intravenous solution 200 mg/100ml	2	
ciprofloxacin intravenous solution 400 mg/40ml	2	
ciprofloxacin oral suspension reconstituted	2	
ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour	2	
gatifloxacin ophthalmic solution	2	
levofloxacin in d5w intravenous solution 500 mg/100ml	2	
levofloxacin in d5w intravenous solution 750 mg/150ml	2	HI
levofloxacin intravenous solution	2	
levofloxacin ophthalmic solution	2	
levofloxacin oral solution	2	
levofloxacin oral tablet	2	
moxifloxacin hcl intravenous solution	2	HI
moxifloxacin hcl oral tablet	2	
ofloxacin ophthalmic solution	2	
ofloxacin oral tablet 400 mg	2	
ofloxacin otic solution	2	
<b>Sulfonamides</b>		
AVC VAGINAL VAGINAL CREAM	4	
silver sulfadiazine external cream	2	

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

Drug Name	Tier	Requirements/Limits
<i>ssd external cream</i>	2	
<i>sulfacetamide sodium external suspension</i>	2	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<b>Tetracyclines</b>		
<i>demeclacycline hcl oral tablet</i>	2	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	
<i>tetracycline hcl oral capsule</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT INTRAVENOUS SOLUTION	5	PA New Starts Only
BRIVIACT ORAL SOLUTION	5	PA New Starts Only
BRIVIACT ORAL TABLET	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
DIAZEPAM RECTAL GEL	4	
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam in nacl intravenous solution</i>	2	
<i>levetiracetam intravenous solution</i>	2	HI
<i>levetiracetam oral solution</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
<i>roweepra oral tablet</i>	2	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	4	EDS
<b>Calcium Channel Modifying Agents</b>		
CELONTIN ORAL CAPSULE	3	EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
LYRICA ORAL CAPSULE	3	EDS
LYRICA ORAL SOLUTION	3	EDS
<i>zonisamide oral capsule</i>	2	EDS
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
DIASTAT ACUDIAL RECTAL GEL	4	
DIASTAT PEDIATRIC RECTAL GEL	4	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
DIAZEPAM RECTAL GEL	4	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>gabapentin oral capsule</i>	2	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>gabapentin oral tablet</i>	2	EDS
GABITRIL ORAL TABLET 12 MG, 16 MG	4	EDS
GRALISE ORAL TABLET	4	EDS
GRALISE STARTER ORAL	4	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	4	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
ONFI ORAL SUSPENSION	4	PA New Starts Only; EDS
ONFI ORAL TABLET 10 MG, 20 MG	4	PA New Starts Only; EDS
<i>phenobarbital oral elixir</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>phenobarbital oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>primidone oral tablet</i>	2	EDS
SABRIL ORAL PACKET	5	
SABRIL ORAL TABLET	5	
<i>tiagabine hcl oral tablet</i>	2	EDS
<i>valproate sodium intravenous solution 500 mg/5ml</i>	2	
<i>valproate sodium oral solution</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
VIGABATRIN ORAL PACKET	4	
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	2	EDS
<i>felbamate oral tablet</i>	2	EDS
FYCOMPA ORAL SUSPENSION	4	EDS
FYCOMPA ORAL TABLET	4	EDS
LAMICTAL STARTER ORAL KIT	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	2	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
PEGANONE ORAL TABLET	3	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
<i>phenytoin sodium injection solution</i>	2	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	EDS
VIMPAT ORAL TABLET	3	EDS
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet</i>	2	EDS
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
EXELON TRANSDERMAL PATCH 24 HOUR	4	EDS
galantamine hydrobromide er oral capsule extended release 24 hour	2	EDS
galantamine hydrobromide oral solution	2	EDS
galantamine hydrobromide oral tablet	2	EDS
rivastigmine tartrate oral capsule	2	EDS
rivastigmine transdermal patch 24 hour	2	EDS
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
memantine hcl oral solution	2	EDS
memantine hcl oral tablet 10 mg, 5 mg	2	EDS
memantine hcl oral tablet 5 (28)-10 (21) mg	2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA; EDS
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA; EDS
<b>Antidepressants</b>		
<b>Antidepressants</b>		
chlordiazepoxide-amitriptyline oral tablet	2	PA New Starts Only; AL (Max 64 Years); EDS
olanzapine-fluoxetine hcl oral capsule	2	EDS
perphenazine-amitriptyline oral tablet	2	PA New Starts Only; AL (Max 64 Years); EDS
<b>Antidepressants, Other</b>		
aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	2	QL (30 EA per 30 days); EDS
aripiprazole oral tablet 2 mg	2	QL (60 EA per 30 days); EDS
aripiprazole oral tablet dispersible	5	QL (60 EA per 30 days)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 200 mg	2	QL (60 EA per 30 days); EDS
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg	2	QL (90 EA per 30 days); EDS
bupropion hcl er (xl) oral tablet extended release 24 hour	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>bupropion hcl oral tablet</i>	2	EDS
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
<i>maprotiline hcl oral tablet</i>	2	EDS
<i>mirtazapine oral tablet</i>	2	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	EDS
<i>trazodone hcl oral tablet</i>	2	EDS
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts Only
MARPLAN ORAL TABLET	3	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS
<b>Ssris/ Snris</b>		
BRISDELLE ORAL CAPSULE	4	EDS
<i>citalopram hydrobromide oral solution</i>	1	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	QL (120 EA per 30 days); EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EDS
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	2	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	2	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate oral tablet</i>	1	QL (90 EA per 30 days); EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	4	EDS
PEXEVA ORAL TABLET	4	EDS
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	QL (120 EA per 30 days); EDS
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	3	QL (90 EA per 30 days); EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
TRINTELLIX ORAL TABLET	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
VIIBRYD ORAL TABLET	4	EDS
VIIBRYD STARTER PACK ORAL KIT	4	
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>amoxapine oral tablet</i>	2	EDS
<i>clomipramine hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>desipramine hcl oral tablet</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>imipramine hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
IMIPRAMINE PAMOATE ORAL CAPSULE	4	PA New Starts Only; AL (Max 64 Years); EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nortriptyline hcl oral solution</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	2	EDS
PRUDOXIN EXTERNAL CREAM	4	
SILENOR ORAL TABLET	3	QL (30 EA per 30 days); EDS
<i>trimipramine maleate oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>compro rectal suppository</i>	2	
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>meclizine hcl oral tablet</i>	2	
<i>metoclopramide hcl injection solution</i>	2	PA New Starts Only; AL (Max 64 Years)
<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>perphenazine oral tablet</i>	2	EDS
<i>phenadoz rectal suppository 12.5 mg</i>	2	PA; AL (Max 64 Years)
PHENERGAN RECTAL SUPPOSITORY	4	PA; AL (Max 64 Years)
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl injection solution</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 rectal suppository</i>	2	PA; AL (Max 64 Years)
<i>promethegan rectal suppository 25 mg, 50 mg</i>	2	PA; AL (Max 64 Years)
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	EDS
<i>trimethobenzamide hcl oral capsule</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 V.

Drug Name	Tier	Requirements/Limits
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO ORAL CAPSULE	4	PA
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5ML	4	
ANZEMET ORAL TABLET	4	BD
<i>aprepitant oral capsule</i>	2	BD
CESAMET ORAL CAPSULE	4	PA
<i>dronabinol oral capsule</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
EMEND TRI-PACK ORAL CAPSULE	3	BD
<i>granisetron hcl intravenous solution 0.1 mg/ml, 1 mg/ml</i>	2	
<i>granisetron hcl oral tablet</i>	2	BD
<i>ondansetron hcl injection solution 4 mg/2ml</i>	2	
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible</i>	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI ORAL TABLET	4	BD
ZUPLENZ ORAL FILM	4	BD
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	5	PA; HI
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA; HI
<i>amphotericin b injection solution reconstituted</i>	2	PA; HI
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	HI
<i>caspofungin acetate intravenous solution reconstituted</i>	2	HI
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	

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

Drug Name	Tier	Requirements/Limits
ciclopirox olamine external suspension	2	
clotrimazole external cream	2	
clotrimazole external solution	2	
clotrimazole mouth/throat troche	2	
econazole nitrate external cream	2	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	HI
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	4	
ERTACZO EXTERNAL CREAM	4	
EXELDERM EXTERNAL CREAM	4	
EXELDERM EXTERNAL SOLUTION	4	
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	2	HI
fluconazole oral suspension reconstituted	2	
fluconazole oral tablet	2	
flucytosine oral capsule	2	
griseofulvin microsize oral suspension	2	
griseofulvin microsize oral tablet	2	
griseofulvin ultramicrosize oral tablet	2	
GYNIAZOLE-1 VAGINAL CREAM	4	
itraconazole oral capsule	2	PA
JUBLIA EXTERNAL SOLUTION	4	PA
ketoconazole external cream	2	
ketoconazole external shampoo	2	
ketoconazole oral tablet	2	PA
MENTAX EXTERNAL CREAM	4	
MICONAZOLE 3 VAGINAL SUPPOSITORY	4	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	HI
naftifine hcl external cream	2	
NAFTIN EXTERNAL GEL	3	
NATACYN OPHTHALMIC SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	5	
NOXAFIL ORAL TABLET DELAYED RELEASE	5	

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

Drug Name	Tier	Requirements/Limits
<i>nyamyc external powder</i>	2	
<i>nyata external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
ORAVIG BUCCAL TABLET	4	
OXISTAT EXTERNAL LOTION	4	
SPORANOX ORAL SOLUTION	4	PA
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
<i>voriconazole intravenous solution reconstituted</i>	2	PA; EDS
<i>voriconazole oral suspension reconstituted</i>	5	PA
<i>voriconazole oral tablet 200 mg</i>	5	PA
<i>voriconazole oral tablet 50 mg</i>	2	PA
ZOLINZA ORAL CAPSULE	3	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	2	EDS
<i>allopurinol sodium intravenous solution reconstituted</i>	2	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	4	
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS
COLCRY'S ORAL TABLET	4	
MITIGARE ORAL CAPSULE	4	
<i>probenecid oral tablet</i>	2	EDS
ULORIC ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Anti-Inflammatory Agents</b>		
<b>Glucocorticoids</b>		
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
<b>BLEPHAMIDE OPHTHALMIC SUSPENSION</b>	3	
<b>BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT</b>	3	
<i>cortisone acetate oral tablet</i>	2	
<b>DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML</b>	4	
<b>DEXAMETHASONE INTENSOL ORAL CONCENTRATE</b>	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml</i>	2	
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
<b>KENALOG INJECTION SUSPENSION</b>	4	
<b>MEDROL ORAL TABLET 2 MG</b>	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	2	HI
<b>MILLIPRED ORAL TABLET</b>	4	

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

Drug Name	Tier	Requirements/Limits
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack 10 mg (21)</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule 200 mg</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
FENOPROFEN CALCIUM ORAL CAPSULE 400 MG	3	EDS
FENOPROFEN CALCIUM ORAL TABLET	3	EDS
FLECTOR TRANSDERMAL PATCH	4	PA
<i>flurbiprofen oral tablet</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
INDOCIN ORAL SUSPENSION	4	PA; AL (Max 64 Years); EDS

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

Drug Name	Tier	Requirements/Limits
<i>indomethacin er oral capsule extended release</i>	2	PA; AL (Max 64 Years); EDS
<i>indomethacin oral capsule</i>	2	PA; AL (Max 64 Years); EDS
KETOPROFEN ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>ketoprofen oral capsule</i>	2	EDS
<i>ketorolac tromethamine injection solution 15 mg/ml, 30 mg/ml</i>	2	
<i>ketorolac tromethamine oral tablet</i>	2	PA; QL (20 EA per 5 days); AL (Max 64 Years)
<i>meclofenamate sodium oral capsule</i>	2	EDS
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>oxycodone-ibuprofen oral tablet</i>	2	QL (240 EA per 30 days)
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS

### Antimigraine Agents

#### Ergot Alkaloids

CAFERGOT ORAL TABLET	3	
<i>dihydroergotamine mesylate injection solution</i>	2	
<i>dihydroergotamine mesylate nasal solution</i>	2	
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	5	
MIGRANAL NASAL SOLUTION	5	

#### Prophylactic

<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproate sodium oral solution</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>valproic acid oral capsule</i>	2	EDS
<b>Serotonin (5-HT) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate oral tablet</i>	2	
<i>eletriptan hydrobromide oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</i>	2	
<b>IMITREX NASAL SOLUTION</b>	4	
<i>naratriptan hcl oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet dispersible</i>	2	
<i>sumatriptan nasal solution</i>	2	
<i>sumatriptan succinate oral tablet</i>	2	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	2	
<b>SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR</b>	5	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
<b>ZOMIG NASAL SOLUTION</b>	3	
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl oral tablet</i>	2	
<b>MESTINON ORAL SYRUP</b>	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral tablet</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone oral tablet</i>	2	EDS
<b>PRIFTIN ORAL TABLET</b>	4	
<i>rifabutin oral capsule</i>	2	

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

Drug Name	Tier	Requirements/Limits
<b>Antituberculars</b>		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED	4	HI
<i>ethambutol hcl oral tablet</i>	2	
ISONIAZID INJECTION SOLUTION	4	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
PASER ORAL PACKET	4	
<i>pyrazinamide oral tablet</i>	2	
RIFAMATE ORAL CAPSULE	4	
<i>rifampin intravenous solution reconstituted</i>	2	HI
<i>rifampin oral capsule</i>	2	
RIFATER ORAL TABLET	3	
SIRTURO ORAL TABLET	4	PA
TRECATOR ORAL TABLET	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>busulfan intravenous solution</i>	2	PA
BUSULFEX INTRAVENOUS SOLUTION	4	PA
<i>cyclophosphamide oral capsule</i>	2	BD
HEXALEN ORAL CAPSULE	3	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	
<i>melphalan hcl intravenous solution reconstituted</i>	2	PA
VALCHLOR EXTERNAL GEL	5	PA New Starts Only
<b>Antiandrogens</b>		
<i>bicalutamide oral tablet</i>	2	
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	2	
XTANDI ORAL CAPSULE	5	PA New Starts Only
ZYTIGA ORAL TABLET	5	PA New Starts Only
<b>Antiangiogenic Agents</b>		
POMALYST ORAL CAPSULE	5	PA New Starts Only
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
THALOMID ORAL CAPSULE	5	
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE	3	
FARESTON ORAL TABLET	3	EDS
SOLTAMOX ORAL SOLUTION	3	EDS
<i>tamoxifen citrate oral tablet</i>	2	EDS
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE	4	EDS
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	2	PA
<i>hydroxyurea oral capsule</i>	2	
LONSURF ORAL TABLET	5	PA New Starts Only
PURIXAN ORAL SUSPENSION	3	
<i>tabloid oral tablet</i>	2	
<b>Antineoplastics</b>		
<i>adriamycin intravenous solution</i>	2	PA
ADRUCIL INTRAVENOUS SOLUTION 500 MG/10ML	4	PA New Starts Only
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA
ARRANON INTRAVENOUS SOLUTION	4	PA
AVASTIN INTRAVENOUS SOLUTION	5	PA
AZACITIDINE INJECTION SUSPENSION RECONSTITUTED	5	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
BICNU INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>bleomycin sulfate injection solution reconstituted 30 unit</i>	2	PA
<i>carboplatin intravenous solution 150 mg/15ml</i>	2	BD
<i>cisplatin intravenous solution 100 mg/100ml</i>	2	PA
<i>cladribine intravenous solution 10 mg/10ml</i>	2	PA New Starts Only
<i>clofarabine intravenous solution</i>	2	PA
CLOLAR INTRAVENOUS SOLUTION	4	PA
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED	4	PA

