

Pharmacy Benefit Dimensions PDP Part D Formulary

Provided by City of Stamford

**Pharmacy
Benefit
Dimensions®**



2019 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00019368 Version Number 33.

This formulary was updated on December 1, 2019. For more recent information or other questions, please contact Pharmacy Benefit Dimensions' Medicare Member Services at (716) 504-4444 or 1-800-667-5936 or, for TTY users 711, October 1st – March 31st: Monday through Sunday from 8 a.m. to 8 p.m., April 1st – September 30th: Monday through Friday from 8 a.m. to 8 p.m., or visit www.pbdrx.com/Medicare.

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

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

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means Pharmacy Benefit Dimensions. When it refers to “plan” or “our plan,” it means Pharmacy Benefit Dimensions PDP provided by City of Stamford.

This document includes the list of the drugs (formulary) for our plan which is current as of December 1, 2019. 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, 2019, and from time to time during the year.

What is the Pharmacy Benefit Dimensions PDP Part D Formulary?

A formulary is a list of covered drugs selected by Pharmacy Benefit Dimensions in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Pharmacy Benefit Dimensions will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Pharmacy Benefit Dimensions 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 2019 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2019 coverage year except when a new, less expensive generic drug becomes available, when new information about the safety or effectiveness of a drug is released, or the drug is removed from the market. (See bullets below for more information on changes that affect members currently taking the drug). 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. Below are changes to the drug list that will also affect members currently taking a drug:

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

information in the section below entitled “How do I request an exception to the Independent Health’s Medicare Advantage Plan Individual Part D Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

The enclosed formulary is current as of December 1, 2019. To get updated information about the drugs covered by Independent Health, please contact us. Our contact information appears on the front and back cover pages. In the event that a non-maintenance change to the formulary occurs prior to the monthly publication update, such change will be communicated via an ERRATA sheet, which will be available on our website at www.pbdrx.com/MedicareFormularies and in printed form.

How do I use the Formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 107. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Pharmacy Benefit Dimensions covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Pharmacy Benefit Dimensions requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Pharmacy Benefit Dimensions before you fill your prescriptions. If you don't get approval, Pharmacy Benefit Dimensions may not cover the drug.
- **Quantity Limits:** For certain drugs, Pharmacy Benefit Dimensions limits the amount of the drug that we will cover. For example, Pharmacy Benefit Dimensions provides 30 tablets per prescription for SILENOR 3MG. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Pharmacy Benefit Dimensions 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, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

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

You can ask Pharmacy Benefit Dimensions to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Pharmacy Benefit Dimensions PDP Part D formulary?" on page IV for information about how to request an exception.

What are over-the counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. City of Stamford pays for certain OTC drugs. The cost to City of Stamford of these OTC drugs will not count toward your total Part D drug costs.

These drugs include Alavert, Allegra, budesonide, cetirizine, Claritin, esomeprazole, fexofenadine, Flonase, fluticasone, lansoprazole, loratadine, Naphcon-A, Nasacort, Nexium, omeprazole/sodium bicarbonate OTC,

omeprazole, Opcon-A, Prevacid, Prilosec OTC, Rhinocort, triamcinolone, Visine-A, Xyzal, Zegerid OTC, and Zyrtec. City of Stamford will provide these OTC drugs at a Tier 1 copayment for you.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

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

How do I request an exception to the Pharmacy Benefit Dimensions PDP Part D Formulary?

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

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

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

You should contact us to ask us for an initial coverage decision for a formulary or utilization restriction exception. **When you request a formulary or utilization restriction exception you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to

72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

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

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

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

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

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

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

After authorizing the temporary fills referred to above, we will send you a letter via the U.S. mail within three (3) business days, detailing the temporary nature of the transition supply you have received,

instructions for working with the plan and your doctor to identify appropriate therapeutic alternatives that are in the Pharmacy Benefit Dimensions Prescription Drug Plan (PDP) Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception can be found on page IV. We will also send a copy of the letter to your doctor.

