

# Pharmacy Benefit Dimensions Prescription Drug Plan PDP

## 3 Tier Formulary



2021 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00021281, Version Number 9.

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

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

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions Prescription Drug Plan PDP.

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

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

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

### **Can the Formulary (drug list) change?**

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market 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 both. 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 2021 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. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of December 1, 2020. To get updated information about the drugs covered by Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at [www.pbdrx.com/MedicareFormularies](http://www.pbdrx.com/MedicareFormularies) and in printed form.

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

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

#### **Medical Condition**

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

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. 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 LATUDA 20 MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions Prescription Drug Plan PDP requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Pharmacy Benefit Dimensions Prescription Drug Plan PDP may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Pharmacy Benefit Dimensions Prescription Drug Plan PDP will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization, quantity limit and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the

section, “How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary?” on page IV for information about how to request an exception.

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

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

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

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

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

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

### **How do I request an exception to the Pharmacy Benefit Dimensions Prescription Drug Plan PDP Formulary?**

You can ask Pharmacy Benefit Dimensions Prescription Drug Plan PDP to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

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

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 34 day emergency supply of that drug while you pursue a formulary exception.

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

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

- At a retail pharmacy a one-time 30-day transition supply (unless the prescription is written for less than 30 days) will be authorized with refills to total 30 days of medication.
- If you are a resident of a long-term care facility, a 34-day supply (unless the prescription is written for less) will be authorized with refills if needed.

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received, instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan PDP formulary, an explanation of your right

to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

### **For more information**

For more detailed information about your Pharmacy Benefit Dimensions Prescription Drug Plan PDP prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Pharmacy Benefit Dimensions Prescription Drug Plan PDP, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

The formulary that begins 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 91.

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 Pharmacy Benefit Dimensions’ Medicare Member Services Department. Our contact information appears on the front and back cover pages.

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

Drugs listed with a **“LA”** in the Requirements/Limits column may be available only at certain pharmacies. For more information please contact our Member Services Department. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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



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

## Table of Contents

Analgesics.....	3
Anesthetics.....	6
Anti-Addiction/ Substance Abuse Treatment Agents.....	6
Antibacterials.....	7
Anticonvulsants.....	11
Antidementia Agents.....	14
Antidepressants.....	14
Antiemetics.....	16
Antifungals.....	17
Antigout Agents.....	19
Antimigraine Agents.....	19
Antimyasthenic Agents.....	20
Antimycobacterials.....	20
Antineoplastics.....	21
Antiparasitics.....	26
Antiparkinson Agents.....	26
Antipsychotics.....	27
Antispasticity Agents.....	29
Antivirals.....	30
Anxiolytics.....	32
Bipolar Agents.....	33
Blood Glucose Regulators.....	35
Blood Products And Modifiers.....	37
Cardiovascular Agents.....	38
Central Nervous System Agents.....	44
Dental And Oral Agents.....	47
Dermatological Agents.....	47
Electrolytes/Minerals/Metals/Vitamins.....	50
Gastrointestinal Agents.....	53
Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment.....	55
Genitourinary Agents.....	56
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	57
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	57
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins).....	58
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	58
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	65
Hormonal Agents, Suppressant (Adrenal).....	65
Hormonal Agents, Suppressant (Pituitary).....	65
Hormonal Agents, Suppressant (Thyroid).....	66
Immunological Agents.....	66
Inflammatory Bowel Disease Agents.....	70
Metabolic Bone Disease Agents.....	71
Non-Frf.....	72
Ophthalmic Agents.....	80
Otic Agents.....	83
Respiratory Tract/ Pulmonary Agents.....	84
Skeletal Muscle Relaxants.....	88



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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium transdermal solution</i>	1	PA
<i>diflunisal oral</i>	1	EDS
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>etodolac oral</i>	1	EDS
<i>fenopropfen calcium oral capsule 400 mg</i>	1	EDS
<i>fenopropfen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	EDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	
<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
<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>lorcet hd</i>	1	
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 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
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENTAZOCINE-NALOXONE HCL	3	
<i>piroxicam oral</i>	1	EDS
<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)

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl er (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	
VANATOL LQ	3	PA; PA does not apply to age less than 65.
VTOL LQ	3	PA; PA does not apply to age less than 65.
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; PA does not apply to age less than 65.
<b>Anesthetics</b>		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	1	EDS
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</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	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>naloxone hcl injection solution prefilled syringe</i>	1	EDS
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
NICOTROL	2	
NICOTROL NS	2	
VIVITROL	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
<b>Antibacterials</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA; LA
<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, 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
<i>cefaclor</i>	1	
CEFACLOR ER	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>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir</i>	1	
<i>cefepime hcl injection</i>	1	
<i>cefixime</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium</i>	1	
<i>cefpodoxime proxetil</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
<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 VAGINAL SUPPOSITORY	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	EDS
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet 20 mg</i>	1	EDS
<i>doxycycline monohydrate oral</i>	1	
<i>ertapenem sodium</i>	1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
FIRVANQ	3	
<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	
<i>imipenem-cilastatin</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral</i>	1	
<i>meropenem</i>	1	
<i>methenamine hippurate</i>	1	EDS
<i>metronidazole 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>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl oral</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG, 75 MG	1	
MONUROL	3	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl oral</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	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<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	
SIVEXTRO	3	PA
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</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	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	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
SUPRAX ORAL TABLET CHEWABLE	2	
TEFLARO	3	
<i>tetracycline hcl oral</i>	1	
<i>tigecycline</i>	1	
<i>tinidazole oral</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
<i>trimethoprim oral</i>	1	
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	
<i>vancomycin hcl oral capsule</i>	1	
<i>vandazole</i>	1	
VIBRAMYCIN ORAL SYRUP	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZERBAXA	3	PA
ZITHROMAX ORAL PACKET	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
<b>Anticonvulsants</b>		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT ORAL	3	PA New Starts; PA Except Neurology; EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
<i>clobazam</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral solution 5 mg/5ml</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX	3	PA New Starts; LA; EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
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
GRALISE STARTER	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	QL (90 EA per 30 days); EDS
LAMICTAL XR ORAL KIT	3	
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	1	
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
NAYZILAM	3	PA New Starts

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>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
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>pregabalin oral</i>	1	EDS
<i>primidone oral</i>	1	EDS
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
SPRITAM	3	EDS
SYMPAZAN	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
<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</i>	1	LA; EDS
<i>vigadrone</i>	1	LA; 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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
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
<b>Antidementia Agents</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl er</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	1	
NAMENDA 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
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
<b>Antidepressants</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 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
ABILIFY MYCITE ORAL TABLET 30 MG	3	PA New Starts; 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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole oral tablet 10 mg, 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 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	1	QL (60 EA per 30 days); EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>desipramine hcl oral</i>	1	EDS
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	QL (90 EA per 30 days); 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 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
EMSAM	2	PA New Starts; EDS
<i>escitalopram oxalate</i>	1	EDS
FETZIMA	3	EDS
FETZIMA TITRATION	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>maprotiline hcl</i>	1	EDS
MARPLAN	2	EDS
<i>mirtazapine oral</i>	1	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
PEXEVA	3	EDS
<i>phenelzine sulfate oral</i>	1	EDS
<i>protriptyline hcl</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
<i>sertraline hcl oral</i>	1	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
TRINTELLIX	3	QL (30 EA per 30 days); EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
<b>Antiemetics</b>		
<i>aprepitant</i>	1	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>dronabinol</i>	1	PA
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl oral</i>	1	BD
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</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	
<i>prochlorperazine maleate oral</i>	1	EDS
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
PROMETHAZINE HCL RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl rectal suppository 25 mg</i>	3	PA; PA does not apply to age less than 65.
<i>promethegan rectal suppository 25 mg, 50 mg</i>	3	PA; PA does not apply to age less than 65.
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	PA
<i>trimethobenzamide hcl oral</i>	1	
VARUBI (180 MG DOSE)	3	BD
ZUPLENZ	3	BD
<b>Antifungals</b>		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
<i>casprofungin acetate</i>	1	BD
<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	

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>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	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
KERYDIN	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	
MENTAX	3	
<i>micafungin sodium</i>	1	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL GEL	2	
NOXAFIL ORAL SUSPENSION	3	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
<i>oxiconazole nitrate</i>	1	
OXISTAT EXTERNAL LOTION	3	
<i>posaconazole</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>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	
<b>Antigout Agents</b>		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
<i>febuxostat</i>	1	ST; EDS
<i>probenecid oral</i>	1	EDS
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	2	PA; QL (1 ML per 30 days); EDS
AJOVY	2	PA; EDS
<i>almotriptan malate</i>	1	
<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	
<i>frovatriptan succinate</i>	1	
<i>migergot</i>	1	
MIGRANAL	3	
<i>naratriptan hcl</i>	1	
NURTEC	2	ST
<i>rizatriptan benzoate</i>	1	
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<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 er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
UBRELVY	2	ST
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG NASAL	3	
<b>Antimyasthenic Agents</b>		
<i>guanidine hcl oral</i>	1	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS
<b>Antimycobacterials</b>		
<i>dapsone external gel 7.5 %</i>	1	
<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	EDS
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

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

Drug Name	Tier	Requirements/Limits
TRECTOR	3	
<b>Antineoplastics</b>		
<i>abiraterone acetate</i>	1	PA New Starts
AFINITOR DISPERZ ORAL TABLET SOLUBLE 3 MG, 5 MG	3	PA New Starts
AFINITOR ORAL TABLET 10 MG	3	PA New Starts
ALECENSA	3	PA New Starts
ALUNBRIG	3	PA New Starts; LA
<i>anastrozole oral</i>	1	EDS
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
BALVERSA	3	PA New Starts; LA
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
BRUKINSA	3	PA New Starts
CABOMETYX	3	PA New Starts; LA
CALQUENCE	3	PA New Starts
CAPRELSA	3	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
DROXIA	2	EDS
EMCYT	2	
ERIVEDGE	3	PA New Starts

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
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
GILOTRIF	3	PA New Starts; LA
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA
ICLUSIG	3	PA New Starts
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	EDS
IMBRUVICA	3	PA New Starts; LA
INLYTA	3	PA New Starts; LA
INQOVI	3	PA New Starts; LA
INREBIC	3	PA New Starts; LA
IRESSA	3	PA New Starts; LA
JAKAFI	3	PA New Starts; LA
KISQALI (200 MG DOSE)	3	PA New Starts
KISQALI (400 MG DOSE)	3	PA New Starts
KISQALI (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA (400 MG DOSE)	3	PA New Starts
KISQALI FEMARA (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA(200 MG DOSE)	3	PA New Starts
KOSELUGO	3	PA New Starts; LA
LENVIMA (10 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE)	3	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE)	3	PA New Starts; LA
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium oral</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
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
LYSODREN	2	
MATULANE	2	LA
MEKINIST	3	PA New Starts
MEKTOVI	3	PA New Starts; LA
MESNEX ORAL	2	
<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	
NERLYNX	3	PA New Starts; LA
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts; QL (3 EA per 28 days)
NUBEQA	3	PA New Starts; LA
ODOMZO	3	PA New Starts
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
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

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



Drug Name	Tier	Requirements/Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
RETEVMO ORAL CAPSULE 40 MG	3	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA New Starts
REVLIMID	3	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA New Starts; LA
RUBRACA	3	PA New Starts; LA; QL (120 EA per 30 days)
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	2	PA New Starts; QL (30 EA per 30 days)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	2	PA New Starts; QL (60 EA per 30 days)
STIVARGA	3	PA New Starts; LA
SUTENT	3	PA New Starts; LA
SYNRIBO	3	PA New Starts
TABLOID	3	
TABRECTA ORAL TABLET 150 MG	3	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	3	PA New Starts
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral</i>	1	EDS
TARGRETIN EXTERNAL	2	PA New Starts
TASIGNA	3	PA New Starts
TAZVERIK	3	PA New Starts; LA; QL (240 EA per 30 days)
THALOMID	2	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
TIBSOVO	3	PA New Starts; LA
<i>toremifene citrate</i>	1	EDS
<i>tretinoin oral</i>	1	
TREXALL	2	
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 ORAL TABLET 10 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
VENCLEXTA ORAL TABLET 100 MG, 50 MG	3	PA New Starts; LA
VENCLEXTA STARTING PACK	3	PA New Starts; LA; QL (42 EA per 30 days)
VERZENIO	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VOTRIENT	3	PA New Starts
XALKORI	3	PA New Starts; LA
XATMEP	3	PA New Starts
XOSPATA	3	PA New Starts; LA
XPOVIO (100 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY)	3	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY)	3	PA New Starts; LA; QL (24 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 (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
XURIDEN	2	PA; EDS
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
<b>Antiparasitics</b>		
<i>albendazole oral</i>	1	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
EMVERM	3	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>mefloquine hcl</i>	1	EDS
<i>pentamidine isethionate inhalation</i>	1	BD
<i>pentamidine isethionate injection</i>	1	
<i>praziquantel oral</i>	1	
<i>primaquine phosphate oral</i>	1	
<i>pyrimethamine oral</i>	1	
<i>quinine sulfate oral</i>	1	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA
<i>benztropine mesylate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	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
NEUPRO	3	EDS
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK	3	PA; EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; PA does not apply to age less than 65.; EDS
ZELAPAR	3	EDS
<b>Antipsychotics</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	PA New Starts; 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
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 30 MG	3	PA New Starts; EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 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 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible</i>	1	QL (60 EA per 30 days); 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
<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 SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts; EDS
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	3	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
<i>loxapine succinate oral</i>	1	EDS
<i>molindone hcl</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<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, 5.7 MG/24HR	3	QL (30 EA per 30 days); EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	3	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
<b>Antispasticity Agents</b>		
<i>baclofen 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>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
<b>Antivirals</b>		
<i>abacavir sulfate</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	EDS
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<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 ORAL SOLUTION	2	EDS
BIKTARVY	2	EDS
CIMDUO	2	EDS
COMPLERA	3	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
<i>delstrigo</i>	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	3	EDS
<i>efavirenz</i>	1	EDS
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSA	2	PA
EPIVIR HBV ORAL SOLUTION	2	EDS
EVOTAZ	3	EDS
<i>famciclovir oral</i>	1	EDS
<i>fosamprenavir calcium</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA	2	EDS
HARVONI ORAL PACKET	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
INTELENCE	2	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	3	EDS
<i>oseltamivir phosphate oral</i>	1	
PIFELTRO	3	EDS
PREVYMIS ORAL	3	PA; EDS
PREZCOBIX	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
RELENZA DISKHALER	3	
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

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



Drug Name	Tier	Requirements/Limits
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
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
<i>valganciclovir hcl</i>	1	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	
<i>zidovudine</i>	1	EDS
<b>Anxiolytics</b>		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>bupirone hcl oral</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DIAZEPAM RECTAL	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<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 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
<i>lorazepam intensol</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; PA does not apply to age less than 65.; EDS
NAYZILAM	3	PA New Starts
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
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	EDS
<i>venlafaxine hcl er</i>	1	EDS
<b>Bipolar Agents</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine 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 XR ORAL KIT	3	
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	3	EDS
LATUDA ORAL TABLET 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
<i>lithium</i>	1	EDS
<i>lithium carbonate er</i>	1	EDS
<i>lithium carbonate oral</i>	1	EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	3	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
SECUADO TRANSDERMAL PATCH 24 HOUR 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 THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
<i>ziprasidone mesylate</i>	1	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
<b>Blood Glucose Regulators</b>		
<i>acarbose oral</i>	1	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>baqsimi two pack</i>	1	
<i>colesevelam hcl</i>	1	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>diazoxide oral</i>	1	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
FARXIGA	2	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency injection kit</i>	1	
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

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

Drug Name	Tier	Requirements/Limits
HUMALOG MIX 75/25	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
JARDIANCE	2	EDS
JENTADUETO	2	EDS
JENTADUETO XR	2	EDS
KORLYM	3	PA New Starts; LA; EDS
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LEVEMIR	2	EDS
LEVEMIR FLEXTOUCH	2	EDS
LYUMJEV	2	EDS
LYUMJEV KWIKPEN	2	EDS
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl oral</i>	1	EDS
<i>miglitol</i>	1	EDS
<i>nateglinide</i>	1	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	ST; EDS
OZEMPIC (1 MG/DOSE)	2	ST; EDS
<i>pioglitazone hcl</i>	1	EDS
<i>pioglitazone hcl-metformin hcl</i>	1	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	1	EDS
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS

