

# Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary



**2020 Formulary**

**(List of Covered Drugs)**

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

HPMS Approved Formulary File Submission ID 00020494, Version Number 42.

This formulary was updated on December 1, 2020. For more recent information or other questions, please contact Pharmacy Benefit Dimensions Medicare Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m., or visit [www.pbdrx.com/Medicare](http://www.pbdrx.com/Medicare).

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions Prescription Drug Plan PDP depends on contract renewal between Independent Health and CMS.

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 Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions Prescription Drug Plan PDP.

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2020. 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, 2020, and from time to time during the year.

### **What is the Pharmacy Benefit Dimensions Prescription Drug Plan PDP Part D Formulary?**

A formulary is a list of covered drugs selected by Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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. Pharmacy Benefit Dimensions Prescription Drug Plan PDP will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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?**

Most changes in drug coverage happen on January 1, but Pharmacy Benefit Dimensions Prescription Drug Plan PDP may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. Pharmacy Benefit Dimensions Prescription Drug Plan PDP must follow Medicare rules in making these changes.

**Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP’s formulary?”

- **Drugs removed from the market.** 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.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 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 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of December 1, 2020. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, 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.pbdrx.com/MedicareFormularies](http://www.pbdrx.com/MedicareFormularies) 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 on page 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 103. 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?**

Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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:** Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions Prescription Drug Plan PDP before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions Prescription Drug Plan PDP limits the amount of the drug that Pharmacy Benefit Dimensions Prescription Drug Plan PDP will cover. For example, Pharmacy Benefit Dimensions Prescription Drug Plan PDP provides 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 online documents that explain our prior authorization, quantity limit 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?” on page IV for information about how to request an exception.

### **What are over-the counter (OTC) drugs?**

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Pharmacy Benefit Dimensions Prescription Drug Plan PDP pays for certain OTC drugs. Pharmacy Benefit Dimensions Prescription Drug Plan PDP will provide these OTC drugs at no cost to you. The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP of these OTC drugs will not count toward your total Part D drug costs (that is, the cost of the OTC drugs does not count for the coverage gap).

### **What if my drug is not on the Formulary?**

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

If you learn that Pharmacy Benefit Dimensions Prescription Drug Plan PDP does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP.
- You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary?**

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. 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 and 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 34 day emergency supply of that drug 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 month 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, Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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 34-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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary, 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 Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Pharmacy Benefit Dimensions Prescription Drug Plan PDP, 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>.

### **Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary**

The formulary that begins 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. If you have trouble finding your drug in the list, turn to the Index that begins on page 103.

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

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions Prescription Drug Plan PDP 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-payment in the 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 **“LA”** in the Requirements/Limits column may be available only at certain pharmacies. For more information please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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



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

## Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/ Substance Abuse Treatment Agents.....	7
Antibacterials.....	8
Anticonvulsants.....	14
Antidementia Agents.....	17
Antidepressants.....	17
Antiemetics.....	19
Antifungals.....	20
Antigout Agents.....	22
Anti-Inflammatory Agents.....	22
Antimigraine Agents.....	24
Antimyasthenic Agents.....	25
Antimycobacterials.....	26
Antineoplastics.....	26
Antiparasitics.....	31
Antiparkinson Agents.....	32
Antipsychotics.....	33
Antispasticity Agents.....	35
Antivirals.....	35
Anxiolytics.....	38
Bipolar Agents.....	39
Blood Glucose Regulators.....	41
Blood Products/ Modifiers/ Volume Expanders.....	43
Cardiovascular Agents.....	45
Central Nervous System Agents.....	51
Dental And Oral Agents.....	54
Dermatological Agents.....	55
Electrolytes/Minerals/Metals/Vitamins.....	57
Gastrointestinal Agents.....	60
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment.....	62
Genitourinary Agents.....	63
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	64
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	66
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins).....	67
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	67
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	74
Hormonal Agents, Suppressant (Adrenal).....	75
Hormonal Agents, Suppressant (Pituitary).....	75
Hormonal Agents, Suppressant (Thyroid).....	75
Immunological Agents.....	75
Inflammatory Bowel Disease Agents.....	79
Metabolic Bone Disease Agents.....	80
Non-Frf.....	81
Ophthalmic Agents.....	94
Otic Agents.....	97
Respiratory Tract/ Pulmonary Agents.....	97

Skeletal Muscle Relaxants.....	101
Sleep Disorder Agents.....	102

Drug Name	Tier	Requirements/Limits
<b>Analgesics</b>		
<i>acetaminophen-codeine #3</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	
<i>ascomp-codeine</i>	3	PA; PA does not apply to age less than 65.
BUPAP ORAL TABLET 50-300 MG	3	PA; PA does not apply to age less than 65.
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
BUTALBITAL-ACETAMINOPHEN ORAL TABLET 50-300 MG, 50-325 MG	3	PA; PA does not apply to age less than 65.
BUTALBITAL-APAP-CAFF-COD	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral capsule</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-asa-caff-codeine</i>	3	PA; PA does not apply to age less than 65.
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA; PA does not apply to age less than 65.
<i>butorphanol tartrate nasal</i>	1	
CAMBIA	3	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
<i>codeine sulfate oral tablet</i>	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	3	ST; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	ST
<i>diclofenac epolamine</i>	1	EDS
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diflunisal oral</i>	1	EDS
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET	3	PA; PA does not apply to age less than 65.
<i>etodolac oral</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
FIORICET ORAL CAPSULE	3	PA; PA does not apply to age less than 65.
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA; PA does not apply to age less than 65.
FIORINAL	3	PA; PA does not apply to age less than 65.
FIORINAL/CODEINE #3	3	PA; PA does not apply to age less than 65.
<i>flurbiprofen oral tablet 100 mg</i>	1	EDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
HYSINGLA ER	2	QL (60 EA per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; PA does not apply to age less than 65.; EDS
<i>indomethacin er</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
KETOPROFEN ER	2	EDS
<i>ketoprofen oral capsule 50 mg</i>	1	EDS
<i>ketorolac tromethamine oral</i>	1	PA; PA does not apply to age less than 65.
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
MOBIC ORAL TABLET	3	EDS
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>naproxen sodium er</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
NORCO	3	
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 50 MG	2	QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 250 MG	2	
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENTAZOCINE-NALOXONE HCL	3	
<i>piroxicam oral</i>	1	EDS
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	EDS
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen</i>	1	
ULTRACET	3	
ULTRAM	3	
VANATOL LQ	3	PA; PA does not apply to age less than 65.
VTOL LQ	3	PA
XTAMPZA ER	3	QL (60 EA per 30 days)
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; PA does not apply to age less than 65.
<b>Anesthetics</b>		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	1	EDS
ANTABUSE	3	EDS
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	EDS
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
NICOTROL	2	
NICOTROL NS	2	
VIVITROL	3	
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	2	
<b>Antibacterials</b>		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA; LA
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASITE	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>bacitracin ophthalmic</i>	1	
BETHKIS	3	BD; LA
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	3	LA
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	

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

Drug Name	Tier	Requirements/Limits
<i>ciprofloxacin hcl ophthalmic</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	1	
<i>clarithromycin er</i>	1	
<i>clarithromycin oral</i>	1	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T EXTERNAL LOTION	3	
CLINDACIN-P	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	EDS
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral</i>	1	
<i>ertapenem sodium</i>	1	
ERY	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	

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

Drug Name	Tier	Requirements/Limits
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
FIRVANQ	3	PA Except Infectious Disease and Gastroenterology
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<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>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>global alcohol prep ease</i>	1	
HIPREX	3	
<i>imipenem-cilastatin</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA; PA except Infectious Disease.
<i>linezolid oral suspension reconstituted</i>	1	PA; PA Except Infectious Disease
<i>linezolid oral tablet</i>	1	PA; PA except Infectious Disease.
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl oral</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
MONUROL	3	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	
<i>moxifloxacin hcl oral</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	1	
<i>paramomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIRTURO	3	PA
SIVEXTRO	3	PA
<i>ssd</i>	1	

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

Drug Name	Tier	Requirements/Limits
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
SULFAMYLON	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	BD
<i>tinidazole oral</i>	1	
TOBI	3	BD; EDS
TOBI PODHALER	3	PA New Starts; EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BD; EDS
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TOBREX	3	
<i>trimethoprim oral</i>	1	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
VABOMERE	3	PA; Prior Authorization Except Infectious Disease or Urology
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BD
<i>vancomycin hcl oral capsule</i>	1	
<i>vandazole</i>	1	

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

Drug Name	Tier	Requirements/Limits
VIBRAMYCIN ORAL SYRUP	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZERBAXA	3	PA
ZITHROMAX INTRAVENOUS	3	
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA; PA except Infectious Disease.
<b>Anticonvulsants</b>		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT ORAL	3	PA New Starts; PA Except Neurology; EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
<i>clobazam</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX	3	PA New Starts; LA; EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
FINTEPLA	3	PA New Starts; LA; EDS
FYCOMPA	3	EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
GRALISE	3	EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN	3	EDS
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG	3	EDS
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
LYRICA CR	2	EDS
LYRICA ORAL SOLUTION	2	EDS
MYSOLINE	3	EDS
NAYZILAM	3	PA New Starts
<i>oxcarbazepine</i>	1	EDS
OXTELLAR XR	3	EDS
PEGANONE	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>phenobarbital oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
PHENYTEK	2	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>pregabalin oral</i>	1	EDS
<i>primidone oral</i>	1	EDS
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
SPRITAM	3	EDS
SYMPAZAN	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
VALIUM	3	
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VALTOCO 10 MG DOSE	3	PA New Starts
VALTOCO 15 MG DOSE	3	PA New Starts
VALTOCO 20 MG DOSE	3	PA New Starts
VALTOCO 5 MG DOSE	3	PA New Starts
<i>vigabatrin oral packet</i>	1	EDS
<i>vigabatrin oral tablet</i>	1	LA; EDS
<i>vigadrone</i>	1	EDS
VIMPAT ORAL	2	EDS
XCOPRI (250 MG DAILY DOSE)	3	PA New Starts; QL (56 EA per 28 days); EDS
XCOPRI (350 MG DAILY DOSE)	3	PA New Starts; QL (56 EA per 28 days); EDS
XCOPRI ORAL TABLET 100 MG, 50 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
XCOPRI ORAL TABLET 150 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
XCOPRI ORAL TABLET 200 MG	3	PA New Starts; EDS
XCOPRI ORAL TABLET THERAPY PACK	3	PA New Starts; QL (28 EA per 28 days)
<i>zonisamide oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Antidementia Agents</b>		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl er</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	
NAMENDA ORAL TABLET	3	EDS
NAMENDA TITRATION PAK	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA New Starts; EDS
RAZADYNE ER	3	EDS
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
<b>Antidepressants</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
AMOXAPINE	2	EDS
APLENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	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 VI.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>desipramine hcl oral</i>	1	EDS
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er</i>	1	EDS
<i>doxepin hcl oral capsule</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral tablet</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts; EDS
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	EDS
FETZIMA TITRATION	3	
<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
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>maprotiline hcl</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
MARPLAN	2	EDS
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
<i>sertraline hcl oral</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
TRINTELLIX	3	EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
<b>Antiemetics</b>		
<i>aprepitant</i>	1	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	
<i>dronabinol</i>	1	PA
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl oral</i>	1	BD
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
MARINOL	3	PA
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl oral</i>	1	BD
<i>perphenazine oral</i>	1	EDS
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl rectal suppository 25 mg</i>	3	PA; PA does not apply to age less than 65.
<i>promethegan rectal suppository 25 mg, 50 mg</i>	3	PA; PA does not apply to age less than 65.
REGLAN ORAL	3	
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	PA
TIGAN ORAL	3	PA; PA does not apply to age less than 65.
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA; PA does not apply to age less than 65.
VARUBI (180 MG DOSE)	3	BD
ZOFRAN ORAL TABLET 8 MG	3	BD
ZUPLENZ	3	BD
<b>Antifungals</b>		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
CANCIDAS	3	BD

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox external</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
EXTINA	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
JUBLIA	3	PA
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral</i>	1	PA
<i>ketodan external foam</i>	1	
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
<i>micafungin sodium</i>	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
NOXAFIL ORAL SUSPENSION	3	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
ORAVIG	3	EDS
OXISTAT	3	
<i>posaconazole</i>	1	EDS
<i>terbinafine hcl oral</i>	1	
<i>terconazole vaginal cream</i>	1	
TOLSURA	3	PA; PA Except Infectious Disease
<i>voriconazole intravenous</i>	1	BD
<i>voriconazole oral</i>	1	
ZOLINZA	2	
<b>Antigout Agents</b>		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
<i>febuxostat</i>	1	ST; EDS
<i>probenecid oral</i>	1	EDS
ZYLOPRIM	3	EDS
<b>Anti-Inflammatory Agents</b>		
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diclofenac epolamine</i>	1	EDS
<i>diclofenac potassium</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>flurbiprofen oral tablet 100 mg</i>	1	EDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; PA does not apply to age less than 65.; EDS
<i>indomethacin er</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
KETOPROFEN ER	2	EDS
<i>ketoprofen oral capsule 50 mg</i>	1	EDS
<i>ketorolac tromethamine oral</i>	1	PA; PA does not apply to age less than 65.
MEDROL ORAL TABLET	3	
<i>meloxicam oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS
MILLIPRED ORAL TABLET	3	
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>piroxicam oral</i>	1	EDS
PRED MILD	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISONE ORAL TABLET THERAPY PACK	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
<b>Antimigraine Agents</b>		
AIMOVIG	2	PA; QL (1 ML per 30 days); EDS
AJOVY	2	PA; EDS
<i>almotriptan malate</i>	1	
AMERGE	3	
CAFERGOT	2	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
EMGALITY	3	PA; EDS
EMGALITY (300 MG DOSE)	3	PA; EDS
<i>ergotamine-caffeine</i>	1	
FROVA	3	
<i>frovatriptan succinate</i>	1	
IMITREX ORAL	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	

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

Drug Name	Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	
IMITREX SUBCUTANEOUS	3	
MAXALT ORAL TABLET 10 MG	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
NURTEC	2	ST; QL (8 EA per 30 days)
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS
UBRELVY	2	ST; QL (10 EA per 30 days)
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG	3	
ZOMIG ZMT	3	
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl oral</i>	1	
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Antimycobacterials</b>		
<i>dapsone external gel 7.5 %</i>	1	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRETOMANID	3	PA
PRIFTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	3	PA
TRECTOR	3	
<b>Antineoplastics</b>		
<i>abiraterone acetate</i>	1	PA New Starts
AFINITOR ORAL TABLET 10 MG	3	PA New Starts
ALECENSA	3	PA New Starts
ALUNBRIG	3	PA New Starts; LA
<i>anastrozole oral</i>	1	EDS
ARIMIDEX	3	EDS
AROMASIN	3	EDS
<i>avita</i>	1	
AYVAKIT ORAL TABLET 100 MG, 200 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	3	PA New Starts; LA
BALCOLTRA	2	EDS
BALVERSA	3	PA New Starts; LA
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
BRUKINSA	3	PA New Starts
CABOMETYX	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
CALQUENCE	3	PA New Starts
CAPRELSA	3	PA New Starts; LA
CASODEX	3	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA	2	EDS
EMCYT	2	
ERIVEDGE	3	PA New Starts
ERLEADA	2	PA New Starts
<i>erlotinib hcl</i>	1	PA New Starts
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; EDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA New Starts
<i>exemestane</i>	1	EDS
FARYDAK ORAL CAPSULE 10 MG, 20 MG	3	PA New Starts; LA
<i>flutamide</i>	1	EDS
GAVRETO	3	PA New Starts; LA
GILOTRIF	3	PA New Starts; LA
GLEEVEC	3	EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HYDREA	3	
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA
ICLUSIG	3	PA New Starts
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
IMBRUVICA	3	PA New Starts; LA
INLYTA	3	PA New Starts; LA
INQOVI	3	PA New Starts; LA
INREBIC	3	PA New Starts; LA
IRESSA	3	PA New Starts; LA
JAKAFI	3	PA New Starts; LA
KISQALI (200 MG DOSE)	3	PA New Starts
KISQALI (400 MG DOSE)	3	PA New Starts
KISQALI (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA (400 MG DOSE)	3	PA New Starts
KISQALI FEMARA (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA(200 MG DOSE)	3	PA New Starts
KOSELUGO	3	PA New Starts; LA
LENVIMA (10 MG DAILY DOSE)	3	PA New Starts
LENVIMA (12 MG DAILY DOSE)	3	PA New Starts
LENVIMA (14 MG DAILY DOSE)	3	PA New Starts
LENVIMA (18 MG DAILY DOSE)	3	PA New Starts
LENVIMA (20 MG DAILY DOSE)	3	PA New Starts
LENVIMA (24 MG DAILY DOSE)	3	PA New Starts
LENVIMA (4 MG DAILY DOSE)	3	PA New Starts
LENVIMA (8 MG DAILY DOSE)	3	PA New Starts
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
LONSURF	3	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	3	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
LYNPARZA ORAL TABLET	3	PA New Starts; LA
MATULANE	2	LA
MEKINIST	3	PA New Starts
MEKTOVI	3	PA New Starts; LA
MESNEX ORAL	2	
NERLYNX	3	PA New Starts; LA
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
NINLARO	3	PA New Starts
NUBEQA	3	PA New Starts; LA
ODOMZO	3	PA New Starts
OFEV	2	PA; LA; EDS
PANRETIN	2	
PEMAZYRE	3	PA New Starts; LA
PIQRAY (200 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE)	3	PA New Starts; LA
POMALYST	3	PA New Starts; LA
PURIXAN	2	LA
QINLOCK	3	PA New Starts; LA
RETEVMO ORAL CAPSULE 40 MG	3	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA New Starts
RETIN-A	3	
RETIN-A MICRO	3	
REVLIMID	3	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA New Starts; LA
RUBRACA	3	PA New Starts; LA
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL	2	PA New Starts
STIVARGA	3	PA New Starts; LA
SUTENT	3	PA New Starts; LA
SYNRIBO	3	PA New Starts
TABLOID	3	
TABRECTA ORAL TABLET 150 MG	3	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	3	PA New Starts
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tamoxifen citrate oral</i>	1	EDS
TARGRETIN EXTERNAL	2	
TARGRETIN ORAL	3	
TASIGNA	3	PA New Starts
TAZVERIK	3	PA New Starts; LA; QL (240 EA per 30 days)
THALOMID	2	LA; EDS
TIBSOVO	3	PA New Starts; LA
<i>toremifene citrate</i>	1	EDS
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin oral</i>	1	
TUKYSA	3	PA New Starts; LA
TURALIO	3	PA New Starts; LA
TYKERB	3	PA New Starts
VALCHLOR	3	PA New Starts
VENCLEXTA	3	PA New Starts; LA
VENCLEXTA STARTING PACK	3	PA New Starts; LA
VERZENIO	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VOTRIENT	3	PA New Starts
XALKORI	3	PA New Starts; LA
XOSPATA	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (12 EA per 28 days)

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

Drug Name	Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (32 EA per 28 days)
XTANDI	2	PA New Starts
ZEJULA	2	PA New Starts; LA
ZELBORAF	3	PA New Starts
ZOLINZA	2	
ZYDELIG	3	PA New Starts
ZYKADIA ORAL TABLET	3	PA New Starts
ZYTIGA ORAL TABLET 500 MG	2	PA New Starts
<b>Antiparasitics</b>		
<i>albendazole oral</i>	1	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
EMVERM	3	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE	3	EDS
<i>malathion external</i>	1	
<i>mefloquine hcl</i>	1	EDS
MEPRON	3	
OVIDE	3	
<i>pentamidine isethionate inhalation</i>	1	BD
<i>pentamidine isethionate injection</i>	1	
<i>permethrin external cream</i>	1	
<i>praziquantel oral</i>	1	
<i>primaquine phosphate oral</i>	1	
<i>pyrimethamine oral</i>	1	
QUALAQUIN	3	