For more information

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

If you have questions about Pharmacy Benefit Dimensions, 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 711. Or, visit <http://www.medicare.gov>.

Pharmacy Benefit Dimensions' Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions. If you have trouble finding your drug in the list, turn to the Index that begins on page 107.

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

The information in the Requirements/Limits column tells you if Pharmacy Benefit Dimensions has any special requirements for coverage of your drug.

Drugs listed with an “**AL**” in the Requirements/Limits column have age limitations.

Drugs listed with a “**BD**” in the Requirements/Limits column may be covered under Medicare Part B or Part D depending on the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in this drug list. Please refer to your Evidence of Coverage for the cost of a Part B drug or contact Pharmacy Benefit Dimensions Medicare Member Services Department. Our contact information appears on the front and back cover pages.

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

Drugs listed with an “**EHS**” are not normally covered in a Medicare Prescription Drug Plan. The amount you pay when you fill a prescription for this drug does not count towards your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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

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

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

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

Information for members with Diabetes

Insulin, syringes, and pen needles are covered by your pharmacy benefit and are included in this formulary. LIFESCAN diabetic testing supplies, including blood glucose meters, lancing devices, lancets, and test strips are not listed on this formulary. Freestyle Libre continuous glucose monitoring products, including reader device and sensors, are also covered under your plan but not listed on this formulary. These items are covered at a zero (\$0) copayment under your plan. Test strips and lancets are limited to a quantity of 100 per 30 days.

AFFORDABLE CARE ACT PREVENTATIVE SERVICES	
Prescription and OTC versions (where applicable) will be covered only with a prescription written by a licensed healthcare provider. These will be covered at a zero (\$0) dollar copayment for you.	
Aspirin	Covered for patients aged 45 and older.
Bowel Prep	Prescription and OTC products will be covered for adults older than age 50 and younger than age 75 receiving screening for colorectal cancer
Folic Acid Supplements	Supplements containing 0.4mg and 0.8mg of folic acid will be covered for women who are planning or are capable of pregnancy.
Immunizations/Vaccines/Toxoids	Flu, Pneumonia, and vaccinations will be covered when administered at a network pharmacy.
Iron Supplementation for Children	Iron supplements will be covered for children aged six (6) months to twelve (12) months who are at high risk for iron deficiency anemia.
Tobacco Cessation Products (FDA Approved)	Covered for adults eighteen (18) years of age and older and for pregnant women with no age limit. The following products are covered: <i>bupropion sr</i> (generic ZYBAN), CHANTIX, gums, inhalers, lozenges, nasal sprays, and patches.
Vitamin D	Covered for adults aged sixty-five (65) and older who are at an increased risk for falls.

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Drug Name	Tier	Requirements/Limits
Analgesics		
ABSTRAL	3	PA; QL (120 EA per 30 days)
acetaminophen-codeine #3	1	
acetaminophen-codeine oral solution	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
ascomp-codeine	1	PA
BUPAP ORAL TABLET 50-300 MG	3	PA
buprenorphine hcl sublingual	1	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	1	
butalbital-acetaminophen oral tablet 50-300 mg	1	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	PA; PA does not apply to age less than 65.
butalbital-apap-caff-cod	1	PA
butalbital-apap-caffeine oral capsule 50-300-40 mg	1	PA
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	PA; PA does not apply to age less than 65.
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	PA; PA does not apply to age less than 65.
butalbital-asa-caff-codeine	1	PA
butalbital-aspirin-caffeine oral capsule	1	PA
butorphanol tartrate nasal	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CAMBIA	3	
CELEBREX	3	EDS
celecoxib oral	1	EDS
codeine sulfate oral tablet 30 mg, 60 mg	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	3	ST; QL (30 EA per 30 days)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG	3	ST