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

Drug Name	Tier	Requirements/Limits
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	ST; QL (30 EA per 30 days); EDS
SOLIQUA	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY	2	EDS
SYNJARDY XR	2	EDS
TOUJEO MAX SOLOSTAR	2	EDS
TOUJEO SOLOSTAR	2	EDS
TRADJENTA	2	EDS
TRESIBA	2	EDS
TRESIBA FLEXTOUCH	2	EDS
TRIJARDY XR	2	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
XIGDUO XR	2	EDS
<b>Blood Products And Modifiers</b>		
<i>anagrelide hcl</i>	1	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA
<i>aspirin-dipyridamole er</i>	1	EDS
BRILINTA	2	EDS
CABLIVI	3	PA; LA
<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	2	EDS
<i>enoxaparin sodium subcutaneous</i>	1	
<i>fondaparinux sodium</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
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	
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
NIVESTYM	2	PA
OXBRYTA	3	PA; LA; EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	EDS
PROMACTA	2	PA; EDS
RETACRIT	2	PA
TAVALISSE ORAL TABLET 100 MG	3	PA; LA; QL (60 EA per 30 days); EDS
TAVALISSE ORAL TABLET 150 MG	3	PA; LA; EDS
<i>tranexamic acid oral</i>	1	
UDENYCA	2	PA
<i>warfarin sodium oral</i>	1	EDS
XARELTO ORAL TABLET 10 MG	2	QL (30 EA per 30 days); EDS
XARELTO ORAL TABLET 15 MG, 20 MG	2	EDS
XARELTO ORAL TABLET 2.5 MG	2	QL (60 EA per 30 days); EDS
XARELTO STARTER PACK	2	
ZARXIO	2	PA
ZONTIVITY	3	PA New Starts; EDS
<b>Cardiovascular Agents</b>		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide oral</i>	1	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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>amiodarone hcl oral</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	EDS
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
<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 LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl</i>	1	EDS
COLESTID ORAL TABLET	3	EDS

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



<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR	3	PA; EDS
DEMSER	3	
<i>digitek oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral solution</i>	1	EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<i>disopyramide phosphate oral</i>	1	PA; PA does not apply to age less than 65.; EDS
DIURIL	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 50-12.5 MG	2	EDS
EDARBI	3	EDS
EDARBYCLOR	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
ENTRESTO	2	EDS
<i>eplerenone</i>	1	EDS
<i>ethacrynic acid oral</i>	1	EDS
<i>ezetimibe</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
<i>felodipine er</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>indapamide oral</i>	1	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	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	3	PA; EDS
<i>labetalol hcl oral</i>	1	EDS
LANOXIN ORAL TABLET 62.5 MCG	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
<i>losartan potassium oral</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
<i>lovastatin</i>	1	EDS
<i>matzim la</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>methyldopa oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>methyldopa-hydrochlorothiazide</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
<i>midodrine hcl</i>	1	EDS
<i>minitran</i>	1	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
MULTAQ	2	QL (60 EA per 30 days); EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
NEXLETOL	3	PA New Starts; EDS
NEXLIZET	3	PA New Starts; EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>nimodipine oral</i>	1	EDS
NITRO-BID	3	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NORPACE CR	3	PA; PA does not apply to age less than 65.; EDS
NORTHERA	3	PA; LA
NYMALIZE ORAL SOLUTION 6 MG/ML	3	
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS
<i>olmesartan-amlodipine-hctz</i>	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>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
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	1	EDS
RECTIV	3	
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX SYSTEM	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
<i>rosuvastatin calcium</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af)</i>	1	EDS
<i>sotalol hcl oral</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
<i>taztia xt</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
TEKTURNA HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tiadylt er</i>	1	EDS
<i>timolol maleate oral</i>	1	EDS
<i>torseamide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>trandolapril-verapamil hcl er</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VECAMYL	3	PA; LA; EDS
<i>verapamil hcl er</i>	1	EDS
<i>verapamil hcl oral</i>	1	EDS
<b>Central Nervous System Agents</b>		
<i>amphetamine-dextroamphet er</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
<i>atomoxetine hcl</i>	1	EDS
AUBAGIO	2	EDS
AUSTEDO ORAL TABLET 12 MG	3	PA; LA; EDS
AUSTEDO ORAL TABLET 6 MG, 9 MG	3	PA; LA; QL (60 EA per 30 days); EDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
CLONIDINE HCL ER	3	AL (Min 6 Years and Max 17 Years); EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
<i>dexmethylphenidate hcl</i>	1	EDS
<i>dexmethylphenidate hcl 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>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
EVRYSDI	3	PA; LA; EDS
FIRDAPSE	3	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate</i>	1	EDS
<i>glatopa</i>	1	EDS
GRALISE	3	EDS
GRALISE STARTER	3	
<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 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
KESIMPTA	2	EDS
MAVENCLAD (10 TABS)	3	PA
MAVENCLAD (4 TABS)	3	PA
MAVENCLAD (5 TABS)	3	PA
MAVENCLAD (6 TABS)	3	PA
MAVENCLAD (7 TABS)	3	PA
MAVENCLAD (8 TABS)	3	PA
MAVENCLAD (9 TABS)	3	PA
MAYZENT ORAL TABLET 0.25 MG	2	LA; QL (120 EA per 30 days); EDS
MAYZENT ORAL TABLET 2 MG	2	LA; EDS
<i>methamphetamine hcl</i>	1	PA; EDS
<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

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>methylphenidate hcl er oral tablet extended release 72 mg</i>	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	3	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>riluzole</i>	1	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days); EDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	EDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; EDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; LA; EDS
TIGLUTIK	3	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

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

Drug Name	Tier	Requirements/Limits
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
<i>triamcinolone acetonide mouth/throat</i>	1	EDS
<b>Dermatological Agents</b>		
ABSORICA	3	
<i>acitretin</i>	1	
<i>acyclovir external</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide</i>	1	
ALA SCALP	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate</i>	1	
ALTABAX	3	
<i>ammonium lactate external</i>	1	
<i>amnesteem</i>	1	
<i>avita</i>	1	
<i>azelaic acid external</i>	1	
AZELEX	2	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone valerate external</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	
CAPEX	3	
CARAC	2	
<i>ciclopirox</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>claravis</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-5 %	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clobetasol propionate e</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external liquid</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	
<i>clodan external shampoo</i>	1	
<i>clotrimazole-betamethasone</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL OINTMENT	3	
<i>dapsone external gel 5 %</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external lotion</i>	1	
<i>desonide external ointment</i>	1	
<i>desoximetasone external cream 0.25 %</i>	1	
<i>desoximetasone external gel</i>	3	
<i>desoximetasone external ointment 0.25 %</i>	1	
DUOBRII	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	2	PA
ERY	3	
<i>erygel</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
EUCRISA	2	ST
FABIOR	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
FINACEA EXTERNAL FOAM	2	
<i>fluocinolone acetonide external</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>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil 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>global alcohol prep ease</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 valerate</i>	1	
<i>imiquimod external</i>	1	
<i>isotretinoin oral</i>	1	
KERYDIN	3	PA
<i>lindane external shampoo</i>	1	
<i>mafenide acetate external</i>	1	
<i>malathion external</i>	1	
<i>methoxsalen rapid</i>	1	
MIRVASO	3	
<i>mometasone furoate external</i>	1	EDS
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>myorisan</i>	1	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>nystatin-triamcinolone</i>	1	
OTEZLA ORAL TABLET	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
PANDEL	3	
<i>permethrin external cream</i>	1	
PICATO	3	
<i>pimecrolimus</i>	1	
<i>podofilox external</i>	1	
<i>prednicarbate</i>	1	
<i>procto-med hc external</i>	1	
<i>procto-pak external</i>	1	
<i>proctosol hc external</i>	1	
<i>proctozone-hc external</i>	1	
REGRANEX	3	
SANTYL	2	
<i>selenium sulfide external lotion</i>	1	
<i>silver sulfadiazine external</i>	1	
SKLICE	3	
<i>ssd</i>	1	
SULFAMYLON EXTERNAL CREAM	3	
<i>tacrolimus external ointment</i>	1	EDS
<i>tazarotene external</i>	1	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	2	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	2	PA; Prior authorization not required for dermatologists.
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
<i>triamcinolone acetonide external</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	3	
<i>zenatane</i>	1	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN II INTRAVENOUS SOLUTION 15 %	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	2	BD
AURYXIA	3	PA; EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARBAGLU	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
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>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	
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	
JYNARQUE	3	PA; LA
<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	
<i>kcl-lactated ringers-d5w</i>	1	
<i>kionex oral suspension</i>	1	
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
<i>klor-con oral tablet extended release</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	3	EDS
<i>lanthanum carbonate</i>	1	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	
<i>nutrilipid</i>	1	BD
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
PHOSLYRA	3	EDS
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
<i>potassium citrate er</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>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>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</i>	1	
<i>sps</i>	1	
SUPREP BOWEL PREP KIT	2	
<i>tolvaptan</i>	1	PA
<i>tpn electrolytes intravenous concentrate</i>	1	
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA; EDS
TROPHAMINE INTRAVENOUS SOLUTION 10 %	2	BD
VELPHORO	3	EDS
VELTASSA	2	EDS
<b>Gastrointestinal Agents</b>		
<i>alosetron hcl oral tablet 0.5 mg</i>	1	QL (60 EA per 30 days); EDS
<i>alosetron hcl oral tablet 1 mg</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
CHENODAL	3	PA; LA
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
CLENPIQ	3	
<i>constulose</i>	1	EDS
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA; LA; EDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	3	
HELIDAC THERAPY	3	
KRISTALOSE ORAL PACKET 20 GM	3	EDS
<i>lactulose oral packet</i>	1	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</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	
MYALEPT	3	PA; LA; EDS
MYTESI	2	PA New Starts; EDS
<i>nizatidine</i>	1	EDS
OICALIVA ORAL TABLET 10 MG	3	PA; LA; EDS
OICALIVA ORAL TABLET 5 MG	3	PA; LA; QL (30 EA per 30 days); EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	EDS
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
<i>propantheline bromide oral</i>	1	
PYLERA	3	
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
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
<i>trilyte</i>	1	
<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)
XIFAXAN ORAL TABLET 550 MG	3	
<b>Genetic Or Enzyme Or Protein Disorder: Replacement, Modifiers, Treatment</b>		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
CERDELGA	3	PA; LA; EDS
CHOLBAM	3	PA; EDS
CREON	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
CYSTADANE	2	EDS
CYSTAGON	2	LA; EDS
FIRDAPSE	3	PA; LA
GALAFOLD	3	PA New Starts; LA; EDS
GLASSIA	3	PA New Starts; LA
KEVEYIS	3	PA; LA
KUVAN	2	PA; LA; EDS
<i>miglustat</i>	1	PA New Starts; EDS
<i>nitisinone</i>	1	PA; EDS
NITYR	3	PA
ORFADIN ORAL CAPSULE 20 MG	3	PA; LA; EDS
ORFADIN ORAL SUSPENSION	3	PA; LA; EDS
PALYNZIQ	3	PA; LA; EDS
PLENAMINE	2	BD
PROCYSBI ORAL PACKET	3	PA; LA; EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
RAVICTI	3	PA; LA; EDS
RUZURGI	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
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TSP	2	EDS
SODIUM PHENYLBUTYRATE ORAL TABLET	2	EDS
SUCRAID	3	PA; LA; EDS
TEGSEDI	3	PA; LA; EDS
VIOKACE	2	EDS
VYNDAQEL	3	PA; LA; EDS
XURIDEN	2	PA; EDS
ZEMAIRA	3	PA New Starts; LA
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
<b>Genitourinary Agents</b>		
<i>alfuzosin hcl er</i>	1	EDS
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>darifenacin hydrobromide er</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	2	QL (30 EA per 30 days); EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	2	EDS
<i>oxybutynin chloride er</i>	1	EDS
<i>oxybutynin chloride oral</i>	1	EDS
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>penicillamine oral tablet</i>	1	
<i>prazosin hcl oral</i>	1	EDS
<i>silodosin</i>	1	EDS
<i>solifenacin succinate</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>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
<i>tropium chloride</i>	1	EDS
<i>tropium chloride er</i>	1	QL (30 EA per 30 days); EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR	3	PA
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>cortisone acetate oral</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA	3	PA; LA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>hydrocortisone oral</i>	1	
ISTURISA	3	PA; EDS
MEDROL ORAL TABLET 2 MG	3	BD
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
<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	BD
<i>prednisone oral solution</i>	1	BD
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISON ORAL TABLET THERAPY PACK	2	
UCERIS RECTAL	3	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
DDAVP RHINAL TUBE	3	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>desmopressin ace spray refrig</i>	1	EDS
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SV	3	PA; LA; EDS
GENOTROPIN	2	PA; EDS
GENOTROPIN MINIQUICK	2	PA; EDS
HUMATROPE	2	PA; EDS
INCRELEX	3	PA; LA; EDS
NORDITROPIN FLEXPRO	2	PA; EDS
NUTROPIN AQ NUSPIN 10	2	PA; EDS
NUTROPIN AQ NUSPIN 20	2	PA; EDS
NUTROPIN AQ NUSPIN 5	2	PA; EDS
OMNITROPE	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
VYNDAMAX	3	PA; LA; EDS
ZOMACTON	3	PA; EDS
ZORBTIVE	3	PA; EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>altavera</i>	1	EDS
<i>alyacen 1/35</i>	1	EDS
<i>amabelz</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS

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>amethia</i>	1	EDS
ANADROL-50	3	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	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>aviane</i>	1	EDS
BALCOLTRA	2	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>camila</i>	1	EDS
<i>camrese lo</i>	1	EDS
<i>caziant</i>	1	EDS
CLIMARA PRO	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS
CRINONE VAGINAL GEL 8 %	3	PA
<i>cryselle-28</i>	1	EDS
<i>cyclafem 1/35</i>	1	EDS
<i>cyclafem 7/7/7</i>	1	EDS
<i>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 400 MG/ML	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<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
<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

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
ESTRING	2	EDS
<i>ethynodiol diac-eth estradiol</i>	1	EDS
<i>etonogestrel-ethinyl estradiol</i>	1	EDS
EVAMIST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
FEMRING	3	EDS
<i>femynor</i>	1	EDS
<i>fyavolv</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>hailey 24 fe</i>	1	EDS
<i>incassia</i>	1	EDS
<i>introvale</i>	1	EDS
<i>isibloom</i>	1	EDS
<i>jasmiel</i>	1	EDS
JINTELI	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber</i>	1	EDS
<i>junel 1.5/30</i>	1	EDS
<i>junel 1/20</i>	1	EDS
<i>junel fe 1.5/30</i>	1	EDS
<i>junel fe 1/20</i>	1	EDS
<i>junel fe 24</i>	1	EDS
<i>kaitlib fe</i>	1	EDS
<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

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

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

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

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

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>portia-28</i>	1	EDS
PREFEST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN ORAL	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem</i>	1	EDS
<i>progesterone micronized oral</i>	1	EDS
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS
<i>rivelsa</i>	1	EDS
<i>setlakin</i>	1	EDS
<i>sharobel</i>	1	EDS
SLYND	3	EDS
<i>sprintec 28</i>	1	EDS
<i>sronyx</i>	1	EDS
<i>tarina 24 fe</i>	1	EDS
<i>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-lo-sprintec</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>tri-mili</i>	1	EDS
<i>tri-previfem</i>	1	EDS
<i>tri-sprintec</i>	1	EDS
<i>trivora (28)</i>	1	EDS
<i>tri-vylibra lo</i>	1	EDS
<i>tydemy</i>	1	EDS
<i>velivet</i>	1	EDS
<i>vienva</i>	1	EDS
<i>vyfemla</i>	1	EDS
<i>wymzya fe</i>	1	EDS
<i>xulane</i>	1	EDS
<i>yuvafem</i>	1	EDS
<i>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<i>euthyrox</i>	1	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
TIROSINT-SOL	1	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	2	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts
FIRMAGON (240 MG DOSE)	2	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	2	PA New Starts
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
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
SIGNIFOR	3	PA; LA; EDS
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	3	PA; LA; EDS
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
<b>Immunological Agents</b>		
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 ORAL TABLET SOLUBLE 2 MG	3	PA New Starts
ARCALYST	2	PA; LA; EDS
ASTAGRAF XL	3	BD; EDS
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	3	PA New Starts; EDS
<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	
CIMZIA PREFILLED	3	PA; EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	3	PA
COSENTYX (300 MG DOSE)	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
COSENTYX SENSOREADY (300 MG)	2	EDS
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
<i>diphtheria-tetanus toxoids dt</i>	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	2	PA
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	BD; EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>engerix-b injection</i>	1	BD
ENSPRYNG	3	PA; EDS
ENVARUSUS XR	3	BD; EDS
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	BD; EDS
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraf oral solution</i>	1	BD; EDS