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



Drug Name	Tier	Requirements/Limits
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMECTOL	3	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA
<i>benztropine mesylate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	EDS
COMTAN	3	EDS
DUOPA ENTERAL	3	PA; EDS
<i>entacapone</i>	1	EDS
GOCOVRI	3	PA; LA; EDS
INBRIJA	3	PA; LA; EDS
KYNMOBI	3	PA; PA Except Neurology
LODOSYN	3	EDS
MIRAPEX ER	3	EDS
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG	3	EDS
NEUPRO	3	EDS
ONGENTYS	3	ST; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; EDS
PARLODEL ORAL CAPSULE	3	EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
<i>ropinirole hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
SINEMET	3	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; PA does not apply to age less than 65.; EDS
ZELAPAR	3	EDS
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
ARISTADA	2	BD; EDS
ARISTADA INITIO	2	BD
CAPLYTA	3	PA New Starts; EDS
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	EDS
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
HALDOL DECANOATE	3	BD
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection</i>	1	
<i>haloperidol lactate oral</i>	1	EDS
<i>haloperidol oral</i>	1	EDS
INVEGA	3	EDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts; EDS
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	3	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
<i>loxapine succinate oral</i>	1	EDS
<i>molindone hcl</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
<b>Antispasticity Agents</b>		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
ZANAFLEX	3	EDS
<b>Antivirals</b>		
<i>abacavir sulfata</i>	1	EDS
<i>abacavir sulfata-lamivudine</i>	1	EDS
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir external</i>	1	
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
APTIVUS	3	EDS
<i>atazanavir sulfate</i>	1	EDS
ATRIPLA	2	EDS
BARACLUDE	2	EDS
BIKTARVY	2	EDS
CIMDUO	2	EDS
COMBIVIR	3	EDS
COMPLERA	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
<i>delstrigo</i>	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	2	EDS
<i>efavirenz</i>	1	EDS
<i>emtricitabine</i>	1	EDS
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA ORAL TABLET 400-100 MG	2	PA
EPIVIR	3	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EVOTAZ	3	EDS
<i>famciclovir oral</i>	1	EDS
<i>fosamprenavir calcium</i>	1	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA	2	EDS
HARVONI ORAL PACKET	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
HEPSERA	3	EDS
INTELENCE	2	EDS
INTRON A	2	PA New Starts; EDS
INVIRASE ORAL TABLET	2	EDS
ISENTRESS	3	EDS

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

Drug Name	Tier	Requirements/Limits
ISENTRESS HD	3	EDS
JULUCA	3	EDS
KALETRA ORAL TABLET	2	EDS
<i>lamivudine</i>	1	EDS
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA ORAL SUSPENSION	2	EDS
<i>lopinavir-ritonavir</i>	1	EDS
MAVYRET	2	PA
<i>nevirapine</i>	1	EDS
<i>nevirapine er</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	2	EDS
<i>oseltamivir phosphate oral</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PIFELTRO	3	EDS
PREVYMIS ORAL	3	PA; EDS
PREZCOBIX	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
RELENZA DISKHALER	3	
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	EDS
RUKOBIA	3	EDS
SELZENTRY	2	EDS
SOVALDI ORAL PACKET	2	PA
SOVALDI ORAL TABLET 400 MG	2	PA
<i>stavudine oral capsule</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
STRIBILD	2	EDS
SYMFI	2	EDS
SYMFI LO	2	EDS
SYMTUZA	3	EDS
<i>tenofovir disoproxil fumarate</i>	1	EDS
TIVICAY	2	EDS
TIVICAY PD	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	EDS
TRIZIVIR	3	EDS
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
VALCYTE ORAL TABLET	3	EDS
<i>valganciclovir hcl</i>	1	EDS
VALTREX	3	EDS
VEMLIDY	2	PA; EDS
VIRACEPT ORAL TABLET	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
XOFLUZA (40 MG DOSE)	2	
XOFLUZA (80 MG DOSE)	2	
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL SUSPENSION	3	
<b>Anxiolytics</b>		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>bupirone hcl oral</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
DIASTAT PEDIATRIC	3	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	
<i>doxepin hcl oral capsule</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral tablet</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
KLONOPIN	3	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; PA does not apply to age less than 65.; EDS
NAYZILAM	3	PA New Starts
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
TRIAZOLAM	3	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
<b>Bipolar Agents</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>lithium</i>	1	EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 5.7 MG/24HR, 7.6 MG/24HR	3	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
<b>Blood Glucose Regulators</b>		
<i>acarbose oral</i>	1	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>baqsimi two pack</i>	1	
<i>colesevelam hcl</i>	1	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>diazoxide oral</i>	1	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency injection kit</i>	1	
GLYSET	3	EDS
GLYXAMBI	2	EDS
<i>gvoke hypopen 2-pack</i>	1	
GVOKE PFS	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
HUMALOG	2	EDS
HUMALOG JUNIOR KWIKPEN	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
INVOKAMET	2	EDS
INVOKAMET XR	2	EDS
INVOKANA	2	EDS
JARDIANCE	2	EDS
JENTADUETO	2	EDS
JENTADUETO XR	2	EDS
KORLYM	3	PA New Starts; LA; EDS
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LEVEMIR	2	EDS
LEVEMIR FLEXTOUCH	2	EDS
LYUMJEV	2	EDS
LYUMJEV KWIKPEN	2	EDS
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral</i>	1	EDS
<i>miglitol</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nateglinide</i>	1	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	ST; EDS
OZEMPIC (1 MG/DOSE)	2	ST; EDS
<i>pioglitazone hcl</i>	1	EDS
<i>pioglitazone hcl-metformin hcl</i>	1	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	EDS
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	ST; QL (30 EA per 30 days); EDS
SOLIQUA	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
SYNJARDY XR	2	EDS
TOUJEO MAX SOLOSTAR	2	EDS
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRESIBA	2	EDS
TRESIBA FLEXTOUCH	2	EDS
TRIJARDY XR	2	EDS
TRULICITY	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
<i>aspirin-dipyridamole er</i>	1	EDS
BRILINTA	2	EDS
CABLIVI	3	PA; LA

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

Drug Name	Tier	Requirements/Limits
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral</i>	1	PA; PA does not apply to age less than 65.; EDS
DOPTELET	3	PA; LA
ELIQUIS	2	EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	EDS
<i>enoxaparin sodium subcutaneous</i>	1	
<i>fondaparinux sodium</i>	1	
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	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
LYSTEDA	3	
MULPLETA	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NIVESTYM	2	PA
OXBRYTA	3	PA; LA; EDS
PLAVIX ORAL TABLET 75 MG	3	EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	EDS
PROMACTA	2	PA; EDS
RETACRIT	2	PA
TAVALISSE	3	PA; LA; EDS
<i>tranexamic acid oral</i>	1	
<i>warfarin sodium oral</i>	1	EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	PA
ZONTIVITY	3	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
<i>aliskiren fumarate</i>	1	ST; EDS
ALTOPREV	3	EDS
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl oral</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	EDS
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
BETAPACE AF	3	EDS
<i>betaxolol hcl oral</i>	1	EDS
BIDIL	3	EDS
<i>bisoprolol fumarate</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
<i>candesartan cilexetil</i>	1	EDS
<i>candesartan cilexetil-hctz</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDIZEM CD	3	EDS
CARDIZEM LA	3	EDS
<i>cartia xt</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl</i>	1	EDS
COLESTID ORAL PACKET	3	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR	3	PA; EDS
CRESTOR	3	EDS
DEMSER	3	
<i>digitek oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral solution</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>disopyramide phosphate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
DUTOPROL	2	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	EDS
<i>eplerenone</i>	1	EDS
<i>ethacrynic acid oral</i>	1	EDS
<i>ezetimibe</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
<i>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>indapamide oral</i>	1	EDS
INNOPRAN XL	3	EDS
INSPRA	3	EDS
<i>irbesartan</i>	1	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	EDS
<i>isosorbide dinitrate oral</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; EDS
KEVEYIS	3	PA; LA
<i>labetalol hcl oral</i>	1	EDS
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	QL (30 EA per 30 days); EDS
LANOXIN ORAL TABLET 250 MCG	3	PA; PA does not apply to age less than 65.; EDS
LESCOL XL	3	EDS
LIPITOR	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
LOPID	3	EDS
<i>losartan potassium oral</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
<i>lovastatin</i>	1	EDS
<i>matzim la</i>	1	EDS
<i>methazolamide oral</i>	1	EDS
<i>methyldopa oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>methyldopa-hydrochlorothiazide</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
<i>midodrine hcl</i>	1	EDS
<i>minitran</i>	1	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
MULTAQ	3	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
NEXLETOL	3	PA New Starts; EDS
NEXLIZET	3	PA New Starts; EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>nimodipine oral</i>	1	EDS
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	EDS
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE	3	PA; PA does not apply to age less than 65.; EDS
NORPACE CR	3	PA; PA does not apply to age less than 65.; EDS
NORTHERA	3	PA; LA
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS
<i>olmesartan-amlodipine-hctz</i>	1	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
PRAVACHOL ORAL TABLET 20 MG, 40 MG	3	EDS
<i>pravastatin sodium</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
QUESTRAN LIGHT ORAL POWDER	3	EDS
QUESTRAN ORAL PACKET	3	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	1	EDS
RECTIV	3	
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX SYSTEM	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
<i>rosuvastatin calcium</i>	1	EDS
RYTHMOL SR	3	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; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af)</i>	1	EDS
<i>sotalol hcl oral</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	EDS
<i>taztia xt</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
TEKTURNA HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tiadylt er</i>	1	EDS
TIAZAC	3	EDS
<i>timolol maleate oral</i>	1	EDS
<i>torseamide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
TRICOR	3	EDS
TRILIPIX	3	EDS
UPTRAVI ORAL TABLET	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VASERETIC	3	EDS
<i>verapamil hcl er</i>	1	EDS
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS
ZESTRIL ORAL TABLET 40 MG	3	EDS
ZETIA	2	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
<b>Central Nervous System Agents</b>		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphet er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
<i>atomoxetine hcl</i>	1	EDS
AUBAGIO	2	EDS
AUSTEDO	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
BAFIERTAM	3	PA; EDS
CLONIDINE HCL ER	3	AL (Min 6 Years and Max 17 Years); EDS
CONCERTA	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
DESOXYN	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl er</i>	1	EDS
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral</i>	1	EDS
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	QL (60 EA per 30 days); EDS
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>estazolam</i>	1	
EVRYSDI	3	PA; LA; EDS
FIRDAPSE	3	PA; LA
FOCALIN	3	EDS
FOCALIN XR	3	EDS
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate</i>	1	EDS
<i>glatopa</i>	1	EDS
<i>guanfacine hcl er</i>	1	PA; PA does not apply to age less than 65.; EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LA; EDS
INTUNIV	3	PA; PA does not apply to age less than 65.; EDS
KESIMPTA	2	EDS
LYRICA CR	2	EDS
LYRICA ORAL SOLUTION	2	EDS
MAVENCLAD (10 TABS)	3	PA
MAVENCLAD (4 TABS)	3	PA
MAVENCLAD (5 TABS)	3	PA
MAVENCLAD (6 TABS)	3	PA
MAVENCLAD (7 TABS)	3	PA
MAVENCLAD (8 TABS)	3	PA
MAVENCLAD (9 TABS)	3	PA
MAYZENT ORAL TABLET 0.25 MG	2	LA; QL (120 EA per 30 days); EDS
MAYZENT ORAL TABLET 2 MG	2	LA; EDS
<i>methamphetamine hcl</i>	1	PA; EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la)</i>	1	EDS
<i>methylphenidate hcl er (xr)</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	2	EDS
<i>methylphenidate hcl oral</i>	1	EDS
NUDEXTA	2	PA; EDS
PLEGRIDY	2	EDS
PLEGRIDY STARTER PACK	2	
<i>pregabalin oral</i>	1	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	EDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS

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

Drug Name	Tier	Requirements/Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS
RITALIN	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days); EDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	EDS
<i>tetrabenazine</i>	1	PA; EDS
TIGLUTIK	3	EDS
VECAMYL	3	PA; LA; EDS
VUMERITY	3	PA
VYVANSE	3	EDS
WAKIX ORAL TABLET 17.8 MG	3	PA; LA; EDS
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; QL (90 EA per 30 days); EDS
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	EDS
ZEPOSIA	3	EDS
ZEPOSIA 7-DAY STARTER PACK	3	
ZEPOSIA STARTER KIT	3	
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
<i>pilocarpine hcl oral</i>	1	EDS
SALAGEN	3	EDS
<i>triamcinolone acetonide mouth/throat</i>	1	EDS
VIBRAMYCIN ORAL SYRUP	3	
<b>Dermatological Agents</b>		
ABSORICA	3	
<i>acitretin</i>	1	PA
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALTABAX	3	
<i>ammonium lactate external</i>	1	
<i>amneesteem</i>	1	
<i>avita</i>	1	
<i>azelaic acid external</i>	1	
AZELEX	2	
<i>betamethasone dipropionate external lotion</i>	1	
BRYHALI	3	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external ointment</i>	1	
<i>calcitriol external</i>	1	
CARAC	2	
<i>claravis</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 % , 1.2-5 %</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORDRAN EXTERNAL LOTION	2	
CORDRAN EXTERNAL TAPE	2	
CORTISPORIN EXTERNAL	3	
COSENTYX (300 MG DOSE)	2	EDS
COSENTYX SENSOREADY (300 MG)	2	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>dapsone external gel 5 %</i>	1	
<i>diclofenac sodium transdermal gel</i>	1	PA; EDS
<i>doxycycline hyclate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
DUOBRII	3	PA
DUPIXENT	2	PA; EDS
EFUDEX EXTERNAL CREAM	3	
<i>erygel</i>	1	
EUCRISA	2	ST
FABIOR	2	PA
FINACEA EXTERNAL FOAM	2	
<i>fluorouracil external</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>imiquimod external</i>	1	PA New Starts
<i>isotretinoin oral</i>	1	
KERYDIN	3	PA
<i>mafenide acetate external</i>	1	
<i>methoxsalen rapid</i>	1	
MIRVASO	3	ST
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
<i>myorisan</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>nystatin-triamcinolone</i>	1	
<i>oxiconazole nitrate</i>	1	
OXSORALEN ULTRA	3	
PICATO	3	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	
<i>prednicarbate external cream</i>	1	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	

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

Drug Name	Tier	Requirements/Limits
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ	2	EDS
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
TACLONEX EXTERNAL OINTMENT	3	
<i>tacrolimus external ointment</i>	1	EDS
TALTZ	2	LA; EDS
<i>tazarotene external</i>	1	PA; Prior authorization not required for dermatologists.
TAZORAC	2	PA; Prior authorization not required for dermatologists.
TOLAK	3	
TREMFYA	2	EDS
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	1	
VALCHLOR	3	PA New Starts
<i>zenatane</i>	1	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	2	BD
CARBAGLU	3	PA; LA; EDS
CARNITOR ORAL	3	EDS
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD

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

Drug Name	Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
<i>clinisol sf</i>	1	BD
<i>clovique</i>	1	PA; EDS
<i>deferasirox</i>	1	PA; EDS
<i>deferasirox granules</i>	1	PA; EDS
<i>deferiprone</i>	1	PA New Starts; EDS
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %</i>	1	BD
<i>doxercalciferol oral</i>	1	ST
FERRIPROX	3	PA New Starts; LA; EDS
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
INTRALIPID	3	BD
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 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>	1	BD
<i>kcl-lactated ringers-d5w</i>	1	BD
<i>kionex oral suspension</i>	1	
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
<i>klor-con oral tablet extended release</i>	1	EDS
K-TAB	3	EDS
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA	2	EDS
<i>magnesium sulfate injection solution 50 %</i>	1	
NEPHRAMINE	3	BD
<i>normosol-m in d5w</i>	1	BD

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

Drug Name	Tier	Requirements/Limits
<i>nutrilipid</i>	1	BD
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	2	BD
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
PREMASOL INTRAVENOUS SOLUTION 10 %	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
SAMSCA ORAL TABLET 15 MG	2	PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sps</i>	1	EDS
SUPREP BOWEL PREP KIT	2	
<i>tolvaptan oral tablet 30 mg</i>	1	PA
<i>tpn electrolytes intravenous concentrate</i>	1	BD
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA; EDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	BD
VELPHORO	3	EDS

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

Drug Name	Tier	Requirements/Limits
VELTASSA	2	EDS
<b>Gastrointestinal Agents</b>		
ACTIGALL	3	EDS
<i>alosetron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CARAFATE ORAL TABLET	3	EDS
CHENODAL	3	PA; LA
CHOLBAM	3	PA; EDS
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
CLENPIQ	3	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA; LA; EDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
GOLYTELY	3	
HELIDAC THERAPY	3	
KRISTALOSE ORAL PACKET 20 GM	3	EDS
<i>lactulose oral packet</i>	1	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
LOTRONEX	3	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MYTESI	2	PA New Starts; EDS
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OICALIVA	3	PA; LA; EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	EDS
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>proctozone-hc external</i>	1	
<i>propantheline bromide oral</i>	1	
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
<i>scopolamine</i>	1	
<i>sucralfate oral</i>	1	EDS
SYMPROIC	3	PA
TALICIA	3	ST
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS RECTAL	3	

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

Drug Name	Tier	Requirements/Limits
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZORBTIVE	3	PA; EDS
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; LA; EDS
CREON	2	EDS
CYSTADANE	2	EDS
CYSTAGON	2	LA; EDS
FIRDAPSE	3	PA; LA
GALAFOLD	3	PA New Starts; LA; EDS
KUVAN	2	PA; LA; EDS
<i>miglustat</i>	1	PA New Starts; EDS
<i>nitisinone</i>	1	PA; EDS
NITYR	2	PA
ORFADIN ORAL CAPSULE 20 MG	2	PA; LA; EDS
ORFADIN ORAL SUSPENSION	2	PA; LA; EDS
PALYNZIQ	3	PA; LA; EDS
PROCYSBI ORAL PACKET	3	PA New Starts; LA; EDS
RAVICTI	3	PA; LA; EDS
RUZURGI	3	PA; LA
SODIUM PHENYL BUTYRATE ORAL TABLET	2	EDS
SUCRAID	3	PA; LA; EDS
UDENYCA	2	PA
VIOKACE	2	EDS
XURIDEN	2	PA; EDS
ZAVESCA	2	PA New Starts; LA; EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	EDS

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

Drug Name	Tier	Requirements/Limits
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er</i>	1	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
<i>clovique</i>	1	PA; EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
JALYN	3	EDS
JYNARQUE	3	PA; LA
<i>lanthanum carbonate</i>	1	EDS
MYRBETRIQ	2	EDS
<i>oxybutynin chloride er</i>	1	EDS
<i>oxybutynin chloride oral</i>	1	EDS
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
PHOSLYRA	3	EDS
<i>potassium citrate er</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>silodosin</i>	1	EDS
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP	2	EDS
<i>solifenacin succinate</i>	1	EDS
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
<i>tolvaptan oral tablet 30 mg</i>	1	PA
<i>trospium chloride</i>	1	EDS
<i>trospium chloride er</i>	1	EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
VELPHORO	3	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR	3	PA
ALA SCALP	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate</i>	1	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external</i>	1	
CAPEX	3	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX EXTERNAL LOTION	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CORDRAN EXTERNAL TAPE	2	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
DESONIDE EXTERNAL CREAM	3	
DESONIDE EXTERNAL OINTMENT	3	
<i>desoximetasone external cream</i>	3	
<i>desoximetasone external gel</i>	3	