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

Drug Name	Tier	Requirements/Limits
<i>diclofenac epolamine</i>	1	PA; EDS
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diclofenac-misoprostol oral tablet delayed release</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100	3	QL (30 EA per 30 days)
DURAGESIC-12	3	QL (15 EA per 30 days)
DURAGESIC-25	3	QL (15 EA per 30 days)
DURAGESIC-50	3	QL (15 EA per 30 days)
DURAGESIC-75	3	QL (30 EA per 30 days)
<i>duramorph</i>	1	BD
EMBEDA	3	
<i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL TABLET	3	PA; PA does not apply to age less than 65.
<i>etodolac oral</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (120 EA per 30 days)
<i>fentanyl citrate buccal tablet</i>	1	PA; PA not required for oncologists
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	1	QL (30 EA per 30 days)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr</i>	1	QL (15 EA per 30 days)
<i>FIORICET ORAL CAPSULE</i>	3	PA
<i>FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG</i>	3	PA

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

Drug Name	Tier	Requirements/Limits
FIORINAL	3	PA
FIORINAL/CODEINE #3	3	PA
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er</i>	1	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	
<i>hydromorphone hcl oral liquid</i>	1	QL (2400 ML per 30 days)
<i>hydromorphone hcl oral tablet</i>	1	QL (180 EA per 30 days)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
HYSINGLA ER	2	QL (60 EA per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; EDS
<i>indomethacin er</i>	1	PA; EDS
<i>indomethacin oral</i>	1	PA; EDS
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 100 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG	3	QL (60 EA per 30 days)
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	3	
KETOPROFEN ER	2	EDS
<i>ketorolac tromethamine oral</i>	1	PA
LAZANDA	3	PA; QL (120 EA per 30 days)
<i>lorcet hd</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
<i>meloxicam oral tablet</i>	1	EDS
<i>methadone hcl oral solution</i>	1	
<i>methadone hcl oral tablet 10 mg</i>	1	
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
MOBIC ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
MORPHABOND ER	3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1	
<i>morphine sulfate er oral tablet extended release</i>	1	
<i>morphine sulfate oral</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
NORCO	3	
NUCYNTA	2	QL (180 EA per 30 days)
NUCYNTA ER	2	QL (60 EA per 30 days)
OPANA ORAL	3	QL (180 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
<i>oxycodone hcl oral capsule</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution</i>	1	
<i>oxycodone hcl oral tablet</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
<i>oxycodone-ibuprofen</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er</i>	1	
<i>oxymorphone hcl oral tablet 10 mg</i>	1	
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (180 EA per 30 days)
PENNSAID TRANSDERMAL SOLUTION 2 %	3	
PENTAZOCINE-NALOXONE HCL	3	