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

Drug Name	Tier	Requirements/Limits
HAEGARDA	3	PA New Starts; LA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>icatibant acetate</i>	1	PA New Starts
<i>imovax rabies</i>	1	BD
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INTRON A	2	PA New Starts; EDS
<i>ipol</i>	1	
<i>ixiaro</i>	1	
KEVZARA	3	PA; EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>kinrix intramuscular suspension</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>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	
<i>m-m-r ii injection</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET THERAPY PACK	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
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF ORAL PACKET	3	BD; EDS
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	BD
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
RESTASIS	2	EDS
RIDAURA	2	EDS
RINVOQ	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	3	PA New Starts; LA
SANDIMMUNE ORAL SOLUTION	3	BD; EDS
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>sirolimus oral</i>	1	BD; EDS
SKYRIZI (150 MG DOSE)	2	EDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	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
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>tacrolimus oral</i>	1	BD; EDS
<i>takhzyro</i>	3	PA New Starts; LA; EDS
TALTZ	3	PA; EDS
<i>tdvax</i>	1	
<i>tenivac</i>	1	
TREMFYA	3	PA; EDS
TREXALL	2	
<i>trumenba</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	EDS
XELJANZ XR	2	EDS
XOLAIR	3	PA
<i>yf-vax</i>	1	
ZORTRESS ORAL TABLET 1 MG	2	BD; EDS
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<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 2 MG	3	BD
<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

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>mesalamine oral tablet delayed release 800 mg</i>	1	
<i>mesalamine rectal</i>	1	
<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 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	BD
<i>prednisone oral solution</i>	1	BD
<i>prednisone oral tablet</i>	1	BD; EDS
PREDNISONE ORAL TABLET THERAPY PACK	2	
<i>procto-med hc external</i>	1	
<i>proctozone-hc external</i>	1	
<i>sulfasalazine oral</i>	1	EDS
UCERIS RECTAL	3	
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	1	EDS
BINOSTO	3	EDS
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral</i>	1	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	3	PA; LA; EDS
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS

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>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
TERIPARATIDE (RECOMBINANT)	2	PA; EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
<b>Non-Frf</b>		
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>afeditab cr</i>	1	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
<i>alendronate sodium oral tablet 40 mg</i>	1	
<i>alendronate sodium oral tablet 5 mg</i>	1	EDS
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
<i>amethia lo</i>	1	EDS
AMETHYST	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 7 %, 8.5 %	2	BD
<i>aminosyn ii/electrolytes</i>	1	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	2	BD
<i>ampicillin oral capsule 250 mg</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
ANZEMET ORAL	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
<i>aubra</i>	1	EDS
AVC VAGINAL	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>azurette</i>	1	EDS
<i>baqsimi one pack</i>	1	
<i>bekyree</i>	1	EDS
BEVYXXA ORAL CAPSULE 40 MG	3	QL (31 EA per 30 days); EDS
BEVYXXA ORAL CAPSULE 80 MG	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
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
<i>cefditoren pivoxil</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%</i>	1	
CESAMET	3	PA
<i>chlorothiazide oral</i>	1	EDS
CHLORPROPAMIDE	3	PA; PA does not apply to age less than 65.; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CIMZIA STARTER KIT	3	PA; EDS
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</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/DEXTROSE (2.75/5)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD

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

Drug Name	Tier	Requirements/Limits
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
CLORPRES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
<i>colocort</i>	1	
CORTISPORIN-TC	3	
COSENTYX	2	EDS
COSENTYX SENSOREADY PEN	2	EDS
COUMADIN ORAL	3	EDS
<i>crotan</i>	1	
<i>cyred</i>	1	EDS
<i>delyla</i>	1	EDS
<i>desmopressin acetate spray</i>	1	EDS
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	EDS
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral solution</i>	1	
<i>dextrose in lactated ringers</i>	1	
<i>dextrose-nacl intravenous solution 5-0.225 %, 5-0.33 %</i>	1	
DIACOMIT	3	PA New Starts; LA; EDS
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 1 mg/ml</i>	1	
<i>didanosine oral capsule delayed release 200 mg</i>	1	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>dimethyl fumarate 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>diphenhydramine hcl oral elixir</i>	1	PA; PA does not apply to age less than 65.
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

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

Drug Name	Tier	Requirements/Limits
DORIBAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>doxycycline hyclate intravenous</i>	1	
<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	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
<i>emtricitabine</i>	1	EDS
<i>enoxaparin sodium injection</i>	1	
<i>eprosartan mesylate</i>	1	EDS
<i>erythromycin external pad</i>	1	
<i>etidronate disodium</i>	1	
EURAX	2	
EXELDERM	3	
FARYDAK ORAL CAPSULE 15 MG	3	PA New Starts; LA
<i>fenofibric acid oral tablet</i>	1	EDS
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
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluorouracil external cream 0.5 %</i>	1	
<i>flurbiprofen oral tablet 50 mg</i>	1	EDS
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
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, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	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
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	
<i>gentamicin in saline intravenous solution 1.4-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate ophthalmic ointment</i>	1	
<i>gildess 1.5/30</i>	1	EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (30 EA per 30 days)
HEMANGEOL	3	PA; EDS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 40 MG/0.8ML (6 PACK)	2	EDS
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
<i>hyperrab</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA
IONOSOL-MB IN D5W	3	
<i>isosorbide dinitrate er</i>	1	EDS
<i>ivermectin external</i>	1	
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%, 20-5-0.33 meq/l-%-%</i>	1	
<i>klor-con sprinkle</i>	1	EDS
KYNMOBI TITRATION KIT	3	PA; PA Except Neurology
<i>lactated ringers</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl injection solution 1 %</i>	1	

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

Drug Name	Tier	Requirements/Limits
LONHALA MAGNAIR STARTER KIT	2	ST; QL (60 ML per 365 days); EDS
<i>lopreeza oral tablet 0.5-0.1 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
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
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>mesalamine-cleanser</i>	1	EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>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>metyrosine</i>	1	
<i>mimvey lo</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>mononessa</i>	1	EDS
MORPHABOND ER	3	
<i>morphine sulfat (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfat (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfat injection solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intraocular solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naftifine hcl external gel</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPHAZOLINE HCL OPHTHALMIC	2	
<i>necon 1/35 (28)</i>	1	EDS
NEULASTA ONPRO	2	PA

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

Drug Name	Tier	Requirements/Limits
<i>niacin (antihyperlipidemic)</i>	1	
<i>nifediac cc oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nifedical xl</i>	1	EDS
NITROMIST	3	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	1	EDS
<i>norlyroc</i>	1	EDS
NORMOSOL-R IN D5W	3	
NORMOSOL-R PH 7.4	3	
NUTROPIN AQ PEN	2	PA; EDS
NUVESSA	3	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
OGESTREL	2	EDS
OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK PODS	2	QL (15 EA per 30 days)
<i>oxycodone-ibuprofen</i>	1	
PANRETIN	2	
<i>peg 3350/electrolytes</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML	2	PA
PEG-INTRON REDIPEN SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
PEG-INTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
<i>peg-kcl-nacl-nasulf-na asc-c</i>	1	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>periogard</i>	1	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	3	PA; PA does not apply to age less than 65.
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</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>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	1	
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
PREPOPIK	3	
<i>prevalite oral powder</i>	1	EDS
PRIMSOL	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>proctozone-hc rectal</i>	1	
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA; LA; EDS
<i>promethazine vc plain</i>	1	PA; PA does not apply to age less than 65.
RENACIDIN	2	
REPREXAIN ORAL TABLET 10-200 MG	3	
RESCRIPTOR ORAL TABLET 200 MG	2	EDS
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	2	EDS
REVCOVI	3	PA; LA
RIFAMATE	3	
RIFATER	2	
<i>ringers</i>	1	
<i>ringers irrigation</i>	1	
<i>sapropterin dihydrochloride</i>	1	PA; EDS
SFROWASA	3	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate rectal</i>	1	
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)
SPECTRACEF ORAL TABLET 400 MG	3	
<i>sterile water for irrigation</i>	1	
<i>sulconazole nitrate</i>	1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
<i>tarina fe 1/20</i>	1	EDS

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



Drug Name	Tier	Requirements/Limits
TEMIXYS	2	EDS
<i>temsirolimus</i>	1	PA New Starts
TERAZOL 3 VAGINAL CREAM	3	
<i>theophylline er oral tablet extended release 12 hour 200 mg, 450 mg</i>	1	EDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
TOLAK	3	
<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)
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trinessa (28)</i>	1	EDS
TROPHAMINE INTRAVENOUS SOLUTION 6 %	2	BD
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	2	ST; EDS
VERAMYST	3	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
<i>viorele</i>	1	EDS
VUMERITY (STARTER)	3	PA
<i>zazole vaginal cream 0.8 %</i>	1	
<i>zostavax subcutaneous suspension reconstituted</i>	1	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
ZYKADIA ORAL CAPSULE	3	PA New Starts
<b>Ophthalmic Agents</b>		
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALOCRIL	3	
ALOMIDE	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
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	3	
<i>apraclonidine hcl</i>	1	EDS
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
AZASITE	3	
<i>azelastine hcl ophthalmic</i>	1	
AZOPT	2	EDS
<i>bacitracin ophthalmic</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc</i>	1	
BEPREVE	3	
<i>betaxolol hcl ophthalmic</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
<i>bimatoprost ophthalmic</i>	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
<i>brimonidine tartrate ophthalmic</i>	1	EDS
<i>bromfenac sodium (once-daily)</i>	1	
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
CILOXAN OPHTHALMIC OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic</i>	1	
COMBIGAN	2	EDS
CORTISPORIN EXTERNAL CREAM	3	
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
DUREZOL	3	
<i>epinastine hcl</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>erythromycin ophthalmic</i>	1	
FLAREX	3	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	3	
FML FORTE	3	
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin sulfate ophthalmic solution</i>	1	
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	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>levofloxacin ophthalmic</i>	1	
LOTEMAX OPHTHALMIC GEL	2	
LOTEMAX OPHTHALMIC OINTMENT	2	
LOTEMAX SM	2	
<i>loteprednol etabonate</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
<i>methazolamide oral</i>	1	EDS
<i>moxifloxacin hcl ophthalmic</i>	1	
NATACYN	2	
<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	

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>ofloxacin ophthalmic</i>	1	
<i>olopatadine hcl ophthalmic</i>	1	
OXERVATE	3	PA
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
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	EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST	2	
<i>tobramycin ophthalmic</i>	1	
<i>tobramycin-dexamethasone</i>	1	
TOBREX OPHTHALMIC OINTMENT	3	
<i>travoprost (bak free)</i>	1	EDS
<i>trifluridine ophthalmic</i>	1	
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZIRGAN	2	
ZYLET	3	
<b>Otic Agents</b>		
<i>acetic acid 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
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-fluocinolone pf</i>	1	
<i>flac</i>	1	
<i>fluocinolone acetonide otic</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 otic</i>	1	
<b>Respiratory Tract/ Pulmonary Agents</b>		
<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; EDS
ANORO ELLIPTA	2	EDS
ARCAPTA NEOHALER	2	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT	2	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
ASMANEX (120 METERED DOSES)	2	EDS
ASMANEX (30 METERED DOSES)	2	EDS
ASMANEX (60 METERED DOSES)	2	EDS
ASMANEX HFA	2	EDS
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<i>azelastine-fluticasone</i>	1	
BETHKIS	3	BD; LA
<i>bosentan</i>	1	PA New Starts; EDS
BREO ELLIPTA	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
BROVANA	2	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON	3	LA
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA; PA does not apply to age less than 65.
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA; PA does not apply to age less than 65.
<i>cyproheptadine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.; EDS
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	2	PA; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	2	PA
<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
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	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
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	EDS
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>hydroxyzine pamoate oral</i>	1	PA; PA does not apply to age less than 65.
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts; LA; EDS
<i>levalbuterol hcl inhalation</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
LONHALA MAGNAIR REFILL KIT	2	ST; EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NUCALA	2	PA; LA; EDS
OFEV	2	PA; LA; EDS
<i>olopatadine hcl nasal</i>	1	
OPSUMIT	3	PA New Starts; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS
ORKAMBI	3	PA New Starts; LA; EDS
PERFOROMIST	3	BD; ST; EDS
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl oral syrup</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine hcl oral tablet</i>	3	PA; PA does not apply to age less than 65.
<i>promethazine-phenylephrine</i>	1	PA; PA does not apply to age less than 65.
PULMICORT FLEXHALER	2	EDS
PULMOZYME	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
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 ORAL TABLET	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT	2	EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2	PA New Starts; EDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	2	PA New Starts; LA; EDS
SYMJEPI	2	
<i>tadalafil (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS
THEO-24	3	EDS
<i>theophylline</i>	1	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI PODHALER	3	PA New Starts; EDS

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



Drug Name	Tier	Requirements/Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	BD; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA	2	EDS
TRIKAFTA	2	PA New Starts; EDS
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA New Starts; LA; QL (60 EA per 30 days); EDS
UPTRAVI ORAL TABLET 1600 MCG	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
<i>wixela inhub</i>	1	EDS
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	EDS
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	2	EDS
<b>Skeletal Muscle Relaxants</b>		
<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.
<b>Sleep Disorder Agents</b>		
<i>armodafinil</i>	1	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	2	
DAYVIGO ORAL TABLET 10 MG	3	PA New Starts; 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
DAYVIGO ORAL TABLET 5 MG	3	PA New Starts; PA does not apply to age less than 65.; QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 3 mg</i>	1	QL (30 EA per 30 days)
<i>doxepin hcl oral tablet 6 mg</i>	1	
<i>estazolam</i>	1	
HETLIOZ	3	PA; LA; EDS
<i>modafinil</i>	1	PA; EDS
<i>ramelteon</i>	1	
SUNOSI ORAL TABLET 150 MG	3	PA; EDS
SUNOSI ORAL TABLET 75 MG	3	PA; QL (45 EA per 30 days); EDS
<i>temazepam</i>	1	QL (7 EA per 30 days)
XYREM	3	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate oral</i>	1	PA New Starts; PA does not apply to age less than 65.