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

Drug Name	Tier	Requirements/Limits
<i>desoximetasone external ointment 0.25 %</i>	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diflorasone diacetate external ointment</i>	3	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone valerate</i>	1	
ISTURISA	3	PA; EDS
MEDROL ORAL TABLET	3	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
<i>mometasone furoate external</i>	1	EDS
PANDEL	3	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISONE ORAL TABLET THERAPY PACK	2	
<i>procto-pak external</i>	1	
<i>proctozone-hc external</i>	1	
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
DDAVP NASAL	3	EDS
DDAVP ORAL	3	EDS
DDAVP RHINAL TUBE	3	EDS
<i>desmopressin ace spray refrig</i>	1	EDS
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SV	3	PA; LA; EDS
GENOTROPIN	2	PA; EDS
GENOTROPIN MINIQUICK	2	PA; EDS
HUMATROPE	2	PA; EDS
INCRELEX	3	PA; LA; EDS
MYALEPT	3	PA; LA; EDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ORLISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORLISSA ORAL TABLET 200 MG	3	PA
SAIZEN	3	PA; EDS
SAIZENPREP	3	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
STIMATE	2	EDS
TEGSEDI	3	PA; LA; EDS
VYNDAMAX	3	PA; LA; EDS
VYNDAQEL	3	PA; LA; EDS
ZOMACTON	3	PA; EDS
ZORBTIVE	3	PA; EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>altavera</i>	1	EDS
<i>alyacen 1/35</i>	1	EDS
<i>amabelz</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>amethia</i>	1	EDS
<i>amethia lo</i>	1	EDS
ANADROL-50	3	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	3	PA; EDS
ANGELIQ	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ANNOVERA	3	QL (1 EA per 365 days); EDS
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	EDS
<i>aubra</i>	1	EDS
<i>aviane</i>	1	EDS
<i>balziva</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	EDS
<i>caziant</i>	1	EDS
CLIMARA PRO	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS
CRINONE VAGINAL GEL 8 %	3	PA
<i>cryselle-28</i>	1	EDS
<i>cyclafem 1/35</i>	1	EDS
<i>cyclafem 7/7/7</i>	1	EDS
<i>cyred</i>	1	EDS
<i>danazol oral</i>	1	
<i>deblitane</i>	1	EDS
<i>delestrogen intramuscular oil 10 mg/ml</i>	1	
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	

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

Drug Name	Tier	Requirements/Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	EDS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>dotti</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol</i>	1	EDS
DUAVEE	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ELESTRIN	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>eluryng</i>	1	EDS
<i>emoquette</i>	1	EDS
<i>enpresse-28</i>	1	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	EDS
<i>errin</i>	1	EDS
<i>estarylla</i>	1	EDS
ESTRACE ORAL	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol oral</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	1	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>estradiol transdermal patch weekly</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol vaginal</i>	1	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ESTRING	2	EDS
<i>ethynodiol diac-eth estradiol</i>	1	EDS
<i>etonogestrel-ethinyl estradiol</i>	1	EDS
EVAMIST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
FEMRING	3	EDS
<i>femynor</i>	1	EDS
<i>fyavolv</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
GENERESS FE	3	EDS
<i>hailey 24 fe</i>	1	EDS
<i>incassia</i>	1	EDS
<i>introvale</i>	1	EDS
<i>isibloom</i>	1	EDS
<i>jasmiel</i>	1	EDS
JINTELI	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	EDS
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>kariva</i>	1	EDS
<i>kelnor 1/35</i>	1	EDS
<i>kelnor 1/50</i>	1	EDS
<i>kurvelo</i>	1	EDS
<i>larin 1.5/30</i>	1	EDS
<i>larin 1/20</i>	1	EDS
<i>larin fe 1.5/30</i>	1	EDS
<i>larin fe 1/20</i>	1	EDS
<i>larissia</i>	1	EDS
<i>layolis fe</i>	1	EDS
<i>lessina</i>	1	EDS
<i>levonest</i>	1	EDS
<i>levonorgest-eth est &amp; eth est</i>	1	EDS
<i>levonorgest-eth estrad 91-day</i>	1	EDS
<i>levonorgestrel-ethinyl estrad</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	EDS
<i>levora 0.15/30 (28)</i>	1	EDS
LO LOESTRIN FE	3	EDS
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>loryna</i>	1	EDS
<i>low-ogestrel</i>	1	EDS
<i>lutera</i>	1	EDS
<i>lyza</i>	1	EDS
<i>marlissa</i>	1	EDS
<i>medroxyprogesterone acetate intramuscular</i>	1	
<i>medroxyprogesterone acetate oral</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA; PA does not apply to age less than 65.
<i>megestrol acetate oral tablet</i>	1	EDS
<i>melodetta 24 fe</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MENOSTAR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
METHITEST	2	PA; EDS
<i>methyltestosterone oral</i>	1	PA; EDS
<i>mibelas 24 fe</i>	1	EDS
<i>microgestin 1.5/30</i>	1	EDS
<i>microgestin 1/20</i>	1	EDS
<i>microgestin fe 1.5/30</i>	1	EDS
<i>microgestin fe 1/20</i>	1	EDS
<i>mili</i>	1	EDS
<i>mimvey</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
NATAZIA	3	EDS
NATESTO	3	PA; EDS
<i>necon 0.5/35 (28)</i>	1	EDS
<i>nikki</i>	1	EDS
<i>nora-be</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acetate oral</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone oral</i>	1	EDS
<i>norethindrone-eth estradiol</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>norethin-eth estradiol-fe</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>norgestim-eth estrad triphasic</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	EDS
<i>nortrel 1/35 (28)</i>	1	EDS
<i>nortrel 7/7/7</i>	1	EDS
<i>ocella</i>	1	EDS
ORIAHNN	3	PA
<i>orsythia</i>	1	EDS
<i>oxandrolone oral</i>	1	
<i>pimtrea</i>	1	EDS
<i>pirmella 1/35</i>	1	EDS
<i>portia-28</i>	1	EDS
PREFEST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN ORAL	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem</i>	1	EDS
<i>progesterone micronized oral</i>	1	EDS
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	EDS
<i>setlakin</i>	1	EDS
<i>sharobel</i>	1	EDS
SLYND	3	EDS
<i>sprintec 28</i>	1	EDS
<i>sronyx</i>	1	EDS
<i>tarina 24 fe</i>	1	EDS
<i>tarina fe 1/20</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA; EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; EDS
<i>testosterone transdermal solution</i>	1	PA; EDS
<i>tri-estarylla</i>	1	EDS
<i>tri-legest fe</i>	1	EDS
<i>tri-lo-estarylla</i>	1	EDS
<i>tri-mili</i>	1	EDS
<i>tri-previfem</i>	1	EDS
<i>tri-sprintec</i>	1	EDS
<i>trivora (28)</i>	1	EDS
<i>tri-vylibra lo</i>	1	EDS
<i>tydemy</i>	1	EDS
<i>velivet</i>	1	EDS
<i>vienva</i>	1	EDS
<i>vyfemla</i>	1	EDS
<i>wymzya fe</i>	1	EDS
<i>xulane</i>	1	EDS
<i>yuvafem</i>	1	EDS
<i>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
CYTOMEL	3	EDS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
TIROSINT-SOL	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>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>	1	EDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts
FIRMAGON (240 MG DOSE)	2	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA New Starts
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	PA New Starts
LUPRON DEPOT (1-MONTH)	2	PA New Starts
LUPRON DEPOT (3-MONTH)	2	PA New Starts
LUPRON DEPOT (4-MONTH)	2	PA New Starts
LUPRON DEPOT (6-MONTH)	2	PA New Starts
MYCAPSSA	3	PA; LA; EDS
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	EDS
SIGNIFOR	3	PA; LA; EDS
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	3	PA; LA; EDS
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
<b>Immunological Agents</b>		
ACTEMRA ACTPEN	3	PA; EDS
ACTEMRA SUBCUTANEOUS	3	PA; EDS
<i>acthib</i>	1	

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

Drug Name	Tier	Requirements/Limits
ACTIMMUNE	3	PA; LA; EDS
<i>adacel</i>	1	
AFINITOR DISPERZ	3	PA New Starts
ARAVA	3	EDS
ARCALYST	2	PA; LA; EDS
ASTAGRAF XL	3	BD; EDS
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	3	PA New Starts; EDS
BERINERT	3	PA New Starts; LA
<i>bexsero</i>	1	
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
<i>boostrix intramuscular suspension 5-2.5-18.5 , 5-2.5-18.5 (0.5ml syringe)</i>	1	
CELLCEPT	3	BD; EDS
CIMZIA PREFILLED	2	EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	
CINRYZE	2	PA New Starts; LA
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
DUPIXENT	2	PA; EDS
ENBREL MINI	2	EDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>engerix-b injection</i>	1	BD
ENSPRYNG	3	PA; EDS
ENVARUSUS XR	3	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral solution</i>	1	BD; EDS
HAEGARDA	3	PA New Starts; LA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>icatibant acetate</i>	1	PA New Starts
<i>imovax rabies</i>	1	
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INGREZZA ORAL CAPSULE 40 MG	3	PA; LA; QL (30 EA per 30 days); EDS
INGREZZA ORAL CAPSULE 80 MG	3	PA; LA; EDS
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LA; EDS
<i>ipol</i>	1	
<i>ixiaro</i>	1	
KEVZARA	2	EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>kinrix intramuscular suspension</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
<i>menactra</i>	1	
<i>menquadfi</i>	1	
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>m-m-r ii injection</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
MYFORTIC	3	BD; EDS
NEORAL	3	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET	2	EDS
OTEZLA ORAL TABLET THERAPY PACK	2	
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	3	PA; EDS
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>pimecrolimus</i>	1	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF ORAL	3	BD; EDS
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	
RAPAMUNE ORAL TABLET	3	BD; EDS

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

Drug Name	Tier	Requirements/Limits
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	3	PA; EDS
<i>recombivax hb</i>	1	BD
RIDAURA	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	3	PA New Starts; LA
SANDIMMUNE ORAL	3	BD; EDS
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>sirolimus oral</i>	1	BD; EDS
<i>tacrolimus oral</i>	1	BD; EDS
<i>takhzyro</i>	3	PA New Starts; LA; EDS
<i>tdvax</i>	1	
<i>tenivac</i>	1	
TREXALL	2	
<i>trumenba</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	EDS
XELJANZ XR	2	EDS
<i>yf-vax</i>	1	
ZORTRESS	2	BD; EDS
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	3	EDS
ASACOL HD	2	EDS

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



Drug Name	Tier	Requirements/Limits
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
<i>mesalamine er</i>	1	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
PENTASA	2	EDS
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc external</i>	1	
<i>proctosol hc external</i>	1	
ROWASA RECTAL	3	
<i>sulfasalazine oral</i>	1	EDS
<b>Metabolic Bone Disease Agents</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	EDS
ATELVIA	3	EDS
BINOSTO	3	EDS
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral</i>	1	ST
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	3	PA; LA; EDS
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
ROCALTROL	3	EDS
TERIPARATIDE (RECOMBINANT)	2	PA; EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
<b>Non-Frf</b>		
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
ACTONEL ORAL TABLET 30 MG	3	
ACTONEL ORAL TABLET 5 MG	3	EDS
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	EDS
<i>afeditab cr</i>	1	EDS
AIMOVIG (140 MG DOSE)	2	PA; EDS
AKYNZEO ORAL	3	PA

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

Drug Name	Tier	Requirements/Limits
<i>ala-cort external cream 2.5 %</i>	1	
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	BD; EDS
ALCAINE	3	
<i>alendronate sodium oral tablet 40 mg</i>	1	
<i>alendronate sodium oral tablet 5 mg</i>	1	EDS
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
AMETHYST	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 7 %	2	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
AMINOSYN-HBC	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	2	BD
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
ANZEMET ORAL	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
ASTEPRO NASAL SOLUTION 0.15 %	3	
AVC VAGINAL	3	
AVELOX INTRAVENOUS	2	
AXERT ORAL TABLET 6.25 MG	3	
<i>azurette</i>	1	EDS
BACTROBAN EXTERNAL OINTMENT	3	
<i>baqsimi one pack</i>	1	
<i>bekyree</i>	1	EDS
BENTYL ORAL CAPSULE	3	
BEVYXXA	3	EDS
<i>blisovi fe 1/20</i>	1	EDS
<i>boostrix intramuscular suspension 5-2.5-18.5 lf-mcg/0.5</i>	1	
BRAFTOVI ORAL CAPSULE 50 MG	3	PA New Starts; LA
BREZTRI AEROSPHERE	2	EDS
BRINTELLIX	3	

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

Drug Name	Tier	Requirements/Limits
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
BYVALSON	3	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
<i>cefditoren pivoxil</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>	1	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
CESAMET	3	PA
<i>chlorothiazide oral</i>	1	EDS
CHLORPROPAMIDE ORAL TABLET 100 MG	3	PA; PA does not apply to age less than 65.; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CIMZIA STARTER KIT	2	EDS
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
<i>clindamax external gel</i>	1	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
CLINIMIX E/DEXTROSE (8/10)	2	BD
CLINIMIX E/DEXTROSE (8/14)	2	BD
CLINIMIX/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
CLINIMIX/DEXTROSE (6/5)	2	BD
CLINIMIX/DEXTROSE (8/10)	2	BD
CLINIMIX/DEXTROSE (8/14)	2	BD

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

Drug Name	Tier	Requirements/Limits
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
CLORPRES	3	EDS
<i>clotrimazole mouth/throat lozenge</i>	1	
COLESTID ORAL GRANULES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
<i>colocort</i>	1	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	3	PA New Starts; LA
CORTISPORIN-TC	3	
COSENTYX	2	EDS
COSENTYX SENSOREADY PEN	2	EDS
COUMADIN ORAL	3	EDS
<i>crotan</i>	1	
<i>delyla</i>	1	EDS
<i>desmopressin acetate spray</i>	1	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	EDS
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral solution</i>	1	
<i>dextrose in lactated ringers</i>	1	BD
<i>dextrose-nacl intravenous solution 5-0.225 %, 5-0.33 %</i>	1	BD
DIACOMIT	3	PA New Starts; LA; EDS
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>didanosine oral capsule delayed release 200 mg</i>	1	EDS
DILAUDID INJECTION SOLUTION 4 MG/ML	3	
DILAUDID-HP INJECTION SOLUTION	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>dimethyl fumarate starter pack</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
DIPROLENE AF	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG	3	EDS
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
<i>doxycycline hyclate intravenous</i>	1	
D-PENAMINE	2	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	1	EDS
<i>duramorph</i>	1	BD
E.E.S. 400 ORAL TABLET	3	
EC-NAPROSYN	3	EDS
<i>efavirenz-emtricitab-tenofovir</i>	1	EDS
<i>efavirenz-lamivudine-tenofovir</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	2	EDS
EMBEDA	3	
<i>emtricitabine-tenofovir df</i>	1	EDS
<i>enoxaparin sodium injection</i>	1	
EPCLUSA ORAL TABLET 200-50 MG	2	PA; QL (30 EA per 30 days)
<i>eprosartan mesylate</i>	1	EDS
<i>erythromycin external pad</i>	1	
<i>estropipate oral tablet 0.75 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>etidronate disodium</i>	1	
EURAX	2	
EXELDERM	3	
FARYDAK ORAL CAPSULE 15 MG	3	PA New Starts; LA
<i>fenofibric acid oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	2	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
FLUMADINE	3	
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide-e</i>	1	
<i>flurbiprofen oral tablet 50 mg</i>	1	EDS
FORTAZ INTRAVENOUS	3	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FORTICAL	2	EDS
<i>fosfomycin tromethamine</i>	1	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>gardasil</i>	1	
<i>gavilyte-h</i>	1	
GELNIQUE PUMP	3	EDS
<i>gentamicin in saline intravenous solution 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate ophthalmic ointment</i>	1	
<i>gildess 1.5/30</i>	1	EDS
GRALISE STARTER	3	
HARVONI ORAL TABLET 45-200 MG	2	PA
<i>havrix intramuscular suspension 720 el u/0.5ml 0.5 ml</i>	1	
HEMANGEOL	3	PA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	BD
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	BD
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	2	EDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
<i>hyperrab</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
IONOSOL-MB IN D5W	3	
<i>isosorbide dinitrate er</i>	1	EDS
<i>ivermectin external</i>	1	
<i>jolivette</i>	1	EDS
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	3	PA; EDS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%</i>	1	BD
<i>klor-con sprinkle</i>	1	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
KYNMOBI TITRATION KIT	3	PA; PA Except Neurology
<i>lactated ringers</i>	1	
LAMPIT	3	PA
LANOXIN ORAL TABLET 187.5 MCG	3	PA; PA does not apply to age less than 65.
<i>lapatinib ditosylate</i>	1	PA New Starts
LAZANDA	3	PA; QL (120 EA per 30 days)
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levonorg-eth estrad triphasic oral tablet</i>	1	EDS
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external gel</i>	1	EDS
<i>lidocaine hcl injection solution 1 %</i>	1	

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



Drug Name	Tier	Requirements/Limits
LONHALA MAGNAIR STARTER KIT	2	ST; QL (60 ML per 365 days); EDS
<i>lopreeza oral tablet 0.5-0.1 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
LOTRISONE EXTERNAL CREAM	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
MAVIK ORAL TABLET 4 MG	3	EDS
MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG	3	
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>mesalamine-cleanser</i>	1	EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>metaproterenol sulfate oral tablet</i>	1	EDS
<i>metaxall</i>	1	PA; PA does not apply to age less than 65.
<i>methotrexate (anti-rheumatic)</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	
<i>methylergonovine maleate oral</i>	1	
<i>metipranolol</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoprolol-hctz er</i>	1	EDS
<i>metyrosine</i>	1	
MIACALCIN NASAL	3	EDS
MILLIPRED ORAL SOLUTION	3	
<i>mimvey lo</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MIRAPEX ORAL TABLET 0.25 MG, 1.5 MG	3	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>mononessa</i>	1	EDS
MORPHABOND ER	3	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	BD
<i>morphine sulfate injection solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intraocular solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
<i>mycophenolic acid</i>	1	BD; EDS
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	EDS
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naftifine hcl external gel</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPHAZOLINE HCL OPHTHALMIC	2	
NAPROSYN ORAL TABLET 250 MG	3	EDS
<i>necon 1/35 (28)</i>	1	EDS
NEOSPORIN OPHTHALMIC	3	
NEULASTA ONPRO	2	PA
<i>niacin (antihyperlipidemic)</i>	1	
<i>nifediac cc oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nifedical xl</i>	1	EDS
NITROLINGUAL	3	EDS
NITROMIST	3	EDS
NIZORAL	3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION	2	PA; EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	1	EDS
<i>norlyroc</i>	1	EDS
NORMOSOL-R IN D5W	3	BD
NORMOSOL-R PH 7.4	3	

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

Drug Name	Tier	Requirements/Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ PEN	2	PA; EDS
NUVESSA	3	
NYMALIZE ORAL SOLUTION 60 MG/20ML	3	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
OGESTREL	2	EDS
OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK PODS	2	QL (15 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	3	PA; EDS
ONUREG	3	PA New Starts; QL (30 EA per 30 days)
OPANA ORAL	3	QL (180 EA per 30 days)
ORAP	3	EDS
ORTHO TRI-CYCLEN LO	3	EDS
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	1	
<i>oxycodone-ibuprofen</i>	1	
PATANOL	3	
<i>peg 3350/electrolytes</i>	1	
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>periogard</i>	1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
PHOSLO	3	EDS
<i>phrenilin forte oral capsule 50-300-40 mg</i>	3	PA; PA does not apply to age less than 65.
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
<i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	1	
PRAVACHOL ORAL TABLET 80 MG	3	EDS
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
PREPOPIK	3	
<i>prevalite oral powder</i>	1	EDS
PREVPAC	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 250-250 MG	3	
PRIMSOL	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>procto-med hc rectal</i>	1	
<i>procto-pak rectal</i>	1	
<i>proctosol hc rectal</i>	1	
<i>proctozone-hc rectal</i>	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA New Starts; LA; EDS
<i>promethazine hcl rectal suppository 50 mg</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine vc plain</i>	1	PA; PA does not apply to age less than 65.
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	3	EDS
RAZADYNE ORAL TABLET	3	EDS
REBETOL ORAL SOLUTION	3	
RENACIDIN	2	
<i>repaglinide-metformin hcl</i>	1	EDS
REPREXAIN ORAL TABLET 10-200 MG	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	EDS
RESCRIPTOR ORAL TABLET 200 MG	2	EDS