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

Drug Name	Tier	Requirements/Limits
<i>cytarabine (pf) injection solution 100 mg/ml</i>	2	PA
<i>cytarabine injection solution</i>	2	PA
<i>dacarbazine intravenous solution reconstituted 200 mg</i>	2	PA
<i>daunorubicin hcl intravenous injectable</i>	2	PA
<i>decitabine intravenous solution reconstituted</i>	2	PA
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	2	PA
<b>DOCETAXEL INTRAVENOUS CONCENTRATE 80 MG/4ML</b>	4	PA
<b>DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML</b>	4	PA
<i>doxorubicin hcl intravenous solution</i>	2	PA
<i>doxorubicin hcl liposomal intravenous injectable</i>	2	PA
<b>ELITEK INTRAVENOUS SOLUTION RECONSTITUTED</b>	3	PA
<i>epirubicin hcl intravenous solution 200 mg/100ml</i>	2	PA
<b>ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML</b>	5	PA
<b>ERWINAZE INJECTION SOLUTION RECONSTITUTED</b>	5	PA New Starts Only
<b>FASLODEX INTRAMUSCULAR SOLUTION 250 MG/5ML</b>	3	PA
<b>FOLOTYN INTRAVENOUS SOLUTION 40 MG/2ML</b>	3	PA
<b>GLEOSTINE ORAL CAPSULE</b>	4	
<b>HALAVEN INTRAVENOUS SOLUTION</b>	3	PA
<b>HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 440 MG</b>	5	PA
<i>idarubicin hcl intravenous solution 10 mg/10ml</i>	2	PA
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	PA
<i>irinotecan hcl intravenous solution 100 mg/5ml</i>	2	PA
<b>ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
JEVTANA INTRAVENOUS SOLUTION	3	PA
<i>levoleucovorin calcium intravenous solution</i>	2	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	2	
LYNPARZA ORAL CAPSULE	5	PA New Starts Only
LYNPARZA ORAL TABLET	5	PA New Starts Only
<i>mesna intravenous solution</i>	2	PA
MESNEX ORAL TABLET	3	
<i>mitomycin intravenous solution reconstituted</i>	2	PA New Starts Only
MUSTARGEN INJECTION SOLUTION RECONSTITUTED	4	PA
NINLARO ORAL CAPSULE	5	PA New Starts Only
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	4	PA
<i>oxaliplatin intravenous solution 100 mg/20ml</i>	2	PA
<i>paclitaxel intravenous concentrate 300 mg/50ml</i>	2	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA New Starts Only
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	PA
TRISENOX INTRAVENOUS SOLUTION	3	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML	4	BD
VELCADE INJECTION SOLUTION RECONSTITUTED	5	PA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA New Starts Only; EDS
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts Only
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts Only
VINBLASTINE SULFATE INTRAVENOUS SOLUTION	4	PA
<i>vincasar pfs intravenous solution</i>	2	PA
<i>vincristine sulfate intravenous solution</i>	2	PA
<i>vinorelbine tartrate intravenous solution 50 mg/5ml</i>	2	PA

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

Drug Name	Tier	Requirements/Limits
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	5	PA New Starts Only
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
zejula oral capsule	5	PA New Starts Only
ZURAMPIC ORAL TABLET	4	PA; EDS
<b>Antineoplastics, Other</b>		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA
fludarabine phosphate intravenous solution reconstituted	2	PA
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED	4	
leucovorin calcium injection solution reconstituted 100 mg, 350 mg	2	
leucovorin calcium oral tablet	2	
mitoxantrone hcl intravenous concentrate 25 mg/12.5ml	2	PA
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA New Starts Only
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts Only
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
YEROVY INTRAVENOUS SOLUTION 50 MG/10ML	4	PA
<b>Aromatase Inhibitors, 3Rd Generation</b>		
anastrozole oral tablet	2	EDS
exemestane oral tablet	2	EDS
letrozole oral tablet	2	EDS
<b>Enzyme Inhibitors</b>		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	4	
etoposide intravenous solution 500 mg/25ml	2	
FARYDAK ORAL CAPSULE	5	PA New Starts Only
IBRANCE ORAL CAPSULE	5	PA New Starts Only
IDHIFA ORAL TABLET	5	PA New Starts Only
KISQALI 200 DOSE ORAL TABLET	5	PA New Starts Only
KISQALI 400 DOSE ORAL TABLET	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
KISQALI 600 DOSE ORAL TABLET	5	PA New Starts Only
KISQALI FEMARA 200 DOSE ORAL TABLET THERAPY PACK	5	PA New Starts Only
KISQALI FEMARA 400 DOSE ORAL TABLET THERAPY PACK	5	PA New Starts Only
KISQALI FEMARA 600 DOSE ORAL TABLET THERAPY PACK	5	PA New Starts Only
<i>toposar intravenous solution 1 gm/50ml</i>	2	
<i>topotecan hcl intravenous solution reconstituted</i>	2	
ZOLINZA ORAL CAPSULE	3	
ZYDELIG ORAL TABLET	5	PA New Starts Only
<b>Molecular Target Inhibitors</b>		
AFINITOR ORAL TABLET	5	PA New Starts Only
ALECensa ORAL CAPSULE	5	PA New Starts Only
ALUNBRIG ORAL TABLET	5	PA New Starts Only
BOSULIF ORAL TABLET	5	PA New Starts Only
CABOMETYX ORAL TABLET	5	PA New Starts Only
CAPRELSA ORAL TABLET	5	PA New Starts Only
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts Only
COTELLIC ORAL TABLET	5	PA New Starts Only
ERIVEDGE ORAL CAPSULE	5	PA New Starts Only
GILOTrif ORAL TABLET	5	PA New Starts Only
ICLUSIG ORAL TABLET	5	PA New Starts Only
<i>imatinib mesylate oral tablet</i>	3	PA New Starts Only; EDS
IMBRUvICA ORAL CAPSULE	5	PA New Starts Only
INLYTA ORAL TABLET	5	PA New Starts Only
IRESSA ORAL TABLET	5	PA New Starts Only
JAKAFI ORAL TABLET	5	PA New Starts Only
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
LENVIMA 10 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
LENVIMA 14 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 18 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 20 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 24 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
LENVIMA 8 MG DAILY DOSE ORAL CAPSULE THERAPY PACK	5	PA New Starts Only
MEKINIST ORAL TABLET	5	PA New Starts Only
NERLYNX ORAL TABLET	5	PA New Starts Only
NEXAVAR ORAL TABLET	5	PA New Starts Only
ODOMZO ORAL CAPSULE	5	PA New Starts Only
OFEV ORAL CAPSULE	5	PA
RYDAPT ORAL CAPSULE	5	PA New Starts Only
SPRYCEL ORAL TABLET	5	PA New Starts Only
STIVARGA ORAL TABLET	5	PA New Starts Only
SUTENT ORAL CAPSULE	5	PA New Starts Only
TAFINLAR ORAL CAPSULE	5	PA New Starts Only
TAGRISSO ORAL TABLET	5	PA New Starts Only
TARCEVA ORAL TABLET	5	
TASIGNA ORAL CAPSULE	5	
TYKERB ORAL TABLET	5	PA New Starts Only
VOTRIENT ORAL TABLET	5	PA New Starts Only
XALKORI ORAL CAPSULE	5	PA New Starts Only
ZELBORAF ORAL TABLET	5	PA New Starts Only
ZYKADIA ORAL CAPSULE	5	PA New Starts Only
<b>Monoclonal Antibodies</b>		
BAVENCIO INTRAVENOUS SOLUTION	5	PA New Starts Only
CYRAMZA INTRAVENOUS SOLUTION	5	PA New Starts Only
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML	5	PA New Starts Only
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
IMFINZI INTRAVENOUS SOLUTION	5	PA New Starts Only
KEYTRUDA INTRAVENOUS SOLUTION	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
LARTRUVO INTRAVENOUS SOLUTION 500 MG/50ML	5	PA New Starts Only
OPDIVO INTRAVENOUS SOLUTION 40 MG/4ML	5	PA New Starts Only
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML	3	PA; EDS
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BD
TECENTRIQ INTRAVENOUS SOLUTION	5	PA New Starts Only
<b>Retinoids</b>		
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>bexarotene oral capsule</i>	5	
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	5	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinoin oral capsule</i>	2	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
ALBENZA ORAL TABLET	4	
BILTRICIDE ORAL TABLET	4	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>chloroquine phosphate oral tablet</i>	2	EDS
COARTEM ORAL TABLET	3	QL (24 EA per 30 days)
DARAPRIM ORAL TABLET	3	
<i>hydroxychloroquine sulfate oral tablet</i>	2	EDS
<i>mefloquine hcl oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
NEBUPENT INHALATION SOLUTION RECONSTITUTED	4	BD
PENTAM INJECTION SOLUTION RECONSTITUTED	4	
<i>primaquine phosphate oral tablet</i>	2	
<i>quinine sulfate oral capsule</i>	2	
<b>Pediculicides/ Scabicides</b>		
EURAX EXTERNAL CREAM	3	
EURAX EXTERNAL LOTION	3	
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
SKLICE EXTERNAL LOTION	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate injection solution</i>	2	HI
<i>benztropine mesylate oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>trihexyphenidyl hcl oral elixir</i>	2	PA; AL (Max 64 Years); EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<b>Antiparkinson Agents</b>		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EDS
STALEVO 100 ORAL TABLET	4	EDS
STALEVO 125 ORAL TABLET	4	EDS
STALEVO 150 ORAL TABLET	4	EDS
STALEVO 200 ORAL TABLET	4	EDS
STALEVO 50 ORAL TABLET	4	EDS
STALEVO 75 ORAL TABLET	4	EDS
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA New Starts Only
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>ropinirole hcl oral tablet</i>	2	EDS
<b>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EDS
DUOPA ENTERAL SUSPENSION	4	PA; EDS
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
XADAGO ORAL TABLET	4	PA
ZELAPAR ORAL TABLET DISPERSIBLE	3	EDS
<b>Antipsychotics</b>		
<b>1St Generation/ Typical</b>		
CHLORPROMAZINE HCL INJECTION SOLUTION 50 MG/2ML	4	
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution</i>	2	BD

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

Drug Name	Tier	Requirements/Limits
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
<i>loxapine succinate oral capsule</i>	2	EDS
<i>perphenazine oral tablet</i>	2	EDS
<i>pimozide oral tablet</i>	2	EDS
<i>prochlorperazine edisylate injection solution</i>	2	
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>thioridazine hcl oral tablet</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
<b>2Nd Generation/ Atypical</b>		
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	5	QL (60 EA per 30 days)
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE</i>	5	BD
<i>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG</i>	4	QL (90 EA per 30 days)
<i>FANAPT ORAL TABLET 10 MG, 12 MG</i>	4	QL (60 EA per 30 days)
<i>FANAPT TITRATION PACK ORAL TABLET</i>	4	QL (8 EA per 28 days)
<i>GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED</i>	4	BD
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML</i>	5	
<i>INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION 39 MG/0.25ML</i>	3	
<i>INVEGA TRINZA INTRAMUSCULAR SUSPENSION</i>	5	PA New Starts Only
<i>LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG</i>	5	QL (30 EA per 30 days)
<i>LATUDA ORAL TABLET 60 MG</i>	5	QL (60 EA per 30 days)
<i>LATUDA ORAL TABLET 80 MG</i>	5	
<i>NUPLAZID ORAL TABLET</i>	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg</i>	2	EDS
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	2	QL (40 EA per 30 days); EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
<b>REXULTI ORAL TABLET</b>	5	QL (30 EA per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED</b>	3	BD
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days); EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet 3 mg</i>	2	QL (240 EA per 30 days); EDS
<i>risperidone oral tablet dispersible</i>	2	QL (120 EA per 30 days); EDS
<b>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL</b>	3	EDS
<b>SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG</b>	4	EDS
<b>VRAYLAR ORAL CAPSULE</b>	5	PA New Starts Only
<b>VRAYLAR ORAL CAPSULE THERAPY PACK</b>	4	PA New Starts Only
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days); EDS
<b>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</b>	4	BD; EDS
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
<b>FAZACLO ORAL TABLET DISPERSIBLE</b>	4	
<b>VERSACLOZ ORAL SUSPENSION</b>	4	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
<i>cidofovir intravenous solution</i>	2	HI
<i>ganciclovir sodium intravenous solution reconstituted</i>	2	PA
<i>valganciclovir hcl oral solution reconstituted</i>	2	EDS
VALGANCICLOVIR HCL ORAL TABLET	5	
ZIRGAN OPHTHALMIC GEL	3	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
ADEFOVIR DIPIVOXIL ORAL TABLET	5	
BARACLUDÉ ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	5	
EPIVIR HBV ORAL SOLUTION	3	EDS
INTRON A INJECTION SOLUTION	5	PA New Starts Only
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts Only
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE ORAL CAPSULE	4	PA
RIBASPHERE ORAL TABLET	4	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
VEMLIDY ORAL TABLET	5	PA
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET	5	
<b>Anti-Hepatitis C (Hcv) Agents</b>		
EPCLUSÀ ORAL TABLET	5	PA
HARVONI ORAL TABLET	5	PA
INTRON A INJECTION SOLUTION	5	PA New Starts Only
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts Only; EDS
MODERIBA 1200 DOSE PACK ORAL TABLET	4	PA
MODERIBA 800 DOSE PACK ORAL TABLET	4	PA
MODERIBA ORAL TABLET 200 MG	4	PA
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	5	PA
REBETOL ORAL SOLUTION	4	PA
RIBASPHERE ORAL CAPSULE	4	PA
RIBASPHERE ORAL TABLET	4	PA
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	PA
<i>ribavirin oral capsule</i>	2	PA
<i>ribavirin oral tablet 200 mg</i>	2	PA
SOVALDI ORAL TABLET	5	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts Only
VOSEVI ORAL TABLET	5	PA
<b>Antiherpetic Agents</b>		
<i>acyclovir external ointment</i>	2	
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	PA
DENAVIR EXTERNAL CREAM	4	
<i>famciclovir oral tablet</i>	2	QL (90 EA per 30 days)
<i>trifluridine ophthalmic solution</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
XERESE EXTERNAL CREAM	4	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
GENVOYA ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
ISENTRESS HD ORAL TABLET	3	EDS
ISENTRESS ORAL PACKET	3	EDS
ISENTRESS ORAL TABLET	3	EDS
ISENTRESS ORAL TABLET CHEWABLE	3	EDS
STRIBILD ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	
<i>nevirapine er oral tablet extended release 24 hour</i>	2	EDS
<i>nevirapine oral tablet</i>	2	EDS
RESCRIPTOR ORAL TABLET	3	EDS
SUSTIVA ORAL CAPSULE	3	EDS
SUSTIVA ORAL TABLET	3	EDS
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral tablet</i>	2	EDS
ABACAVIR SULFATE-LAMIVUDINE ORAL TABLET	4	EDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
ATRIPLA ORAL TABLET	5	
DESCOVY ORAL TABLET	5	
<i>didanosine oral capsule delayed release</i>	2	EDS
EMTRIVA ORAL CAPSULE	3	EDS
EMTRIVA ORAL SOLUTION	3	EDS
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
ODEFSEY ORAL TABLET	5	
RETROVIR INTRAVENOUS SOLUTION	3	HI