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

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## Index

<i>abacavir sulfate</i> .....	30	<i>alendronate sodium</i> .....	71, 72	<i>ammonium lactate</i> .....	47
<i>abacavir sulfate-lamivudine</i> .....	30	<i>alfuzosin hcl er</i> .....	56	<i>amnestem</i> .....	47
<i>abacavir-lamivudine-zidovudine</i> .....	30	ALINIA.....	26	AMOXAPINE.....	14
ABELCET.....	17	<i>aliskiren fumarate</i> .....	38	<i>amoxicill-clarithro-lansopraz</i> .....	53
ABILIFY MAINTENA.....	14, 27	<i>allopurinol</i> .....	19	<i>amoxicillin</i> .....	7
ABILIFY MYCITE.....	14, 27, 28	<i>almotriptan malate</i> .....	19	<i>amoxicillin-pot clavulanate</i> .....	7
<i>abiraterone acetate</i> .....	21	ALOCRI.....	80	<i>amoxicillin-pot clavulanate er</i> .....	7
ABSORICA.....	47	ALOMIDE.....	80	<i>amphetamine-dextroamphet er</i> .....	44
<i>acamprosate calcium</i> .....	6	ALORA.....	58	<i>amphetamine-</i>	
<i>acarbose</i> .....	35	<i>alose tron hcl</i> .....	53	<i>dextroamphetamine</i> .....	44
<i>acebutolol hcl</i> .....	38	ALPHAGAN P.....	81	AMPHOTERICIN B.....	17
<i>acetaminophen-codeine</i> .....	3	<i>alprazolam</i> .....	32	<i>ampicillin</i> .....	7, 72
<i>acetaminophen-codeine #2</i> .....	72	<i>alprazolam er</i> .....	32	<i>ampicillin sodium</i> .....	7
<i>acetaminophen-codeine #3</i> .....	3	<i>alprazolam xr</i> .....	72	<i>ampicillin-sulbactam sodium</i> .....	7, 72
<i>acetaminophen-codeine #4</i> .....	72	ALREX.....	81	ANADROL-50.....	59
<i>acetazolamide</i> .....	38, 80	ALTABAX.....	47	<i>anagrelide hcl</i> .....	37
<i>acetazolamide er</i> .....	80	<i>altavera</i> .....	58	<i>anastrozole</i> .....	21
<i>acetic acid</i> .....	83	ALTOPREV.....	38	ANDRODERM.....	59
<i>acetylcysteine</i> .....	84	ALUNBRIG.....	21	ANGELIQ.....	59
<i>acitretin</i> .....	47	<i>alyacen 1/35</i> .....	58	ANNOVERA.....	59
ACTEMRA.....	66	<i>alyq</i> .....	84	ANORO ELLIPTA.....	84
ACTEMRA ACTPEN.....	66	<i>amabelz</i> .....	58	ANZEMET.....	72
ACTHAR.....	57	<i>amantadine hcl</i> .....	26, 30	APLENZIN.....	14
<i>acthib</i> .....	66	AMBISOME.....	17	APOKYN.....	26
ACTIMMUNE.....	66	<i>ambrisentan</i> .....	84	<i>apraclonidine hcl</i> .....	81
<i>acyclovir</i> .....	30, 47	<i>amethia</i> .....	59	<i>aprepitant</i> .....	16
<i>acyclovir sodium</i> .....	30	<i>amethia lo</i> .....	72	<i>apri</i> .....	59
<i>adacel</i> .....	66	AMETHYST.....	72	APTIOM.....	11
<i>adapalene</i> .....	47	<i>amikacin sulfate</i> .....	7	APTIVUS.....	30
<i>adapalene-benzoyl peroxide</i> .....	47	<i>amiloride hcl</i> .....	38	ARALAST NP.....	55, 72
<i>adefovir dipivoxil</i> .....	30	<i>amiloride-hydrochlorothiazide</i> ... ..	38	<i>aranelle</i> .....	59
ADEMPAS.....	84	AMINOSYN.....	72	ARANESP (ALBUMIN FREE).....	37
ADVAIR HFA.....	84	AMINOSYN II.....	50, 72	ARCALYST.....	66
<i>afeditab cr</i> .....	72	<i>aminosyn ii/electrolytes</i> .....	72	ARCAPTA NEOHALER.....	84
AFINITOR.....	21	AMINOSYN M.....	72	ARIKAYCE.....	7
AFINITOR DISPERZ.....	21, 66	AMINOSYN/ELECTROLYTES.....	72	<i>aripiprazole</i> .....	14, 15, 28
AIMOVIG.....	19	<i>aminosyn/electrolytes</i> .....	72	ARISTADA.....	28
AJOVY.....	19	AMINOSYN-HBC.....	72	ARISTADA INITIO.....	28
AKYNZEO.....	72	AMINOSYN-PF.....	50, 72	<i>armodafinil</i> .....	88
ALA SCALP.....	47	<i>amiodarone hcl</i> .....	39	ARNUITY ELLIPTA.....	84
<i>ala-cort</i> .....	47, 72	AMITIZA.....	53	<i>ascomp-codeine</i> .....	3
<i>albendazole</i> .....	26	<i>amitriptyline hcl</i> .....	14	<i>ashlyna</i> .....	59
<i>albuterol sulfate</i> .....	72, 84	<i>amlodipine besy-benazepril hcl</i> .. ..	39	ASMANEX (120 METERED	
<i>albuterol sulfate er</i> .....	84	<i>amlodipine besylate</i> .....	39	DOSES).....	84
<i>alclometasone dipropionate</i> .....	47	<i>amlodipine besylate-valsartan</i> ... ..	39	ASMANEX (30 METERED	
ALDACTAZIDE.....	38	<i>amlodipine-olmesartan</i> .....	39	DOSES).....	84
ALECENSA.....	21	<i>amlodipine-valsartan-hctz</i> .....	39		

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

ASMANEX (60 METERED DOSES).....	84	<i>baqsimi one pack</i> .....	73	BRIVIACT.....	11
ASMANEX HFA.....	84	<i>baqsimi two pack</i> .....	35	<i>bromfenac sodium (once-daily)</i> ..	81
<i>aspirin-dipyridamole er</i> .....	37	BARACLUDE.....	30	<i>bromocriptine mesylate</i> .....	26, 65
<i>assure id insulin safety syr</i> .....	35	BCG VACCINE.....	66	BROMSITE.....	81
ASTAGRAF XL.....	66	<i>bekyree</i> .....	73	BROVANA.....	85
<i>atazanavir sulfate</i> .....	30	BELSOMRA.....	88	BRUKINSA.....	21
<i>atenolol</i> .....	39	<i>benazepril hcl</i> .....	39	BRYHALI.....	47
<i>atenolol-chlorthalidone</i> .....	39	<i>benazepril-hydrochlorothiazide</i> ..	39	<i>budesonide</i> .....	57, 70, 85
<i>atomoxetine hcl</i> .....	44	BENLYSTA.....	66	<i>budesonide er</i> .....	57, 70
<i>atorvastatin calcium</i> .....	39	<i>benztropine mesylate</i> .....	26	<i>bumetanide</i> .....	39
<i>atovaquone</i> .....	26	BEPREVE.....	81	BUPAP.....	3
<i>atovaquone-proguanil hcl</i> .....	26	<i>betamethasone dipropionate</i> .....	47, 57	<i>buprenorphine</i> .....	3
ATRIPLA.....	30	<i>betamethasone dipropionate</i> <i>aug</i> .....	47, 57	<i>buprenorphine hcl</i> .....	3, 6
<i>atropine sulfate</i> .....	81	<i>betamethasone valerate</i> .....	47	<i>buprenorphine hcl-naloxone hcl</i> ...	6
ATROVENT HFA.....	84	<i>betaxolol hcl</i> .....	39, 81	<i>bupropion hcl</i> .....	15
AUBAGIO.....	44	<i>bethanechol chloride</i> .....	56	<i>bupropion hcl er (smoking det)</i> .....	6
<i>abra</i> .....	72	BETHKIS.....	84	<i>bupropion hcl er (sr)</i> .....	15
AURYXIA.....	50	BETIMOL.....	81	<i>bupropion hcl er (xl)</i> .....	15
AUSTEDO.....	44	BETOPTIC-S.....	81	<i>buspirone hcl</i> .....	32
AVANDIA.....	35	BEVYXXA.....	73	BUTALBITAL-ACETAMINOPHEN....	3
AVC VAGINAL.....	72	<i>bexarotene</i> .....	21	BUTALBITAL-APAP-CAFF-COD.....	3
<i>aviane</i> .....	59	<i>bexsero</i> .....	66	<i>butalbital-apap-caffeine</i> .....	3
<i>avita</i> .....	47	<i>bicalutamide</i> .....	21	<i>butalbital-asa-caff-codeine</i> .....	3
AVODART.....	56	BICILLIN C-R.....	7	<i>butalbital-aspirin-caffeine</i> .....	3
AVONEX PEN.....	44	BICILLIN C-R 900/300.....	7	BUTISOL SODIUM.....	73
AVONEX PREFILLED.....	44	BICILLIN L-A.....	7	<i>butorphanol tartrate</i> .....	3
AYVAKIT.....	21	BIDIL.....	39	BYSTOLIC.....	39
AZASAN.....	66	BIKTARVY.....	30	<i>cabergoline</i> .....	65
AZASITE.....	81	<i>bimatoprost</i> .....	81	CABLIVI.....	37
<i>azathioprine</i> .....	66	BINOSTO.....	71	CABOMETYX.....	21
<i>azelaic acid</i> .....	47	<i>bisoprolol fumarate</i> .....	39	<i>calcipotriene</i> .....	47
<i>azelastine hcl</i> .....	81, 84	<i>bisoprolol-hydrochlorothiazide</i> ...	39	<i>calcipotriene-betameth diprop</i> ..	47
<i>azelastine-fluticasone</i> .....	84	BIVIGAM.....	66	<i>calcitonin (salmon)</i> .....	71
AZELEX.....	47	BLEPHAMIDE.....	81	<i>calcitriol</i> .....	47, 71
<i>azithromycin</i> .....	7	BLEPHAMIDE S.O.P.....	81	<i>calcium acetate (phos binder)</i> ....	50
AZOPT.....	81	<i>blisovi 24 fe</i> .....	59	CALQUENCE.....	21
<i>aztreonam</i> .....	7	<i>blisovi fe 1.5/30</i> .....	59	CAMBIA.....	3
<i>azurette</i> .....	73	<i>blisovi fe 1/20</i> .....	73	<i>camila</i> .....	59
<i>bacitracin</i> .....	81	<i>boostrix</i> .....	66, 73	<i>camrese lo</i> .....	59
<i>bacitracin-polymyxin b</i> .....	81	<i>bosentan</i> .....	84	<i>candesartan cilexetil</i> .....	39
<i>bacitra-neomycin-polymyxin-hc</i> ..	81	BOSULIF.....	21	<i>candesartan cilexetil-hctz</i> .....	39
<i>baclofen</i> .....	29	BRAFTOVI.....	21, 73	CAPEX.....	47
BALCOLTRA.....	59	BREO ELLIPTA.....	84	CAPLYTA.....	28
<i>balsalazide disodium</i> .....	70	<i>briellyn</i> .....	59	CAPRELSA.....	21
BALVERSA.....	21	BRILINTA.....	37	<i>captopril</i> .....	39
<i>balziva</i> .....	59	<i>brimonidine tartrate</i> .....	81	<i>captopril-hydrochlorothiazide</i> ....	39
BANZEL.....	11			CARAC.....	47
				CARBAGLU.....	50

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

<i>carbamazepine</i> .....	11, 34	CHENODAL.....	53	CLINIMIX E/DEXTROSE (2.75/5) ..	51
<i>carbamazepine er</i> .....	11, 33	<i>chlordiazepoxide-amitriptyline</i> ...	15	CLINIMIX E/DEXTROSE	
<i>carbidopa</i> .....	26	<i>chlorhexidine gluconate</i> .....	47	(4.25/10).....	51
<i>carbidopa-levodopa</i> .....	26	<i>chloroquine phosphate</i> .....	26	CLINIMIX E/DEXTROSE	
<i>carbidopa-levodopa er</i> .....	27	<i>chlorothiazide</i> .....	73	(4.25/25).....	73
<i>carbidopa-levodopa-</i>		<i>chlorpromazine hcl</i> .....	16, 28	CLINIMIX E/DEXTROSE (4.25/5) ..	51
<i>entacapone</i> .....	27	CHLORPROPAMIDE.....	73	CLINIMIX E/DEXTROSE (5/15).....	51
<i>carbinoxamine maleate</i> .....	85	<i>chlorthalidone</i> .....	39	CLINIMIX E/DEXTROSE (5/20).....	51
CARDIZEM LA.....	39	<i>chlorzoxazone</i> .....	88	CLINIMIX/DEXTROSE (2.75/5).....	73
CARIMUNE NF.....	73	CHOLBAM.....	55	CLINIMIX/DEXTROSE (4.25/10) ..	51
<i>carteolol hcl</i> .....	81	<i>cholestyramine</i> .....	39, 73	CLINIMIX/DEXTROSE (4.25/25) ..	73
<i>cartia xt</i> .....	39	<i>cholestyramine light</i> .....	39, 73	CLINIMIX/DEXTROSE (4.25/5).....	51
<i>carvedilol</i> .....	39	<i>ciclopirox</i> .....	47	CLINIMIX/DEXTROSE (5/15).....	51
<i>carvedilol phosphate er</i> .....	39	<i>ciclopirox olamine</i> .....	17	CLINIMIX/DEXTROSE (5/20).....	51
<i>caspofungin acetate</i> .....	17	<i>cilostazol</i> .....	37	CLINIMIX/DEXTROSE (5/25).....	74
CAYSTON.....	85	CILOXAN.....	8, 81	<i>clinisol sf</i> .....	51
<i>caziant</i> .....	59	CIMDUO.....	30	<i>clobazam</i> .....	11
<i>cefaclor</i> .....	7	<i>cimetidine</i> .....	53	<i>clobetasol propionate</i> .....	48
CEFACTOR ER.....	7	<i>cimetidine hcl</i> .....	53	<i>clobetasol propionate e</i> .....	48
<i>cefadroxil</i> .....	8	CIMZIA.....	66	<i>clodan</i> .....	48
<i>cefazolin sodium</i> .....	8	CIMZIA PREFILLED.....	66	<i>clomipramine hcl</i> .....	15
<i>cefdinir</i> .....	8	CIMZIA STARTER KIT.....	73	<i>clonazepam</i> .....	11, 32
<i>cefditoren pivoxil</i> .....	73	<i>cinacalcet hcl</i> .....	71	<i>clonidine</i> .....	39
<i>cefepime hcl</i> .....	8	CIPRO.....	8	<i>clonidine hcl</i> .....	39
<i>cefepime-dextrose</i> .....	73	CIPRO HC.....	84	CLONIDINE HCL ER.....	44
<i>cefixime</i> .....	8	<i>ciprofloxacin</i> .....	73	<i>clopidogrel bisulfate</i> .....	37, 74
<i>cefotaxime sodium</i> .....	73	<i>ciprofloxacin hcl</i> .....	8, 81	<i>clorazepate dipotassium</i> .....	11, 32
CEFOTETAN DISODIUM.....	8, 73	<i>ciprofloxacin in d5w</i> .....	8	CLORPRES.....	74
<i>cefoxitin sodium</i> .....	8	<i>ciprofloxacin-dexamethasone</i> .....	84	<i>clotrimazole</i> .....	17
<i>cefpodoxime proxetil</i> .....	8	<i>ciprofloxacin-fluocinolone pf</i> .....	84	<i>clotrimazole-betamethasone</i> .....	48
<i>cefprozil</i> .....	8	<i>citalopram hydrobromide</i> .....	15	<i>clovique</i> .....	51
<i>ceftazidime</i> .....	8	<i>claravis</i> .....	48	<i>clozapine</i> .....	28
<i>ceftriaxone sodium</i> .....	8, 73	CLARINEX.....	85	COARTEM.....	26
<i>ceftriaxone sodium-dextrose</i> .....	73	CLARINEX-D 12 HOUR.....	85	<i>codeine sulfate</i> .....	3
<i>cefuroxime axetil</i> .....	8	<i>clarithromycin</i> .....	8	<i>colchicine</i> .....	19
<i>cefuroxime sodium</i> .....	8	<i>clarithromycin er</i> .....	8	<i>colchicine-probenecid</i> .....	19
<i>celecoxib</i> .....	3	<i>clemastine fumarate</i> .....	85	<i>colesevelam hcl</i> .....	35, 39
CELONTIN.....	11	CLENPIQ.....	53	COLESTID.....	39
<i>cephalexin</i> .....	8	CLEOCIN.....	8	<i>colestipol hcl</i> .....	40, 74
CERDELGA.....	55	CLIMARA PRO.....	59	<i>colistimethate sodium (cba)</i> .....	9
CESAMET.....	73	<i>clindamax</i> .....	73	<i>colocort</i> .....	74
<i>cevimeline hcl</i> .....	47	<i>clindamycin hcl</i> .....	8	COMBIGAN.....	81
CHANTIX.....	6	<i>clindamycin palmitate hcl</i> .....	8	COMBIPATCH.....	59
CHANTIX CONTINUING MONTH		<i>clindamycin phos-benzoyl perox</i> .....	48	COMBIVENT RESPIMAT.....	85
PAK.....	6	<i>clindamycin phosphate</i> .....	8, 9, 48	COMETRIQ (100 MG DAILY	
CHANTIX STARTING MONTH		<i>clindamycin phosphate in d5w</i> .....	8	DOSE).....	21
PAK.....	6	CLINIMIX E/DEXTROSE		COMETRIQ (140 MG DAILY	
CHEMET.....	51	(2.75/10).....	73	DOSE).....	21

