

2018 Formulary (List of Covered Drugs)



RiverSpring Star (HMO SNP)

For more recent information or other questions, please contact Member Services at 1-800-580-7000 (TTY 711). We are available 7 days a week from 8 a.m. to 8 p.m. EST. Or, visit RiverSpringStar.org

PLEASE READ: This document contains information about the drugs we cover in this plan.

We have made no changes to this comprehensive formulary since 10/23/2018. HPMS Approved Formulary File Submission ID 0018454, Version number 17. Effective 10/23/2018.

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 ElderServe Health, Inc. When it refers to “plan” or “our plan,” it means RiverSpring Star (HMO SNP).

This document includes list of the drugs (formulary) for our plan which is current as of 04/24/2018. 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, 2018, and from time to time during the year.

RiverSpring Star (HMO SNP) is a health plan with a Medicare contract. Enrollment in RiverSpring Star depends on contract renewal.

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

This information is available for free in other languages. Please call our customer service number at 1-800-580-7000 (TTY 711) between 8 a.m. and 8 p.m., EST. The call is free.

Ou ka jwenn enfòmasyon sa a gratis nan lòt lang. Rele nan 1-800-580-7000 ak nan TTY/TDD: 711 ant 8:00 am ak 8:00 pm., Lè Zòn Lès, 7 jou pa semèn. Koutfil la gratis.

Vous pouvez obtenir ces informations gratuitement dans d’autres langues. Appelez le 1-800-580-7000 ou notre numéro TTY/TDD: 711 - 7 jours sur 7 de 8 a.m. à 8 p.m. EST. L’appel est gratuit.

Usted puede obtener esta informacion en otros idiomas de forma gratuita. Llame al 1-800-580-7000 y TTY/TDD: 711 8:00 am a 8:00 pm Hora del Este, los 7 días de la semana. La llamada es gratuita.

이 정보는 다른 언어로도 제공됩니다(무료). 주 7일 8:00 am – 8:00 pm(EST) 중 1-800-580-7000 나 TTY/TDD: 711 으로 전화 주십시오. 통화료는 무료입니다.

您可免費取得以其他語言撰寫的資訊。請於週一至週日美國東部標準時間上午 8 時至下午 8 時致電：1-800-580-7000，TTY/TDD 使用者：711。每週 7 天服務。此為免付費電話。

Данная информация доступна бесплатно на других языках. Звоните по номеру 1-800-580-7000 или 711 (линия TTY/TDD) с 8:00 до 20:00 по восточному поясному времени 7 дней в неделю. Звонок бесплатный.

È possibile ricevere queste informazioni in altre lingue gratuitamente. Contatta il 1-800-580-7000 e TTY/TDD: 711 dalle ore 8:00 alle ore 20:00 EST (ora standard orientale degli Stati Uniti), 7 giorni su 7. Il servizio è gratuito.

You can get this information for free in other formats, such as large print, braille, or audio. Call 1-800-580-7000 and TTY/TDD: 711 during 8 a.m. – 8 p.m. Eastern Time. The call is free.

What is the RiverSpring Star (HMO SNP) Formulary?

A formulary is a list of covered drugs selected by RiverSpring Star (HMO SNP) 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. RiverSpring Star (HMO SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a RiverSpring Star (HMO SNP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2018 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2018 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 08/17/2017. To get updated information about the drugs covered by RiverSpring Star (HMO SNP), please contact us. Our contact information appears on the front and back cover pages. RiverSpring Star (HMO SNP) will notify you if there is a formulary change that will affect you.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 2. 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, Cardiac Drugs. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 119. The Index provides an alphabetical list of all of the drugs included in this document. Both

brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

RiverSpring Star (HMO SNP) 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:** RiverSpring Star (HMO SNP) requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from RiverSpring Star (HMO SNP) before you fill your prescriptions. If you don't get approval, RiverSpring Star (HMO SNP) may not cover the drug.
- **Quantity Limits:** For certain drugs, RiverSpring Star (HMO SNP) limits the amount of the drug that RiverSpring Star (HMO SNP) will cover. For example, RiverSpring Star (HMO SNP) provides 120 grams per 30 days per prescription for fluticasone. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, RiverSpring Star (HMO SNP) 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, RiverSpring Star (HMO SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RiverSpring Star (HMO SNP) 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization 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 RiverSpring Star (HMO SNP) 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 RiverSpring Star (HMO SNP) formulary?" on page V for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that RiverSpring Star (HMO SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by RiverSpring Star (HMO SNP). When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by RiverSpring Star (HMO SNP).
- You can ask RiverSpring Star (HMO SNP) 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 RiverSpring Star (HMO SNP) Formulary?

You can ask RiverSpring Star (HMO SNP) 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 waive coverage restrictions or limits on your drug. For example, for certain drugs, RiverSpring Star (HMO SNP) 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, RiverSpring Star (HMO SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, 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 exception. **When you request a formulary exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will

cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 91-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a current member being admitted to, or discharged from, a long-term care facility, you will be able to get an early refill on your medications, if needed.

For more information

For more detailed information about your RiverSpring Star (HMO SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about RiverSpring Star (HMO SNP), 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>.

RiverSpring Star's (HMO SNP) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by RiverSpring Star (HMO SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

The information in the Requirements/Limits column tells you if RiverSpring Star (HMO SNP) has any special requirements for coverage of your drug.

**2018 RS SNP
List of Covered Drugs**

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2018 RS SNP
List of Covered Drugs

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| Analgesics | | |
| Analgesics | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | \$0 (Tier 1) | NDS; QL (4500 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| <i>acetaminophen-codeine oral tablet 300-30 mg</i> | \$0 (Tier 1) | NDS; QL (400 per 30 days) |
| ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG | \$0 (Tier 1) | NDS |
| <i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg</i> | \$0 (Tier 1) | NDS; QL (180 per 30 days) |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | \$0 (Tier 1) | NDS |
| <i>carisoprodol-asa-codeine oral tablet 200-325-16 mg</i> | \$0 (Tier 1) | NDS; QL (120 per 30 days) |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| ENDOCET ORAL TABLET 10-325 MG | \$0 (Tier 1) | |
| ENDOCET ORAL TABLET 5-325 MG, 7.5-325 MG | \$0 (Tier 1) | NDS; QL (360 per 30 days) |
| ESGIC ORAL TABLET 50-325-40 MG | \$0 (Tier 1) | NDS |
| FIORINAL ORAL CAPSULE 50-325-40 MG | \$0 (Tier 1) | NDS |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | \$0 (Tier 1) | NDS; QL (150 per 30 days) |
| LORCET (HYDROCODONE) ORAL TABLET 5-325 MG | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| LORCET PLUS ORAL TABLET 7.5-325 MG | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i> | \$0 (Tier 1) | |
| <i>oxycodone-acetaminophen oral tablet 5-325 mg</i> | \$0 (Tier 1) | NDS; QL (360 per 30 days) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------|
| Nonsteroidal Anti-Inflammatory Drugs | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium topical drops 1.5 %</i> | \$0 (Tier 1) | MO |
| <i>diclofenac sodium topical gel 3 %</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | \$0 (Tier 1) | NDS |
| <i>diflunisal oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| <i>fenoprofen oral tablet 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>flurbiprofen oral tablet 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>flurbiprofen oral tablet 50 mg</i> | \$0 (Tier 1) | NDS; MO |
| IBU ORAL TABLET 600 MG, 800 MG | \$0 (Tier 1) | MO |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen-oxycodone oral tablet 400-5 mg</i> | \$0 (Tier 1) | NDS; QL (300 per 30 days) |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>indomethacin oral capsule, extended release 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketorolac oral tablet 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>meclofenamate oral capsule 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>meclofenamate oral capsule 50 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>mefenamic acid oral capsule 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>naproxen oral suspension 125 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------|
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | \$0 (Tier 1) | MO |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>oxaprozin oral tablet 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | \$0 (Tier 1) | NDS |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>tolmetin oral capsule 400 mg</i> | \$0 (Tier 1) | NDS |
| <i>tolmetin oral tablet 600 mg</i> | \$0 (Tier 1) | NDS; MO |
| VOLTAREN TOPICAL GEL 1 % | \$0 (Tier 1) | MO |
| Opioid Analgesics, Long-Acting | | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | \$0 (Tier 1) | NDS |
| DURAMORPH (PF) INJECTION SOLUTION 1 MG/ML | \$0 (Tier 1) | NDS |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | \$0 (Tier 1) | PA; NDS |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i> | \$0 (Tier 1) | NDS; QL (10 per 30 days) |
| <i>levorphanol tartrate oral tablet 2 mg</i> | \$0 (Tier 1) | NDS |
| <i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>methadone oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS; QL (180 per 30 days) |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | \$0 (Tier 1) | NDS; QL (90 per 30 days) |
| <i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | NDS; QL (90 per 30 days) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>morphine oral tablet 15 mg, 30 mg</i> | \$0 (Tier 1) | NDS; QL (120 per 30 days) |
| <i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i> | \$0 (Tier 1) | NDS; QL (90 per 30 days) |
| <i>morphine oral tablet extended release 15 mg</i> | \$0 (Tier 1) | QL (90 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|----------------------------|
| <i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg</i> | \$0 (Tier 1) | NDS; QL (90 per 30 days) |
| <i>tramadol oral tablet, er multiphase 24 hr 300 mg</i> | \$0 (Tier 1) | NDS |
| Opioid Analgesics, Short-Acting | | |
| <i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i> | \$0 (Tier 1) | NDS; QL (2.5 per 14 days) |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | \$0 (Tier 1) | NDS |
| <i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> | \$0 (Tier 1) | PA; NDS |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | \$0 (Tier 1) | NDS; QL (10 per 30 days) |
| <i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| <i>hydromorphone oral liquid 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | NDS |
| LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY | \$0 (Tier 1) | PA; NDS |
| <i>meperidine oral tablet 100 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>morphine intravenous syringe 2 mg/ml, 8 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>morphine oral tablet 15 mg, 30 mg</i> | \$0 (Tier 1) | NDS; QL (120 per 30 days) |
| <i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>oxycodone oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | NDS; QL (2400 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------------|
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | \$0 (Tier 1) | NDS; QL (180 per 30 days) |
| <i>tramadol oral tablet 50 mg</i> | \$0 (Tier 1) | NDS; QL (240 per 30 days) |
| Anesthetics | | |
| Local Anesthetics | | |
| <i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine hcl injection solution 20 mg/ml (2 %)</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine hcl mucous membrane jelly 2 %</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | \$0 (Tier 1) | PA; NDS |
| <i>lidocaine topical ointment 5 %</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | \$0 (Tier 1) | NDS |
| Anti-Addiction/ Substance Abuse Treatment Agents | | |
| Alcohol Deterrents/Anti-Craving | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | \$0 (Tier 1) | MO |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>naltrexone oral tablet 50 mg</i> | \$0 (Tier 1) | NDS |
| Opioid Dependence Treatments | | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | \$0 (Tier 1) | NDS |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |
| <i>buprenorphine-naloxone sublingual tablet 8-2 mg</i> | \$0 (Tier 1) | MO; QL (90 per 30 days) |
| <i>naltrexone oral tablet 50 mg</i> | \$0 (Tier 1) | NDS |
| Opioid Reversal Agents | | |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | \$0 (Tier 1) | NDS |
| Smoking Cessation Agents | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | \$0 (Tier 1) | |
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | \$0 (Tier 1) | ST; NDS |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | \$0 (Tier 1) | ST; NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) | \$0 (Tier 1) | ST; NDS |
| NICOTROL INHALATION CARTRIDGE 10 MG | \$0 (Tier 1) | NDS |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | \$0 (Tier 1) | ST; NDS |
| Antibacterials | | |
| Aminoglycosides | | |
| <i>amikacin injection solution 500 mg/2 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| GENTAK OPHTHALMIC (EYE) OINTMENT 0.3 % (3 MG/GRAM) | \$0 (Tier 1) | NDS |
| <i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/50 ml</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin injection solution 40 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>neomycin oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> | \$0 (Tier 1) | NDS |
| <i>paromomycin oral capsule 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>streptomycin intramuscular recon soln 1 gram</i> | \$0 (Tier 1) | NDS |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | \$0 (Tier 1) | NDS |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | \$0 (Tier 1) | NDS |
| <i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i> | \$0 (Tier 1) | NDS |
| TOBREX OPHTHALMIC (EYE) DROPS 0.3 % | \$0 (Tier 1) | NDS |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | \$0 (Tier 1) | NDS |
| ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM | \$0 (Tier 1) | PA NSO; NDS |
| Antibacterials, Other | | |
| <i>acetic acid otic (ear) solution 2 %</i> | \$0 (Tier 1) | NDS |
| <i>alcohol pads topical pads, medicated</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------------|
| BACIIM INTRAMUSCULAR RECON SOLN 50,000 UNIT | \$0 (Tier 1) | NDS |
| <i>bacitracin intramuscular recon soln 50,000 unit</i> | \$0 (Tier 1) | NDS |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | \$0 (Tier 1) | NDS |
| BACTROBAN NASAL NASAL OINTMENT 2 % | \$0 (Tier 1) | NDS |
| <i>chloramphenicol sod succinate intravenous recon soln 1 gram</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin phosphate topical gel 1 %</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin phosphate topical lotion 1 %</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin phosphate topical solution 1 %</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin phosphate vaginal cream 2 %</i> | \$0 (Tier 1) | NDS |
| CUBICIN INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | PA; NDS |
| <i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i> | \$0 (Tier 1) | NDS |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | \$0 (Tier 1) | PA; NDS; QL (840 per 14 days) |
| <i>linezolid oral tablet 600 mg</i> | \$0 (Tier 1) | PA; NDS; QL (28 per 14 days) |
| <i>methenamine hippurate oral tablet 1 gram</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole oral capsule 375 mg</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole topical cream 0.75 %</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole topical gel 0.75 %, 1 %</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole topical lotion 0.75 %</i> | \$0 (Tier 1) | NDS |
| <i>metronidazole vaginal gel 0.75 %</i> | \$0 (Tier 1) | NDS |
| <i>mupirocin calcium topical cream 2 %</i> | \$0 (Tier 1) | NDS |
| <i>mupirocin topical ointment 2 %</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------------|
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg</i> | \$0 (Tier 1) | NDS |
| <i>nitrofurantoin macrocrystal oral capsule 50 mg</i> | \$0 (Tier 1) | NDS; QL (720 per 360 days) |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>tigecycline intravenous recon soln 50 mg</i> | \$0 (Tier 1) | |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>trimethoprim oral tablet 100 mg</i> | \$0 (Tier 1) | NDS |
| TYGACIL INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | |
| <i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | \$0 (Tier 1) | NDS; QL (112 per 4 days) |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | \$0 (Tier 1) | PA; NDS; QL (840 per 14 days) |
| Antibacterials | | |
| <i>colistin (colistimethate na) injection recon soln 150 mg</i> | \$0 (Tier 1) | NDS |
| SYNERCID INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | NDS |
| Beta-Lactam, Cephalosporins | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefadroxil oral capsule 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cefadroxil oral tablet 1 gram</i> | \$0 (Tier 1) | NDS |
| <i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefdinir oral capsule 300 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cefepime injection recon soln 1 gram, 2 gram</i> | \$0 (Tier 1) | |
| <i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>cefotaxime injection recon soln 1 gram, 2 gram, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefotetan injection recon soln 1 gram, 2 gram</i> | \$0 (Tier 1) | NDS |
| <i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i> | \$0 (Tier 1) | NDS |
| <i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cefpodoxime oral tablet 100 mg, 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cefprozil oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i> | \$0 (Tier 1) | NDS |
| <i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefuroxime sodium injection recon soln 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> | \$0 (Tier 1) | NDS |
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| SUPRAX ORAL CAPSULE 400 MG | \$0 (Tier 1) | |
| SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML | \$0 (Tier 1) | |
| SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG | \$0 (Tier 1) | NDS |
| TAZICEF INJECTION RECON SOLN 1 GRAM, 2 GRAM, 6 GRAM | \$0 (Tier 1) | NDS |
| TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG | \$0 (Tier 1) | NDS |
| ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM | \$0 (Tier 1) | NDS |
| Beta-Lactam, Other | | |
| AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM | \$0 (Tier 1) | NDS |
| <i>aztreonam injection recon soln 1 gram</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | \$0 (Tier 1) | NDS |
| <i>doripenem intravenous recon soln 500 mg</i> | \$0 (Tier 1) | |
| <i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> | \$0 (Tier 1) | PA; NDS |
| INVANZ INJECTION RECON SOLN 1 GRAM | \$0 (Tier 1) | NDS |
| <i>meropenem intravenous recon soln 1 gram</i> | \$0 (Tier 1) | |
| <i>meropenem intravenous recon soln 500 mg</i> | \$0 (Tier 1) | NDS |
| Beta-Lactam, Penicillins | | |
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | \$0 (Tier 1) | NDS |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin oral capsule 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i> | \$0 (Tier 1) | NDS |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | \$0 (Tier 1) | NDS |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>nafcillin injection recon soln 1 gram, 10 gram</i> | \$0 (Tier 1) | NDS |
| <i>oxacillin injection recon soln 10 gram</i> | \$0 (Tier 1) | NDS |
| <i>oxacillin intravenous recon soln 2 gram</i> | \$0 (Tier 1) | NDS |
| <i>penicillin g sodium injection recon soln 5 million unit</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>piperacillin-tazobactam intravenous recon soln 2.25 gram</i> | \$0 (Tier 1) | |
| <i>piperacillin-tazobactam intravenous recon soln 3.375 gram, 4.5 gram</i> | \$0 (Tier 1) | PA; NDS |
| <i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i> | \$0 (Tier 1) | NDS |
| Macrolides | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | \$0 (Tier 1) | NDS |
| <i>azithromycin intravenous recon soln 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>azithromycin oral packet 1 gram</i> | \$0 (Tier 1) | NDS |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>clarithromycin oral tablet extended release 24 hr 500 mg</i> | \$0 (Tier 1) | NDS |
| E.E.S. 400 ORAL TABLET 400 MG | \$0 (Tier 1) | NDS |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | \$0 (Tier 1) | NDS |
| ERY PADS TOPICAL SWAB 2 % | \$0 (Tier 1) | NDS |
| ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG | \$0 (Tier 1) | NDS |
| ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | NDS |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | \$0 (Tier 1) | NDS |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | \$0 (Tier 1) | NDS |
| <i>erythromycin with ethanol topical gel 2 %</i> | \$0 (Tier 1) | NDS |
| <i>erythromycin with ethanol topical solution 2 %</i> | \$0 (Tier 1) | NDS |
| ZITHROMAX ORAL TABLET 250 MG | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|--------------------------|
| Quinolones | | |
| <i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | \$0 (Tier 1) | NDS |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> | \$0 (Tier 1) | |
| <i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i> | \$0 (Tier 1) | NDS |
| <i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | NDS |
| <i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i> | \$0 (Tier 1) | NDS |
| <i>levofloxacin ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | NDS |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | \$0 (Tier 1) | NDS |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>moxifloxacin in nacl (iso-osm) intravenous piggyback 400 mg/250 ml</i> | \$0 (Tier 1) | NDS |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | |
| <i>moxifloxacin oral tablet 400 mg</i> | \$0 (Tier 1) | NDS; QL (14 per 14 days) |
| <i>ofloxacin oral tablet 400 mg</i> | \$0 (Tier 1) | NDS |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % | \$0 (Tier 1) | NDS |
| Sulfonamides | | |
| <i>silver sulfadiazine topical cream 1 %</i> | \$0 (Tier 1) | NDS |
| SSD TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS |
| <i>sulfacetamide sodium (acne) topical suspension 10 %</i> | \$0 (Tier 1) | NDS |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | \$0 (Tier 1) | NDS |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | \$0 (Tier 1) | NDS |
| <i>sulfadiazine oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | \$0 (Tier 1) | NDS |
| Tetracyclines | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | \$0 (Tier 1) | NDS |
| DOXY-100 INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | NDS |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline monohydrate oral tablet 150 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i> | \$0 (Tier 1) | |
| <i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> | \$0 (Tier 1) | NDS |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| Anticonvulsants | | |
| Anticonvulsants, Other | | |
| BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML | \$0 (Tier 1) | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | \$0 (Tier 1) | MO |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | \$0 (Tier 1) | |
| DIASTAT RECTAL KIT 2.5 MG | \$0 (Tier 1) | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| KEPPRA ORAL SOLUTION 100 MG/ML | \$0 (Tier 1) | MO |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | \$0 (Tier 1) | MO |
| <i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> | \$0 (Tier 1) | NDS |
| <i>levetiracetam intravenous solution 500 mg/5 ml</i> | \$0 (Tier 1) | |
| <i>levetiracetam oral solution 100 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | MO |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | \$0 (Tier 1) | MO |
| ROWEEPRA ORAL TABLET 1,000 MG, 500 MG, 750 MG | \$0 (Tier 1) | MO |
| ROWEEPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | \$0 (Tier 1) | MO |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | \$0 (Tier 1) | MO |
| Calcium Channel Modifying Agents | | |
| CELONTIN ORAL CAPSULE 300 MG | \$0 (Tier 1) | MO |
| <i>ethosuximide oral capsule 250 mg</i> | \$0 (Tier 1) | MO |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | \$0 (Tier 1) | MO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG | \$0 (Tier 1) | MO |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | \$0 (Tier 1) | MO |
| LYRICA ORAL SOLUTION 20 MG/ML | \$0 (Tier 1) | MO |
| ZARONTIN ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML | \$0 (Tier 1) | MO |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | \$0 (Tier 1) | MO |
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| Gamma-Aminobutyric Acid (Gaba) Augmenting Agents | | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | \$0 (Tier 1) | NDS |
| DEPAACON INTRAVENOUS SOLUTION 500 MG/5 ML (100 MG/ML) | \$0 (Tier 1) | |
| DEPAKENE ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| DEPAKENE ORAL SOLUTION 250 MG/5 ML | \$0 (Tier 1) | MO |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | \$0 (Tier 1) | MO |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | \$0 (Tier 1) | |
| DIASTAT RECTAL KIT 2.5 MG | \$0 (Tier 1) | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | \$0 (Tier 1) | MO |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| <i>gabapentin oral solution 250 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | \$0 (Tier 1) | MO |
| GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG | \$0 (Tier 1) | MO |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | \$0 (Tier 1) | MO |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| NEURONTIN ORAL SOLUTION 250 MG/5 ML | \$0 (Tier 1) | MO |
| NEURONTIN ORAL TABLET 600 MG, 800 MG | \$0 (Tier 1) | MO |
| ONFI ORAL SUSPENSION 2.5 MG/ML | \$0 (Tier 1) | MO |
| ONFI ORAL TABLET 10 MG, 20 MG | \$0 (Tier 1) | MO |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | \$0 (Tier 1) | MO |
| <i>primidone oral tablet 250 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| SABRIL ORAL POWDER IN PACKET 500 MG | \$0 (Tier 1) | PA NSO; LA; NDS; MO |
| SABRIL ORAL TABLET 500 MG | \$0 (Tier 1) | PA NSO; LA; NDS |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i> | \$0 (Tier 1) | MO |
| <i>valproic acid oral capsule 250 mg</i> | \$0 (Tier 1) | MO |
| <i>vigabatrin oral powder in packet 500 mg</i> | \$0 (Tier 1) | MO |
| Glutamate Reducing Agents | | |
| <i>felbamate oral suspension 600 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| FELBATOL ORAL SUSPENSION 600 MG/5 ML | \$0 (Tier 1) | MO |
| FELBATOL ORAL TABLET 400 MG, 600 MG | \$0 (Tier 1) | MO |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | \$0 (Tier 1) | MO |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | \$0 (Tier 1) | MO |
| LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | \$0 (Tier 1) | MO |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | \$0 (Tier 1) | MO |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35) | \$0 (Tier 1) | |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) | \$0 (Tier 1) | |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | \$0 (Tier 1) | MO |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | \$0 (Tier 1) | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | \$0 (Tier 1) | |
| QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG | \$0 (Tier 1) | MO |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| <i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| Sodium Channel Agents | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | \$0 (Tier 1) | MO |
| BANZEL ORAL SUSPENSION 40 MG/ML | \$0 (Tier 1) | MO |
| BANZEL ORAL TABLET 200 MG, 400 MG | \$0 (Tier 1) | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet 200 mg</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet,chewable 100 mg</i> | \$0 (Tier 1) | MO |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | \$0 (Tier 1) | MO |
| CEREBYX INJECTION SOLUTION 500 MG PE/10 ML | \$0 (Tier 1) | NDS |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |
| DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG | \$0 (Tier 1) | MO |
| DILANTIN ORAL CAPSULE 30 MG | \$0 (Tier 1) | MO |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | \$0 (Tier 1) | MO |
| EPITOL ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | \$0 (Tier 1) | MO |
| <i>fosphephenytoin injection solution 100 mg pe/2 ml</i> | \$0 (Tier 1) | NDS |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | \$0 (Tier 1) | MO |
| PEGANONE ORAL TABLET 250 MG | \$0 (Tier 1) | MO |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | \$0 (Tier 1) | MO |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| <i>phenytoin oral tablet, chewable 50 mg</i> | \$0 (Tier 1) | MO |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | \$0 (Tier 1) | |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | \$0 (Tier 1) | MO |
| TEGRETOL ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | \$0 (Tier 1) | MO |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) | \$0 (Tier 1) | MO |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | \$0 (Tier 1) | MO |
| VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML | \$0 (Tier 1) | NDS |
| VIMPAT ORAL SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| Antidementia Agents | | |
| Antidementia Agents, Other | | |
| <i>ergoloid oral tablet 1 mg</i> | \$0 (Tier 1) | MO |
| Cholinesterase Inhibitors | | |
| <i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR | \$0 (Tier 1) | MO |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>galantamine oral solution 4 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> | \$0 (Tier 1) | MO |
| N-Methyl-D-Aspartate (Nmda) Receptor Antagonist | | |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| <i>memantine oral solution 2 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>memantine oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>memantine oral tablets,dose pack 5-10 mg</i> | \$0 (Tier 1) | NDS |
| NAMENDA ORAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | MO |
| NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG | \$0 (Tier 1) | NDS |
| NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG | \$0 (Tier 1) | |
| NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG | \$0 (Tier 1) | MO |
| NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG | \$0 (Tier 1) | |
| NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | \$0 (Tier 1) | MO |
| Antidepressants | | |
| Antidepressants, Other | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | \$0 (Tier 1) | MO |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | \$0 (Tier 1) | MO |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | \$0 (Tier 1) | MO |
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | \$0 (Tier 1) | MO |
| <i>aripiprazole oral solution 1 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i> | \$0 (Tier 1) | MO |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 200 mg</i> | \$0 (Tier 1) | MO |
| <i>bupropion hcl oral tablet sustained-release 12 hr 150 mg</i> | \$0 (Tier 1) | NDS; MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | \$0 (Tier 1) | MO |
| <i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> | \$0 (Tier 1) | MO |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| REMERON ORAL TABLET 15 MG, 30 MG | \$0 (Tier 1) | MO |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG | \$0 (Tier 1) | MO |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG | \$0 (Tier 1) | MO |
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | \$0 (Tier 1) | MO |
| Antidepressants | | |
| <i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | \$0 (Tier 1) | MO |
| <i>fluoxetine oral tablet 60 mg</i> | \$0 (Tier 1) | MO |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>olanzapine-fluoxetine oral capsule 6-25 mg</i> | \$0 (Tier 1) | MO |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | \$0 (Tier 1) | MO |
| SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| Monoamine Oxidase Inhibitors | | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | \$0 (Tier 1) | MO |
| MARPLAN ORAL TABLET 10 MG | \$0 (Tier 1) | MO |
| NARDIL ORAL TABLET 15 MG | \$0 (Tier 1) | MO |
| PARNATE ORAL TABLET 10 MG | \$0 (Tier 1) | MO |
| <i>phenelzine oral tablet 15 mg</i> | \$0 (Tier 1) | MO |
| <i>tranylcypromine oral tablet 10 mg</i> | \$0 (Tier 1) | MO |
| Ssris/ Snris | | |
| BRISDELLE ORAL CAPSULE 7.5 MG | \$0 (Tier 1) | MO |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG | \$0 (Tier 1) | MO |
| <i>citalopram oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| CYMBALTA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 30 MG, 60 MG | \$0 (Tier 1) | MO |
| <i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i> | \$0 (Tier 1) | MO |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG | \$0 (Tier 1) | MO |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | \$0 (Tier 1) | NDS |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | \$0 (Tier 1) | MO |
| <i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i> | \$0 (Tier 1) | MO |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>fluoxetine oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| <i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| KHEDEZLA ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG | \$0 (Tier 1) | MO |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | \$0 (Tier 1) | MO |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> | \$0 (Tier 1) | MO |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> | \$0 (Tier 1) | MO |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG | \$0 (Tier 1) | MO |
| PAXIL ORAL SUSPENSION 10 MG/5 ML | \$0 (Tier 1) | MO |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | MO |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | MO |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG | \$0 (Tier 1) | MO |
| SARAFEM ORAL TABLET 10 MG, 20 MG | \$0 (Tier 1) | MO |
| <i>sertraline oral concentrate 20 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | \$0 (Tier 1) | MO |
| <i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | \$0 (Tier 1) | MO |
| VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) | \$0 (Tier 1) | NDS |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| Tricyclics | | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | \$0 (Tier 1) | MO |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>doxepin oral concentrate 10 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| NORPRAMIN ORAL TABLET 10 MG, 25 MG | \$0 (Tier 1) | MO |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | MO |
| PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG | \$0 (Tier 1) | MO |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| SILENOR ORAL TABLET 3 MG, 6 MG | \$0 (Tier 1) | |
| SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| Antiemetics | | |
| Antiemetics, Other | | |
| <i>chlorpromazine injection solution 25 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| COMPRO RECTAL SUPPOSITORY 25 MG | \$0 (Tier 1) | NDS |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | \$0 (Tier 1) | NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------------|
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>meclizine oral tablet 12.5 mg, 25 mg</i> | \$0 (Tier 1) | NDS |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| PHENADOZ RECTAL SUPPOSITORY 12.5 MG | \$0 (Tier 1) | NDS |
| <i>prasugrel oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>prochlorperazine rectal suppository 25 mg</i> | \$0 (Tier 1) | NDS |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>promethazine rectal suppository 50 mg</i> | \$0 (Tier 1) | NDS |
| PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG | \$0 (Tier 1) | NDS |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | \$0 (Tier 1) | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | \$0 (Tier 1) | NDS |
| Emetogenic Therapy Adjuncts | | |
| ANZEMET ORAL TABLET 100 MG, 50 MG | \$0 (Tier 1) | PA BvD; NDS; QL (3 per 21 days) |
| CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | PA BvD; NDS |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG | \$0 (Tier 1) | PA BvD; NDS; QL (6 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>granisetron (pf) intravenous solution 100 mcg/ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>granisetron hcl intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>granisetron hcl oral tablet 1 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> | \$0 (Tier 1) | NDS |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | \$0 (Tier 1) | PA BvD; NDS |