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

Drug Name	Tier	Requirements/Limits
<i>phrenilin forte oral capsule 50-300-40 mg</i>	1	PA
<i>piroxicam oral</i>	1	EDS
<i>ROXICODONE ORAL TABLET 15 MG</i>	3	QL (180 EA per 30 days)
<i>ROXICODONE ORAL TABLET 30 MG</i>	3	QL (90 EA per 30 days)
<i>ROXICODONE ORAL TABLET 5 MG</i>	3	QL (540 EA per 30 days)
<i>SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG</i>	3	PA; QL (120 EA per 30 days)
<i>sulindac oral</i>	1	EDS
<i>TENCON ORAL TABLET 50-325 MG</i>	3	PA; PA does not apply to age less than 65.
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral capsule extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg</i>	1	ST; QL (30 EA per 30 days)
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	1	ST
<i>tramadol hcl oral</i>	1	
<i>tramadol-acetaminophen</i>	1	
<i>TYLENOL WITH CODEINE #3</i>	3	
<i>TYLENOL WITH CODEINE #4</i>	3	
<i>ULTRACET</i>	3	
<i>ULTRAM</i>	3	
<i>VANATOL LQ</i>	2	PA
<i>VOLTAREN TRANSDERMAL</i>	3	PA; EDS
<i>XTAMPZA ER</i>	3	QL (60 EA per 30 days)
<i>ZEBUTAL ORAL CAPSULE 50-325-40 MG</i>	3	PA; PA does not apply to age less than 65.
Anesthetics		
<i>lidocaine external ointment</i>	1	EDS
<i>lidocaine external patch 5 %</i>	1	PA; EDS
<i>lidocaine hcl external solution</i>	1	EDS
<i>lidocaine hcl urethral/mucosal external gel</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lidocaine viscous hcl</i>	1	
<i>lidocaine-prilocaine external cream</i>	1	
Anti-Addiction/ Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	1	EDS
ANTABUSE	3	EDS
<i>buprenorphine hcl sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
<i>bupropion hcl er (smoking det)</i>	1	
BUTTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 5 MCG/HR, 7.5 MCG/HR	2	QL (4 EA per 28 days)
BUTTRANS TRANSDERMAL PATCH WEEKLY 20 MCG/HR	2	
CHANTIX	2	
CHANTIX CONTINUING MONTH PAK	2	
CHANTIX STARTING MONTH PAK	2	
<i>disulfiram oral</i>	1	EDS
LUCEMYRA	3	PA
<i>naloxone hcl injection solution 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution cartridge</i>	1	
<i>naloxone hcl injection solution prefilled syringe</i>	1	EDS
<i>naltrexone hcl oral</i>	1	
NARCAN	2	
NICOTROL	2	
NICOTROL NS	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	
Antibacterials		
<i>acetic acid otic</i>	1	
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er</i>	1	
<i>amoxicillin-pot clavulanate oral</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	1	
ARIKAYCE	3	PA; LA
AVC VAGINAL	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
AZASITE	3	
<i>azithromycin intravenous</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 500 mg (3 pack), 600 mg</i>	1	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
<i>bacitracin ophthalmic</i>	1	
BESIVANCE	3	
BETHKIS	3	BD; LA
BICILLIN C-R	3	
BICILLIN C-R 900/300	3	
BICILLIN L-A	3	
BLEPH-10	3	
CAYSTON	3	LA
<i>cefaclor</i>	1	
CEFACLOR ER	3	
<i>cefadroxil</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	

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

Drug Name	Tier	Requirements/Limits
cefdinir	1	
cefepime hcl injection	1	
cefixime	1	
cefotaxime sodium injection solution reconstituted 1 gm, 500 mg	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
cefoxitin sodium	1	
cefpodoxime proxetil	1	
cefprozil	1	
ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm	1	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	1	
ceftriaxone sodium intravenous solution reconstituted 10 gm	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
ciprofloxacin hcl ophthalmic	1	
ciprofloxacin hcl oral	1	
ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN IN D5W	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SWAB	3	

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

Drug Name	Tier	Requirements/Limits
CLINDACIN-P	3	
<i>clindamycin hcl oral</i>	1	
<i>clindamycin palmitate hcl</i>	1	
<i>clindamycin phosphate external gel</i>	1	
<i>clindamycin phosphate external lotion</i>	1	
<i>clindamycin phosphate external solution</i>	1	
<i>clindamycin phosphate external swab</i>	1	
<i>clindamycin phosphate in d5w</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal</i>	1	EDS
<i>colistimethate sodium (cba)</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BD
<i>demeclocycline hcl oral</i>	1	
<i>dicloxacillin sodium</i>	1	
DIFICID	3	PA
DOXY 100	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral</i>	1	
E.E.S. 400 ORAL TABLET	3	
<i>ertapenem sodium</i>	1	
ERY	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	3	
<i>erythromycin base oral</i>	1	
<i>erythromycin ethylsuccinate oral</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic</i>	1	
FIRVANQ	3	PA; PA Except Infectious Disease and Gastroenterology