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

COMETRIQ (60 MG DAILY DOSE).....	21	DAURISMO.....	21	<i>dicloxacillin sodium</i> .....	9
<i>comfort assist insulin syringe</i> .....	35	DAYTRANA.....	44	<i>dicyclomine hcl</i> .....	53
COMPLERA.....	30	DAYVIGO.....	88, 89	<i>didanosine</i> .....	30, 74
<i>compro</i> .....	16	DDAVP RHINAL TUBE.....	57	DIFICID.....	9
CONDYLOX.....	48	<i>deblitane</i> .....	59	<i>diflunisal</i> .....	4
<i>constulose</i> .....	53	<i>deferasirox</i> .....	51	<i>digitek</i> .....	40
CONZIP.....	3	<i>deferasirox granules</i> .....	51	<i>digox</i> .....	40
COPAXONE.....	44	<i>delestrogen</i> .....	59	<i>digoxin</i> .....	40
COPIKTRA.....	21	<i>delstrigo</i> .....	30	<i>dihydroergotamine mesylate</i> .....	19
CORLANOR.....	40	<i>delyla</i> .....	74	DILANTIN.....	12
<i>cortisone acetate</i> .....	57, 70	<i>demeclocycline hcl</i> .....	9	<i>diltiazem hcl</i> .....	40
CORTISPORIN.....	48, 81	DEM SER.....	40	<i>diltiazem hcl er</i> .....	40
CORTISPORIN-TC.....	74	DEPO-ESTRADIOL.....	59	<i>diltiazem hcl er beads</i> .....	40, 74
COSENTYX.....	74	DEPO-PROVERA.....	59	<i>diltiazem hcl er coated beads</i> .....	40, 74
COSENTYX (300 MG DOSE).....	66	DEPO-SUBQ PROVERA 104.....	59	<i>dilt-xr</i> .....	40
COSENTYX SENSOREADY (300 MG).....	67	DESCOVY.....	30	<i>dimethyl fumarate</i> .....	74
COSENTYX SENSOREADY PEN.....	74	<i>desipramine hcl</i> .....	15	DIPENTUM.....	70
COTELLIC.....	21	<i>desloratadine</i> .....	85	<i>diphenhydramine hcl</i> .....	74
COUMADIN.....	74	<i>desmopressin ace spray refrig</i> .....	58	<i>diphenoxylate-atropine</i> .....	53
CREON.....	55	<i>desmopressin acetate</i> .....	58	<i>diphtheria-tetanus toxoids dt</i> .....	67
CRINONE.....	59	<i>desmopressin acetate spray</i> .....	74	<i>dipyridamole</i> .....	37
CRIXIVAN.....	30	<i>desogestrel-ethinyl estradiol</i> 60, 74		<i>disopyramide phosphate</i> .....	40
<i>cromolyn sodium</i> .....	55, 81, 85	<i>desonide</i> .....	48	<i>disulfiram</i> .....	6
<i>crotan</i> .....	74	<i>desoximetasone</i> .....	48	DIURIL.....	40
<i>cryselle-28</i> .....	59	<i>desvenlafaxine er</i> .....	15	<i>divalproex sodium</i> .....	12, 19, 34
<i>cvs gauze sterile</i> .....	35	<i>desvenlafaxine succinate er</i> .....	15	<i>divalproex sodium er</i> .....	12, 19, 34
<i>cyclafem 1/35</i> .....	59	<i>dexamethasone</i> .....	57, 70, 74	DIVIGEL.....	60, 74
<i>cyclafem 7/7/7</i> .....	59	DEXAMETHASONE INTENSOL.....	74	<i>dofetilide</i> .....	40
<i>cyclobenzaprine hcl</i> .....	88	<i>dexamethasone sodium phosphate</i> .....	81	<i>donepezil hcl</i> .....	14
<i>cyclophosphamide</i> .....	21	<i>dexamethylphenidate hcl</i> .....	44	DOPTelet.....	37
CYCLOSET.....	35	<i>dexamethylphenidate hcl er</i> .....	44	DORIBAX.....	75
<i>cyclosporine</i> .....	67	<i>dextroamphetamine sulfate</i> .....	45	DORIPENEM.....	75
<i>cyclosporine modified</i> .....	67	<i>dextroamphetamine sulfate er</i> ...	45	<i>dorzolamide hcl</i> .....	81
<i>cyproheptadine hcl</i> .....	85	<i>dextrose</i> .....	51	<i>dorzolamide hcl-timolol mal</i> .....	81
<i>cyred</i> .....	74	<i>dextrose in lactated ringers</i> .....	74	<i>dorzolamide hcl-timolol mal pf</i> ...	81
CYSTADANE.....	55	<i>dextrose-nacl</i> .....	51, 74	<i>dotti</i> .....	60
CYSTAGON.....	55	DIACOMIT.....	74	DOVATO.....	30
CYSTARAN.....	81	DIASTAT ACUDIAL.....	11, 32	<i>doxazosin mesylate</i> .....	40, 56
<i>dalfampridine er</i> .....	44	DIASTAT PEDIATRIC.....	11, 32	<i>doxepin hcl</i> .....	15, 33, 89
DALIRESP.....	85	<i>diazepam</i> .....	11, 12, 32, 74	<i>doxercalciferol</i> .....	71
<i>danazol</i> .....	59	DIAZEPAM.....	12, 32	DOXY 100.....	9
<i>dantrolene sodium</i> .....	30	<i>diazepam intensol</i> .....	74	<i>doxycycline hyclate</i> .....	9, 75
<i>dapsone</i> .....	20, 48	<i>diazoxide</i> .....	35	<i>doxycycline monohydrate</i> .....	9
<i>daptacel</i> .....	67	<i>diclofenac epolamine</i> .....	3	DRIZALMA SPRINKLE.....	15, 33
<i>daptomycin</i> .....	9	<i>diclofenac potassium</i> .....	3	<i>dronabinol</i> .....	17
<i>darifenacin hydrobromide er</i> .....	56	<i>diclofenac sodium</i> .....	3, 4, 81	<i>drospiren-eth estrad-levomefol</i> .....	60, 75
		<i>diclofenac sodium er</i> .....	3	<i>drospirenone-ethinyl estradiol</i> ....	60

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

DROXIA.....	21	<i>entecavir</i> .....	30	EVAMIST.....	61
DUAVEE.....	60	ENTRESTO.....	40	<i>everolimus</i> .....	22, 67
<i>duloxetine hcl</i> .....	15, 33, 45	<i>enulose</i> .....	53	EVOTAZ.....	30
DUOBRII.....	48	ENVARBUS XR.....	67	EVRYSDI.....	45
DUOPA.....	27	EPCLUSA.....	30	<i>exel comfort point pen needle</i> ...	35
DUPIXENT.....	48, 67, 85	EPIDIOLEX.....	12	EXELDERM.....	75
<i>duramorph</i> .....	75	<i>epinastine hcl</i> .....	81	<i>exemestane</i> .....	22
DUREZOL.....	81	<i>epinephrine</i> .....	85	<i>ezetimibe</i> .....	40
<i>dutasteride</i> .....	56	<i>epitol</i> .....	12, 34	<i>ezetimibe-simvastatin</i> .....	41
<i>dutasteride-tamsulosin hcl</i> .....	56	EPIVIR HBV.....	30	FABIOR.....	48
DUTOPROL.....	40	<i>eplerenone</i> .....	40	<i>falmina</i> .....	61
E.E.S. 400.....	75	<i>eprosartan mesylate</i> .....	75	<i>famciclovir</i> .....	30
<i>econazole nitrate</i> .....	18	EQUETRO.....	12, 34	<i>famotidine</i> .....	53
EDARBI.....	40	ERAXIS.....	18	FANAPT.....	28
EDARBYCLOR.....	40	<i>ergoloid mesylates</i> .....	14	FANAPT TITRATION PACK.....	28
EDURANT.....	30	<i>ergotamine-caffeine</i> .....	19	FARXIGA.....	35
<i>efavirenz</i> .....	30	ERIVEDGE.....	21	FARYDAK.....	22, 75
EGRIFTA.....	75	ERLEADA.....	22	FASENRA.....	85
EGRIFTA SV.....	58	<i>erlotinib hcl</i> .....	22	FASENRA PEN.....	85
ELESTRIN.....	60	<i>errin</i> .....	60	<i>fayosim</i> .....	61
<i>eletriptan hydrobromide</i> .....	19	ERTACZO.....	18	<i>febuxostat</i> .....	19
ELIGARD.....	65	<i>ertapenem sodium</i> .....	9	<i>felbamate</i> .....	12
ELIQUIS.....	37	ERY.....	48	<i>felodipine er</i> .....	41
ELIQUIS DVT/PE STARTER PACK..	37	<i>erygel</i> .....	48	FEMRING.....	61
ELMIRON.....	56	ERYTHROCIN LACTOBIONATE.....	9	<i>femynor</i> .....	61
<i>eluryng</i> .....	60	ERYTHROCIN STEARATE.....	9	<i>fenofibrate</i> .....	41
EMCYT.....	21	<i>erythromycin</i> .....	48, 75, 82	<i>fenofibric acid</i> .....	41, 75
EMEND.....	17	<i>erythromycin base</i> .....	9	<i>fenopropfen calcium</i> .....	4
EMFLAZA.....	57	<i>erythromycin ethylsuccinate</i> .....	9	<i>fentanyl</i> .....	4
EMGALITY.....	19	ESBRIET.....	85	<i>fentanyl citrate</i> .....	4
EMGALITY (300 MG DOSE).....	19	<i>escitalopram oxalate</i> .....	15, 33	FERRIPROX.....	51
<i>emoquette</i> .....	60	<i>esomeprazole magnesium</i> .....	53	FETZIMA.....	15
EMSAM.....	15	<i>estarylla</i> .....	60	FETZIMA TITRATION.....	15
<i>emtricitabine</i> .....	75	<i>estazolam</i> .....	89	FINACEA.....	49
EMTRIVA.....	30	<i>estradiol</i> .....	60	<i>finasteride</i> .....	56
EMVERM.....	26	<i>estradiol valerate</i> .....	60	FINTEPLA.....	12
<i>enalapril maleate</i> .....	40	<i>estradiol-norethindrone acet</i> .....	60	FIRDAPSE.....	45, 55
<i>enalapril-hydrochlorothiazide</i> ....	40	ESTRING.....	61	FIRMAGON.....	65
ENBREL.....	67	<i>ethacrynic acid</i> .....	40	FIRMAGON (240 MG DOSE).....	65
ENBREL MINI.....	67	<i>ethambutol hcl</i> .....	20	FIRVANQ.....	9
ENBREL SURECLICK.....	67	<i>ethosuximide</i> .....	12	<i>flac</i> .....	84
<i>endocet</i> .....	4	<i>ethynodiol diac-eth estradiol</i> .....	61	FLAREX.....	82
<i>engerix-b</i> .....	67	<i>etidronate disodium</i> .....	75	<i>flavoxate hcl</i> .....	56
<i>enoxaparin sodium</i> .....	37, 75	<i>etodolac</i> .....	4	FLEBOGAMMA DIF.....	67, 75
<i>enpresse-28</i> .....	60	<i>etonogestrel-ethinyl estradiol</i> ....	61	<i>flecainide acetate</i> .....	41
<i>enskyce</i> .....	60	EUCRISA.....	48	FLOVENT DISKUS.....	85, 86
ENSPRYNG.....	67	EURAX.....	75	FLOVENT HFA.....	86
<i>entacapone</i> .....	27	<i>euthyrox</i> .....	65	<i>fluconazole</i> .....	18

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



<i>fluconazole in sodium chloride</i> ...	18	<i>gardasil 9</i> .....	67	<i>halobetasol propionate</i> .....	49
<i>flucytosine</i> .....	18	<i>gatifloxacin</i> .....	82	<i>haloperidol</i> .....	28
<i>fludrocortisone acetate</i> .....	57	GATTEX.....	53	<i>haloperidol decanoate</i> .....	28
<i>flunisolide</i> .....	86	<i>gavilyte-c</i> .....	53	<i>haloperidol lactate</i> .....	28
<i>fluocinolone acetonide</i> .....	49, 84	<i>gavilyte-g</i> .....	53	HARVONI.....	31, 76
<i>fluocinolone acetonide body</i> .....	75	<i>gavilyte-h</i> .....	76	<i>havrix</i> .....	68
<i>fluocinolone acetonide scalp</i> .....	49	<i>gavilyte-n with flavor pack</i> .....	53	HELIDAC THERAPY.....	54
<i>fluocinonide</i> .....	49, 75	GELNIQUE.....	56	HEMANGEOL.....	76
<i>fluocinonide emulsified base</i> .....	49	<i>gemfibrozil</i> .....	41	<i>heparin sodium (porcine)</i> .....	38, 76
<i>fluocinonide-e</i> .....	75	<i>generlac</i> .....	53	<i>heparin sodium (porcine) pf</i> .....	76
<i>fluorometholone</i> .....	82	<i>gengraf</i> .....	67	<i>hepatamine</i> .....	51
<i>fluorouracil</i> .....	49, 75	GENOTROPIN.....	58	HETLIOZ.....	89
<i>fluoxetine hcl</i> .....	15	GENOTROPIN MINIQUICK.....	58	<i>hiberix</i> .....	68
<i>fluphenazine decanoate</i> .....	28	<i>gentak</i> .....	82	HORIZANT.....	12, 45
<i>fluphenazine hcl</i> .....	28	<i>gentamicin in saline</i> .....	9, 76	HUMALOG.....	35
<i>flurandrenolide</i> .....	49	<i>gentamicin sulfate</i> .....	9, 76, 82	HUMALOG JUNIOR KWIKPEN.....	35
<i>flurbiprofen</i> .....	4, 75	GENVOYA.....	31	HUMALOG KWIKPEN.....	35
<i>flurbiprofen sodium</i> .....	82	<i>gildess 1.5/30</i> .....	76	HUMALOG MIX 50/50.....	35
<i>flutamide</i> .....	22	GILENYA.....	45	HUMALOG MIX 50/50 KWIKPEN.....	35
<i>fluticasone propionate</i> .....	49, 86	GILOTRIF.....	22	HUMALOG MIX 75/25.....	36
<i>fluticasone-salmeterol</i> .....	86	GLASSIA.....	55	HUMALOG MIX 75/25 KWIKPEN.....	36
<i>fluvastatin sodium er</i> .....	41	<i>glatiramer acetate</i> .....	45	HUMATROPE.....	58
<i>fluvoxamine maleate</i> .....	15	<i>glatopa</i> .....	45	HUMIRA.....	68
<i>fluvoxamine maleate er</i> .....	16	GLEOSTINE.....	76	HUMIRA PEDIATRIC CROHNS START.....	68, 76
FML.....	82	<i>glimepiride</i> .....	35	HUMIRA PEN.....	68
FML FORTE.....	82	<i>glipizide</i> .....	35	HUMIRA PEN-CD/UC/HS STARTER.....	68
<i>fondaparinux sodium</i> .....	37	<i>glipizide er</i> .....	35	HUMIRA PEN-PS/UV/ADOL HS START.....	68
FORTEO.....	71, 75	<i>glipizide-metformin hcl</i> .....	35	HUMULIN 70/30.....	36
<i>fosamprenavir calcium</i> .....	30	<i>global alcohol prep ease</i> .....	49	HUMULIN 70/30 KWIKPEN.....	36
<i>fosinopril sodium</i> .....	41	GLUCAGEN HYPOKIT.....	35	HUMULIN N.....	36
<i>fosinopril sodium-hctz</i> .....	41	<i>glucagon emergency</i> .....	35	HUMULIN N KWIKPEN.....	36
FRAGMIN.....	38	<i>glycopyrrolate</i> .....	53	HUMULIN R.....	36
FREAMINE HBC.....	51	GLYXAMBI.....	35	HUMULIN R U-500 (CONCENTRATED).....	36
<i>frovatriptan succinate</i> .....	19	GOCOVRI.....	27	HUMULIN R U-500 KWIKPEN.....	36
<i>furosemide</i> .....	41	GOLYTELY.....	54	<i>hydralazine hcl</i> .....	41
FUZEON.....	31	GRALISE.....	12, 45	<i>hydrochlorothiazide</i> .....	41
<i>fyavolv</i> .....	61	GRALISE STARTER.....	12, 45	<i>hydrocodone-acetaminophen</i> .....	4
FYCOMPA.....	12	<i>granisetron hcl</i> .....	17	<i>hydrocodone-ibuprofen</i> .....	4
<i>gabapentin</i> .....	12	<i>griseofulvin microsize</i> .....	18	<i>hydrocortisone</i> .....	49, 57, 70
GALAFOLD.....	55	<i>griseofulvin ultramicrosize</i> .....	18	<i>hydrocortisone butyrate</i> .....	49
<i>galantamine hydrobromide</i> .....	14	<i>guanfacine hcl</i> .....	41	<i>hydrocortisone valerate</i> .....	49
<i>galantamine hydrobromide er</i> .....	14	<i>guanfacine hcl er</i> .....	45	<i>hydrocortisone-acetic acid</i> .....	84
GAMMAGARD.....	67, 75	<i>guanidine hcl</i> .....	20	<i>hydromorphone hcl</i> .....	4, 76
GAMMAGARD S/D LESS IGA.....	67	<i>gvoke hypopen 2-pack</i> .....	35	<i>hydromorphone hcl pf</i> .....	4, 76
GAMMAKED.....	67, 75	GVOKE PFS.....	35		
GAMMAPLEX.....	67, 75	GYNAZOLE-1.....	18		
GAMUNEX-C.....	67, 76	HAEGARDA.....	68		
<i>gardasil</i> .....	76	<i>hailey 24 fe</i> .....	61		

