

**Pharmacy Benefit Dimensions Prescription Drug Plan PDP
Formulary
Provided by Niagara County**

**Pharmacy
Benefit
Dimensions®**



**2020 Formulary
(List of Covered Drugs)**

This document includes:
D0122

**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 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.

Pharmacy Benefit Dimensions is a subsidiary of Independent Health. Independent Health is a PDP with a Medicare contract. Enrollment in Pharmacy Benefit Dimensions 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 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 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.

This document is a partial formulary and includes only some of the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP. For a complete listing of all prescription drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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 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 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 113. 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 offered by Niagara County pays for certain OTC drugs. These drugs include: CLARITIN, ketotifen fumarate otc, PEPCID AC, PRILOSEC OTC, and ZADITOR OTC. The cost to Pharmacy Benefit Dimensions Prescription Drug Plan PDP offered by Niagara County of these OTC drugs will not count toward your total Part D drug costs (that is, the amount you pay 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 on page 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 113.

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).

Information for members with Diabetes

Diabetic testing supplies are covered for up to a 90-day supply.

Information on Vaccines

Covered vaccinations will be available to you with a \$0 co-payment. Please show your Nova medical card and your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription card to your provider when you are receiving a vaccination.

Table of Contents

Analgesics.....	3
Anesthetics.....	7
Anti-Addiction/ Substance Abuse Treatment Agents.....	7
Antibacterials.....	8
Anticonvulsants.....	14
Antidementia Agents.....	17
Antidepressants.....	18
Antiemetics.....	20
Antifungals.....	21
Antigout Agents.....	23
Anti-Inflammatory Agents.....	23
Antimigraine Agents.....	25
Antimyasthenic Agents.....	26
Antimycobacterials.....	27
Antineoplastics.....	27
Antiparasitics.....	32
Antiparkinson Agents.....	33
Antipsychotics.....	34
Antispasticity Agents.....	37
Antivirals.....	37
Anxiolytics.....	40
Bipolar Agents.....	41
Blood Glucose Regulators.....	43
Blood Products/ Modifiers/ Volume Expanders.....	46
Cardiovascular Agents.....	47
Central Nervous System Agents.....	54
Dental And Oral Agents.....	57
Dermatological Agents.....	57
Electrolytes/Minerals/Metals/Vitamins.....	60
Gastrointestinal Agents.....	62
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment.....	65
Genitourinary Agents.....	66
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	67
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	69
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins).....	70
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	70
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	78
Hormonal Agents, Suppressant (Adrenal).....	78
Hormonal Agents, Suppressant (Pituitary).....	78
Hormonal Agents, Suppressant (Thyroid).....	79
Immunological Agents.....	79
Inflammatory Bowel Disease Agents.....	83
Metabolic Bone Disease Agents.....	84
Non-Frf.....	85
Ophthalmic Agents.....	102
Otic Agents.....	105
Respiratory Tract/ Pulmonary Agents.....	105

Skeletal Muscle Relaxants.....	110
Sleep Disorder Agents.....	110

Drug Name	Tier	Requirements/Limits
Analgesics		
<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	
ASCOMP-CODEINE	3	PA; PA does not apply to age less than 65.
BELBUCA	3	
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.
BUTALBITAL-APAP-CAFFEINE ORAL CAPSULE	3	PA; PA does not apply to age less than 65.
BUTALBITAL-APAP-CAFFEINE ORAL TABLET 50-325-40 MG	3	PA; PA does not apply to age less than 65.
BUTALBITAL-ASA-CAFF-CODEINE	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 transdermal</i>	1	EDS
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac 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>diclofenac sodium oral</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	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 lozenge on a handle</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	1	PA; PA not required for oncologists.; 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)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	
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.

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

Drug Name	Tier	Requirements/Limits
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, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<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	2	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	

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate er 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
<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>oxaprozin</i>	1	EDS
<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)
<i>pentazocine-naloxone hcl</i>	1	
PERCOCET ORAL TABLET 7.5-325 MG	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)

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

Drug Name	Tier	Requirements/Limits
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)
<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.
ZIPSOR	3	
Anesthetics		
<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	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</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
ANTABUSE	3	EDS
BELBUCA	3	
<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
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	
Antibacterials		
<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	

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

Drug Name	Tier	Requirements/Limits
<i>ampicillin 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	
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>bacitracin ophthalmic</i>	1	
BESIVANCE	3	
BETHKIS	3	BD; LA
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	2	LA
<i>cefaclor</i>	1	
<i>cefaclor er</i>	1	
<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	

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

Drug Name	Tier	Requirements/Limits
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	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	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<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	2	
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

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>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	
<i>ery</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
<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	EDS
<i>imipenem-cilastatin</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</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>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</i>	1	PA; PA except Infectious Disease.
MACRODANTIN	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROGEL EXTERNAL GEL	3	
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	
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	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	
NORITATE	2	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</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>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous</i>	1	
<i>paromomycin 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	
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	2	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
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	
VIBRAMYCIN ORAL SYRUP	2	
VIGAMOX	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.
Anticonvulsants		
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

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>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 INFATABS	3	EDS
DILANTIN ORAL CAPSULE 100 MG	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN ORAL SUSPENSION	3	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
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 ORAL TABLET	3	EDS
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>lamotrigine er</i>	1	\$0; 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>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	\$0; EDS
<i>lamotrigine oral tablet chewable</i>	1	\$0; 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	\$0; EDS
<i>levetiracetam oral solution</i>	1	EDS
<i>levetiracetam oral tablet</i>	1	\$0; 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
NEURONTIN	3	EDS
<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
<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	\$0; 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>topiramate oral capsule sprinkle</i>	1	EDS
<i>topiramate oral tablet</i>	1	\$0; 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
Antidementia Agents		
ARICEPT	3	EDS
<i>donepezil hcl</i>	1	\$0; 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 & 21 x 10 mg</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
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
Antidepressants		
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)
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	EDS
ABILIFY ORAL TABLET 2 MG	3	QL (60 EA per 30 days); EDS
ABILIFY ORAL TABLET 5 MG	3	QL (30 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
<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

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

Drug Name	Tier	Requirements/Limits
<i>clomipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
CYMBALTA	3	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	\$0; EDS
FETZIMA	3	EDS
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral capsule</i>	1	\$0; EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	\$0; EDS
<i>fluoxetine hcl oral solution</i>	1	\$0; EDS
<i>fluoxetine hcl oral tablet</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
LEXAPRO ORAL TABLET	3	EDS
<i>maprotiline hcl</i>	1	EDS
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

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>paroxetine hcl er</i>	1	\$0; EDS
<i>paroxetine hcl oral tablet</i>	1	\$0; EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	2	EDS
PAXIL ORAL TABLET	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	\$0; 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	\$0; EDS
<i>venlafaxine hcl er</i>	1	\$0; EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	3	EDS
ZOLOFT ORAL TABLET	3	EDS
Antiemetics		
<i>aprepitant</i>	1	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	EDS
<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.
MARINOL	3	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 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
<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
PROMETHAZINE HCL ORAL SYRUP	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL ORAL TABLET	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG, 25 MG	3	PA; PA does not apply to age less than 65.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	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
VISTARIL	3	PA; PA does not apply to age less than 65.
ZOFRAN ORAL TABLET 8 MG	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
CANCIDAS	3	BD
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox external</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>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	
NOXAFIL ORAL SUSPENSION	2	EDS
<i>nyamyc</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>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	
Antigout Agents		
<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
Anti-Inflammatory Agents		
<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 transdermal</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.

Drug Name	Tier	Requirements/Limits
<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, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	2	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 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	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
<i>naproxen sodium oral tablet 275 mg, 550 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
<i>oxaprozin</i>	1	EDS
<i>piroxicam oral</i>	1	EDS
PRED FORTE	3	
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
<i>prednisone oral tablet therapy pack</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
Antimigraine Agents		
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 capsule sprinkle</i>	1	EDS
<i>topiramate oral tablet</i>	1	\$0; EDS
UBRELVY	2	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 NASAL	2	
ZOMIG ORAL	3	
ZOMIG ZMT	3	
Antimyasthenic Agents		
<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	

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>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
Antimycobacterials		
<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	
Antineoplastics		
<i>abiraterone acetate</i>	1	PA New Starts
AFINITOR ORAL TABLET 10 MG	2	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

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

Drug Name	Tier	Requirements/Limits
BRUKINSA	3	PA New Starts
CABOMETYX	3	PA New Starts; LA
CALQUENCE	3	PA New Starts
CAPRELSA	2	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	2	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	EDS
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA
ICLUSIG	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	EDS
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	2	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

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

Drug Name	Tier	Requirements/Limits
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	
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	2	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	2	PA New Starts; LA
SYNRIBO	3	PA New Starts
TABLOID	2	
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
TAGRISO	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
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
<i>tamoxifen citrate oral</i>	1	EDS
TARGRETIN EXTERNAL	2	
TARGRETIN ORAL	3	
TASIGNA	2	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 ORAL TABLET 150 MG	3	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	3	PA New Starts; LA; QL (120 EA per 30 days)
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	2	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)

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 (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)
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
Antiparasitics		
<i>albendazole oral</i>	1	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	EDS
BENZNIDAZOLE	3	PA
<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

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>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	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMEKTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	2	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 oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i>	1	
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

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

Drug Name	Tier	Requirements/Limits
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	\$0; EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i>	1	\$0; EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 3.75 mg</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
<i>ropinirole hcl</i>	1	EDS
<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
Antipsychotics		
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)
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
ABILIFY ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	EDS
ABILIFY ORAL TABLET 2 MG	3	QL (60 EA per 30 days); EDS
ABILIFY ORAL TABLET 5 MG	3	QL (30 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)
<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	2	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	2	QL (30 EA per 30 days); EDS
<i>loxapine succinate oral</i>	1	EDS
<i>molindone 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
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 tablet</i>	1	\$0; EDS
<i>olanzapine oral tablet dispersible</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	\$0; 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
<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

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

Drug Name	Tier	Requirements/Limits
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA ORAL	3	EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate</i>	1	EDS
<i>abacavir sulfate-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
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
DELSTRIGO	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	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>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
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	

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

Drug Name	Tier	Requirements/Limits
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	2	
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
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

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>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	
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam intensol</i>	1	
<i>alprazolam oral</i>	1	
<i>bupirone hcl oral</i>	1	EDS
<i>chlordiazepoxide hcl</i>	1	PA; PA does not apply to age less than 65.
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
CYMBALTA	3	EDS
DIASTAT ACUDIAL	3	
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

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

Drug Name	Tier	Requirements/Limits
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	\$0; 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
LEXAPRO ORAL TABLET	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	\$0; EDS
<i>paroxetine hcl oral tablet</i>	1	\$0; EDS
PAXIL ORAL SUSPENSION	2	EDS
PAXIL ORAL TABLET	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
TRIAZOLAM	3	QL (7 EA per 30 days)
VALIUM	3	
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>venlafaxine hcl</i>	1	\$0; EDS
<i>venlafaxine hcl er</i>	1	\$0; EDS
VISTARIL	3	PA; PA does not apply to age less than 65.
ZOLOFT ORAL TABLET	3	EDS
Bipolar Agents		
<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.

Drug Name	Tier	Requirements/Limits
<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 ORAL TABLET	3	EDS
LAMICTAL STARTER	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG	3	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	\$0; EDS
<i>lamotrigine oral kit 25 & 50 & 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	\$0; EDS
<i>lamotrigine oral tablet chewable</i>	1	\$0; 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 tablet</i>	1	\$0; EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
PERSERIS	3	BD; EDS
<i>quetiapine fumarate</i>	1	\$0; 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

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 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>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 ORAL	3	EDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose oral</i>	1	EDS
ACTOPLUS MET	3	EDS
ACTOS	3	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
FARXIGA	3	EDS
FORTAMET	3	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

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>glucagen hypokit</i>	1	
<i>glucagon emergency injection kit</i>	1	
GLUMETZA	3	EDS
<i>glyburide oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>glyburide-metformin</i>	1	\$0; EDS
GLYSET	3	EDS
GLYXAMBI	2	EDS
<i>gvoke hypopen 2-pack</i>	1	
GVOKE PFS	1	
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

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

Drug Name	Tier	Requirements/Limits
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	\$0; EDS
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg</i>	1	EDS
<i>metformin hcl er (mod) oral tablet extended release 24 hour 500 mg</i>	1	\$0; EDS
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg</i>	1	EDS
<i>metformin hcl er (osm) oral tablet extended release 24 hour 500 mg</i>	1	\$0; EDS
<i>metformin hcl oral solution</i>	1	EDS
<i>metformin hcl oral tablet</i>	1	\$0; EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	\$0; EDS
ONGLYZA	3	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

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

Drug Name	Tier	Requirements/Limits
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
Blood Products/ Modifiers/ Volume Expanders		
<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
<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

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>jantoven</i>	1	\$0; 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	\$0; EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	PA
ZONTIVITY	3	PA New Starts; EDS
Cardiovascular Agents		
<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	\$0; EDS
<i>amlodipine besylate oral</i>	1	\$0; EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-atorvastatin</i>	1	\$0; EDS
<i>amlodipine-olmesartan</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>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	\$0; EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	\$0; EDS
<i>benazepril hcl oral</i>	1	\$0; 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
<i>carvedilol</i>	1	\$0; 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	\$0; EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	\$0; QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	\$0; 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

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

Drug Name	Tier	Requirements/Limits
CRESTOR	3	EDS
DEMSEER	2	
<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; \$0; 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	\$0; EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	\$0; EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	\$0; EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<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	\$0; EDS
DUTOPROL	2	EDS
EDARBI	3	ST; EDS
EDARBYCLOR	3	ST; 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

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>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	\$0; 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	\$0; EDS
<i>irbesartan-hydrochlorothiazide</i>	1	\$0; 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	\$0; EDS
<i>lisinopril-hydrochlorothiazide</i>	1	\$0; 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
LIVALO	3	EDS
LOPID	3	EDS
<i>losartan potassium oral</i>	1	\$0; EDS
<i>losartan potassium-hctz</i>	1	\$0; EDS
LOTENSIN ORAL TABLET 10 MG	3	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	\$0; EDS
<i>metoprolol tartrate oral</i>	1	\$0; 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
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
NIASPAN	3	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

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

Drug Name	Tier	Requirements/Limits
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	\$0; EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE	3	PA; PA does not apply to age less than 65.; EDS
NORPACE CR	2	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	\$0; EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	\$0; EDS
<i>propafenone hcl er</i>	1	\$0; EDS
<i>propranolol hcl er</i>	1	EDS
<i>propranolol hcl oral</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	\$0; EDS
<i>quinapril-hydrochlorothiazide</i>	1	\$0; EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	\$0; 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>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	\$0; EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; \$0; 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
TEKTURN 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

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>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
Central Nervous System Agents		
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
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
CYMBALTA	3	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
DESOXYN	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
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
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

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

Drug Name	Tier	Requirements/Limits
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
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	2	EDS
<i>methylphenidate hcl oral</i>	1	EDS
NUEDEXTA	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
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

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

Drug Name	Tier	Requirements/Limits
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	LA; EDS
ZEPOSIA 7-DAY STARTER PACK	3	LA
ZEPOSIA STARTER KIT	3	LA
Dental And Oral Agents		
<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
<i>minocycline hcl oral</i>	1	
<i>mondoxylene nl oral capsule 100 mg, 75 mg</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
SALAGEN	3	EDS
<i>triamcinolone acetonide mouth/throat</i>	1	EDS
VIBRAMYCIN ORAL SYRUP	2	
Dermatological Agents		
ABSORICA	3	
<i>acitretin</i>	1	PA
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALTABAX	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>ammonium lactate external</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
<i>azelaic acid external</i>	1	
AZELEX	2	
BENZACLIN WITH PUMP	3	
<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 %</i> , 1.2-5 %	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORDRAN EXTERNAL LOTION	2	EHS
CORDRAN EXTERNAL TAPE	2	
CORTISPORIN EXTERNAL	3	
COSENTYX (300 MG DOSE)	2	EDS
COSENTYX SENSOREADY (300 MG)	2	EDS
<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</i> , 50 mg	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> , 50 mg	1	
DUOBRII	3	PA
DUPIXENT	2	PA; EDS
EFUDEX EXTERNAL CREAM	3	
ELIMITE	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>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
<i>mondoxyme nl oral capsule 100 mg, 75 mg</i>	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	
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

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

Drug Name	Tier	Requirements/Limits
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	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	2	BD
CARBAGLU	2	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
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