Antifungals

Antifungals

| | | |
|--|--------------|-------------|
| ABELCET INTRAVENOUS SUSPENSION 5 MG/ML | \$0 (Tier 1) | PA NSO; NDS |
| AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>amphotericin b injection recon soln 50 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>casprofungin intravenous recon soln 50 mg, 70 mg</i> | \$0 (Tier 1) | PA NSO |
| <i>ciclopirox topical cream 0.77 %</i> | \$0 (Tier 1) | NDS |
| <i>ciclopirox topical gel 0.77 %</i> | \$0 (Tier 1) | NDS |
| <i>ciclopirox topical shampoo 1 %</i> | \$0 (Tier 1) | NDS |
| <i>ciclopirox topical solution 8 %</i> | \$0 (Tier 1) | NDS |
| <i>ciclopirox topical suspension 0.77 %</i> | \$0 (Tier 1) | NDS |
| <i>clotrimazole mucous membrane troche 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>clotrimazole topical cream 1 %</i> | \$0 (Tier 1) | NDS |
| <i>clotrimazole topical solution 1 %</i> | \$0 (Tier 1) | NDS |
| <i>econazole topical cream 1 %</i> | \$0 (Tier 1) | NDS |
| ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | NDS |
| EXELDERM TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS |
| EXELDERM TOPICAL SOLUTION 1 % | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| <i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>griseofulvin microsize oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>itraconazole oral capsule 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketoconazole oral tablet 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketoconazole topical cream 2 %</i> | \$0 (Tier 1) | NDS |
| <i>ketoconazole topical foam 2 %</i> | \$0 (Tier 1) | NDS |
| <i>ketoconazole topical shampoo 2 %</i> | \$0 (Tier 1) | NDS |
| MENTAX TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS |
| <i>miconazole-3 vaginal suppository 200 mg</i> | \$0 (Tier 1) | NDS |
| MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG | \$0 (Tier 1) | NDS |
| <i>naftifine topical cream 1 %</i> | \$0 (Tier 1) | NDS |
| NAFTIN TOPICAL CREAM 2 % | \$0 (Tier 1) | NDS |
| NAFTIN TOPICAL GEL 1 %, 2 % | \$0 (Tier 1) | NDS |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | \$0 (Tier 1) | NDS |
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | \$0 (Tier 1) | NDS |
| NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG | \$0 (Tier 1) | NDS |
| NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM | \$0 (Tier 1) | NDS |
| <i>nystatin oral suspension 100,000 unit/ml</i> | \$0 (Tier 1) | NDS |
| <i>nystatin oral tablet 500,000 unit</i> | \$0 (Tier 1) | NDS |
| <i>nystatin topical cream 100,000 unit/gram</i> | \$0 (Tier 1) | NDS |
| <i>nystatin topical ointment 100,000 unit/gram</i> | \$0 (Tier 1) | NDS |
| <i>nystatin topical powder 100,000 unit/gram</i> | \$0 (Tier 1) | NDS |
| NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-----------------------------------|
| OXISTAT TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS |
| OXISTAT TOPICAL LOTION 1 % | \$0 (Tier 1) | NDS |
| <i>terbinafine hcl oral tablet 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | \$0 (Tier 1) | NDS |
| <i>terconazole vaginal suppository 80 mg</i> | \$0 (Tier 1) | NDS |
| <i>voriconazole intravenous solution 200 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| ZOLINZA ORAL CAPSULE 100 MG | \$0 (Tier 1) | PA NSO; NDS; QL (120 per 30 days) |
| Antigout Agents | | |
| Antigout Agents | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| ALOPRIM INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | NDS |
| <i>colchicine oral tablet 0.6 mg</i> | \$0 (Tier 1) | MO |
| <i>probenecid oral tablet 500 mg</i> | \$0 (Tier 1) | MO |
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | \$0 (Tier 1) | NDS; MO |
| ULORIC ORAL TABLET 40 MG, 80 MG | \$0 (Tier 1) | MO |
| Anti-Inflammatory Agents | | |
| Glucocorticoids | | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical foam 0.12 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical lotion 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone, augmented topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone, augmented topical gel 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | \$0 (Tier 1) | NDS |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | \$0 (Tier 1) | NDS |
| <i>cortisone oral tablet 25 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | \$0 (Tier 1) | NDS |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | \$0 (Tier 1) | NDS |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydrocortisone oral tablet 20 mg, 5 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>methylprednisolone sodium succ injection recon soln 125 mg</i> | \$0 (Tier 1) | |
| <i>methylprednisolone sodium succ injection recon soln 40 mg</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> | \$0 (Tier 1) | NDS |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | \$0 (Tier 1) | NDS |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone oral solution 15 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | \$0 (Tier 1) | PA BvD; NDS |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | PA BvD; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------|
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | \$0 (Tier 1) | NDS |
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) | \$0 (Tier 1) | NDS |
| Nonsteroidal Anti-Inflammatory Drugs | | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>diclofenac potassium oral tablet 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>diflunisal oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>etodolac oral capsule 200 mg</i> | \$0 (Tier 1) | MO |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| <i>fenoprofen oral tablet 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>flurbiprofen oral tablet 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>flurbiprofen oral tablet 50 mg</i> | \$0 (Tier 1) | NDS; MO |
| IBU ORAL TABLET 600 MG, 800 MG | \$0 (Tier 1) | MO |
| <i>ibuprofen oral suspension 100 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | \$0 (Tier 1) | MO |
| <i>ibuprofen-oxycodone oral tablet 400-5 mg</i> | \$0 (Tier 1) | NDS; QL (300 per 30 days) |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>indomethacin oral capsule, extended release 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>ketorolac oral tablet 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>meclofenamate oral capsule 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>meclofenamate oral capsule 50 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>mefenamic acid oral capsule 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | \$0 (Tier 1) | NDS |
| <i>naproxen oral suspension 125 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | \$0 (Tier 1) | MO |
| <i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>oxaprozin oral tablet 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | \$0 (Tier 1) | NDS |
| <i>sulindac oral tablet 150 mg, 200 mg</i> | \$0 (Tier 1) | NDS |
| <i>tolmetin oral capsule 400 mg</i> | \$0 (Tier 1) | NDS |
| <i>tolmetin oral tablet 600 mg</i> | \$0 (Tier 1) | NDS; MO |
| Antimigraine Agents | | |
| Ergot Alkaloids | | |
| <i>dihydroergotamine injection solution 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | \$0 (Tier 1) | NDS |
| MIGERGOT RECTAL SUPPOSITORY 2-100 MG | \$0 (Tier 1) | NDS |
| Prophylactic | | |
| DEPAKENE ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| DEPAKENE ORAL SOLUTION 250 MG/5 ML | \$0 (Tier 1) | MO |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | \$0 (Tier 1) | MO |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | \$0 (Tier 1) | MO |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG | \$0 (Tier 1) | MO |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i> | \$0 (Tier 1) | MO |
| <i>valproic acid oral capsule 250 mg</i> | \$0 (Tier 1) | MO |
| Serotonin (5-Ht) 1B/1D Receptor Agonists | | |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | \$0 (Tier 1) | NDS; QL (18 per 30 days) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS; QL (18 per 30 days) |
| <i>rizatriptan oral tablet, disintegrating 10 mg</i> | \$0 (Tier 1) | NDS; QL (18 per 30 days) |
| <i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> | \$0 (Tier 1) | NDS; QL (12 per 30 days) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | NDS; QL (18 per 30 days) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> | \$0 (Tier 1) | NDS; QL (9 per 30 days) |
| <i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> | \$0 (Tier 1) | NDS; QL (9 per 30 days) |
| Antimyasthenic Agents | | |
| Parasympathomimetics | | |
| <i>guanidine oral tablet 125 mg</i> | \$0 (Tier 1) | NDS |
| MESTINON ORAL SYRUP 60 MG/5 ML | \$0 (Tier 1) | MO |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG | \$0 (Tier 1) | MO |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | \$0 (Tier 1) | MO |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | \$0 (Tier 1) | MO |
| Antimycobacterials | | |
| Antimycobacterials, Other | | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| PRIFTIN ORAL TABLET 150 MG | \$0 (Tier 1) | NDS |
| <i>rifabutin oral capsule 150 mg</i> | \$0 (Tier 1) | NDS |
| Antituberculars | | |
| CAPASTAT INJECTION RECON SOLN 1 GRAM | \$0 (Tier 1) | NDS |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>isoniazid injection solution 100 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>isoniazid oral solution 50 mg/5 ml</i> | \$0 (Tier 1) | NDS; MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|--------------------------------------|
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | \$0 (Tier 1) | NDS |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | \$0 (Tier 1) | NDS; MO |
| <i>pyrazinamide oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>rifampin intravenous recon soln 600 mg</i> | \$0 (Tier 1) | NDS |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | \$0 (Tier 1) | NDS |
| RIFATER ORAL TABLET 50-120-300 MG | \$0 (Tier 1) | NDS |
| SIRTURO ORAL TABLET 100 MG | \$0 (Tier 1) | PA NSO; NDS |
| TRECATOR ORAL TABLET 250 MG | \$0 (Tier 1) | NDS |
| Antineoplastics | | |
| Alkylating Agents | | |
| ALKERAN INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | |
| <i>busulfan intravenous solution 60 mg/10 ml</i> | \$0 (Tier 1) | |
| BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML | \$0 (Tier 1) | PA NSO; NDS |
| <i>cyclophosphamide oral capsule 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| HEXALEN ORAL CAPSULE 50 MG | \$0 (Tier 1) | PA NSO; NDS |
| LEUKERAN ORAL TABLET 2 MG | \$0 (Tier 1) | NDS |
| MATULANE ORAL CAPSULE 50 MG | \$0 (Tier 1) | PA NSO; LA; NDS |
| <i>melfhalan hcl intravenous recon soln 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>thiotepa injection recon soln 15 mg</i> | \$0 (Tier 1) | NDS |
| VALCHLOR TOPICAL GEL 0.016 % | \$0 (Tier 1) | MO |
| Antiandrogens | | |
| <i>bicalutamide oral tablet 50 mg</i> | \$0 (Tier 1) | MO |
| CASODEX ORAL TABLET 50 MG | \$0 (Tier 1) | MO |
| ERLEADA ORAL TABLET 60 MG | \$0 (Tier 1) | MO |
| <i>flutamide oral capsule 125 mg</i> | \$0 (Tier 1) | MO |
| NILANDRON ORAL TABLET 150 MG | \$0 (Tier 1) | MO |
| <i>nilutamide oral tablet 150 mg</i> | \$0 (Tier 1) | MO |
| XTANDI ORAL CAPSULE 40 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (120 per 30 days) |
| YONSA ORAL TABLET 125 MG | \$0 (Tier 1) | PA NSO; MO; QL (120 per 30 days) |
| ZYTIGA ORAL TABLET 250 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (120 per 30 days) |
| ZYTIGA ORAL TABLET 500 MG | \$0 (Tier 1) | PA NSO; MO; QL (120 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| Antiangiogenic Agents | | |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | \$0 (Tier 1) | PA NSO; LA; MO |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG | \$0 (Tier 1) | PA NSO; LA; MO |
| THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG | \$0 (Tier 1) | PA NSO; MO |
| Antiestrogens/Modifiers | | |
| EMCYT ORAL CAPSULE 140 MG | \$0 (Tier 1) | PA NSO; NDS |
| FARESTON ORAL TABLET 60 MG | \$0 (Tier 1) | PA NSO; MO |
| SOLTAMOX ORAL SOLUTION 10 MG/5 ML | \$0 (Tier 1) | PA NSO; MO |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| Antimetabolites | | |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | \$0 (Tier 1) | MO |
| <i>gemcitabine intravenous recon soln 1 gram</i> | \$0 (Tier 1) | PA NSO; NDS |
| HYDREA ORAL CAPSULE 500 MG | \$0 (Tier 1) | MO |
| <i>hydroxyurea oral capsule 500 mg</i> | \$0 (Tier 1) | MO |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | \$0 (Tier 1) | NDS |
| PURIXAN ORAL SUSPENSION 20 MG/ML | \$0 (Tier 1) | NDS; MO |
| TABLOID ORAL TABLET 40 MG | \$0 (Tier 1) | PA NSO; NDS |
| Antineoplastics, Other | | |
| ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>fludarabine intravenous recon soln 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| FUSILEV INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | NDS |
| <i>leucovorin calcium injection recon soln 100 mg, 350 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>levoleucovorin intravenous recon soln 50 mg</i> | \$0 (Tier 1) | |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | \$0 (Tier 1) | PA NSO; MO |
| REVLIMID ORAL CAPSULE 2.5 MG | \$0 (Tier 1) | PA NSO; LA; MO |
| REVLIMID ORAL CAPSULE 20 MG | \$0 (Tier 1) | MO |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG | \$0 (Tier 1) | PA NSO; MO |
| YERVOY INTRAVENOUS SOLUTION 50 MG/10 ML (5 MG/ML) | \$0 (Tier 1) | PA NSO; LA; NDS |
| ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML) | \$0 (Tier 1) | PA NSO; MO |
| Antineoplastics | | |
| ADRIAMYCIN INTRAVENOUS SOLUTION 20 MG/10 ML | \$0 (Tier 1) | |
| ADRUCIL INTRAVENOUS SOLUTION 500 MG/10 ML | \$0 (Tier 1) | PA BvD; NDS |
| ALIMTA INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | PA NSO |
| ALIMTA INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | PA NSO; NDS |
| ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML | \$0 (Tier 1) | |
| AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML) | \$0 (Tier 1) | PA NSO; NDS |
| <i>azacitidine injection recon soln 100 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| BELEODAQ INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | MO |
| BICNU INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>bleomycin injection recon soln 30 unit</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>bortezomib intravenous recon soln 3.5 mg</i> | \$0 (Tier 1) | |
| CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML | \$0 (Tier 1) | |
| <i>carboplatin intravenous solution 10 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>cisplatin intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>cladribine intravenous solution 10 mg/10 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>clofarabine intravenous solution 20 mg/20 ml</i> | \$0 (Tier 1) | |
| CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML | \$0 (Tier 1) | PA NSO; NDS |
| COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG | \$0 (Tier 1) | |
| <i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i> | \$0 (Tier 1) | PA NSO |
| <i>cytarabine injection solution 20 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>dacarbazine intravenous recon soln 200 mg</i> | \$0 (Tier 1) | PA NSO; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| DACOGEN INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | |
| <i>dactinomycin intravenous recon soln 0.5 mg</i> | \$0 (Tier 1) | |
| <i>daunorubicin intravenous solution 5 mg/ml</i> | \$0 (Tier 1) | |
| <i>decitabine intravenous recon soln 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>dexrazoxane hcl intravenous recon soln 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i> | \$0 (Tier 1) | PA NSO; NDS |
| DOXIL INTRAVENOUS SUSPENSION 2 MG/ML | \$0 (Tier 1) | |
| <i>doxorubicin intravenous solution 50 mg/25 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> | \$0 (Tier 1) | |
| ELITEK INTRAVENOUS RECON SOLN 1.5 MG | \$0 (Tier 1) | PA BvD; NDS |
| ELLECE INTRAVENOUS SOLUTION 200 MG/100 ML | \$0 (Tier 1) | |
| <i>epirubicin intravenous solution 200 mg/100 ml</i> | \$0 (Tier 1) | |
| ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML | \$0 (Tier 1) | PA BvD; NDS |
| ERWINAZE INJECTION RECON SOLN 10,000 UNIT | \$0 (Tier 1) | PA NSO; NDS |
| FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML | \$0 (Tier 1) | PA NSO; MO |
| FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML) | \$0 (Tier 1) | PA NSO; NDS |
| GEMZAR INTRAVENOUS RECON SOLN 1 GRAM | \$0 (Tier 1) | |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | \$0 (Tier 1) | NDS |
| HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML) | \$0 (Tier 1) | PA NSO; NDS |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG | \$0 (Tier 1) | PA BvD; MO |
| HERCEPTIN INTRAVENOUS RECON SOLN 440 MG | \$0 (Tier 1) | PA BvD; NDS |
| IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML | \$0 (Tier 1) | |
| <i>idarubicin intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| IFEX INTRAVENOUS RECON SOLN 1 GRAM | \$0 (Tier 1) | |
| <i>ifosfamide intravenous recon soln 1 gram</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>irinotecan intravenous solution 100 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML | \$0 (Tier 1) | PA NSO; NDS |
| JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION) | \$0 (Tier 1) | PA NSO; NDS |
| KADCYLA INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | PA NSO; LA; NDS |
| KADCYLA INTRAVENOUS RECON SOLN 160 MG | \$0 (Tier 1) | |
| <i>levoleuovorin intravenous recon soln 50 mg</i> | \$0 (Tier 1) | |
| <i>levoleuovorin intravenous solution 10 mg/ml</i> | \$0 (Tier 1) | NDS |
| LYNPARZA ORAL CAPSULE 50 MG | \$0 (Tier 1) | NDS |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | \$0 (Tier 1) | MO |
| <i>mesna intravenous solution 100 mg/ml</i> | \$0 (Tier 1) | NDS |
| MESNEX INTRAVENOUS SOLUTION 100 MG/ML | \$0 (Tier 1) | |
| MESNEX ORAL TABLET 400 MG | \$0 (Tier 1) | NDS |
| <i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 1) | |
| MUSTARGEN INJECTION RECON SOLN 10 MG | \$0 (Tier 1) | PA NSO; NDS |
| MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC) | \$0 (Tier 1) | |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | \$0 (Tier 1) | NDS |
| NIPENT INTRAVENOUS RECON SOLN 10 MG | \$0 (Tier 1) | |
| <i>oxaliplatin intravenous recon soln 100 mg</i> | \$0 (Tier 1) | |
| <i>oxaliplatin intravenous solution 100 mg/20 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>paclitaxel intravenous concentrate 6 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML) | \$0 (Tier 1) | PA BvD; NDS |
| PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT | \$0 (Tier 1) | PA NSO; NDS |
| RUBRACA ORAL TABLET 200 MG, 300 MG | \$0 (Tier 1) | |
| RUBRACA ORAL TABLET 250 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| TAXOTERE INTRAVENOUS SOLUTION 80 MG/4 ML (20 MG/ML) | \$0 (Tier 1) | |
| TREANDA INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | PA NSO; NDS |
| TREANDA INTRAVENOUS RECON SOLN 25 MG | \$0 (Tier 1) | |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML | \$0 (Tier 1) | |
| VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML) | \$0 (Tier 1) | PA BvD; NDS |
| VELCADE INJECTION RECON SOLN 3.5 MG | \$0 (Tier 1) | PA NSO; NDS |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | \$0 (Tier 1) | MO |
| VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG | \$0 (Tier 1) | |
| VIDAZA INJECTION RECON SOLN 100 MG | \$0 (Tier 1) | |
| <i>vinblastine intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| VINCASAR PFS INTRAVENOUS SOLUTION 1 MG/ML | \$0 (Tier 1) | PA NSO; NDS |
| <i>vincristine intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>vinorelbine intravenous solution 50 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| VYXEOS INTRAVENOUS RECON SOLN 44-100 MG | \$0 (Tier 1) | |
| YONDELIS INTRAVENOUS RECON SOLN 1 MG | \$0 (Tier 1) | MO |
| ZEJULA ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |
| ZINECARD (AS HCL) INTRAVENOUS RECON SOLN 250 MG | \$0 (Tier 1) | |
| Aromatase Inhibitors, 3Rd Generation | | |
| <i>anastrozole oral tablet 1 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| ARIMIDEX ORAL TABLET 1 MG | \$0 (Tier 1) | MO |
| AROMASIN ORAL TABLET 25 MG | \$0 (Tier 1) | MO |
| <i>exemestane oral tablet 25 mg</i> | \$0 (Tier 1) | MO |
| FEMARA ORAL TABLET 2.5 MG | \$0 (Tier 1) | MO |
| <i>letrozole oral tablet 2.5 mg</i> | \$0 (Tier 1) | MO |
| Enzyme Inhibitors | | |
| ALIQOPA INTRAVENOUS RECON SOLN 60 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-----------------------------------|
| ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | NDS |
| <i>etoposide intravenous solution 20 mg/ml</i> | \$0 (Tier 1) | NDS |
| FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG | \$0 (Tier 1) | PA NSO; NDS |
| HYCAMTIN INTRAVENOUS RECON SOLN 4 MG | \$0 (Tier 1) | |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | \$0 (Tier 1) | MO |
| IDHIFA ORAL TABLET 100 MG, 50 MG | \$0 (Tier 1) | MO |
| KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG | \$0 (Tier 1) | MO |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | \$0 (Tier 1) | MO |
| TOPOSAR INTRAVENOUS SOLUTION 20 MG/ML | \$0 (Tier 1) | NDS |
| <i>topotecan intravenous recon soln 4 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | \$0 (Tier 1) | MO |
| ZOLINZA ORAL CAPSULE 100 MG | \$0 (Tier 1) | PA NSO; NDS; QL (120 per 30 days) |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | \$0 (Tier 1) | NDS |
| Molecular Target Inhibitors | | |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | \$0 (Tier 1) | PA NSO; MO |
| ALECENSA ORAL CAPSULE 150 MG | \$0 (Tier 1) | MO |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | \$0 (Tier 1) | MO |
| ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) | \$0 (Tier 1) | |
| BOSULIF ORAL TABLET 100 MG | \$0 (Tier 1) | PA NSO; MO; QL (150 per 30 days) |
| BOSULIF ORAL TABLET 400 MG | \$0 (Tier 1) | MO |
| BOSULIF ORAL TABLET 500 MG | \$0 (Tier 1) | PA NSO; MO; QL (30 per 30 days) |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | \$0 (Tier 1) | |
| CALQUENCE ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------------------|
| CAPRELSA ORAL TABLET 100 MG | \$0 (Tier 1) | PA NSO; NDS; MO; QL (60 per 30 days) |
| CAPRELSA ORAL TABLET 300 MG | \$0 (Tier 1) | PA NSO; NDS; MO; QL (30 per 30 days) |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | \$0 (Tier 1) | PA NSO; LA; NDS; MO |
| COTELLIC ORAL TABLET 20 MG | \$0 (Tier 1) | NDS |
| ERIVEDGE ORAL CAPSULE 150 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (30 per 30 days) |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (30 per 30 days) |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | \$0 (Tier 1) | PA NSO; MO |
| ICLUSIG ORAL TABLET 15 MG | \$0 (Tier 1) | MO |
| ICLUSIG ORAL TABLET 45 MG | \$0 (Tier 1) | PA NSO; MO |
| <i>imatinib oral tablet 100 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| IMBRUVICA ORAL CAPSULE 140 MG | \$0 (Tier 1) | PA NSO; LA; NDS; QL (120 per 30 days) |
| IMBRUVICA ORAL CAPSULE 70 MG | \$0 (Tier 1) | PA NSO; MO; QL (120 per 30 days) |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG | \$0 (Tier 1) | PA NSO; MO; QL (120 per 30 days) |
| INLYTA ORAL TABLET 1 MG | \$0 (Tier 1) | PA NSO; LA; NDS; QL (180 per 30 days) |
| INLYTA ORAL TABLET 5 MG | \$0 (Tier 1) | PA NSO; LA; NDS; QL (120 per 30 days) |
| IRESSA ORAL TABLET 250 MG | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (60 per 30 days) |
| KYPROLIS INTRAVENOUS RECON SOLN 30 MG | \$0 (Tier 1) | |
| KYPROLIS INTRAVENOUS RECON SOLN 60 MG | \$0 (Tier 1) | MO |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1) | \$0 (Tier 1) | PA NSO; MO |
| LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 8 MG/DAY (4 MG X 2) | \$0 (Tier 1) | MO |
| MEKINIST ORAL TABLET 0.5 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (120 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---|
| MEKINIST ORAL TABLET 2 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (30 per 30 days) |
| NERLYNX ORAL TABLET 40 MG | \$0 (Tier 1) | MO |
| NEXAVAR ORAL TABLET 200 MG | \$0 (Tier 1) | PA NSO; LA; NDS; QL (120 per 30 days) |
| ODOMZO ORAL CAPSULE 200 MG | \$0 (Tier 1) | MO |
| OFEV ORAL CAPSULE 100 MG, 150 MG | \$0 (Tier 1) | MO |
| RYDAPT ORAL CAPSULE 25 MG | \$0 (Tier 1) | MO |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | \$0 (Tier 1) | PA NSO; MO |
| STIVARGA ORAL TABLET 40 MG | \$0 (Tier 1) | PA NSO; LA; NDS; QL (120 per 30 days) |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>tafinlar oral capsule 50 mg, 75 mg</i> | \$0 (Tier 1) | PA NSO; LA; NDS |
| TAGRISSE ORAL TABLET 40 MG, 80 MG | \$0 (Tier 1) | NDS |
| TARCEVA ORAL TABLET 100 MG, 25 MG | \$0 (Tier 1) | PA NSO; LA; MO |
| TARCEVA ORAL TABLET 150 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (30 per 30 days) |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | \$0 (Tier 1) | PA NSO; MO; QL (120 per 30 days) |
| TYKERB ORAL TABLET 250 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (180 per 30 days) |
| VOTRIENT ORAL TABLET 200 MG | \$0 (Tier 1) | PA NSO; LA; NDS; MO; QL (120 per 30 days) |
| XALKORI ORAL CAPSULE 200 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (60 per 30 days) |
| XALKORI ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| ZELBORAF ORAL TABLET 240 MG | \$0 (Tier 1) | PA NSO; LA; MO; QL (240 per 30 days) |
| ZYKADIA ORAL CAPSULE 150 MG | \$0 (Tier 1) | NDS |
| Monoclonal Antibody/Antibody-Drug Conjugate | | |
| BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML | \$0 (Tier 1) | MO |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |
| CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML (50 ML) | \$0 (Tier 1) | |