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

Drug Name	Tier	Requirements/Limits
<i>stavudine oral capsule</i>	2	EDS
TRUVADA ORAL TABLET	5	
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	3	EDS
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET	5	
ZERIT ORAL SOLUTION RECONSTITUTED	4	EDS
ZIAGEN ORAL SOLUTION	3	EDS
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
<b>Anti-Hiv Agents, Other</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
TRIUMEQ ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
APTVIVUS ORAL CAPSULE	3	EDS
APTVIVUS ORAL SOLUTION	3	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EDS
EVOTAZ ORAL TABLET	5	
INVIRASE ORAL CAPSULE	5	
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	EDS
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	EDS
LEXIVA ORAL TABLET	5	
<i>lopinavir-ritonavir oral solution</i>	2	EDS
NORVIR ORAL CAPSULE	3	EDS
NORVIR ORAL SOLUTION	3	EDS
NORVIR ORAL TABLET	3	EDS
PREZCOBIX ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	
REYATAZ ORAL PACKET	5	
VIRACEPT ORAL TABLET	5	
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>oseltamivir phosphate oral capsule</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	2	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>meprobamate oral tablet</i>	2	PA; AL (Max 64 Years)
<i>oxazepam oral capsule</i>	2	
SILENOR ORAL TABLET	3	QL (30 EA per 30 days); EDS
<i>triazolam oral tablet</i>	2	QL (7 EA per 30 days)
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	2	
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>clorazepate dipotassium oral tablet</i>	2	
DAISTAT ACUDIAL RECTAL GEL	4	
DAISTAT PEDIATRIC RECTAL GEL	4	
<i>diazepam intensol oral concentrate</i>	2	
<i>diazepam oral solution 1 mg/ml</i>	2	
<i>diazepam oral tablet</i>	2	
DIAZEPAM RECTAL GEL	4	
<i>lorazepam intensol oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
<b>Ssris/ Snris</b>		
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	2	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	4	EDS
PEXEVA ORAL TABLET	4	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	4	BD
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	
<i>quetiapine fumarate oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
<i>risperidone oral solution</i>	2	QL (480 ML per 30 days); EDS
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 4 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet 3 mg</i>	2	QL (240 EA per 30 days); EDS
<i>risperidone oral tablet dispersible</i>	2	QL (120 EA per 30 days); EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	EDS
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 50 MG	4	EDS
VRAYLAR ORAL CAPSULE	5	PA New Starts Only
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts Only
<i>ziprasidone hcl oral capsule</i>	2	QL (60 EA per 30 days); EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD; EDS
<b>Mood Stabilizers</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
LAMICTAL STARTER ORAL KIT	4	
LAMICTAL XR ORAL KIT	4	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lithium carbonate er oral tablet extended release</i>	2	EDS
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
<i>valproate sodium oral solution</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	2	EDS
<i>AVANDIA ORAL TABLET 2 MG, 4 MG</i>	4	EDS
<i>BYDUREON SUBCUTANEOUS PEN-INJECTOR</i>	4	ST; EDS
<i>BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER</i>	4	ST; EDS
<i>BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	4	ST; EDS
<i>BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</i>	4	ST; EDS
<i>CYCLOSET ORAL TABLET</i>	4	EDS
<i>glimepiride oral tablet</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EDS
<i>glipizide oral tablet</i>	1	EDS
<i>GLYXAMBI ORAL TABLET</i>	4	ST; EDS
<i>INVOKAMET ORAL TABLET</i>	3	EDS
<i>INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	3	EDS
<i>INVOKANA ORAL TABLET</i>	3	EDS
<i>JANUVIA ORAL TABLET</i>	3	EDS
<i>JARDIANCE ORAL TABLET</i>	3	EDS
<i>JENTADUETO ORAL TABLET</i>	3	EDS
<i>JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol oral tablet</i>	2	EDS
<i>nateglinide oral tablet</i>	2	EDS
<i>pioglitazone hcl oral tablet</i>	2	QL (30 EA per 30 days); EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	QL (240 EA per 30 days); EDS
RIOMET ORAL SOLUTION	4	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; EDS
SYNJARDY ORAL TABLET	3	EDS
TANZEUM SUBCUTANEOUS PEN-INJECTOR	4	ST; EDS
TOLAZAMIDE ORAL TABLET	4	EDS
TOLBUTAMIDE ORAL TABLET	4	EDS
TRADJENTA ORAL TABLET	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; EDS
WELCHOL ORAL PACKET	4	EDS
WELCHOL ORAL TABLET	4	EDS
<b>Blood Glucose Regulators</b>		
<i>glipizide-metformin hcl oral tablet</i>	1	EDS
JANUMET ORAL TABLET	3	EDS
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>repaglinide-metformin hcl oral tablet</i>	2	EDS
<b>Glycemic Agents</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
<i>glucagon emergency injection kit</i>	2	
KORLYM ORAL TABLET	3	PA New Starts Only; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
PROGLYCEM ORAL SUSPENSION	3	EDS
<b>Insulins</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 (30) & 8 (60) UNIT, 4 (60) & 8 (30) UNIT, 4 (90) & 8 (90) UNIT, 4 UNIT, 8 (60)& 12 (30) UNIT, 8 UNIT	4	EDS
APIDRA INJECTION SOLUTION	4	EDS
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	EDS
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	3	
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	3	
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	3	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS

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

Drug Name	Tier	Requirements/Limits
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN- INJECTOR	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LEVEMIR SUBCUTANEOUS SOLUTION	3	EDS
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
NOVOLIN N SUBCUTANEOUS SUSPENSION	3	EDS
NOVOLIN R INJECTION SOLUTION	3	EDS
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN- INJECTOR	3	EDS
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
NOVOLOG SUBCUTANEOUS SOLUTION	3	EDS
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	3	
RELI-ON INSULIN SYRINGE 29G 0.3 ML	3	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<b>Anticoagulants</b>		
COUMADIN ORAL TABLET	4	EDS
ELIQUIS ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>enoxaparin sodium injection solution</i>	2	
<i>enoxaparin sodium subcutaneous solution</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</i> 2.5 mg/0.5ml	2	
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	
<i>heparin (porcine) in d5w intravenous solution</i>	2	
<i>heparin sod (porcine) in d5w intravenous solution</i>	2	
<i>heparin sodium (porcine) injection solution</i> 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	2	
<i>jantoven oral tablet</i>	1	EDS
PRADAXA ORAL CAPSULE	3	EDS
SAVAYSA ORAL TABLET	4	EDS
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
<b>Blood Formation Modifiers</b>		
<i>anagrelide hcl oral capsule</i>	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA

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

Drug Name	Tier	Requirements/Limits
MOZOBIL SUBCUTANEOUS SOLUTION	4	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL TABLET	5	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	PA
<b>Coagulants</b>		
<i>tranexamic acid oral tablet</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	2	EDS
BRILINTA ORAL TABLET	3	EDS
<i>cilostazol oral tablet</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral tablet</i>	2	PA; AL (Max 64 Years); EDS
EFFIENT ORAL TABLET	3	EDS
<i>prasugrel hcl oral tablet</i>	2	EDS
ZONTIVITY ORAL TABLET	4	PA; EDS
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
<i>clonidine hcl oral tablet</i>	2	EDS
<i>clonidine hcl transdermal patch weekly</i>	2	QL (4 EA per 28 days); EDS
<i>guanfacine hcl oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>methyldopa oral tablet</i>	2	PA; AL (Max 64 Years); EDS
METHYLDOPATE HCL INTRAVENOUS SOLUTION	4	HI
<i>midodrine hcl oral tablet</i>	2	
NORTHERA ORAL CAPSULE	5	PA
<b>Alpha-Adrenergic Blocking Agents</b>		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	2	EDS
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan cilexetil oral tablet</i>	2	EDS
<i>EDARBI ORAL TABLET</i>	4	EDS
<i>ENTRESTO ORAL TABLET</i>	3	PA; EDS
<i>eprosartan mesylate oral tablet</i>	2	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>olmesartan medoxomil oral tablet</i>	2	EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	2	EDS
<i>telmisartan oral tablet</i>	2	EDS
<i>valsartan oral tablet</i>	1	EDS
<b>Angiotensin-Converting Enzyme (ACE) Inhibitors</b>		
<i>benazepril hcl oral tablet</i>	1	EDS
<i>captopril oral tablet</i>	1	EDS
<i>enalapril maleate oral tablet</i>	1	EDS
<i>fosinopril sodium oral tablet</i>	1	EDS
<i>lisinopril oral tablet</i>	1	EDS
<i>moexipril hcl oral tablet</i>	2	EDS
<i>perindopril erbumine oral tablet</i>	2	EDS
<i>quinapril hcl oral tablet</i>	1	EDS
<i>ramipril oral capsule</i>	1	EDS
<i>trandolapril oral tablet</i>	2	EDS
<b>Antiarrhythmics</b>		
<i>amiodarone hcl intravenous solution 150 mg/3ml</i>	2	
<i>amiodarone hcl oral tablet</i>	2	EDS
<i>disopyramide phosphate oral capsule</i>	2	PA; AL (Max 64 Years); EDS
<i>dofetilide oral capsule</i>	2	EDS
<i>flecainide acetate oral tablet</i>	2	EDS
<i>mexiletine hcl oral capsule</i>	2	EDS
<i>MULTAQ ORAL TABLET</i>	4	EDS

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

Drug Name	Tier	Requirements/Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	PA; AL (Max 64 Years); EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	EDS
propafenone hcl er oral capsule extended release 12 hour	2	EDS
propafenone hcl oral tablet	2	EDS
quinidine gluconate er oral tablet extended release	2	EDS
quinidine sulfate oral tablet	2	EDS
sorine oral tablet	2	EDS
sotalol hcl (af) oral tablet 120 mg	2	EDS
sotalol hcl oral tablet 160 mg, 240 mg, 80 mg	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
TIKOSYN ORAL CAPSULE	4	
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol hcl oral capsule	2	EDS
atenolol oral tablet	1	EDS
betaxolol hcl oral tablet	2	EDS
bisoprolol fumarate oral tablet	1	EDS
BYSTOLIC ORAL TABLET	4	EDS
carvedilol oral tablet	1	EDS
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
labetalol hcl oral tablet	2	EDS
metoprolol succinate er oral tablet extended release 24 hour	1	EDS
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	EDS
pindolol oral tablet	2	EDS
propranolol hcl er oral capsule extended release 24 hour	2	EDS
propranolol hcl oral solution	1	EDS
propranolol hcl oral tablet	1	EDS
timolol maleate oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Calcium Channel Blocking Agents</b>		
<i>afeditab cr oral tablet extended release 24 hour</i>	2	EDS
<i>amlodipine besylate oral tablet</i>	1	EDS
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-%	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg, 360 mg, 420 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	2	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	2	EDS
<i>diltiazem hcl oral tablet</i>	2	EDS
<i>dilt-xr oral capsule extended release 24 hour</i>	2	EDS
<i>felodipine er oral tablet extended release 24 hour</i>	2	EDS
<i>isradipine oral capsule</i>	2	EDS
<i>matzim la oral tablet extended release 24 hour</i>	2	EDS
NICARDIPINE HCL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl oral capsule</i>	2	EDS
<i>nifedipine er oral tablet extended release 24 hour</i>	2	EDS
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	2	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	2	EDS
<i>nifedipine oral capsule</i>	2	PA; AL (Max 64 Years); EDS
<i>nimodipine oral capsule</i>	2	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	4	EDS
taztia xt oral capsule extended release 24 hour	2	EDS
verapamil hcl er oral capsule extended release 24 hour	2	EDS
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	2	EDS
verapamil hcl oral tablet	2	EDS
<b>Cardiovascular Agents</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amlodipine besy-benazepril hcl oral capsule	2	EDS
amlodipine-olmesartan oral tablet	2	EDS
amlodipine-valsartan-hctz oral tablet	2	EDS
atenolol-chlorthalidone oral tablet	1	EDS
benazepril-hydrochlorothiazide oral tablet	1	EDS
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
BYVALSON ORAL TABLET	4	EDS
captopril-hydrochlorothiazide oral tablet	1	EDS
CLORPRES ORAL TABLET	4	EDS
DEMSER ORAL CAPSULE	4	
dutoprol oral tablet extended release 24 hour	2	EDS
EDARBYCLOR ORAL TABLET	4	EDS
enalapril-hydrochlorothiazide oral tablet	1	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	2	PA New Starts Only; EDS
fosinopril sodium-hctz oral tablet	1	EDS
irbesartan-hydrochlorothiazide oral tablet	1	EDS
lisinopril-hydrochlorothiazide oral tablet	1	EDS
losartan potassium-hctz oral tablet	1	EDS
methyldopa-hydrochlorothiazide oral tablet	2	PA; AL (Max 64 Years); EDS
metoprolol-hydrochlorothiazide oral tablet	2	EDS
moexipril-hydrochlorothiazide oral tablet	2	EDS
nadolol-bendroflumethiazide oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>olmesartan medoxomil-hctz oral tablet</i>	2	EDS
<i>olmesartanamlodipine-hctz oral tablet</i>	2	EDS
<i>propranolol-hctz oral tablet</i>	1	EDS
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>spironolactone-hctz oral tablet</i>	1	EDS
<b>TEKTURNA HCT ORAL TABLET</b>	4	ST; EDS
<i>telmisartan-hctz oral tablet</i>	2	EDS
<i>trandolapril-verapamil hcl er oral tablet extended release</i>	2	EDS
<i>triamterene-hctz oral capsule</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
<b>Cardiovascular Agents, Other</b>		
<b>CORLANOR ORAL TABLET</b>	4	PA; EDS
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	2	PA; EDS
<i>digoxin injection solution</i>	2	PA
<i>digoxin oral solution</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; EDS
<b>LANOXIN ORAL TABLET 187.5 MCG</b>	4	PA; EDS
<b>LANOXIN ORAL TABLET 62.5 MCG</b>	4	QL (30 EA per 30 days); EDS
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<b>RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR</b>	3	EDS
<b>TEKTURNA ORAL TABLET</b>	4	ST; EDS
<b>UPTRAVI ORAL TABLET</b>	5	PA
<b>UPTRAVI ORAL TABLET THERAPY PACK</b>	5	PA
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EDS
<i>acetazolamide oral tablet</i>	2	EDS
<i>acetazolamide sodium injection solution reconstituted</i>	2	
<b>KEVEYIS ORAL TABLET</b>	5	PA
<i>methazolamide oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	2	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>torsemide oral tablet</i>	2	EDS
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet</i>	1	EDS
<b>DYRENIUM ORAL CAPSULE</b>	4	EDS
<i>eplerenone oral tablet</i>	2	EDS
<i>spironolactone oral tablet</i>	1	EDS
<b>Diuretics, Thiazide</b>		
<i>chlorothiazide oral tablet</i>	1	EDS
<i>chlorothiazide sodium intravenous solution reconstituted</i>	2	HI
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<b>DIURIL ORAL SUSPENSION</b>	3	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet</i>	1	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>methyclothiazide oral tablet</i>	2	EDS
<i>metolazone oral tablet</i>	1	EDS
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<b>ANTARA ORAL CAPSULE 30 MG, 90 MG</b>	4	EDS
<i>fenofibrate micronized oral capsule</i>	2	EDS
<i>fenofibrate oral capsule</i>	2	EDS
<i>fenofibrate oral tablet</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
<i>fenofibric acid oral tablet</i>	2	EDS
<b>FENOGLIDE ORAL TABLET</b>	4	EDS
<b>FIBRICOR ORAL TABLET</b>	4	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
<b>LIPOFEN ORAL CAPSULE</b>	4	EDS

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

Drug Name	Tier	Requirements/Limits
TRIGLIDE ORAL TABLET 160 MG	4	EDS
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>fluvastatin sodium oral capsule</i>	2	EDS
LIVALO ORAL TABLET	4	EDS
<i>lovastatin oral tablet</i>	1	EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>rosuvastatin calcium oral tablet</i>	2	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts Only; EDS
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral packet</i>	2	EDS
<i>cholestyramine light oral powder</i>	2	EDS
<i>colestipol hcl oral granules</i>	2	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
<i>ezetimibe oral tablet</i>	2	EDS
JUXTAPID ORAL CAPSULE	5	PA New Starts Only
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EDS
<i>niacor oral tablet</i>	2	
OMEGA-3-ACID ETHYL ESTERS ORAL CAPSULE	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
<i>prevalite oral powder</i>	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