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

<i>hydroxychloroquine sulfate</i> .....	26	IRESSA.....	22	<i>ketorolac tromethamine</i> .....	4, 82
<i>hydroxyurea</i> .....	22	ISENTRESS.....	31	KEVEYIS.....	55
<i>hydroxyzine hcl</i> .....	33, 86	ISENTRESS HD.....	31	KEVZARA.....	68
<i>hydroxyzine pamoate</i> .....	33, 86	<i>isibloom</i> .....	61	KINERET.....	68
<i>hyperrab</i> .....	76	ISOLYTE-P IN D5W.....	51	<i>kinrix</i> .....	68
HYSINGLA ER.....	4	ISOLYTE-S.....	51	<i>kionex</i> .....	51
<i>ibandronate sodium</i> .....	71	<i>isoniazid</i> .....	20	KISQALI (200 MG DOSE).....	22
IBRANCE.....	22	<i>isosorbide dinitrate</i> .....	41	KISQALI (400 MG DOSE).....	22
<i>ibu</i> .....	4	<i>isosorbide dinitrate er</i> .....	76	KISQALI (600 MG DOSE).....	22
<i>ibuprofen</i> .....	4	<i>isosorbide mononitrate</i> .....	41	KISQALI FEMARA (400 MG DOSE).....	22
<i>icatibant acetate</i> .....	68	<i>isosorbide mononitrate er</i> .....	41	KISQALI FEMARA (600 MG DOSE).....	22
ICLUSIG.....	22	<i>isotretinoin</i> .....	49	KISQALI FEMARA(200 MG DOSE).....	22
IDHIFA.....	22	<i>isradipine</i> .....	41	<i>klor-con</i> .....	51
ILARIS.....	76	ISTURISA.....	57	<i>klor-con 10</i> .....	51
ILEVRO.....	82	<i>itraconazole</i> .....	18	<i>klor-con m10</i> .....	51
<i>imatinib mesylate</i> .....	22	<i>ivermectin</i> .....	26, 76	KLOR-CON M15.....	51
IMBRUVICA.....	22	<i>ixiaro</i> .....	68	<i>klor-con m20</i> .....	51
<i>imipenem-cilastatin</i> .....	9	JAKAFI.....	22	<i>klor-con sprinkle</i> .....	76
<i>imipramine hcl</i> .....	16	<i>jantoven</i> .....	38	KORLYM.....	36
<i>imiquimod</i> .....	49	JARDIANCE.....	36	KOSELUGO.....	22
<i>imovax rabies</i> .....	68	<i>jasmiel</i> .....	61	KRISTALOSE.....	54
IMURAN.....	68	JENTADUETO.....	36	K-TAB.....	52
INBRIJA.....	27	JENTADUETO XR.....	36	<i>kurvelo</i> .....	61
<i>incassia</i> .....	61	JINTELI.....	61	KUVAN.....	55
INCRELEX.....	58	JUBLIA.....	18	KYNMOBI.....	27
<i>indapamide</i> .....	41	<i>juleber</i> .....	61	KYNMOBI TITRATION KIT.....	76
<i>indomethacin</i> .....	4	JULUCA.....	31	<i>labetalol hcl</i> .....	41
<i>indomethacin er</i> .....	4	<i>junel 1.5/30</i> .....	61	LACRISERT.....	82
<i>infanrix</i> .....	68	<i>junel 1/20</i> .....	61	<i>lactated ringers</i> .....	76
INGREZZA.....	45	<i>junel fe 1.5/30</i> .....	61	<i>lactulose</i> .....	54
INLYTA.....	22	<i>junel fe 1/20</i> .....	61	LAMICTAL XR.....	12, 34
INQOVI.....	22	<i>junel fe 24</i> .....	61	<i>lamivudine</i> .....	31
INREBIC.....	22	JUXTAPID.....	41	<i>lamivudine-zidovudine</i> .....	31
INTELENCE.....	31	JYNARQUE.....	51	<i>lamotrigine</i> .....	12, 34
INTRALIPID.....	51	<i>kaitlib fe</i> .....	61	<i>lamotrigine er</i> .....	12, 34
INTRON A.....	68	KALETRA.....	31	<i>lamotrigine starter kit-blue</i> ...12, 34	
<i>introvale</i> .....	61	KALYDECO.....	86	<i>lamotrigine starter kit-green</i> 12, 34	
INVEGA SUSTENNA.....	28	<i>kariva</i> .....	61	<i>lamotrigine starter kit-orange</i>	
INVEGA TRINZA.....	28	<i>kcl in dextrose-nacl</i> .....	51, 76	.....	12, 34
INVELTYS.....	82	<i>kcl-lactated ringers-d5w</i> .....	51	LANOXIN.....	41
INVIRASE.....	31	<i>kelnor 1/35</i> .....	61	<i>lansoprazole</i> .....	54
IONOSOL-MB IN D5W.....	76	<i>kelnor 1/50</i> .....	61	<i>lanthanum carbonate</i> .....	52
IOPIDINE.....	82	KERYDIN.....	18, 49	LANTUS.....	36
<i>ipol</i> .....	68	KESIMPTA.....	45	LANTUS SOLOSTAR.....	36
<i>ipratropium bromide</i> .....	86	<i>ketoconazole</i> .....	18	<i>larin 1.5/30</i> .....	61
<i>ipratropium-albuterol</i> .....	86	<i>ketodan</i> .....	18		
<i>irbesartan</i> .....	41	<i>ketoprofen</i> .....	4		
<i>irbesartan-hydrochlorothiazide</i> ..	41	KETOPROFEN ER.....	4		

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

<i>larin 1/20</i> .....	61	<i>lidocaine viscous hcl</i> .....	6	LYNPARZA.....	23
<i>larin fe 1.5/30</i> .....	61	<i>lidocaine-prilocaine</i> .....	6	LYSODREN.....	23, 65
<i>larin fe 1/20</i> .....	61	<i>lindane</i> .....	49	LYUMJEV.....	36
<i>larissia</i> .....	61	<i>linezolid</i> .....	9	LYUMJEV KWIKPEN.....	36
LASTACAPT.....	82	LINZESS.....	54	<i>lyza</i> .....	62
<i>latanoprost</i> .....	82	<i>liothyronine sodium</i> .....	65	<i>mafenide acetate</i> .....	49
LATUDA.....	28, 34	<i>lisinopril</i> .....	41	<i>magnesium sulfate</i> .....	52
<i>layolis fe</i> .....	62	<i>lisinopril-hydrochlorothiazide</i> .....	41	<i>malathion</i> .....	49
<i>leflunomide</i> .....	68	<i>lithium</i> .....	34	<i>maprotiline hcl</i> .....	16
LENVIMA (10 MG DAILY DOSE)...	22	<i>lithium carbonate</i> .....	34	<i>marlissa</i> .....	62
LENVIMA (12 MG DAILY DOSE)...	22	<i>lithium carbonate er</i> .....	34	MARPLAN.....	16
LENVIMA (14 MG DAILY DOSE)...	22	LIVALO.....	41	MATULANE.....	23
LENVIMA (18 MG DAILY DOSE)...	22	LO LOESTRIN FE.....	62	<i>matzim la</i> .....	41
LENVIMA (20 MG DAILY DOSE)...	22	LOKELMA.....	52	MAVENCLAD (10 TABS).....	45
LENVIMA (24 MG DAILY DOSE)...	22	LOMOTIL.....	54	MAVENCLAD (4 TABS).....	45
LENVIMA (4 MG DAILY DOSE).....	22	LONHALA MAGNAIR REFILL KIT..	86	MAVENCLAD (5 TABS).....	45
LENVIMA (8 MG DAILY DOSE).....	22	LONHALA MAGNAIR STARTER		MAVENCLAD (6 TABS).....	45
<i>lessina</i> .....	62	KIT.....	77	MAVENCLAD (7 TABS).....	45
<i>letrozole</i> .....	22	LONSURF.....	23	MAVENCLAD (8 TABS).....	45
<i>leucovorin calcium</i> .....	22	<i>loperamide hcl</i> .....	54	MAVENCLAD (9 TABS).....	45
LEUKERAN.....	23	<i>lopinavir-ritonavir</i> .....	31	MAVYRET.....	31
LEUKINE.....	38	<i>lopreeza</i> .....	62, 77	MAYZENT.....	45
<i>leuprolide acetate</i> .....	65	<i>lorazepam</i> .....	12, 33	<i>meclizine hcl</i> .....	17
<i>levabuterol hcl</i> .....	86	<i>lorazepam intensol</i> .....	12, 33	MEDROL.....	57, 70
<i>levabuterol tartrate</i> .....	86	LORBRENA.....	23	<i>medroxyprogesterone acetate</i> ...	62
LEVEMIR.....	36	<i>lorcet hd</i> .....	4	<i>mefloquine hcl</i> .....	26
LEVEMIR FLEXTOUCH.....	36	<i>lorcet plus</i> .....	77	<i>megestrol acetate</i> .....	62, 77
<i>levetiracetam</i> .....	12	<i>loryna</i> .....	62	MEKINIST.....	23
<i>levetiracetam er</i> .....	12	<i>losartan potassium</i> .....	41	MEKTOVI.....	23
<i>levobunolol hcl</i> .....	82	<i>losartan potassium-hctz</i> .....	41	<i>melodetta 24 fe</i> .....	62
<i>levocarnitine</i> .....	52	LOTEMAX.....	82	<i>meloxicam</i> .....	4
<i>levocetirizine dihydrochloride</i> .....	86	LOTEMAX SM.....	82	<i>memantine hcl</i> .....	14
<i>levofloxacin</i> .....	9, 82	<i>loteprednol etabonate</i> .....	82	<i>memantine hcl er</i> .....	14
<i>levofloxacin in d5w</i> .....	9, 76	<i>lovastatin</i> .....	41	<i>menactra</i> .....	68
<i>levonest</i> .....	62	<i>low-ogestrel</i> .....	62	MENEST.....	62
<i>levonorgest-eth est &amp; eth est</i> .....	62	<i>loxapine succinate</i> .....	28	MENOSTAR.....	62
<i>levonorgest-eth estrad 91-day</i> ...	62	LUCEMYRA.....	6	MENTAX.....	18
<i>levonorgestrel-ethinyl estrad</i> .....	62	LUMIGAN.....	82	<i>menveo</i> .....	68
<i>levonorg-eth estrad triphasic</i> .....	62	LUPANETA PACK.....	65	<i>meprobamate</i> .....	33
<i>levora 0.15/30 (28)</i> .....	62	LUPRON DEPOT (1-MONTH).....	66	<i>mercaptopurine</i> .....	68
<i>levo-t</i> .....	65	LUPRON DEPOT (3-MONTH).....	66	<i>meropenem</i> .....	9
<i>levothyroxine sodium</i> .....	65	LUPRON DEPOT (4-MONTH).....	66	<i>mesalamine</i> .....	70, 71
<i>levoxyl</i> .....	65	LUPRON DEPOT (6-MONTH).....	66	<i>mesalamine er</i> .....	70
LEXIVA.....	31	LUPRON DEPOT-PED (1-		<i>mesalamine-cleanser</i> .....	77
<i>lidocaine</i> .....	6	MONTH).....	77	MESNEX.....	23
<i>lidocaine hcl</i> .....	6, 76	LUPRON DEPOT-PED (3-		<i>metadate er</i> .....	77
<i>lidocaine hcl (pf)</i> .....	76	MONTH).....	77	<i>metaproterenol sulfate</i> .....	86
<i>lidocaine hcl urethral/mucosal</i> .....	6	<i>lutera</i> .....	62	<i>metaxalone</i> .....	88

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

<i>metformin hcl</i> .....	36	MILLIPRED .....	57, 71	NAPRELAN .....	5
<i>metformin hcl er</i> .....	36	<i>mimvey</i> .....	63	<i>naproxen</i> .....	5
<i>methadone hcl</i> .....	4, 5	<i>mimvey lo</i> .....	77	<i>naproxen dr</i> .....	5
<i>methamphetamine hcl</i> .....	45	<i>minitran</i> .....	42	<i>naproxen sodium</i> .....	5
<i>methazolamide</i> .....	82	MINIVELLE .....	63	<i>naproxen sodium er</i> .....	5
<i>methenamine hippurate</i> .....	9	<i>minocycline hcl</i> .....	10	<i>naratriptan hcl</i> .....	19
<i>methimazole</i> .....	66	<i>minoxidil</i> .....	42	NARCAN .....	7
METHITEST .....	62	<i>mirtazapine</i> .....	16	NATACYN .....	82
<i>methocarbamol</i> .....	88	MIRVASO .....	49	NATAZIA .....	63
<i>methotrexate</i> .....	23, 68	<i>misoprostol</i> .....	54, 58	<i>nateglinide</i> .....	36
<i>methotrexate sodium</i> .....	23, 68, 77	<i>m-m-r ii</i> .....	68	NATESTO .....	63
<i>methotrexate sodium (pf)</i> .....	23, 68, 77	<i>modafinil</i> .....	89	NATPARA.....	71
<i>methoxsalen rapid</i> .....	49	<i>moexipril hcl</i> .....	42	NAYZILAM .....	12, 33
<i>methscopolamine bromide</i> .....	54	<i>molindone hcl</i> .....	28	<i>necon 0.5/35 (28)</i> .....	63
<i>methyldopa</i> .....	42	<i>mometasone furoate</i> .....	49, 86	<i>necon 1/35 (28)</i> .....	77
<i>methyldopa-</i> <i>hydrochlorothiazide</i> .....	42	MONDOXYNE NL.....	10	<i>nefazodone hcl</i> .....	16
<i>methylergonovine maleate</i> .....	77	<i>mononessa</i> .....	77	<i>neomycin sulfate</i> .....	10
<i>methylphenidate hcl</i> .....	46	<i>montelukast sodium</i> .....	86	<i>neomycin-bacitracin zn-</i> <i>polymyx</i> .....	82
<i>methylphenidate hcl er</i> .....	45, 46	MONUROL.....	10	<i>neomycin-polymyxin-dexameth</i> ..	82
<i>methylphenidate hcl er (cd)</i> .....	45	MORPHABOND ER.....	77	<i>neomycin-polymyxin-gramicidin</i> ..	82
<i>methylphenidate hcl er (la)</i> .....	45	<i>morphine sulfate</i> .....	5, 77	<i>neomycin-polymyxin-gramicidin</i> ..	82
<i>methylphenidate hcl er (la)</i> .....	45	<i>morphine sulfate (concentrate)</i> ....	5	NEOMYCIN-POLYMYXIN-HC.....	82
<i>methylphenidate hcl er (xr)</i> .....	45	<i>morphine sulfate (pf)</i> .....	77	<i>neomycin-polymyxin-hc</i> .....	84
<i>methylprednisolone</i> .....	57, 71	<i>morphine sulfate er</i> .....	5	NEO-SYNALAR.....	49
<i>methyltestosterone</i> .....	62	<i>morphine sulfate er beads</i> .....	5	NEPHRAMINE.....	52
<i>metoclopramide hcl</i> .....	17, 54	MOVANTIK.....	54	NERLYNX.....	23
<i>metolazone</i> .....	42	<i>moxifloxacin hcl</i> .....	10, 77, 82	NEULASTA.....	38
<i>metoprolol succinate er</i> .....	42	<i>moxifloxacin hcl in nacl</i> .....	10	NEULASTA ONPRO .....	77
<i>metoprolol tartrate</i> .....	42	MULTAQ.....	42	NEUPRO .....	27
<i>metoprolol-hydrochlorothiazide</i> ..	42	<i>mupirocin</i> .....	49	NEVANAC.....	82
<i>metronidazole</i> .....	9, 10	<i>mupirocin calcium</i> .....	49	<i>nevirapine</i> .....	31
<i>metronidazole in nacl</i> .....	10	MYALEPT.....	54	<i>nevirapine er</i> .....	31
<i>metyrosine</i> .....	77	MYCAPSSA.....	66	NEXAVAR.....	23
<i>mexiletine hcl</i> .....	42	<i>mycophenolate mofetil</i> .....	68	NEXLETOL.....	42
<i>mibelas 24 fe</i> .....	62	<i>mycophenolate sodium</i> .....	68	NEXLIZET .....	42
<i>micafungin sodium</i> .....	18	<i>myorisan</i> .....	49	<i>niacin (antihyperlipidemic)</i> .....	78
MICONAZOLE 3 .....	18	MYRBETRIQ.....	56	<i>niacin er (antihyperlipidemic)</i> ....	42
<i>microgestin 1.5/30</i> .....	62	MYTESI.....	54	<i>nicardipine hcl</i> .....	42
<i>microgestin 1/20</i> .....	62	<i>nabumetone</i> .....	5	NICOTROL.....	7
<i>microgestin fe 1.5/30</i> .....	62	<i>nadolol</i> .....	42	NICOTROL NS.....	7
<i>microgestin fe 1/20</i> .....	63	<i>nafcillin sodium</i> .....	10, 77	<i>nifediac cc</i> .....	78
<i>midodrine hcl</i> .....	42	<i>naftifine hcl</i> .....	18, 77	<i>nifedical xl</i> .....	78
<i>migergot</i> .....	19	NAFTIN .....	18	<i>nifedipine</i> .....	42
<i>miglitol</i> .....	36	<i>naloxone hcl</i> .....	6, 7, 77	<i>nifedipine er</i> .....	42
<i>miglustat</i> .....	55	<i>naltrexone hcl</i> .....	7	<i>nifedipine er osmotic release</i> .....	42
MIGRANAL.....	19	NAMENDA TITRATION PAK.....	14	<i>nikki</i> .....	63
<i>mili</i> .....	63	NAMZARIC.....	14	<i>nilutamide</i> .....	23
		NAPHAZOLINE HCL.....	77	<i>nimodipine</i> .....	42