| DARZALEX INTRAVENOUS SOLUTION 20 MG/ML | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| EMPLICITI INTRAVENOUS RECON SOLN 300 MG | \$0 (Tier 1) | NDS |
| EMPLICITI INTRAVENOUS RECON SOLN 400 MG | \$0 (Tier 1) | |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML | \$0 (Tier 1) | MO |
| IMFINZI INTRAVENOUS SOLUTION 50 MG/ML (10 ML) | \$0 (Tier 1) | |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | \$0 (Tier 1) | MO |
| OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML | \$0 (Tier 1) | MO |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML | \$0 (Tier 1) | PA NSO; LA; NDS |
| RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML (10 ML) | \$0 (Tier 1) | |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG | \$0 (Tier 1) | MO |
| TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML) | \$0 (Tier 1) | MO |
| Retinoids | | |
| AVITA TOPICAL CREAM 0.025 % | \$0 (Tier 1) | NDS |
| AVITA TOPICAL GEL 0.025 % | \$0 (Tier 1) | NDS |
| <i>bexarotene oral capsule 75 mg</i> | \$0 (Tier 1) | MO |
| PANRETIN TOPICAL GEL 0.1 % | \$0 (Tier 1) | PA NSO; NDS |
| TARGRETIN ORAL CAPSULE 75 MG | \$0 (Tier 1) | PA NSO; MO |
| TARGRETIN TOPICAL GEL 1 % | \$0 (Tier 1) | PA NSO; NDS |
| <i>tretinoin (chemotherapy) oral capsule 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | \$0 (Tier 1) | NDS |
| Antiparasitics | | |
| Anthelmintics | | |
| ALBENZA ORAL TABLET 200 MG | \$0 (Tier 1) | NDS |
| BILTRICIDE ORAL TABLET 600 MG | \$0 (Tier 1) | NDS |
| <i>ivermectin oral tablet 3 mg</i> | \$0 (Tier 1) | NDS |
| Antiprotozoals | | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | \$0 (Tier 1) | NDS; QL (150 per 3 days) |
| ALINIA ORAL TABLET 500 MG | \$0 (Tier 1) | NDS; QL (6 per 3 days) |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>atovaquone oral suspension 750 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | \$0 (Tier 1) | NDS |
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| COARTEM ORAL TABLET 20-120 MG | \$0 (Tier 1) | NDS |
| DARAPRIM ORAL TABLET 25 MG | \$0 (Tier 1) | NDS |
| <i>hydroxychloroquine oral tablet 200 mg</i> | \$0 (Tier 1) | MO |
| <i>mefloquine oral tablet 250 mg</i> | \$0 (Tier 1) | NDS |
| NEBUPENT INHALATION RECON SOLN 300 MG | \$0 (Tier 1) | PA BvD; NDS; MO |
| PENTAM INJECTION RECON SOLN 300 MG | \$0 (Tier 1) | NDS |
| <i>primaquine oral tablet 26.3 mg</i> | \$0 (Tier 1) | |
| <i>quinine sulfate oral capsule 324 mg</i> | \$0 (Tier 1) | NDS |
| Pediculicides/Scabicides | | |
| <i>lindane topical shampoo 1 %</i> | \$0 (Tier 1) | NDS |
| <i>malathion topical lotion 0.5 %</i> | \$0 (Tier 1) | NDS |
| <i>permethrin topical cream 5 %</i> | \$0 (Tier 1) | NDS |
| Antiparkinson Agents | | |
| Anticholinergics | | |
| <i>benztropine injection solution 2 mg/2 ml</i> | \$0 (Tier 1) | NDS |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>trihexyphenidyl oral elixir 0.4 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Antiparkinson Agents, Other | | |
| <i>amantadine hcl oral capsule 100 mg</i> | \$0 (Tier 1) | MO |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | \$0 (Tier 1) | MO |
| <i>entacapone oral tablet 200 mg</i> | \$0 (Tier 1) | MO |
| <i>tolcapone oral tablet 100 mg</i> | \$0 (Tier 1) | MO |
| Antiparkinson Agents | | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| Dopamine Agonists | | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | \$0 (Tier 1) | NDS; MO |
| <i>bromocriptine oral capsule 5 mg</i> | \$0 (Tier 1) | MO |
| <i>bromocriptine oral tablet 2.5 mg</i> | \$0 (Tier 1) | MO |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | \$0 (Tier 1) | MO |
| <i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> | \$0 (Tier 1) | MO |
| <i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 4.5 mg</i> | \$0 (Tier 1) | MO |
| <i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors | | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | \$0 (Tier 1) | MO |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | \$0 (Tier 1) | MO |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | \$0 (Tier 1) | MO |
| Monoamine Oxidase B (Mao-B) Inhibitors | | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | \$0 (Tier 1) | MO |
| <i>selegiline hcl oral capsule 5 mg</i> | \$0 (Tier 1) | MO |
| <i>selegiline hcl oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG | \$0 (Tier 1) | MO |
| Antipsychotics | | |
| 1St Generation/Typical | | |
| <i>chlorpromazine injection solution 25 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>fluphenazine decanoate injection solution 25 mg/ml</i> | \$0 (Tier 1) | NDS; MO |
| <i>fluphenazine hcl injection solution 2.5 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML | \$0 (Tier 1) | MO |
| HALDOL INJECTION SOLUTION 5 MG/ML | \$0 (Tier 1) | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i> | \$0 (Tier 1) | |
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>haloperidol lactate injection solution 5 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>haloperidol lactate intramuscular syringe 5 mg/ml</i> | \$0 (Tier 1) | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| ORAP ORAL TABLET 1 MG | \$0 (Tier 1) | MO |
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| <i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| 2Nd Generation/Atypical | | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | \$0 (Tier 1) | MO |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | \$0 (Tier 1) | MO |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | \$0 (Tier 1) | MO |
| <i>aripiprazole oral solution 1 mg/ml</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i> | \$0 (Tier 1) | MO |
| ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRINGE 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML | \$0 (Tier 1) | MO |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | \$0 (Tier 1) | MO |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2) | \$0 (Tier 1) | NDS |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | \$0 (Tier 1) | MO |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG | \$0 (Tier 1) | MO |
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | \$0 (Tier 1) | PA NSO; MO |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML | \$0 (Tier 1) | PA NSO; MO |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | \$0 (Tier 1) | MO |
| NUPLAZID ORAL TABLET 17 MG | \$0 (Tier 1) | MO |
| <i>olanzapine intramuscular recon soln 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i> | \$0 (Tier 1) | MO |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|--------------------------|
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | \$0 (Tier 1) | PA NSO; MO |
| RISPERDAL ORAL SOLUTION 1 MG/ML | \$0 (Tier 1) | MO |
| RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | \$0 (Tier 1) | MO |
| <i>risperidone oral solution 1 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | \$0 (Tier 1) | MO |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | \$0 (Tier 1) | MO |
| VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6) | \$0 (Tier 1) | |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG | \$0 (Tier 1) | |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | \$0 (Tier 1) | MO |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | \$0 (Tier 1) | MO |
| ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | \$0 (Tier 1) | MO |
| Treatment-Resistant | | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> | \$0 (Tier 1) | MO; QL (270 per 30 days) |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG | \$0 (Tier 1) | MO |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | \$0 (Tier 1) | MO |
| Antispasticity Agents | | |
| Antispasticity Agents | | |
| <i>baclofen oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| Antivirals | | |
| Anti-Cytomegalovirus (Cmv) Agents | | |
| <i>cidofovir intravenous solution 75 mg/ml</i> | \$0 (Tier 1) | PA; NDS |
| <i>ganciclovir sodium intravenous recon soln 500 mg</i> | \$0 (Tier 1) | PA; NDS |
| VALCYTE ORAL RECON SOLN 50 MG/ML | \$0 (Tier 1) | MO |
| <i>valganciclovir oral tablet 450 mg</i> | \$0 (Tier 1) | MO |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | \$0 (Tier 1) | NDS |
| Anti-Hepatitis B (Hbv) Agents | | |
| <i>adefovir oral tablet 10 mg</i> | \$0 (Tier 1) | NDS |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | \$0 (Tier 1) | MO |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | \$0 (Tier 1) | MO |
| EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) | \$0 (Tier 1) | MO |
| EPIVIR ORAL SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |
| EPIVIR ORAL TABLET 150 MG, 300 MG | \$0 (Tier 1) | MO |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML) | \$0 (Tier 1) | PA NSO; NDS |
| INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML | \$0 (Tier 1) | PA NSO |
| INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML | \$0 (Tier 1) | PA NSO; NDS |
| <i>lamivudine oral solution 10 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| REBETOL ORAL SOLUTION 40 MG/ML | \$0 (Tier 1) | PA; NDS |
| RIBASPHERE ORAL CAPSULE 200 MG | \$0 (Tier 1) | NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| RIBASPHERE ORAL TABLET 200 MG | \$0 (Tier 1) | NDS |
| RIBASPHERE ORAL TABLET 400 MG, 600 MG | \$0 (Tier 1) | PA; NDS |
| <i>ribavirin oral capsule 200 mg</i> | \$0 (Tier 1) | PA; NDS |
| <i>ribavirin oral tablet 200 mg</i> | \$0 (Tier 1) | PA; NDS |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | \$0 (Tier 1) | MO |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM | \$0 (Tier 1) | NDS |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | \$0 (Tier 1) | MO |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG | \$0 (Tier 1) | MO |
| Anti-Hepatitis C (Hcv) Agents, Direct Acting | | |
| DAKLINZA ORAL TABLET 30 MG, 60 MG | \$0 (Tier 1) | PA; NDS |
| HARVONI ORAL TABLET 90-400 MG | \$0 (Tier 1) | PA; NDS |
| MAVYRET ORAL TABLET 100-40 MG | \$0 (Tier 1) | |
| SOVALDI ORAL TABLET 400 MG | \$0 (Tier 1) | PA; MO |
| TECHNIVIE ORAL TABLET 12.5-75-50 MG | \$0 (Tier 1) | PA; NDS |
| Anti-Hepatitis C (Hcv) Agents, Others | | |
| DAKLINZA ORAL TABLET 30 MG, 60 MG | \$0 (Tier 1) | PA; NDS |
| HARVONI ORAL TABLET 90-400 MG | \$0 (Tier 1) | PA; NDS |
| INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) | \$0 (Tier 1) | PA NSO; NDS |
| INTRON A INJECTION SOLUTION 6 MILLION UNIT/ML | \$0 (Tier 1) | PA NSO; NDS |
| MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-600 MG (28)-MG (28) | \$0 (Tier 1) | NDS |
| MODERIBA ORAL TABLET 200 MG | \$0 (Tier 1) | NDS |
| PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | \$0 (Tier 1) | PA; NDS |
| REBETOL ORAL SOLUTION 40 MG/ML | \$0 (Tier 1) | PA; NDS |
| RIBASPHERE ORAL CAPSULE 200 MG | \$0 (Tier 1) | NDS |
| RIBASPHERE ORAL TABLET 200 MG | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| RIBASPHERE ORAL TABLET 400 MG, 600 MG | \$0 (Tier 1) | PA; NDS |
| RIBASPHERE RIBAPAK ORAL TABLETS,DOSE PACK 400-400 MG (28)-MG (28), 600-400 MG (28)-MG (28), 600-600 MG (28)-MG (28) | \$0 (Tier 1) | NDS |
| <i>ribavirin oral capsule 200 mg</i> | \$0 (Tier 1) | PA; NDS |
| <i>ribavirin oral tablet 200 mg</i> | \$0 (Tier 1) | PA; NDS |
| SOVALDI ORAL TABLET 400 MG | \$0 (Tier 1) | PA; MO |
| SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG | \$0 (Tier 1) | MO |
| TECHNIVIE ORAL TABLET 12.5-75-50 MG | \$0 (Tier 1) | PA; NDS |
| VIRAZOLE INHALATION RECON SOLN 6 GRAM | \$0 (Tier 1) | NDS |
| Antiherpetic Agents | | |
| <i>acyclovir oral capsule 200 mg</i> | \$0 (Tier 1) | MO |
| <i>acyclovir oral suspension 200 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | \$0 (Tier 1) | MO |
| <i>acyclovir sodium intravenous solution 50 mg/ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>acyclovir topical ointment 5 %</i> | \$0 (Tier 1) | NDS |
| DENAVIR TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | \$0 (Tier 1) | NDS |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | \$0 (Tier 1) | MO |
| ZOVIRAX TOPICAL CREAM 5 % | \$0 (Tier 1) | NDS |
| Anti-Hiv Agents, Integrase Inhibitors (Insti) | | |
| BIKTARVY ORAL TABLET 50-200-25 MG | \$0 (Tier 1) | MO |
| GENVOYA ORAL TABLET 150-150-200-10 MG | \$0 (Tier 1) | MO |
| ISENTRESS HD ORAL TABLET 600 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | \$0 (Tier 1) | MO |
| ISENTRESS ORAL TABLET 400 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | \$0 (Tier 1) | MO |
| STRIBILD ORAL TABLET 150-150-200-300 MG | \$0 (Tier 1) | MO; QL (30 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti) | | |
| COMPLERA ORAL TABLET 200-25-300 MG | \$0 (Tier 1) | MO |
| EDURANT ORAL TABLET 25 MG | \$0 (Tier 1) | MO |
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>efavirenz oral tablet 600 mg</i> | \$0 (Tier 1) | MO |
| INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG | \$0 (Tier 1) | MO |
| <i>nevirapine oral tablet 200 mg</i> | \$0 (Tier 1) | MO |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| RESCRIPTOR ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG | \$0 (Tier 1) | MO |
| SUSTIVA ORAL CAPSULE 200 MG, 50 MG | \$0 (Tier 1) | MO |
| SUSTIVA ORAL TABLET 600 MG | \$0 (Tier 1) | MO |
| VIRAMUNE ORAL SUSPENSION 50 MG/5 ML | \$0 (Tier 1) | MO |
| VIRAMUNE ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 400 MG | \$0 (Tier 1) | MO |
| Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti) | | |
| <i>abacavir oral solution 20 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>abacavir oral tablet 300 mg</i> | \$0 (Tier 1) | MO |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | \$0 (Tier 1) | MO |
| <i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> | \$0 (Tier 1) | MO |
| ATRIPLA ORAL TABLET 600-200-300 MG | \$0 (Tier 1) | MO |
| CIMDUO ORAL TABLET 300-300 MG | \$0 (Tier 1) | MO |
| COMBIVIR ORAL TABLET 150-300 MG | \$0 (Tier 1) | MO |
| DESCOVY ORAL TABLET 200-25 MG | \$0 (Tier 1) | MO |
| <i>didanosine oral capsule, delayed release(dr/ec) 200 mg, 250 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| EMTRIVA ORAL CAPSULE 200 MG | \$0 (Tier 1) | MO |
| EMTRIVA ORAL SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| EPIVIR ORAL SOLUTION 10 MG/ML | \$0 (Tier 1) | MO |
| EPIVIR ORAL TABLET 150 MG, 300 MG | \$0 (Tier 1) | MO |
| EPZICOM ORAL TABLET 600-300 MG | \$0 (Tier 1) | MO |
| JULUCA ORAL TABLET 50-25 MG | \$0 (Tier 1) | MO |
| <i>lamivudine oral solution 10 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | \$0 (Tier 1) | MO |
| ODEFSEY ORAL TABLET 200-25-25 MG | \$0 (Tier 1) | MO |
| RETROVIR INTRAVENOUS SOLUTION 10 MG/ML | \$0 (Tier 1) | NDS |
| RETROVIR ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |
| RETROVIR ORAL SYRUP 10 MG/ML | \$0 (Tier 1) | MO |
| <i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| SYMFI LO ORAL TABLET 400-300-300 MG | \$0 (Tier 1) | MO |
| SYMFI ORAL TABLET 600-300-300 MG | \$0 (Tier 1) | MO |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | \$0 (Tier 1) | MO |
| TRIZIVIR ORAL TABLET 300-150-300 MG | \$0 (Tier 1) | MO |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | \$0 (Tier 1) | MO |
| VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) | \$0 (Tier 1) | MO |
| VIDEX EC ORAL CAPSULE, DELAYED RELEASE (DR/EC) 125 MG, 200 MG, 250 MG, 400 MG | \$0 (Tier 1) | MO |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | \$0 (Tier 1) | MO |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG | \$0 (Tier 1) | MO |
| ZERIT ORAL CAPSULE 15 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | MO |
| ZERIT ORAL RECON SOLN 1 MG/ML | \$0 (Tier 1) | MO |
| ZIAGEN ORAL SOLUTION 20 MG/ML | \$0 (Tier 1) | MO |
| ZIAGEN ORAL TABLET 300 MG | \$0 (Tier 1) | MO |
| <i>zidovudine oral capsule 100 mg</i> | \$0 (Tier 1) | MO |
| <i>zidovudine oral syrup 10 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>zidovudine oral tablet 300 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| Anti-Hiv Agents, Other | | |
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | \$0 (Tier 1) | MO |
| SELZENTRY ORAL SOLUTION 20 MG/ML | \$0 (Tier 1) | MO |
| SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG | \$0 (Tier 1) | MO |
| TRIUMEQ ORAL TABLET 600-50-300 MG | \$0 (Tier 1) | MO |
| TYBOST ORAL TABLET 150 MG | \$0 (Tier 1) | MO |
| Anti-Hiv Agents, Protease Inhibitors | | |
| APTIVUS ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| APTIVUS ORAL SOLUTION 100 MG/ML | \$0 (Tier 1) | MO |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| CRIXIVAN ORAL CAPSULE 200 MG, 400 MG | \$0 (Tier 1) | MO |
| EVOTAZ ORAL TABLET 300-150 MG | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>fosamprenavir oral tablet 700 mg</i> | \$0 (Tier 1) | MO |
| INVIRASE ORAL CAPSULE 200 MG | \$0 (Tier 1) | MO |
| INVIRASE ORAL TABLET 500 MG | \$0 (Tier 1) | MO |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | \$0 (Tier 1) | MO |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | \$0 (Tier 1) | MO |
| LEXIVA ORAL SUSPENSION 50 MG/ML | \$0 (Tier 1) | MO |
| LEXIVA ORAL TABLET 700 MG | \$0 (Tier 1) | MO |
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | \$0 (Tier 1) | MO |
| NORVIR ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |
| NORVIR ORAL POWDER IN PACKET 100 MG | \$0 (Tier 1) | MO |
| NORVIR ORAL SOLUTION 80 MG/ML | \$0 (Tier 1) | MO |
| NORVIR ORAL TABLET 100 MG | \$0 (Tier 1) | MO |
| PREZCOBIX ORAL TABLET 800-150 MG-MG | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| PREZISTA ORAL SUSPENSION 100 MG/ML | \$0 (Tier 1) | MO |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | \$0 (Tier 1) | MO |
| REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| REYATAZ ORAL POWDER IN PACKET 50 MG | \$0 (Tier 1) | MO |
| <i>ritonavir oral tablet 100 mg</i> | \$0 (Tier 1) | MO |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | \$0 (Tier 1) | MO |
| Anti-Influenza Agents | | |
| <i>amantadine hcl oral capsule 100 mg</i> | \$0 (Tier 1) | MO |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>amantadine hcl oral tablet 100 mg</i> | \$0 (Tier 1) | MO |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | \$0 (Tier 1) | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | \$0 (Tier 1) | NDS |
| <i>rimantadine oral tablet 100 mg</i> | \$0 (Tier 1) | NDS |
| TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG | \$0 (Tier 1) | NDS |
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | \$0 (Tier 1) | NDS |
| Anxiolytics | | |
| Anxiolytics, Other | | |
| <i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>doxepin oral concentrate 10 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>meprobamate oral tablet 200 mg, 400 mg</i> | \$0 (Tier 1) | |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | \$0 (Tier 1) | NDS |
| SILENOR ORAL TABLET 3 MG, 6 MG | \$0 (Tier 1) | |
| <i>triazolam oral tablet 0.125 mg</i> | \$0 (Tier 1) | NDS |
| Benzodiazepines | | |
| <i>alprazolam oral tablet 0.25 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS |
| <i>alprazolam oral tablet 0.5 mg</i> | \$0 (Tier 1) | |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| <i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i> | \$0 (Tier 1) | NDS |
| <i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | \$0 (Tier 1) | NDS |
| DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG | \$0 (Tier 1) | |
| DIASTAT RECTAL KIT 2.5 MG | \$0 (Tier 1) | |
| <i>diazepam intensol oral concentrate 5 mg/ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | \$0 (Tier 1) | MO |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS |
| Ssris/ Snris | | |
| CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG | \$0 (Tier 1) | MO |
| <i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i> | \$0 (Tier 1) | MO |
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG | \$0 (Tier 1) | MO |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | \$0 (Tier 1) | MO |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> | \$0 (Tier 1) | MO |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG | \$0 (Tier 1) | MO |
| PAXIL ORAL SUSPENSION 10 MG/5 ML | \$0 (Tier 1) | MO |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | MO |
| PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>sertraline oral concentrate 20 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| Bipolar Agents | | |
| Bipolar Agents, Other | | |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | \$0 (Tier 1) | NDS; QL (60 per 30 days) |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | \$0 (Tier 1) | MO |
| <i>olanzapine intramuscular recon soln 10 mg</i> | \$0 (Tier 1) | NDS |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | \$0 (Tier 1) | PA NSO; MO |
| RISPERDAL ORAL SOLUTION 1 MG/ML | \$0 (Tier 1) | MO |
| RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | \$0 (Tier 1) | MO |
| <i>risperidone oral solution 1 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | \$0 (Tier 1) | MO |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG | \$0 (Tier 1) | MO |
| VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) | \$0 (Tier 1) | |
| <i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG | \$0 (Tier 1) | |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | \$0 (Tier 1) | MO |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG | \$0 (Tier 1) | MO |
| ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | \$0 (Tier 1) | MO |
| Mood Stabilizers | | |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet 200 mg</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg</i> | \$0 (Tier 1) | MO |
| <i>carbamazepine oral tablet,chewable 100 mg</i> | \$0 (Tier 1) | MO |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | \$0 (Tier 1) | MO |
| DEPAKENE ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| DEPAKENE ORAL SOLUTION 250 MG/5 ML | \$0 (Tier 1) | MO |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | \$0 (Tier 1) | MO |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | \$0 (Tier 1) | MO |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviationson this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| EPITOL ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | \$0 (Tier 1) | MO |
| LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | \$0 (Tier 1) | MO |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | \$0 (Tier 1) | MO |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35) | \$0 (Tier 1) | |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14) | \$0 (Tier 1) | |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | \$0 (Tier 1) | |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | \$0 (Tier 1) | |
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet extended release 24hr 50 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) - 100 mg (7), 25 mg (84) - 100 mg (14)</i> | \$0 (Tier 1) | |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| <i>lithium carbonate oral tablet 300 mg</i> | \$0 (Tier 1) | MO |
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | \$0 (Tier 1) | MO |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | \$0 (Tier 1) | MO |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | \$0 (Tier 1) | MO |
| TEGRETOL ORAL TABLET 200 MG | \$0 (Tier 1) | MO |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | \$0 (Tier 1) | MO |
| <i>valproic acid (as sodium salt) oral solution 500 mg/10 ml (10 ml)</i> | \$0 (Tier 1) | MO |
| <i>valproic acid oral capsule 250 mg</i> | \$0 (Tier 1) | MO |
| Blood Glucose Regulators | | |
| Antidiabetic Agents | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| AVANDIA ORAL TABLET 2 MG, 4 MG | \$0 (Tier 1) | MO |
| BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML | \$0 (Tier 1) | ST; MO |
| BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG | \$0 (Tier 1) | ST; MO |
| BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML | \$0 (Tier 1) | ST; MO |
| <i>colesevelam oral tablet 625 mg</i> | \$0 (Tier 1) | MO |
| FARXIGA ORAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | ST; MO |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>glipizide oral tablet 10 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |
| <i>glipizide oral tablet 5 mg</i> | \$0 (Tier 1) | MO; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 10 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 2.5 mg</i> | \$0 (Tier 1) | MO; QL (240 per 30 days) |
| <i>glipizide oral tablet extended release 24hr 5 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-----------------------------|
| <i>glyburide micronized oral tablet 1.5 mg</i> | \$0 (Tier 1) | MO; QL (240 per 30 days) |
| <i>glyburide micronized oral tablet 3 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |
| <i>glyburide micronized oral tablet 6 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>glyburide oral tablet 1.25 mg</i> | \$0 (Tier 1) | MO; QL (480 per 30 days) |
| <i>glyburide oral tablet 2.5 mg</i> | \$0 (Tier 1) | MO; QL (240 per 30 days) |
| <i>glyburide oral tablet 5 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |
| GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| INVOKANA ORAL TABLET 100 MG, 300 MG | \$0 (Tier 1) | ST; MO |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO |
| <i>metformin oral tablet 1,000 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>metformin oral tablet 500 mg</i> | \$0 (Tier 1) | MO; QL (150 per 30 days) |
| <i>metformin oral tablet 850 mg</i> | \$0 (Tier 1) | MO; QL (90 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 500 mg</i> | \$0 (Tier 1) | MO; QL (120 per 30 days) |
| <i>metformin oral tablet extended release 24 hr 750 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | \$0 (Tier 1) | MO |