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

Drug Name	Tier	Requirements/Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
VASCEPA ORAL CAPSULE	3	EDS
WELCHOL ORAL PACKET	4	EDS
WELCHOL ORAL TABLET	4	EDS
<b>Vasodilators, Direct-Acting Arterial</b>		
BIDIL ORAL TABLET	4	EDS
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>minoxidil oral tablet</i>	2	EDS
<b>Vasodilators, Direct-Acting Arterial/Venous</b>		
ISORDIL TITRADOSE ORAL TABLET 40 MG	4	EDS
<i>isosorbide dinitrate er oral tablet extended release</i>	2	EDS
<i>isosorbide dinitrate oral tablet</i>	2	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	EDS
<i>isosorbide mononitrate oral tablet</i>	2	EDS
MINITRAN TRANSDERMAL PATCH 24 HOUR	4	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	2	EDS
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	4	EDS
RECTIV RECTAL OINTMENT	4	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>dextroamphetamine sulfate oral tablet</i>	2	EDS
<i>methamphetamine hcl oral tablet</i>	2	PA; AL (Max 64 Years); EDS
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	4	EDS
VYVANSE ORAL CAPSULE	4	EDS
VYVANSE ORAL TABLET CHEWABLE	4	EDS
ZENZEDI ORAL TABLET	4	EDS
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>atomoxetine hcl oral capsule</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	2	EDS
DAYTRANA TRANSDERMAL PATCH	4	EDS
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>dexmethylphenidate hcl oral tablet</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; AL (Max 64 Years); EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 40 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl oral solution</i>	2	EDS
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable</i>	2	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	4	EDS
STRATTERA ORAL CAPSULE	4	EDS
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
<i>estazolam oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EDS
NUEDEXTA ORAL CAPSULE	3	PA New Starts Only; EDS
RADICAVA INTRAVENOUS SOLUTION	5	PA New Starts Only
<i>riluzole oral tablet</i>	2	EDS
<i>tetrabenazine oral tablet</i>	5	PA New Starts Only
VECAMYL ORAL TABLET	4	PA; EDS
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles</i>	2	EDS
LYRICA ORAL CAPSULE	3	EDS
LYRICA ORAL SOLUTION	3	EDS
SAVELLA ORAL TABLET	3	QL (60 EA per 30 days); EDS
SAVELLA TITRATION PACK ORAL	3	QL (55 EA per 30 days)
<b>Multiple Sclerosis Agents</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA
AUBAGIO ORAL TABLET	5	
AVONEX INTRAMUSCULAR KIT	5	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	QL (4 EA per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	QL (4 EA per 28 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
GILENYA ORAL CAPSULE	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (30 ML per 30 days)
<i>mitoxantrone hcl intravenous concentrate 25 mg/12.5ml</i>	2	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 28 days)

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

Drug Name	Tier	Requirements/Limits
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	QL (12 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (6 ML per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA ORAL	5	
TECFIDERA ORAL CAPSULE DELAYED RELEASE	5	QL (60 EA per 30 days)
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
ZINBRYTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
cevimeline hcl oral capsule	2	EDS
chlorhexidine gluconate mouth/throat solution	2	
CUVPOSA ORAL SOLUTION	4	EDS
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline hyclate oral tablet delayed release 50 mg	2	
doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg	2	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	4	HI
minocycline hcl er oral tablet extended release 24 hour	2	
minocycline hcl oral capsule	2	
minocycline hcl oral tablet	2	
periogard mouth/throat solution	2	
pilocarpine hcl oral tablet	2	EDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	4	
triamcinolone acetonide mouth/throat paste	2	
VIBRAMYCIN ORAL SYRUP	4	

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

Drug Name	Tier	Requirements/Limits
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
ABSORICA ORAL CAPSULE	5	
ACANYA EXTERNAL GEL	4	
ACITRETIN ORAL CAPSULE	4	PA New Starts Only
ACZONE EXTERNAL GEL 5 %	4	
<i>adapalene external cream</i>	2	
<i>adapalene external gel</i>	2	
<i>adapalene-benzoyl peroxide external gel</i>	2	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnesteem oral capsule</i>	2	
APEXICON E EXTERNAL CREAM	4	
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
AZELEX EXTERNAL CREAM	3	
<i>benzoyl peroxide-erythromycin external gel</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	2	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	5	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel</i>	2	
<i>clindamycin-tretinoin external gel</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	3	
<i>cormax scalp application external solution</i>	2	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	

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

Drug Name	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA
<i>diclofenac sodium transdermal gel 3 %</i>	5	PA
DIFFERIN EXTERNAL LOTION	4	
<i>doxepin hcl external cream</i>	2	
<i>doxycycline hyclate oral capsule 50 mg</i>	2	
<i>doxycycline hyclate oral tablet delayed release 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ELIDEL EXTERNAL CREAM	4	
ENSTILAR EXTERNAL FOAM	4	PA
EPIDUO EXTERNAL GEL	4	
EPIDUO FORTE EXTERNAL GEL	4	
EUCRISA EXTERNAL OINTMENT	4	PA
FABIOR EXTERNAL FOAM	3	PA New Starts Only
FINACEA EXTERNAL FOAM	4	
FINACEA EXTERNAL GEL	4	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluorouracil intravenous solution 2.5 gm/50ml</i>	2	PA New Starts Only
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>imiquimod external cream</i>	2	PA New Starts Only
KERYDIN EXTERNAL SOLUTION	4	PA
LOCOID EXTERNAL LOTION	4	

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

Drug Name	Tier	Requirements/Limits
<i>methoxsalen rapid oral capsule</i>	2	
MIRVASO EXTERNAL GEL	4	PA
<i>myorisan oral capsule</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>neuac external gel</i>	2	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
ONEXTON EXTERNAL GEL	4	
<i>oxiconazole nitrate external cream</i>	2	
PICATO EXTERNAL GEL	4	
<i>podofilox external solution</i>	2	
<i>prednicarbate external cream</i>	2	
PRUDOXIN EXTERNAL CREAM	4	
REGRANEX EXTERNAL GEL	4	
SANTYL EXTERNAL OINTMENT	3	
<i>selenium sulfide external lotion</i>	2	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
SOOLANTRA EXTERNAL CREAM	4	
SORILUX EXTERNAL FOAM	4	
STELARA INTRAVENOUS SOLUTION	5	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
TACLONEX EXTERNAL SUSPENSION	5	
<i>tacrolimus external ointment</i>	2	
TALTZ SUBCUTANEOUS SOLUTION AUTO-Injector	5	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tazarotene external cream</i>	2	PA New Starts Only
TAZORAC EXTERNAL CREAM	3	PA New Starts Only
TAZORAC EXTERNAL GEL	3	PA New Starts Only
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>tretinoin microsphere external gel</i>	2	
TRIANEX EXTERNAL OINTMENT	4	
VALCHLOR EXTERNAL GEL	5	PA New Starts Only
VECTICAL EXTERNAL OINTMENT	3	
VEREGEN EXTERNAL OINTMENT	3	
VOLTAREN TRANSDERMAL GEL	4	PA
<i>zenatane oral capsule</i>	2	
ZIANA EXTERNAL GEL	3	
ZONALON EXTERNAL CREAM	4	
ZYCLARA EXTERNAL CREAM	5	PA New Starts Only
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	5	PA New Starts Only
<b>Enzyme Replacement/ Modifiers</b>		
<b>Enzyme Replacement/ Modifiers</b>		
ADAGEN INTRAMUSCULAR SOLUTION	5	PA
BUPHENYL ORAL TABLET	5	
CERDELGA ORAL CAPSULE	5	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	5	PA New Starts Only
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
CYSTADANE ORAL POWDER	3	EDS
CYSTAGON ORAL CAPSULE	3	EDS
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG	5	PA New Starts Only
KANUMA INTRAVENOUS SOLUTION	5	PA
KUVAN ORAL PACKET	5	PA
KUVAN ORAL TABLET SOLUBLE	5	PA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA New Starts Only
ORFADIN ORAL CAPSULE	5	PA
ORFADIN ORAL SUSPENSION	5	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PROCYSSI ORAL CAPSULE DELAYED RELEASE	5	PA New Starts Only
RAVICTI ORAL LIQUID	5	PA

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

Drug Name	Tier	Requirements/Limits
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML, 80 MG/0.8ML	5	PA
SUCRAID ORAL SOLUTION	5	PA New Starts Only
VIOKACE ORAL TABLET	4	EDS
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ZAVESCA ORAL CAPSULE	3	PA New Starts Only; EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000 UNIT, 25000 UNIT, 3000-10000 UNIT, 40000 UNIT, 5000 UNIT	3	EDS
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	2	
<i>dicyclomine hcl intramuscular solution</i>	2	
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate injection solution 4 mg/20ml</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	2	
<i>propantheline bromide oral tablet</i>	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	EDS
<b>Gastrointestinal Agents</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	2	
PYLERA ORAL CAPSULE	4	EDS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
<b>Gastrointestinal Agents, Other</b>		
CHENODAL ORAL TABLET	4	PA
CHOLBAM ORAL CAPSULE	5	PA
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
GATTEX SUBCUTANEOUS KIT	5	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl injection solution</i>	2	PA New Starts Only; AL (Max 64 Years)
<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	
MOVANTIK ORAL TABLET	4	
MYTESI ORAL TABLET DELAYED RELEASE	4	PA New Starts Only; EDS
OCALIVA ORAL TABLET	5	PA
<i>proctozone-hc rectal cream</i>	2	
RELISTOR ORAL TABLET	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	5	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
UCERIS RECTAL FOAM	4	
<i>ursodiol oral capsule</i>	2	EDS
<i>ursodiol oral tablet</i>	2	EDS
XERMELO ORAL TABLET	5	PA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution</i>	2	EDS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine intravenous solution 20 mg/2ml</i>	2	HI
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>famotidine premixed intravenous solution</i>	2	HI
<i>nizatidine oral capsule</i>	2	EDS
<i>nizatidine oral solution</i>	2	EDS
<i>ranitidine hcl injection solution 50 mg/2ml</i>	2	
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet</i>	2	EDS
<i>AMITIZA ORAL CAPSULE</i>	4	EDS
<i>BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES</i>	4	
<i>DELZICOL ORAL CAPSULE DELAYED RELEASE</i>	4	EDS
<i>GIAZO ORAL TABLET</i>	4	
<i>LINZESS ORAL CAPSULE</i>	4	EDS
<i>UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	5	
<i>UCERIS RECTAL FOAM</i>	4	
<i>VIBERZI ORAL TABLET</i>	4	PA; EDS
<b>Laxatives</b>		
<i>constulose oral solution</i>	2	EDS
<i>enulose oral solution</i>	2	EDS
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EDS
<i>GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM</i>	4	
<i>KRISTALOSE ORAL PACKET</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>MOVIPREP ORAL SOLUTION RECONSTITUTED</i>	4	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>polyethylene glycol 3350 oral powder</i>	2	
<i>PREPOPIK ORAL PACKET</i>	4	EDS
<i>trilyte oral solution reconstituted</i>	2	
<b>Protectants</b>		
<i>CARAFATE ORAL SUSPENSION</i>	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>misoprostol oral tablet</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
<b>Proton Pump Inhibitors</b>		
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	QL (30 EA per 30 days); EDS
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	EDS
<b>NEXIUM ORAL PACKET</b>	4	ST; EDS
<i>omeprazole oral capsule delayed release 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>omeprazole oral capsule delayed release 20 mg</i>	1	QL (60 EA per 30 days); EDS
<i>omeprazole oral capsule delayed release 40 mg</i>	1	EDS
<i>pantoprazole sodium intravenous solution reconstituted</i>	2	
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	QL (60 EA per 30 days); EDS
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
<b>GELNIQUE TRANSDERMAL GEL 10 %</b>	4	EDS
<b>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EDS
<i>oxybutynin chloride oral syrup</i>	2	EDS
<i>oxybutynin chloride oral tablet</i>	2	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EDS
<i>tolterodine tartrate oral tablet</i>	2	EDS
<b>TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	4	EDS

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

Drug Name	Tier	Requirements/Limits
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	EDS
<i>trospium chloride oral tablet</i>	2	EDS
VESICARE ORAL TABLET	3	EDS
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	EDS
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>dutasteride oral capsule</i>	2	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	EDS
<i>finasteride oral tablet 5 mg</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
RAPAFLO ORAL CAPSULE	4	EDS
<i>tamsulosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	2	EDS
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	2	
CUPRIMINE ORAL CAPSULE 250 MG	5	PA
DEPEN TITRATABS ORAL TABLET	5	
ELMIRON ORAL CAPSULE	4	EDS
<i>potassium citrate er oral tablet extended release</i>	2	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	2	EDS
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET	4	EDS
<i>calcium acetate (phos binder) oral capsule</i>	2	EDS
FOSRENOL ORAL PACKET	5	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG	5	
PHOSLYRA ORAL SOLUTION	4	EDS
RENAGEL ORAL TABLET	3	EDS
RENELA ORAL PACKET	5	
RENELA ORAL TABLET	5	
SEVELAMER CARBONATE ORAL PACKET	4	EDS
SEVELAMER CARBONATE ORAL TABLET	4	EDS

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

Drug Name	Tier	Requirements/Limits
VELPHORO ORAL TABLET CHEWABLE	5	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ala-cort external cream	2	
alclometasone dipropionate external cream	2	
alclometasone dipropionate external ointment	2	
amcinonide external cream	2	
AMCINONIDE EXTERNAL LOTION	4	
AMCINONIDE EXTERNAL OINTMENT	4	
betamethasone dipropionate aug external cream	2	
betamethasone dipropionate aug external gel	2	
betamethasone dipropionate aug external lotion	2	
betamethasone dipropionate aug external ointment	2	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	2	
betamethasone valerate external foam	2	
betamethasone valerate external lotion	2	
betamethasone valerate external ointment	2	
CAPEX EXTERNAL SHAMPOO	3	
clobetasol propionate e external cream	2	
clobetasol propionate external foam	2	
clobetasol propionate external gel	2	
clobetasol propionate external lotion	2	
clobetasol propionate external ointment	2	
clobetasol propionate external shampoo	2	
clobetasol propionate external solution	2	
clodan external shampoo	2	
CLODERM PUMP EXTERNAL CREAM	4	
CORDRAN EXTERNAL TAPE	3	

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

Drug Name	Tier	Requirements/Limits
cortisone acetate oral tablet	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DESONATE EXTERNAL GEL	4	
desonide external cream	2	
desonide external lotion	2	
desonide external ointment	2	
desoximetasone external cream	2	
desoximetasone external gel	2	
desoximetasone external ointment	2	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml	2	
DEXPAK 13 DAY ORAL TABLET THERAPY PACK	4	
diflorasone diacetate external cream	2	
diflorasone diacetate external ointment	2	
EMFLAZA ORAL SUSPENSION	5	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG	5	PA; QL (30 EA per 30 days)
EMFLAZA ORAL TABLET 36 MG, 6 MG	5	PA; QL (60 EA per 30 days)
fludrocortisone acetate oral tablet	2	EDS
fluocinolone acetonide body external oil	2	
fluocinolone acetonide external cream	2	
fluocinolone acetonide external ointment	2	
fluocinolone acetonide external solution	2	
fluocinolone acetonide otic oil	2	
fluocinonide external cream	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	
fluticasone propionate external cream	2	
fluticasone propionate external lotion	2	
fluticasone propionate external ointment	2	

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

Drug Name	Tier	Requirements/Limits
<i>halobetasol propionate external cream</i>	2	
<i>halobetasol propionate external ointment</i>	2	
HALOG EXTERNAL CREAM	3	
HALOG EXTERNAL OINTMENT	3	
HP ACTHAR INJECTION GEL	5	PA
<i>hydrocortisone butyr lipo base external cream</i>	2	
<i>hydrocortisone butyrate external ointment</i>	2	
<i>hydrocortisone butyrate external solution</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	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone valerate external cream</i>	2	
<i>hydrocortisone valerate external ointment</i>	2	
KENALOG INJECTION SUSPENSION	4	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	2	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 40 mg</i>	2	HI
MILLIPRED ORAL TABLET	4	
<i>mometasone furoate external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
PANDEL EXTERNAL CREAM	4	
<i>prednicarbate external ointment</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>prednisone oral tablet therapy pack</i>	2	
<i>procto-pak rectal cream</i>	2	
<i>proctozone-hc rectal cream</i>	2	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG	4	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM	4	
TOPICORT EXTERNAL CREAM 0.05 %	4	
TOPICORT EXTERNAL OINTMENT 0.05 %	4	
TOPICORT SPRAY EXTERNAL LIQUID	4	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment</i>	2	
<i>triamcinolone acetonide nasal aerosol</i>	2	
<i>triderm external cream 0.1 %</i>	2	
ULTRAVATE EXTERNAL LOTION	4	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	2	PA New Starts Only
<i>desmopressin ace rhinal tube nasal solution</i>	2	EDS
<i>desmopressin ace spray refrig nasal solution</i>	2	EDS
<i>desmopressin acetate injection solution</i>	2	
<i>desmopressin acetate oral tablet</i>	2	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	3	PA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	5	PA