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

Drug Name	Tier	Requirements/Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
REVCIVI	3	PA; LA
RIBASPHERE ORAL TABLET	3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
RIFADIN	3	
RIFAMATE	3	
RIFATER	2	
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
<i>sapropterin dihydrochloride</i>	1	PA; EDS
SFROWASA	3	
SINEMET CR	3	EDS
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
SOLARAZE	3	PA; EDS
SORIATANE ORAL CAPSULE 17.5 MG	3	
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)
SPECTRACEF ORAL TABLET 400 MG	3	
<i>sterile water for irrigation</i>	1	
STRIANT	3	PA; EDS
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA
<i>sulconazole nitrate</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
TARKA ORAL TABLET EXTENDED RELEASE 1-240 MG	3	EDS
<i>tavaborole</i>	1	PA
TEMIXYS	2	EDS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	

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

Drug Name	Tier	Requirements/Limits
<i>temsirolimus</i>	1	PA New Starts
TERAZOL 3 VAGINAL CREAM	3	
<i>tetanus-diphtheria toxoids td</i>	1	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg</i>	1	EDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
<i>tolvaptan oral tablet 15 mg</i>	1	PA
TORISEL	3	PA New Starts
<i>tpn electrolytes intravenous solution</i>	1	BD
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg (matrix delivery)</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	2	EDS
TRETIN-X EXTERNAL CREAM 0.075 %	3	
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trihexyphenidyl hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>trinessa (28)</i>	1	EDS
TROPHAMINE INTRAVENOUS SOLUTION 6 %	2	BD
TYLENOL WITH CODEINE #3	3	
TYLENOL WITH CODEINE #4	3	
ULTRAVATE EXTERNAL CREAM	3	
ULTRAVATE EXTERNAL OINTMENT	3	
UPNEEQ	3	PA; EDS
URECHOLINE	3	EDS
<i>vancomycin hcl intravenous solution reconstituted 1000 mg</i>	1	BD
VARUBI ORAL	3	BD
VERAMYST	3	EDS
VERIPRED 20	3	
<i>vestura</i>	1	EDS
V-GO 20	2	
V-GO 30	2	

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

Drug Name	Tier	Requirements/Limits
V-GO 40	2	
VIDEX	2	EDS
VIDEX EC	3	EDS
<i>viorele</i>	1	EDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	EDS
VUMERITY (STARTER)	3	PA
XYWAV	3	PA; LA
XYZAL ORAL SOLUTION	3	
XYZAL ORAL TABLET	3	EDS
<i>zazole vaginal cream 0.8 %</i>	1	
ZOCOR ORAL TABLET 5 MG	3	EDS
ZOFRAN ORAL SOLUTION	3	BD
ZOFRAN ORAL TABLET 4 MG	3	BD
<i>zostavax subcutaneous suspension reconstituted</i>	1	
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM	3	
ZOVIRAX ORAL CAPSULE	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
ZYKADIA ORAL CAPSULE	3	PA New Starts
<b>Ophthalmic Agents</b>		
<i>acetazolamide oral</i>	1	EDS
ALOCRI	3	
ALOMIDE	2	
ALPHAGAN P OPTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	3	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPTHALMIC SOLUTION 0.25 %	2	EDS

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

Drug Name	Tier	Requirements/Limits
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
COMBIGAN	2	EDS
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
DUREZOL	3	
<i>epinastine hcl</i>	1	
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
FML LIQUIFILM	3	
ILEVRO	3	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	
LASTACFT	3	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
LOTEMAX OPHTHALMIC GEL	2	
LOTEMAX OPHTHALMIC OINTMENT	2	
LOTEMAX SM	2	

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



Drug Name	Tier	Requirements/Limits
<i>loteprednol etabonate</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide oral</i>	1	EDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEVANAC	3	
<i>olopatadine hcl ophthalmic</i>	1	
OXERVATE	3	PA
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED MILD	3	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	2	EDS
ROCKLATAN	2	ST; EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	
<i>travoprost (bak free)</i>	1	EDS
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZYLET	3	
<b>Otic Agents</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	1	
<i>flac</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
<b>Respiratory Tract/ Pulmonary Agents</b>		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD
ADEMPAS	3	PA New Starts; LA; EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	BD; EDS
<i>albuterol sulfate oral</i>	1	EDS
<i>alyq</i>	1	PA New Starts; EDS
<i>ambrisentan</i>	1	PA New Starts; LA; EDS
ANORO ELLIPTA	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
ARCAPTA NEOHALER	2	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ASMANEX (120 METERED DOSES)	2	EDS
ASMANEX (30 METERED DOSES)	2	EDS
ASMANEX (60 METERED DOSES)	2	EDS
ASMANEX HFA	2	EDS
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine-fluticasone</i>	1	
<i>bosentan</i>	1	PA New Starts; EDS
BREO ELLIPTA	2	EDS
BROVANA	2	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON	3	LA
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; PA does not apply to age less than 65.
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA; PA does not apply to age less than 65.
<i>cyproheptadine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.; EDS
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
DUPIXENT	2	PA; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ESBRIET	2	PA; EDS
FASENRA	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
FASENRA PEN	2	PA; EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	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>	1	EDS
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	EDS
GASTROCROM	3	EDS
GLASSIA	3	PA New Starts; LA
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts; LA; EDS
<i>levalbuterol hcl inhalation</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
LONHALA MAGNAIR REFILL KIT	2	ST; EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NUCALA	2	PA; LA; EDS
OFEV	2	PA; LA; EDS
<i>olopatadine hcl nasal</i>	1	
OPSUMIT	3	PA New Starts; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS

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

Drug Name	Tier	Requirements/Limits
ORKAMBI	3	PA New Starts; LA; EDS
PATANASE	3	
PERFOROMIST	3	BD; ST; EDS
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine-phenylephrine</i>	1	PA; PA does not apply to age less than 65.
PULMICORT	3	BD; EDS
PULMICORT FLEXHALER	2	EDS
PULMOZYME	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
REVATIO ORAL SUSPENSION RECONSTITUTED	2	PA New Starts; EDS
SEEBRI NEOHALER	3	EDS
SEREVENT DISKUS	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SINGULAIR	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT	2	EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2	PA New Starts; EDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	2	PA New Starts; LA; EDS
SYMJEPI	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tadalafil (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	3	EDS
<i>theophylline</i>	1	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI	3	BD; EDS
TOBI PODHALER	3	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	EDS
TRIKAFTA	2	PA New Starts; EDS
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
<i>wixela inhub</i>	1	EDS
XOLAIR	3	PA
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	EDS
ZEMAIRA	3	PA New Starts; LA
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	2	EDS
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral</i>	3	PA; PA does not apply to age less than 65.
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cyclobenzaprine hcl oral</i>	1	PA; PA does not apply to age less than 65.
<i>metaxalone</i>	1	PA; PA does not apply to age less than 65.
<i>methocarbamol oral</i>	1	PA; PA does not apply to age less than 65.

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

Drug Name	Tier	Requirements/Limits
<i>orphenadrine citrate er</i>	1	PA; PA does not apply to age less than 65.
<i>tizanidine hcl oral</i>	1	EDS
<b>Sleep Disorder Agents</b>		
<i>armodafinil</i>	1	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
DAYVIGO ORAL TABLET 10 MG	3	PA New Starts
DAYVIGO ORAL TABLET 5 MG	3	PA New Starts; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>doxepin hcl oral tablet</i>	1	
HETLIOZ	3	PA; LA; EDS
<i>modafinil</i>	1	PA; EDS
PROVIGIL	3	PA; EDS
<i>ramelteon</i>	1	
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
<i>temazepam</i>	1	QL (7 EA per 30 days)
XYREM	3	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate oral</i>	1	PA New Starts; PA does not apply to age less than 65.

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

## Index

<i>abacavir sulfate</i> .....	35	<i>ala-cort</i> .....	64, 82	<i>amitriptyline hcl</i> .....	17
<i>abacavir sulfate-lamivudine</i> .....	35	<i>albendazole</i> .....	31	<i>amlodipine besy-benazepril hcl</i> ..	45
<i>abacavir-lamivudine-zidovudine</i> ..	35	<i>albuterol sulfate</i> .....	82, 97	<i>amlodipine besylate</i> .....	45
ABELCET.....	20	<i>albuterol sulfate er</i> .....	97	<i>amlodipine besylate-valsartan</i> ...	45
ABILIFY MAINTENA.....	17, 33	ALCAINE.....	82	<i>amlodipine-olmesartan</i> .....	45
ABILIFY MYCITE.....	17, 33	<i>alclometasone dipropionate</i> .....	64	<i>amlodipine-valsartan-hctz</i> .....	45
<i>abiraterone acetate</i> .....	26	ALDACTAZIDE.....	45	<i>ammonium lactate</i> .....	55
ABSORICA.....	55	ALECENSA.....	26	<i>amnesteem</i> .....	55
ABSTRAL.....	81	<i>alendronate sodium</i> .....	81, 82	AMOXAPINE.....	17
<i>acamprosate calcium</i> .....	7	<i>alfuzosin hcl er</i> .....	63	<i>amoxicill-clarithro-lansopraz</i> .....	60
<i>acarbose</i> .....	41	ALINIA.....	31	<i>amoxicillin</i> .....	8
ACCOLATE.....	97	<i>aliskiren fumarate</i> .....	45	<i>amoxicillin-pot clavulanate</i> .....	8
<i>acebutolol hcl</i> .....	45	<i>allopurinol</i> .....	22	<i>amoxicillin-pot clavulanate er</i> .....	8
<i>acetaminophen-codeine</i> .....	3	<i>almotriptan malate</i> .....	24	<i>amphetamine-dextroamphet er</i> ..	51
<i>acetaminophen-codeine #2</i> .....	81	ALOCRI.....	94	<i>amphetamine-</i>	
<i>acetaminophen-codeine #3</i> .....	3	ALOMIDE.....	94	<i>dextroamphetamine</i> .....	51
<i>acetaminophen-codeine #4</i> .....	81	ALORA.....	67	AMPHOTERICIN B.....	20
<i>acetazolamide</i> .....	45, 94	<i>alosetron hcl</i> .....	60	<i>ampicillin</i> .....	8, 82
<i>acetazolamide er</i> .....	45	ALPHAGAN P.....	94	<i>ampicillin sodium</i> .....	8
<i>acetic acid</i> .....	8	<i>alprazolam</i> .....	38	<i>ampicillin-sulbactam sodium</i> ..	8, 82
<i>acetylcysteine</i> .....	97	<i>alprazolam er</i> .....	38	ANADROL-50.....	67
<i>acitretin</i> .....	55	<i>alprazolam xr</i> .....	82	<i>anagrelide hcl</i> .....	43
ACTEMRA.....	75	ALREX.....	94	<i>anastrozole</i> .....	26
ACTEMRA ACTPEN.....	75	ALTABAX.....	55	ANDRODERM.....	67
ACTHAR.....	64	<i>altavera</i> .....	67	ANDROGEL.....	68
<i>acthib</i> .....	75	ALTOPREV.....	45	ANGELIQ.....	68
ACTIGALL.....	60	ALUNBRIG.....	26	ANNOVERA.....	68
ACTIMMUNE.....	76	<i>alyacen 1/35</i> .....	67	ANORO ELLIPTA.....	97
ACTONEL.....	80, 81	<i>alyq</i> .....	97	ANTABUSE.....	7
<i>acyclovir</i> .....	35	<i>amabelz</i> .....	67	ANZEMET.....	82
<i>acyclovir sodium</i> .....	35	<i>amantadine hcl</i> .....	32, 35	APLENZIN.....	17
<i>adacel</i> .....	76	AMBISOME.....	20	APOKYN.....	32
<i>adapalene</i> .....	55	<i>ambrisentan</i> .....	97	<i>apraclonidine hcl</i> .....	94
<i>adapalene-benzoyl peroxide</i> .....	55	AMERGE.....	24	<i>aprepitant</i> .....	19
ADDERALL.....	51, 81	<i>amethia</i> .....	67	<i>apri</i> .....	68
ADDERALL XR.....	51	<i>amethia lo</i> .....	67	APRISO.....	79
<i>adefovir dipivoxil</i> .....	35	AMETHYST.....	82	APTIOM.....	14
ADEMPAS.....	97	<i>amikacin sulfate</i> .....	8	APTIVUS.....	36
ADVAIR HFA.....	97	<i>amiloride hcl</i> .....	45	ARALAST NP.....	82, 97
<i>afeditab cr</i> .....	81	<i>amiloride-hydrochlorothiazide</i> ...	45	<i>aranelle</i> .....	68
AFINITOR.....	26	AMINOSYN.....	82	ARANESP (ALBUMIN FREE).....	43
AFINITOR DISPERZ.....	76	AMINOSYN II.....	57, 82	ARAVA.....	76
AIMOVIG.....	24	AMINOSYN M.....	82	ARCALYST.....	76
AIMOVIG (140 MG DOSE).....	81	AMINOSYN-HBC.....	82	ARCAPTA NEOHALER.....	97
AJOVY.....	24	AMINOSYN-PF.....	57, 82	ARICEPT.....	17
AKYNZEO.....	81	<i>amiodarone hcl</i> .....	45	ARIKAYCE.....	8
ALA SCALP.....	64	AMITIZA.....	60	ARIMIDEX.....	26

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



<i>aripiprazole</i> .....	17, 18, 33	<i>azelaic acid</i> .....	55	BICILLIN C-R 900/300.....	9
ARISTADA.....	33	<i>azelastine hcl</i> .....	94, 98	BICILLIN L-A.....	9
ARISTADA INITIO.....	33	<i>azelastine-fluticasone</i> .....	98	BIDIL.....	45
<i>armodafinil</i> .....	102	AZELEX.....	55	BIKTARVY.....	36
ARNUITY ELLIPTA.....	97	<i>azithromycin</i> .....	8, 9	<i>bimatoprost</i> .....	95
AROMASIN.....	26	AZOPT.....	94	BINOSTO.....	81
ASACOL HD.....	79	<i>aztreonam</i> .....	9	<i>bisoprolol fumarate</i> .....	45
<i>ascomp-codeine</i> .....	3	<i>azurette</i> .....	82	<i>bisoprolol-hydrochlorothiazide</i> ..	45
<i>ashlyna</i> .....	68	<i>bacitracin</i> .....	9	BIVIGAM.....	76
ASMANEX (120 METERED		<i>bacitracin-polymyxin b</i> .....	94	BLEPH-10.....	9
DOSES).....	98	<i>bacitra-neomycin-polymyxin-hc</i> .	94	BLEPHAMIDE.....	22, 95
ASMANEX (30 METERED		<i>baclofen</i> .....	35	BLEPHAMIDE S.O.P.....	22, 95
DOSES).....	98	BACTROBAN.....	82	<i>blisovi 24 fe</i> .....	68
ASMANEX (60 METERED		BAFIERTAM.....	52	<i>blisovi fe 1.5/30</i> .....	68
DOSES).....	98	BALCOLTRA.....	26	<i>blisovi fe 1/20</i> .....	82
ASMANEX HFA.....	98	<i>balsalazide disodium</i> .....	80	<i>boostrix</i> .....	76, 82
<i>aspirin-dipyridamole er</i> .....	43	BALVERSA.....	26	<i>bosentan</i> .....	98
<i>assure id insulin safety syr</i> .....	41	<i>balziva</i> .....	68	BOSULIF.....	26
ASTAGRAF XL.....	76	BANZEL.....	14	BRAFTOVI.....	26, 82
ASTEPRO.....	82	<i>baqsimi one pack</i> .....	82	BREO ELLIPTA.....	98
<i>atazanavir sulfate</i> .....	36	<i>baqsimi two pack</i> .....	41	BREZTRI AEROSPHERE.....	82
ATELVIA.....	81	BARACLUDE.....	36	<i>briellyn</i> .....	68
<i>atenolol</i> .....	45	BCG VACCINE.....	76	BRILINTA.....	43
<i>atenolol-chlorthalidone</i> .....	45	<i>bekyree</i> .....	82	<i>brimonidine tartrate</i> .....	95
<i>atomoxetine hcl</i> .....	51	BELSOMRA.....	102	BRINTELLIX.....	82
<i>atorvastatin calcium</i> .....	45	<i>benazepril hcl</i> .....	45	BRIVIACT.....	14
<i>atovaquone</i> .....	31	<i>benazepril-hydrochlorothiazide</i> ..	45	<i>bromfenac sodium (once-daily)</i> ..	95
<i>atovaquone-proguanil hcl</i> .....	31	BENLYSTA.....	76	<i>bromocriptine mesylate</i> .....	32, 75
ATRIPLA.....	36	BENTYL.....	82	BROMSITE.....	95
<i>atropine sulfate</i> .....	94	<i>benztropine mesylate</i> .....	32	BROVANA.....	98
ATROVENT HFA.....	98	BEPREVE.....	94	BRUKINSA.....	26
AUBAGIO.....	51	BERINERT.....	76	BRYHALI.....	55
<i>aubra</i> .....	68	<i>betamethasone dipropionate</i>		<i>budesonide</i> .....	60, 68, 80, 98
AUSTEDO.....	51	.....	22, 55, 64	<i>budesonide er</i> .....	60, 68, 80
AVANDIA.....	41	<i>betamethasone dipropionate</i>		<i>bumetanide</i> .....	45
AVC VAGINAL.....	82	<i>aug</i> .....	22, 64	BUPAP.....	3
AVELOX.....	82	<i>betamethasone valerate</i> .....	22, 64	<i>buprenorphine</i> .....	3, 7
<i>aviane</i> .....	68	BETAPACE AF.....	45	<i>buprenorphine hcl</i> .....	3, 7
<i>avita</i> .....	26, 55	<i>betaxolol hcl</i> .....	45, 94	<i>buprenorphine hcl-naloxone hcl</i> ..	7
AVODART.....	63	<i>bethanechol chloride</i> .....	63	<i>bupropion hcl</i> .....	18
AVONEX PEN.....	52	BETHKIS.....	9	<i>bupropion hcl er (smoking det)</i> .....	7
AVONEX PREFILLED.....	52	BETIMOL.....	94, 95	<i>bupropion hcl er (sr)</i> .....	18
AXERT.....	82	BETOPTIC-S.....	95	<i>bupropion hcl er (xl)</i> .....	18
AYVAKIT.....	26	BEVYXXA.....	82	<i>buspirone hcl</i> .....	38
AZACTAM.....	8	<i>bexarotene</i> .....	26	BUTALBITAL-ACETAMINOPHEN....	3
AZASAN.....	76	<i>bexsero</i> .....	76	BUTALBITAL-APAP-CAFF-COD.....	3
AZASITE.....	8	<i>bicalutamide</i> .....	26	<i>butalbital-apap-caffeine</i> .....	3
<i>azathioprine</i> .....	76	BICILLIN C-R.....	9	<i>butalbital-asa-caff-codeine</i> .....	3