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>doxercalciferol oral capsule 0.5 mcg</i>	1	ST
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	1	ST; EDS
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	EDS
<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
<i>nutrilipid</i>	1	BD
OSMOPREP	3	
<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

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>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
VELTASSA	2	EDS
Gastrointestinal Agents		
ACIPHEX	3	EDS
ACTIGALL	3	EDS
<i>alose tron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</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>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
DEXILANT	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</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	2	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	\$0; EDS
<i>lansoprazole oral tablet delayed release dispersible</i>	1	EDS
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	

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>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	
MOVIPREP	3	
MYTESI	2	PA New Starts; EDS
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	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	\$0; EDS
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	\$0; 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	
PEPCID ORAL TABLET 20 MG	3	EDS
PREVACID	3	EDS
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	EDS
<i>proctozone-hc external</i>	1	
<i>propantheline bromide oral</i>	1	
PROTONIX ORAL TABLET DELAYED RELEASE	3	EDS
<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

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

Drug Name	Tier	Requirements/Limits
SYMPROIC	3	PA
TALICIA	3	ST
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS RECTAL	3	
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)
ZEGERID ORAL CAPSULE	3	EDS
ZORBTIVE	3	PA; EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
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
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SUCRAID	2	PA; LA; EDS
UDENYCA	2	PA
VIOKACE	2	EDS
XURIDEN	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
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
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	EHS; 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	\$0; EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	\$0; EDS
<i>flavoxate hcl</i>	1	EDS
FLOMAX	3	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	\$0; EDS
<i>oxybutynin chloride oral</i>	1	\$0; EDS
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
PHOSLYRA	2	EDS
<i>potassium citrate er</i>	1	EDS
<i>prazosin 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
PROSCAR	3	EDS
<i>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>silodosin</i>	1	EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>solifenacin succinate</i>	1	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	EHS; EDS
<i>tamsulosin hcl</i>	1	\$0; EDS
<i>terazosin hcl oral</i>	1	EDS
<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	\$0; EDS
<i>trospium chloride er</i>	1	\$0; EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
UROXATRAL	3	EDS
VELPHORO	3	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
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	

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

Drug Name	Tier	Requirements/Limits
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	
DESOXIMETASONE EXTERNAL CREAM	3	
DESOXIMETASONE EXTERNAL GEL	3	
DESOXIMETASONE EXTERNAL OINTMENT 0.25 %	3	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIFLORASONE DIACETATE EXTERNAL	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	

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

Drug Name	Tier	Requirements/Limits
ISTURISA	3	PA; EDS
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	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	
<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
<i>prednisone oral tablet therapy pack</i>	1	
<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	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
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

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

Drug Name	Tier	Requirements/Limits
HUMATROPE	2	PA; EDS
INCRELEX	2	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
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	2	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
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
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

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>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
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

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>cryselle-28</i>	1	EDS
<i>cyclafem 1/35</i>	1	EDS
<i>cyclafem 7/7/7</i>	1	EDS
<i>cyred</i>	1	
<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	
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

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>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
<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
EVISTA	3	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

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>jinteli</i>	1	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
<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 & 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	2	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

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

Drug Name	Tier	Requirements/Limits
<i>medroxyprogesterone acetate intramuscular</i>	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
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

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>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
<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
PROMETRIUM	3	EDS
<i>raloxifene 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>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>syeda</i>	1	EDS
<i>tarina 24 fe</i>	1	EDS
<i>tarina fe 1/20</i>	1	EDS
<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</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>vylibra</i>	1	EDS
<i>wymzya fe</i>	1	EDS
<i>xulane</i>	1	EDS
<i>yuvafem</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>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
<i>tirosint-sol</i>	1	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<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

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

Drug Name	Tier	Requirements/Limits
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	2	PA; LA; EDS
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA ACTPEN	3	PA; EDS
ACTEMRA SUBCUTANEOUS	3	PA; EDS
<i>acthib</i>	1	
ACTIMMUNE	3	PA; LA; EDS
<i>adacel</i>	1	
AFINITOR DISPERZ	2	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; \$0; 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; \$0; EDS
<i>cyclosporine oral capsule</i>	1	BD; \$0; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
DUPIXENT	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
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
ENVARBUS XR	3	BD; EDS
<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
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; \$0; EDS
<i>gengraf oral solution</i>	1	BD; \$0; 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

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>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</i>	1	
<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; \$0; EDS
<i>mycophenolate sodium</i>	1	BD; \$0; 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	

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>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
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	2	PA New Starts; LA
SANDIMMUNE ORAL CAPSULE	3	BD; EDS
SANDIMMUNE ORAL SOLUTION	2	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	

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>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
Inflammatory Bowel Disease Agents		
APRISO	3	EDS
ASACOL HD	2	EDS
AZULFIDINE EN-TABS	3	EDS
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
COLAZAL	3	
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	EDS
<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	

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 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	\$0; EDS
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	EDS
<i>alendronate sodium oral solution</i>	1	\$0; EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	\$0; EDS
AELVIA	3	EDS
BINOSTO	3	EDS
BONIVA ORAL TABLET 150 MG	3	EDS
<i>calcitonin (salmon)</i>	1	\$0; EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral capsule 0.5 mcg</i>	1	ST
<i>doxercalciferol oral capsule 1 mcg, 2.5 mcg</i>	1	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
<i>ibandronate sodium oral</i>	1	\$0; 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

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

Drug Name	Tier	Requirements/Limits
TERIPARATIDE (RECOMBINANT)	2	PA; EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
Non-Frf		
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
ABSTRAL	3	PA; QL (120 EA per 30 days)
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
ACIPHEX SPRINKLE	3	EDS
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
ADIPEX-P	3	PA; EHS
<i>afeditab cr</i>	1	EDS
AIMOVIG (140 MG DOSE)	2	PA; EDS
AKYNZEO ORAL	3	PA
<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	\$0
<i>alendronate sodium oral tablet 5 mg</i>	1	\$0; EDS
<i>alprazolam xr</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	
<i>anucort-hc</i>	1	EHS

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>anusol-hc rectal suppository</i>	1	EHS
ANZEMET ORAL	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
ARMOUR THYROID	2	EHS; EDS
<i>asmanex (14 metered doses)</i>	1	EDS
<i>asmanex (7 metered doses)</i>	1	EDS
ASTEPRO NASAL SOLUTION 0.15 %	3	
AUGMENTIN ORAL TABLET 500-125 MG	3	
AVC VAGINAL	3	
AVELOX INTRAVENOUS	2	
<i>azurette</i>	1	EDS
BACTROBAN EXTERNAL OINTMENT	3	
<i>baqsimi one pack</i>	1	
<i>bekyree</i>	1	EDS
<i>belladonna-opium</i>	1	
BENTYL ORAL CAPSULE	3	
<i>benzonatate</i>	1	EHS
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	
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
BYVALSON	3	EDS
<i>capecitabine</i>	1	EHS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
CARNITOR INTRAVENOUS	3	BD
<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	

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

Drug Name	Tier	Requirements/Limits
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	
CENTANY	3	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
CESAMET	3	PA
<i>chlordiazepoxide-clidinium</i>	1	
<i>chlorothiazide oral</i>	1	EDS
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
<i>chlorpropamide oral tablet 100 mg</i>	1	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
CIALIS ORAL TABLET 10 MG, 20 MG	3	EHS; QL (10 EA per 30 days)
<i>ciclodan external solution</i>	1	
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
<i>clinpro 5000</i>	1	EHS; EDS
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clotrimazole mouth/throat lozenge</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
COLESTID FLAVORED ORAL PACKET	3	EDS
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
CONTRACE	3	PA; EHS
CORTISPORIN-TC	3	
COSENTYX	2	EDS
COSENTYX SENSOREADY PEN	2	EDS
COUMADIN ORAL	3	EDS
<i>covaryx hs</i>	1	
<i>crotan</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>delyla</i>	1	EDS
<i>denta 5000 plus</i>	1	EHS
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
<i>desmopressin acetate spray</i>	1	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	EDS
<i>dexamethasone intensol</i>	1	
<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>dialyvite</i>	1	EHS
<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 120 mg, 180 mg, 240 mg, 300 mg</i>	1	\$0; 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>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	\$0; EDS
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	\$0; EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted</i>	1	
<i>dimethyl fumarate starter pack</i>	1	
<i>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.
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
DONNATAL ORAL TABLET	3	
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>eemt hs</i>	1	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)

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>eprosartan mesylate</i>	1	EDS
<i>ergocalciferol oral capsule</i>	1	EHS; EDS
<i>erythromycin external pad</i>	1	
<i>est estrogens-methyltest hs</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	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
EURAX	2	
EXELDERM	3	
FARYDAK ORAL CAPSULE 15 MG	3	PA New Starts; LA
<i>fenofibric acid oral tablet</i>	1	EDS
FERREX 150 FORTE PLUS	3	
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>fluoridex</i>	1	EHS; EDS
<i>fluoridex enhanced whitening dental paste</i>	1	EHS; EDS
<i>fluoridex sensitivity relief dental paste</i>	1	EHS; EDS
<i>flurbiprofen oral tablet 50 mg</i>	1	EDS
<i>folic acid oral tablet 1 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	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
GAMASTAN S/D	2	PA

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

Drug Name	Tier	Requirements/Limits
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
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	PA; EHS
GELSYN-3	2	PA; EHS
<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	
GENVISC 850	2	PA; EHS
<i>gildess 1.5/30</i>	1	EDS
<i>glipizide xl</i>	1	EDS
GRALISE STARTER	3	
<i>guaiaatussin ac</i>	1	
<i>guaifenesin ac</i>	1	
<i>guaifenesin-codeine oral solution</i>	1	
<i>guaifenesin-codeine oral syrup</i>	1	
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
<i>hemmorex-hc rectal suppository 25 mg</i>	1	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	BD
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</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
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	2	EDS
HYALGAN	2	PA; EHS
HYCAMTIN ORAL	3	
<i>hydralazine hcl injection</i>	1	
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	EHS
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	EHS
<i>hydromet</i>	1	
<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	
HYMOVIS	2	PA; EHS
<i>hyperrab</i>	1	BD
<i>hyperrab s/d injection solution 300 unit/2ml</i>	1	BD
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	2	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	3	
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
<i>imogam rabies-ht injection solution 300 unit/2ml</i>	1	BD
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>k 100</i>	1	EHS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%</i>	1	BD
KEFLEX	3	
KITABIS PAK	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
<i>klor-con sprinkle</i>	1	EDS
KYNMOBI TITRATION KIT	3	PA; PA except Neurology
<i>labetalol hcl intravenous solution</i>	1	
<i>lactated ringers</i>	1	
<i>lactulose encephalopathy</i>	1	EDS
<i>lactulose oral solution 20 gm/30ml</i>	1	EDS
LAMPIT	3	PA
LANOXIN ORAL TABLET 187.5 MCG	3	PA; PA does not apply to age less than 65.; EDS
<i>lapatinib ditosylate</i>	1	PA New Starts
<i>larin 24 fe</i>	1	EDS
LAZANDA	3	PA; QL (120 EA per 30 days)
LEVAQUIN ORAL TABLET	3	
LEVITRA ORAL TABLET 10 MG, 20 MG, 5 MG	3	EHS; QL (10 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>levothyroxine-liothyronine</i>	1	EHS; 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	
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
LOPRESSOR ORAL TABLET 50 MG	3	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	

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>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>melphalan</i>	1	EHS
MEPHYTON	2	EHS
<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 tartrate intravenous 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
<i>mononessa</i>	1	EDS
MONOVISC	2	PA; EHS
MORPHABOND ER	3	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 20 mg/ml</i>	1	
<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

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

Drug Name	Tier	Requirements/Limits
<i>morphine sulfate 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
MYLERAN	3	EHS
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	EDS
<i>nafcellin 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
NASCOBAL	2	EDS
NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 162.5 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	2	EHS; EDS
<i>nebusal inhalation nebulization solution 3 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	2	
<i>necon 1/35 (28)</i>	1	EDS
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>	1	
NEOSPORIN OPHTHALMIC	3	
<i>nephronex oral tablet</i>	1	EHS
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

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>norlyroc</i>	1	EDS
NORMOSOL-R IN D5W	3	BD
NORMOSOL-R PH 7.4	3	
<i>np thyroid</i>	1	EHS; EDS
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	EDS
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
OMEGAIVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK PODS	2	QL (15 EA per 30 days)
OMNIPRED	3	
OMNITROPE SUBCUTANEOUS SOLUTION	2	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
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<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

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

Drug Name	Tier	Requirements/Limits
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	
PENLAC	3	
<i>periogard</i>	1	EDS
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
<i>phenohydro oral tablet</i>	1	
<i>phentermine hcl oral</i>	1	PA; EHS
PHOSLO	3	EDS
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	3	PA; PA does not apply to age less than 65.
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>phytonadione oral</i>	1	EHS
<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	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 %	3	
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	
<i>pregabalin oral</i>	1	EDS
PREPOPIK	3	
<i>prevalite oral powder</i>	1	EDS
PREVIDENT 5000 BOOSTER PLUS	3	EHS; EDS
PREVIDENT 5000 ENAMEL PROTECT	3	EHS; EDS
PREVIDENT 5000 PLUS	3	EHS; EDS
PREVIDENT 5000 SENSITIVE	3	EHS; EDS
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 250-250 MG	3	
PRIMSOL	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
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
PROCTOFOAM HC RECTAL	2	
<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
PROMETHAZINE HCL ORAL SOLUTION	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL RECTAL SUPPOSITORY 50 MG	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.
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>propranolol hcl intravenous</i>	1	
<i>pulmosal</i>	1	
QSYMIA	3	PA; EHS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	3	EDS
<i>rabeprazole sodium oral capsule sprinkle</i>	1	EDS
RAZADYNE ORAL TABLET	3	EDS
REBETOL ORAL SOLUTION	3	
RENACIDIN	2	
<i>rena-vite rx</i>	1	EHS
<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
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
RETIN-A MICRO PUMP EXTERNAL GEL 0.1 %	3	
REVCovi	3	PA; LA
RIBASPHERE ORAL TABLET	3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 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
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
RIFADIN	3	
RIFAMATE	2	
RIFATER	2	
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
ROBAXIN-750	3	PA; PA does not apply to age less than 65.
<i>rosadan external cream</i>	1	
<i>sapropterin dihydrochloride</i>	1	PA; EDS
SAXENDA	3	PA; EHS; EDS
<i>sf 5000 plus</i>	1	EHS
SFROWASA	3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; QL (10 EA per 30 days)
SINEMET CR	3	EDS
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
SOLARAZE TRANSDERMAL	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	
STAXYN	2	EHS; QL (10 EA per 30 days)
<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; PA Except Oncology
<i>sulconazole nitrate</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	EHS
<i>sulfacetamide sodium-sulfur external lotion 10-5 %</i>	1	EHS
<i>sulfacetamide sodium-sulfur external suspension 10-5 %</i>	1	EHS
<i>sulfamethoxazole-trimethoprim intravenous</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
SUPARTZ FX	2	PA; EHS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION	3	
SYNERCID	3	BD
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; EHS
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; QL (10 EA per 30 days)
<i>tavaborole</i>	1	PA
TEMIXYS	2	EDS
TEMODAR ORAL	3	EHS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temozolomide</i>	1	EHS
<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
THYROID ORAL TABLET 65 MG	2	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
<i>tretinoin microsphere pump external gel 0.1 %</i>	1	
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</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>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
<i>urea external cream 40 %, 45 %</i>	1	
URECHOLINE	3	EDS
<i>uribel</i>	1	
<i>uroav-b</i>	1	
<i>uro-mp</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1000 mg</i>	1	BD
<i>vardenafil hcl oral</i>	1	EHS; QL (10 EA per 30 days)
VARUBI ORAL	3	BD
VERAMYST	3	EDS
<i>verapamil hcl intravenous</i>	1	
VERIPRED 20	3	
<i>vestura</i>	1	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIAGRA	2	EHS; QL (10 EA per 30 days)
VIDEX	2	EDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG, 200 MG, 250 MG	3	EDS
<i>viorele</i>	1	EDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	EDS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	EHS; EDS
<i>vitamin k (phytonadione)</i>	1	EHS
<i>vol-care rx</i>	1	EHS
<i>vp-vite rx</i>	1	EHS