| ONGLYZA ORAL TABLET 2.5 MG, 5 MG | \$0 (Tier 1) | ST; MO |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | \$0 (Tier 1) | PA; MO |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | \$0 (Tier 1) | PA; MO |
| <i>tolazamide oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>tolbutamide oral tablet 500 mg</i> | \$0 (Tier 1) | MO |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | \$0 (Tier 1) | MO |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | \$0 (Tier 1) | MO |
| WELCHOL ORAL TABLET 625 MG | \$0 (Tier 1) | MO |
| Blood Glucose Regulators | | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | \$0 (Tier 1) | MO |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | \$0 (Tier 1) | ST; MO; QL (60 per 30 days) |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------------|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | \$0 (Tier 1) | MO |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | \$0 (Tier 1) | MO |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> | \$0 (Tier 1) | MO |
| Glycemic Agents | | |
| GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG | \$0 (Tier 1) | NDS |
| GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG | \$0 (Tier 1) | NDS |
| KORLYM ORAL TABLET 300 MG | \$0 (Tier 1) | PA; MO |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | \$0 (Tier 1) | MO |
| Insulins | | |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | \$0 (Tier 1) | MO |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| <i>assure id insulin safety syringe 1 ml 29 gauge x 1/2"</i> | \$0 (Tier 1) | MO |
| <i>gauze pad topical bandage 2 x 2 "</i> | \$0 (Tier 1) | NDS; QL (100 per 30 days) |
| HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) | \$0 (Tier 1) | MO |
| HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) | \$0 (Tier 1) | MO |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | \$0 (Tier 1) | MO |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | \$0 (Tier 1) | MO |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | \$0 (Tier 1) | MO |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|----------------------------------|
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | \$0 (Tier 1) | MO |
| HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | \$0 (Tier 1) | MO |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | \$0 (Tier 1) | ST; MO |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | \$0 (Tier 1) | ST; MO |
| <i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 1 ml 29 gauge x 1/2", 1/2 ml 28 gauge</i> | \$0 (Tier 1) | NDS; MO; QL (200 per 30 days) |
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | \$0 (Tier 1) | MO |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | \$0 (Tier 1) | MO |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | \$0 (Tier 1) | MO |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | \$0 (Tier 1) | MO |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | \$0 (Tier 1) | MO |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------------|
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | \$0 (Tier 1) | MO |
| <i>pen needle, diabetic needle 29 gauge x 1/2"</i> | \$0 (Tier 1) | NDS; MO; QL (200 per 30 days) |
| Blood Products/ Modifiers/ Volume Expanders | | |
| Anticoagulants | | |
| COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | \$0 (Tier 1) | MO |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | \$0 (Tier 1) | MO |
| <i>enoxaparin subcutaneous solution 300 mg/3 ml</i> | \$0 (Tier 1) | NDS; QL (15 per 5 days) |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i> | \$0 (Tier 1) | NDS; QL (10 per 5 days) |
| <i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> | \$0 (Tier 1) | NDS; QL (8 per 5 days) |
| <i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> | \$0 (Tier 1) | NDS; QL (3 per 5 days) |
| <i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> | \$0 (Tier 1) | NDS; QL (4 per 5 days) |
| <i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> | \$0 (Tier 1) | NDS; QL (6 per 5 days) |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> | \$0 (Tier 1) | NDS; QL (4 per 5 days) |
| <i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> | \$0 (Tier 1) | NDS; QL (2.5 per 5 days) |
| <i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> | \$0 (Tier 1) | NDS; QL (2 per 5 days) |
| <i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> | \$0 (Tier 1) | NDS; QL (3 per 5 days) |
| <i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i> | \$0 (Tier 1) | NDS |
| <i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml</i> | \$0 (Tier 1) | NDS |
| <i>heparin (porcine) injection solution 10,000 unit/ml, 5,000 unit/ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------------|
| PRADAXA ORAL CAPSULE 150 MG, 75 MG | \$0 (Tier 1) | MO |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| XARELTO ORAL TABLET 10 MG | \$0 (Tier 1) | NDS |
| XARELTO ORAL TABLET 15 MG, 20 MG | \$0 (Tier 1) | MO |
| Blood Formation Modifiers | | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | \$0 (Tier 1) | MO |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML | \$0 (Tier 1) | PA BvD; MO |
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | \$0 (Tier 1) | PA BvD; MO |
| DOPTELET ORAL TABLET 20 MG, 20 MG (15 PACK) | \$0 (Tier 1) | PA |
| EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML | \$0 (Tier 1) | PA BvD; MO |
| LEUKINE INJECTION RECON SOLN 250 MCG | \$0 (Tier 1) | PA; NDS |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | \$0 (Tier 1) | PA; NDS |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML | \$0 (Tier 1) | PA; NDS |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML | \$0 (Tier 1) | PA; NDS; QL (7 per 7 days) |
| NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML | \$0 (Tier 1) | PA; NDS; QL (11.2 per 7 days) |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML | \$0 (Tier 1) | PA; NDS; QL (3.5 per 7 days) |
| NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML | \$0 (Tier 1) | PA; NDS; QL (5.6 per 7 days) |
| PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | \$0 (Tier 1) | PA BvD; MO |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | \$0 (Tier 1) | PA; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | \$0 (Tier 1) | |
| Hemostasis Agents | | |
| <i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>tranexamic acid oral tablet 650 mg</i> | \$0 (Tier 1) | MO |
| Platelet Modifying Agents | | |
| AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| BRILINTA ORAL TABLET 60 MG | \$0 (Tier 1) | MO |
| BRILINTA ORAL TABLET 90 MG | \$0 (Tier 1) | MO; QL (90 per 30 days) |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>clopidogrel oral tablet 75 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| TRISENOX INTRAVENOUS SOLUTION 2 MG/ML | \$0 (Tier 1) | |
| Cardiovascular Agents | | |
| Alpha-Adrenergic Agonists | | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | \$0 (Tier 1) | MO |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i> | \$0 (Tier 1) | MO |
| <i>methyldopate intravenous solution 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | \$0 (Tier 1) | PA NSO; MO |
| Alpha-Adrenergic Blocking Agents | | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Angiotensin II Receptor Antagonists | | |
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| <i>eprosartan oral tablet 600 mg</i> | \$0 (Tier 1) | MO |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>olmesartan oral tablet 40 mg</i> | \$0 (Tier 1) | MO |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| Angiotensin-Converting Enzyme (Ace) Inhibitors | | |
| <i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>quinapril oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| Antiarrhythmics | | |
| <i>amiodarone intravenous solution 50 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>amiodarone oral tablet 200 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | \$0 (Tier 1) | MO |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | \$0 (Tier 1) | MO |
| MULTAQ ORAL TABLET 400 MG | \$0 (Tier 1) | PA; MO |
| PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG | \$0 (Tier 1) | MO |
| <i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>quinidine gluconate injection solution 80 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | \$0 (Tier 1) | MO |
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>sotalol af oral tablet 120 mg</i> | \$0 (Tier 1) | MO |
| <i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | \$0 (Tier 1) | MO |
| Beta-Adrenergic Blocking Agents | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| <i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>betaxolol oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| <i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | \$0 (Tier 1) | MO |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>nadolol oral tablet 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>propranolol intravenous solution 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| TENORMIN ORAL TABLET 100 MG | \$0 (Tier 1) | MO |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Calcium Channel Blocking Agents | | |
| AFEDITAB CR ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG | \$0 (Tier 1) | MO |
| <i>diltiazem hcl intravenous recon soln 100 mg</i> | \$0 (Tier 1) | NDS |
| <i>diltiazem hcl intravenous solution 5 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl oral capsule, extended release 24 hr 360 mg, 420 mg</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | \$0 (Tier 1) | MO |
| DILT-XR ORAL CAPSULE, EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG | \$0 (Tier 1) | MO |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | \$0 (Tier 1) | MO |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | \$0 (Tier 1) | MO |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | \$0 (Tier 1) | MO |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | \$0 (Tier 1) | MO |
| <i>nimodipine oral capsule 30 mg</i> | \$0 (Tier 1) | NDS |
| <i>verapamil intravenous solution 2.5 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | \$0 (Tier 1) | MO |
| Cardiovascular Agents, Other | | |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | \$0 (Tier 1) | MO |
| DIGITEK ORAL TABLET 125 MCG, 250 MCG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| DIGOX ORAL TABLET 125 MCG, 250 MCG | \$0 (Tier 1) | MO |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i> | \$0 (Tier 1) | MO |
| LANOXIN ORAL TABLET 62.5 MCG | \$0 (Tier 1) | MO |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | \$0 (Tier 1) | MO |
| RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG | \$0 (Tier 1) | PA; MO |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | \$0 (Tier 1) | MO |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | \$0 (Tier 1) | MO |
| Cardiovascular Agents | | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | \$0 (Tier 1) | MO |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | \$0 (Tier 1) | MO |
| <i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> | \$0 (Tier 1) | MO |
| <i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> | \$0 (Tier 1) | MO |
| <i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> | \$0 (Tier 1) | MO |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | \$0 (Tier 1) | MO |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | \$0 (Tier 1) | MO |
| DEMSER ORAL CAPSULE 250 MG | \$0 (Tier 1) | NDS |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | \$0 (Tier 1) | MO |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| <i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | \$0 (Tier 1) | MO |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | \$0 (Tier 1) | MO |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | \$0 (Tier 1) | MO |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG | \$0 (Tier 1) | ST; MO |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | \$0 (Tier 1) | MO |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | \$0 (Tier 1) | MO |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| Diuretics, Carbonic Anhydrase Inhibitors | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | \$0 (Tier 1) | MO |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | \$0 (Tier 1) | MO |
| <i>acetazolamide sodium injection recon soln 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>keveyis oral tablet 50 mg</i> | \$0 (Tier 1) | MO |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| Diuretics, Loop | | |
| <i>bumetanide injection solution 0.25 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| EDECRIN ORAL TABLET 25 MG | \$0 (Tier 1) | MO |
| <i>furosemide injection solution 10 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>furosemide injection syringe 10 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Diuretics, Potassium-Sparing | | |
| <i>amiloride oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| Diuretics, Thiazide | | |
| <i>chlorothiazide oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| <i>chlorothiazide sodium intravenous recon soln 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | \$0 (Tier 1) | MO |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | \$0 (Tier 1) | MO |
| <i>methyclothiazide oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Dyslipidemics, Fibric Acid Derivatives | | |
| <i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate oral capsule 150 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>fenofibrate oral tablet 120 mg, 160 mg, 54 mg</i> | \$0 (Tier 1) | MO |
| <i>gemfibrozil oral tablet 600 mg</i> | \$0 (Tier 1) | MO |
| Dyslipidemics, Hmg Coa Reductase Inhibitors | | |
| <i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| Dyslipidemics, Other | | |
| <i>colesevelam oral tablet 625 mg</i> | \$0 (Tier 1) | MO |
| <i>colestipol oral packet 5 gram</i> | \$0 (Tier 1) | MO |
| <i>colestipol oral tablet 1 gram</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>ezetimibe oral tablet 10 mg</i> | \$0 (Tier 1) | MO |
| JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG | \$0 (Tier 1) | PA NSO; MO |
| JUXTAPID ORAL CAPSULE 30 MG, 40 MG, 60 MG | \$0 (Tier 1) | PA; MO |
| KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML | \$0 (Tier 1) | PA NSO; MO |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | MO |
| NIACOR ORAL TABLET 500 MG | \$0 (Tier 1) | MO |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | \$0 (Tier 1) | MO |
| PREVALITE ORAL POWDER IN PACKET 4 GRAM | \$0 (Tier 1) | MO |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | \$0 (Tier 1) | PA; MO |
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | \$0 (Tier 1) | PA; MO |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | \$0 (Tier 1) | MO |
| WELCHOL ORAL TABLET 625 MG | \$0 (Tier 1) | MO |
| ZETIA ORAL TABLET 10 MG | \$0 (Tier 1) | MO |
| Vasodilators, Direct-Acting Arterial/ Venous | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>isosorbide dinitrate oral tablet extended release 40 mg</i> | \$0 (Tier 1) | MO |
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | \$0 (Tier 1) | MO |
| MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR | \$0 (Tier 1) | MO |
| NITRO-BID TRANSDERMAL OINTMENT 2 % | \$0 (Tier 1) | MO |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | \$0 (Tier 1) | MO |
| <i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|----------------------------------|
| <i>nitroglycerin sublingual tablet 0.4 mg</i> | \$0 (Tier 1) | MO |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | \$0 (Tier 1) | MO |
| <i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i> | \$0 (Tier 1) | MO |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG | \$0 (Tier 1) | NDS; MO |
| NITROSTAT SUBLINGUAL TABLET 0.6 MG | \$0 (Tier 1) | MO |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | \$0 (Tier 1) | NDS |
| Vasodilators, Direct-Acting Arterial | | |
| <i>hydralazine injection solution 20 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | \$0 (Tier 1) | MO |
| Central Nervous System Agents | | |
| Attention Deficit Hyperactivity Disorder Agents, Amphetamines | | |
| <i>adderall oral tablet 20 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO; QL (90 per 30 days) |
| ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>dextroamphetamine oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | PA NSO; MO; QL (180 per 30 days) |
| <i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| VYVANSE ORAL CAPSULE 10 MG | \$0 (Tier 1) | MO |
| VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | \$0 (Tier 1) | PA NSO; MO |
| Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines | | |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | \$0 (Tier 1) | MO |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | \$0 (Tier 1) | MO |
| <i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------------------|
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 15 mg, 30 mg, 40 mg</i> | \$0 (Tier 1) | PA NSO; MO; QL (30 per 30 days) |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG | \$0 (Tier 1) | MO |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 30 mg, 50 mg, 60 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG | \$0 (Tier 1) | MO |
| Central Nervous System, Other | | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS |
| NUDEXTA ORAL CAPSULE 20-10 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>riluzole oral tablet 50 mg</i> | \$0 (Tier 1) | MO |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | \$0 (Tier 1) | MO |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | \$0 (Tier 1) | PA NSO; MO |
| Fibromyalgia Agents | | |
| CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG | \$0 (Tier 1) | MO |
| <i>duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i> | \$0 (Tier 1) | MO |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG | \$0 (Tier 1) | MO |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | \$0 (Tier 1) | MO |
| LYRICA ORAL SOLUTION 20 MG/ML | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-------------------------|
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | \$0 (Tier 1) | MO; QL (60 per 30 days) |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | \$0 (Tier 1) | NDS |
| Multiple Sclerosis Agents | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG | \$0 (Tier 1) | PA; MO |
| AUBAGIO ORAL TABLET 14 MG, 7 MG | \$0 (Tier 1) | PA; MO |
| AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG | \$0 (Tier 1) | PA; MO |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | \$0 (Tier 1) | PA; MO |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | \$0 (Tier 1) | PA; MO |
| EXTAVIA SUBCUTANEOUS KIT 0.3 MG | \$0 (Tier 1) | PA; MO |
| GILENYA ORAL CAPSULE 0.5 MG | \$0 (Tier 1) | PA; MO |
| <i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i> | \$0 (Tier 1) | PA; MO |
| GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | \$0 (Tier 1) | PA; MO |
| <i>mitoxantrone intravenous concentrate 2 mg/ml</i> | \$0 (Tier 1) | PA NSO; MO |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | \$0 (Tier 1) | PA; MO |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) | \$0 (Tier 1) | PA; MO |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | \$0 (Tier 1) | MO |
| TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG | \$0 (Tier 1) | PA; MO |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | \$0 (Tier 1) | PA; MO |
| Dental And Oral Agents | | |
| Dental And Oral Agents | | |
| <i>cevimeline oral capsule 30 mg</i> | \$0 (Tier 1) | MO |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline monohydrate oral tablet 150 mg</i> | \$0 (Tier 1) | NDS |
| KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG | \$0 (Tier 1) | NDS |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | NDS |
| <i>minocycline oral tablet extended release 24 hr 115 mg, 65 mg</i> | \$0 (Tier 1) | |
| <i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> | \$0 (Tier 1) | NDS |
| PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 % | \$0 (Tier 1) | NDS |
| <i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i> | \$0 (Tier 1) | MO |
| <i>triamcinolone acetonide dental paste 0.1 %</i> | \$0 (Tier 1) | NDS |
| Dermatological Agents | | |
| Dermatological Agents | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | \$0 (Tier 1) | NDS |
| <i>adapalene topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>adapalene topical gel 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>ammonium lactate topical cream 12 %</i> | \$0 (Tier 1) | NDS |
| <i>ammonium lactate topical lotion 12 %</i> | \$0 (Tier 1) | NDS |
| AVITA TOPICAL CREAM 0.025 % | \$0 (Tier 1) | NDS |
| AVITA TOPICAL GEL 0.025 % | \$0 (Tier 1) | NDS |
| AZELEX TOPICAL CREAM 20 % | \$0 (Tier 1) | NDS |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>calcipotriene scalp solution 0.005 %</i> | \$0 (Tier 1) | NDS |
| <i>calcipotriene topical cream 0.005 %</i> | \$0 (Tier 1) | NDS |
| <i>calcipotriene topical ointment 0.005 %</i> | \$0 (Tier 1) | NDS |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> | \$0 (Tier 1) | NDS |
| CARAC TOPICAL CREAM 0.5 % | \$0 (Tier 1) | |
| CLARAVIS ORAL CAPSULE 10 MG | \$0 (Tier 1) | NDS |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | \$0 (Tier 1) | NDS |
| CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-% | \$0 (Tier 1) | NDS |
| CORTISPORIN TOPICAL OINTMENT 1 % | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium topical gel 1 %</i> | \$0 (Tier 1) | MO |
| <i>diclofenac sodium topical gel 3 %</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline hyclate oral capsule 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>doxycycline monohydrate oral tablet 50 mg</i> | \$0 (Tier 1) | NDS |
| EFUDEX TOPICAL CREAM 5 % | \$0 (Tier 1) | |
| ELIDEL TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS; QL (30 per 30 days) |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> | \$0 (Tier 1) | NDS |
| FINACEA TOPICAL FOAM 15 % | \$0 (Tier 1) | NDS |
| FINACEA TOPICAL GEL 15 % | \$0 (Tier 1) | NDS |
| <i>fluocinonide topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>fluorouracil intravenous solution 5 gram/100 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>fluorouracil topical cream 0.5 %, 5 %</i> | \$0 (Tier 1) | NDS |
| <i>fluorouracil topical solution 2 %, 5 %</i> | \$0 (Tier 1) | NDS |
| <i>fluticasone topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fluticasone topical ointment 0.005 %</i> | \$0 (Tier 1) | NDS |
| <i>imiquimod topical cream in packet 5 %</i> | \$0 (Tier 1) | NDS |
| <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | \$0 (Tier 1) | |
| KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 % | \$0 (Tier 1) | NDS |
| <i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| MYORISAN ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | NDS |
| NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % | \$0 (Tier 1) | NDS |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | \$0 (Tier 1) | NDS |
| OXSORALEN ULTRA ORAL CAPSULE, LIQD-FILLED, RAPID REL 10 MG | \$0 (Tier 1) | PA NSO; NDS |
| PICATO TOPICAL GEL 0.015 %, 0.05 % | \$0 (Tier 1) | PA; NDS |
| <i>podofilox topical solution 0.5 %</i> | \$0 (Tier 1) | NDS |
| <i>prednicarbate topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| REGRANEX TOPICAL GEL 0.01 % | \$0 (Tier 1) | NDS |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | \$0 (Tier 1) | NDS |
| <i>selenium sulfide topical lotion 2.5 %</i> | \$0 (Tier 1) | NDS |
| <i>tacrolimus topical ointment 0.03 %</i> | \$0 (Tier 1) | NDS; QL (30 per 30 days) |
| <i>tacrolimus topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS; QL (30 per 31 days) |
| <i>tazarotene topical cream 0.1 %</i> | \$0 (Tier 1) | |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 % | \$0 (Tier 1) | NDS |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | \$0 (Tier 1) | NDS |
| TOLAK TOPICAL CREAM 4 % | \$0 (Tier 1) | |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i> | \$0 (Tier 1) | NDS |
| UVADEX INJECTION SOLUTION 20 MCG/ML | \$0 (Tier 1) | NDS |
| VALCHLOR TOPICAL GEL 0.016 % | \$0 (Tier 1) | MO |
| VOLTAREN TOPICAL GEL 1 % | \$0 (Tier 1) | MO |
| ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG | \$0 (Tier 1) | NDS |
| Electrolytes/Minerals/Metals/Vitamins | | |
| Electrolyte/ Mineral Replacement | | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | \$0 (Tier 1) | PA NSO; MO |
| ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION | \$0 (Tier 1) | NDS |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON M15 ORAL TABLET, ER PARTICLES/CRYSTALS 15 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON M20 ORAL TABLET, ER PARTICLES/CRYSTALS 20 MEQ | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ | \$0 (Tier 1) | |
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ | \$0 (Tier 1) | MO |
| K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ, 8 MEQ | \$0 (Tier 1) | MO |
| <i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> | \$0 (Tier 1) | NDS |
| NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION | \$0 (Tier 1) | NDS |
| OSMOPREP ORAL TABLET 1.5 GRAM | \$0 (Tier 1) | NDS |
| <i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride intravenous solution 2 meq/ml</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i> | \$0 (Tier 1) | MO |
| <i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride 3 % intravenous parenteral solution 3 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride 5 % intravenous parenteral solution 5 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride irrigation solution 0.9 %</i> | \$0 (Tier 1) | NDS |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | \$0 (Tier 1) | |