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

<i>butalbital-aspirin-caffeine</i> .....	3	CAYSTON.....	9, 98	<i>ciclopirox</i> .....	21
BUTISOL SODIUM.....	83	<i>caziant</i> .....	68	<i>ciclopirox olamine</i> .....	21
<i>butorphanol tartrate</i> .....	3	<i>cefaclor</i> .....	9	<i>cilostazol</i> .....	44
BYSTOLIC.....	45	CEFACLOR ER.....	9	CILOXAN.....	9
BYVALSON.....	83	<i>cefadroxil</i> .....	9	CIMDUO.....	36
<i>cabergoline</i> .....	75	<i>cefazolin sodium</i> .....	9	<i>cimetidine</i> .....	60
CABLIVI.....	43	<i>cefdinir</i> .....	9	<i>cimetidine hcl</i> .....	60
CABOMETYX.....	26	<i>cefditoren pivoxil</i> .....	83	CIMZIA.....	76
CAFERGOT.....	24	<i>cefepime hcl</i> .....	9	CIMZIA PREFILLED.....	76
<i>calcipotriene</i> .....	55	<i>cefepime-dextrose</i> .....	83	CIMZIA STARTER KIT.....	83
<i>calcipotriene-betameth diprop</i> ...	55	<i>cefixime</i> .....	9	<i>cinacalcet hcl</i> .....	81
<i>calcitonin (salmon)</i> .....	81	<i>cefotaxime sodium</i> .....	83	CINRYZE.....	76
<i>calcitriol</i> .....	55, 81	CEFOTETAN DISODIUM.....	9, 83	CIPRO.....	9
<i>calcium acetate (phos binder)</i> ....	63	<i>cefoxitin sodium</i> .....	9	CIPRO HC.....	97
CALQUENCE.....	27	<i>cefpodoxime proxetil</i> .....	9	<i>ciprofloxacin</i> .....	83
CAMBIA.....	3	<i>cefprozil</i> .....	9	<i>ciprofloxacin hcl</i> .....	10
<i>camila</i> .....	68	<i>ceftazidime</i> .....	9	<i>ciprofloxacin in d5w</i> .....	10
<i>camrese lo</i> .....	68	<i>ceftriaxone sodium</i> .....	9, 83	<i>ciprofloxacin-ciproflox hcl er</i> .....	83
CANCIDAS.....	20	<i>ceftriaxone sodium-dextrose</i> .....	83	<i>ciprofloxacin-dexamethasone</i> ....	97
<i>candesartan cilexetil</i> .....	45	<i>cefuroxime axetil</i> .....	9	<i>ciprofloxacin-fluocinolone pf</i> .....	97
<i>candesartan cilexetil-hctz</i> .....	45	<i>cefuroxime sodium</i> .....	9	<i>citalopram hydrobromide</i> .....	18
CAPEX.....	64	CELEBREX.....	3, 22	<i>claravis</i> .....	55
CAPLYTA.....	33	<i>celecoxib</i> .....	3, 22	CLARINEX.....	98
CAPRELSA.....	27	CELLCEPT.....	76	CLARINEX-D 12 HOUR.....	98
<i>captopril</i> .....	45	CELONTIN.....	14	<i>clarithromycin</i> .....	10
<i>captopril-hydrochlorothiazide</i> ....	45	<i>cephalexin</i> .....	9	<i>clarithromycin er</i> .....	10
CARAC.....	55	CERDELGA.....	62	<i>clemastine fumarate</i> .....	98
CARAFATE.....	60	CEREBYX.....	83	CLENPIQ.....	60
CARBAGLU.....	57	CESAMET.....	83	CLEOCIN.....	10
<i>carbamazepine</i> .....	14, 40	<i>cevimeline hcl</i> .....	54	CLEOCIN PHOSPHATE.....	10
<i>carbamazepine er</i> .....	14, 39, 40	CHANTIX.....	7	CLEOCIN-T.....	10
<i>carbidopa</i> .....	32	CHANTIX CONTINUING MONTH		CLIMARA PRO.....	68
<i>carbidopa-levodopa</i> .....	32	PAK.....	7	CLINDACIN-P.....	10
<i>carbidopa-levodopa er</i> .....	32	CHANTIX STARTING MONTH		<i>clindamax</i> .....	83
<i>carbidopa-levodopa-</i>		PAK.....	7	<i>clindamycin hcl</i> .....	10
<i>entacapone</i> .....	32	CHEMET.....	57	<i>clindamycin palmitate hcl</i> .....	10
<i>carbinoxamine maleate</i> .....	98	CHENODAL.....	60	<i>clindamycin phos-benzoyl perox</i> ..	55
CARDIZEM CD.....	45	<i>chlordiazepoxide-amitriptyline</i> ...	18	<i>clindamycin phosphate</i> .....	10
CARDIZEM LA.....	45	<i>chlorhexidine gluconate</i> .....	54	<i>clindamycin phosphate in d5w</i> ...	10
CARIMUNE NF.....	83	<i>chloroquine phosphate</i> .....	31	CLINIMIX E/DEXTROSE	
<i>carisoprodol</i> .....	101	<i>chlorothiazide</i> .....	83	(2.75/10).....	83
CARNITOR.....	57	<i>chlorpromazine hcl</i> .....	19, 33	CLINIMIX E/DEXTROSE (2.75/5)..	57
<i>carteolol hcl</i> .....	95	CHLORPROPAMIDE.....	83	CLINIMIX E/DEXTROSE	
<i>cartia xt</i> .....	45	<i>chlorthalidone</i> .....	46	(4.25/10).....	57
<i>carvedilol</i> .....	46	<i>chlorzoxazone</i> .....	101	CLINIMIX E/DEXTROSE	
<i>carvedilol phosphate er</i> .....	46	CHOLBAM.....	60	(4.25/25).....	83
CASODEX.....	27	<i>cholestyramine</i> .....	46, 83	CLINIMIX E/DEXTROSE (4.25/5)..	57
<i>caspofungin acetate</i> .....	21	<i>cholestyramine light</i> .....	46, 83	CLINIMIX E/DEXTROSE (5/15)....	57

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

CLINIMIX E/DEXTROSE (5/20).....	57	COMETRIQ (140 MG DAILY DOSE).....	27, 84	CYTOTEC.....	60, 67
CLINIMIX E/DEXTROSE (8/10).....	83	COMETRIQ (60 MG DAILY DOSE).....	27	<i>dalfampridine er</i> .....	52
CLINIMIX E/DEXTROSE (8/14).....	83	<i>comfort assist insulin syringe</i> .....	41	DALIRESP.....	98
CLINIMIX/DEXTROSE (2.75/5).....	83	COMPLERA.....	36	<i>danazol</i> .....	68
CLINIMIX/DEXTROSE (4.25/10)...	57	<i>compro</i> .....	19	<i>dantrolene sodium</i> .....	35
CLINIMIX/DEXTROSE (4.25/25)...	83	COMTAN.....	32	<i>dapsone</i> .....	26, 56
CLINIMIX/DEXTROSE (4.25/5).....	57	CONCERTA.....	52	<i>daptacel</i> .....	76
CLINIMIX/DEXTROSE (5/15).....	58	CONDYLOX.....	55	<i>daptomycin</i> .....	10
CLINIMIX/DEXTROSE (5/20).....	58	<i>constulose</i> .....	60	<i>darifenacin hydrobromide er</i> .....	63
CLINIMIX/DEXTROSE (5/25).....	83	CONZIP.....	3	DAURISMO.....	27
CLINIMIX/DEXTROSE (6/5).....	83	COPAXONE.....	52	DAYTRANA.....	52
CLINIMIX/DEXTROSE (8/10).....	83	COPIKTRA.....	27	DAYVIGO.....	102
CLINIMIX/DEXTROSE (8/14).....	83	CORDRAN.....	55, 64	DDAVP.....	66
<i>clinisol sf</i> .....	58	CORLANOR.....	46	DDAVP RHINAL TUBE.....	66
<i>clobazam</i> .....	14	CORTEF.....	22, 64, 80	<i>deblitane</i> .....	68
<i>clobetasol propionate</i> .....	55, 64	<i>cortisone acetate</i> .....	22, 64, 80	<i>deferasirox</i> .....	58
<i>clobetasol propionate e</i> .....	64	CORTISPORIN.....	55	<i>deferasirox granules</i> .....	58
CLOBEX.....	64	CORTISPORIN-TC.....	84	<i>deferiprone</i> .....	58
CLOBEX SPRAY.....	64	COSENTYX.....	84	<i>delestrogen</i> .....	68
<i>clodan</i> .....	64	COSENTYX (300 MG DOSE).....	55	<i>delstrigo</i> .....	36
<i>clomipramine hcl</i> .....	18	COSENTYX SENSOREADY (300 MG).....	55	<i>delyla</i> .....	84
<i>clonazepam</i> .....	14, 38	COSENTYX SENSOREADY PEN.....	84	<i>demeclocycline hcl</i> .....	10
<i>clonidine</i> .....	46	COTELLIC.....	27	DEMSER.....	46
<i>clonidine hcl</i> .....	46	COUMADIN.....	84	DEPO-ESTRADIOL.....	68
CLONIDINE HCL ER.....	52	CREON.....	62	DEPO-PROVERA.....	68
<i>clopidogrel bisulfate</i> .....	44, 84	CRESTOR.....	46	DEPO-SUBQ PROVERA 104.....	69
<i>clorazepate dipotassium</i> .....	14, 38	CRINONE.....	68	DEPO-TESTOSTERONE.....	69
CLORPRES.....	84	CRIXIVAN.....	36	DESCOVY.....	36
<i>clotrimazole</i> .....	21, 84	<i>cromolyn sodium</i> .....	95, 98	<i>desipramine hcl</i> .....	18
<i>clotrimazole-betamethasone</i> .....	55	<i>croton</i> .....	84	<i>desloratadine</i> .....	98
<i>clovique</i> .....	58, 63	<i>cryelle-28</i> .....	68	<i>desmopressin ace spray refrig</i> ....	66
<i>clozapine</i> .....	33	<i>cvs gauze sterile</i> .....	41	<i>desmopressin acetate</i> .....	66
COARTEM.....	31	<i>cyclafem 1/35</i> .....	68	<i>desmopressin acetate spray</i> .....	84
<i>codeine sulfate</i> .....	3	<i>cyclafem 7/7/7</i> .....	68	<i>desogestrel-ethinyl estradiol</i> 69, 84	
<i>colchicine</i> .....	22	<i>cyclobenzaprine hcl</i> .....	101	DESONIDE.....	64
<i>colchicine-probenecid</i> .....	22	<i>cyclophosphamide</i> .....	27	<i>desoximetasone</i> .....	64, 65
<i>colesevelam hcl</i> .....	41, 46	CYCLOSET.....	41	DESOXYN.....	52
COLESTID.....	46, 84	<i>cyclosporine</i> .....	76	<i>desvenlafaxine er</i> .....	18
<i>colestipol hcl</i> .....	46, 84	<i>cyclosporine modified</i> .....	76	<i>desvenlafaxine succinate er</i> .....	18
<i>colistimethate sodium (cba)</i> .....	10	<i>cyproheptadine hcl</i> .....	98	<i>dexamethasone</i> .....	22, 65, 80, 84
<i>colocort</i> .....	84	<i>cyred</i> .....	68	DEXAMETHASONE INTENSOL.....	84
COMBIGAN.....	95	CYSTADANE.....	62	<i>dexamethasone sodium phosphate</i> .....	95
COMBIPATCH.....	68	CYSTAGON.....	62	DEXEDRINE.....	52
COMBIVENT RESPIMAT.....	98	CYSTARAN.....	95	<i>dexamethylphenidate hcl</i> .....	52
COMBIVIR.....	36	CYTOMEL.....	74	<i>dexamethylphenidate hcl er</i> .....	52
COMETRIQ (100 MG DAILY DOSE).....	27, 84			<i>dextroamphetamine sulfate</i> .....	52
				<i>dextroamphetamine sulfate er</i> ...	52

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

<i>dextrose</i> .....	58	<i>dofetilide</i> .....	47	<i>efavirenz-emtricitab-tenofovir</i> ....	85
<i>dextrose in lactated ringers</i> .....	84	DOLOPHINE.....	4	<i>efavirenz-lamivudine-tenofovir</i> ...	85
<i>dextrose-nacl</i> .....	58, 84	DONEPEZIL hcl.....	17	EFUDEX.....	56
DIACOMIT.....	84	DOPTOLET.....	44	EGRIFTA.....	85
DIASTAT ACUDIAL.....	14, 38	DORIBAX.....	85	EGRIFTA SV.....	66
DIASTAT PEDIATRIC.....	14, 39	DORIPENEM.....	85	ELESTRIN.....	69
<i>diazepam</i> .....	14, 39, 84	<i>dorzolamide hcl</i> .....	95	<i>eletriptan hydrobromide</i> .....	24
DIAZEPAM.....	14, 39	<i>dorzolamide hcl-timolol mal</i> .....	95	ELIGARD.....	75
<i>diazepam intensol</i> .....	84	<i>dorzolamide hcl-timolol mal pf</i>		ELIQUIS.....	44
<i>diazoxide</i> .....	41	.....	85, 95	ELIQUIS DVT/PE STARTER PACK	
<i>diclofenac epolamine</i> .....	3, 22	<i>dotti</i> .....	69	.....	44, 85
<i>diclofenac potassium</i> .....	3, 22	DOVATO.....	36	ELMIRON.....	63
<i>diclofenac sodium</i> ... 3, 4, 23, 56, 95		<i>doxazosin mesylate</i> .....	47, 63	<i>eluryng</i> .....	69
<i>diclofenac sodium er</i> .....	3, 23	<i>doxepin hcl</i> .....	18, 39, 102	EMBEDA.....	85
<i>dicloxacillin sodium</i> .....	10	<i>doxercalciferol</i> .....	58, 81	EMCYT.....	27
<i>dicyclomine hcl</i> .....	60	DOXY 100.....	10	EMEND.....	19
<i>didanosine</i> .....	36, 84	<i>doxycycline hyclate</i> ... 10, 54, 56, 85		EMFLAZA.....	23, 65
DIFICID.....	10	<i>doxycycline monohydrate</i>		EMGALITY.....	24
<i>diflorasone diacetate</i> .....	65	.....	10, 54, 56	EMGALITY (300 MG DOSE).....	24
<i>diflunisal</i> .....	4, 23	D-PENAMINE.....	85	<i>emoquette</i> .....	69
<i>digitek</i> .....	46	DRIZALMA SPRINKLE.....	18, 39	EMSAM.....	18
<i>digox</i> .....	46	<i>dronabinol</i> .....	19	<i>emtricitabine</i> .....	36
<i>digoxin</i> .....	46	<i>drospiren-eth estrad-levomefol</i>		<i>emtricitabine-tenofovir df</i> .....	85
<i>dihydroergotamine mesylate</i> .....	24	.....	69, 85	EMTRIVA.....	36
DILANTIN.....	14	<i>drospirenone-ethinyl estradiol</i> ... 69		EMVERM.....	31
DILAUDID.....	4, 84	DROXIA.....	27	<i>enalapril maleate</i> .....	47
DILAUDID-HP.....	84	DUAVEE.....	69	<i>enalapril-hydrochlorothiazide</i> ....	47
<i>diltiazem hcl</i> .....	46	<i>duloxetine hcl</i> .....	18, 39, 52	ENBREL.....	76
<i>diltiazem hcl er</i> .....	46	DUOBRII.....	56	ENBREL MINI.....	76
<i>diltiazem hcl er beads</i> .....	46, 84	DUOPA.....	32	ENBREL SURECLICK.....	76
<i>diltiazem hcl er coated beads</i> 46, 84		DUPIXENT.....	56, 76, 98	<i>endocet</i> .....	4
<i>dilt-xr</i> .....	46	DURAGESIC-100.....	4	<i>engerix-b</i> .....	76
<i>dimethyl fumarate</i> .....	52	DURAGESIC-12.....	4	<i>enoxaparin sodium</i> .....	44, 85
<i>dimethyl fumarate starter pack</i> ..	84	DURAGESIC-25.....	4	<i>enpresse-28</i> .....	69
DIPENTUM.....	80	DURAGESIC-50.....	4	<i>enskyce</i> .....	69
<i>diphenhydramine hcl</i> .....	84	DURAGESIC-75.....	4	ENSPRYNG.....	76
<i>diphenoxylate-atropine</i> .....	60	<i>duramorph</i> .....	85	<i>entacapone</i> .....	32
<i>diphtheria-tetanus toxoids dt</i> ....	76	DUREZOL.....	95	<i>entecavir</i> .....	36
DIPROLENE.....	23, 65	<i>dutasteride</i> .....	63	ENTRESTO.....	47
DIPROLENE AF.....	85	<i>dutasteride-tamsulosin hcl</i> .....	63	<i>enulose</i> .....	60
<i>dipyridamole</i> .....	44	DUTOPROL.....	47	ENVARUSUS XR.....	76
<i>disopyramide phosphate</i> .....	47	E.E.S. 400.....	85	EPCLUSA.....	36, 85
<i>disulfiram</i> .....	7	EC-NAPROSYN.....	85	EPIDIOLEX.....	14
DITROPAN XL.....	63, 85	<i>econazole nitrate</i> .....	21	<i>epinastine hcl</i> .....	95
DIURIL.....	47	EDARBI.....	47	<i>epinephrine</i> .....	98
<i>divalproex sodium</i> .....	14, 24, 40	EDARBYCLOR.....	47	<i>epitol</i> .....	14, 40
<i>divalproex sodium er</i> .....	14, 24, 40	EDURANT.....	36	EPIVIR.....	36
DIVIGEL.....	69, 85	<i>efavirenz</i> .....	36	EPIVIR HBV.....	36

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

<i>eplerenone</i> .....	47	<i>exemestane</i> .....	27	<i>flucytosine</i> .....	21
<i>eprosartan mesylate</i> .....	85	EXTINA.....	21	<i>fludrocortisone acetate</i> .....	65
EQUETRO.....	14, 40	<i>ezetimibe</i> .....	47	FLUMADINE.....	86
ERAXIS.....	21	<i>ezetimibe-simvastatin</i> .....	47	<i>flunisolide</i> .....	99
<i>ergoloid mesylates</i> .....	17	FABIOR.....	56	<i>fluocinolone acetonide</i> .....	65
<i>ergotamine-caffeine</i> .....	24	<i>falmina</i> .....	70	<i>fluocinolone acetonide body</i> .....	86
ERIVEDGE.....	27	<i>famciclovir</i> .....	36	<i>fluocinolone acetonide scalp</i> .....	65
ERLEADA.....	27	<i>famotidine</i> .....	60	<i>fluocinonide</i> .....	65, 86
<i>erlotinib hcl</i> .....	27	FANAPT.....	33	<i>fluocinonide emulsified base</i> .....	65
<i>errin</i> .....	69	FANAPT TITRATION PACK.....	33	<i>fluocinonide-e</i> .....	86
ERTACZO.....	21	FARYDAK.....	27, 85	<i>fluorometholone</i> .....	95
<i>ertapenem sodium</i> .....	10	FASENRA.....	98	<i>fluorouracil</i> .....	56
ERY.....	10	FASENRA PEN.....	99	<i>fluoxetine hcl</i> .....	18
<i>erygel</i> .....	56	<i>fayosim</i> .....	70	<i>fluphenazine decanoate</i> .....	34
ERYTHROCIN LACTOBIONATE.....	10	<i>febuxostat</i> .....	22	<i>fluphenazine hcl</i> .....	34
ERYTHROCIN STEARATE.....	10	<i>felbamate</i> .....	14	<i>flurandrenolide</i> .....	65
<i>erythromycin</i> .....	11, 85	FELDENE.....	4, 23	<i>flurbiprofen</i> .....	4, 23, 86
<i>erythromycin base</i> .....	11	<i>felodipine er</i> .....	47	<i>flurbiprofen sodium</i> .....	95
<i>erythromycin ethylsuccinate</i> .....	11	FEMRING.....	70	<i>flutamide</i> .....	27
ESBRIET.....	98	<i>femynor</i> .....	70	<i>fluticasone propionate</i> .....	56, 65, 99
<i>escitalopram oxalate</i> .....	18, 39	<i>fenofibrate</i> .....	47	<i>fluticasone-salmeterol</i> .....	99
ESGIC.....	4	<i>fenofibric acid</i> .....	47, 85	<i>fluvastatin sodium er</i> .....	47
<i>esomeprazole magnesium</i> .....	60	<i>fenoprofen calcium</i> .....	4, 23	<i>fluvoxamine maleate</i> .....	18
<i>estarylla</i> .....	69	<i>fentanyl</i> .....	4	<i>fluvoxamine maleate er</i> .....	18
<i>estazolam</i> .....	52	<i>fentanyl citrate</i> .....	4	FML.....	95
ESTRACE.....	69	FERRIPROX.....	58	FML FORTE.....	95
<i>estradiol</i> .....	69, 70	FETZIMA.....	18	FML LIQUIFILM.....	95
<i>estradiol valerate</i> .....	70	FETZIMA TITRATION.....	18	FOCALIN.....	52
<i>estradiol-norethindrone acet</i> .....	70	FINACEA.....	56	FOCALIN XR.....	52
ESTRING.....	70	<i>finasteride</i> .....	63	<i>fondaparinux sodium</i> .....	44
<i>estropipate</i> .....	85	FINTEPLA.....	15	FORTAZ.....	86
<i>ethacrynic acid</i> .....	47	FIORICET.....	4	FORTEO.....	81, 86
<i>ethambutol hcl</i> .....	26	FIORICET/CODEINE.....	4	FORTICAL.....	86
<i>ethosuximide</i> .....	14	FIORINAL.....	4	FOSAMAX.....	81
<i>ethynodiol diac-eth estradiol</i> .....	70	FIORINAL/CODEINE #3.....	4	<i>fosamprenavir calcium</i> .....	36
<i>etidronate disodium</i> .....	85	FIRDAPSE.....	52, 62	<i>fosfomycin tromethamine</i> .....	86
<i>etodolac</i> .....	4, 23	FIRMAGON.....	75, 86	<i>fosinopril sodium</i> .....	47
<i>etonogestrel-ethinyl estradiol</i> .....	70	FIRMAGON (240 MG DOSE).....	75	<i>fosinopril sodium-hctz</i> .....	47
EUCRISA.....	56	FIRVANQ.....	11	FOSRENOL.....	63
EURAX.....	85	<i>flac</i> .....	97	FRAGMIN.....	44
<i>euthyrox</i> .....	74	FLAREX.....	95	FREAMINE HBC.....	58
EVAMIST.....	70	<i>flavoxate hcl</i> .....	63	FROVA.....	24
<i>everolimus</i> .....	27, 76, 77	FLEBOGAMMA DIF.....	77, 86	<i>frovatriptan succinate</i> .....	24
EVOTAZ.....	36	<i>flecainide acetate</i> .....	47	<i>furosemide</i> .....	47
EVOXAC.....	54	FLOVENT DISKUS.....	99	FUZEON.....	36
EVRYSDI.....	52	FLOVENT HFA.....	99	<i>fyavolv</i> .....	70
<i>exel comfort point pen needle</i> ....	41	<i>fluconazole</i> .....	21	FYCOMPA.....	15
EXELDERM.....	85	<i>fluconazole in sodium chloride</i> ...	21	<i>gabapentin</i> .....	15