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

Drug Name	Tier	Requirements/Limits
VUMERITY (STARTER)	3	PA
WESTHROID ORAL TABLET 130 MG, 195 MG, 32.5 MG, 65 MG, 97.5 MG	2	EHS; EDS
WP THYROID	2	EHS; EDS
XELODA	3	EHS
XYWAV	3	PA; LA
XYZAL ORAL SOLUTION	3	
XYZAL ORAL TABLET	3	EDS
<i>zazole vaginal cream 0.8 %</i>	1	
ZILRETTA	3	PA; EHS
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	EDS
ZOVIRAX ORAL TABLET 800 MG	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
ZYKADIA ORAL CAPSULE	3	PA New Starts
Ophthalmic Agents		
<i>acetazolamide oral</i>	1	EDS
ALOCRI	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC 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	\$0
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	\$0; EDS
BETIMOL OPHTHALMIC 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 solution 0.15 %</i>	1	\$0; EDS
<i>brimonidine tartrate ophthalmic solution 0.2 %</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	\$0; 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	
LASTACAFT	3	
<i>latanoprost ophthalmic</i>	1	\$0; EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
LOTEMAX OPHTHALMIC GEL	2	
LOTEMAX OPHTHALMIC OINTMENT	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
LOTEMAX SM	2	
<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
PAZEO	3	
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED FORTE	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

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

Drug Name	Tier	Requirements/Limits
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
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	
Otic Agents		
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	
Respiratory Tract/ Pulmonary Agents		
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

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>arnuity ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act</i>	1	AL (Min 12 Years); EDS
<i>arnuity ellipta inhalation aerosol powder breath activated 50 mcg/act</i>	1	EDS
<i>asmanex (120 metered doses)</i>	1	EDS
<i>asmanex (30 metered doses)</i>	1	EDS
<i>asmanex (60 metered doses)</i>	1	EDS
<i>asmanex hfa inhalation aerosol 100 mcg/act, 200 mcg/act</i>	1	EDS
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT	1	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	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	2	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

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>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
FASENRA PEN	2	PA; EDS
<i>flovent diskus inhalation aerosol powder breath activated 100 mcg/blist, 50 mcg/blist</i>	1	QL (60 EA per 30 days); EDS
<i>flovent diskus inhalation aerosol powder breath activated 250 mcg/blist</i>	1	EDS
<i>flovent hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days); EDS
<i>flovent hfa inhalation aerosol 220 mcg/act</i>	1	EDS
<i>flovent hfa inhalation aerosol 44 mcg/act</i>	1	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	\$0; 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

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>olopatadine hcl nasal</i>	1	
OPSUMIT	3	PA New Starts; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS
ORKAMBI	2	PA New Starts; LA; EDS
PATANASE	3	
PERFOROMIST	3	ST; EDS
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
PROMETHAZINE HCL ORAL SYRUP	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL ORAL TABLET	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
<i>pulmicort flexhaler</i>	1	EDS
PULMOZYME	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
<i>qvar redihaler inhalation aerosol breath activated 40 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>qvar redihaler inhalation aerosol breath activated 80 mcg/act</i>	1	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 INHALATION CAPSULE 18 MCG	2	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	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
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	
<i>tadalafil (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	2	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	2	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
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	3	EDS
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
VISTARIL	3	PA; PA does not apply to age less than 65.
<i>wixela inhub</i>	1	EDS
XOLAIR	3	PA
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	\$0; EDS
ZEMAIRA	3	PA New Starts; LA
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	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
Skeletal Muscle Relaxants		
CARISOPRODOL ORAL	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.
<i>orphenadrine citrate er</i>	1	PA; PA does not apply to age less than 65.
SOMA	3	PA; PA does not apply to age less than 65.
<i>tizanidine hcl oral</i>	1	EDS
Sleep Disorder Agents		
AMBIEN	3	PA New Starts; PA does NOT apply to age less than 65
AMBIEN CR	3	PA New Starts; PA does not apply to age less than 65.
<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	
<i>eszopiclone</i>	1	
<i>flurazepam hcl</i>	1	
HETLIOZ	3	PA; LA; EDS
LUNESTA	3	
<i>modafinil</i>	1	PA; EDS
NUVIGIL	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
PROVIGIL	3	PA; EDS
<i>ramelteon</i>	1	
RESTORIL	3	QL (7 EA per 30 days)
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	2	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	1	PA New Starts; PA does not apply to age less than 65.
<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.

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

Index

<i>abacavir sulfate</i>	37	AFINITOR DISPERZ.....	79	<i>amiloride hcl</i>	47
<i>abacavir sulfate-lamivudine</i>	37	AIMOVIG.....	25	<i>amiloride-hydrochlorothiazide</i> ...	47
<i>abacavir-lamivudine-zidovudine</i>	37	AIMOVIG (140 MG DOSE).....	85	AMINOSYN.....	85
ABELCET.....	21	AJOVY.....	25	AMINOSYN II.....	60, 85
ABILIFY.....	18, 35	AKYNZEO.....	85	AMINOSYN M.....	85
ABILIFY MAINTENA.....	18, 34	ALA SCALP.....	67	AMINOSYN-HBC.....	85
ABILIFY MYCITE.....	18, 34, 85	<i>ala-cort</i>	67, 85	AMINOSYN-PF.....	60, 85
<i>abiraterone acetate</i>	27	<i>albendazole</i>	32	<i>amiodarone hcl</i>	47
ABSORICA.....	57	<i>albuterol sulfate</i>	85, 105	AMITIZA.....	62
ABSTRAL.....	85	<i>albuterol sulfate er</i>	105	<i>amitriptyline hcl</i>	18
<i>acamprosate calcium</i>	7	ALCAINE.....	85	<i>amlodipine besy-benazepril hcl</i> ..	47
<i>acarbose</i>	43	<i>alclometasone dipropionate</i>	67	<i>amlodipine besylate</i>	47
ACCOLATE.....	105	ALDACTAZIDE.....	47	<i>amlodipine besylate-valsartan</i> ...	47
<i>acebutolol hcl</i>	47	ALECENSA.....	27	<i>amlodipine-atorvastatin</i>	47
<i>acetaminophen-codeine</i>	3	<i>alendronate sodium</i>	84, 85	<i>amlodipine-olmesartan</i>	47
<i>acetaminophen-codeine #2</i>	85	<i>alfuzosin hcl er</i>	66	<i>amlodipine-valsartan-hctz</i>	48
<i>acetaminophen-codeine #3</i>	3	ALINIA.....	32	<i>ammonium lactate</i>	58
<i>acetaminophen-codeine #4</i>	85	<i>aliskiren fumarate</i>	47	<i>amnesteem</i>	58
<i>acetazolamide</i>	47, 102	<i>allopurinol</i>	23	AMOXAPINE.....	18
<i>acetazolamide er</i>	47	<i>almotriptan malate</i>	25	<i>amoxicill-clarithro-lansopraz</i>	62
<i>acetic acid</i>	8	ALOCRIL.....	102	<i>amoxicillin</i>	8
<i>acetylcysteine</i>	105	ALOMIDE.....	102	<i>amoxicillin-pot clavulanate</i>	8
ACIPHEX.....	62	ALORA.....	70	<i>amoxicillin-pot clavulanate er</i>	8
ACIPHEX SPRINKLE.....	85	<i>alosetron hcl</i>	62	<i>amphetamine-dextroamphet er</i>	54
<i>acitretin</i>	57	ALPHAGAN P.....	102	<i>amphetamine-</i>	
ACTEMRA.....	79	<i>alprazolam</i>	40	<i>dextroamphetamine</i>	54
ACTEMRA ACTPEN.....	79	<i>alprazolam er</i>	40	AMPHOTERICIN B.....	21
ACTHAR.....	67	<i>alprazolam intensol</i>	40	<i>ampicillin</i>	8, 85
<i>acthib</i>	79	<i>alprazolam xr</i>	85	<i>ampicillin sodium</i>	8, 9
ACTIGALL.....	62	ALREX.....	102	<i>ampicillin-sulbactam sodium</i> ..	9, 85
ACTIMMUNE.....	79	ALTABAX.....	57	ANADROL-50.....	71
ACTONEL.....	84, 85	<i>altavera</i>	71	<i>anagrelide hcl</i>	46
ACTOPLUS MET.....	43	ALTOPREV.....	47	<i>anastrozole</i>	27
ACTOS.....	43	ALUNBRIG.....	27	ANDRODERM.....	71
<i>acyclovir</i>	37	<i>alyacen 1/35</i>	71	ANDROGEL.....	71
<i>acyclovir sodium</i>	37	<i>alyq</i>	105	ANGELIQ.....	71
<i>adacel</i>	79	<i>amabelz</i>	71	ANNOVERA.....	71
<i>adapalene</i>	57	<i>amantadine hcl</i>	33, 37	ANORO ELLIPTA.....	105
<i>adapalene-benzoyl peroxide</i>	57	AMBIEN.....	110	ANTABUSE.....	8
ADDERALL.....	54, 85	AMBIEN CR.....	110	<i>anucort-hc</i>	85
ADDERALL XR.....	54	AMBISOME.....	21	<i>anusol-hc</i>	86
<i>adefovir dipivoxil</i>	37	<i>ambrisentan</i>	105	ANZEMET.....	86
ADEMPAS.....	105	AMERGE.....	25	APLENZIN.....	18
ADIPEX-P.....	85	<i>amethia</i>	71	APOKYN.....	33
ADVAIR HFA.....	105	<i>amethia lo</i>	71	<i>apraclonidine hcl</i>	102
<i>afeditab cr</i>	85	AMETHYST.....	85	<i>aprepitant</i>	20
AFINITOR.....	27	<i>amikacin sulfate</i>	8	<i>apri</i>	71

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

APRISO.....	83	AUSTEDO.....	54	<i>benzonatate</i>	86
APTIOM.....	14	AVANDIA.....	43	<i>benztropine mesylate</i>	33
APTIVUS.....	37	AVC VAGINAL.....	86	BEPREVE.....	102
ARALAST NP.....	86, 105	AVELOX.....	86	BERINERT.....	79
<i>aranelle</i>	71	<i>aviane</i>	71	BESIVANCE.....	9
ARANESP (ALBUMIN FREE).....	46	<i>avita</i>	27, 58	<i>betamethasone dipropionate</i>	23, 58, 67
ARAVA.....	79	AVODART.....	66	<i>betamethasone dipropionate</i> <i>aug</i>	23, 67
ARCALYST.....	79	AVONEX PEN.....	54	<i>betamethasone valerate</i>	23, 67
ARCAPTA NEOHALER.....	105	AVONEX PREFILLED.....	54	BETAPACE AF.....	48
ARICEPT.....	17	AYVAKIT.....	27	<i>betaxolol hcl</i>	48, 102
ARIKAYCE.....	9	AZACTAM.....	9	<i>bethanechol chloride</i>	66
ARIMIDEX.....	27	AZASAN.....	79	BETHKIS.....	9
<i>aripiprazole</i>	18, 35	AZASITE.....	9	BETIMOL.....	102, 103
ARISTADA.....	35	<i>azathioprine</i>	79	BETOPTIC-S.....	103
ARISTADA INITIO.....	35	<i>azelaic acid</i>	58	BEVYXXA.....	86
<i>armodafinil</i>	110	<i>azelastine hcl</i>	102, 106	<i>bexarotene</i>	27
ARMOUR THYROID.....	86	<i>azelastine-fluticasone</i>	106	<i>bexsero</i>	79
<i>arnuity ellipta</i>	106	AZELEX.....	58	<i>bicalutamide</i>	27
AROMASIN.....	27	<i>azithromycin</i>	9	BICILLIN C-R.....	9
ASACOL HD.....	83	AZOPT.....	102	BICILLIN C-R 900/300.....	9
ASCOMP-CODEINE.....	3	<i>aztreonam</i>	9	BICILLIN L-A.....	9
<i>ashlyna</i>	71	AZULFIDINE EN-TABS.....	83	BIDIL.....	48
<i>asmanex (120 metered doses)</i> ..	106	<i>azurette</i>	86	BIKTARVY.....	37
<i>asmanex (14 metered doses)</i>	86	<i>bacitracin</i>	9	<i>bimatoprost</i>	103
<i>asmanex (30 metered doses)</i>	106	<i>bacitracin-polymyxin b</i>	102	BINOSTO.....	84
<i>asmanex (60 metered doses)</i>	106	<i>bacitra-neomycin-polymyxin-hc</i>	102	<i>bisoprolol fumarate</i>	48
<i>asmanex (7 metered doses)</i>	86	<i>baclofen</i>	37	<i>bisoprolol-hydrochlorothiazide</i> ...	48
<i>asmanex hfa</i>	106	BACTROBAN.....	86	BIVIGAM.....	79
ASMANEX HFA.....	106	BAFIERTAM.....	54	BLEPH-10.....	9
<i>aspirin-dipyridamole er</i>	46	BALCOLTRA.....	27	BLEPHAMIDE.....	23, 103
<i>assure id insulin safety syr</i>	43	<i>balsalazide disodium</i>	83	BLEPHAMIDE S.O.P.....	23, 103
ASTAGRAF XL.....	79	<i>balziva</i>	71	<i>blisovi 24 fe</i>	71
ASTEPRO.....	86	BANZEL.....	14	<i>blisovi fe 1.5/30</i>	71
<i>atazanavir sulfate</i>	37	<i>baqsimi one pack</i>	86	<i>blisovi fe 1/20</i>	86
ATELVIA.....	84	<i>baqsimi two pack</i>	43	BONIVA.....	84
<i>atenolol</i>	48	BARACLUDE.....	37	<i>boostrix</i>	79, 86
<i>atenolol-chlorthalidone</i>	48	BCG VACCINE.....	79	<i>bosentan</i>	106
<i>atomoxetine hcl</i>	54	<i>bekyree</i>	86	BOSULIF.....	27
<i>atorvastatin calcium</i>	48	BELBUCA.....	3, 8	BRAFTOVI.....	27, 86
<i>atovaquone</i>	32	<i>belladonna-opium</i>	86	BREO ELLIPTA.....	106
<i>atovaquone-proguanil hcl</i>	32	BELSOMRA.....	110	BREZTRI AEROSPHERE.....	86
ATRIPLA.....	37	<i>benazepril hcl</i>	48	<i>briellyn</i>	71
<i>atropine sulfate</i>	102	<i>benazepril-hydrochlorothiazide</i> ..	48	BRILINTA.....	46
ATROVENT HFA.....	106	BENZACLIN WITH PUMP.....	58	<i>brimonidine tartrate</i>	103
AUBAGIO.....	54	BENZNIDAZOLE.....	32	BRINTELLIX.....	86
<i>aubra</i>	71			BRIVIACT.....	14
AUGMENTIN.....	86				
AURYXIA.....	66				