You can find information on what the symbols and abbreviationson this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| Electrolyte/Mineral/Metal Modifiers | | |
| AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 % | \$0 (Tier 1) | PA BvD; NDS |
| AURYXIA ORAL TABLET 210 MG IRON | \$0 (Tier 1) | PA; MO |
| DEPEN TITRATABS ORAL TABLET 250 MG | \$0 (Tier 1) | MO |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | \$0 (Tier 1) | PA; LA; MO |
| FERRIPROX ORAL TABLET 500 MG | \$0 (Tier 1) | PA; NDS |
| FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 % | \$0 (Tier 1) | PA BvD; NDS |
| KIONEX (WITH SORBITOL) ORAL SUSPENSION 15-19.3 GRAM/60 ML | \$0 (Tier 1) | NDS |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium polystyrene sulfonate oral powder</i> | \$0 (Tier 1) | NDS |
| SYPRINE ORAL CAPSULE 250 MG | \$0 (Tier 1) | NDS |
| <i>trientine oral capsule 250 mg</i> | \$0 (Tier 1) | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | \$0 (Tier 1) | MO |
| Electrolytes/Minerals/Metals/Vitamins | | |
| AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | \$0 (Tier 1) | PA BvD; NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 % | \$0 (Tier 1) | PA BvD; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | PA BvD; NDS |
| CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | \$0 (Tier 1) | PA BvD; NDS |
| <i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 5 % in water (d5w) intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 5 %-lactated ringers intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>fomepizole intravenous solution 1 gram/ml</i> | \$0 (Tier 1) | NDS |
| HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 % | \$0 (Tier 1) | PA BvD; NDS |
| ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | NDS |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>levocarnitine oral tablet 330 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 % | \$0 (Tier 1) | PA BvD; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION | \$0 (Tier 1) | NDS |
| NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 % | \$0 (Tier 1) | NDS |
| NUTRILIPID INTRAVENOUS EMULSION 20 % | \$0 (Tier 1) | PA BvD; NDS |
| PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 % | \$0 (Tier 1) | PA BvD; NDS |
| <i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 40 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride in Ir-d5 intravenous parenteral solution 20 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i> | \$0 (Tier 1) | NDS |
| <i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i> | \$0 (Tier 1) | NDS |
| PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | \$0 (Tier 1) | PA BvD; NDS |
| PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 % | \$0 (Tier 1) | PA BvD; NDS |
| PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG | \$0 (Tier 1) | MO |
| PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 % | \$0 (Tier 1) | PA BvD; NDS |
| PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION | \$0 (Tier 1) | PA BvD |
| <i>ringer's intravenous parenteral solution</i> | \$0 (Tier 1) | NDS |
| <i>ringer's irrigation solution</i> | \$0 (Tier 1) | NDS |
| <i>sodium lactate intravenous solution 5 meq/ml</i> | \$0 (Tier 1) | NDS |
| TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML | \$0 (Tier 1) | NDS |
| TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | \$0 (Tier 1) | PA BvD; NDS |
| TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 % | \$0 (Tier 1) | PA BvD; NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 % | \$0 (Tier 1) | PA BvD; NDS |
| <i>water for irrigation, sterile irrigation solution</i> | \$0 (Tier 1) | NDS |
| Vitamins | | |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> | \$0 (Tier 1) | MO |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i> | \$0 (Tier 1) | MO |
| <i>doxercalciferol oral capsule 2.5 mcg</i> | \$0 (Tier 1) | PA BvD; MO |
| KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON 8 ORAL TABLET EXTENDED RELEASE 8 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ | \$0 (Tier 1) | MO |
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 10 MEQ | \$0 (Tier 1) | |
| KLOR-CON SPRINKLE ORAL CAPSULE, EXTENDED RELEASE 8 MEQ | \$0 (Tier 1) | MO |
| Gastrointestinal Agents | | |
| Antispasmodics, Gastrointestinal | | |
| <i>atropine injection syringe 0.05 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>dicyclomine oral capsule 10 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>dicyclomine oral tablet 20 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>glycopyrrolate injection solution 0.2 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | \$0 (Tier 1) | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | \$0 (Tier 1) | NDS |
| Gastrointestinal Agents, Other | | |
| CHENODAL ORAL TABLET 250 MG | \$0 (Tier 1) | NDS |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG | \$0 (Tier 1) | PA NSO; MO |
| <i>loperamide oral capsule 2 mg</i> | \$0 (Tier 1) | MO |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | \$0 (Tier 1) | NDS |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | \$0 (Tier 1) | NDS |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML | \$0 (Tier 1) | NDS |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG | \$0 (Tier 1) | NDS |
| <i>ursodiol oral capsule 300 mg</i> | \$0 (Tier 1) | MO |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | \$0 (Tier 1) | MO |
| Gastrointestinal Agents | | |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG | \$0 (Tier 1) | NDS |
| Histamine2 (H2) Receptor Antagonists | | |
| <i>cimetidine hcl oral solution 300 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> | \$0 (Tier 1) | MO |
| <i>famotidine (pf) intravenous solution 20 mg/2 ml</i> | \$0 (Tier 1) | NDS |
| <i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> | \$0 (Tier 1) | MO |
| <i>famotidine oral tablet 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>nizatidine oral capsule 150 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>ranitidine hcl oral syrup 15 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>ranitidine hcl oral tablet 150 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| Irritable Bowel Syndrome Agents | | |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> | \$0 (Tier 1) | NDS |
| AMITIZA ORAL CAPSULE 24 MCG, 8 MCG | \$0 (Tier 1) | MO |
| <i>budesonide oral capsule,delayed,extend.release 3 mg</i> | \$0 (Tier 1) | NDS |
| <i>budesonide oral tablet,delayed and ext.release 9 mg</i> | \$0 (Tier 1) | |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | \$0 (Tier 1) | MO |
| GIAZO ORAL TABLET 1.1 GRAM | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG | \$0 (Tier 1) | MO |
| UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG | \$0 (Tier 1) | NDS |
| Laxatives | | |
| CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML | \$0 (Tier 1) | MO |
| ENULOSE ORAL SOLUTION 10 GRAM/15 ML | \$0 (Tier 1) | MO |
| GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM | \$0 (Tier 1) | NDS |
| GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | \$0 (Tier 1) | NDS |
| GAVILYTE-N ORAL RECON SOLN 420 GRAM | \$0 (Tier 1) | NDS |
| GENERLAC ORAL SOLUTION 10 GRAM/15 ML | \$0 (Tier 1) | MO |
| <i>lactulose oral solution 10 gram/15 ml</i> | \$0 (Tier 1) | MO |
| <i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> | \$0 (Tier 1) | |
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | \$0 (Tier 1) | NDS |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> | \$0 (Tier 1) | NDS |
| Protectants | | |
| CARAFATE ORAL SUSPENSION 100 MG/ML | \$0 (Tier 1) | MO |
| <i>misoprostol oral tablet 100 mcg, 200 mcg</i> | \$0 (Tier 1) | MO |
| <i>sucralfate oral tablet 1 gram</i> | \$0 (Tier 1) | MO |
| Proton Pump Inhibitors | | |
| <i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> | \$0 (Tier 1) | NDS |
| <i>esomeprazole strontium oral capsule, delayed release(dr/ec) 49.3 mg</i> | \$0 (Tier 1) | MO |
| <i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i> | \$0 (Tier 1) | MO |
| <i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |
| <i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment | | |
| ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML | \$0 (Tier 1) | NDS |
| ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML | \$0 (Tier 1) | NDS |
| CERDELGA ORAL CAPSULE 84 MG | \$0 (Tier 1) | MO |
| CEREZYME INTRAVENOUS RECON SOLN 400 UNIT | \$0 (Tier 1) | PA BvD; MO |
| CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000- 9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | \$0 (Tier 1) | MO |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | \$0 (Tier 1) | PA NSO; MO |
| ELELYSO INTRAVENOUS RECON SOLN 200 UNIT | \$0 (Tier 1) | MO |
| FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG | \$0 (Tier 1) | |
| KANUMA INTRAVENOUS SOLUTION 2 MG/ML | \$0 (Tier 1) | MO |
| KUVAN ORAL TABLET, SOLUBLE 100 MG | \$0 (Tier 1) | PA NSO; MO |
| <i>miglustat oral capsule 100 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML | \$0 (Tier 1) | MO |
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG | \$0 (Tier 1) | MO |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG | \$0 (Tier 1) | MO |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | \$0 (Tier 1) | PA NSO; MO |
| STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML | \$0 (Tier 1) | MO |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | \$0 (Tier 1) | MO |
| VPRIV INTRAVENOUS RECON SOLN 400 UNIT | \$0 (Tier 1) | PA NSO; MO |
| ZAVESCA ORAL CAPSULE 100 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT | \$0 (Tier 1) | MO |
| Genitourinary Agents | | |
| Antispasmodics, Urinary | | |
| <i>flavoxate oral tablet 100 mg</i> | \$0 (Tier 1) | MO |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | \$0 (Tier 1) | ST; MO |
| <i>oxybutynin chloride oral syrup 5 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>oxybutynin chloride oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>tolterodine oral tablet 1 mg, 2 mg</i> | \$0 (Tier 1) | MO |
| <i>tropium oral capsule, extended release 24hr 60 mg</i> | \$0 (Tier 1) | MO |
| <i>tropium oral tablet 20 mg</i> | \$0 (Tier 1) | MO |
| Benign Prostatic Hypertrophy Agents | | |
| <i>alfuzosin oral tablet extended release 24 hr 10 mg</i> | \$0 (Tier 1) | MO |
| AVODART ORAL CAPSULE 0.5 MG | \$0 (Tier 1) | MO |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| <i>dutasteride oral capsule 0.5 mg</i> | \$0 (Tier 1) | MO |
| <i>finasteride oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>tamsulosin oral capsule 0.4 mg</i> | \$0 (Tier 1) | MO |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| Genitourinary Agents, Other | | |
| <i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| CUPRIMINE ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| DEPEN TITRATABS ORAL TABLET 250 MG | \$0 (Tier 1) | MO |
| ELMIRON ORAL CAPSULE 100 MG | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | \$0 (Tier 1) | MO |
| Phosphate Binders | | |
| AURYXIA ORAL TABLET 210 MG IRON | \$0 (Tier 1) | PA; MO |
| <i>calcium acetate oral capsule 667 mg</i> | \$0 (Tier 1) | MO |
| FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG | \$0 (Tier 1) | MO |
| <i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i> | \$0 (Tier 1) | MO |
| RENAGEL ORAL TABLET 800 MG | \$0 (Tier 1) | MO |
| REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM | \$0 (Tier 1) | MO |
| REVELA ORAL TABLET 800 MG | \$0 (Tier 1) | MO |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | \$0 (Tier 1) | MO |
| <i>sevelamer carbonate oral tablet 800 mg</i> | \$0 (Tier 1) | MO |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal) | | |
| <i>alclometasone topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>alclometasone topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>amcinonide topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>amcinonide topical lotion 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>amcinonide topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical foam 0.12 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical lotion 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone valerate topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone, augmented topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>betamethasone, augmented topical gel 0.05 %</i> | \$0 (Tier 1) | NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>betamethasone, augmented topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol scalp solution 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical foam 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical gel 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol topical shampoo 0.05 %</i> | \$0 (Tier 1) | NDS |
| CLODAN TOPICAL SHAMPOO 0.05 % | \$0 (Tier 1) | NDS |
| CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | \$0 (Tier 1) | NDS |
| <i>cortisone oral tablet 25 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | \$0 (Tier 1) | NDS |
| <i>desonide topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> | \$0 (Tier 1) | NDS |
| <i>desoximetasone topical gel 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> | \$0 (Tier 1) | NDS |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | \$0 (Tier 1) | NDS |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>diflorasone topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>diflorasone topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fludrocortisone oral tablet 0.1 mg</i> | \$0 (Tier 1) | MO |
| <i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinolone topical ointment 0.025 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinolone topical solution 0.01 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinonide topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinonide topical gel 0.05 %</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>fluocinonide topical ointment 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinonide topical solution 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinonide-e topical cream 0.05 %</i> | \$0 (Tier 1) | |
| <i>fluticasone topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fluticasone topical ointment 0.005 %</i> | \$0 (Tier 1) | NDS |
| <i>halobetasol propionate topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| HALOG TOPICAL CREAM 0.1 % | \$0 (Tier 1) | NDS |
| HALOG TOPICAL OINTMENT 0.1 % | \$0 (Tier 1) | NDS |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>hydrocortisone topical cream 1 %, 2.5 %</i> | \$0 (Tier 1) | NDS |
| <i>hydrocortisone topical lotion 2.5 %</i> | \$0 (Tier 1) | NDS |
| <i>hydrocortisone topical ointment 1 %, 2.5 %</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>methylprednisolone oral tablets, dose pack 4 mg</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone sodium succ injection recon soln 125 mg</i> | \$0 (Tier 1) | |
| <i>methylprednisolone sodium succ injection recon soln 40 mg</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> | \$0 (Tier 1) | NDS |
| <i>mometasone topical cream 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>mometasone topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>mometasone topical solution 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednicarbate topical ointment 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone oral solution 15 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | \$0 (Tier 1) | PA BvD; NDS |
| PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| PROCTO-PAK TOPICAL CREAM WITH PERINEAL APPLICATOR 1 % | \$0 (Tier 1) | NDS |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | \$0 (Tier 1) | NDS |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | \$0 (Tier 1) | NDS |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | \$0 (Tier 1) | NDS |
| <i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i> | \$0 (Tier 1) | NDS |
| TRIDERM TOPICAL CREAM 0.1 % | \$0 (Tier 1) | NDS |
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) | \$0 (Tier 1) | NDS |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | | |
| <i>desmopressin injection solution 4 mcg/ml</i> | \$0 (Tier 1) | PA; NDS |
| <i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i> | \$0 (Tier 1) | MO |
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | \$0 (Tier 1) | MO |
| EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG | \$0 (Tier 1) | MO |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | \$0 (Tier 1) | PA NSO; NDS |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | \$0 (Tier 1) | MO |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | \$0 (Tier 1) | PA; MO |
| NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT | \$0 (Tier 1) | PA; NDS |
| NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 5 MG/2 ML (2.5 MG/ML) | \$0 (Tier 1) | PA; MO |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | \$0 (Tier 1) | PA; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins) | | |
| <i>misoprostol oral tablet 200 mcg</i> | \$0 (Tier 1) | MO |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| Anabolic Steroids | | |
| ANADROL-50 ORAL TABLET 50 MG | \$0 (Tier 1) | NDS |
| <i>oxandrolone oral tablet 10 mg, 2.5 mg</i> | \$0 (Tier 1) | MO |
| Androgens | | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | \$0 (Tier 1) | NDS |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> | \$0 (Tier 1) | MO |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> | \$0 (Tier 1) | MO |
| Estrogens | | |
| ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | \$0 (Tier 1) | MO |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML | \$0 (Tier 1) | NDS |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | \$0 (Tier 1) | NDS |
| DUAVEE ORAL TABLET 0.45-20 MG | \$0 (Tier 1) | MO |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | \$0 (Tier 1) | MO |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | \$0 (Tier 1) | MO |
| <i>estradiol vaginal tablet 10 mcg</i> | \$0 (Tier 1) | MO |
| <i>estradiol valerate intramuscular oil 20 mg/ml</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | \$0 (Tier 1) | MO |
| <i>estropipate oral tablet 0.75 mg</i> | \$0 (Tier 1) | MO |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | \$0 (Tier 1) | MO |
| MARLISSA ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG | \$0 (Tier 1) | MO |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | \$0 (Tier 1) | PA NSO; MO |
| MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | \$0 (Tier 1) | MO |
| PREMARIN INJECTION RECON SOLN 25 MG | \$0 (Tier 1) | PA NSO; NDS |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | \$0 (Tier 1) | PA NSO; MO |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | \$0 (Tier 1) | MO |
| VAGIFEM VAGINAL TABLET 10 MCG | \$0 (Tier 1) | MO |
| VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR | \$0 (Tier 1) | MO |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | | |
| AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | \$0 (Tier 1) | MO |
| AMETHYST ORAL TABLET 90-20 MCG | \$0 (Tier 1) | MO |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | \$0 (Tier 1) | MO |
| APRI ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 (Tier 1) | MO |
| ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) | \$0 (Tier 1) | MO |
| AUBRA ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| AVIANE ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| BEKYREE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | \$0 (Tier 1) | MO |
| BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | \$0 (Tier 1) | MO |
| BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| BRIELLYN ORAL TABLET 0.4-35 MG-MCG | \$0 (Tier 1) | MO |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | \$0 (Tier 1) | NDS |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> | \$0 (Tier 1) | |
| CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG | \$0 (Tier 1) | MO |
| CYCLAFEM 1/35 (28) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| CYCLAFEM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 (Tier 1) | MO |
| DEBLITANE ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| DELYLA (28) ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| <i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> | \$0 (Tier 1) | MO |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | \$0 (Tier 1) | MO |
| EMOQUETTE ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | \$0 (Tier 1) | MO |
| <i>estradiol valerate intramuscular oil 40 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> | \$0 (Tier 1) | MO |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i> | \$0 (Tier 1) | MO |
| FALMINA (28) ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| GIANVI (28) ORAL TABLET 3-0.02 MG | \$0 (Tier 1) | MO |
| INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG | \$0 (Tier 1) | MO |
| JINTELI ORAL TABLET 1-5 MG-MCG | \$0 (Tier 1) | MO |
| JULEBER ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG | \$0 (Tier 1) | MO |
| JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | \$0 (Tier 1) | MO |
| KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | \$0 (Tier 1) | MO |
| KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| KIMIDESS (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | \$0 (Tier 1) | |
| <i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | \$0 (Tier 1) | MO |
| LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | \$0 (Tier 1) | MO |
| LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | \$0 (Tier 1) | MO |
| LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| LAYOLIS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) | \$0 (Tier 1) | MO |
| LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG | \$0 (Tier 1) | MO |
| LESSINA ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | \$0 (Tier 1) | MO |
| <i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg</i> | \$0 (Tier 1) | MO |
| <i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> | \$0 (Tier 1) | MO |
| LEVORA-28 ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| LORYNA (28) ORAL TABLET 3-0.02 MG | \$0 (Tier 1) | MO |
| LUTERA (28) ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| MARLISSA ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | \$0 (Tier 1) | MO |
| MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | \$0 (Tier 1) | MO |
| MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| MIMVEY LO ORAL TABLET 0.5-0.1 MG | \$0 (Tier 1) | MO |
| MIMVEY ORAL TABLET 1-0.5 MG | \$0 (Tier 1) | MO |
| MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4) | \$0 (Tier 1) | MO |
| MONONESSA (28) ORAL TABLET 0.25-35 MG-MCG | \$0 (Tier 1) | MO |
| NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | \$0 (Tier 1) | MO |
| NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 (Tier 1) | |
| NIKKI (28) ORAL TABLET 3-0.02 MG | \$0 (Tier 1) | MO |
| NORA-BE ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| <i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | \$0 (Tier 1) | MO |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | \$0 (Tier 1) | MO |
| <i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> | \$0 (Tier 1) | MO |
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | \$0 (Tier 1) | MO |
| NORLYROC ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG | \$0 (Tier 1) | MO |
| NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG | \$0 (Tier 1) | MO |
| OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG | \$0 (Tier 1) | MO |
| ORSYTHIA ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5 | \$0 (Tier 1) | MO |
| PIRMELLA ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| PORTIA ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | \$0 (Tier 1) | MO |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | \$0 (Tier 1) | MO |
| PREVIFEM ORAL TABLET 0.25-35 MG-MCG | \$0 (Tier 1) | MO |
| QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG | \$0 (Tier 1) | MO |
| QUASENSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG | \$0 (Tier 1) | MO |
| RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG | \$0 (Tier 1) | MO |
| SHAROBEL ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| SPRINTEC (28) ORAL TABLET 0.25-35 MG-MCG | \$0 (Tier 1) | MO |
| SRONYX ORAL TABLET 0.1-20 MG-MCG | \$0 (Tier 1) | MO |
| TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | \$0 (Tier 1) | MO |
| TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) | \$0 (Tier 1) | MO |
| TRINESSA (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | \$0 (Tier 1) | MO |
| TRI-PREVIFEM (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | \$0 (Tier 1) | MO |
| TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) | \$0 (Tier 1) | MO |
| TRIVORA (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10) | \$0 (Tier 1) | MO |
| VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG | \$0 (Tier 1) | MO |
| VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG | \$0 (Tier 1) | MO |
| WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7) | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR | \$0 (Tier 1) | MO |
| ZENCHENT (28) ORAL TABLET 0.4-35 MG-MCG | \$0 (Tier 1) | MO |
| ZOVIA 1/35E (28) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | MO |
| Progestins | | |