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

Drug Name	Tier	Requirements/Limits
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; EDS
<i>novarel intramuscular solution reconstituted 10000 unit</i>	2	PA New Starts Only
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
<i>pregnyl intramuscular solution reconstituted</i>	2	PA New Starts Only
SAIZEN CLICK.EASY INJECTION SOLUTION RECONSTITUTED	4	PA; EDS
SAIZEN INJECTION SOLUTION RECONSTITUTED	4	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	4	PA New Starts Only; EDS
STIMATE NASAL SOLUTION	3	EDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>misoprostol oral tablet 200 mcg</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET	4	PA New Starts Only
<i>oxandrolone oral tablet</i>	2	

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

Drug Name	Tier	Requirements/Limits
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	3	PA; EDS
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	3	PA; EDS
<i>danazol oral capsule</i>	2	
FORTESTA TRANSDERMAL GEL	4	PA; EDS
METHITEST ORAL TABLET	3	PA; EDS
<i>methyltestosterone oral capsule</i>	2	PA; EDS
NATESTO NASAL GEL	4	PA; EDS
STRIANT BUCCAL	4	PA; EDS
TESTIM TRANSDERMAL GEL	4	PA; EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular solution</i>	2	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	4	PA; EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	2	PA; EDS
<i>testosterone transdermal solution</i>	2	PA; EDS
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%)	4	PA; EDS
<b>Estrogens</b>		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	PA
DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM	4	PA; AL (Max 64 Years); EDS
DUAVEE ORAL TABLET	4	PA; AL (Max 64 Years); EDS
ELESTRIN TRANSDERMAL GEL	4	PA; AL (Max 64 Years); EDS
ESTRACE VAGINAL CREAM	3	EDS
<i>estradiol oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>estradiol transdermal patch twice weekly</i>	2	PA; AL (Max 64 Years); EDS
<i>estradiol transdermal patch weekly</i>	2	PA; AL (Max 64 Years); EDS

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

Drug Name	Tier	Requirements/Limits
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	
ESTRING VAGINAL RING	4	EDS
<i>estropipate oral tablet</i>	2	PA; AL (Max 64 Years); EDS
EVAMIST TRANSDERMAL SOLUTION	4	PA; AL (Max 64 Years); EDS
FEMRING VAGINAL RING	4	EDS
<i>marlissa oral tablet</i>	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; AL (Max 64 Years); EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; AL (Max 64 Years); EDS
PREMARIN INJECTION SOLUTION RECONSTITUTED	3	
PREMARIN ORAL TABLET	3	PA; AL (Max 64 Years); EDS
PREMARIN VAGINAL CREAM	3	EDS
VAGIFEM VAGINAL TABLET 10 MCG	4	EDS
<i>yuvafem vaginal tablet</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>amabelz oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>amethia lo oral tablet</i>	2	EDS
<i>amethia oral tablet</i>	2	EDS
ANGELIQ ORAL TABLET	4	PA; AL (Max 64 Years); EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aubra oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
<i>balziva oral tablet</i>	2	EDS
<i>bekyree oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	2	EDS
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	

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

Drug Name	Tier	Requirements/Limits
<i>camrese lo oral tablet</i>	2	EDS
<i>caziant oral tablet</i>	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA; AL (Max 64 Years); EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA; AL (Max 64 Years); EDS
<i>cryselle-28 oral tablet</i>	2	EDS
<i>cyclafem 1/35 oral tablet</i>	2	EDS
<i>cyclafem 7/7/7 oral tablet</i>	2	EDS
<i>deblitane oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	EDS
<i>drospirenil-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	2	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	EDS
<i>emoquette oral tablet</i>	2	EDS
<i>enpresse-28 oral tablet</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	2	EDS
<i>falmina oral tablet</i>	2	EDS
<i>fayosim oral tablet</i>	2	EDS
<i>femynor oral tablet</i>	2	EDS
<i>fyavolv oral tablet</i>	2	PA; AL (Max 64 Years); EDS
<i>gianvi oral tablet</i>	2	EDS
<i>gildagia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
JINTELI ORAL TABLET	4	PA; AL (Max 64 Years); EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
junel fe 24 oral tablet	2	EDS
kaitlib fe oral tablet chewable	2	EDS
kariva oral tablet	2	EDS
kelnor 1/35 oral tablet	2	EDS
kimidess oral tablet	2	EDS
larin 1.5/30 oral tablet	2	EDS
larin 1/20 oral tablet	2	EDS
larin fe 1.5/30 oral tablet	2	EDS
larin fe 1/20 oral tablet	2	EDS
larissia oral tablet	2	EDS
layolis fe oral tablet chewable	2	EDS
leena oral tablet	2	EDS
lessina oral tablet	2	EDS
levonest oral tablet	2	EDS
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg, 0.15-0.03 mg	2	EDS
levonorgestrel-ethynodiol dihydrogen phosphate oral tablet 0.1- 20 mcg-mcg, 90-20 mcg	2	EDS
levonorgestrel estradiol oral tablet 0.1- 20 mcg-mcg, 90-20 mcg	2	EDS
levonorgestrel estradiol triphasic oral tablet	2	EDS
levora 0.15/30 (28) oral tablet	2	EDS
LO LOESTRIN FE ORAL TABLET	4	EDS
LOMEDIA 24 FE ORAL TABLET	4	EDS
loryna oral tablet	2	EDS
low-ogestrel oral tablet	2	EDS
lutera oral tablet	2	EDS
marlissa oral tablet	2	EDS
mibelas 24 fe oral tablet chewable	2	EDS
microgestin 1.5/30 oral tablet	2	EDS
microgestin 1/20 oral tablet	2	EDS
microgestin fe 1.5/30 oral tablet	2	EDS
microgestin fe 1/20 oral tablet	2	EDS
mimvey lo oral tablet	2	PA; AL (Max 64 Years); EDS
mimvey oral tablet	2	PA; AL (Max 64 Years); EDS
MINASTRIN 24 FE ORAL TABLET CHEWABLE	4	EDS
mononessa oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
NATAZIA ORAL TABLET	4	EDS
necon 0.5/35 (28) oral tablet	2	EDS
NECON 1/35 (28) ORAL TABLET	2	EDS
NECON 1/50 (28) ORAL TABLET	4	EDS
necon 7/7/7 oral tablet	2	EDS
nikki oral tablet	2	EDS
nora-be oral tablet	2	EDS
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	2	EDS
norethin ace-eth estrad-fe oral tablet chewable	2	EDS
norethindrone acet-ethinyl est oral tablet	2	EDS
norethindrone-eth estradiol oral tablet	2	PA; AL (Max 64 Years); EDS
norethin-eth estradiol-fe oral tablet chewable	2	EDS
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	2	EDS
norgestim-eth estrad triphasic oral tablet	2	EDS
norlyroc oral tablet	2	EDS
nortrel 0.5/35 (28) oral tablet	2	EDS
nortrel 1/35 (21) oral tablet	2	EDS
nortrel 1/35 (28) oral tablet	2	EDS
nortrel 7/7/7 oral tablet	2	EDS
NUVARING VAGINAL RING	3	EDS
ocella oral tablet	2	EDS
OGESTREL ORAL TABLET	3	EDS
orsythia oral tablet	2	EDS
pimtrea oral tablet	2	EDS
pirmella 1/35 oral tablet	2	EDS
portia-28 oral tablet	2	EDS
PREFEST ORAL TABLET	4	PA; AL (Max 64 Years); EDS
PREMPHASE ORAL TABLET	3	PA; AL (Max 64 Years); EDS
PREMPRO ORAL TABLET	3	PA; AL (Max 64 Years); EDS
previfem oral tablet	2	EDS
QUARTETTE ORAL TABLET	4	EDS
quasense oral tablet	2	EDS
reclipsen oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
rivelsa oral tablet	2	EDS
SAFYRAL ORAL TABLET	4	EDS
setlakin oral tablet	2	EDS
sharobel oral tablet	2	EDS
sprintec 28 oral tablet	2	EDS
sronyx oral tablet	2	EDS
tarina fe 1/20 oral tablet	2	EDS
tri-legest fe oral tablet	2	EDS
tri-lo-estarrylla oral tablet	2	EDS
tri-lo-sprintec oral tablet	2	EDS
trinessa (28) oral tablet	2	EDS
tri-previfem oral tablet	2	EDS
tri-sprintec oral tablet	2	EDS
trivora (28) oral tablet	2	EDS
velivet oral tablet	2	EDS
vestura oral tablet	2	EDS
vienna oral tablet	2	EDS
vyfemla oral tablet	2	EDS
wymzya fe oral tablet chewable	2	EDS
xulane transdermal patch weekly	2	EDS
zarah oral tablet	2	EDS
zenchent oral tablet	2	EDS
zovia 1/35e (28) oral tablet	2	EDS
ZOVIA 1/50E (28) ORAL TABLET	3	EDS
<b>Progestins</b>		
camila oral tablet	2	EDS
CRINONE VAGINAL GEL	4	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
errin oral tablet	2	EDS
jolivette oral tablet	2	EDS
lyza oral tablet	2	EDS
marlissa oral tablet	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular suspension</i>	2	
<i>medroxyprogesterone acetate oral tablet</i>	2	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	PA New Starts Only
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	PA New Starts Only; EDS
<i>megestrol acetate oral tablet</i>	2	PA New Starts Only
<i>norethindrone acetate oral tablet</i>	2	EDS
<i>norethindrone oral tablet</i>	2	EDS
<i>progesterone micronized oral capsule</i>	2	EDS
<b>Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hcl oral tablet</i>	2	EDS
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)</b>		
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 100 MCG	4	
<i>levothyroxine sodium oral tablet</i>	2	EDS
<i>levoxyl oral tablet</i>	2	EDS
<i>liothyronine sodium intravenous solution</i>	2	
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	3	EDS
THYROLAR-1 ORAL TABLET	4	EDS
THYROLAR-1/2 ORAL TABLET	4	EDS
THYROLAR-1/4 ORAL TABLET	4	EDS
THYROLAR-2 ORAL TABLET	4	EDS
THYROLAR-3 ORAL TABLET	4	EDS
TIROSINT ORAL CAPSULE	4	EDS
<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	EDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN ORAL TABLET	3	

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

Drug Name	Tier	Requirements/Limits
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
<b>Hormonal Agents, Suppressant (Parathyroid)</b>		
SENSIPAR ORAL TABLET	3	EDS
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	PA New Starts Only
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts Only
<i>leuprolide acetate injection kit</i>	2	PA New Starts Only
LUPANETA PACK COMBINATION KIT	4	BD
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts Only
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts Only
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	PA New Starts Only; EDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	5	PA New Starts Only
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA; EDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA New Starts Only
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	5	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
SYNAREL NASAL SOLUTION	3	PA New Starts Only

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

Drug Name	Tier	Requirements/Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	4	PA
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
<b>Immunological Agents</b>		
<b>Angioedema (Hae) Agents</b>		
BERINERT INTRAVENOUS KIT	5	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
FIRAZYR SUBCUTANEOUS SOLUTION	5	PA New Starts Only
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
<b>Immune Suppressants</b>		
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA New Starts Only
AFINITOR ORAL TABLET 2.5 MG	5	PA New Starts Only
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
ATGAM INTRAVENOUS INJECTABLE	3	BD
AZASAN ORAL TABLET	3	BD; EDS
<i>azathioprine oral tablet</i>	2	BD; EDS
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts Only
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts Only
CIMZIA PREFILLED SUBCUTANEOUS KIT	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
<i>cyclosporine intravenous solution</i>	2	BD
<i>cyclosporine modified oral capsule</i>	2	BD; EDS
<i>cyclosporine modified oral solution</i>	2	BD; EDS
<i>cyclosporine oral capsule</i>	2	BD; EDS
DEPEN TITRATABS ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
ELIDEL EXTERNAL CREAM	4	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
<i>gengraf oral capsule</i>	2	BD; EDS
<i>gengraf oral solution</i>	2	BD; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	5	PA
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA PEN-PSORIASIS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
INGREZZA ORAL CAPSULE 40 MG	5	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml</i>	2	BD
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	BD
<i>methotrexate sodium injection solution reconstituted</i>	2	BD
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	2	BD
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release 360 mg</i>	2	BD
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	4	BD
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
OTEZLA ORAL TABLET	5	PA
OTEZLA ORAL TABLET THERAPY PACK	5	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	4	PA; EDS
PROGRAF INTRAVENOUS SOLUTION	3	BD
RAPAMUNE ORAL SOLUTION	3	BD; EDS
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 20 MG	4	BD
<i>sirolimus oral tablet</i>	2	BD; EDS
<i>tacrolimus oral capsule</i>	2	BD; EDS
TREXALL ORAL TABLET	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
XATMEP ORAL SOLUTION	4	PA New Starts Only
XELJANZ ORAL TABLET	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	PA
ZORTRESS ORAL TABLET	3	BD; EDS
<b>Immunizing Agents, Passive</b>		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML	5	PA; HI
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	5	PA; HI
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA; HI
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA; HI
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA; HI
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA; HI
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA; HI
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA; HI
HYPERRAB S/D INTRAMUSCULAR INJECTABLE 150 UNIT/ML	3	BD
IMOGLAM RABIES-HT INTRAMUSCULAR INJECTABLE	3	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA; HI
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA; HI
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	4	BD
<b>Immunological Agents</b>		
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
leflunomide oral tablet 20 mg	2	EDS
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML	5	PA
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA New Starts Only
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ILARIS (150MG DELIVERED) SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
KEYTRUDA INTRAVENOUS SOLUTION	5	PA New Starts Only
KEYTRUDA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
leflunomide oral tablet 10 mg	2	QL (30 EA per 30 days); EDS
leflunomide oral tablet 20 mg	2	EDS
RIDAURA ORAL CAPSULE	3	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BD
TYSABRI INTRAVENOUS CONCENTRATE	5	PA
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION	3	
BCG VACCINE INJECTION INJECTABLE	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3	
ENGERIX-B INJECTION SUSPENSION 10 MCG/0.5ML, 20 MCG/ML	3	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
HAVRIX INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Tier	Requirements/Limits
HIBERIX INJECTION SOLUTION RECONSTITUTED	3	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	3	
INFANRIX INTRAMUSCULAR SUSPENSION	3	
IPOV INJECTION INJECTABLE	3	
IXIARO INTRAMUSCULAR SUSPENSION	3	
KINRIX INTRAMUSCULAR SUSPENSION	3	
MENACTRA INTRAMUSCULAR INJECTABLE	3	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
M-M-R II SUBCUTANEOUS INJECTABLE	3	
PEDIARIX INTRAMUSCULAR SUSPENSION	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	3	
PROQUAD SUBCUTANEOUS INJECTABLE	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BD
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
TENIVAC INTRAMUSCULAR INJECTABLE	3	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
TWINRIX INTRAMUSCULAR SUSPENSION	3	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	3	

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

Drug Name	Tier	Requirements/Limits
VARIVAX SUBCUTANEOUS INJECTABLE	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX SUBCUTANEOUS INJECTABLE	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
ASACOL HD ORAL TABLET DELAYED RELEASE	4	
<i>balsalazide disodium oral capsule</i>	2	
CANASA RECTAL SUPPOSITORY	5	
DELZICOL ORAL CAPSULE DELAYED RELEASE	4	EDS
DIPENTUM ORAL CAPSULE	4	EDS
LIALDA ORAL TABLET DELAYED RELEASE	4	
<i>mesalamine oral tablet delayed release</i>	2	
<i>mesalamine-cleanser rectal kit</i>	2	
PENTASA ORAL CAPSULE EXTENDED RELEASE	4	EDS
SFROWASA RECTAL ENEMA	4	
<b>Glucocorticoids</b>		
BUDESONIDE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	
<i>cocolort rectal enema</i>	2	
<i>cortisone acetate oral tablet</i>	2	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	4	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>hydrocortisone oral tablet</i>	2	
<i>hydrocortisone rectal enema</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 V.