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

<i>bromfenac sodium (once-daily)</i>	103	<i>captopril</i>	48	CELONTIN	14
<i>bromocriptine mesylate</i>	33, 78	<i>captopril-hydrochlorothiazide</i>	48	CENTANY	87
BROMSITE	103	CARAC	58	<i>cephalexin</i>	10
BROVANA	106	CARAFATE	63	CERDELGA	65
BRUKINSA	28	CARBAGLU	60	CEREBYX	87
BRYHALI	58	<i>carbamazepine</i>	14, 42	CESAMET	87
<i>budesonide</i>	63, 71, 83, 106	<i>carbamazepine er</i>	14, 41, 42	<i>cevimeline hcl</i>	57
<i>budesonide er</i>	63, 71, 83	<i>carbidopa</i>	33	CHANTIX	8
<i>bumetanide</i>	48	<i>carbidopa-levodopa</i>	33	CHANTIX CONTINUING MONTH	
BUPAP	3	<i>carbidopa-levodopa er</i>	33	PAK	8
<i>buprenorphine</i>	3, 8	<i>carbidopa-levodopa-</i>		CHANTIX STARTING MONTH	
<i>buprenorphine hcl</i>	3, 8	<i>entacapone</i>	33	PAK	8
<i>buprenorphine hcl-naloxone hcl</i>	8	<i>carbinoxamine maleate</i>	106	CHEMET	60
<i>bupropion hcl</i>	18	CARDIZEM CD	48	CHENODAL	63
<i>bupropion hcl er (smoking det)</i>	8	CARDIZEM LA	48	<i>chlordiazepoxide hcl</i>	40
<i>bupropion hcl er (sr)</i>	18	CARIMUNE NF	86	<i>chlordiazepoxide-amitriptyline</i>	18
<i>bupropion hcl er (xl)</i>	18	CARISOPRODOL	110	<i>chlordiazepoxide-clidinium</i>	87
<i>buspirone hcl</i>	40	CARNITOR	60, 86	<i>chlorhexidine gluconate</i>	57
BUTALBITAL-ACETAMINOPHEN	3	<i>carteolol hcl</i>	103	<i>chloroquine phosphate</i>	32
BUTALBITAL-APAP-CAFF-COD	3	<i>cartia xt</i>	48	<i>chlorothiazide</i>	87
BUTALBITAL-APAP-CAFFEINE	3	<i>carvedilol</i>	48	<i>chlorpromazine hcl</i>	20, 35
BUTALBITAL-ASA-CAFF-		<i>carvedilol phosphate er</i>	48	CHLORPROMAZINE HCL	87
CODEINE	3	CASODEX	28	<i>chlorpropamide</i>	87
<i>butalbital-aspirin-caffeine</i>	3	<i>caspofungin acetate</i>	21	<i>chlorthalidone</i>	48
BUTISOL SODIUM	86	CAYSTON	9, 106	<i>chlorzoxazone</i>	110
<i>butorphanol tartrate</i>	3	<i>caziant</i>	71	CHOLBAM	63
BYSTOLIC	48	<i>cefaclor</i>	9	<i>cholestyramine</i>	48, 87
BYVALSON	86	<i>cefaclor er</i>	9	<i>cholestyramine light</i>	48, 87
<i>cabergoline</i>	78	<i>cefadroxil</i>	9	CIALIS	66, 87
CABLIVI	46	<i>cefazolin sodium</i>	9	<i>ciclodan</i>	87
CABOMETYX	28	<i>cefdinir</i>	9	<i>ciclopirox</i>	21
CAFERGOT	25	<i>cefditoren pivoxil</i>	86	<i>ciclopirox olamine</i>	22
<i>calcipotriene</i>	58	<i>cefepime hcl</i>	9	<i>cilostazol</i>	46
<i>calcipotriene-betameth diprop</i>	58	<i>cefepime-dextrose</i>	86	CILOXAN	10
<i>calcitonin (salmon)</i>	84	<i>cefixime</i>	9	CIMDUO	37
<i>calcitriol</i>	58, 84	<i>cefotaxime sodium</i>	86	<i>cimetidine</i>	63
<i>calcium acetate (phos binder)</i>	66	CEFOTETAN DISODIUM	9, 87	<i>cimetidine hcl</i>	63
CALQUENCE	28	<i>cefoxitin sodium</i>	9	CIMZIA	79
CAMBIA	3	<i>cefpodoxime proxetil</i>	9	CIMZIA PREFILLED	79
<i>camila</i>	71	<i>cefprozil</i>	9	CIMZIA STARTER KIT	87
<i>camrese lo</i>	71	<i>ceftazidime</i>	10	<i>cinacalcet hcl</i>	84
CANCIDAS	21	<i>ceftriaxone sodium</i>	10, 87	CINRYZE	79
<i>candesartan cilexetil</i>	48	<i>ceftriaxone sodium-dextrose</i>	87	CIPRO	10
<i>candesartan cilexetil-hctz</i>	48	<i>cefuroxime axetil</i>	10	CIPRO HC	105
<i>capecitabine</i>	86	<i>cefuroxime sodium</i>	10	<i>ciprofloxacin</i>	87
CAPEX	67	CELEBREX	3, 23	<i>ciprofloxacin hcl</i>	10
CAPLYTA	35	<i>celecoxib</i>	3, 23	<i>ciprofloxacin in d5w</i>	10
CAPRELSA	28	CELLCEPT	79	<i>ciprofloxacin-ciproflox hcl er</i>	87

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

<i>ciprofloxacin-dexamethasone</i> ...105	CLOBEX..... 68	CORTEF..... 23, 68, 83
<i>ciprofloxacin-fluocinolone pf</i> 105	CLOBEX SPRAY..... 68	<i>cortisone acetate</i> 23, 68, 83
<i>citalopram hydrobromide</i>.....18	<i>clodan</i> 68	CORTISPORIN.....58
<i>claravis</i>.....58	<i>clomipramine hcl</i> 19	CORTISPORIN-TC.....88
CLARINEX..... 106	<i>clonazepam</i>.....15, 40	COSENTYX..... 88
CLARINEX-D 12 HOUR..... 106	<i>clonidine</i> 48	COSENTYX (300 MG DOSE)..... 58
<i>clarithromycin</i>.....10	<i>clonidine hcl</i> 48	COSENTYX SENSOREADY (300
<i>clarithromycin er</i>.....10	CLONIDINE HCL ER..... 54	MG).....58
<i>clemastine fumarate</i>.....106	<i>clopidogrel bisulfate</i> 46, 87	COSENTYX SENSOREADY PEN..... 88
CLENPIQ.....63	<i>clorazepate dipotassium</i> 15, 40	COTELIC.....28
CLEOCIN..... 10	<i>clotrimazole</i> 22, 87	COUMADIN..... 88
CLEOCIN PHOSPHATE..... 10	<i>clotrimazole-betamethasone</i>.....58	<i>covaryx hs</i> 88
CLEOCIN-T.....10	<i>clovique</i> 60, 66	CREON.....65
CLIMARA PRO..... 71	<i>clozapine</i> 35	CRESTOR..... 49
CLINDACIN-P..... 10	COARTEM..... 32	CRINONE..... 71
<i>clindamax</i> 87	<i>codeine sulfate</i>.....3	CRIXIVAN..... 37
<i>clindamycin hcl</i> 10	COLAZAL..... 83	<i>cromolyn sodium</i> 103, 106
<i>clindamycin palmitate hcl</i>.....10	<i>colchicine</i> 23	<i>crotan</i> 88
<i>clindamycin phos-benzoyl perox</i> .58	<i>colchicine-probenecid</i> 23	<i>cryselle-28</i>.....72
<i>clindamycin phosphate</i> 10	<i>colesevelam hcl</i> 43, 48	<i>cvs gauze sterile</i>.....43
<i>clindamycin phosphate in d5w</i> ... 10	COLESTID..... 48, 88	<i>cyanocobalamin</i>.....88
CLINIMIX E/DEXTROSE	COLESTID FLAVORED..... 88	<i>cyclafem 1/35</i> 72
(2.75/10).....87	<i>colestipol hcl</i> 48, 88	<i>cyclafem 7/7/7</i>.....72
CLINIMIX E/DEXTROSE (2.75/5).. 60	<i>colistimethate sodium (cba)</i> 11	<i>cyclobenzaprine hcl</i>.....110
CLINIMIX E/DEXTROSE	<i>colocort</i> 88	<i>cyclophosphamide</i> 28
(4.25/10).....60	COMBIGAN..... 103	CYCLOSET.....43
CLINIMIX E/DEXTROSE	COMBIPATCH..... 71	<i>cyclosporine</i> 79
(4.25/25).....87	COMBIVENT RESPIMAT..... 106	<i>cyclosporine modified</i> 79
CLINIMIX E/DEXTROSE (4.25/5).. 60	COMBIVIR..... 37	CYMBALTA..... 19, 40, 54
CLINIMIX E/DEXTROSE (5/15)..... 60	COMETRIQ (100 MG DAILY	<i>cyproheptadine hcl</i> 106
CLINIMIX E/DEXTROSE (5/20)..... 60	DOSE)..... 28, 88	<i>cyred</i> 72
CLINIMIX E/DEXTROSE (8/10)..... 87	COMETRIQ (140 MG DAILY	CYSTADANE.....65
CLINIMIX E/DEXTROSE (8/14)..... 87	DOSE)..... 28, 88	CYSTAGON..... 65
CLINIMIX/DEXTROSE (2.75/5).....87	COMETRIQ (60 MG DAILY	CYSTARAN.....103
CLINIMIX/DEXTROSE (4.25/10)..60	DOSE)..... 28	CYTOMEL..... 78
CLINIMIX/DEXTROSE (4.25/25)...87	<i>comfort assist insulin syringe</i>.....43	CYTOTEC..... 63, 70
CLINIMIX/DEXTROSE (4.25/5)..... 60	COMPLERA.....37	<i>dalfampridine er</i> 54
CLINIMIX/DEXTROSE (5/15)..... 60	<i>compro</i>.....20	DALIRESP.....106
CLINIMIX/DEXTROSE (5/20)..... 60	COMTAN..... 33	<i>danazol</i> 72
CLINIMIX/DEXTROSE (5/25)..... 87	CONCERTA..... 54	<i>dantrolene sodium</i>.....37
CLINIMIX/DEXTROSE (6/5)..... 87	CONDYLOX..... 58	<i>dapsone</i> 27, 58
CLINIMIX/DEXTROSE (8/10)..... 87	<i>constulose</i> 63	<i>daptacel</i>.....79
CLINIMIX/DEXTROSE (8/14)..... 87	CONTRAVE..... 88	<i>daptomycin</i> 11
<i>clinisol sf</i> 60	CONZIP.....3	<i>darifenacin hydrobromide er</i> 66
<i>clinpro 5000</i> 87	COPAXONE..... 54	DAURISMO.....28
<i>clobazam</i> 15	COPIKTRA.....28	DAYTRANA..... 54
<i>clobetasol propionate</i> 58, 67	CORDRAN.....58, 68	DAYVIGO..... 110
<i>clobetasol propionate e</i> 67	CORLANOR.....48	DDAVP..... 69

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

DDAVP RHINAL TUBE.....	69	<i>diclofenac epolamine</i>	3, 23	<i>dorzolamide hcl-timolol mal</i>	103
<i>deblitane</i>	72	<i>diclofenac potassium</i>	3, 23	<i>dorzolamide hcl-timolol mal pf</i>	
<i>deferasirox</i>	60	<i>diclofenac sodium</i>	4, 23, 58, 103	.....	89, 103
<i>deferasirox granules</i>	60	<i>diclofenac sodium er</i>	3, 23	<i>dotti</i>	72
<i>deferiprone</i>	60	<i>diclofenac-misoprostol</i>	4	DOVATO.....	37
<i>delestrogen</i>	72	<i>dicloxacillin sodium</i>	11	<i>doxazosin mesylate</i>	49, 66
DELSTRIGO.....	37	<i>dicyclomine hcl</i>	63	<i>doxepin hcl</i>	19, 40, 110
<i>delyla</i>	88	<i>didanosine</i>	37, 88	<i>doxercalciferol</i>	61, 84
<i>demeclocycline hcl</i>	11	DIFICID.....	11	DOXY 100.....	11
DEMSER.....	49	DIFLORASONE DIACETATE.....	68	<i>doxycycline hyclate</i> ..	11, 57, 58, 89
<i>denta 5000 plus</i>	88	<i>diflunisal</i>	4, 24	<i>doxycycline monohydrate</i>	
DEPO-ESTRADIOL.....	72	<i>digitek</i>	49	.....	11, 57, 58
DEPO-PROVERA.....	72, 88	<i>digox</i>	49	D-PENAMINE.....	89
DEPO-SUBQ PROVERA 104.....	72	<i>digoxin</i>	49	DRIZALMA SPRINKLE.....	19, 40, 41
DEPO-TESTOSTERONE.....	72	<i>dihydroergotamine mesylate</i>	25	<i>dronabinol</i>	20
DESCOVY.....	37	DILANTIN.....	15	<i>drosipren-eth estrad-levomefol</i>	
<i>desipramine hcl</i>	19	DILANTIN INFATABS.....	15	.....	72, 89
<i>desloratadine</i>	106, 107	DILAUDID.....	4, 88	<i>drosiprenone-ethinyl estradiol</i>	72
<i>desmopressin ace spray refrig</i>	69	DILAUDID-HP.....	88	DROXIA.....	28
<i>desmopressin acetate</i>	69	<i>diltiazem hcl</i>	49, 89	DUAVEE.....	72
<i>desmopressin acetate spray</i>	88	<i>diltiazem hcl er</i>	49, 89	<i>duloxetine hcl</i>	19, 41, 55
<i>desogestrel-ethinyl estradiol</i> 72, 88		<i>diltiazem hcl er beads</i>	49, 88	DUOBRII.....	58
DESONIDE.....	68	<i>diltiazem hcl er coated beads</i> 49, 89		DUOPA.....	33
DESOXIMETASONE.....	68	<i>dilt-xr</i>	49	DUPIXENT.....	58, 79, 107
DESOXYN.....	54	<i>dimethyl fumarate</i>	55	DURAGESIC-100.....	4
<i>desvenlafaxine er</i>	19	<i>dimethyl fumarate starter pack</i> ..	89	DURAGESIC-12.....	4
<i>desvenlafaxine succinate er</i>	19	DIPENTUM.....	83	DURAGESIC-25.....	4
<i>dexamethasone</i>	23, 68, 83, 88	<i>diphenhydramine hcl</i>	89	DURAGESIC-50.....	4
<i>dexamethasone intensol</i>	88	<i>diphenoxylate-atropine</i>	63	DURAGESIC-75.....	4
<i>dexamethasone sodium</i>		<i>diphtheria-tetanus toxoids dt</i>	79	<i>duramorph</i>	89
<i>phosphate</i>	103	DIPROLENE.....	24, 68	DUREZOL.....	103
DEXEDRINE.....	55	DIPROLENE AF.....	89	<i>dutasteride</i>	66
DEXILANT.....	63	<i>dipyridamole</i>	46	<i>dutasteride-tamsulosin hcl</i>	66
<i>dexmethylphenidate hcl</i>	55	<i>disopyramide phosphate</i>	49	DUTOPROL.....	49
<i>dexmethylphenidate hcl er</i>	55	<i>disulfiram</i>	8	E.E.S. 400.....	89
<i>dextroamphetamine sulfate</i>	55	DITROPAN XL.....	66, 89	EC-NAPROSYN.....	89
<i>dextroamphetamine sulfate er</i> ...55		DIURIL.....	49	<i>econazole nitrate</i>	22
<i>dextrose</i>	60	<i>divalproex sodium</i>	15, 25, 42	EDARBI.....	49
<i>dextrose in lactated ringers</i>	88	<i>divalproex sodium er</i>	15, 25, 42	EDARBYCLOR.....	49
<i>dextrose-nacl</i>	60, 88	DIVIGEL.....	72, 89	EDURANT.....	37
DIACOMIT.....	88	<i>dofetilide</i>	49	<i>eemt hs</i>	89
<i>dialyvite</i>	88	DOLOPHINE.....	4	<i>efavirenz</i>	38
DIASTAT ACUDIAL.....	15, 40	<i>donepezil hcl</i>	17	<i>efavirenz-emtricitab-tenofovir</i>	89
DIASTAT PEDIATRIC.....	15, 40	DONNATAL.....	89	<i>efavirenz-lamivudine-tenofovir</i> ..	89
<i>diazepam</i>	15, 40, 88	DOPTELET.....	46	EFUDEX.....	58
DIAZEPAM.....	15, 40	DORIBAX.....	89	EGRIFTA.....	89
<i>diazepam intensol</i>	88	DORIPENEM.....	89	EGRIFTA SV.....	69
<i>diazoxide</i>	43	<i>dorzolamide hcl</i>	103	ELESTRIN.....	72