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

GALAFOLD.....	62	GOCOVRI.....	32	HUMULIN 70/30.....	42
<i>galantamine hydrobromide</i> .....	17	GOLYTELY.....	60	HUMULIN 70/30 KWIKPEN.....	42
<i>galantamine hydrobromide er</i> ....	17	GRALISE.....	15	HUMULIN N.....	42
GAMMAGARD.....	77, 86	GRALISE STARTER.....	86	HUMULIN N KWIKPEN.....	42
GAMMAGARD S/D LESS IGA.....	77	<i>granisetron hcl</i> .....	19	HUMULIN R.....	42
GAMMAKED.....	77, 86	<i>griseofulvin microsize</i> .....	21	HUMULIN R U-500	
GAMMAPLEX.....	77, 86	<i>griseofulvin ultramicrosize</i> .....	21	(CONCENTRATED).....	42
GAMUNEX-C.....	77, 86	<i>guanfacine hcl</i> .....	47	HUMULIN R U-500 KWIKPEN.....	42
<i>gardasil</i> .....	86	<i>guanfacine hcl er</i> .....	52	<i>hydralazine hcl</i> .....	47
<i>gardasil 9</i> .....	77	<i>guanidine hcl</i> .....	25	HYDREA.....	27
GASTROCROM.....	99	<i>gvoke hypopen 2-pack</i> .....	41	<i>hydrochlorothiazide</i> .....	47
<i>gatifloxacin</i> .....	11	GVOKE PFS.....	41	<i>hydrocodone-acetaminophen</i> .....	4
GATTEX.....	60	GYNAZOLE-1.....	21	<i>hydrocodone-ibuprofen</i> .....	5
<i>gavilyte-c</i> .....	60	HAEGARDA.....	77	<i>hydrocortisone</i> .....	23, 65, 80
<i>gavilyte-g</i> .....	60	<i>hailey 24 fe</i> .....	70	<i>hydrocortisone butyrate</i> .....	65
<i>gavilyte-h</i> .....	86	HALDOL DECANOATE.....	34	<i>hydrocortisone valerate</i> .....	65
<i>gavilyte-n with flavor pack</i> .....	60	<i>halobetasol propionate</i> .....	65	<i>hydrocortisone-acetic acid</i> .....	97
GAVRETO.....	27	<i>haloperidol</i> .....	34	<i>hydromorphone hcl</i> .....	5, 87
GELNIQUE.....	63	<i>haloperidol decanoate</i> .....	34	<i>hydromorphone hcl pf</i> .....	5, 87
GELNIQUE PUMP.....	86	<i>haloperidol lactate</i> .....	34	<i>hydroxychloroquine sulfate</i> .....	31
<i>gemfibrozil</i> .....	47	HARVONI.....	36, 86	<i>hydroxyurea</i> .....	27
GENERESS FE.....	70	<i>havrix</i> .....	77, 86	<i>hydroxyzine hcl</i> .....	19, 39, 99
<i>generlac</i> .....	60	HELIDAC THERAPY.....	60	<i>hydroxyzine pamoate</i> .....	19, 39, 99
<i>gengraf</i> .....	77	HEMANGEOL.....	86	<i>hyperrab</i> .....	87
GENOTROPIN.....	66	<i>heparin sodium (porcine)</i> .....	44, 87	HYSINGLA ER.....	5
GENOTROPIN MINIQUICK.....	66	<i>heparin sodium (porcine) pf</i> .....	87	<i>ibandronate sodium</i> .....	81
<i>gentak</i> .....	11	<i>hepatamine</i> .....	58	IBRANCE.....	27
<i>gentamicin in saline</i> .....	11, 86	HEPSERA.....	36	<i>ibu</i> .....	5, 23
<i>gentamicin sulfate</i> .....	11, 86	HETLIOZ.....	102	<i>ibuprofen</i> .....	5, 23
GENVOYA.....	36	<i>hiberix</i> .....	77	<i>icatibant acetate</i> .....	77
<i>gildess 1.5/30</i> .....	86	HIPREX.....	11	ICLUSIG.....	27
GILENYA.....	52	HORIZANT.....	15, 52	IDHIFA.....	27
GILOTRIF.....	27	HUMALOG.....	42	ILARIS.....	87
GLASSIA.....	99	HUMALOG JUNIOR KWIKPEN.....	42	ILEVRO.....	95
<i>glatiramer acetate</i> .....	52	HUMALOG KWIKPEN.....	42	<i>imatinib mesylate</i> .....	27
<i>glatopa</i> .....	52	HUMALOG MIX 50/50.....	42	IMBRUVICA.....	28
GLEEEVEC.....	27	HUMALOG MIX 50/50 KWIKPEN.....	42	<i>imipenem-cilastatin</i> .....	11
GLEOSTINE.....	27	HUMALOG MIX 75/25.....	42	<i>imipramine hcl</i> .....	18
<i>glimepiride</i> .....	41	HUMALOG MIX 75/25 KWIKPEN.....	42	<i>imiquimod</i> .....	56
<i>glipizide</i> .....	41	HUMATROPE.....	66	IMITREX.....	24, 25
<i>glipizide er</i> .....	41	HUMIRA.....	77	IMITREX STATDOSE REFILL.....	24, 87
<i>glipizide-metformin hcl</i> .....	41	HUMIRA PEDIATRIC CROHNS		IMITREX STATDOSE SYSTEM.....	25
<i>global alcohol prep ease</i> .....	11	START.....	77, 87	<i>imovax rabies</i> .....	77
GLUCAGEN HYPOKIT.....	41	HUMIRA PEN.....	77	IMURAN.....	77
<i>glucagon emergency</i> .....	41	HUMIRA PEN-CD/UC/HS		INBRIJA.....	32
<i>glycopyrrolate</i> .....	60	STARTER.....	77	<i>incassia</i> .....	70
GLYSET.....	41	HUMIRA PEN-PS/UV/ADOL HS		INCRELEX.....	66
GLYXAMBI.....	41	START.....	77	<i>indapamide</i> .....	47

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

INDOCIN.....	5, 23	JAKAFI.....	28	KLONOPIN.....	15, 39
<i>indomethacin</i> .....	5, 23	JALYN.....	63	<i>klor-con</i> .....	58
<i>indomethacin er</i> .....	5, 23	<i>jantoven</i> .....	44	<i>klor-con 10</i> .....	58
<i>infanrix</i> .....	77	JARDIANCE.....	42	<i>klor-con m10</i> .....	58
INGREZZA.....	53, 77	<i>jasmiel</i> .....	70	KLOR-CON M15.....	58
INLYTA.....	28	JENTADUETO.....	42	<i>klor-con m20</i> .....	58
INNOPRAN XL.....	47	JENTADUETO XR.....	42	<i>klor-con sprinkle</i> .....	87
INQOVI.....	28	JINTELI.....	70	KORLYM.....	42
INREBIC.....	28	<i>jolivette</i> .....	87	KOSELUGO.....	28
INSPRA.....	47	JUBLIA.....	21	KRISTALOSE.....	60
INTELENCE.....	36	<i>juleber</i> .....	70	K-TAB.....	58
INTRALIPID.....	58	JULUCA.....	37	<i>kurvelo</i> .....	71
INTRON A.....	36	<i>junel 1.5/30</i> .....	70	KUVAN.....	62
<i>introvale</i> .....	70	<i>junel 1/20</i> .....	70	KYNAMRO.....	87
INTUNIV.....	53	<i>junel fe 1.5/30</i> .....	70	KYNMOBI.....	32
INVEGA.....	34	<i>junel fe 1/20</i> .....	70	KYNMOBI TITRATION KIT.....	87
INVEGA SUSTENNA.....	34	<i>junel fe 24</i> .....	70	<i>labetalol hcl</i> .....	48
INVEGA TRINZA.....	34	JUXTAPID.....	48, 87	LACRISERT.....	95
INVELTYS.....	95	JYNARQUE.....	63	<i>lactated ringers</i> .....	87
INVIRASE.....	36	<i>kaitlib fe</i> .....	70	<i>lactulose</i> .....	60
INVOKAMET.....	42	KALETRA.....	37	LAMICTAL STARTER.....	15, 40
INVOKAMET XR.....	42	KALYDECO.....	99	LAMICTAL XR.....	15, 40
INVOKANA.....	42	<i>kariva</i> .....	71	<i>lamivudine</i> .....	37
IONOSOL-MB IN D5W.....	87	<i>kcl in dextrose-nacl</i> .....	58, 87	<i>lamivudine-zidovudine</i> .....	37
IOPIDINE.....	95	<i>kcl-lactated ringers-d5w</i> .....	58	<i>lamotrigine</i> .....	15, 40
<i>ipol</i> .....	77	<i>kelnor 1/35</i> .....	71	<i>lamotrigine er</i> .....	15, 40
<i>ipratropium bromide</i> .....	99	<i>kelnor 1/50</i> .....	71	<i>lamotrigine starter kit-blue</i> ...15, 40	
<i>ipratropium-albuterol</i> .....	99	KERYDIN.....	56	<i>lamotrigine starter kit-green</i> 15, 40	
<i>irbesartan</i> .....	47	KESIMPTA.....	53	<i>lamotrigine starter kit-orange</i>	
<i>irbesartan-hydrochlorothiazide</i> ..	48	<i>ketocoazole</i> .....	21	.....	15, 40
IRESSA.....	28	<i>ketodan</i> .....	21	LAMPIT.....	87
ISENTRESS.....	36	<i>ketoprofen</i> .....	5, 23	LANOXIN.....	48, 87
ISENTRESS HD.....	37	KETOPROFEN ER.....	5, 23	<i>lansoprazole</i> .....	60
<i>isibloom</i> .....	70	<i>ketorolac tromethamine</i> ... 5, 23, 95		<i>lanthanum carbonate</i> .....	63
ISOLYTE-P IN D5W.....	58	KEVEYIS.....	48	LANTUS.....	42
ISOLYTE-S.....	58	KEVZARA.....	77	LANTUS SOLOSTAR.....	42
<i>isoniazid</i> .....	26	KINERET.....	77	<i>lapatinib ditosylate</i> .....	87
ISORDIL TITRADOSE.....	48	<i>kinrix</i> .....	77	<i>larin 1.5/30</i> .....	71
<i>isosorbide dinitrate</i> .....	48	<i>kionex</i> .....	58	<i>larin 1/20</i> .....	71
<i>isosorbide dinitrate er</i> .....	87	KISQALI (200 MG DOSE).....	28	<i>larin fe 1.5/30</i> .....	71
<i>isosorbide mononitrate</i> .....	48	KISQALI (400 MG DOSE).....	28	<i>larin fe 1/20</i> .....	71
<i>isosorbide mononitrate er</i> .....	48	KISQALI (600 MG DOSE).....	28	<i>larissia</i> .....	71
<i>isotretinoin</i> .....	56	KISQALI FEMARA (400 MG		LASTACFT.....	95
<i>isradipine</i> .....	48	DOSE).....	28	<i>latanoprost</i> .....	95
ISTURISA.....	65	KISQALI FEMARA (600 MG		LATUDA.....	34
<i>itraconazole</i> .....	21	DOSE).....	28	<i>layolis fe</i> .....	71
<i>ivermectin</i> .....	31, 87	KISQALI FEMARA(200 MG		LAZANDA.....	87
<i>ixiaro</i> .....	77	DOSE).....	28	<i>leflunomide</i> .....	78

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

LENVIMA (10 MG DAILY DOSE) ...28	<i>lisinopril-hydrochlorothiazide</i> ..... 48	LYSODREN ..... 75
LENVIMA (12 MG DAILY DOSE) ...28	<i>lithium</i> ..... 40	LYSTEDA ..... 44
LENVIMA (14 MG DAILY DOSE) ...28	<i>lithium carbonate</i> ..... 40	LYUMJEV ..... 42
LENVIMA (18 MG DAILY DOSE) ...28	<i>lithium carbonate er</i> ..... 40	LYUMJEV KWIKPEN ..... 42
LENVIMA (20 MG DAILY DOSE) ...28	LIVALO ..... 48	<i>lyza</i> ..... 71
LENVIMA (24 MG DAILY DOSE) ...28	LO LOESTRIN FE ..... 71	<i>mafenide acetate</i> ..... 56
LENVIMA (4 MG DAILY DOSE) ..... 28	LODOSYN ..... 32	<i>magnesium sulfate</i> ..... 58
LENVIMA (8 MG DAILY DOSE) ..... 28	LOKELMA ..... 58	MALARONE ..... 31
LESCOL XL ..... 48	LOMOTIL ..... 61	<i>malathion</i> ..... 31
<i>lessina</i> ..... 71	LONHALA MAGNAIR REFILL KIT .. 99	<i>maprotiline hcl</i> ..... 18
<i>letrozole</i> ..... 28	LONHALA MAGNAIR STARTER	MARINOL ..... 20
<i>leucovorin calcium</i> ..... 28	KIT ..... 88	<i>marlissa</i> ..... 71
LEUKERAN ..... 28	LONSURF ..... 28	MARPLAN ..... 19
LEUKINE ..... 44	<i>loperamide hcl</i> ..... 61	MATULANE ..... 28
<i>leuprolide acetate</i> ..... 75	LOPID ..... 48	<i>matzim la</i> ..... 48
<i>levabuterol hcl</i> ..... 99	<i>lopinavir-ritonavir</i> ..... 37	MAVENCLAD (10 TABS) ..... 53
<i>levabuterol tartrate</i> ..... 99	<i>lopreeza</i> ..... 71, 88	MAVENCLAD (4 TABS) ..... 53
LEVEMIR ..... 42	LOPROX ..... 21	MAVENCLAD (5 TABS) ..... 53
LEVEMIR FLEXTOUCH ..... 42	<i>lorazepam</i> ..... 15, 39	MAVENCLAD (6 TABS) ..... 53
<i>levetiracetam</i> ..... 15	LORBRENA ..... 28	MAVENCLAD (7 TABS) ..... 53
<i>levetiracetam er</i> ..... 15	<i>lorcet hd</i> ..... 88	MAVENCLAD (8 TABS) ..... 53
<i>levobunolol hcl</i> ..... 95	<i>lorcet plus</i> ..... 88	MAVENCLAD (9 TABS) ..... 53
<i>levocarnitine</i> ..... 58	<i>loryna</i> ..... 71	MAVIK ..... 88
<i>levocetirizine dihydrochloride</i> ..... 99	<i>losartan potassium</i> ..... 48	MAVYRET ..... 37
<i>levofloxacin</i> ..... 11	<i>losartan potassium-hctz</i> ..... 48	MAXALT ..... 25
<i>levofloxacin in d5w</i> ..... 11, 87	LOTEMAX ..... 95	MAXALT-MLT ..... 25, 88
<i>levonest</i> ..... 71	LOTEMAX SM ..... 95	MAXIDEX ..... 96
<i>levonorgest-eth est &amp; eth est</i> ..... 71	<i>loteprednol etabonate</i> ..... 96	MAXIPIME ..... 88
<i>levonorgest-eth estrad 91-day</i> ... 71	LOTRISONE ..... 88	MAXITROL ..... 96
<i>levonorgestrel-ethinyl estrad</i> ..... 71	LOTRONEX ..... 61	MAYZENT ..... 53
<i>levonorg-eth estrad triphasic</i> 71, 87	<i>lovastatin</i> ..... 48	<i>meclizine hcl</i> ..... 20
<i>levora 0.15/30 (28)</i> ..... 71	<i>low-ogestrel</i> ..... 71	MEDROL ..... 23, 65, 80
<i>levo-t</i> ..... 74	<i>loxapine succinate</i> ..... 34	<i>medroxyprogesterone acetate</i> ... 71
<i>levothyroxine sodium</i> ..... 74	LUCEMYRA ..... 8	<i>mefloquine hcl</i> ..... 31
<i>levoxyl</i> ..... 74	LUMIGAN ..... 96	<i>megestrol acetate</i> ..... 71, 88
LEXIVA ..... 37	LUPANETA PACK ..... 75	MEKINIST ..... 28
<i>lidocaine</i> ..... 7	LUPRON DEPOT (1-MONTH) ..... 75	MEKTOVI ..... 28
<i>lidocaine hcl</i> ..... 7, 87	LUPRON DEPOT (3-MONTH) ..... 75	<i>melodetta 24 fe</i> ..... 71
<i>lidocaine hcl (pf)</i> ..... 87	LUPRON DEPOT (4-MONTH) ..... 75	<i>meloxicam</i> ..... 5, 23
<i>lidocaine hcl urethral/mucosal</i> ..... 7	LUPRON DEPOT (6-MONTH) ..... 75	<i>memantine hcl</i> ..... 17
<i>lidocaine viscous hcl</i> ..... 7	LUPRON DEPOT-PED (1-	<i>memantine hcl er</i> ..... 17
<i>lidocaine-prilocaine</i> ..... 7	MONTH) ..... 88	<i>menactra</i> ..... 78
<i>lindane</i> ..... 31	LUPRON DEPOT-PED (3-	MENEST ..... 72
<i>linezolid</i> ..... 11	MONTH) ..... 88	MENOSTAR ..... 72
LINZESS ..... 61	<i>lutera</i> ..... 71	<i>menquadfi</i> ..... 78
<i>liothyronine sodium</i> ..... 74	LYNPARZA ..... 28	MENTAX ..... 21
LIPITOR ..... 48	LYRICA ..... 15, 53	<i>menveo</i> ..... 78
<i>lisinopril</i> ..... 48	LYRICA CR ..... 15, 53	<i>meprobamate</i> ..... 39