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

NINLARO.....	23	<i>nystatin-triamcinolone</i> .....	49	<i>oxycodone hcl er</i> .....	5
<i>nitisinone</i> .....	55	<i>nystop</i> .....	18	<i>oxycodone-acetaminophen</i> .....	5
NITRO-BID.....	42	OCALIVA.....	54	<i>oxycodone-aspirin</i> .....	5
NITRO-DUR.....	42	<i>ocella</i> .....	63	<i>oxycodone-ibuprofen</i> .....	78
<i>nitrofurantoin macrocrystal</i> .....	10	OCTAGAM.....	68, 78	OXYCONTIN.....	5
<i>nitrofurantoin monohyd macro</i> ..	10	<i>octreotide acetate</i> .....	66	<i>oxymorphone hcl</i> .....	5
<i>nitroglycerin</i> .....	42	ODEFSEY.....	31	<i>oxymorphone hcl er</i> .....	5
NITROMIST.....	78	ODOMZO.....	23	OZEMPIC (0.25 OR 0.5	
NITYR.....	55	OFEV.....	86	MG/DOSE).....	36
NIVESTYM.....	38	<i>ofloxacin</i> .....	10, 83, 84	OZEMPIC (1 MG/DOSE).....	36
<i>nizatidine</i> .....	54	OGESTREL.....	78	<i>pacerone</i> .....	43
<i>nora-be</i> .....	63	<i>olanzapine</i> .....	29, 34	<i>paliperidone er</i> .....	29
NORDITROPIN FLEXPRO.....	58	<i>olanzapine-fluoxetine hcl</i> .....	16	PALYNZIQ.....	55
<i>norethin ace-eth estrad-fe</i> ....	63, 78	<i>olmesartan medoxomil</i> .....	42	PANDEL.....	50
<i>norethindrone</i> .....	63	<i>olmesartan medoxomil-hctz</i> .....	42	PANRETIN.....	78
<i>norethindrone acetate</i> .....	63	<i>olmesartan-amlodipine-hctz</i> .....	42	<i>pantoprazole sodium</i> .....	54
<i>norethindrone acet-ethinyl est</i> ...	63	<i>olopatadine hcl</i> .....	83, 86	<i>paricalcitol</i> .....	71
<i>norethindrone-eth estradiol</i> .....	63	OMECLAMOX-PAK.....	54	<i>paromomycin sulfate</i> .....	10
<i>norethin-eth estradiol-fe</i> .....	63	OMEGAVEN.....	78	<i>paroxetine hcl</i> .....	16, 33
<i>norgestimate-eth estradiol</i> .....	63	<i>omeprazole</i> .....	54	<i>paroxetine hcl er</i> .....	16, 33
<i>norgestim-eth estrad triphasic</i> ...	63	OMNIPOD DASH 5 PACK PODS...	78	<i>paroxetine mesylate</i> .....	16
<i>norlyroc</i> .....	78	OMNITROPE.....	58	PASER.....	20
<i>normosol-m in d5w</i> .....	52	<i>ondansetron</i> .....	17	PAXIL.....	16, 33
NORMOSOL-R IN D5W.....	78	<i>ondansetron hcl</i> .....	17	<i>pediarix</i> .....	69
NORMOSOL-R PH 7.4.....	78	OPSUMIT.....	86	<i>pedvax hib</i> .....	69
NORPACE CR.....	42	ORENITRAM.....	86	<i>peg 3350/electrolytes</i> .....	78
NORTHERA.....	42	ORFADIN.....	55	<i>peg 3350-kcl-na bicarb-nacl</i> .....	54
<i>nortrel 0.5/35 (28)</i> .....	63	ORIAHNN.....	63	<i>peg-3350/electrolytes</i> .....	54
<i>nortrel 1/35 (21)</i> .....	63	ORLISSA.....	58	PEGANONE.....	13
<i>nortrel 1/35 (28)</i> .....	63	ORKAMBI.....	86	PEGASYS.....	69
<i>nortrel 7/7/7</i> .....	63	<i>orphenadrine citrate er</i> .....	88	PEGASYS PROCLICK.....	69, 78
<i>nortriptyline hcl</i> .....	16	<i>orsythia</i> .....	63	PEGINTRON.....	78
NORVIR.....	31	<i>oseltamivir phosphate</i> .....	31	PEG-INTRON.....	78
NOXAFIL.....	18	OSMOLEX ER.....	27	PEG-INTRON REDIPEN.....	78
NUBEQA.....	23	OTEZLA.....	49, 68	<i>peg-kcl-nacl-nasulf-na asc-c</i> .....	78
NUCALA.....	86	OTREXUP.....	23, 69	PEMAZYRE.....	23
NUDEXTA.....	46	<i>oxacillin sodium</i> .....	10	<i>penicillamine</i> .....	52, 56
NUPLAZID.....	28	<i>oxandrolone</i> .....	63	<i>penicillin g potassium</i> .....	10, 78
NURTEC.....	19	<i>oxazepam</i> .....	33	PENICILLIN G PROCAINE.....	10
<i>nutrilipid</i> .....	52	OXBRYTA.....	38	<i>penicillin v potassium</i> .....	10
NUTROPIN AQ NUSPIN 10.....	58	<i>oxcarbazepine</i> .....	13	<i>pentamidine isethionate</i> .....	26
NUTROPIN AQ NUSPIN 20.....	58	OXERVATE.....	83	PENTASA.....	71
NUTROPIN AQ NUSPIN 5.....	58	<i>oxiconazole nitrate</i> .....	18	PENTAZOCINE-NALOXONE HCL....	5
NUTROPIN AQ PEN.....	78	OXISTAT.....	18	<i>pentoxifylline er</i> .....	43
NUVESSA.....	78	OXTELLAR XR.....	13	PERFOROMIST.....	86
<i>nyamyc</i> .....	18	<i>oxybutynin chloride</i> .....	56	<i>perindopril erbumine</i> .....	43
NYMALIZE.....	42	<i>oxybutynin chloride er</i> .....	56	<i>periogard</i> .....	78
<i>nystatin</i> .....	18	<i>oxycodone hcl</i> .....	5	<i>permethrin</i> .....	50

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

<i>perphenazine</i> .....	17, 29	<i>pramipexole dihydrochloride er</i> ..	27	PROGRAF.....	69
<i>perphenazine-amitriptyline</i> .....	16	<i>prasugrel hcl</i> .....	38	PROLASTIN-C.....	55
PERSERIS.....	29, 34	<i>pravastatin sodium</i> .....	43	PROLENSA.....	83
PEXEVA.....	16, 33	<i>praziquantel</i> .....	26	PROLIA.....	71
PHENADOZ.....	78	<i>prazosin hcl</i> .....	43, 56	PROMACTA.....	38
<i>phenelzine sulfate</i> .....	16	PRED MILD.....	83	<i>promethazine hcl</i> .....	17, 87
<i>phenobarbital</i> .....	13	PRED-G.....	83	PROMETHAZINE HCL.....	17
<i>phenytoin</i> .....	13	PRED-G S.O.P.....	83	<i>promethazine vc plain</i> .....	79
<i>phenytoin sodium extended</i> .....	13	<i>prednicarbate</i> .....	50	<i>promethazine-phenylephrine</i> .....	87
PHOSLYRA.....	52	<i>prednisolone</i> .....	57, 71, 79	<i>promethegan</i> .....	17
PHOSPHOLINE IODIDE.....	83	<i>prednisolone acetate</i> .....	83	<i>propafenone hcl</i> .....	43
PICATO.....	50	<i>prednisolone sodium phosphate</i>		<i>propafenone hcl er</i> .....	43
PIFELTRO.....	31	.....	57, 71, 79, 83	<i>propantheline bromide</i> .....	54
<i>pilocarpine hcl</i> .....	47, 83	<i>prednisone</i> .....	57, 71	<i>proparacaine hcl</i> .....	83
<i>pimecrolimus</i> .....	50	PREDNISON.....	57, 71	PROPRANOLOL HCL.....	43
<i>pimozide</i> .....	29	<i>prednisone intensol</i> .....	57, 71	<i>propranolol hcl</i> .....	43
<i>pimtree</i> .....	63	<i>preferred plus insulin syringe</i> .....	36	<i>propranolol hcl er</i> .....	43
<i>pindolol</i> .....	43	PREFEST.....	64	<i>propranolol-hctz</i> .....	43
<i>pioglitazone hcl</i> .....	36	<i>pregabalin</i> .....	13, 46	<i>propylthiouracil</i> .....	66
<i>pioglitazone hcl-metformin hcl</i> ...	36	PREMARIN.....	64	<i>proquad</i> .....	69
<i>piperacillin sod-tazobactam so</i>		PREMASOL.....	52	PROSOL.....	52
.....	10, 78	PREMPHASE.....	64	<i>protriptyline hcl</i> .....	16
PIQRAY (200 MG DAILY DOSE)....	23	PREMPRO.....	64	PULMICORT FLEXHALER.....	87
PIQRAY (250 MG DAILY DOSE)....	23	<i>prenatal</i> .....	52	PULMOZYME.....	87
PIQRAY (300 MG DAILY DOSE)....	23	PREPOPIK.....	79	PURIXAN.....	23
<i>pirmella 1/35</i> .....	63	PRETOMANID.....	20	PYLERA.....	54
<i>piroxicam</i> .....	5	<i>prevalite</i> .....	43, 79	<i>pyrazinamide</i> .....	20
PLASMA-LYTE 148.....	52	<i>previfem</i> .....	64	<i>pyridostigmine bromide</i> .....	20
PLASMA-LYTE A.....	52	PREVYMIS.....	31	<i>pyridostigmine bromide er</i> .....	20
PLEGRIDY.....	46	PREZCOBIX.....	31	<i>pyrimethamine</i> .....	26
PLEGRIDY STARTER PACK.....	46	PREZISTA.....	31	QINLOCK.....	23
PLENAMINE.....	55	PRIFTIN.....	20	QNASL.....	87
<i>podofilox</i> .....	50	<i>primaquine phosphate</i> .....	26	QNASL CHILDRENS.....	87
<i>polymyxin b sulfate</i> .....	10	<i>primidone</i> .....	13	<i>quadracel</i> .....	69
<i>polymyxin b-trimethoprim</i> .....	83	PRIMSOL.....	79	<i>quetiapine fumarate</i> .....	16, 29, 34
POMALYST.....	23	PRIVIGEN.....	69, 79	<i>quetiapine fumarate er</i> ...	16, 29, 34
<i>portia-28</i> .....	64	PROAIR HFA.....	86	QUILLIVANT XR.....	46
<i>posaconazole</i> .....	18	PROAIR RESPICLICK.....	86	<i>quinapril hcl</i> .....	43
<i>potassium chloride</i> .....	52	<i>probenecid</i> .....	19	<i>quinapril-hydrochlorothiazide</i> ....	43
<i>potassium chloride crys er</i> .....	52	PROCALAMINE.....	52	<i>quinidine gluconate er</i> .....	43
<i>potassium chloride er</i> .....	52	<i>prochlorperazine</i> .....	17	<i>quinidine sulfate</i> .....	43
<i>potassium chloride in dextrose</i>		<i>prochlorperazine maleate</i> ....	17, 29	<i>quinine sulfate</i> .....	26
.....	52, 79	<i>procto-med hc</i> .....	50, 71	QVAR REDIHALER.....	87
<i>potassium chloride in nacl</i> .....	52	<i>procto-pak</i> .....	50	<i>rabavert</i> .....	69
<i>potassium citrate er</i> .....	52	<i>proctosol hc</i> .....	50	<i>rabeprazole sodium</i> .....	54
PRADAXA.....	38	<i>proctozone-hc</i> .....	50, 71, 79	<i>raloxifene hcl</i> .....	64
PRALUENT.....	43	PROCYSBI.....	55, 79	<i>ramelteon</i> .....	89
<i>pramipexole dihydrochloride</i> .....	27	<i>progesterone micronized</i> .....	64	<i>ramipril</i> .....	43

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

<i>ranolazine er</i> .....	43	<i>ritonavir</i> .....	31	<i>silver sulfadiazine</i> .....	50
<i>rasagiline mesylate</i> .....	27	<i>rivastigmine</i> .....	14	SIMBRINZA.....	83
RASUVO.....	24, 69	<i>rivastigmine tartrate</i> .....	14	SIMPONI.....	69
RAVICTI.....	55	<i>rivelsa</i> .....	64	<i>simvastatin</i> .....	43
RAYALDEE.....	71	<i>rizatriptan benzoate</i> .....	19	SINGULAIR.....	87
REBIF.....	46	ROCKLATAN.....	83	<i>sirolimus</i> .....	69
REBIF REBIDOSE.....	46	<i>ropinirole hcl</i> .....	27	SIRTURO.....	20
REBIF REBIDOSE TITRATION PACK.....	46	<i>ropinirole hcl er</i> .....	27	SIVEXTRO.....	10
REBIF TITRATION PACK.....	46	<i>rosuvastatin calcium</i> .....	43	SKLICE.....	50
<i>reclipsen</i> .....	64	<i>rotarix</i> .....	69	SKYRIZI (150 MG DOSE).....	69
<i>recombivax hb</i> .....	69	<i>rotateq</i> .....	69	SLYND.....	64
RECTIV.....	43	<i>roweepra</i> .....	13	<i>sodium chloride</i> .....	52, 53, 79
REGRANEX.....	50	<i>roweepra xr</i> .....	13	<i>sodium fluoride</i> .....	53
RELENZA DISKHALER.....	31	ROZLYTREK.....	24	SODIUM PHENYLBUTYRATE.....	56
<i>reli-on insulin syringe</i> .....	36	RUBRACA.....	24	<i>sodium polystyrene sulfonate</i> .....	53, 79
RELISTOR.....	54	RUCONEST.....	69	<i>solifenacin succinate</i> .....	56
RENACIDIN.....	79	RUKOBIA.....	31	SOLQUA.....	37
<i>repaglinide</i> .....	36	RUZURGI.....	55	SOLTAMOX.....	24
REPATHA.....	43	RYBELSUS.....	36, 37	SOMATULINE DEPOT.....	66
REPATHA PUSHTRONEX SYSTEM.....	43	RYDAPT.....	24	SOMAVERT.....	66
REPATHA SURECLICK.....	43	SAIZEN.....	58	<i>sorine</i> .....	43
REPREXAIN.....	79	SAIZENPREP.....	58	<i>sotalol hcl</i> .....	43
RESCRIPTOR.....	79	SAMSCA.....	52	<i>sotalol hcl (af)</i> .....	43
RESTASIS.....	69, 83	SANCUSO.....	17	SOTYLIZE.....	43
RESTASIS MULTIDOSE.....	79	SANDIMMUNE.....	69	SOVALDI.....	32, 79
RETACRIT.....	38	SANTYL.....	50	SPECTRACEF.....	79
RETEVMO.....	24	SAPHRIS.....	29, 34	SPIRIVA HANDIHALER.....	87
REVCOVI.....	79	<i>sapropterin dihydrochloride</i> .....	79	SPIRIVA RESPIMAT.....	87
REVLIMID.....	24	SAVELLA.....	46	<i>spironolactone</i> .....	43
REXULTI.....	29	SAVELLA TITRATION PACK.....	46	<i>spironolactone-hctz</i> .....	43
REYATAZ.....	31	<i>scopolamine</i> .....	17, 54	<i>sprintec 28</i> .....	64
RHOPRESSA.....	83	SECUADO.....	29, 34, 35	SPRITAM.....	13
<i>ribavirin</i> .....	31	SEEBRI NEOHALER.....	87	SPRYCEL.....	24
RIDAURA.....	69	<i>selegiline hcl</i> .....	27	<i>sps</i> .....	53
<i>rifabutin</i> .....	20	<i>selenium sulfide</i> .....	50	<i>sronyx</i> .....	64
RIFAMATE.....	79	SELZENTRY.....	31	<i>ssd</i> .....	50
<i>rifampin</i> .....	20	SEREVENT DISKUS.....	87	STALEVO 100.....	27
RIFATER.....	79	SEROSTIM.....	58	STALEVO 125.....	27
<i>riluzole</i> .....	46	<i>sertraline hcl</i> .....	16, 33	STALEVO 150.....	27
<i>rimantadine hcl</i> .....	31	<i>setlakin</i> .....	64	STALEVO 200.....	27
<i>ringers</i> .....	79	<i>sevelamer carbonate</i> .....	52	STALEVO 50.....	27
<i>ringers irrigation</i> .....	79	<i>sevelamer hcl</i> .....	52	STALEVO 75.....	27
RINVOQ.....	69	SFROWASA.....	79	<i>stavudine</i> .....	32
<i>risedronate sodium</i> .....	71, 72	<i>sharobel</i> .....	64	STELARA.....	69, 70
RISPERDAL CONSTA.....	29, 34	<i>shingrix</i> .....	69	<i>sterile water for irrigation</i> .....	79
<i>risperidone</i> .....	29, 34	SIGNIFOR.....	66	STIMATE.....	58
		<i>sildenafil citrate</i> .....	87	STIOLTO RESPIMAT.....	87
		<i>silodosin</i> .....	56		