Drug Name	Tier	Requirements/Limits
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablet therapy pack</i>	2	
<b>MILLIPRED ORAL TABLET</b>	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>procto-med hc rectal cream</i>	2	
<i>proctosol hc rectal cream</i>	2	
<b>SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 250 MG</b>	4	
<b>SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 2 GM</b>	4	
<b>Sulfonamides</b>		
<i>sulfasalazine oral tablet</i>	2	EDS
<i>sulfasalazine oral tablet delayed release</i>	2	EDS
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	2	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	EDS
<i>alendronate sodium oral tablet 40 mg</i>	1	
<b>BINOSTO ORAL TABLET EFFERVESCENT</b>	4	EDS
<i>calcitonin (salmon) nasal solution</i>	2	EDS
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	HI
<i>calcitriol oral capsule</i>	2	EDS
<i>calcitriol oral solution</i>	2	EDS
<i>doxercalciferol intravenous solution</i>	2	HI
<i>doxercalciferol oral capsule</i>	2	ST; EDS
<i>etidronate disodium oral tablet</i>	2	
<b>FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML</b>	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	2	PA
<i>ibandronate sodium oral tablet</i>	2	EDS
MIACALCIN INJECTION SOLUTION	4	
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA
<i>pamidronate disodium intravenous solution</i>	2	PA
<i>paricalcitol oral capsule</i>	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION	4	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	4	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	2	EDS
<i>risedronate sodium oral tablet delayed release</i>	2	EDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	BD
<i>zoledronic acid intravenous concentrate</i>	2	PA
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	2	PA
ZOMETA INTRAVENOUS SOLUTION	4	PA
<b>Non-Frf</b>		
<b>Non-Frf</b>		
<i>abacavir sulfate oral solution</i>	2	EDS
ABILITY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	
ABILITY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	
<i>acetasol hc otic solution</i>	2	
ACZONE EXTERNAL GEL 7.5 %	4	
<i>alcohol wipes pad 70 %</i>	2	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	2	
ALTABAX EXTERNAL OINTMENT	4	
AMINOSYN INTRAVENOUS SOLUTION 10 %	3	
AMINOSYN M INTRAVENOUS SOLUTION	3	

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

Drug Name	Tier	Requirements/Limits
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm	2	
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML	3	PA
aspirin-caff-dihydrocodeine oral capsule	2	
atropine sulfate injection solution prefilled syringe 0.5 mg/5ml	2	
azurette oral tablet	2	EDS
BEVYXXA ORAL CAPSULE	4	PA
bromfenac sodium (once-daily) ophthalmic solution	2	
camrese oral tablet	2	EDS
carvedilol phosphate er oral capsule extended release 24 hour	2	EDS
cefditoren pivoxil oral tablet	2	
cefepime-dextrose intravenous solution reconstituted	2	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	4	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	4	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	4	
ceftriaxone sodium injection solution reconstituted 1 gm	2	
cholestyramine oral packet	2	EDS
cholestyramine oral powder	2	EDS
clindamycin phosphate intravenous solution 600 mg/4ml	2	
clobetasol propionate external cream	2	
colestipol hcl oral packet	2	EDS
dapsone external gel	2	
DARZALEX INTRAVENOUS SOLUTION 400 MG/20ML	5	PA New Starts Only
daysee oral tablet	2	EDS
desmopressin acetate spray nasal solution	2	EDS
dexamethasone oral solution	2	

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

Drug Name	Tier	Requirements/Limits
DIAZEPAM RECTAL GEL 20 MG	4	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
DILAUDID INJECTION SOLUTION 4 MG/ML	4	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EDS
<i>doxycycline hyclate intravenous solution reconstituted</i>	2	
<i>effer-k oral tablet effervescent 25 meq</i>	2	EDS
ELIXOPHYLLIN ORAL ELIXIR	3	EDS
<i>epirubicin hcl intravenous solution 50 mg/25ml</i>	2	PA
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
FACTIVE ORAL TABLET	4	
<i>fluconazole in dextrose intravenous solution 400 mg/200ml</i>	2	
<i>fluocinolone acetonide scalp external oil</i>	2	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	
GARDASIL INTRAMUSCULAR SUSPENSION	3	
<i>gauze pads pad 2"x2"</i>	2	
<i>gavilyte-h oral kit</i>	2	
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	5	QL (30 ML per 30 days)
GLATIRAMER ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	QL (12 ML per 28 days)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
HEMANGEOL ORAL SOLUTION	4	PA
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	2	
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	

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

Drug Name	Tier	Requirements/Limits
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 45 MG	3	PA
jolessa oral tablet	2	EDS
k-effervescent oral tablet effervescent	2	EDS
klor-con/ef oral tablet effervescent	2	EDS
k-prime oral tablet effervescent	2	EDS
k-vescent oral tablet effervescent	2	EDS
LARTRUVO INTRAVENOUS SOLUTION 190 MG/19ML	5	PA New Starts Only
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	2	EDS
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG, 500 MCG	4	
lidocaine hcl (pf) injection solution 2 %	2	
lidocaine hcl injection solution 1 %	2	
lopreeza oral tablet	2	PA; AL (Max 64 Years); EDS
lorazepam injection solution	2	
MAFENIDE ACETATE EXTERNAL PACKET	4	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	
mesalamine rectal enema	2	
methotrexate sodium (pf) injection solution 100 mg/4ml, 250 mg/10ml, 50 mg/2ml	2	BD
methotrexate sodium injection solution 250 mg/10ml	2	BD
methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg	2	EDS
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	EDS
methylprednisolone sodium succ injection solution reconstituted 125 mg	2	
metoprolol-hctz er oral tablet extended release 24 hour	2	EDS
moxifloxacin hcl in nacl intravenous solution	2	
naloxone hcl injection solution cartridge	2	
NECON 1/35 (28) ORAL TABLET	2	EDS
nifedical xl oral tablet extended release 24 hour 60 mg	2	EDS

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

Drug Name	Tier	Requirements/Limits
NITYR ORAL TABLET	5	PA
OMECLAMOX-PAK ORAL	4	
ONCASPAR INJECTION SOLUTION	5	PA
<i>ondansetron hcl injection solution 40 mg/20ml</i>	2	
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML	5	PA New Starts Only
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
<i>oxacillin sodium injection solution reconstituted 2 gm</i>	2	
OXAYDO ORAL TABLET ABUSE-DETERRENT	4	
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5ML, 150 MCG/0.5ML, 80 MCG/0.5ML	5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	QL (1 ML per 365 days)
<i>polyethylene glycol 3350 oral packet</i>	2	
<i>potassium bicarbonate oral tablet effervescent</i>	2	EDS
<i>potassium chloride oral packet</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone oral syrup 15 mg/5ml</i>	2	
<i>rajani oral tablet</i>	2	EDS
RENACIDIN IRRIGATION SOLUTION	3	
RESCULA OPHTHALMIC SOLUTION	4	EDS
<i>ribavirin inhalation solution reconstituted</i>	5	BD
<i>risperidone m-tab oral tablet dispersible</i>	2	QL (120 EA per 30 days); EDS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	5	PA New Starts Only
<i>scopolamine transdermal patch 72 hour</i>	2	EDS
SECONAL ORAL CAPSULE	4	PA New Starts Only
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA

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

Drug Name	Tier	Requirements/Limits
sodium polystyrene sulfonate rectal suspension	2	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG	4	
sotalol hcl (af) oral tablet 160 mg, 80 mg	2	EDS
SPECTRACEF ORAL TABLET 400 MG	4	
SPRIX NASAL SOLUTION	4	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML	5	PA
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA
SUMATRIPTAN-NAPROXEN SODIUM ORAL TABLET	3	
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 400 MG	5	BD
SYMPROIC ORAL TABLET	4	PA
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour 150 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er oral tablet extended release 24 hour 300 mg	2	ST; QL (30 EA per 30 days)
UVADEX INJECTION SOLUTION	4	
valproic acid oral solution	2	EDS
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	2	
vancomycin hcl intravenous solution reconstituted 5000 mg	2	
VELTIN EXTERNAL GEL	4	
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
violele oral tablet	2	EDS
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	5	BD
VISTOGARD ORAL PACKET	5	

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

Drug Name	Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents</b>		
<i>bacitracin-polymyxin b ophthalmic ointment</i> 500-10000 unit/gm	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</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 1.75-10000-0.025</i>	2	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	4	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
ZYLET OPHTHALMIC SUSPENSION	4	
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution</i>	2	EDS
CYSTARAN OPHTHALMIC SOLUTION	5	PA New Starts Only
LACRISERT OPHTHALMIC INSERT	3	
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	EDS

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

Drug Name	Tier	Requirements/Limits
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	4	
<b>Ophthalmic Anti-Allergy Agents</b>		
ALOCRIL OPHTHALMIC SOLUTION	4	
ALOMIDE OPHTHALMIC SOLUTION	3	
<i>azelastine hcl ophthalmic solution</i>	2	
BEPREVE OPHTHALMIC SOLUTION	4	
<i>cromolyn sodium ophthalmic solution</i>	2	
EMADINE OPHTHALMIC SOLUTION	4	
<i>epinastine hcl ophthalmic solution</i>	2	
LASTACAFT OPHTHALMIC SOLUTION	4	
<i>olopatadine hcl ophthalmic solution</i>	2	
PATADAY OPHTHALMIC SOLUTION	4	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide oral tablet</i>	2	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
<i>apraclonidine hcl ophthalmic solution</i>	2	
AZOPT OPHTHALMIC SUSPENSION	3	EDS
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
<i>bimatoprost ophthalmic solution</i>	2	EDS
<i>brimonidine tartrate ophthalmic solution</i>	2	EDS
<i>carteolol hcl ophthalmic solution</i>	2	EDS
COMBIGAN OPHTHALMIC SOLUTION	3	EDS
COSOPT PF OPHTHALMIC SOLUTION	4	EDS
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	2	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
ISTALOL OPHTHALMIC SOLUTION	3	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	2	EDS
<i>methazolamide oral tablet</i>	2	EDS
<i>metipranolol ophthalmic solution</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution</i>	2	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	EDS
<b>Ophthalmic Anti-Inflammatories</b>		
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	3	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
FML FORTE OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	3	
ILEVRO OPHTHALMIC SUSPENSION	3	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
MAXIDEX OPHTHALMIC SUSPENSION	3	
NEVANAC OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	3	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<i>bimatoprost ophthalmic solution</i>	2	EDS
<i>latanoprost ophthalmic solution</i>	2	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
TRAVATAN Z OPHTHALMIC SOLUTION	3	EDS
ZIOPTAN OPHTHALMIC SOLUTION	4	EDS
<b>Otic Agents</b>		
<b>Otic Agents</b>		
CIPRO HC OTIC SUSPENSION	4	
CIPRODEX OTIC SUSPENSION	3	
COLY-MYCIN S OTIC SUSPENSION	4	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<i>ofloxacin oral tablet 300 mg</i>	2	
OTOVEL OTIC SOLUTION	4	
<b>Respiratory Tract/ Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>carbinoxamine maleate oral solution</i>	2	PA; AL (Max 64 Years)
<i>carbinoxamine maleate oral tablet</i>	2	PA; AL (Max 64 Years)
CLARINEX ORAL SYRUP	4	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; AL (Max 64 Years)
<i>cyproheptadine hcl oral syrup</i>	2	PA; AL (Max 64 Years)
<i>cyproheptadine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>desloratadine oral tablet</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible</i>	2	QL (30 EA per 30 days)
<i>diphenhydramine hcl injection solution</i>	2	
<i>diphenhydramine hcl oral elixir</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>hydroxyzine pamoate oral capsule</i>	2	PA; AL (Max 64 Years)
<i>levocetirizine dihydrochloride oral solution</i>	2	

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

Drug Name	Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral tablet</i>	2	QL (30 EA per 30 days)
<i>olopatadine hcl nasal solution</i>	2	QL (30.5 GM per 30 days)
<i>promethazine hcl injection solution</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)
SEMPREX-D ORAL CAPSULE	4	
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ADVAIR HFA INHALATION AEROSOL	3	EDS
AEROSCAN INHALATION AEROSOL SOLUTION	2	EDS
ALVESCO INHALATION AEROSOL SOLUTION	2	EDS
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL (30 EA per 30 days); EDS
ASMANEX 120 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX 30 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX 60 METERED DOSES INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX HFA INHALATION AEROSOL	2	EDS
BECONASE AQ NASAL SUSPENSION	3	
<i>budesonide inhalation suspension</i>	2	BD
<i>budesonide nasal suspension</i>	2	QL (17.2 GM per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCGBLIST, 50 MCGBLIST	2	QL (60 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	QL (240 EA per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	QL (24 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	2	QL (50 ML per 25 days)
<i>fluticasone propionate external lotion</i>	2	
<i>fluticasone propionate nasal suspension</i>	2	QL (16 GM per 30 days)
<i>mometasone furoate nasal suspension</i>	2	
NASONEX NASAL SUSPENSION	4	
OMNARIS NASAL SUSPENSION	4	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
<i>qvar inhalation aerosol solution 40 mcg/act</i>	2	QL (8.7 GM per 30 days); EDS
<i>qvar inhalation aerosol solution 80 mcg/act</i>	2	QL (17.4 GM per 30 days); EDS
ZETONNA NASAL AEROSOL SOLUTION	4	
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	2	EDS
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
<i>zafirlukast oral tablet</i>	2	EDS
<i>zileuton er oral tablet extended release 12 hour</i>	5	PA
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR	5	PA
ZYFLO ORAL TABLET	5	PA
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ipratropium bromide inhalation solution</i>	2	BD
<i>ipratropium bromide nasal solution</i>	2	QL (30 ML per 30 days); EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	QL (30 EA per 30 days); EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (60 GM per 30 days); EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	4	EDS
<b>Bronchodilators, Sympathomimetic</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ADVAIR HFA INHALATION AEROSOL	3	EDS
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	2	EDS
<i>albuterol sulfate inhalation nebulization solution</i>	2	BD
<i>albuterol sulfate oral syrup</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	2	EDS
ARCAPTA NEOHALER INHALATION CAPSULE	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
BROVANA INHALATION NEBULIZATION SOLUTION	4	BD
DULERA INHALATION AEROSOL	4	EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EDS
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	2	BD
<i>levalbuterol tartrate inhalation aerosol</i>	2	EDS
<i>metaproterenol sulfate oral syrup</i>	2	EDS
<i>metaproterenol sulfate oral tablet</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	BD
PROAIR HFA INHALATION AEROSOL SOLUTION	3	EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	QL (60 EA per 30 days); EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	QL (60 GM per 30 days); EDS
<i>terbutaline sulfate injection solution</i>	2	
<i>terbutaline sulfate oral tablet</i>	2	EDS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	EDS
<b>Cystic Fibrosis Agents</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	
KALYDECO ORAL PACKET	5	PA New Starts Only
KALYDECO ORAL TABLET	5	PA New Starts Only
ORKAMBI ORAL TABLET	5	PA
PULMOZYME INHALATION SOLUTION	5	BD
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts Only
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	2	BD
<i>cromolyn sodium oral concentrate</i>	2	EDS
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
<i>aminophylline intravenous solution</i>	2	
DALIRESP ORAL TABLET	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>theophylline er oral tablet extended release 12 hour</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS
<i>theophylline oral solution</i>	2	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Pulmonary Antihypertensives</b>		
ADCIRCA ORAL TABLET	5	PA New Starts Only
ADEMPAS ORAL TABLET	5	PA New Starts Only
LETAIRIS ORAL TABLET	5	PA New Starts Only
OPSUMIT ORAL TABLET	5	PA New Starts Only
ORENITRAM ORAL TABLET EXTENDED RELEASE	4	PA New Starts Only; EDS
REMODULIN INJECTION SOLUTION	4	PA New Starts Only
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA New Starts Only
<i>sildenafil citrate intravenous solution</i>	5	PA New Starts Only
<i>sildenafil citrate oral tablet</i>	2	PA New Starts Only; EDS
TRACLEER ORAL TABLET	5	PA New Starts Only
VENTAVIS INHALATION SOLUTION	4	PA New Starts Only; EDS
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	2	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts Only; HI
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts Only; HI
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	4	PA; EDS
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	4	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts Only
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	4	PA; EDS
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts Only
<b>Respiratory Tract/ Pulmonary Agents</b>		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS