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

Drug Name	Tier	Requirements/Limits
<i>gatifloxacin ophthalmic</i>	1	
<i>gentak ophthalmic ointment</i>	1	
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate external</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>global alcohol prep ease</i>	1	
HIPREX	3	EDS
<i>imipenem-cilastatin</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous</i>	1	
<i>levofloxacin ophthalmic</i>	1	
<i>levofloxacin oral</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA; PA except Infectious Disease.
<i>linezolid oral</i>	1	PA; PA except Infectious Disease.
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>meropenem</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
<i>methenamine hippurate</i>	1	EDS
METROCREAM	3	
METROLOTION	3	
<i>metronidazole external</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral</i>	1	
<i>metronidazole vaginal</i>	1	
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
MONUROL	3	
<i>moxifloxacin hcl in nacl</i>	1	
<i>moxifloxacin hcl ophthalmic</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>moxifloxacin hcl oral</i>	1	
<i>mupirocin calcium</i>	1	
<i>mupirocin external</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>neomycin sulfate oral</i>	1	
<i>nitrofurantoin macrocrystal oral</i>	1	
<i>nitrofurantoin monohyd macro</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic</i>	1	
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic</i>	1	
<i>oxacillin sodium</i>	1	
<i>paromomycin sulfate oral</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE	3	
<i>penicillin v potassium</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
<i>polymyxin b sulfate injection</i>	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
SILVADENE	3	
<i>silver sulfadiazine external</i>	1	
SIVEXTRO	3	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
<i>ssd</i>	1	
STREPTOMYCIN SULFATE INTRAMUSCULAR	3	
<i>sulfacetamide sodium (acne)</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
SULFAMYLYN	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
tazicef injection	1	
TEFLARO	3	
tetracycline hcl oral	1	
tigecycline	1	BD
tinidazole oral	1	
TOBI	3	BD; EDS
TOBI PODHALER	3	PA New Starts; EDS
TOBRADEX OPHTHALMIC OINTMENT	2	
tobramycin inhalation	1	BD; EDS
tobramycin ophthalmic	1	
tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml	1	
TOBREX	3	
trimethoprim oral	1	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
VABOMERE	3	PA; Prior Authorization Except Infectious Disease or Urology
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg	1	BD
vancomycin hcl oral capsule	1	
vandazole	1	
VIBRAMYCIN ORAL SYRUP	3	
VIGAMOX	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	3	
ZERBAXA	3	PA
ZITHROMAX INTRAVENOUS	3	