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

<i>eletriptan hydrobromide</i>	25	<i>ergoloid mesylates</i>	17	<i>exemestane</i>	28
ELIGARD	78	<i>ergotamine-caffeine</i>	25	EXTINA	22
ELIMITE	58	ERIVEDGE	28	<i>ezetimibe</i>	49
ELIQUIS	46	ERLEADA	28	<i>ezetimibe-simvastatin</i>	49
ELIQUIS DVT/PE STARTER PACK	46, 89	<i>erlotinib hcl</i>	28	FABIOR	59
ELMIRON	66	<i>errin</i>	72	<i>falmina</i>	73
<i>eluryng</i>	72	ERTACZO	22	<i>famciclovir</i>	38
EMBEDA	89	<i>ertapenem sodium</i>	11	<i>famotidine</i>	63
EMCYT	28	<i>ery</i>	11	FANAPT	35
EMEND	20	<i>erygel</i>	59	FANAPT TITRATION PACK	35
EMFLAZA	24, 68	ERYTHROCIN LACTOBIONATE	11	FARXIGA	43
EMGALITY	25	ERYTHROCIN STEARATE	11	FARYDAK	28, 90
EMGALITY (300 MG DOSE)	25	<i>erythromycin</i>	11, 90	FASENRA	107
<i>emoquette</i>	72	<i>erythromycin base</i>	11	FASENRA PEN	107
EMSAM	19	<i>erythromycin ethylsuccinate</i>	11	<i>fayosim</i>	73
<i>emtricitabine</i>	38	ESBRIET	107	<i>febuxostat</i>	23
<i>emtricitabine-tenofovir df</i>	89	<i>escitalopram oxalate</i>	19, 41	<i>felbamate</i>	15
EMTRIVA	38	ESGIC	4	FELDENE	4, 24
EMVERM	32	<i>esomeprazole magnesium</i>	63	<i>felodipine er</i>	50
<i>enalapril maleate</i>	49	<i>est estrogens-methyltest hs</i>	90	FEMRING	73
<i>enalapril-hydrochlorothiazide</i>	49	<i>estarylla</i>	72	<i>femynor</i>	73
ENBREL	80	<i>estazolam</i>	55	<i>fenofibrate</i>	50
ENBREL MINI	80	ESTRACE	72	<i>fenofibric acid</i>	50, 90
ENBREL SURECLICK	80	<i>estradiol</i>	73	<i>fenopropfen calcium</i>	4, 24
<i>endocet</i>	4	<i>estradiol valerate</i>	73	<i>fentanyl</i>	4
<i>engerix-b</i>	80	<i>estradiol-norethindrone acet</i>	73	<i>fentanyl citrate</i>	4
<i>enoxaparin sodium</i>	46, 89	ESTRING	73	FERREX 150 FORTE PLUS	90
<i>enpresse-28</i>	72	<i>estropipate</i>	90	FERRIPROX	61
<i>enskyce</i>	72	<i>eszopiclone</i>	110	FETZIMA	19
ENSPRYNG	80	<i>ethacrynic acid</i>	49	FETZIMA TITRATION	19
<i>entacapone</i>	33	<i>ethambutol hcl</i>	27	FINACEA	59
<i>entecavir</i>	38	<i>ethosuximide</i>	15	<i>finasteride</i>	66
ENTRESTO	49	<i>ethynodiol diac-eth estradiol</i>	73	FINTEPLA	15
<i>enulose</i>	63	<i>etidronate disodium</i>	90	FIORICET	4
ENVARUSUS XR	80	<i>etodolac</i>	4, 24	FIORICET/CODEINE	4
EPCLUSA	38, 89	<i>etonogestrel-ethinyl estradiol</i>	73	FIORINAL	4
EPIDIOLEX	15	EUCRISA	59	FIORINAL/CODEINE #3	5
<i>epinastine hcl</i>	103	EUFLEXXA	90	FIRDAPSE	55, 65
<i>epinephrine</i>	107	EURAX	90	FIRMAGON	78, 90
<i>epitol</i>	15, 42	<i>euthyrox</i>	78	FIRMAGON (240 MG DOSE)	78
EPIVIR	38	EVAMIST	73	FIRVANQ	11
EPIVIR HBV	38	<i>everolimus</i>	28, 80	<i>flac</i>	105
<i>eplerenone</i>	49	EVISTA	73	FLAREX	103
<i>eprosartan mesylate</i>	90	EVOTAZ	38	<i>flavoxate hcl</i>	66
EQUETRO	15, 42	EVOXAC	57	FLEBOGAMMA DIF	80, 90
ERAXIS	22	EVRYSDI	55	<i>flecainide acetate</i>	50
<i>ergocalciferol</i>	90	<i>exel comfort point pen needle</i>	43	FLOMAX	66
		EXELDERM	90	<i>flovent diskus</i>	107

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

<i>flovent hfa</i>	107	FOSRENOL.....	66	<i>glatiramer acetate</i>	55
<i>fluconazole</i>	22	FRAGMIN.....	46	<i>glatopa</i>	55
<i>fluconazole in sodium chloride</i> ...	22	FREAMINE HBC.....	61	GLEEVEC.....	28
<i>flucytosine</i>	22	FROVA.....	25	GLEOSTINE.....	28
<i>fludrocortisone acetate</i>	68	<i>frovatriptan succinate</i>	25	<i>glimepiride</i>	43
FLUMADINE.....	90	<i>furosemide</i>	50	<i>glipizide</i>	43
<i>flunisolide</i>	107	FUZEON.....	38	<i>glipizide er</i>	43
<i>fluocinolone acetonide</i>	68	<i>fyavolv</i>	73	<i>glipizide xl</i>	91
<i>fluocinolone acetonide body</i>	90	FYCOMPA.....	15	<i>glipizide-metformin hcl</i>	43
<i>fluocinolone acetonide scalp</i>	68	<i>gabapentin</i>	15	<i>global alcohol prep ease</i>	11
<i>fluocinonide</i>	68, 90	GALAFOLD.....	65	<i>glucagen hypokit</i>	44
<i>fluocinonide emulsified base</i>	68	<i>galantamine hydrobromide</i>	17	<i>glucagon emergency</i>	44
<i>fluocinonide-e</i>	90	<i>galantamine hydrobromide er</i>	17	GLUMETZA.....	44
<i>fluoridex</i>	90	GAMASTAN S/D.....	90	<i>glyburide</i>	44
<i>fluoridex enhanced whitening</i>	90	GAMMAGARD.....	80, 91	<i>glyburide-metformin</i>	44
<i>fluoridex sensitivity relief</i>	90	GAMMAGARD S/D LESS IGA.....	80	<i>glycopyrrolate</i>	63
<i>fluorometholone</i>	103	GAMMAKED.....	80, 91	GLYSET.....	44
<i>fluorouracil</i>	59	GAMMAPLEX.....	80, 91	GLYXAMBI.....	44
<i>fluoxetine hcl</i>	19	GAMUNEX-C.....	80, 91	GOCOVRI.....	33
<i>fluphenazine decanoate</i>	35	<i>gardasil</i>	91	GOLYTELY.....	63
<i>fluphenazine hcl</i>	35	<i>gardasil 9</i>	80	GRALISE.....	15
<i>flurandrenolide</i>	68	GASTROCROM.....	107	GRALISE STARTER.....	91
<i>flurazepam hcl</i>	110	<i>gatifloxacin</i>	11	<i>granisetron hcl</i>	20
<i>flurbiprofen</i>	5, 24, 90	GATTEX.....	63	<i>griseofulvin microsize</i>	22
<i>flurbiprofen sodium</i>	103	<i>gavilyte-c</i>	63	<i>griseofulvin ultramicrosize</i>	22
<i>flutamide</i>	28	<i>gavilyte-g</i>	63	<i>guaifatussin ac</i>	91
<i>fluticasone propionate</i> ..	59, 68, 107	<i>gavilyte-h</i>	91	<i>guaifenesin ac</i>	91
<i>fluticasone-salmeterol</i>	107	<i>gavilyte-n with flavor pack</i>	63	<i>guaifenesin-codeine</i>	91
<i>fluvastatin sodium er</i>	50	GAVRETO.....	28	<i>guanfacine hcl</i>	50
<i>fluvoxamine maleate</i>	19	GELNIQUE.....	66	<i>guanfacine hcl er</i>	55
<i>fluvoxamine maleate er</i>	19	GELNIQUE PUMP.....	91	<i>guanidine hcl</i>	26
FML.....	103	GEL-ONE.....	91	<i>gvoke hypopen 2-pack</i>	44
FML FORTE.....	103	GELSYN-3.....	91	GVOKE PFS.....	44
FML LIQUIFILM.....	103	<i>gemfibrozil</i>	50	GYNAZOLE-1.....	22
FOCALIN.....	55	GENERESS FE.....	73	HAEGARDA.....	80
FOCALIN XR.....	55	<i>generlac</i>	63	<i>hailey 24 fe</i>	73
<i>folic acid</i>	90	<i>gengraf</i>	80	HALDOL DECANOATE.....	35
<i>fondaparinux sodium</i>	46	GENOTROPIN.....	69	<i>halobetasol propionate</i>	68
FORTAMET.....	43	GENOTROPIN MINIQUICK.....	69	<i>haloperidol</i>	35
FORTAZ.....	90	<i>gentak</i>	11	<i>haloperidol decanoate</i>	35
FORTEO.....	84, 90	<i>gentamicin in saline</i>	11, 91	<i>haloperidol lactate</i>	35
FORTICAL.....	90	<i>gentamicin sulfate</i>	11, 91	HARVONI.....	38, 91
FOSAMAX.....	84	GENVISC 850.....	91	<i>havrix</i>	80, 91
<i>fosamprenavir calcium</i>	38	GENVOYA.....	38	HELIDAC THERAPY.....	63
<i>fosfomycin tromethamine</i>	90	<i>gildess 1.5/30</i>	91	HEMANGEOL.....	91
<i>fosinopril sodium</i>	50	GILENYA.....	55	<i>hemmorex-hc</i>	91
<i>fosinopril sodium-hctz</i>	50	GILOTRIF.....	28	<i>hemorrhoidal-hc</i>	91
<i>fosphenytoin sodium</i>	90	GLASSIA.....	107	<i>heparin sodium (porcine)</i>	46, 91

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

<i>heparin sodium (porcine) pf</i>	91	<i>hydroxychloroquine sulfate</i>	32	INVEGA.....	35
<i>hepatamine</i>	61	<i>hydroxyurea</i>	28	INVEGA SUSTENNA.....	35
HEPSERA.....	38	<i>hydroxyzine hcl</i>	20, 41, 107	INVEGA TRINZA.....	35
HETLIOZ.....	110	<i>hydroxyzine pamoate</i>	20, 41, 107	INVELTYS.....	103
<i>hiberix</i>	80	HYMOVIS.....	92	INVIRASE.....	38
HIPREX.....	11	<i>hyperrab</i>	92	INVOKAMET.....	44
HORIZANT.....	15, 55	<i>hyperrab s/d</i>	92	INVOKAMET XR.....	44
HUMALOG.....	44	HYPERSAL.....	92	INVOKANA.....	44
HUMALOG JUNIOR KWIKPEN.....	44	HYSINGLA ER.....	5	IONOSOL-MB IN D5W.....	92
HUMALOG KWIKPEN.....	44	<i>ibandronate sodium</i>	84	IOPIDINE.....	103
HUMALOG MIX 50/50.....	44	IBRANCE.....	28	<i>ipol</i>	81
HUMALOG MIX 50/50 KWIKPEN.....	44	<i>ibu</i>	5, 24	<i>ipratropium bromide</i>	107
HUMALOG MIX 75/25.....	44	<i>ibuprofen</i>	5, 24	<i>ipratropium-albuterol</i>	107
HUMALOG MIX 75/25 KWIKPEN.....	44	<i>icatibant acetate</i>	80	<i>irbesartan</i>	50
HUMATROPE.....	70	ICLUSIG.....	28	<i>irbesartan-hydrochlorothiazide</i> ..	50
HUMIRA.....	80	IDHIFA.....	29	IRESSA.....	29
HUMIRA PEDIATRIC CROHNS		ILARIS.....	92	ISENTRESS.....	38
START.....	80, 92	ILEVRO.....	103	ISENTRESS HD.....	38
HUMIRA PEN.....	80	<i>imatinib mesylate</i>	29	<i>isibloom</i>	73
HUMIRA PEN-CD/UC/HS		IMBRUVICA.....	29	ISOLYTE-P IN D5W.....	61
STARTER.....	80	<i>imipenem-cilastatin</i>	11	ISOLYTE-S.....	61
HUMIRA PEN-PS/UV/ADOL HS		<i>imipramine hcl</i>	19	<i>isoniazid</i>	27
START.....	80	<i>imiqumod</i>	59	ISORDIL TITRADOSE.....	50
HUMULIN 70/30.....	44	IMITREX.....	25, 26	<i>isosorbide dinitrate</i>	50
HUMULIN 70/30 KWIKPEN.....	44	IMITREX STATDOSE REFILL....	25, 92	<i>isosorbide dinitrate er</i>	92
HUMULIN N.....	44	IMITREX STATDOSE SYSTEM.....	26	<i>isosorbide mononitrate</i>	50
HUMULIN N KWIKPEN.....	44	<i>imogam rabies-ht</i>	92	<i>isosorbide mononitrate er</i>	50
HUMULIN R.....	44	<i>imovax rabies</i>	81	<i>isotretinoin</i>	59
HUMULIN R U-500		IMURAN.....	81	<i>isradipine</i>	50
(CONCENTRATED).....	44	INBRIJA.....	33	ISTURISA.....	69
HUMULIN R U-500 KWIKPEN.....	44	<i>incassia</i>	73	<i>itraconazole</i>	22
HYALGAN.....	92	INCRELEX.....	70	<i>ivermectin</i>	32, 92
HYCAMTIN.....	92	<i>indapamide</i>	50	<i>ixiaro</i>	81
<i>hydralazine hcl</i>	50, 92	INDOCIN.....	5, 24	JAKAFI.....	29
HYDREA.....	28	<i>indomethacin</i>	5, 24	JALYN.....	66
<i>hydrochlorothiazide</i>	50	<i>indomethacin er</i>	5, 24	<i>jantoven</i>	47
<i>hydrocodone-acetaminophen</i> ..	5, 92	<i>infanrix</i>	81	JARDIANCE.....	44
<i>hydrocodone-homatropine</i>	92	INGREZZA.....	55, 81	<i>jasmiel</i>	73
<i>hydrocodone-ibuprofen</i>	5	INLYTA.....	29	JENTADUETO.....	44
<i>hydrocortisone</i>	24, 68, 83	INNOPRAN XL.....	50	JENTADUETO XR.....	44
<i>hydrocortisone ace-pramoxine</i> ..	92	INQOVI.....	29	<i>jinteli</i>	74
<i>hydrocortisone acetate</i>	92	INREBIC.....	29	<i>jolivette</i>	92
<i>hydrocortisone butyrate</i>	68	INSPIRA.....	50	JUBLIA.....	22
<i>hydrocortisone valerate</i>	68	INTELENCE.....	38	<i>juleber</i>	74
<i>hydrocortisone-acetic acid</i>	105	INTRALIPID.....	61	JULUCA.....	38
<i>hydromet</i>	92	INTRON A.....	38	<i>junel 1.5/30</i>	74
<i>hydromorphone hcl</i>	5, 92	<i>introvale</i>	73	<i>junel 1/20</i>	74
<i>hydromorphone hcl pf</i>	5, 92	INTUNIV.....	55	<i>junel fe 1.5/30</i>	74