| CAMILA ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML, 400 MG/ML | \$0 (Tier 1) | MO |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | \$0 (Tier 1) | MO |
| ERRIN ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| JOLIVETTE ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| LYZA ORAL TABLET 0.35 MG | \$0 (Tier 1) | MO |
| MARLISSA ORAL TABLET 0.15-0.03 MG | \$0 (Tier 1) | MO |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | \$0 (Tier 1) | MO |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| MEGACE ES ORAL SUSPENSION 625 MG/5 ML | \$0 (Tier 1) | MO |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | \$0 (Tier 1) | MO |
| <i>norethindrone acetate oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | \$0 (Tier 1) | MO |
| Selective Estrogen Receptor Modifying Agents | | |
| <i>raloxifene oral tablet 60 mg</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid) | | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | \$0 (Tier 1) | MO |
| LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | \$0 (Tier 1) | MO |
| <i>liothyronine intravenous solution 10 mcg/ml</i> | \$0 (Tier 1) | NDS |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | \$0 (Tier 1) | MO |
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | \$0 (Tier 1) | MO |
| UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG | \$0 (Tier 1) | MO |
| Hormonal Agents, Suppressant (Adrenal) | | |
| Hormonal Agents, Suppressant (Adrenal) | | |
| LYSODREN ORAL TABLET 500 MG | \$0 (Tier 1) | NDS |
| Hormonal Agents, Suppressant (Pituitary) | | |
| Hormonal Agents, Suppressant (Pituitary) | | |
| <i>bromocriptine oral capsule 5 mg</i> | \$0 (Tier 1) | MO |
| <i>bromocriptine oral tablet 2.5 mg</i> | \$0 (Tier 1) | MO |
| <i>cabergoline oral tablet 0.5 mg</i> | \$0 (Tier 1) | MO |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | \$0 (Tier 1) | PA NSO; NDS |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | \$0 (Tier 1) | PA NSO; NDS |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | \$0 (Tier 1) | PA NSO; NDS |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | \$0 (Tier 1) | PA NSO; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG | \$0 (Tier 1) | PA NSO; NDS |
| FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG | \$0 (Tier 1) | PA NSO; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------------------|
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | \$0 (Tier 1) | PA; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG | \$0 (Tier 1) | PA NSO; NDS |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG | \$0 (Tier 1) | PA NSO; NDS; MO |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | \$0 (Tier 1) | PA NSO; NDS |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | \$0 (Tier 1) | PA NSO; NDS |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | \$0 (Tier 1) | PA NSO; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG | \$0 (Tier 1) | PA BvD; NDS |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG | \$0 (Tier 1) | PA NSO; NDS |
| <i>octreotide acetate injection solution 1,000 mcg/ml</i> | \$0 (Tier 1) | PA; MO |
| SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG | \$0 (Tier 1) | PA NSO; MO |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | \$0 (Tier 1) | PA NSO; MO |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 90 MG/0.3 ML | \$0 (Tier 1) | PA NSO; MO |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML | \$0 (Tier 1) | PA NSO; MO; QL (0.2 per 28 days) |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | \$0 (Tier 1) | PA NSO; MO |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | \$0 (Tier 1) | NDS |
| TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG | \$0 (Tier 1) | PA NSO; NDS; MO |
| TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 3.75 MG/2 ML | \$0 (Tier 1) | PA NSO; NDS; MO |
| TRELSTAR INTRAMUSCULAR SYRINGE 22.5 MG/2 ML | \$0 (Tier 1) | MO |
| Hormonal Agents, Suppressant (Thyroid) | | |
| Antithyroid Agents | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>propylthiouracil oral tablet 50 mg</i> | \$0 (Tier 1) | MO |
| Immunological Agents | | |
| Angioedema Agents | | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | \$0 (Tier 1) | PA; MO |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | \$0 (Tier 1) | PA; NDS |
| Immune Suppressants | | |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | \$0 (Tier 1) | PA NSO; MO |
| AFINITOR ORAL TABLET 2.5 MG | \$0 (Tier 1) | PA NSO; MO |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | \$0 (Tier 1) | PA BvD; MO |
| ATGAM INTRAVENOUS SOLUTION 50 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| AZASAN ORAL TABLET 100 MG, 75 MG | \$0 (Tier 1) | PA BvD; MO |
| <i>azathioprine oral tablet 50 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>azathioprine sodium injection recon soln 100 mg</i> | \$0 (Tier 1) | PA BvD |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG | \$0 (Tier 1) | PA; MO |
| CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | PA BvD; NDS |
| CELLCEPT ORAL CAPSULE 250 MG | \$0 (Tier 1) | PA BvD; MO |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| CELLCEPT ORAL TABLET 500 MG | \$0 (Tier 1) | PA BvD; MO |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | \$0 (Tier 1) | MO |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | \$0 (Tier 1) | MO |
| <i>cyclosporine intravenous solution 250 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>cyclosporine modified oral solution 100 mg/ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| DEPEN TITRATABS ORAL TABLET 250 MG | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|--------------------------|
| ELIDEL TOPICAL CREAM 1 % | \$0 (Tier 1) | NDS; QL (30 per 30 days) |
| ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) | \$0 (Tier 1) | PA; MO |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML) | \$0 (Tier 1) | PA; MO |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML) | \$0 (Tier 1) | PA; MO |
| ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | \$0 (Tier 1) | PA BvD; MO |
| GENGRAF ORAL CAPSULE 100 MG, 25 MG | \$0 (Tier 1) | PA BvD; MO |
| GENGRAF ORAL SOLUTION 100 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (6 PACK) | \$0 (Tier 1) | |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 80 MG/0.8 ML | \$0 (Tier 1) | PA; MO |
| HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | \$0 (Tier 1) | PA |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | \$0 (Tier 1) | PA; MO |
| HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | \$0 (Tier 1) | PA |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | \$0 (Tier 1) | PA; MO |
| HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | \$0 (Tier 1) | PA |
| HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | \$0 (Tier 1) | PA; MO |
| HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | \$0 (Tier 1) | PA; MO |
| IMURAN ORAL TABLET 50 MG | \$0 (Tier 1) | PA BvD; MO |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | \$0 (Tier 1) | PA; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>mercaptopurine oral tablet 50 mg</i> | \$0 (Tier 1) | NDS; MO |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml (10 ml)</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | \$0 (Tier 1) | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | \$0 (Tier 1) | PA BvD |
| <i>methotrexate sodium oral tablet 2.5 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> | \$0 (Tier 1) | PA BvD |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG | \$0 (Tier 1) | PA BvD; MO |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | \$0 (Tier 1) | PA BvD; MO |
| NEORAL ORAL SOLUTION 100 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| NULOJIX INTRAVENOUS RECON SOLN 250 MG | \$0 (Tier 1) | PA; MO |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | \$0 (Tier 1) | PA; MO |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | \$0 (Tier 1) | PA; MO |
| OTEZLA ORAL TABLET 30 MG | \$0 (Tier 1) | MO |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | \$0 (Tier 1) | NDS |
| PROGRAF INTRAVENOUS SOLUTION 5 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | \$0 (Tier 1) | PA BvD; MO |
| RAPAMUNE ORAL SOLUTION 1 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG | \$0 (Tier 1) | PA BvD; MO |
| REMICADE INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | PA; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| SANDIMMUNE INTRAVENOUS SOLUTION 250 MG/5 ML | \$0 (Tier 1) | PA BvD; NDS |
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | \$0 (Tier 1) | PA BvD; MO |
| SANDIMMUNE ORAL SOLUTION 100 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | \$0 (Tier 1) | PA; MO |
| SIMULECT INTRAVENOUS RECON SOLN 20 MG | \$0 (Tier 1) | PA BvD |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST) | \$0 (Tier 1) | PA NSO; NDS |
| TREXALL ORAL TABLET 10 MG, 5 MG, 7.5 MG | \$0 (Tier 1) | PA BvD; MO |
| TREXALL ORAL TABLET 15 MG | \$0 (Tier 1) | MO |
| XATMEP ORAL SOLUTION 2.5 MG/ML | \$0 (Tier 1) | MO |
| XELJANZ ORAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | MO |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG | \$0 (Tier 1) | MO |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG | \$0 (Tier 1) | PA NSO; MO |
| Immunizing Agents, Passive | | |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | \$0 (Tier 1) | PA BvD; MO |
| CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM | \$0 (Tier 1) | PA; MO |
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 % | \$0 (Tier 1) | PA BvD; MO |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | \$0 (Tier 1) | PA BvD; MO |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %) | \$0 (Tier 1) | PA BvD; MO |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | \$0 (Tier 1) | PA BvD; MO |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %) | \$0 (Tier 1) | PA BvD; MO |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | \$0 (Tier 1) | PA BvD; MO |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | \$0 (Tier 1) | PA BvD; MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML | \$0 (Tier 1) | PA |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | \$0 (Tier 1) | PA; NDS |
| THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG | \$0 (Tier 1) | NDS |
| Immunological Agents | | |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML | \$0 (Tier 1) | PA; NDS |
| Immunomodulators | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | \$0 (Tier 1) | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | \$0 (Tier 1) | MO |
| KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML | \$0 (Tier 1) | MO |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| RIDAURA ORAL CAPSULE 3 MG | \$0 (Tier 1) | MO |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | \$0 (Tier 1) | PA; MO |
| SYLVANT INTRAVENOUS RECON SOLN 100 MG | \$0 (Tier 1) | MO |
| TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML | \$0 (Tier 1) | PA; MO |
| Vaccines | | |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | \$0 (Tier 1) | NDS |
| <i>bcg vaccine, live (pf) percutaneous suspension for reconstitution 50 mg</i> | \$0 (Tier 1) | |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | \$0 (Tier 1) | NDS |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | \$0 (Tier 1) | NDS |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | \$0 (Tier 1) | PA BvD; NDS |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | \$0 (Tier 1) | PA BvD |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | \$0 (Tier 1) | NDS |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | \$0 (Tier 1) | NDS |
| HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML | \$0 (Tier 1) | NDS |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML | \$0 (Tier 1) | NDS |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | \$0 (Tier 1) | PA BvD; NDS |
| INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML | \$0 (Tier 1) | NDS |
| IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML | \$0 (Tier 1) | NDS |
| IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML | \$0 (Tier 1) | |
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | \$0 (Tier 1) | |
| MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML | \$0 (Tier 1) | |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | \$0 (Tier 1) | NDS |
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | \$0 (Tier 1) | |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | \$0 (Tier 1) | NDS |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | \$0 (Tier 1) | |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | \$0 (Tier 1) | NDS |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML | \$0 (Tier 1) | PA BvD; NDS |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | \$0 (Tier 1) | PA BvD; NDS |
| ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML | \$0 (Tier 1) | NDS |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | \$0 (Tier 1) | |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | \$0 (Tier 1) | QL (1 per 1 day) |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | \$0 (Tier 1) | NDS |
| <i>tetanus, diphtheria tox ped(pf) intramuscular suspension 5-25 lf unit/0.5 ml</i> | \$0 (Tier 1) | NDS |
| <i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i> | \$0 (Tier 1) | |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | \$0 (Tier 1) | |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | \$0 (Tier 1) | |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | \$0 (Tier 1) | NDS |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | \$0 (Tier 1) | NDS |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-----------------------|
| ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML | \$0 (Tier 1) | NDS; QL (1 per 1 day) |
| Inflammatory Bowel Disease Agents | | |
| Aminosalicylates | | |
| APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM | \$0 (Tier 1) | MO |
| ASACOL HD ORAL TABLET, DELAYED RELEASE (DR/EC) 800 MG | \$0 (Tier 1) | MO |
| <i>balsalazide oral capsule 750 mg</i> | \$0 (Tier 1) | NDS |
| CANASA RECTAL SUPPOSITORY 1,000 MG | \$0 (Tier 1) | MO |
| DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG | \$0 (Tier 1) | MO |
| DIPENTUM ORAL CAPSULE 250 MG | \$0 (Tier 1) | MO |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM | \$0 (Tier 1) | MO |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i> | \$0 (Tier 1) | MO |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | \$0 (Tier 1) | MO |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | \$0 (Tier 1) | MO |
| Glucocorticoids | | |
| <i>budesonide oral capsule, delayed, extend. release 3 mg</i> | \$0 (Tier 1) | NDS |
| <i>budesonide oral tablet, delayed and ext. release 9 mg</i> | \$0 (Tier 1) | |
| COLOCORT RECTAL ENEMA 100 MG/60 ML | \$0 (Tier 1) | NDS |
| <i>cortisone oral tablet 25 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML | \$0 (Tier 1) | NDS |
| DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML | \$0 (Tier 1) | NDS |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>hydrocortisone rectal enema 100 mg/60 ml</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-------------------------|
| <i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | \$0 (Tier 1) | NDS |
| <i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone oral solution 15 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> | \$0 (Tier 1) | PA BvD; NDS |
| PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral solution 5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | \$0 (Tier 1) | PA BvD; NDS |
| PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | \$0 (Tier 1) | NDS |
| VERIPRED 20 ORAL SOLUTION 20 MG/5 ML (4 MG/ML) | \$0 (Tier 1) | NDS |
| Sulfonamides | | |
| <i>sulfasalazine oral tablet 500 mg</i> | \$0 (Tier 1) | MO |
| <i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> | \$0 (Tier 1) | MO |
| Metabolic Bone Disease Agents | | |
| Metabolic Bone Disease Agents | | |
| ACTONEL ORAL TABLET 30 MG | \$0 (Tier 1) | ST; NDS |
| <i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| <i>alendronate oral tablet 35 mg, 70 mg</i> | \$0 (Tier 1) | MO; QL (4 per 28 days) |
| <i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>calcitriol oral solution 1 mcg/ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>doxercalciferol intravenous solution 4 mcg/2 ml</i> | \$0 (Tier 1) | MO |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg</i> | \$0 (Tier 1) | MO |
| <i>doxercalciferol oral capsule 2.5 mcg</i> | \$0 (Tier 1) | PA BvD; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|----------------------------------|
| <i>etidronate disodium oral tablet 200 mg, 400 mg</i> | \$0 (Tier 1) | MO |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML | \$0 (Tier 1) | PA; MO; QL (2.4 per 28 days) |
| FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT | \$0 (Tier 1) | MO; QL (4 per 28 days) |
| <i>ibandronate intravenous solution 3 mg/3 ml</i> | \$0 (Tier 1) | MO |
| <i>ibandronate oral tablet 150 mg</i> | \$0 (Tier 1) | MO |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | \$0 (Tier 1) | NDS |
| NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE | \$0 (Tier 1) | MO |
| <i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> | \$0 (Tier 1) | NDS |
| <i>paricalcitol oral capsule 1 mcg</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>paricalcitol oral capsule 2 mcg, 4 mcg</i> | \$0 (Tier 1) | MO |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | \$0 (Tier 1) | PA; MO |
| <i>risedronate oral tablet 150 mg</i> | \$0 (Tier 1) | MO; QL (1 per 28 days) |
| <i>risedronate oral tablet 30 mg</i> | \$0 (Tier 1) | NDS; QL (30 per 30 days) |
| <i>risedronate oral tablet 35 mg</i> | \$0 (Tier 1) | MO; QL (4 per 28 days) |
| <i>risedronate oral tablet 5 mg</i> | \$0 (Tier 1) | MO; QL (30 per 30 days) |
| SENSIPAR ORAL TABLET 30 MG | \$0 (Tier 1) | PA BvD; MO; QL (360 per 30 days) |
| SENSIPAR ORAL TABLET 60 MG | \$0 (Tier 1) | PA BvD; MO; QL (180 per 30 days) |
| SENSIPAR ORAL TABLET 90 MG | \$0 (Tier 1) | PA BvD; MO; QL (120 per 30 days) |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | \$0 (Tier 1) | PA; NDS |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | \$0 (Tier 1) | PA; NDS; MO |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | \$0 (Tier 1) | PA; NDS |
| Non-Frf | | |
| Non-Frf | | |
| 8-MOP ORAL CAPSULE 10 MG | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|-----------------------|
| <i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i> | \$0 (Tier 1) | QL (4500 per 30 days) |
| ADRUCIL INTRAVENOUS SOLUTION 2.5 GRAM/50 ML, 5 GRAM/100 ML | \$0 (Tier 1) | PA BvD; NDS |
| A-HYDROCORT INJECTION RECON SOLN 100 MG | \$0 (Tier 1) | NDS |
| ALTABAX TOPICAL OINTMENT 1 % | \$0 (Tier 1) | NDS |
| <i>amifostine crystalline intravenous recon soln 500 mg</i> | \$0 (Tier 1) | NDS |
| AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 % | \$0 (Tier 1) | PA BvD; NDS |
| AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 % | \$0 (Tier 1) | NDS |
| <i>ammonium chloride intravenous solution 5 meq/ml</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin oral capsule 250 mg</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i> | \$0 (Tier 1) | |
| ANZEMET INTRAVENOUS SOLUTION 100 MG/5 ML, 20 MG/ML | \$0 (Tier 1) | PA BvD; NDS |
| ARALAST NP INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | MO |
| ARBINOXA ORAL LIQUID 4 MG/5 ML | \$0 (Tier 1) | NDS |
| <i>atropine injection syringe 0.1 mg/ml</i> | \$0 (Tier 1) | NDS |
| AZACTAM IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML | \$0 (Tier 1) | NDS |
| <i>bd posiflush normal saline 0.9 injection syringe</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>bd posiflush saline blunt cann injection syringe</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>bd pre-filled normal saline injection syringe</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>bd pre-filled saline blunt can injection syringe</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>bromfenac ophthalmic (eye) drops 0.09 %</i> | \$0 (Tier 1) | NDS |
| BUPROBAN ORAL TABLET EXTENDED RELEASE 12 HR 150 MG | \$0 (Tier 1) | NDS |
| <i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|----------------------|
| <i>cefuroxime sodium injection recon soln 1.5 gram</i> | \$0 (Tier 1) | |
| CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML | \$0 (Tier 1) | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | \$0 (Tier 1) | MO |
| <i>clindamax topical gel 1 %</i> | \$0 (Tier 1) | NDS |
| <i>clindamycin pediatric oral recon soln 75 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>clobetasol-emollient topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>colestipol oral granules 5 gram</i> | \$0 (Tier 1) | MO |
| CORMAX SCALP SOLUTION 0.05 % | \$0 (Tier 1) | NDS |
| DELZICOL ORAL CAPSULE, DELAYED RELEASE(DR/EC) 400 MG | \$0 (Tier 1) | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| DEXEDRINE ORAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | QL (180 per 30 days) |
| <i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>dextrose 70 % in water (d70w) intravenous parenteral solution</i> | \$0 (Tier 1) | PA BvD |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | \$0 (Tier 1) | NDS |
| <i>didanosine oral capsule, delayed release(dr/ec) 125 mg</i> | \$0 (Tier 1) | MO |
| <i>diltiazem hcl oral capsule, extended release 24 hr 180 mg</i> | \$0 (Tier 1) | MO |
| DOCEFREZ INTRAVENOUS RECON SOLN 20 MG | \$0 (Tier 1) | NDS |
| <i>docetaxel intravenous solution 80 mg/8 ml (10 mg/ml)</i> | \$0 (Tier 1) | PA NSO; NDS |
| DORIBAX INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | NDS |
| <i>doxycycline hyclate intravenous recon soln 100 mg</i> | \$0 (Tier 1) | NDS |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | \$0 (Tier 1) | MO |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML | \$0 (Tier 1) | PA BvD; NDS |
| ERGOMAR SUBLINGUAL TABLET 2 MG | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| ETHYOL INTRAVENOUS RECON SOLN 500 MG | \$0 (Tier 1) | |
| <i>fluocinolone topical oil 0.01 %</i> | \$0 (Tier 1) | NDS |
| <i>fluocinonide topical cream 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i> | \$0 (Tier 1) | PA BvD; NDS |
| FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG | \$0 (Tier 1) | |
| FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION | \$0 (Tier 1) | |
| GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE | \$0 (Tier 1) | PA BvD; NDS |
| GAMMAKED INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | \$0 (Tier 1) | PA BvD; MO |
| GAMUNEX-C INJECTION SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | \$0 (Tier 1) | PA BvD; MO |
| GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML | \$0 (Tier 1) | NDS |
| GENGRAF ORAL CAPSULE 50 MG | \$0 (Tier 1) | PA BvD |
| <i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i> | \$0 (Tier 1) | NDS |
| <i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i> | \$0 (Tier 1) | |
| GILDESS 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | \$0 (Tier 1) | |
| GILDESS 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | \$0 (Tier 1) | |
| <i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i> | \$0 (Tier 1) | NDS |
| ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML) | \$0 (Tier 1) | |
| ILOTYCIN OPHTHALMIC (EYE) OINTMENT 5 MG/GRAM (0.5 %) | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| KETEK ORAL TABLET 300 MG, 400 MG | \$0 (Tier 1) | NDS |
| KEYTRUDA INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | |
| KIONEX ORAL POWDER | \$0 (Tier 1) | NDS |
| <i>leucovorin calcium injection recon soln 200 mg, 50 mg, 500 mg</i> | \$0 (Tier 1) | PA BvD |
| <i>leuprolide subcutaneous solution 1 mg/0.2 ml</i> | \$0 (Tier 1) | MO |
| LEXAPRO ORAL SOLUTION 5 MG/5 ML | \$0 (Tier 1) | |
| <i>lidocaine hcl mucous membrane jelly in applicator 2 %</i> | \$0 (Tier 1) | NDS |
| <i>lidocaine hcl urethral gel 2 %</i> | \$0 (Tier 1) | NDS |
| <i>lokara topical lotion 0.05 %</i> | \$0 (Tier 1) | NDS |
| LOMEDIA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) | \$0 (Tier 1) | |
| LOPREEZA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG | \$0 (Tier 1) | MO |
| <i>megestrol oral suspension 400 mg/10 ml (10 ml)</i> | \$0 (Tier 1) | PA NSO; MO |
| <i>megestrol oral suspension 800 mg/20 ml (20 ml)</i> | \$0 (Tier 1) | PA; MO |
| <i>meloxicam oral suspension 7.5 mg/5 ml</i> | \$0 (Tier 1) | MO |
| MENEST ORAL TABLET 2.5 MG | \$0 (Tier 1) | MO |
| MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG | \$0 (Tier 1) | NDS |
| <i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> | \$0 (Tier 1) | |
| <i>methylergonovine oral tablet 0.2 mg</i> | \$0 (Tier 1) | NDS |
| MODERIBA DOSE PACK ORAL TABLETS,DOSE PACK 400 MG (7)- 400 MG (7), 600 MG (7)- 600 MG (7) | \$0 (Tier 1) | NDS |
| <i>molindone oral tablet 10 mg, 25 mg, 5 mg</i> | \$0 (Tier 1) | |
| <i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i> | \$0 (Tier 1) | NDS |
| NAMENDA ORAL SOLUTION 2 MG/ML | \$0 (Tier 1) | |
| <i>naphazoline ophthalmic (eye) drops 0.1 %</i> | \$0 (Tier 1) | NDS |
| NECON 1/35 (28) ORAL TABLET 1-35 MG-MCG | \$0 (Tier 1) | |
| NECON 10/11 (28) ORAL TABLET 0.5-35/1-35 MG-MCG/MG-MCG | \$0 (Tier 1) | |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | \$0 (Tier 1) | MO |