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



MEPRON.....	31	<i>metronidazole</i> .....	11	<i>moxifloxacin hcl in nacl</i> .....	12
<i>mercaptapurine</i> .....	78	<i>metronidazole in nacl</i> .....	11	MS CONTIN.....	5
<i>meropenem</i> .....	11	<i>metyrosine</i> .....	88	MULPLETA.....	44
MERREM.....	11	<i>mexiletine hcl</i> .....	48	MULTAQ.....	49
<i>mesalamine</i> .....	61, 80	MIACALCIN.....	88	<i>mupirocin</i> .....	12
<i>mesalamine er</i> .....	80	<i>mibelas 24 fe</i> .....	72	<i>mupirocin calcium</i> .....	12
<i>mesalamine-cleanser</i> .....	88	<i>micafungin sodium</i> .....	21	MYALEPT.....	66
MESNEX.....	28	MICONAZOLE 3.....	21	MYAMBUTOL.....	26
MESTINON.....	25	<i>microgestin 1.5/30</i> .....	72	MYCAPSSA.....	75
<i>metadate er</i> .....	88	<i>microgestin 1/20</i> .....	72	MYCOBUTIN.....	26
<i>metaproterenol sulfate</i> .....	88, 99	<i>microgestin fe 1.5/30</i> .....	72	<i>mycophenolate mofetil</i> .....	78
<i>metaxall</i> .....	88	<i>microgestin fe 1/20</i> .....	72	<i>mycophenolate sodium</i> .....	78
<i>metaxalone</i> .....	101	<i>midodrine hcl</i> .....	48	<i>mycophenolic acid</i> .....	89
<i>metformin hcl</i> .....	42	<i>migergot</i> .....	25	MYFORTIC.....	78
<i>metformin hcl er</i> .....	42	<i>miglitol</i> .....	42	<i>myorisan</i> .....	56
<i>methadone hcl</i> .....	5	<i>miglustat</i> .....	62	MYRBETRIQ.....	63
<i>methamphetamine hcl</i> .....	53	MIGRANAL.....	25	MYSOLINE.....	15
<i>methazolamide</i> .....	48, 96	<i>mili</i> .....	72	MYTESI.....	61
<i>methenamine hippurate</i> .....	11	MILLIPRED.....	23, 65, 80, 88	<i>nabumetone</i> .....	5, 23
<i>methimazole</i> .....	75	<i>mimvey</i> .....	72	<i>nadolol</i> .....	49
METHITEST.....	72	<i>mimvey lo</i> .....	88	<i>nadolol-bendroflumethiazide</i> .....	89
<i>methocarbamol</i> .....	101	<i>minitran</i> .....	48	<i>nafcellin sodium</i> .....	12, 89
<i>methotrexate</i> .....	78	MINIVELLE.....	72	<i>naftifine hcl</i> .....	21, 89
<i>methotrexate (anti-rheumatic)</i> .....	88	<i>minocycline hcl</i> .....	11, 55	NAFTIN.....	21
<i>methotrexate sodium</i> .....	78, 88	<i>minoxidil</i> .....	48	<i>naloxone hcl</i> .....	8, 89
<i>methotrexate sodium (pf)</i> .....	78, 88	MIRAPEX.....	32, 88	<i>naltrexone hcl</i> .....	8
<i>methoxsalen rapid</i> .....	56	MIRAPEX ER.....	32	NAMENDA.....	17
<i>methscopolamine bromide</i> .....	61	<i>mirtazapine</i> .....	19	NAMENDA TITRATION PAK.....	17
<i>methyl dopa</i> .....	48	MIRVASO.....	56	NAMZARIC.....	17
<i>methyl dopa-</i> <i>hydrochlorothiazide</i> .....	48	<i>misoprostol</i> .....	61, 67	NAPHAZOLINE HCL.....	89
<i>methylergonovine maleate</i> .....	88	<i>m-m-r ii</i> .....	78	NAPRELAN.....	5, 23
METHYLIN.....	53	MOBIC.....	5, 23	NAPROSYN.....	89
<i>methylphenidate hcl</i> .....	53	<i>modafinil</i> .....	102	<i>naproxen</i> .....	5, 23
<i>methylphenidate hcl er</i> .....	53	<i>moexipril hcl</i> .....	48	<i>naproxen dr</i> .....	5, 23
<i>methylphenidate hcl er (cd)</i> .....	53	<i>molindone hcl</i> .....	34	<i>naproxen sodium</i> .....	6, 24
<i>methylphenidate hcl er (la)</i> .....	53	<i>mometasone furoate</i> .....	65, 99	<i>naproxen sodium er</i> .....	6, 23
<i>methylphenidate hcl er (xr)</i> .....	53	MONDOXYNE NL.....	12, 55, 56	<i>naratriptan hcl</i> .....	25
<i>methylprednisolone</i> .....	23, 65, 80	<i>mononessa</i> .....	89	NARCAN.....	8
<i>methyltestosterone</i> .....	72	<i>montelukast sodium</i> .....	99	NATACYN.....	21
<i>metipranolol</i> .....	88	MONUROL.....	12	NATAZIA.....	72
<i>metoclopramide hcl</i> .....	20, 61, 88	MORPHABOND ER.....	89	<i>nateglinide</i> .....	43
<i>metolazone</i> .....	48	<i>morphine sulfate</i> .....	5, 89	NATESTO.....	72
<i>metoprolol succinate er</i> .....	48	<i>morphine sulfate (concentrate)</i> .....	5	NATPARA.....	81
<i>metoprolol tartrate</i> .....	48	<i>morphine sulfate (pf)</i> .....	89	NAYZILAM.....	15, 39
<i>metoprolol-hctz er</i> .....	88	<i>morphine sulfate er</i> .....	5	<i>necon 0.5/35 (28)</i> .....	72
<i>metoprolol-hydrochlorothiazide</i> .....	48	<i>morphine sulfate er beads</i> .....	5	<i>necon 1/35 (28)</i> .....	89
METROLOTION.....	11	MOVANTIK.....	61	<i>nefazodone hcl</i> .....	19
		<i>moxifloxacin hcl</i> .....	12, 89	<i>neomycin sulfate</i> .....	12

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

<i>neomycin-bacitracin zn-polymyx</i> .....	96	<i>nora-be</i> .....	72	<i>octreotide acetate</i> .....	75
<i>neomycin-polymyxin-dexameth</i> ..	96	NORCO.....	6	OCUFLOX.....	12
<i>neomycin-polymyxin-gramicidin</i> ..	96	NORDITROPIN FLEXPRO.....	66, 89	ODEFSEY.....	37
NEOMYCIN-POLYMYXIN-HC.....	96	<i>norethin ace-eth estrad-fe</i> ....	72, 89	ODOMZO.....	29
<i>neomycin-polymyxin-hc</i> .....	97	<i>norethindrone</i> .....	72	OFEV.....	29, 99
NEORAL.....	78	<i>norethindrone acetate</i> .....	72	<i>ofloxacin</i> .....	12, 97
NEOSPORIN.....	89	<i>norethindrone acet-ethinyl est</i> .....	72, 89	OGESTREL.....	90
NEO-SYNALAR.....	56	<i>norethindrone-eth estradiol</i> .....	72	<i>olanzapine</i> .....	34, 40
NEPHRAMINE.....	58	<i>norethin-eth estradiol-fe</i> .....	72	<i>olanzapine-fluoxetine hcl</i> .....	19
NERLYNX.....	28	<i>norgestimate-eth estradiol</i> .....	72	<i>olmesartan medoxomil</i> .....	49
NEULASTA.....	44	<i>norgestim-eth estrad triphasic</i> ...	73	<i>olmesartan medoxomil-hctz</i> .....	49
NEULASTA ONPRO.....	89	<i>norlyroc</i> .....	89	<i>olopatadine hcl</i> .....	96, 99
NEUPRO.....	32	<i>normosol-m in d5w</i> .....	58	OMECLAMOX-PAK.....	61
NEVANAC.....	96	NORMOSOL-R IN D5W.....	89	OMEGAVEN.....	90
<i>nevirapine</i> .....	37	NORMOSOL-R PH 7.4.....	89	<i>omeprazole</i> .....	61
<i>nevirapine er</i> .....	37	NORPACE.....	49	OMNIPOD DASH 5 PACK PODS...	90
NEXAVAR.....	28	NORPACE CR.....	49	OMNITROPE.....	67, 90
NEXLETOL.....	49	NORTHERA.....	49	<i>ondansetron</i> .....	20
NEXLIZET.....	49	<i>nortrel 0.5/35 (28)</i> .....	73	<i>ondansetron hcl</i> .....	20
<i>niacin (antihyperlipidemic)</i> .....	89	<i>nortrel 1/35 (21)</i> .....	73	ONGENTYS.....	32
<i>niacin er (antihyperlipidemic)</i> ....	49	<i>nortrel 1/35 (28)</i> .....	73	ONUREG.....	90
<i>nicardipine hcl</i> .....	49	<i>nortrel 7/7/7</i> .....	73	OPANA.....	90
NICOTROL.....	8	<i>nortriptyline hcl</i> .....	19	OPSUMIT.....	99
NICOTROL NS.....	8	NORVIR.....	37	ORAP.....	90
<i>nifediac cc</i> .....	89	NOXAFIL.....	22	ORAVIG.....	22
<i>nifedical xl</i> .....	89	NUBEQA.....	29	ORENITRAM.....	99
<i>nifedipine</i> .....	49	NUCALA.....	99	ORFADIN.....	62
<i>nifedipine er</i> .....	49	NUCYNTA.....	6	ORIAHNN.....	73
<i>nifedipine er osmotic release</i> .....	49	NUCYNTA ER.....	6	ORILISSA.....	67
<i>nikki</i> .....	72	NUDEXTA.....	53	ORKAMBI.....	100
<i>nilutamide</i> .....	28	NULYTELY WITH FLAVOR PACKS.	61	<i>orphenadrine citrate er</i> .....	102
<i>nimodipine</i> .....	49	NUPLAZID.....	34	<i>orsythia</i> .....	73
NINLARO.....	29	NURTEC.....	25	ORTHO TRI-CYCLEN LO.....	90
<i>nisoldipine er</i> .....	49	<i>nutrilipid</i> .....	59	<i>oseltamivir phosphate</i> .....	37
NISOLDIPINE ER.....	49	NUTROPIN AQ NUSPIN 10...	66, 90	OSMOLEX ER.....	32
<i>nitisinone</i> .....	62	NUTROPIN AQ NUSPIN 20...	66, 90	OTEZLA.....	78
NITRO-BID.....	49	NUTROPIN AQ NUSPIN 5.....	66, 90	OTREXUP.....	78
NITRO-DUR.....	49	NUTROPIN AQ PEN.....	90	OVIDE.....	31
<i>nitrofurantoin macrocrystal</i> .....	12	NUVESSA.....	90	<i>oxacillin sodium</i> .....	12, 90
<i>nitrofurantoin monohyd macro</i> ..	12	<i>nyamyc</i> .....	22	<i>oxandrolone</i> .....	73
<i>nitroglycerin</i> .....	49	NYMALIZE.....	49, 90	<i>oxazepam</i> .....	39
NITROLINGUAL.....	89	<i>nystatin</i> .....	22	OXBRYTA.....	44
NITROMIST.....	89	<i>nystatin-triamcinolone</i> .....	56	<i>oxcarbazepine</i> .....	15
NITYR.....	62	<i>nystop</i> .....	22	OXERVATE.....	96
NIVESTYM.....	44	OCALIVA.....	61	<i>oxiconazole nitrate</i> .....	56
<i>nizatidine</i> .....	61	<i>ocella</i> .....	73	OXISTAT.....	22
NIZORAL.....	89	OCTAGAM.....	78, 90	OXSORALEN ULTRA.....	56

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

OXTELLAR XR.....	15	PENTASA.....	80	<i>portia-28</i> .....	73
<i>oxybutynin chloride</i> .....	63	PENTAZOCINE-NALOXONE HCL....	6	<i>posaconazole</i> .....	22
<i>oxybutynin chloride er</i> .....	63	<i>pentoxifylline er</i> .....	49	<i>potassium chloride</i> .....	59
<i>oxycodone hcl</i> .....	6	PERFOROMIST.....	100	<i>potassium chloride crys er</i> .....	59
<i>oxycodone hcl er</i> .....	6	<i>perindopril erbumine</i> .....	49	<i>potassium chloride er</i> .....	59
<i>oxycodone-acetaminophen</i> .....	6	<i>periogard</i> .....	90	<i>potassium chloride in dextrose</i>	
<i>oxycodone-aspirin</i> .....	6	<i>permethrin</i> .....	31	.....	59, 91
<i>oxycodone-ibuprofen</i> .....	90	<i>perphenazine</i> .....	20, 34	<i>potassium chloride in nacl</i> .....	59
OXYCONTIN.....	6	<i>perphenazine-amitriptyline</i> .....	19	<i>potassium citrate er</i> .....	63
<i>oxymorphone hcl</i> .....	6	PERSERIS.....	34, 40	PRADAXA.....	44
<i>oxymorphone hcl er</i> .....	6	PEXEVA.....	19, 39	PRALUENT.....	49
OZEMPIC (0.25 OR 0.5		PHENADOZ.....	90	<i>pramipexole dihydrochloride</i> .....	32
MG/DOSE).....	43	<i>phenelzine sulfate</i> .....	19	<i>pramipexole dihydrochloride er</i> ..	32
OZEMPIC (1 MG/DOSE).....	43	<i>phenobarbital</i> .....	15	<i>prasugrel hcl</i> .....	44
<i>pacerone</i> .....	49	PHENYTEK.....	15	PRAVACHOL.....	49, 91
<i>paliperidone er</i> .....	34	<i>phenytoin</i> .....	16	<i>pravastatin sodium</i> .....	49
PALYNZIQ.....	62	<i>phenytoin sodium extended</i> .....	16	<i>praziquantel</i> .....	31
PANDEL.....	65	PHOSLO.....	91	<i>prazosin hcl</i> .....	50, 63
PANRETIN.....	29	PHOSLYRA.....	63	PRED MILD.....	24, 96
<i>pantoprazole sodium</i> .....	61	PHOSPHOLINE IODIDE.....	96	PRED-G.....	96
<i>paricalcitol</i> .....	81	<i>phrenilin forte</i> .....	91	PRED-G S.O.P.....	96
PARLODEL.....	32	PICATO.....	56	<i>prednicarbate</i> .....	56, 65
<i>paromomycin sulfate</i> .....	12	PIFELTRO.....	37	<i>prednisolone</i> .....	24, 65, 80, 91
<i>paroxetine hcl</i> .....	19, 39	<i>pilocarpine hcl</i> .....	55, 96	<i>prednisolone acetate</i> .....	24, 80, 96
<i>paroxetine hcl er</i> .....	19, 39	<i>pimecrolimus</i> .....	56, 78	<i>prednisolone sodium phosphate</i>	
<i>paroxetine mesylate</i> .....	19	<i>pimozide</i> .....	34	.....	24, 66, 80, 91, 96
PASER.....	26	<i>pimtrea</i> .....	73	<i>prednisone</i> .....	24, 66, 80
PATANASE.....	100	<i>pindolol</i> .....	49	PREDNISONE.....	24, 66
PATANOL.....	90	<i>pioglitazone hcl</i> .....	43	<i>prednisone intensol</i> .....	24, 66, 80
PAXIL.....	19, 39	<i>pioglitazone hcl-metformin hcl</i> ..	43	<i>preferred plus insulin syringe</i> .....	43
<i>pediarix</i> .....	78	<i>piperacillin sod-tazobactam so</i>		PREFEST.....	73
<i>pedvax hib</i> .....	78	.....	12, 91	<i>pregabalin</i> .....	16, 53
<i>peg 3350/electrolytes</i> .....	90	PIQRAY (200 MG DAILY DOSE)....	29	PREMARIN.....	73
<i>peg 3350-kcl-na bicarb-nacl</i> .....	61	PIQRAY (250 MG DAILY DOSE)....	29	PREMASOL.....	59
<i>peg-3350/electrolytes</i> .....	61	PIQRAY (300 MG DAILY DOSE)....	29	PREMPHASE.....	73
PEGANONE.....	15	<i>pirmella 1/35</i> .....	73	PREMPRO.....	73
PEGASYS.....	37	<i>piroxicam</i> .....	6, 24	<i>prenatal</i> .....	59
PEGASYS PROCLICK.....	37	PLASMA-LYTE 148.....	59	PREPOPIK.....	91
PEGINTRON.....	90	PLASMA-LYTE A.....	59	PRETOMANID.....	26
PEG-INTRON.....	90	PLAVIX.....	44	<i>prevalite</i> .....	50, 91
PEG-INTRON REDIPEN.....	90	PLEGRIDY.....	53	<i>previfem</i> .....	73
<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	61	PLEGRIDY STARTER PACK.....	53	PREVPAC.....	91
PEMAZYRE.....	29	PLENAMINE.....	59	PREVYMIS.....	37
<i>penicillamine</i> .....	59, 63, 78	<i>podofilox</i> .....	56	PREZCOBIX.....	37
<i>penicillin g potassium</i> .....	12, 90	<i>polymyxin b sulfate</i> .....	12	PREZISTA.....	37
PENICILLIN G PROCAINE.....	12	<i>polymyxin b-trimethoprim</i> .....	96	PRIFTIN.....	26
<i>penicillin v potassium</i> .....	12	POLYTRIM.....	96	<i>primaquine phosphate</i> .....	31
<i>pentamidine isethionate</i> .....	31	POMALYST.....	29	PRIMAXIN IV.....	12, 91

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

<i>primidone</i> .....	16	QNASL CHILDRENS.....	100	REPREXAIN.....	91
PRIMSOL.....	91	<i>quadracel</i> .....	78	REQUIP XL.....	91
PRIVIGEN.....	78, 91	QUALAQUIN.....	31	RESCRIPTOR.....	91
PROAIR HFA.....	100	QUESTRAN.....	50	RESTASIS.....	96
PROAIR RESPICLICK.....	100	QUESTRAN LIGHT.....	50	RESTASIS MULTIDOSE.....	92
<i>probenecid</i> .....	22	<i>quetiapine fumarate</i> .....	19, 34, 40	RETACRIT.....	44
PROCALAMINE.....	59	<i>quetiapine fumarate er</i> ... 19, 34, 40		RETEVMO.....	29
<i>prochlorperazine</i> .....	20	QUILLIVANT XR.....	53, 91	RETIN-A.....	29, 56
<i>prochlorperazine maleate</i> .....	20, 34	<i>quinapril hcl</i> .....	50	RETIN-A MICRO.....	29, 56
<i>procto-med hc</i> .....	80, 91	<i>quinapril-hydrochlorothiazide</i> ....	50	RETROVIR.....	37
<i>procto-pak</i> .....	66, 91	<i>quinidine gluconate er</i> .....	50	REVATIO.....	100
<i>proctosol hc</i> .....	80, 91	<i>quinidine sulfate</i> .....	50	REVCOVI.....	92
<i>proctozone-hc</i> .....	61, 66, 91	<i>quinine sulfate</i> .....	32	REVLIMID.....	29
PROCYSBI.....	62, 91	QVAR REDIHALER.....	100	REXULTI.....	34
<i>progesterone micronized</i> .....	73	<i>rabavert</i> .....	78	REYATAZ.....	37
PROGRAF.....	78	<i>rabeprazole sodium</i> .....	61	RHOPRESSA.....	96
PROLASTIN-C.....	100	<i>raloxifene hcl</i> .....	73	RIBASPHERE.....	92
PROLENSA.....	96	<i>ramelteon</i> .....	102	RIBASPHERE RIBAPAK.....	92
PROLIA.....	81	<i>ramipril</i> .....	50	<i>ribavirin</i> .....	37
PROMACTA.....	44	<i>ranolazine er</i> .....	50	RIDAURA.....	79
<i>promethazine hcl</i> .....	20, 91, 100	RAPAMUNE.....	78	<i>rifabutin</i> .....	26
PROMETHAZINE HCL.....	20	<i>rasagiline mesylate</i> .....	32	RIFADIN.....	92
<i>promethazine vc plain</i> .....	91	RASUVO.....	79	RIFAMATE.....	92
<i>promethazine-phenylephrine</i> ....	100	RAVICTI.....	62	<i>rifampin</i> .....	26
<i>promethegan</i> .....	20	RAYALDEE.....	81	RIFATER.....	92
<i>propafenone hcl</i> .....	50	RAZADYNE.....	91	RILUTEK.....	54
<i>propafenone hcl er</i> .....	50	RAZADYNE ER.....	17	<i>riluzole</i> .....	54
<i>propantheline bromide</i> .....	61	REBETOL.....	91	<i>rimantadine hcl</i> .....	37
<i>proparacaine hcl</i> .....	96	REBIF.....	54	<i>ringers</i> .....	92
PROPRANOLOL HCL.....	50	REBIF REBIDOSE.....	53	<i>ringers irrigation</i> .....	92
<i>propranolol hcl</i> .....	50	REBIF REBIDOSE TITRATION		<i>risedronate sodium</i> .....	81
<i>propranolol hcl er</i> .....	50	PACK.....	53	RISPERDAL CONSTA.....	34, 40
<i>propranolol-hctz</i> .....	50	REBIF TITRATION PACK.....	54	<i>risperidone</i> .....	34, 35, 40, 41
<i>propylthiouracil</i> .....	75	<i>reclipsen</i> .....	73	RITALIN.....	54
<i>proquad</i> .....	78	<i>recombivax hb</i> .....	79	RITALIN LA.....	54
PROSOL.....	59	RECTIV.....	50	<i>ritonavir</i> .....	37
<i>protriptyline hcl</i> .....	19	REGLAN.....	20, 61	<i>rivastigmine</i> .....	17
PROVIGIL.....	102	REGRANEX.....	56	<i>rivastigmine tartrate</i> .....	17
PULMICORT.....	100	RELENZA DISKHALER.....	37	<i>rivelsa</i> .....	73
PULMICORT FLEXHALER.....	100	<i>reli-on insulin syringe</i> .....	43	<i>rizatriptan benzoate</i> .....	25
PULMOZYME.....	100	RELISTOR.....	61	ROCALTROL.....	81
PURIXAN.....	29	RENACIDIN.....	91	ROCKLATAN.....	96
<i>pyrazinamide</i> .....	26	<i>repaglinide</i> .....	43	<i>ropinirole hcl</i> .....	32
<i>pyridostigmine bromide</i> .....	25	<i>repaglinide-metformin hcl</i> .....	91	<i>ropinirole hcl er</i> .....	33
<i>pyridostigmine bromide er</i> .....	25	REPATHA.....	50	<i>rosuvastatin calcium</i> .....	50
<i>pyrimethamine</i> .....	31	REPATHA PUSHTRONEX		<i>rotarix</i> .....	79
QINLOCK.....	29	SYSTEM.....	50	<i>rotateq</i> .....	79
QNASL.....	100	REPATHA SURECLICK.....	50	ROWASA.....	80