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

<i>junel fe 1/20</i>	74	KUVAN.....	65	<i>letrozole</i>	29
<i>junel fe 24</i>	74	KYNMOBI.....	33	<i>leucovorin calcium</i>	29
JUXTAPID.....	50, 92	KYNMOBI TITRATION KIT.....	93	LEUKERAN.....	29
JYNARQUE.....	66	<i>labetalol hcl</i>	50, 93	LEUKINE.....	47
<i>k 100</i>	92	LACRISERT.....	103	<i>leuprolide acetate</i>	78
<i>kaitlib fe</i>	74	<i>lactated ringers</i>	93	<i>levabuterol hcl</i>	107
KALETRA.....	38	<i>lactulose</i>	63, 93	<i>levabuterol tartrate</i>	107
KALYDECO.....	107	<i>lactulose encephalopathy</i>	93	LEVAQUIN.....	93
<i>kariva</i>	74	LAMICTAL.....	15, 42	LEVEMIR.....	45
<i>kcl in dextrose-nacl</i>	61, 92	LAMICTAL STARTER.....	15, 42	LEVEMIR FLEXTOUCH.....	45
<i>kcl-lactated ringers-d5w</i>	61	LAMICTAL XR.....	15, 42	<i>levetiracetam</i>	16
KEFLEX.....	92	<i>lamivudine</i>	38	<i>levetiracetam er</i>	16
<i>kelnor 1/35</i>	74	<i>lamivudine-zidovudine</i>	38	LEVITRA.....	93
<i>kelnor 1/50</i>	74	<i>lamotrigine</i>	16, 42	<i>levobunolol hcl</i>	103
KERYDIN.....	59	<i>lamotrigine er</i>	15, 42	<i>levocarnitine</i>	61
KESIMPTA.....	55	<i>lamotrigine starter kit-blue</i> ...16, 42		<i>levocetirizine dihydrochloride</i> ...107	
<i>ketoconazole</i>	22	<i>lamotrigine starter kit-green</i> 16, 42		<i>levofloxacin</i>	11, 12
<i>ketodan</i>	22	<i>lamotrigine starter kit-orange</i>		<i>levofloxacin in d5w</i>	11, 93
<i>ketoprofen</i>	5, 24	.....	16, 42	<i>levonest</i>	74
KETOPROFEN ER.....	5, 24	LAMPIT.....	93	<i>levonorgest-eth est & eth est</i>	74
<i>ketorolac tromethamine</i> .5, 24, 103		LANOXIN.....	50, 93	<i>levonorgest-eth estrad 91-day</i> ... 74	
KEVEYIS.....	50	<i>lansoprazole</i>	63	<i>levonorgestrel-ethinyl estrad</i>.....74	
KEVZARA.....	81	<i>lanthanum carbonate</i>	66	<i>levonorg-eth estrad triphasic</i> 74, 93	
KINERET.....	81	LANTUS.....	45	<i>levora 0.15/30 (28)</i>	74
<i>kinrix</i>	81	LANTUS SOLOSTAR.....	45	<i>levo-t</i>	78
<i>kionex</i>	61	<i>lapatinib ditosylate</i>	93	<i>levothyroxine sodium</i>	78
KISQALI (200 MG DOSE).....	29	<i>larin 1.5/30</i>	74	<i>levothyroxine-liothyronine</i>	93
KISQALI (400 MG DOSE).....	29	<i>larin 1/20</i>	74	<i>levoxyl</i>	78
KISQALI (600 MG DOSE).....	29	<i>larin 24 fe</i>	93	LEXAPRO.....	19, 41
KISQALI FEMARA (400 MG		<i>larin fe 1.5/30</i>	74	LEXIVA.....	38
DOSE).....	29	<i>larin fe 1/20</i>	74	<i>lidocaine</i>	7
KISQALI FEMARA (600 MG		<i>larissia</i>	74	<i>lidocaine hcl</i>	7, 93
DOSE).....	29	LASTACRAFT.....	103	<i>lidocaine hcl (pf)</i>	93
KISQALI FEMARA(200 MG		<i>latanoprost</i>	103	<i>lidocaine hcl urethral/mucosal</i>	7
DOSE).....	29	LATUDA.....	35	<i>lidocaine viscous hcl</i>	7
KITABIS PAK.....	92	<i>layolis fe</i>	74	<i>lidocaine-prilocaine</i>	7
KLONOPIN.....	15, 41	LAZANDA.....	93	<i>lindane</i>	32
<i>klor-con</i>	61	<i>leflunomide</i>	81	<i>linezolid</i>	12
<i>klor-con 10</i>	61	LENVIMA (10 MG DAILY DOSE)...29		LINZESS.....	63
<i>klor-con m10</i>	61	LENVIMA (12 MG DAILY DOSE)...29		<i>liothyronine sodium</i>	78
KLOR-CON M15.....	61	LENVIMA (14 MG DAILY DOSE)...29		LIPITOR.....	50
<i>klor-con m20</i>	61	LENVIMA (18 MG DAILY DOSE)...29		<i>lisinopril</i>	50
<i>klor-con sprinkle</i>	93	LENVIMA (20 MG DAILY DOSE)...29		<i>lisinopril-hydrochlorothiazide</i>	50
KORLYM.....	44	LENVIMA (24 MG DAILY DOSE)...29		<i>lithium</i>	42
KOSELUGO.....	29	LENVIMA (4 MG DAILY DOSE)....29		<i>lithium carbonate</i>	42
KRISTALOSE.....	63	LENVIMA (8 MG DAILY DOSE)....29		<i>lithium carbonate er</i>	42
K-TAB.....	61	LESCOL XL.....	50	LIVALO.....	51
<i>kurvelo</i>	74	<i>lessina</i>	74	LO LOESTRIN FE.....	74

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

LODOSYN.....	33	LYUMJEV KWIKPEN.....	45	MEPRON.....	32
LOKELMA.....	61	<i>lyza</i>	74	<i>mercaptopurine</i>	81
LOMOTIL.....	63	MACRODANTIN.....	12	<i>meropenem</i>	12
LONHALA MAGNAIR REFILL KIT 107		<i>mafenide acetate</i>	59	MERREM.....	12
LONHALA MAGNAIR STARTER		<i>magnesium sulfate</i>	61	<i>mesalamine</i>	64, 83
KIT.....	93	MALARONE.....	32	<i>mesalamine er</i>	83
LONSURF.....	29	<i>malathion</i>	32	<i>mesalamine-cleanser</i>	94
<i>loperamide hcl</i>	64	<i>maprotiline hcl</i>	19	MESNEX.....	29
LOPID.....	51	MARINOL.....	20	MESTINON.....	26
<i>lopinavir-ritonavir</i>	38	<i>marlissa</i>	74	<i>metadate er</i>	94
<i>lopreeza</i>	74, 93	MARPLAN.....	19	<i>metaproterenol sulfate</i>	94, 107
LOPRESSOR.....	93	MATULANE.....	29	<i>metaxall</i>	94
LOPROX.....	22	<i>matzim la</i>	51	<i>metaxalone</i>	110
<i>lorazepam</i>	16, 41	MAVENCLAD (10 TABS).....	55	<i>metformin hcl</i>	45
LORBRENA.....	29	MAVENCLAD (4 TABS).....	55	<i>metformin hcl er</i>	45
<i>lorcet hd</i>	93	MAVENCLAD (5 TABS).....	55	<i>metformin hcl er (mod)</i>	45
<i>lorcet plus</i>	93	MAVENCLAD (6 TABS).....	55	<i>metformin hcl er (osm)</i>	45
<i>loryna</i>	74	MAVENCLAD (7 TABS).....	55	<i>methadone hcl</i>	5
<i>losartan potassium</i>	51	MAVENCLAD (8 TABS).....	55	<i>methamphetamine hcl</i>	56
<i>losartan potassium-hctz</i>	51	MAVENCLAD (9 TABS).....	55	<i>methazolamide</i>	51, 104
LOTEMAX.....	103	MAVIK.....	93	<i>methenamine hippurate</i>	12
LOTEMAX SM.....	104	MAVYRET.....	38	<i>methimazole</i>	79
LOTENSIN.....	51	MAXALT.....	26	METHITEST.....	75
<i>loteprednol etabonate</i>	104	MAXALT-MLT.....	26, 93	<i>methocarbamol</i>	110
LOTRISONE.....	93	MAXIDEX.....	104	<i>methotrexate</i>	81
LOTRONEX.....	64	MAXIPIME.....	93	<i>methotrexate (anti-rheumatic)</i>	94
<i>lovastatin</i>	51	MAXITROL.....	104	<i>methotrexate sodium</i>	81, 94
<i>low-ogestrel</i>	74	MAYZENT.....	55, 56	<i>methotrexate sodium (pf)</i>	81, 94
<i>loxapine succinate</i>	35	<i>meclizine hcl</i>	20	<i>methoxsalen rapid</i>	59
LUCEMYRA.....	8	MEDROL.....	24, 69, 83	<i>methscopolamine bromide</i>	64
LUMIGAN.....	104	<i>medroxyprogesterone acetate</i> ...	75	<i>methylidopa</i>	51
LUNESTA.....	110	<i>mefloquine hcl</i>	32	<i>methylidopa-</i>	
LUPANETA PACK.....	78	<i>megestrol acetate</i>	75, 94	<i>hydrochlorothiazide</i>	51
LUPRON DEPOT (1-MONTH).....	78	MEKINIST.....	29	<i>methylergonovine maleate</i>	94
LUPRON DEPOT (3-MONTH).....	78	MEKTOVI.....	29	METHYLIN.....	56
LUPRON DEPOT (4-MONTH).....	78	<i>melodetta 24 fe</i>	75	<i>methylphenidate hcl</i>	56
LUPRON DEPOT (6-MONTH).....	78	<i>meloxicam</i>	5, 24	<i>methylphenidate hcl er</i>	56
LUPRON DEPOT-PED (1-		<i>melphalan</i>	94	METHYLPHENIDATE HCL ER.....	56
MONTH).....	93	<i>memantine hcl</i>	17	<i>methylphenidate hcl er (cd)</i>	56
LUPRON DEPOT-PED (3-		<i>memantine hcl er</i>	17	<i>methylphenidate hcl er (la)</i>	56
MONTH).....	93	<i>menactra</i>	81	<i>methylphenidate hcl er (xr)</i>	56
<i>lutera</i>	74	MENEST.....	75	<i>methylprednisolone</i>	24, 69, 83
LYNPARZA.....	29	MENOSTAR.....	75	<i>methyltestosterone</i>	75
LYRICA.....	16, 55	<i>menquadfi</i>	81	<i>metipranolol</i>	94
LYRICA CR.....	16, 55	MENTAX.....	22	<i>metoclopramide hcl</i>	21, 64, 94
LYSODREN.....	78	<i>menveo</i>	81	<i>metolazone</i>	51
LYSTEDA.....	47	MEPHYTON.....	94	<i>metoprolol succinate er</i>	51
LYUMJEV.....	45	<i>meprobamate</i>	41	<i>metoprolol tartrate</i>	51, 94

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

<i>metoprolol-hctz er</i>	94	<i>morphine sulfate (concentrate)</i>	NATACYN.....	22
<i>metoprolol-hydrochlorothiazide</i>	51	.....	NATAZIA.....	75
METROGEL.....	12	<i>morphine sulfate (pf)</i>	<i>nateglinide</i>	45
METROLOTION.....	12	<i>morphine sulfate er</i>	NATESTO.....	75
<i>metronidazole</i>	12	<i>morphine sulfate er beads</i>	NATPARA.....	84
<i>metronidazole in nacl</i>	12	MOVANTIK.....	NATURE-THROID.....	95
<i>metyrosine</i>	94	MOVIPREP.....	NAYZILAM.....	16, 41
<i>mexiletine hcl</i>	51	<i>moxifloxacin hcl</i>	<i>nebusal</i>	95
MIACALCIN.....	94	<i>moxifloxacin hcl in nacl</i>	NEBUSAL.....	95
<i>mibelas 24 fe</i>	75	MS CONTIN.....	<i>necon 0.5/35 (28)</i>	75
<i>micafungin sodium</i>	22	MULPLETA.....	<i>necon 1/35 (28)</i>	95
MICONAZOLE 3.....	22	MULTAQ.....	<i>nefazodone hcl</i>	19
<i>microgestin 1.5/30</i>	75	<i>mupirocin</i>	<i>neomycin sulfate</i>	12
<i>microgestin 1/20</i>	75	<i>mupirocin calcium</i>	<i>neomycin-bacitracin zn-</i>	
<i>microgestin fe 1.5/30</i>	75	MYALEPT.....	<i>polymyx</i>	104
<i>microgestin fe 1/20</i>	75	MYAMBUTOL.....	<i>neomycin-polymyxin-dexameth</i>	104
<i>midodrine hcl</i>	51	MYCAPSSA.....	<i>neomycin-polymyxin-gramicidin</i>	
<i>migergot</i>	26	MYCOBUTIN.....	.....	104
<i>miglitol</i>	45	<i>mycophenolate mofetil</i>	<i>neomycin-polymyxin-hc</i>	95, 105
<i>miglustat</i>	65	<i>mycophenolate sodium</i>	NEOMYCIN-POLYMYXIN-HC.....	104
MIGRANAL.....	26	<i>mycophenolic acid</i>	NEORAL.....	81
<i>mili</i>	75	MYFORTIC.....	NEOSPORIN.....	95
MILLIPRED.....	24, 69, 83, 94	MYLERAN.....	NEO-SYNALAR.....	59
<i>mimvey</i>	75	<i>myorisan</i>	NEPHRAMINE.....	61
<i>mimvey lo</i>	94	MYRBETRIQ.....	<i>nephronex</i>	95
<i>minitran</i>	51	MYSOLINE.....	NERLYNX.....	29
MINIVELLE.....	75	MYTESI.....	NEULASTA.....	47
<i>minocycline hcl</i>	12, 57	<i>nabumetone</i>	NEULASTA ONPRO.....	95
<i>minoxidil</i>	51	<i>nadolol</i>	NEUPRO.....	33
MIRAPEX.....	33, 94	<i>nadolol-bendroflumethiazide</i>	NEURONTIN.....	16
MIRAPEX ER.....	33	<i>nafcillin sodium</i>	NEVANAC.....	104
<i>mirtazapine</i>	19	<i>naftifine hcl</i>	<i>nevirapine</i>	38
MIRVASO.....	59	NAFTIN.....	<i>nevirapine er</i>	38
<i>misoprostol</i>	64, 70	<i>naloxone hcl</i>	NEXAVAR.....	30
<i>m-m-r ii</i>	81	<i>naltrexone hcl</i>	NEXIUM.....	64
MOBIC.....	5, 24	NAMENDA.....	NEXLETOL.....	51
<i>modafinil</i>	110	NAMENDA TITRATION PAK.....	NEXLIZET.....	51
<i>moexipril hcl</i>	51	NAMZARIC.....	<i>niacin (antihyperlipidemic)</i>	95
<i>molindone hcl</i>	35	NAPHAZOLINE HCL.....	<i>niacin er (antihyperlipidemic)</i>	51
<i>mometasone furoate</i>	69, 107	NAPRELAN.....	NIASPAN.....	51
<i>mondoxyne nl</i>	12, 57, 59	NAPROSYN.....	<i>nicardipine hcl</i>	51
<i>mononessa</i>	94	<i>naproxen</i>	NICOTROL.....	8
MONOVISC.....	94	<i>naproxen dr</i>	NICOTROL NS.....	8
<i>montelukast sodium</i>	107	<i>naproxen sodium</i>	<i>nifediac cc</i>	95
MONUROL.....	12	<i>naproxen sodium er</i>	<i>nifedical xl</i>	95
MORPHABOND ER.....	94	<i>naratriptan hcl</i>	<i>nifedipine</i>	51
<i>morphine sulfate</i>	6, 95	NARCAN.....	<i>nifedipine er</i>	51
		NASCOBAL.....	<i>nifedipine er osmotic release</i>	51

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

<i>nikki</i>	75	NUCYNTA.....	6	OPSUMIT.....	108
<i>nilutamide</i>	30	NUCYNTA ER.....	6	ORAP.....	96
<i>nimodipine</i>	51	NUDEXTA.....	56	ORAVIG.....	23
NINLARO.....	30	NULYTELY WITH FLAVOR PACKS.....	64	ORENITRAM.....	108
<i>nisoldipine er</i>	51	NUPLAZID.....	36	ORFADIN.....	65
NISOLDIPINE ER.....	51	NURTEC.....	26	ORIAHNN.....	76
<i>nitisinone</i>	65	<i>nutrilipid</i>	61	ORLISSA.....	70
NITRO-BID.....	52	NUTROPIN AQ NUSPIN 10....	70, 96	ORKAMBI.....	108
NITRO-DUR.....	52	NUTROPIN AQ NUSPIN 20....	70, 96	<i>orphenadrine citrate er</i>	110
<i>nitrofurantoin macrocrystal</i>	12	NUTROPIN AQ NUSPIN 5.....	70, 96	<i>orsythia</i>	76
<i>nitrofurantoin monohyd macro</i> ..	12	NUTROPIN AQ PEN.....	96	ORTHO TRI-CYCLEN LO.....	96
<i>nitroglycerin</i>	52	NUVESSA.....	96	ORTHOVISC.....	96
NITROLINGUAL.....	95	NUVIGIL.....	110	<i>oseltamivir phosphate</i>	38
NITROMIST.....	95	<i>nyamyc</i>	22	OSMOLEX ER.....	34
NITYR.....	65	NYMALIZE.....	52, 96	OSMOPREP.....	61
NIVESTYM.....	47	<i>nystatin</i>	23	OTEZLA.....	81
<i>nizatidine</i>	64	<i>nystatin-triamcinolone</i>	59	OTREXUP.....	81
NIZORAL.....	95	<i>nystop</i>	23	OVIDE.....	32
<i>nora-be</i>	75	OALIVA.....	64	<i>oxacillin sodium</i>	13, 96
NORCO.....	6	<i>ocella</i>	76	<i>oxandrolone</i>	76
NORDITROPIN FLEXPRO.....	70, 95	OCTAGAM.....	81, 96	<i>oxaprozin</i>	6, 25
<i>norethin ace-eth estrad-fe</i>	75, 95	<i>octreotide acetate</i>	78	<i>oxazepam</i>	41
<i>norethindrone</i>	76	OCUFLOX.....	12	OXBRYTA.....	47
<i>norethindrone acetate</i>	75	ODEFSEY.....	38	<i>oxcarbazepine</i>	16
<i>norethindrone acet-ethinyl est</i>	76, 95	ODOMZO.....	30	OXERVATE.....	104
<i>norethindrone-eth estradiol</i>	76	OFEV.....	30, 107	<i>oxiconazole nitrate</i>	59
<i>norethin-eth estradiol-fe</i>	76	<i>ofloxacin</i>	12, 105	OXISTAT.....	23
<i>norgestimate-eth estradiol</i>	76	OGESTREL.....	96	OXSORALEN ULTRA.....	59
<i>norgestim-eth estrad triphasic</i> ...	76	<i>olanzapine</i>	36, 42	OXTELLAR XR.....	16
NORITATE.....	12	<i>olanzapine-fluoxetine hcl</i>	19	<i>oxybutynin chloride</i>	66
<i>norlyroc</i>	96	<i>olmesartan medoxomil</i>	52	<i>oxybutynin chloride er</i>	66
<i>normosol-m in d5w</i>	61	<i>olmesartan medoxomil-hctz</i>	52	<i>oxycodone hcl</i>	6
NORMOSOL-R IN D5W.....	96	<i>olmesartan-amlodipine-hctz</i>	52	<i>oxycodone hcl er</i>	6
NORMOSOL-R PH 7.4.....	96	<i>olopatadine hcl</i>	104, 108	<i>oxycodone-acetaminophen</i>	6
NORPACE.....	52	OMECLAMOX-PAK.....	64	<i>oxycodone-aspirin</i>	6
NORPACE CR.....	52	OMEGAVEN.....	96	<i>oxycodone-ibuprofen</i>	96
NORTHERA.....	52	<i>omeprazole</i>	64	OXYCONTIN.....	6
<i>nortrel 0.5/35 (28)</i>	76	<i>omeprazole-sodium</i> <i>bicarbonate</i>	64	<i>oxymorphone hcl</i>	6
<i>nortrel 1/35 (21)</i>	76	OMNIPOD DASH 5 PACK PODS...	96	<i>oxymorphone hcl er</i>	6
<i>nortrel 1/35 (28)</i>	76	OMNIPRED.....	96	OZEMPIC (0.25 OR 0.5 MG/DOSE).....	45
<i>nortrel 7/7/7</i>	76	OMNITROPE.....	70, 96	OZEMPIC (1 MG/DOSE).....	45
<i>nortriptyline hcl</i>	19	<i>ondansetron</i>	21	<i>pacerone</i>	52
NORVIR.....	38	<i>ondansetron hcl</i>	21	<i>paliperidone er</i>	36
NOXAFIL.....	22	ONGENTYS.....	33	PALYNZIQ.....	65
<i>np thyroid</i>	96	ONGLYZA.....	45	PANDEL.....	69
NUBEQA.....	30	ONUREG.....	96	PANRETIN.....	30
NUCALA.....	107	OPANA.....	96	<i>pantoprazole sodium</i>	64