You can find information on what the symbols and abbreviations on this table mean by going to page 1

| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| NIFEDICAL XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG | \$0 (Tier 1) | |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY | \$0 (Tier 1) | MO |
| <i>normal saline flush injection syringe</i> | \$0 (Tier 1) | PA BvD; NDS |
| NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML) | \$0 (Tier 1) | |
| <i>paricalcitol hemodialysis port injection solution 2 mcg/ml, 5 mcg/ml</i> | \$0 (Tier 1) | MO |
| PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML | \$0 (Tier 1) | PA; NDS |
| POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG | \$0 (Tier 1) | |
| PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML | \$0 (Tier 1) | |
| <i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml)</i> | \$0 (Tier 1) | PA BvD; NDS |
| PREVALITE ORAL POWDER 4 GRAM | \$0 (Tier 1) | MO |
| PROCRIT INJECTION SOLUTION 20,000 UNIT/2 ML | \$0 (Tier 1) | PA BvD; MO |
| PROCTOSOL HC RECTAL CREAM WITH APPLICATOR 2.5 % | \$0 (Tier 1) | |
| PROZAC WEEKLY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 90 MG | \$0 (Tier 1) | |
| <i>ranitidine hcl injection solution 25 mg/ml</i> | \$0 (Tier 1) | NDS |
| RISPERDAL M-TAB ORAL TABLET, DISINTEGRATING 0.5 MG, 1 MG, 3 MG, 4 MG | \$0 (Tier 1) | PA NSO |
| RISPERDAL M-TAB ORAL TABLET, DISINTEGRATING 2 MG | \$0 (Tier 1) | |
| ROWEEPRA ORAL TABLET 500 MG, 750 MG | \$0 (Tier 1) | |
| SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | |
| <i>sodium chloride 0.45 % intravenous piggyback 0.45 %</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium chloride 0.9 % injection solution</i> | \$0 (Tier 1) | PA BvD; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>sodium chloride 0.9 % intravenous piggyback</i> | \$0 (Tier 1) | PA BvD; NDS |
| <i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i> | \$0 (Tier 1) | NDS |
| <i>stavudine oral recon soln 1 mg/ml</i> | \$0 (Tier 1) | |
| <i>theophylline oral tablet extended release 12 hr 450 mg</i> | \$0 (Tier 1) | MO |
| <i>theophylline oral tablet extended release 400 mg, 600 mg</i> | \$0 (Tier 1) | |
| <i>travoprost (benzalkonium) ophthalmic (eye) drops 0.004 %</i> | \$0 (Tier 1) | |
| TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML | \$0 (Tier 1) | PA NSO; NDS |
| TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML | \$0 (Tier 1) | NDS |
| TYZEKA ORAL TABLET 600 MG | \$0 (Tier 1) | |
| <i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> | \$0 (Tier 1) | MO |
| VEXOL OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | \$0 (Tier 1) | NDS |
| VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) | \$0 (Tier 1) | MO |
| VITEKTA ORAL TABLET 150 MG, 85 MG | \$0 (Tier 1) | QL (30 per 30 days) |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20,000-68,000 -109,000 UNIT, 40,000-136,000- 218,000 UNIT | \$0 (Tier 1) | |
| ZMAX ORAL SUSPENSION,EXTENDED REL RECON 2 GRAM/60 ML | \$0 (Tier 1) | NDS |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | \$0 (Tier 1) | PA; NDS |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | \$0 (Tier 1) | MO |
| Ophthalmic Agents | | |
| Ophthalmic Agents, Other | | |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | \$0 (Tier 1) | MO |
| LACRISERT OPHTHALMIC (EYE) INSERT 5 MG | \$0 (Tier 1) | NDS |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | NDS |
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | \$0 (Tier 1) | NDS |
| Ophthalmic Agents | | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | \$0 (Tier 1) | NDS |
| BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % | \$0 (Tier 1) | NDS |
| BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % | \$0 (Tier 1) | NDS |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | \$0 (Tier 1) | NDS |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | \$0 (Tier 1) | NDS |
| Ophthalmic Anti-Allergy Agents | | |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 % | \$0 (Tier 1) | NDS |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | \$0 (Tier 1) | NDS |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | \$0 (Tier 1) | NDS |
| <i>olopatadine ophthalmic (eye) drops 0.2 %</i> | \$0 (Tier 1) | |
| PATADAY OPHTHALMIC (EYE) DROPS 0.2 % | \$0 (Tier 1) | NDS |
| PATANOL OPHTHALMIC (EYE) DROPS 0.1 % | \$0 (Tier 1) | NDS |
| Ophthalmic Antiglaucoma Agents | | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | \$0 (Tier 1) | MO |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|--------------|---------------------|
| AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % | \$0 (Tier 1) | MO |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | MO |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % | \$0 (Tier 1) | MO |
| BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | \$0 (Tier 1) | MO |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | \$0 (Tier 1) | MO |
| <i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i> | \$0 (Tier 1) | MO |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | \$0 (Tier 1) | MO |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | \$0 (Tier 1) | MO |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | \$0 (Tier 1) | MO |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | \$0 (Tier 1) | MO |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | \$0 (Tier 1) | NDS |
| IOPIDINE OPHTHALMIC (EYE) DROPS 0.5 % | \$0 (Tier 1) | NDS |
| ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 % | \$0 (Tier 1) | MO |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | \$0 (Tier 1) | MO |
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | \$0 (Tier 1) | MO |
| <i>metipranolol ophthalmic (eye) drops 0.3 %</i> | \$0 (Tier 1) | MO |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> | \$0 (Tier 1) | MO |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i> | \$0 (Tier 1) | MO |
| Ophthalmic Anti-Inflammatories | | |
| ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % | \$0 (Tier 1) | NDS |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | \$0 (Tier 1) | NDS |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|------------------|----------------------------|
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | \$0 (Tier 1) | NDS |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | \$0 (Tier 1) | NDS |
| FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | \$0 (Tier 1) | NDS |
| FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % | \$0 (Tier 1) | NDS |
| ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % | \$0 (Tier 1) | NDS |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i> | \$0 (Tier 1) | NDS |
| LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % | \$0 (Tier 1) | NDS |
| LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % | \$0 (Tier 1) | NDS |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | \$0 (Tier 1) | NDS |
| MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | \$0 (Tier 1) | NDS |
| NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | \$0 (Tier 1) | NDS |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | \$0 (Tier 1) | NDS |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | \$0 (Tier 1) | NDS |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | \$0 (Tier 1) | NDS |
| Ophthalmic Prostaglandin And Prostamide Analogs | | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | \$0 (Tier 1) | MO |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | \$0 (Tier 1) | MO |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | \$0 (Tier 1) | MO |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | \$0 (Tier 1) | MO |
| Otic Agents | | |
| Otic Agents | | |
| CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % | \$0 (Tier 1) | NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % | \$0 (Tier 1) | NDS |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | \$0 (Tier 1) | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | \$0 (Tier 1) | NDS |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | \$0 (Tier 1) | NDS |
| Respiratory Tract/ Pulmonary Agents | | |
| Antihistamines | | |
| ARBINOXA ORAL TABLET 4 MG | \$0 (Tier 1) | NDS |
| <i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> | \$0 (Tier 1) | MO |
| <i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> | \$0 (Tier 1) | MO |
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | \$0 (Tier 1) | NDS |
| <i>cetirizine oral solution 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>clemastine oral tablet 2.68 mg</i> | \$0 (Tier 1) | NDS |
| <i>cyproheptadine oral tablet 4 mg</i> | \$0 (Tier 1) | |
| <i>desloratadine oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | \$0 (Tier 1) | NDS |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>levocetirizine oral solution 2.5 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>levocetirizine oral tablet 5 mg</i> | \$0 (Tier 1) | MO |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| Anti-Inflammatories, Inhaled Corticosteroids | | |
| BECONASE AQ NASAL SPRAY,NON-AEROSOL 42 MCG (0.042 %) | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> | \$0 (Tier 1) | PA BvD; MO |
| FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION | \$0 (Tier 1) | MO |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | \$0 (Tier 1) | MO |
| <i>fluticasone nasal spray, suspension 50 mcg/actuation</i> | \$0 (Tier 1) | MO |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | \$0 (Tier 1) | MO |
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML | \$0 (Tier 1) | PA BvD; MO |
| QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | \$0 (Tier 1) | MO |
| Antileukotrienes | | |
| <i>montelukast oral granules in packet 4 mg</i> | \$0 (Tier 1) | MO |
| <i>montelukast oral tablet 10 mg</i> | \$0 (Tier 1) | MO |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| Bronchodilators, Anticholinergic | | |
| ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION | \$0 (Tier 1) | MO |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>ipratropium bromide nasal spray, non-aerosol 0.03 %</i> | \$0 (Tier 1) | MO |
| <i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i> | \$0 (Tier 1) | NDS |
| SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | \$0 (Tier 1) | MO |
| SPIRIVA WITH HANDHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | \$0 (Tier 1) | MO |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT) | \$0 (Tier 1) | |
| Bronchodilators, Sympathomimetic | | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | \$0 (Tier 1) | MO |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | \$0 (Tier 1) | MO |
| ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG | \$0 (Tier 1) | MO |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | \$0 (Tier 1) | MO |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | \$0 (Tier 1) | PA BvD; MO |
| <i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> | \$0 (Tier 1) | NDS |
| <i>epinephrine injection auto-injector 0.3 mg/0.3 ml</i> | \$0 (Tier 1) | |
| EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | \$0 (Tier 1) | NDS |
| EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML | \$0 (Tier 1) | NDS |
| <i>fluticasone-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i> | \$0 (Tier 1) | MO |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>metaproterenol oral syrup 10 mg/5 ml</i> | \$0 (Tier 1) | MO |
| <i>metaproterenol oral tablet 10 mg, 20 mg</i> | \$0 (Tier 1) | MO |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | \$0 (Tier 1) | PA BvD; MO |
| PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | \$0 (Tier 1) | MO |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | \$0 (Tier 1) | MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|---------------------|
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | \$0 (Tier 1) | MO |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | \$0 (Tier 1) | NDS |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | \$0 (Tier 1) | MO |
| XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | \$0 (Tier 1) | MO |
| Cystic Fibrosis Agents | | |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | \$0 (Tier 1) | NDS |
| KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG | \$0 (Tier 1) | PA; MO |
| KALYDECO ORAL TABLET 150 MG | \$0 (Tier 1) | PA; MO |
| ORKAMBI ORAL TABLET 200-125 MG | \$0 (Tier 1) | MO |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| Mast Cell Stabilizers | | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | \$0 (Tier 1) | PA BvD; MO |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML | \$0 (Tier 1) | |
| Phosphodiesterase Inhibitors, Airways Disease | | |
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | \$0 (Tier 1) | NDS |
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | \$0 (Tier 1) | PA; MO |
| <i>theophylline oral solution 80 mg/15 ml</i> | \$0 (Tier 1) | MO |
| <i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> | \$0 (Tier 1) | MO |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | \$0 (Tier 1) | MO |
| Pulmonary Antihypertensives | | |
| ADCIRCA ORAL TABLET 20 MG | \$0 (Tier 1) | PA; MO |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | \$0 (Tier 1) | PA; MO |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | \$0 (Tier 1) | PA; MO |
| OPSUMIT ORAL TABLET 10 MG | \$0 (Tier 1) | PA; MO |
| <i>sildenafil (antihypertensive) oral tablet 20 mg</i> | \$0 (Tier 1) | PA; NDS; MO |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|---|--------------|-----------------------------------|
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | \$0 (Tier 1) | PA; LA; MO |
| VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML | \$0 (Tier 1) | PA BvD; MO |
| Respiratory Tract Agents, Other | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | \$0 (Tier 1) | PA BvD; NDS |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | \$0 (Tier 1) | MO |
| ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG | \$0 (Tier 1) | MO |
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | \$0 (Tier 1) | MO |
| LUMIZYME INTRAVENOUS RECON SOLN 50 MG | \$0 (Tier 1) | PA; MO |
| PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG | \$0 (Tier 1) | PA; MO |
| ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG | \$0 (Tier 1) | PA; MO |
| Respiratory Tract/ Pulmonary Agents | | |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | \$0 (Tier 1) | MO |
| ESBRIET ORAL CAPSULE 267 MG | \$0 (Tier 1) | PA NSO; MO |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | \$0 (Tier 1) | PA BvD; MO |
| OFEV ORAL CAPSULE 100 MG, 150 MG | \$0 (Tier 1) | MO |
| <i>promethazine vc oral syrup 6.25-5 mg/5 ml</i> | \$0 (Tier 1) | NDS |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | \$0 (Tier 1) | PA BvD; MO |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | \$0 (Tier 1) | MO |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | \$0 (Tier 1) | PA; MO |
| Skeletal Muscle Relaxants | | |
| Skeletal Muscle Relaxants | | |
| <i>carisoprodol oral tablet 350 mg</i> | \$0 (Tier 1) | PA NSO; NDS; QL (120 per 30 days) |
| <i>chlorzoxazone oral tablet 500 mg</i> | \$0 (Tier 1) | NDS |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i> | \$0 (Tier 1) | PA NSO; NDS |