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

STIVARGA.....	24	TAGRISSO.....	24	<i>tiagabine hcl</i> .....	13
STREPTOMYCIN SULFATE.....	10	<i>takhzyro</i> .....	70	TIBSOVO.....	25
STRIBILD.....	32	TALICIA.....	55	<i>tigecycline</i> .....	11
STRIVERDI RESPIMAT.....	87	TALTZ.....	70	TIGLUTIK.....	46
SUCRAID.....	56	TALZENNA.....	24	<i>timolol maleate</i> .....	20, 44, 83
<i>sucralfate</i> .....	54	<i>tamoxifen citrate</i> .....	24	TIMOPTIC OCUDOSE.....	83
<i>sulconazole nitrate</i> .....	79	<i>tamsulosin hcl</i> .....	57	<i>tinidazole</i> .....	11
SULFACETAMIDE SODIUM.....	83	TARGRETIN.....	24	TIROSINT-SOL.....	65
<i>sulfacetamide sodium</i> .....	83	<i>tarina 24 fe</i> .....	64	TIVICAY.....	32
<i>sulfacetamide sodium (acne)</i> .....	10	<i>tarina fe 1/20</i> .....	79	TIVICAY PD.....	32
<i>sulfacetamide sodium-sulfur</i> .....	79	TASIGNA.....	24	<i>tizanidine hcl</i> .....	30
<i>sulfacetamide-prednisolone</i> .....	83	TAVALISSE.....	38	TOBI PODHALER.....	87
<i>sulfadiazine</i> .....	10	<i>tazarotene</i> .....	50	TOBRADEX.....	83
<i>sulfamethoxazole-trimethoprim</i> .....	10, 79	TAZORAC.....	50	TOBRADEX ST.....	83
SULFAMYLLON.....	50	<i>taztia xt</i> .....	43	<i>tobramycin</i> .....	83, 88
<i>sulfasalazine</i> .....	71	TAZVERIK.....	24	<i>tobramycin sulfate</i> .....	11, 80
<i>sulindac</i> .....	5	<i>tdvax</i> .....	70	<i>tobramycin-dexamethasone</i> .....	83
<i>sumatriptan</i> .....	19	TECFIDERA.....	46	TOBEX.....	83
<i>sumatriptan succinate</i> .....	19, 20	TEFLARO.....	11	TOLAK.....	80
<i>sumatriptan succinate refill</i> .....	20	TEGSEDI.....	56	<i>tolcapone</i> .....	27
<i>sumatriptan-naproxen sodium</i> ...	20	TEKURNA HCT.....	44	TOLSURA.....	19
SUNOSI.....	89	<i>telmisartan</i> .....	44	<i>tolterodine tartrate</i> .....	57
SUPRAX.....	10, 11	<i>telmisartan-hctz</i> .....	44	<i>tolterodine tartrate er</i> .....	57
SUPREP BOWEL PREP KIT.....	53	<i>temazepam</i> .....	89	<i>tolvaptan</i> .....	53
SUTENT.....	24	TEMIXYS.....	80	<i>topiramate</i> .....	13, 20
SYLATRON.....	79	<i>temsirolimus</i> .....	80	<i>topiramate er</i> .....	13, 20
SYMBICORT.....	87	TENCON.....	5	<i>toremifene citrate</i> .....	25
SYMDEKO.....	87	<i>tenivac</i> .....	70	<i>torse mide</i> .....	44
SYMFI.....	32	<i>tenofovir disoproxil fumarate</i> .....	32	TOUJEO MAX SOLOSTAR.....	37
SYMFI LO.....	32	TERAZOL 3.....	80	TOUJEO SOLOSTAR.....	37
SYMJEPI.....	87	<i>terazosin hcl</i> .....	44, 57	<i>tpn electrolytes</i> .....	53
SYMLINPEN 120.....	37	<i>terbutaline sulfate</i> .....	87	TRACLEER.....	88
SYMLINPEN 60.....	37	<i>terconazole</i> .....	19	TRADJENTA.....	37
SYMPAZAN.....	13	TERIPARATIDE (RECOMBINANT).72		<i>tramadol hcl</i> .....	6
SYMPROIC.....	55	TESTOSTERONE.....	64	<i>tramadol hcl er</i> .....	6, 80
SYMTUZA.....	32	<i>testosterone</i> .....	64	<i>tramadol hcl er (biphasic)</i> ...	5, 6, 80
SYNAREL.....	66	<i>testosterone cypionate</i> .....	64	<i>tramadol-acetaminophen</i> .....	6
SYNDROS.....	17	<i>testosterone enanthate</i> .....	64	<i>trandolapril</i> .....	44
SYNJARDY.....	37	<i>tetrabenazine</i> .....	46	<i>trandolapril-verapamil hcl er</i> .....	44
SYNJARDY XR.....	37	<i>tetracycline hcl</i> .....	11	<i>tranexamic acid</i> .....	38
SYNRIBO.....	24	THALOMID.....	24	<i>tranylcypramine sulfate</i> .....	16
SYNTHROID.....	65	THEO-24.....	87	TRAVASOL.....	53
TABLOID.....	24	<i>theophylline</i> .....	87	<i>travoprost (bak free)</i> .....	83
TABRECTA.....	24	<i>theophylline er</i> .....	80, 87	<i>trazodone hcl</i> .....	16
<i>tacrolimus</i> .....	50, 70	<i>thioridazine hcl</i> .....	29	TRECTOR.....	21
<i>tadalafil (pah)</i> .....	87	<i>thiothixene</i> .....	29	TRELEGY ELLIPTA.....	88
TAFINLAR.....	24	<i>tiadylt er</i> .....	44	TRELSTAR MIXJECT.....	66
				TREMFYA.....	70

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



TRESIBA.....	37	UDENYCA.....	38	VIDEX EC.....	80
TRESIBA FLEXTOUCH.....	37	ULTRAVATE.....	50	<i>vienva</i> .....	65
<i>tretinoin</i> .....	25, 50	<i>unithroid</i> .....	65	<i>vigabatrin</i> .....	13
<i>tretinoin microsphere</i> .....	50	UPTRAVI.....	88	<i>vigadrone</i> .....	13
TREXALL.....	25, 70	<i>ursodiol</i> .....	55	VIIBRYD.....	16
TREXIMET.....	80	UTIBRON NEOHALER.....	88	VIIBRYD STARTER PACK.....	16
<i>triamcinolone acetonide</i> .....	47, 50, 80	VABOMERE.....	11	VIMPAT.....	13
<i>triamterene-hctz</i> .....	44	<i>valacyclovir hcl</i> .....	32	VIOKACE.....	56
<i>triderm</i> .....	50	VALCHLOR.....	25	<i>viorele</i> .....	80
<i>trientine hcl</i> .....	53	<i>valganciclovir hcl</i> .....	32	VIRACEPT.....	32
<i>tri-estarylla</i> .....	64	<i>valproic acid</i> .....	13, 20, 35	VIREAD.....	32
<i>trifluoperazine hcl</i> .....	29	<i>valsartan</i> .....	44	VITRAKVI.....	25
<i>trifluridine</i> .....	32, 83	<i>valsartan-hydrochlorothiazide</i> .....	44	VIVITROL.....	7
<i>trihexyphenidyl hcl</i> .....	27	VALTOCO 10 MG DOSE.....	13, 33	VIZIMPRO.....	25
TRIJARDY XR.....	37	VALTOCO 15 MG DOSE.....	13, 33	<i>voriconazole</i> .....	19
TRIKAFTA.....	88	VALTOCO 20 MG DOSE.....	13, 33	VOSEVI.....	32
<i>tri-legest fe</i> .....	64	VALTOCO 5 MG DOSE.....	13, 33	VOTRIENT.....	25
<i>tri-lo-estarylla</i> .....	64	VANATOL LQ.....	6	VRAYLAR.....	29, 35
<i>tri-lo-sprintec</i> .....	64	<i>vancomycin hcl</i> .....	11	VTOL LQ.....	6
<i>trilyte</i> .....	55	<i>vandazole</i> .....	11	VUMERITY.....	46
<i>trimethobenzamide hcl</i> .....	17	<i>vaqta</i> .....	70	VUMERITY (STARTER).....	80
<i>trimethoprim</i> .....	11	<i>varivax</i> .....	70	<i>vyfemla</i> .....	65
<i>tri-mili</i> .....	65	<i>varizig</i> .....	70	VYNDAMAX.....	58
<i>trimipramine maleate</i> .....	16	VARUBI (180 MG DOSE).....	17	VYNDAQEL.....	56
<i>trinessa (28)</i> .....	80	VASCEPA.....	44	VYVANSE.....	46
TRINTELLIX.....	16	VECAMYL.....	44	WAKIX.....	46
<i>tri-previfem</i> .....	65	<i>velivet</i> .....	65	<i>warfarin sodium</i> .....	38
<i>tri-sprintec</i> .....	65	VELPHORO.....	53	<i>wixela inhub</i> .....	88
TRIUMEQ.....	32	VELTASSA.....	53	<i>wymzya fe</i> .....	65
<i>trivora (28)</i> .....	65	VEMLIDY.....	32	XALKORI.....	25
<i>tri-vylibra lo</i> .....	65	VENCLEXTA.....	25	XARELTO.....	38
TROKENDI XR.....	13, 20	VENCLEXTA STARTING PACK.....	25	XARELTO STARTER PACK.....	38
TROPHAMINE.....	53, 80	<i>venlafaxine hcl</i> .....	16, 33	XATMEP.....	25, 70
<i>trospium chloride</i> .....	57	<i>venlafaxine hcl er</i> .....	16, 33	XCOPRI.....	13, 14
<i>trospium chloride er</i> .....	57	VENTAVIS.....	88	XCOPRI (250 MG DAILY DOSE).....	13
TRULICITY.....	37, 80	VENTOLIN HFA.....	88	XCOPRI (350 MG DAILY DOSE).....	13
<i>trumenba</i> .....	70	VERAMYST.....	80	XELJANZ.....	70
TRUVADA.....	32	<i>verapamil hcl</i> .....	44	XELJANZ XR.....	70
TUKYSA.....	25	<i>verapamil hcl er</i> .....	44	XERMELO.....	55
TURALIO.....	25	VERSACLOZ.....	29	XGEVA.....	72
<i>twinrix</i> .....	70	VERZENIO.....	25	XIFAXAN.....	11, 55
TYBOST.....	32	V-GO 20.....	80	XIGDUO XR.....	37
<i>tydemy</i> .....	65	V-GO 30.....	80	XIIDRA.....	83
TYKERB.....	25	V-GO 40.....	80	XOFLUZA (40 MG DOSE).....	32
TYMLOS.....	72	VIBERZI.....	55	XOFLUZA (80 MG DOSE).....	32
<i>typhim vi</i> .....	70	VIBRAMYCIN.....	11	XOLAIR.....	70
UBRELVY.....	20	VICTOZA.....	37	XOSPATA.....	25
UCERIS.....	57, 71	VIDEX.....	80		

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

XPOVIO (100 MG ONCE WEEKLY).....	25	<i>zonisamide</i> .....	14
XPOVIO (40 MG ONCE WEEKLY) .	25	ZONTIVITY .....	38
XPOVIO (40 MG TWICE WEEKLY).....	25	ZORBTIVE .....	58
XPOVIO (60 MG ONCE WEEKLY) .	25	ZORTRESS .....	70
XPOVIO (60 MG TWICE WEEKLY).....	25	<i>zostavax</i> .....	80
XPOVIO (80 MG ONCE WEEKLY) .	26	ZOSYN .....	11
XPOVIO (80 MG TWICE WEEKLY).....	26	<i>zovia 1/35e (28)</i> .....	65
XTANDI.....	26	ZUBSOLV .....	7, 80
<i>xulane</i> .....	65	ZUPLENZ.....	17
XURIDEN.....	26, 56	ZYDELIG .....	26
XYREM .....	89	ZYFLO .....	88
<i>yf-vax</i> .....	70	ZYKADIA.....	26, 80
YUPELRI .....	88	ZYLET .....	83
<i>yuvafem</i> .....	65	ZYPREXA RELPREVV .....	29, 35
<i>zafirlukast</i> .....	88		
<i>zaleplon</i> .....	89		
<i>zarah</i> .....	65		
ZARXIO .....	38		
<i>zazole</i> .....	80		
ZEBUTAL .....	6		
ZEJULA .....	26		
ZELAPAR .....	27		
ZELBORAF .....	26		
ZEMAIRA .....	56		
<i>zenatane</i> .....	50		
ZENPEP .....	56		
ZENZEDI .....	46		
ZEPOSIA .....	46		
ZEPOSIA 7-DAY STARTER PACK...	46		
ZEPOSIA STARTER KIT .....	46		
ZERBAXA .....	11		
ZETONNA .....	88		
<i>zidovudine</i> .....	32		
ZILEUTON ER.....	88		
ZIOPTAN .....	83		
<i>ziprasidone hcl</i> .....	29, 35		
<i>ziprasidone mesylate</i> .....	29, 35		
ZIRGAN .....	83		
ZITHROMAX .....	11		
ZOLINZA .....	26		
<i>zolmitriptan</i> .....	20		
<i>zolidem tartrate</i> .....	89		
ZOMACTON .....	58		
ZOMIG .....	20		

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

### Language Assistance Services

<b>English</b>	ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-667-5936 (TTY: 711).
<b>Spanish</b>	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-667-5936 (TTY: 711).
<b>Chinese</b>	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）。
<b>Russian</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-667-59362 (телетайп: 711).
<b>French Creole</b>	ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-667-5936 (TTY: 711).
<b>Korean</b>	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-667-5936 (TTY: 711) 번으로 전화해 주십시오.
<b>Italian</b>	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).
<b>Farsi</b>	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.
<b>Vietnamese</b>	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).
<b>Polish</b>	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-667-5936 (TTY: 711).
<b>Arabic</b>	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
<b>French</b>	ATTENTION : Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-667-5936 (ATS : 711).
<b>Portuguese</b>	ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-667-5936 (TTY: 711).
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<b>Japanese</b>	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。
<b>German</b>	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-667-5936 (TTY: 711).

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Services 200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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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. ET April 1st – September 30th: Monday through Friday 8 a.m. to 8 p.m. ET or visit [www.pbdrx.com/medicare](http://www.pbdrx.com/medicare)