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

Drug Name	Tier	Requirements/Limits
ADVAIR HFA INHALATION AEROSOL	3	EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
DYMISTA NASAL SUSPENSION	4	QL (23 GM per 30 days)
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EDS
<i>ipratropium-albuterol inhalation solution</i>	2	BD
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
OFEV ORAL CAPSULE	5	PA
<i>promethazine vc plain oral solution</i>	2	PA; AL (Max 64 Years)
PULMOZYME INHALATION SOLUTION	5	BD
SYMBICORT INHALATION AEROSOL	3	QL (10.2 GM per 30 days); EDS
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet</i>	2	PA; AL (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; AL (Max 64 Years)
<i>cyclobenzaprine hcl oral tablet</i>	2	PA; AL (Max 64 Years)
<i>metaxall oral tablet</i>	2	PA; AL (Max 64 Years)
<i>metaxalone oral tablet</i>	2	PA; AL (Max 64 Years)
<i>methocarbamol oral tablet</i>	2	PA; AL (Max 64 Years)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	PA; AL (Max 64 Years)
<i>tizanidine hcl oral capsule</i>	2	EDS
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<i>temazepam oral capsule</i>	2	PA New Starts Only; QL (7 EA per 30 days); AL (Max 64 Years)
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts Only
<b>Sleep Disorders, Other</b>		
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA New Starts Only; AL (Max 64 Years); EDS

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

Drug Name	Tier	Requirements/Limits
<i>doxepin hcl oral concentrate</i>	2	PA New Starts Only; AL (Max 64 Years); EDS
HETLIOZ ORAL CAPSULE	5	PA
<i>modafinil oral tablet</i>	2	PA; EDS
ROZEREM ORAL TABLET	3	QL (30 EA per 30 days); EDS
XYREM ORAL SOLUTION	5	PA New Starts Only
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>		
<b>Electrolyte/ Mineral Modifiers</b>		
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	3	HI
AMINOSYN-RF INTRAVENOUS SOLUTION	3	HI
CHEMET ORAL CAPSULE	3	
DEPEN TITRATABS ORAL TABLET	5	
EXJADE ORAL TABLET SOLUBLE	5	PA
FERRIPROX ORAL SOLUTION	5	PA New Starts Only
FERRIPROX ORAL TABLET	5	PA New Starts Only
FREAMINE HBC INTRAVENOUS SOLUTION	3	HI
JADENU ORAL TABLET	5	PA
JADENU SPRINKLE ORAL PACKET	5	PA
<i>kionex oral powder</i>	2	
PLENAMINE INTRAVENOUS SOLUTION	3	HI
SAMSCA ORAL TABLET	5	PA
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps oral suspension</i>	2	EDS
SYPRINE ORAL CAPSULE	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	3	
<b>Electrolyte/ Mineral Replacement</b>		
CARBAGLU ORAL TABLET	5	PA New Starts Only
ISOLYTE-S INTRAVENOUS SOLUTION	4	HI
<i>klor-con 10 oral tablet extended release</i>	2	EDS
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE	2	EDS

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

Drug Name	Tier	Requirements/Limits
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
<i>klor-con sprinkle oral capsule extended release</i>	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	HI
OSMOPREP ORAL TABLET	4	
<i>physiolyte irrigation solution</i>	2	
<i>physiosol irrigation irrigation solution</i>	2	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	HI
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	HI
<i>potassium chloride crys er oral tablet extended release</i>	2	
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</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 solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>sodium chloride injection solution 2.5 meq/ml</i>	2	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
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You can find information on what the symbols and abbreviations on this table mean by going to page V.

Drug Name	Tier	Requirements/Limits
<b>Therapeutic Nutrients/ Minerals/ Electrolytes</b>		
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AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION	3	HI
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 8.5 %	3	HI
AMINOSYN-HBC INTRAVENOUS SOLUTION	3	HI
AMINOSYN-PF INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	HI

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

Drug Name	Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	HI
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	HI
CLINISOL SF INTRAVENOUS SOLUTION	3	HI
<i>dextrose in lactated ringers intravenous solution</i>	2	HI
<i>dextrose intravenous solution 10 %, 5 %</i>	2	HI
<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
<i>fomepizole intravenous solution 1 gm/ml</i>	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	HI
<i>intralipid intravenous emulsion 20 %</i>	2	HI
INTRALIPID INTRAVENOUS EMULSION 30 %	4	HI
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	HI
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	HI
<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 intravenous solution</i>	2	HI
<i>lactated ringers intravenous solution</i>	2	HI
<i>lactated ringers irrigation solution</i>	2	
<i>levocarnitine oral solution</i>	2	EDS
<i>levocarnitine oral tablet</i>	2	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	HI
<i>normosol-m in d5w intravenous solution</i>	2	HI
<i>normosol-r in d5w intravenous solution</i>	2	HI
<i>nutrilipid intravenous emulsion 20 %</i>	2	BD
PLENAMINE INTRAVENOUS SOLUTION	3	HI
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	2	HI
PREMASOL INTRAVENOUS SOLUTION	3	HI

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

Drug Name	Tier	Requirements/Limits
PRENATAL ORAL TABLET 27-1 MG	3	EDS
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	HI
<i>ringers intravenous solution</i>	2	
<i>ringers irrigation irrigation solution</i>	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	2	
<i>sterile water for irrigation irrigation solution</i>	2	
<i>tpn electrolytes intravenous solution</i>	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 6 %	3	HI
<b>Vitamins</b>		
<i>doxercalciferol intravenous solution</i>	2	HI
<i>doxercalciferol oral capsule</i>	2	ST; EDS

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CLINIMIX/DEXTROSE (4.25/10).....	116	COMBIVENT RESPIMAT....	113	cytarabine.....	34
CLINIMIX/DEXTROSE (4.25/20).....	116	COMETRIQ (100 MG DAILY		cytarabine (pf).....	34
CLINIMIX/DEXTROSE (4.25/25).....	116	DOSE).....	37	dacarbazine.....	34
CLINIMIX/DEXTROSE (5/15).....	116	COMETRIQ (140 MG DAILY		DALIRESP.....	111
CLINIMIX/DEXTROSE (5/20).....	116	DOSE).....	37	danazol.....	82
CLINIMIX/DEXTROSE (5/25).....	116	COMFORT ASSIST		dantrolene sodium.....	44
CLINIMIX/DEXTROSE (2.75/20).....	116	INSULIN SYRINGE.....	53	dapsone.....	31, 99
CLINIMIX/DEXTROSE (4.25/25).....	116	COMPLERA.....	46	DAPTOMYCIN.....	10
CLINIMIX/DEXTROSE (4.25/5).....	116	compro.....	24	DARAPRIM.....	39
CLINIMIX/DEXTROSE (5/15).....	116	CONDYLOX.....	68	darifenacin hydrobromide er..	75
CLINIMIX/DEXTROSE (5/20).....	117	constulose.....	74	DARZALEX.....	38, 99
		CONZIP .....	5	daunorubicin hcl.....	34
		COPAXONE.....	66	daysee.....	99
		CORDRAN.....	77	DAYTRANA.....	65
		COREG CR.....	58	deblitane.....	84
		CORLANOR.....	61	decitabine.....	34
				DELESTROGEN.....	82
				delyla.....	84

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DELZICOL	74, 96	diclofenac sodium er	4, 29	doxycycline monohydrate
demeclocycline hcl	17	dicloxacillin sodium	14	..... 17, 67, 69
DEM SER	60	dicyclomine hcl	72	dronabinol
DENAVIR	45	didanosine	46	drospirene-eth estrad-
DEPEN TITRATABS	76, 90, 114	DIFFERIN	69	levomefol
DEPO-ESTRADIOL	82	DIFICID	15	84
DEPO-MEDROL	28, 78, 96	diflorasone diacetate	78	drospirenone-ethinyl
DEPO-PROVERA	87	dilunisal	4, 29	estradiol
DEPO-SUBQ PROVERA	104	digitek	61	84
DESCO VY	87	digox	100	DROXIA
desipramine hcl	46	digoxin	61	33
desloratadine	23	dihydroergotamine mesylate	30	DUAVEE
desmopressin ace rhinal	107	DILANTIN	20	DULERA
tube	80	DILAUDID	100	110
desmopressin ace spray	80	diltiazem hcl	59	duloxetine hcl
refrig	80	diltiazem hcl er	59	22, 49, 66
desmopressin acetate	80	diltiazem hcl er beads	59	DUOPA
desmopressin acetate spray	99	diltiazem hcl er coated	59	41
desogestrel-ethinyl estradiol	84	beads	59, 100	DUPIXENT
DESONATE	78	dilt-xr	59	duramorph
desonide	78	DIPENTUM	96	5
desoximetasone	78	diphenhydramine hcl	24, 40, 107	DUREZOL
desvenlafaxine er	22	diphenoxylate-atropine	72	dutasteride
desvenlafaxine succinate er	22	DIPHTHERIA-TETANUS		76
dexamethasone	28, 78, 96	TOXOIDS DT	94	dutasteride-tamsulosin hcl
DEXAMETHASONE INTENSOL	28, 78, 96	dipyridamole	56	76
dexamethasone sodium		disopyramide phosphate	57	dutoprol
phosphate	28, 78, 106	disulfiram	8	60
dexmethylphenidate hcl	65	DIURIL	62	DYMISTA
dexmethylphenidate hcl er	65	divalproex sodium	18, 30, 50	DYRENIUM
DEXPAK 13 DAY	78	divalproex sodium er.	18, 30, 50	e.e.s. 400
dexrazoxane	34	DIVIGEL	82	15
dextroamphetamine sulfate	65	DOCETAXEL	34	econazole nitrate
dextroamphetamine sulfate er	64	dofetilide	57	EDARBI
dextrose	117	donepezil hcl	20	57
dextrose in lactated ringers	117	DORIBAX	13	EDARBYCLOR
dextrose-nacl	117	dorzolamide hcl	105	EDURANT
DIASTAT ACUDIAL	18, 49	dorzolamide hcl-timolol mal.	105	effer-k
DIASTAT PEDIATRIC	18, 49	doxazosin mesylate	57, 76	100
DIAZEPAM	18, 49, 100	doxepin hcl	23, 48, 69, 113, 114	ELESTRIN
diazepam	18, 49	doxercalciferol	97, 118	eletriptan hydrobromide
diazepam intensol	18, 49	doxorubicin hcl	34	31
DICLEGIS	100	doxorubicin hcl liposomal	34	ELIDEL
diclofenac potassium	4, 29	DOXY 100	17	ELIGARD
diclofenac sodium	4, 29, 69, 106	doxycycline hydiate		ELIQUIS
			17, 67, 69, 100	ELITEK
				ELIXOPHYLLIN
				ELMIRON
				EMADINE
				EMBEDA
				EMCYT
				EMEND
				EMEND TRI-PACK
				EMFLAZA
				emoquette
				EMPLICITI
				EMSAM
				EMTRIVA
				EMVERM
				enalapril maleate

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enalapril-hydrochlorothiazide	60	estazolam	66	FENOGLIDE	62
ENBREL	91	ESTRACE	82	FENOPROFEN CALCIUM	4, 29
ENBREL SURECLICK	91	estradiol	82, 84	fentanyl	5, 7
endocet	3	estradiol valerate	83, 84	fentanyl citrate	5, 7
ENGERIX-B	94	estradiol-norethindrone acet.	84	FENTORA	5, 7
enoxaparin sodium	55	ESTRING	83	FERRIPROX	114
enpresse-28	84	estropipate	83	FETZIMA	22
ENSTILAR	69	ethacrynic acid	62	FETZIMA TITRATION	22
entacapone	40	ethambutol hcl	32	FIBRICOR	62
entecavir	44	ethosuximide	18	FINACEA	69
ENTRESTO	57	ethynodiol diac-eth estradiol	84	finasteride	76
enulose	74	etidronate disodium	97	FIRAZYR	90
ENVARSUS XR	91	etodolac	4, 29	FIRMAGON	89
EPCLUSIA	44	ETOPOPHOS	36	FLAREX	106
EPIDUO	69	etoposide	36	flavoxate hcl	75
EPIDUO FORTE	69	EUCRISA	69	FLEBOGAMMA DIF	93
epinastine hcl	105	EURAX	40	flecainide acetate	57
epinephrine	110	EVAMIST	83	FLECTOR	4, 29
EPIPEN 2-PAK	110	EVOTAZ	47	FLOVENT DISKUS	108, 109
EPIPEN JR 2-PAK	110	EXEL COMFORT POINT		FLOVENT HFA	109
epirubicin hcl	34, 100	PEN NEEDLE	53	fluconazole	26
epitol	20, 50	EXELDERM	26	fluconazole in dextrose	100
EPIVIR HBV	44	EXELON	21	fluconazole in sodium	
eplerenone	62	exemestane	36	chloride	26
EPOGEN	55	EXJADE	114	flucytosine	26
eprosartan mesylate	57	ezetimibe	63	fludarabine phosphate	36
EQUETRO	20, 50	ezetimibe-simvastatin	60	fludrocortisone acetate	78
ERAXIS	26	FABIOR	69	flunisolide	109
ERBITUX	34	FABRAZYME	71	fluocinolone acetonide	78
ergoloid mesylates	20	FACTIVE	100	fluocinolone acetonide body	78
ERGOMAR	100	falmina	84	fluocinolone acetonide scalp	100
ergotamine-caffeine	30	famciclovir	45	fluocinonide	69, 78
ERIVEDGE	37	famotidine	73	fluorometholone	106
errin	87	famotidine premixed	73	fluorouracil	69
ERTACZO	26	FANAPT	42	fluoxetine hcl	22
ERWINAZE	34	FANAPT TITRATION PACK	42	fluphenazine decanoate	41
ERY	15	FARESTON	33	fluphenazine hcl	41
ERYPED 400	15	FARYDAK	36	flurbiprofen	4, 29
ERY-TAB	15	FASLODEX	34	flurbiprofen sodium	106
ERYTHROCIN		fayosim	84	flutamide	32
LACTOBIONATE	15	FAZACLO	43	fluticasone propionate	
ERYTHROCIN STEARATE	15	felbamate	19		69, 78, 109
erythromycin	16	felodipine er	59	fluticasone-salmeterol	110, 113
erythromycin base	15	FEMRING	83	fluvastatin sodium	63
erythromycin ethylsuccinate	15, 16	femynor	84	fluvastatin sodium er	63
		fenofibrate	62	fluvoxamine maleate	23
ESBRIET	113	fenofibrate micronized	62	fluvoxamine maleate er	23
escitalopram oxalate	22, 49	fenofibric acid	62	FML	106