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

<i>paricalcitol</i>	84	<i>phentermine hcl</i>	97	PRALUENT.....	52
PARLODEL.....	34	PHENYTEK.....	16	<i>pramipexole dihydrochloride</i>	34
<i>paromomycin sulfate</i>	13	<i>phenytoin</i>	16	<i>pramipexole dihydrochloride er</i> ..	34
<i>paroxetine hcl</i>	20, 41	<i>phenytoin sodium extended</i>	16	PRAMOSONE.....	97
<i>paroxetine hcl er</i>	20, 41	PHOSLO.....	97	<i>prasugrel hcl</i>	47
<i>paroxetine mesylate</i>	20	PHOSLYRA.....	66	PRAVACHOL.....	52, 97
PASER.....	27	PHOSPHOLINE IODIDE.....	104	<i>pravastatin sodium</i>	52
PATANASE.....	108	PHRENILIN FORTE.....	97	<i>praziquantel</i>	33
PATANOL.....	96	<i>physiolyte</i>	97	<i>prazosin hcl</i>	52, 66
PAXIL.....	20, 41	<i>physiosol irrigation</i>	97	PRED FORTE.....	25, 104
PAZEO.....	104	<i>phytonadione</i>	97	PRED MILD.....	25, 104
<i>pediarix</i>	81	PICATO.....	59	PRED-G.....	104
<i>pedvax hib</i>	82	PIFELTRO.....	39	PRED-G S.O.P.....	104
<i>peg 3350/electrolytes</i>	96	<i>pilocarpine hcl</i>	57, 104	<i>prednicarbate</i>	59, 69
<i>peg 3350-kcl-na bicarb-nacl</i>	64	<i>pimecrolimus</i>	59, 82	<i>prednisolone</i>	25, 69, 84, 97
<i>peg-3350/electrolytes</i>	64	<i>pimozide</i>	36	<i>prednisolone acetate</i>	25, 83, 104
PEGANONE.....	16	<i>pimtrea</i>	76	<i>prednisolone sodium phosphate</i>	25, 69, 84, 97, 104
PEGASYS.....	39	<i>pindolol</i>	52	<i>prednisone</i>	25, 69, 84
PEGASYS PROCLICK.....	39	<i>pioglitazone hcl</i>	45	<i>prednisone intensol</i>	25, 69, 84
PEGINTRON.....	97	<i>pioglitazone hcl-metformin hcl</i> ...	45	<i>preferred plus insulin syringe</i>	45
PEG-INTRON.....	97	<i>piperacillin sod-tazobactam so</i>	13, 97	PREFEST.....	76
PEG-INTRON REDIPEN.....	96	PIQRAY (200 MG DAILY DOSE)....	30	<i>pregabalin</i>	16, 56, 97
<i>peg-kcl-nacl-nasulf-na asc-c</i>	64	PIQRAY (250 MG DAILY DOSE)....	30	PREMARIN.....	76
PEMAZYRE.....	30	PIQRAY (300 MG DAILY DOSE)....	30	PREMASOL.....	62
<i>penicillamine</i>	61, 66, 82	<i>pirmella 1/35</i>	76	PREMPHASE.....	76
<i>penicillin g potassium</i>	13, 97	<i>piroxicam</i>	6, 25	PREMPRO.....	76
PENICILLIN G PROCAINE.....	13	PLASMA-LYTE 148.....	61	<i>prenatal</i>	62
<i>penicillin v potassium</i>	13	PLASMA-LYTE A.....	61	PREPOPIK.....	97
PENLAC.....	97	PLAVIX.....	47	PRETOMANID.....	27
<i>pentamidine isethionate</i>	32, 33	PLEGRIDY.....	56	PREVACID.....	64
PENTASA.....	83	PLEGRIDY STARTER PACK.....	56	PREVACID SOLUTAB.....	64
<i>pentazocine-naloxone hcl</i>	6	PLENAMINE.....	61	<i>prevalite</i>	52, 97
<i>pentoxifylline er</i>	52	<i>podofilox</i>	59	PREVIDENT 5000 BOOSTER PLUS.....	97
PEPCID.....	64	<i>polymyxin b sulfate</i>	13	PREVIDENT 5000 ENAMEL PROTECT.....	97
PERCOCET.....	6	<i>polymyxin b-trimethoprim</i>	104	PREVIDENT 5000 PLUS.....	97
PERFOROMIST.....	108	POLYTRIM.....	104	PREVIDENT 5000 SENSITIVE.....	97
<i>perindopril erbumine</i>	52	POMALYST.....	30	<i>previfem</i>	76
<i>periogard</i>	97	<i>portia-28</i>	76	PREVYMIS.....	39
<i>permethrin</i>	33	<i>posaconazole</i>	23	PREZCOBIX.....	39
<i>perphenazine</i>	21, 36	<i>potassium chloride</i>	62	PREZISTA.....	39
<i>perphenazine-amitriptyline</i>	20	<i>potassium chloride crys er</i>	61	PRIFTIN.....	27
PERSERIS.....	36, 42	<i>potassium chloride er</i>	61	<i>primaquine phosphate</i>	33
PEXEVA.....	20, 41	<i>potassium chloride in dextrose</i>	62, 97	PRIMAXIN IV.....	13, 97
PHENADOZ.....	97	<i>potassium chloride in nacl</i>	62	<i>primidone</i>	16
<i>phenazopyridine hcl</i>	97	<i>potassium citrate er</i>	66	PRIMSOL.....	97
<i>phenelzine sulfate</i>	20	PRADAXA.....	47		
<i>phenobarbital</i>	16				
<i>phenohydro</i>	97				

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

PRIVIGEN	82, 98	<i>pyrimethamine</i>	33	<i>repaglinide-metformin hcl</i>	98
PROAIR HFA	108	QINLOCK	30	REPATHA	53
PROAIR RESPICLICK	108	QNASL	108	REPATHA PUSHTRONEX	
<i>probenecid</i>	23	QNASL CHILDRENS	108	SYSTEM	53
PROCALAMINE	62	QSYMIA	98	REPATHA SURECLICK	53
<i>prochlorperazine</i>	21	<i>quadracel</i>	82	REPREXAIN	98
<i>prochlorperazine maleate</i>	21, 36	QUALAQUIN	33	REQUIP XL	98
PROCTOFOAM HC	98	QUESTRAN	52	RESCRIPTOR	98
<i>procto-med hc</i>	84, 98	QUESTRAN LIGHT	52	RESTASIS	104
<i>procto-pak</i>	69, 98	<i>quetiapine fumarate</i>	20, 36, 42	RESTASIS MULTIDOSE	98
<i>proctosol hc</i>	84, 98	<i>quetiapine fumarate er</i> ...	20, 36, 42	RESTORIL	111
<i>proctozone-hc</i>	64, 69, 98	QUILLIVANT XR	56, 98	RETACRIT	47
PROCYSBI	65, 98	<i>quinapril hcl</i>	52	RETEVMO	30
<i>progesterone micronized</i>	76	<i>quinapril-hydrochlorothiazide</i> ...	52	RETIN-A	30, 59
PROGRAF	82	<i>quinidine gluconate er</i>	52	RETIN-A MICRO	30, 59
PROLASTIN-C	108	<i>quinidine sulfate</i>	52	RETIN-A MICRO PUMP	98
PROLENSA	104	<i>quinine sulfate</i>	33	RETROVIR	39
PROLIA	84	<i>qvar redihaler</i>	108	REVATIO	108
PROMACTA	47	<i>rabavert</i>	82	REVCOVI	98
PROMETHAZINE HCL	21, 98, 108	<i>rabeprazole sodium</i>	64, 98	REVLIMID	30
<i>promethazine vc plain</i>	98	<i>raloxifene hcl</i>	76	REXULTI	36
<i>promethazine-codeine</i>	98	<i>ramelteon</i>	111	REYATAZ	39
<i>promethazine-dm</i>	98	<i>ramipril</i>	52	RHOPRESSA	104
<i>promethazine-phenylephrine</i> ...	108	<i>ranolazine er</i>	53	RIBASPHERE	98
PROMETHEGAN	21	RAPAMUNE	82	RIBASPHERE RIBAPAK	98, 99
PROMETRIUM	76	<i>rasagiline mesylate</i>	34	<i>ribavirin</i>	39
<i>propafenone hcl</i>	52	RASUVO	82	RIDAURA	82
<i>propafenone hcl er</i>	52	RAVICTI	65	<i>rifabutin</i>	27
<i>propantheline bromide</i>	64	RAYALDEE	84	RIFADIN	99
<i>proparacaine hcl</i>	104	RAZADYNE	98	RIFAMATE	99
<i>propranolol hcl</i>	52, 98	RAZADYNE ER	18	<i>rifampin</i>	27
<i>propranolol hcl er</i>	52	REBETOL	98	RIFATER	99
<i>propranolol-hctz</i>	52	REBIF	56	RILUTEK	56
<i>propylthiouracil</i>	79	REBIF REBIDOSE	56	<i>riluzole</i>	56
<i>proquad</i>	82	REBIF REBIDOSE TITRATION		<i>rimantadine hcl</i>	39
PROSCAR	67	PACK	56	<i>ringers</i>	99
PROSOL	62	REBIF TITRATION PACK	56	<i>ringers irrigation</i>	99
PROTONIX	64	<i>reclipsen</i>	77	<i>risedronate sodium</i>	84
<i>protriptyline hcl</i>	20	<i>recombivax hb</i>	82	RISPERDAL CONSTA	36, 42
PROVIGIL	111	RECTIV	53	<i>risperidone</i>	36, 42, 43
PULMICORT	108	REGLAN	21, 64	RITALIN	56
<i>pulmicort flexhaler</i>	108	REGRANEX	59	RITALIN LA	56
<i>pulmosal</i>	98	RELENZA DISKHALER	39	<i>ritonavir</i>	39
PULMOZYME	108	<i>reli-on insulin syringe</i>	45	<i>rivastigmine</i>	18
PURIXAN	30	RELISTOR	64	<i>rivastigmine tartrate</i>	18
<i>pyrazinamide</i>	27	RENACIDIN	98	<i>rivelsa</i>	77
<i>pyridostigmine bromide</i>	26, 27	<i>rena-vite rx</i>	98	<i>rizatriptan benzoate</i>	26
<i>pyridostigmine bromide er</i>	26	<i>repaglinide</i>	45	ROBAXIN-750	99

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

ROCALTROL.....	84	<i>shingrix</i>	82	STALEVO 125.....	34
ROCKLATAN.....	104	SIGNIFOR.....	78	STALEVO 150.....	34
<i>ropinirole hcl</i>	34	<i>sildenafil citrate</i>	99, 108	STALEVO 200.....	34
<i>ropinirole hcl er</i>	34	SILIQ.....	59	STALEVO 50.....	34
<i>rosadan</i>	99	<i>silodosin</i>	67	STALEVO 75.....	34
<i>rosuvastatin calcium</i>	53	SILVADENE.....	13	<i>stavudine</i>	39
<i>rotarix</i>	82	<i>silver sulfadiazine</i>	13	STAXYN.....	99
<i>rotateq</i>	82	SIMBRINZA.....	104	STELARA.....	59
ROWASA.....	84	SIMPONI.....	82	<i>sterile water for irrigation</i>	99
<i>roweepra</i>	16	<i>simvastatin</i>	53	STIMATE.....	70
<i>roweepra xr</i>	16	SINEMET.....	34	STIOLTO RESPIMAT.....	108
ROXICODONE.....	6	SINEMET CR.....	99	STIVARGA.....	30
ROZLYTREK.....	30	SINGULAIR.....	108	STREPTOMYCIN SULFATE.....	13
RUBRACA.....	30	<i>sirolimus</i>	82	STRIANT.....	99
RUCONEST.....	82	SIRTURO.....	13, 27	STRIBILD.....	39
RUKOBIA.....	39	SIVEXTRO.....	13	STRIVERDI RESPIMAT.....	108
RUZURGI.....	65	SKLICE.....	33	STROMECTOL.....	33
RYBELSUS.....	45	SLYND.....	77	SUBSYS.....	7, 99
RYDAPT.....	30	<i>sodium chloride</i>	62, 99	SUCRAID.....	65
RYTHMOL SR.....	53	<i>sodium fluoride</i>	62	<i>sucralfate</i>	64
SAIZEN.....	70	<i>sodium phenylbutyrate</i>	65, 67	SULAR.....	53
SAIZENPREP.....	70	<i>sodium polystyrene sulfonate</i>	62, 99	<i>sulconazole nitrate</i>	99
SALAGEN.....	57	SOLARAZE.....	99	SULFACETAMIDE SODIUM..	13, 105
SAMSCA.....	62	<i>solifenacin succinate</i>	67	<i>sulfacetamide sodium</i>	13
SANCUSO.....	21	SOLQUA.....	45	<i>sulfacetamide sodium (acne)</i>	13
SANDIMMUNE.....	82	SOLTAMOX.....	30	<i>sulfacetamide sodium-sulfur</i>	99
SANDOSTATIN.....	78	SOMA.....	110	<i>sulfacetamide-prednisolone</i>	25, 105
SANTYL.....	59	SOMATULINE DEPOT.....	79	<i>sulfadiazine</i>	13
SAPHRIS.....	36, 43	SOMAVERT.....	79	<i>sulfamethoxazole-trimethoprim</i>	13, 99
<i>sapropterin dihydrochloride</i>	99	SORIATANE.....	59, 99	SULFAMYLON.....	13
SAVELLA.....	56	<i>sorine</i>	53	<i>sulfasalazine</i>	84
SAVELLA TITRATION PACK.....	56	<i>sotalol hcl</i>	53	<i>sulindac</i>	7, 25
SAXENDA.....	99	<i>sotalol hcl (af)</i>	53	<i>sumatriptan</i>	26
<i>scopolamine</i>	21, 64	SOTYLIZE.....	53	<i>sumatriptan succinate</i>	26
SECUADO.....	36, 43	SOVALDI.....	39, 99	<i>sumatriptan succinate refill</i>	26
SEEBRI NEOHALER.....	108	SPECTRACEF.....	99	<i>sumatriptan-naproxen sodium</i> ...	26
<i>selegiline hcl</i>	34	SPIRIVA HANDIHALER.....	108	SUNOSI.....	111
<i>selenium sulfide</i>	59	SPIRIVA RESPIMAT.....	108	SUPARTZ FX.....	100
SELZENTRY.....	39	<i>spironolactone</i>	53	SUPRAX.....	13
SEREVENT DISKUS.....	108	<i>spironolactone-hctz</i>	53	SUPREP BOWEL PREP KIT.....	62
SEROSTIM.....	70	<i>sprintec 28</i>	77	SUTENT.....	30
<i>sertraline hcl</i>	20, 41	SPRITAM.....	16	<i>syeda</i>	77
<i>setlakin</i>	77	SPRYCEL.....	30	SYLATRON.....	100
<i>sevelamer carbonate</i>	67	<i>sps</i>	62	SYMBICORT.....	109
<i>sevelamer hcl</i>	67	<i>sronyx</i>	77	SYMDEKO.....	109
<i>sf 5000 plus</i>	99	<i>ssd</i>	13	SYMFI.....	39
SFROWASA.....	99	STALEVO 100.....	34	SYMFI LO.....	39
<i>sharobel</i>	77				