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| DRUG NAME | DRUG TIER | REQUIREMENTS/LIMITS |
|--|------------------|----------------------------|
| METAXALL ORAL TABLET 800 MG | \$0 (Tier 1) | NDS |
| <i>metaxalone oral tablet 400 mg, 800 mg</i> | \$0 (Tier 1) | NDS |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| Sleep Disorder Agents | | |
| Gaba Receptor Modulators | | |
| <i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i> | \$0 (Tier 1) | NDS |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | \$0 (Tier 1) | NDS |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> | \$0 (Tier 1) | PA NSO; NDS |
| Sleep Disorders, Other | | |
| <i>doxepin oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i> | \$0 (Tier 1) | MO |
| <i>doxepin oral concentrate 10 mg/ml</i> | \$0 (Tier 1) | MO |
| HETLIOZ ORAL CAPSULE 20 MG | \$0 (Tier 1) | PA NSO; MO |
| <i>modafinil oral tablet 100 mg, 200 mg</i> | \$0 (Tier 1) | PA; MO |
| ROZEREM ORAL TABLET 8 MG | \$0 (Tier 1) | NDS; QL (30 per 30 days) |
| XYREM ORAL SOLUTION 500 MG/ML | \$0 (Tier 1) | LA; NDS |



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| ELLENCÉ..... | 44 | <i>erythromycin with ethanol</i> | 19 | <i>fenopropfen</i> | 10, 38 |
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