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FML FORTE	106	GENOTROPIN MINIQUICK..	80	heparin (porcine) in d5w.....	55
FOLOTYN	34	gentak.....	9	heparin sod (porcine) in d5w.	55
fomepizole	117	gentamicin in saline.....	9	heparin sodium (porcine).....	55
FONDAPARINUX SODIUM	55	gentamicin sulfate.....	9	HEPATAMINE.....	117
fondaparinux sodium	55	GENVOYA.....	45	HERCEPTIN.....	34
FORFIVO XL	22	GEODON.....	42, 49	HETLIOZ.....	114
FORTEO	97	gianvi.....	84	HEXALEN.....	32
FORTESTA	82	GIAZO.....	74	HIBERIX.....	95
fosinopril sodium	57	gildagia.....	84	HORIZANT.....	19, 66
fosinopril sodium-hctz	60	GILENYA.....	66	HP ACTHAR.....	79
FOSRENOL	76	GIOTRIF.....	37	HUMALOG.....	53
FRAGMIN	55	GLASSIA.....	112	HUMALOG KWIKPEN.....	53
FREAMINE HBC	114	GLATIRAMER ACETATE....	100	HUMALOG MIX 50/50.....	53
FREAMINE III	100	GLATOPA.....	66	HUMALOG MIX 50/50	
frovatriptan succinate	31	GLEOSTINE.....	34	KWIKPEN.....	53
furosemide	62	glimepiride.....	51	HUMALOG MIX 75/25.....	53
FUSILEV	36	glipizide.....	51	HUMALOG MIX 75/25	
FUZEON	47	glipizide er.....	51	KWIKPEN.....	53
fyavolv.....	84	glipizide-metformin hcl.....	52	HUMATROPE.....	80
FYCOMPA	19	GLOBAL ALCOHOL PREP		HUMIRA.....	91
gabapentin	18, 19	EASE.....	10	HUMIRA PEDIATRIC	
GABITRIL	19	GLUCAGEN HYPOKIT.....	52	CROHNS START.....	91
galantamine hydrobromide	21	glucagon emergency.....	52	HUMIRA PEN.....	91
galantamine hydrobromide		glycopyrrolate.....	72	HUMIRA PEN-CROHNS	
er.....	21	GLYXAMBI.....	51	STARTER.....	91
GAMASTAN S/D	93	GOCOVRI.....	100	HUMIRA PEN-PSORIASIS	
GAMMAGARD	93	GOLYTELY.....	74	STARTER.....	91
GAMMAGARD S/D LESS		GRALISE.....	19	HUMULIN 70/30.....	53
IGA.....	93	GRALISE STARTER.....	19	HUMULIN 70/30 KWIKPEN	53
GAMMAKED	93	granisetron hcl.....	25	HUMULIN N.....	53
GAMMAPLEX	93	GRANIX.....	55	HUMULIN N KWIKPEN.....	53
GAMUNEX-C	93	GRASTEK.....	112	HUMULIN R.....	54
ganciclovir sodium	44	griseofulvin microsize.....	26	HUMULIN R U-500	
GARDASIL	100	griseofulvin ultramicrosize.....	26	(CONCENTRATED).....	54
GARDASIL 9	94	guanfacine hcl.....	56	HUMULIN R U-500	
gatifloxacin	16	guanfacine hcl er.....	65	KWIKPEN.....	54
GATTEX	72	guanidine hcl.....	31	hydralazine hcl.....	64
gauze pads	100	GYNAZOLE-1.....	26	hydrochlorothiazide.....	62
gavilyte-c	74	HAEGARDA.....	100	hydrocodone-	
gavilyte-g	74	HALAVEN.....	34	acetaminophen.....	3, 7
gavilyte-h	100	halobetasol propionate.....	79	hydrocodone-ibuprofen.....	3
gavilyte-n with flavor pack	74	HALOG.....	79	hydrocortisone.....	28, 79, 96
GELNIQUE	75	haloperidol.....	42	hydrocortisone butyr lipo	
gemcitabine hcl	33	haloperidol decanoate.....	41	base.....	79
gemfibrozil	62	haloperidol lactate.....	42	hydrocortisone butyrate.....	79
generlac	74	HARVONI.....	44	hydrocortisone valerate.....	79
gengraf	91	HAVRIX.....	94	hydrocortisone-acetic acid...107	
GENOTROPIN	80	HEMANGEOL.....	100	hydromorphone hcl .....	5, 7

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hydromorphone hcl pf.....	5, 100	INVOKAMET XR.....	51	junel 1/20.....	84
hydroxychloroquine sulfate....	39	INVOKANA.....	51	junel fe 1.5/30.....	84
hydroxyurea.....	33	IONOSOL-MB IN D5W .....	117	junel fe 1/20.....	84
hydroxyzine hcl.....	24, 48, 107	IOPIDINE.....	105	junel fe 24.....	85
hydroxyzine pamoate.....	24, 48, 107	IPOL.....	95	JUXTAPID.....	63
HYPERRAB S/D.....	93	ipratropium bromide.....	110	KADIAN.....	5
HYSINGLA ER.....	5	ipratropium-albuterol.....	113	kaitlib fe.....	85
ibandronate sodium.....	98	irbesartan.....	57	KALETRA.....	47
IBRANCE.....	36	irbesartan-		KALYDECO.....	111
ibuprofen.....	4, 29	hydrochlorothiazide.....	60, 62	KANUMA.....	71
ICLUSIG.....	37	IRESSA.....	37	kariva.....	85
idarubicin hcl.....	34	irinotecan hcl.....	34	kcl in dextrose-nacl.....	117
IDHIFA.....	36	ISENTRESS.....	46	kcl-lactated ringers-d5w.....	117
ifosfamide.....	34	ISENTRESS HD.....	46	k-effervescent.....	101
ILARIS (150MG DELIVERED).....	94	isibloom.....	84	kelnor 1/35.....	85
ILEVRO.....	106	ISOLYTE-P IN D5W .....	117	KENALOG.....	28, 79
imatinib mesylate.....	37	ISOLYTE-S.....	114	KEPIVANCE.....	67
IMBRUVICA.....	37	ISONIAZID.....	32	KERYDIN.....	69
IMFINZI.....	38	isoniazid.....	32	ketoconazole.....	26
imipenem-cilastatin.....	13	ISORDIL TITRADOSE.....	64	ketoprofen.....	4, 30
imipramine hcl.....	23	isosorbide dinitrate.....	64	KETOPROFEN ER.....	4, 30
IMIPRAMINE PAMOATE.....	23	isosorbide dinitrate er.....	64	ketorolac tromethamine	
imiquimod.....	69	isosorbide mononitrate.....	64	.....4, 30, 106	
IMITREX.....	31	isosorbide mononitrate er.....	64	KEVEYIS.....	61
IMOGLAM RABIES-HT.....	93	isradipine.....	59	KEVZARA.....	91
IMOVA X RABIES.....	95	ISTALOL.....	105	KEYTRUDA.....	38, 39, 94
INCRELEX.....	80	ISTODAX (OVERFILL).....	34	kimidess.....	85
indapamide.....	62	itraconazole.....	26	KINERET.....	91
INDOCIN.....	4, 29	ivermectin.....	39	KINRIX.....	95
indomethacin.....	4, 30	IXEMPRA KIT.....	101	kionex.....	114
indomethacin er.....	4, 30	IXIARO.....	95	KISQALI 200 DOSE.....	36
INFANRIX.....	95	JADENU.....	114	KISQALI 400 DOSE.....	36
INGREZZA.....	91	JADENU SPRINKLE.....	114	KISQALI 600 DOSE.....	37
INLYTA.....	37	JAKAFI.....	37	KISQALI FEMARA 200	
INNOPRAN XL.....	58	jantoven.....	55	DOSE.....	37
insulin syringe.....	100	JANUMET.....	52	KISQALI FEMARA 400	
INTELENCE.....	46	JANUMET XR.....	52	DOSE.....	37
intralipid.....	117	JANUVIA.....	51	KISQALI FEMARA 600	
INTRALIPID.....	117	JARDIANC.....	51	DOSE.....	37
INTRON A.....	44, 45	JENTADUETO.....	51, 52	klor-con.....	115
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INVANZ.....	13	JEVTANA.....	35	KLOR-CON M10.....	114
INVEGA SUSTENNA.....	42	JINTELI.....	84	KLOR-CON M15.....	115
INVEGA TRINZA.....	42	jolessa.....	101	klor-con m20.....	115
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		JUBLIA.....	26	klor-con/ef.....	101
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<i>k-prime</i>	101	<i>letrozole</i>	36	<i>lithium carbonate er</i>	51
KRISTALOSE	74	<i>leucovorin calcium</i>	36	LIVALO	63
K-TAB	115	LEUKERAN	32	LO LOESTRIN FE	85
KUVAN	71	LEUKINE	55	LOCOID	69
<i>k-vescent</i>	101	<i>leuprolide acetate</i>	89	LOMEDIA 24 FE	85
KYNAMRO	63	<i>levalbuterol hcl</i>	110	LONSURF	33
KYPROLIS	37	<i>levalbuterol tartrate</i>	110	<i>loperamide hcl</i>	73
<i>labetalol hcl</i>	58	LEVEMIR	54	<i>lopinavir-ritonavir</i>	47
LACRISERT	104	LEVEMIR FLEXTOUCH	54	<i>lopreeza</i>	101
<i>lactated ringers</i>	117	<i>levetiracetam</i>	18	<i>lorazepam</i>	19, 49, 101
<i>lactulose</i>	74	<i>levetiracetam er</i>	18	<i>lorazepam intensol</i>	19, 49
LAMICTAL STARTER	19, 50	<i>levetiracetam in nacl</i>	18	<i>lorcet</i>	3
LAMICTAL XR	19, 50	<i>levobunolol hcl</i>	105	<i>lorcet hd</i>	3
<i>lamivudine</i>	44, 46	<i>levocarnitine</i>	117	<i>lorcet plus</i>	3
<i>lamivudine-zidovudine</i>	46	<i>levocetirizine dihydrochloride</i>		<i>loryna</i>	85
<i>lamotrigine</i>	19, 50, 51		107, 108	<i>losartan potassium</i>	57
<i>lamotrigine er</i>	19, 50	<i>levofloxacin</i>	16	<i>losartan potassium-hctz</i>	60
LANOXIN	61	<i>levofloxacin in d5w</i>	16	LOTEMAX	106
<i>lansoprazole</i>	75	<i>levoleucovorin calcium</i>	35	<i>lovastatin</i>	63
LANTUS	54	<i>levonest</i>	85	<i>low-ogestrel</i>	85
LANTUS SOLOSTAR	54	<i>levonorgest-eth estrad 91-day</i>		<i>loxapine succinate</i>	42
<i>larin 1.5/30</i>	85		85, 101	LUMIGAN	107
<i>larin 1/20</i>	85	<i>levonorgestrel-ethinyl estrad.</i>	85	LUMIZYME	112
<i>larin fe 1.5/30</i>	85	<i>levonorg-eth estrad triphasic.</i>	85	LUPANETA PACK	89
<i>larin fe 1/20</i>	85	<i>levora 0.15/30 (28)</i>	85	LUPRON DEPOT (1-MONTH)	89
<i>larissa</i>	85	LEVORPHANOL		LUPRON DEPOT (3-MONTH)	89
LARTRUVO	39, 101	TARTRATE	6	LUPRON DEPOT (4-MONTH)	89
LASTACAFT	105	LEVOTHYROXINE SODIUM		LUPRON DEPOT (6-MONTH)	89
<i>latanoprost</i>	107		88, 101	LUTERA	85
LATUDA	42	<i>levothyroxine sodium</i>	88	LYNPARZA	35
<i>layolis fe</i>	85	<i>levoxyl</i>	88	LYRICA	18, 66
LAZANDA	6, 7	LEXIVA	47	LYSODREN	88
<i>leena</i>	85	LIALDA	96	<i>lyza</i>	87
<i>leflunomide</i>	93, 94	<i>lidocaine</i>	8	MAFENIDE ACETATE	101
LENVIMA 10 MG DAILY		<i>lidocaine hcl</i>	8, 101	<i>magnesium sulfate</i>	115
DOSE	37	<i>lidocaine hcl (pf)</i>	8, 101	<i>malathion</i>	40
LENVIMA 14 MG DAILY		<i>lidocaine viscous</i>	8	<i>maprotiline hcl</i>	22
DOSE	38	<i>lidocaine-prilocaine</i>	8	<i>marlissa</i>	83, 85, 87
LENVIMA 18 MG DAILY		<i>lincomycin hcl</i>	10	MARPLAN	22
DOSE	38	<i>lindane</i>	40	MATULANE	32
LENVIMA 20 MG DAILY		<i>linezolid</i>	10	<i>matzim la</i>	59
DOSE	38	LINZESS	74	MAXIDEX	106
LENVIMA 24 MG DAILY		<i>liothyronine sodium</i>	88		
DOSE	38	LIPOFEN	62		
LENVIMA 8 MG DAILY		<i>lisinopril</i>	57		
DOSE	38	<i>lisinopril-hydrochlorothiazide</i>	60		
<i>lessina</i>	85	<i>lithium</i>	51		
LETAIRIS	112	<i>lithium carbonate</i>	51		

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meclizine hcl.....	24	methylphenidate hcl er..	65, 101	MODERIBA.....	45
meclofenamate sodium....	4, 30	methylphenidate hcl er (cd) ...	65	MODERIBA 1200 DOSE	
MEDROL.....	28, 79	methylphenidate hcl er (la)		PACK.....	45
medroxyprogesterone		.....	65, 101	MODERIBA 800 DOSE	
acetate.....	88, 101	methylprednisolone ...	28, 79, 97	PACK.....	45
mefloquine hcl.....	39	methylprednisolone acetate		moexipril hcl.....	57
megestrol acetate .....	88	.....	28, 79, 96	moexipril-	
MEKINIST.....	38	methylprednisolone sodium		hydrochlorothiazide.....	60
meloxicam.....	4, 30	succ.....	28, 79, 101	mometasone furoate ....	79, 109
melphalan hcl.....	32	methyltestosterone .....	82	mononessa.....	85
memantine hcl.....	21	metipranolol.....	105	montelukast sodium.....	109
MENACTRA.....	95	metoclopramide hcl.....	24, 73	MONUROL.....	11
MENEST.....	83	metolazone .....	62	MORPHABOND ER.....	6
MENOSTAR.....	83	metoprolol succinate er.....	58	morphine sulfate.....	6, 7
MENTAX.....	26	metoprolol tartrate .....	58	morphine sulfate	
MENVEO.....	95	metoprolol-hctz er.....	101	(concentrate).....	6, 7
meprobamate.....	48	metoprolol-		morphine sulfate (pf).....	7
mercaptopurine.....	91	hydrochlorothiazide.....	60	morphine sulfate er.....	6
meropenem.....	13	metronidazole .....	11	morphine sulfate er beads.....	6
mesalamine.....	96, 101	metronidazole in nacl.....	11	MOVANTIK.....	73
mesalamine-cleanser.....	96	mexiletine hcl.....	57	MOVIPREP.....	74
mesna.....	35	MIACALCIN.....	98	moxifloxacin hcl.....	16
MESNEX.....	35	mibelas 24 fe.....	85	moxifloxacin hcl in nacl.....	101
MESTINON.....	31	MICONAZOLE 3.....	26	MOZOBIL.....	56
metaproterenol sulfate .....	110	microgestin 1.5/30.....	85	MS CONTIN.....	6
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TRULICITY	52	<i>venlafaxine hcl</i>	23, 49	XALKORI	38
TRUMENBA	95	<i>venlafaxine hcl er</i>	23, 49	XARELTO	55
TRUVADA	47	VENTAVIS	112	XARELTO STARTER PACK	55
TUDORZA PRESSAIR	110	VENTOLIN HFA	111	XATMEP	93
TWINRIX	95	<i>verapamil hcl</i>	60	XELJANZ	93
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TYGACIL	11	VEREGEN	71	XERESE	45
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This formulary was updated on December 1, 2017. For more recent information or other questions, please contact us, Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users, (716) 631-3108 or 1-800-432-1110, October 1<sup>st</sup> – February 14<sup>th</sup>: Monday through Sunday from 8 a.m. to 8 p.m., February 15<sup>th</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.independenthealth.com/Medicare](http://www.independenthealth.com/Medicare).

## Nondiscrimination statement and language assistance services

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