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

SYMJEPI.....	109	<i>telmisartan-hctz</i>	53	<i>tobramycin</i>	14
SYMLINPEN 120.....	45	<i>temazepam</i>	111	<i>tobramycin sulfate</i>	14, 100
SYMLINPEN 60.....	45	TEMIXYS.....	100	<i>tobramycin-dexamethasone</i>	105
SYMPAZAN.....	16	TEMODAR.....	100	TOBREX.....	14
SYMPROIC.....	65	TEMOVATE.....	100	TOLAK.....	60
SYMTUZA.....	39	<i>temozolomide</i>	100	<i>tolcapone</i>	34
SYNALAR.....	100	<i>temsirolimus</i>	100	TOLSURA.....	23
SYNAREL.....	79	TENCON.....	7	<i>tolterodine tartrate</i>	67
SYNDROS.....	21	<i>tenivac</i>	82	<i>tolterodine tartrate er</i>	67
SYNERCID.....	100	<i>tenofovir disoproxil fumarate</i>	39	<i>tolvaptan</i>	62, 67, 100
SYNJARDY.....	45	TERAZOL 3.....	100	<i>topiramate</i>	17, 26
SYNJARDY XR.....	46	<i>terazosin hcl</i>	53, 67	<i>topiramate er</i>	16
SYNRIBO.....	30	<i>terbinafine hcl</i>	23	<i>toremifene citrate</i>	31
SYNTHROID.....	78	<i>terbutaline sulfate</i>	109	TORISEL.....	100
SYNVISC.....	100	<i>terconazole</i>	23	<i>torse mide</i>	53
SYNVISC ONE.....	100	TERIPARATIDE (RECOMBINANT).....	85	TOUJEO MAX SOLOSTAR.....	46
TABLOID.....	30	TESTOSTERONE.....	77	TOUJEO SOLOSTAR.....	46
TABRECTA.....	30	<i>testosterone</i>	77	<i>tpn electrolytes</i>	62, 100
TACLONEX.....	59	<i>testosterone cypionate</i>	77	TRACLEER.....	109
<i>tacrolimus</i>	59, 82	<i>testosterone enanthate</i>	77	TRADJENTA.....	46
<i>tadalafil</i>	67, 100	<i>tetanus-diphtheria toxoids td</i>	100	<i>tramadol hcl</i>	7
<i>tadalafil (pah)</i>	109	<i>tetrabenazine</i>	57	<i>tramadol hcl er</i>	7, 100
TAFINLAR.....	30	<i>tetracycline hcl</i>	13	<i>tramadol hcl er (biphasic)</i>	7, 100
TAGRISSO.....	30	THALOMID.....	31	<i>tramadol-acetaminophen</i>	7
<i>takhzyro</i>	82	THEO-24.....	109	<i>trandolapril</i>	53
TALICIA.....	65	<i>theophylline</i>	109	<i>tranexamic acid</i>	47
TALTZ.....	60	<i>theophylline er</i>	100, 109	TRANSDERM-SCOP (1.5 MG).....	21, 65
TALZENNA.....	31	<i>thioridazine hcl</i>	36	<i>tranylcypromine sulfate</i>	20
<i>tamoxifen citrate</i>	31	<i>thiothixene</i>	36	TRAVASOL.....	62
<i>tamsulosin hcl</i>	67	THYROID.....	100	<i>travoprost (bak free)</i>	105
TAPAZOLE.....	79	<i>tiadylt er</i>	53	<i>trazodone hcl</i>	20
TARGRETIN.....	31	<i>tiagabine hcl</i>	16	TRECATOR.....	27
<i>tarina 24 fe</i>	77	TIAZAC.....	53	TRELEGY ELLIPTA.....	100, 109
<i>tarina fe 1/20</i>	77	TIBSOVO.....	31	TRELSTAR MIXJECT.....	79
TARKA.....	53	TIGAN.....	21	TREMFYA.....	60
TASIGNA.....	31	<i>tigecycline</i>	13	TRESIBA.....	46
<i>tavorole</i>	100	TIGLUTIK.....	57	TRESIBA FLEXTOUCH.....	46
TAVALISSE.....	47	<i>timolol maleate</i>	26, 53, 105	<i>tretinoin</i>	31, 60
<i>tazarotene</i>	60	TIMOPTIC OCUDOSE.....	105	<i>tretinoin microsphere</i>	60
TAZORAC.....	60	<i>tinidazole</i>	13	<i>tretinoin microsphere pump</i>	100
<i>taztia xt</i>	53	<i>tirosint-sol</i>	78	TREXALL.....	82
TAZVERIK.....	31	TIVICAY.....	39	TREXIMET.....	100
<i>tdvax</i>	82	TIVICAY PD.....	39	<i>triamcinolone acetanide</i>	25, 57, 60, 69, 100
TECFIDERA.....	56, 57	<i>tizanidine hcl</i>	37, 110	<i>triamterene-hctz</i>	53
TEFLARO.....	13	TOBI.....	13, 109	TRIAZOLAM.....	41
TEGSEDI.....	70	TOBI PODHALER.....	13, 109	TRICOR.....	53
TEKTURN HCT.....	53	TOBRADEX.....	14	<i>triderm</i>	69
<i>telmisartan</i>	53	TOBRADEX ST.....	105		

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

<i>trientine hcl</i>	62	UNASYN.....	14	VENCLEXTA STARTING PACK.....	31
<i>tri-estarylla</i>	77	<i>unithroid</i>	78	<i>venlafaxine hcl</i>	20, 41
<i>trifluoperazine hcl</i>	36	UPNEEQ.....	101	<i>venlafaxine hcl er</i>	20, 41
<i>trifluridine</i>	39	UPTRAVI.....	53	VENTAVIS.....	109
<i>trihexyphenidyl hcl</i>	34, 101	<i>urea</i>	101	VENTOLIN HFA.....	109
TRIJARDY XR.....	46	URECHOLINE.....	101	VERAMYST.....	101
TRIKAFTA.....	109	<i>uribel</i>	101	<i>verapamil hcl</i>	54, 101
<i>tri-legest fe</i>	77	<i>uroav-b</i>	101	<i>verapamil hcl er</i>	54
TRILIPIX.....	53	UROCIT-K 10.....	67	VERELAN.....	54
<i>tri-lo-estarylla</i>	77	UROCIT-K 15.....	67	VERELAN PM.....	54
<i>trilyte</i>	65	UROCIT-K 5.....	67	VERIPRED 20.....	101
<i>trimethobenzamide hcl</i>	21	<i>uro-mp</i>	101	VERSACLOZ.....	36
<i>trimethoprim</i>	14	UROXATRAL.....	67	VERZENIO.....	31
<i>tri-mili</i>	77	URSO 250.....	65	<i>vestura</i>	101
<i>trimipramine maleate</i>	20	URSO FORTE.....	65	V-GO 20.....	101
<i>trinessa (28)</i>	101	<i>ursodiol</i>	65	V-GO 30.....	101
TRINTELLIX.....	20	UTIBRON NEOHALER.....	109	V-GO 40.....	101
<i>tri-previfem</i>	77	VABOMERE.....	14	VIAGRA.....	101
<i>tri-sprintec</i>	77	<i>valacyclovir hcl</i>	39	VIBERZI.....	65
TRIUMEQ.....	39	VALCHLOR.....	31, 60	VIBRAMYCIN.....	14, 57
<i>trivora (28)</i>	77	VALCYTE.....	39	VICTOZA.....	46
<i>tri-vylibra</i>	77	<i>valganciclovir hcl</i>	40	VIDEX.....	101
<i>tri-vylibra lo</i>	77	VALIUM.....	17, 41	VIDEX EC.....	101
TRIZIVIR.....	39	<i>valproic acid</i>	17, 26, 43	<i>vienna</i>	77
TROKENDI XR.....	17	<i>valsartan</i>	54	<i>vigabatrin</i>	17
TROPHAMINE.....	62, 101	<i>valsartan-hydrochlorothiazide</i>	54	<i>vigadrone</i>	17
<i>tropium chloride</i>	67	VALTOCO 10 MG DOSE.....	17, 41	VIGAMOX.....	14
<i>tropium chloride er</i>	67	VALTOCO 15 MG DOSE.....	17, 41	VIIBRYD.....	20
TRULICITY.....	46	VALTOCO 20 MG DOSE.....	17, 41	VIIBRYD STARTER PACK.....	20
<i>trumenba</i>	82	VALTOCO 5 MG DOSE.....	17, 41	VIMPAT.....	17
TRUVADA.....	39	VALTRESX.....	40	VIOKACE.....	65
TUDORZA PRESSAIR.....	109	VANATOL LQ.....	7	<i>viorele</i>	101
TUKYSA.....	31	<i>vancomycin hcl</i>	14, 101	VIRACEPT.....	40
TURALIO.....	31	<i>vandazole</i>	14	VIRAMUNE XR.....	101
<i>twinrix</i>	82	<i>vaqta</i>	82	VIREAD.....	40
TYBOST.....	39	<i>varденаfil hcl</i>	101	VISTARIL.....	21, 41, 109
<i>tydemy</i>	77	<i>varivax</i>	83	<i>vitamin d (ergocalciferol)</i>	101
TYKERB.....	31	<i>varizig</i>	83	<i>vitamin k (phytonadione)</i>	101
TYLENOL WITH CODEINE #3.....	101	VARUBI.....	101	VITRAKVI.....	31
TYLENOL WITH CODEINE #4.....	101	VARUBI (180 MG DOSE).....	21	VIVITROL.....	8
TYMLOS.....	85	VASCEPA.....	54	VIZIMPRO.....	31
<i>typhim vi</i>	82	VASERETIC.....	54	<i>vol-care rx</i>	101
UBRELVY.....	26	VECAMYL.....	57	<i>voriconazole</i>	23
UCERIS.....	65	<i>velivet</i>	77	VOSEVI.....	40
UDENYCA.....	65	VELPHORO.....	62, 67	VOTRIENT.....	31
ULTRACET.....	7	VELTASSA.....	62	<i>vp-vite rx</i>	101
ULTRAM.....	7	VEMLIDY.....	40	VRAYLAR.....	36, 43
ULTRAVATE.....	69, 101	VENCLEXTA.....	31	VTOL LQ.....	7

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

VUMERITY.....	57	XYWAV.....	102	<i>zonisamide</i>	17
VUMERITY (STARTER).....	102	XYZAL.....	102	ZONTIVITY.....	47
<i>vyfemla</i>	77	<i>yf-vax</i>	83	ZORBTIVE.....	65, 70
<i>vylibra</i>	77	YUPELRI.....	109	ZORTRESS.....	83
VYNDAMAX.....	70	<i>yuvafem</i>	77	<i>zostavax</i>	102
VYNDAQEL.....	70	<i>zafirlukast</i>	109	ZOSYN.....	14, 102
VYVANSE.....	57	<i>zaleplon</i>	111	<i>zovia 1/35e (28)</i>	78
WAKIX.....	57	ZANAFLEX.....	37	ZOVIRAX.....	40, 102
<i>warfarin sodium</i>	47	<i>zarah</i>	78	ZUBSOLV.....	8, 102
WELLBUTRIN SR.....	20	ZARXIO.....	47	ZUPLENZ.....	21
WESTHROID.....	102	ZAVESCA.....	66	ZYDELIG.....	32
<i>wixela inhub</i>	109	<i>zazole</i>	102	ZYFLO.....	109
WP THYROID.....	102	ZEBUTAL.....	7	ZYKADIA.....	32, 102
<i>wymzya fe</i>	77	ZEGERID.....	65	ZYLET.....	105
XALKORI.....	31	ZEJULA.....	32	ZYLOPRIM.....	23
XARELTO.....	47	ZELAPAR.....	34	ZYPREXA.....	37, 43
XARELTO STARTER PACK.....	47	ZELBORAF.....	32	ZYPREXA RELPREVV.....	37, 43
XATMEP.....	83	ZEMAIRA.....	109	ZYTIGA.....	32
XCOPRI.....	17	<i>zenatane</i>	60	ZYVOX.....	14
XCOPRI (250 MG DAILY DOSE)....	17	ZENPEP.....	66		
XCOPRI (350 MG DAILY DOSE)....	17	ZENZEDI.....	57		
XELJANZ.....	83	ZEPOSIA.....	57		
XELJANZ XR.....	83	ZEPOSIA 7-DAY STARTER PACK...	57		
XELODA.....	102	ZEPOSIA STARTER KIT.....	57		
XERMELO.....	65	ZERBAXA.....	14		
XGEVA.....	85	ZESTRIL.....	54		
XIFAXAN.....	14, 65	ZETIA.....	54		
XIIDRA.....	105	ZETONNA.....	109		
XOFLUZA (40 MG DOSE).....	40	ZIAGEN.....	40		
XOFLUZA (80 MG DOSE).....	40	<i>zidovudine</i>	40		
XOLAIR.....	109	ZILEUTON ER.....	109		
XOSPATA.....	31	ZILRETTA.....	102		
XPOVIO (100 MG ONCE		ZIOPTAN.....	105		
WEEKLY).....	31	<i>ziprasidone hcl</i>	36, 43		
XPOVIO (40 MG ONCE WEEKLY).	32	<i>ziprasidone mesylate</i>	36, 43		
XPOVIO (40 MG TWICE		ZIPSOR.....	7		
WEEKLY).....	32	ZIRGAN.....	40		
XPOVIO (60 MG ONCE WEEKLY).	32	ZITHROMAX.....	14		
XPOVIO (60 MG TWICE		ZOCOR.....	54, 102		
WEEKLY).....	32	ZOFRAN.....	21, 102		
XPOVIO (80 MG ONCE WEEKLY).	32	ZOLINZA.....	23, 32		
XPOVIO (80 MG TWICE		<i>zolmitriptan</i>	26		
WEEKLY).....	32	ZOLOFT.....	20, 41		
XTAMPZA ER.....	7	<i>zolpidem tartrate</i>	111		
XTANDI.....	32	<i>zolpidem tartrate er</i>	111		
<i>xulane</i>	77	ZOMACTON.....	70		
XURIDEN.....	65	ZOMIG.....	26		
XYREM.....	111	ZOMIG ZMT.....	26		

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

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Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-667-5936（TTY：711）。
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-667-59362 (телетайп: 711).
French Creole	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-667-5936 (TTY: 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-667-5936 (TTY: 711) 번으로 전화해 주십시오.
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-667-5936 (TTY: 711).
Farsi	توجه: اگر به زبان نارسی گفتگو می کنید، تسهیالت زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-667-5936 (TTY: 711) تماس بگیرید.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-667-5936 (TTY: 711).
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-667-5936 (TTY: 711).
Arabic	ب. ال ام جان لك ن نوان ر ال لغوية الام ساعدة خدماتنا إن ال لغفة اذك رن نحدثك زت إذا :م لحوطة (711) وال باكم ال صم هل ف رن م) 1-800-667-5936 ب ر ان صل
French	ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-667-5936 (ATS : 711).
Portuguese	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-667-5936 (TTY: 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-667-5936 (TTY: 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-667-5936（TTY: 711）まで、お電話にてご連絡ください。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-667-5936 (TTY: 711).

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

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Discrimination is Against the Law

Pharmacy Benefit Dimensions is a subsidiary of Independent Health and complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Pharmacy Benefit Dimensions does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Pharmacy Benefit Dimensions:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Pharmacy Benefit Dimensions' Member Services Department.

If you believe that Pharmacy Benefit Dimensions has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Pharmacy Benefit Dimensions' Member Services Department, P.O. Box 1642, Buffalo, NY 14231, 1-800-667-5936, TTY users call 711, fax (716) 250-7163, PBDmedicareservicing@pbdrx.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Pharmacy Benefit Dimensions' Member Services Department is available to help you.

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

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

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

This formulary was updated on December 1, 2020. For more recent information or other questions, please contact our Medicare Member Services Department at 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