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

<i>roweepra</i> .....	16	SINEMET CR .....	92	STRIANT .....	92
<i>roweepra xr</i> .....	16	SINGULAIR .....	100	STRIBILD .....	38
ROXICODONE .....	6	<i>sirolimus</i> .....	79	STRIVERDI RESPIMAT .....	100
ROZLYTREK .....	29	SIRTURO .....	12, 26	STROMECTOL .....	32
RUBRACA .....	29	SIVEXTRO .....	12	SUBSYS .....	6, 92
RUCONEST .....	79	SKLICE .....	32	SUCRAID .....	62
RUKOBIA .....	37	SLYND .....	73	<i>sucrafate</i> .....	61
RUZURGI .....	62	<i>sodium chloride</i> .....	59, 92	SULAR .....	50
RYBELSUS .....	43	<i>sodium fluoride</i> .....	59	<i>sulconazole nitrate</i> .....	92
RYDAPT .....	29	SODIUM PHENYLBUTYRATE ..	62, 63	SULFACETAMIDE SODIUM ...	13, 96
RYTHMOL SR .....	50	<i>sodium polystyrene sulfonate</i>		<i>sulfacetamide sodium</i> .....	13
SAIZEN .....	67	.....	59, 92	<i>sulfacetamide sodium (acne)</i> .....	13
SAIZENPREP .....	67	SOLARAZE .....	92	<i>sulfacetamide sodium-sulfur</i> .....	92
SALAGEN .....	55	<i>solifenacin succinate</i> .....	63	<i>sulfacetamide-prednisolone</i> .	24, 96
SAMSCA .....	59	SOLIQUA .....	43	<i>sulfadiazine</i> .....	13
SANCUSO .....	20	SOLTAMOX .....	29	<i>sulfamethoxazole-trimethoprim</i>	
SANDIMMUNE .....	79	SOMATULINE DEPOT .....	75	.....	13, 92
SANDOSTATIN .....	75	SOMAVERT .....	75	SULFAMYLON .....	13
SANTYL .....	57	SORIATANE .....	57, 92	<i>sulfasalazine</i> .....	80
SAPHRIS .....	35, 41	<i>sorine</i> .....	50	<i>sulindac</i> .....	6, 24
<i>sapropterin dihydrochloride</i> .....	92	<i>sotalol hcl</i> .....	50	<i>sumatriptan</i> .....	25
SAVELLA .....	54	<i>sotalol hcl (af)</i> .....	50	<i>sumatriptan succinate</i> .....	25
SAVELLA TITRATION PACK .....	54	SOTYLIZE .....	50	<i>sumatriptan succinate refill</i> .....	25
<i>scopolamine</i> .....	20, 61	SOVALDI .....	37, 92	<i>sumatriptan-naproxen sodium</i> ...	25
SECUADO .....	35, 41	SPECTRACEF .....	92	SUNOSI .....	102
SEEBRI NEOHALER .....	100	SPIRIVA HANDIHALER .....	100	SUPRAX .....	13
<i>selegiline hcl</i> .....	33	SPIRIVA RESPIMAT .....	100	SUPREP BOWEL PREP KIT .....	59
<i>selenium sulfide</i> .....	57	<i>spironolactone</i> .....	50	SUTENT .....	29
SELZENTRY .....	37	<i>spironolactone-hctz</i> .....	50	SYLATRON .....	92
SEREVENT DISKUS .....	100	<i>sprintec 28</i> .....	73	SYMBICORT .....	100
SEROSTIM .....	67	SPRITAM .....	16	SYMDEKO .....	100
<i>sertraline hcl</i> .....	19, 39	SPRYCEL .....	29	SYMFI .....	38
<i>setlakin</i> .....	73	<i>sps</i> .....	59	SYMFI LO .....	38
<i>sevelamer carbonate</i> .....	63	<i>sronyx</i> .....	73	SYMJEPI .....	100
<i>sevelamer hcl</i> .....	63	<i>ssd</i> .....	12	SYMLINPEN 120 .....	43
SFROWASA .....	92	STALEVO 100 .....	33	SYMLINPEN 60 .....	43
<i>sharobel</i> .....	73	STALEVO 125 .....	33	SYMPAZAN .....	16
<i>shingrix</i> .....	79	STALEVO 150 .....	33	SYMPROIC .....	61
SIGNIFOR .....	75	STALEVO 200 .....	33	SYMTOZA .....	38
<i>sildenafil citrate</i> .....	100	STALEVO 50 .....	33	SYNAREL .....	75
SILIQ .....	57	STALEVO 75 .....	33	SYNDROS .....	20
<i>silodosin</i> .....	63	<i>stavudine</i> .....	37	SYNJARDY .....	43
SILVADENE .....	12	STELARA .....	57	SYNJARDY XR .....	43
<i>silver sulfadiazine</i> .....	12	<i>sterile water for irrigation</i> .....	92	SYNRIBO .....	29
SIMBRINZA .....	96	STIMATE .....	67	SYNTHROID .....	74
SIMPONI .....	79	STIOLTO RESPIMAT .....	100	TABLOID .....	29
<i>simvastatin</i> .....	50	STIVARGA .....	29	TABRECTA .....	29
SINEMET .....	33	STREPTOMYCIN SULFATE .....	13	TACLONEX .....	57

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

<i>tacrolimus</i> .....	57, 79	<i>tetracycline hcl</i> .....	13	<i>tramadol-acetaminophen</i> .....	7
<i>tadalafil (pah)</i> .....	101	THALOMID.....	30	<i>trandolapril</i> .....	51
TAFINLAR.....	29	THEO-24.....	101	<i>tranexamic acid</i> .....	44
TAGRISSO.....	29	<i>theophylline</i> .....	101	TRANSDERM-SCOP (1.5 MG) 20,	61
<i>takhzyro</i> .....	79	<i>theophylline er</i> .....	93, 101	<i>tranylcypromine sulfate</i> .....	19
TALICIA.....	61	<i>thioridazine hcl</i> .....	35	TRAVASOL.....	59
TALTZ.....	57	<i>thiothixene</i> .....	35	<i>travoprost (bak free)</i> .....	97
TALZENNA.....	29	<i>tiadyt er</i> .....	51	<i>trazodone hcl</i> .....	19
<i>tamoxifen citrate</i> .....	30	<i>tiagabine hcl</i> .....	16	TRECATOR.....	26
<i>tamsulosin hcl</i> .....	63	TIAZAC.....	51	TRELEGY ELLIPTA.....	93, 101
TAPAZOLE.....	75	TIBSOVO.....	30	TRELSTAR MIXJECT.....	75
TARGRETIN.....	30	TIGAN.....	20	TREMFYA.....	57
<i>tarina 24 fe</i> .....	73	<i>tigecycline</i> .....	13	TRESIBA.....	43
<i>tarina fe 1/20</i> .....	73	TIGLUTIK.....	54	TRESIBA FLEXTOUCH.....	43
TARKA.....	50, 92	<i>timolol maleate</i> .....	25, 51, 96	<i>tretinoin</i> .....	30, 57
TASIGNA.....	30	TIMOPTIC OCUDOSE.....	97	<i>tretinoin microsphere</i> .....	57
<i>tavaborole</i> .....	92	<i>tinidazole</i> .....	13	TRETIN-X.....	93
TAVALISSE.....	44	TIROSINT-SOL.....	74	TREXALL.....	79
<i>tazarotene</i> .....	57	TIVICAY.....	38	TREXIMET.....	93
TAZORAC.....	57	TIVICAY PD.....	38	<i>triamcinolone acetonide</i>	
<i>taztia xt</i> .....	50	<i>tizanidine hcl</i> .....	35, 102	.....	24, 55, 57, 66, 93
TAZVERIK.....	30	TOBI.....	13, 101	<i>triamterene-hctz</i> .....	51
<i>tdvax</i> .....	79	TOBI PODHALER.....	13, 101	TRIAZOLAM.....	39
TECFIDERA.....	54	TOBRADEX.....	13	TRICOR.....	51
TEFLARO.....	13	TOBRADEX ST.....	97	<i>triderm</i> .....	66
TEGSEDI.....	67	<i>tobramycin</i> .....	13	<i>trientine hcl</i> .....	59
TEKTURNA HCT.....	51	<i>tobramycin sulfate</i> .....	13, 93	<i>tri-estarylla</i> .....	74
<i>telmisartan</i> .....	51	<i>tobramycin-dexamethasone</i> .....	97	<i>trifluoperazine hcl</i> .....	35
<i>telmisartan-hctz</i> .....	51	TOBREX.....	13	<i>trifluridine</i> .....	38
<i>temazepam</i> .....	102	TOLAK.....	57	<i>trihexyphenidyl hcl</i> .....	33, 93
TEMIXYS.....	92	<i>tolcapone</i> .....	33	TRIJARDY XR.....	43
TEMOVATE.....	92	TOLSURA.....	22	TRIKAFTA.....	101
<i>temsirolimus</i> .....	93	<i>tolterodine tartrate</i> .....	64	<i>tri-legest fe</i> .....	74
TENCON.....	6	<i>tolterodine tartrate er</i> .....	64	TRILIPIX.....	51
<i>tenivac</i> .....	79	<i>tolvaptan</i> .....	59, 64, 93	<i>tri-lo-estarylla</i> .....	74
<i>tenofovir disoproxil fumarate</i> .....	38	<i>topiramate</i> .....	16, 25	<i>trilyte</i> .....	61
TERAZOL 3.....	93	<i>topiramate er</i> .....	16	<i>trimethobenzamide hcl</i> .....	20
<i>terazosin hcl</i> .....	51, 63	<i>toremifene citrate</i> .....	30	<i>trimethoprim</i> .....	13
<i>terbinafine hcl</i> .....	22	TORISEL.....	93	<i>tri-mili</i> .....	74
<i>terbutaline sulfate</i> .....	101	<i>torseamide</i> .....	51	<i>trimipramine maleate</i> .....	19
<i>terconazole</i> .....	22	TOUJEO MAX SOLOSTAR.....	43	<i>trinessa (28)</i> .....	93
TERIPARATIDE (RECOMBINANT).81		TOUJEO SOLOSTAR.....	43	TRINTELLIX.....	19
TESTOSTERONE.....	74	<i>tpn electrolytes</i> .....	59, 93	<i>tri-previfem</i> .....	74
<i>testosterone</i> .....	74	TRACLEER.....	101	<i>tri-sprintec</i> .....	74
<i>testosterone cypionate</i> .....	74	TRADJENTA.....	43	TRIUMEQ.....	38
<i>testosterone enanthate</i> .....	74	<i>tramadol hcl</i> .....	7	<i>trivora (28)</i> .....	74
<i>tetanus-diphtheria toxoids td</i> .....	93	<i>tramadol hcl er</i> .....	6, 7, 93	<i>tri-vylibra lo</i> .....	74
<i>tetrabenazine</i> .....	54	<i>tramadol hcl er (biphasic)</i> .....	6, 93	TRIZIVIR.....	38

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

TROKENDI XR.....	16	VALTRES.....	38	VIRAMUNE XR.....	94
TROPHAMINE.....	59, 93	VANATOL LQ.....	7	VIREAD.....	38
<i>tropium chloride</i> .....	64	<i>vancomycin hcl</i> .....	13, 93	VITRAKVI.....	30
<i>tropium chloride er</i> .....	64	<i>vandazole</i> .....	13	VIVITROL.....	8
TRULICITY.....	43	<i>vaqta</i> .....	79	VIZIMPRO.....	30
<i>trumenba</i> .....	79	<i>varivax</i> .....	79	<i>voriconazole</i> .....	22
TRUVADA.....	38	<i>varizig</i> .....	79	VOSEVI.....	38
TUKYSA.....	30	VARUBI.....	93	VOTRIENT.....	30
TURALIO.....	30	VARUBI (180 MG DOSE).....	20	VRAYLAR.....	35, 41
<i>twinrix</i> .....	79	VASCEPA.....	51	VTOL LQ.....	7
TYBOST.....	38	VASERETIC.....	51	VUMERITY.....	54
<i>tydemy</i> .....	74	VECAMYL.....	54	VUMERITY (STARTER).....	94
TYKERB.....	30	<i>velivet</i> .....	74	<i>vyfemla</i> .....	74
TYLENOL WITH CODEINE #3.....	93	VELPHORO.....	59, 64	VYNDAMAX.....	67
TYLENOL WITH CODEINE #4.....	93	VELTASSA.....	60	VYNDAQEL.....	67
TYMLOS.....	81	VEMLIDY.....	38	VYVANSE.....	54
<i>typhim vi</i> .....	79	VENCLEXTA.....	30	WAKIX.....	54
UBRELVY.....	25	VENCLEXTA STARTING PACK.....	30	<i>warfarin sodium</i> .....	44
UCERIS.....	61	<i>venlafaxine hcl</i> .....	19, 39	<i>wixela inhub</i> .....	101
UDENYCA.....	62	<i>venlafaxine hcl er</i> .....	19, 39	<i>wymzya fe</i> .....	74
ULTRACET.....	7	VENTAVIS.....	101	XALKORI.....	30
ULTRAM.....	7	VENTOLIN HFA.....	101	XARELTO.....	44
ULTRAVATE.....	66, 93	VERAMYST.....	93	XARELTO STARTER PACK.....	44
UNASYN.....	13	<i>verapamil hcl</i> .....	51	XATMEP.....	79
<i>unithroid</i> .....	75	<i>verapamil hcl er</i> .....	51	XCOPRI.....	16
UPNEEQ.....	93	VERELAN.....	51	XCOPRI (250 MG DAILY DOSE)....	16
UPTRAVI.....	51	VERELAN PM.....	51	XCOPRI (350 MG DAILY DOSE)....	16
URECHOLINE.....	93	VERIPRED 20.....	93	XELJANZ.....	79
UROCIT-K 10.....	64	VERSACLOZ.....	35	XELJANZ XR.....	79
UROCIT-K 15.....	64	VERZENIO.....	30	XERMELO.....	62
UROCIT-K 5.....	64	<i>vestura</i> .....	93	XGEVA.....	81
URSO 250.....	62	V-GO 20.....	93	XIFAXAN.....	14, 62
URSO FORTE.....	62	V-GO 30.....	93	XIIDRA.....	97
<i>ursodiol</i> .....	62	V-GO 40.....	94	XOFLUZA (40 MG DOSE).....	38
UTIBRON NEOHALER.....	101	VIBERZI.....	62	XOFLUZA (80 MG DOSE).....	38
VABOMERE.....	13	VIBRAMYCIN.....	14, 55	XOLAIR.....	101
<i>valacyclovir hcl</i> .....	38	VICTOZA.....	43	XOSPATA.....	30
VALCHLOR.....	30, 57	VIDEX.....	94	XPOVIO (100 MG ONCE	
VALCYTE.....	38	VIDEX EC.....	94	WEEKLY).....	30
<i>valganciclovir hcl</i> .....	38	<i>vienva</i> .....	74	XPOVIO (40 MG ONCE WEEKLY) .	30
VALIUM.....	16, 39	<i>vigabatrin</i> .....	16	XPOVIO (40 MG TWICE	
<i>valproic acid</i> .....	16, 25, 41	<i>vigadrone</i> .....	16	WEEKLY).....	30
<i>valsartan</i> .....	51	VIIBRYD.....	19	XPOVIO (60 MG ONCE WEEKLY) .	30
<i>valsartan-hydrochlorothiazide</i> ....	51	VIIBRYD STARTER PACK.....	19	XPOVIO (60 MG TWICE	
VALTOCO 10 MG DOSE.....	16	VIMPAT.....	16	WEEKLY).....	31
VALTOCO 15 MG DOSE.....	16	VIOKACE.....	62	XPOVIO (80 MG ONCE WEEKLY) .	31
VALTOCO 20 MG DOSE.....	16	<i>viorele</i> .....	94	XPOVIO (80 MG TWICE	
VALTOCO 5 MG DOSE.....	16	VIRACEPT.....	38	WEEKLY).....	31

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

XTAMPZA ER.....	7	<i>zonisamide</i> .....	16
XTANDI.....	31	ZONTIVITY.....	44
<i>xulane</i> .....	74	ZORBTIVE.....	62, 67
XURIDEN.....	62	ZORTRESS.....	79
XYREM.....	102	<i>zostavax</i> .....	94
XYWAV.....	94	ZOSYN.....	14, 94
XYZAL.....	94	<i>zovia 1/35e (28)</i> .....	74
<i>yf-vax</i> .....	79	ZOVIRAX.....	38, 94
YUPELRI.....	101	ZUBSOLV.....	8, 94
<i>yuvafem</i> .....	74	ZUPLENZ.....	20
<i>zafirlukast</i> .....	101	ZYDELIG.....	31
<i>zaleplon</i> .....	102	ZYFLO.....	101
ZANAFLEX.....	35	ZYKADIA.....	31, 94
<i>zarah</i> .....	74	ZYLET.....	97
ZARXIO.....	44	ZYLOPRIM.....	22
ZAVESCA.....	62	ZYPREXA.....	35, 41
<i>zazole</i> .....	94	ZYPREXA RELPREVV.....	35, 41
ZEBUTAL.....	7	ZYTIGA.....	31
ZEJULA.....	31	ZYVOX.....	14
ZELAPAR.....	33		
ZELBORAF.....	31		
ZEMAIRA.....	101		
<i>zenatane</i> .....	57		
ZENPEP.....	62		
ZENZEDI.....	54		
ZEPOSIA.....	54		
ZEPOSIA 7-DAY STARTER PACK...	54		
ZEPOSIA STARTER KIT.....	54		
ZERBAXA.....	14		
ZESTRIL.....	51		
ZETIA.....	51		
ZETONNA.....	101		
ZIAGEN.....	38		
<i>zidovudine</i> .....	38		
ZILEUTON ER.....	101		
ZIOPTAN.....	97		
<i>ziprasidone hcl</i> .....	35, 41		
<i>ziprasidone mesylate</i> .....	35, 41		
ZIRGAN.....	38		
ZITHROMAX.....	14		
ZOCOR.....	51, 94		
ZOFRAN.....	20, 94		
ZOLINZA.....	22, 31		
<i>zolmitriptan</i> .....	25		
<i>zolpidem tartrate</i> .....	102		
ZOMACTON.....	67		
ZOMIG.....	25		
ZOMIG ZMT.....	25		

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



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