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

Drug Name	Tier	Requirements/Limits
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
ZYVOX ORAL	3	PA; PA except Infectious Disease.
Anticonvulsants		
APTIOM	3	EDS
BANZEL	2	EDS
BRIVIACT ORAL	3	PA New Starts; PA Except Neurology; EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral</i>	1	EDS
CELONTIN	2	EDS
<i>clobazam</i>	1	EDS
<i>clonazepam oral</i>	1	EDS
<i>clorazepate dipotassium</i>	1	
DIASTAT ACUDIAL	3	
DIASSTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
DILANTIN INFATABS	3	EDS
DILANTIN ORAL CAPSULE 100 MG	3	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
DILANTIN ORAL SUSPENSION	3	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
EPIDIOLEX	3	PA New Starts; LA; EDS
<i>epitol</i>	1	EDS
EQUETRO	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ethosuximide oral</i>	1	EDS
<i>felbamate</i>	1	EDS
<i>FYCOMPA</i>	3	EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
<i>GRALISE</i>	3	EDS
<i>GRALISE STARTER</i>	3	
<i>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG</i>	3	EDS
<i>KLONOPIN</i>	3	EDS
<i>LAMICTAL STARTER</i>	3	
<i>LAMICTAL XR ORAL KIT</i>	3	
<i>LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG</i>	3	EDS
<i>lamotrigine er</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lamotrigine starter kit-blue</i>	1	
<i>lamotrigine starter kit-green</i>	1	
<i>lamotrigine starter kit-orange</i>	1	
<i>levetiracetam er</i>	1	EDS
<i>levetiracetam oral</i>	1	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>LYRICA CR</i>	2	EDS
<i>LYRICA ORAL SOLUTION</i>	2	EDS
<i>MYSOLINE</i>	3	EDS
<i>ONFI ORAL SUSPENSION</i>	3	EDS
<i>ONFI ORAL TABLET 10 MG, 20 MG</i>	3	EDS
<i>oxcarbazepine</i>	1	EDS
<i>OXTELLAR XR</i>	3	EDS
<i>PEGANONE</i>	2	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; EDS
<i>phenobarbital oral tablet</i>	1	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
PHENYTEK	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended</i>	1	EDS
<i>pregabalin oral</i>	1	EDS
<i>primidone oral</i>	1	EDS
QUDEXY XR	3	EDS
<i>roweepra</i>	1	EDS
<i>roweepra xr</i>	1	EDS
SPRITAM	3	EDS
SYMPAZAN	3	EDS
<i>tiagabine hcl</i>	1	EDS
<i>topiramate er</i>	1	EDS
<i>topiramate oral</i>	1	EDS
TROKENDI XR	3	EDS
VALIUM	3	
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>vigabatrin oral packet</i>	1	EDS
<i>vigabatrin oral tablet</i>	1	LA; EDS
<i>vigadron</i>	1	EDS
VIMPAT ORAL	2	EDS
<i>zonisamide oral</i>	1	EDS
Antidementia Agents		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	EDS
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>ergoloid mesylates oral</i>	1	EDS
<i>galantamine hydrobromide</i>	1	EDS
<i>galantamine hydrobromide er</i>	1	EDS
<i>memantine hcl er</i>	1	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	1	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	1	EDS
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1	
NAMENDA ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
NAMENDA TITRATION PAK	2	
NAMENDA XR	3	EDS
NAMENDA XR TITRATION PACK	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; EDS
RAZADYNE ER	3	EDS
RAZADYNE ORAL TABLET	3	EDS
<i>rivastigmine</i>	1	EDS
<i>rivastigmine tartrate</i>	1	EDS
Antidepressants		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>amitriptyline hcl oral</i>	1	PA New Starts; EDS
AMOXAPINE	2	EDS
APLENZIN	3	EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
<i>bupropion hcl er (sr)</i>	1	EDS
<i>bupropion hcl er (xl)</i>	1	EDS
<i>bupropion hcl oral</i>	1	EDS
<i>chlordiazepoxide-amitriptyline</i>	1	PA New Starts; EDS
<i>citalopram hydrobromide</i>	1	EDS
<i>clomipramine hcl oral</i>	1	PA New Starts; EDS
CYMBALTA	3	EDS
<i>desipramine hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>desvenlafaxine er</i>	1	EDS
<i>desvenlafaxine succinate er</i>	1	EDS
<i>doxepin hcl oral</i>	1	PA New Starts; EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>EMSAM</i>	2	PA New Starts; EDS
<i>escitalopram oxalate</i>	1	EDS
<i>FETZIMA</i>	3	EDS
<i>FETZIMA TITRATION</i>	3	
<i>fluoxetine hcl oral</i>	1	EDS
<i>fluvoxamine maleate</i>	1	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	1	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	1	EDS
<i>imipramine hcl oral</i>	1	PA New Starts; EDS
<i>IMIPRAMINE PAMOATE</i>	3	PA New Starts; EDS
<i>LEXAPRO ORAL TABLET</i>	3	EDS
<i>maprotiline hcl</i>	1	EDS
<i>MARPLAN</i>	2	EDS
<i>mirtazapine oral</i>	1	EDS
<i>NARDIL</i>	3	EDS
<i>nefazodone hcl</i>	1	EDS
<i>nortriptyline hcl oral</i>	1	EDS
<i>olanzapine-fluoxetine hcl</i>	1	EDS
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate</i>	1	EDS
<i>PAXIL</i>	3	EDS
<i>PAXIL CR</i>	3	EDS
<i>perphenazine-amitriptyline</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
<i>PEXEVA</i>	3	EDS
<i>phenelzine sulfate oral</i>	1	EDS
<i>PRISTIQ</i>	3	EDS
<i>protriptyline hcl</i>	1	EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
REMERON ORAL TABLET 15 MG, 30 MG	3	EDS
SEROQUEL	3	EDS
SEROQUEL XR	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>tranylcypromine sulfate</i>	1	EDS
<i>trazodone hcl oral</i>	1	EDS
<i>trimipramine maleate oral</i>	1	PA New Starts; EDS
TRINTELLIX	3	EDS
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	3	EDS
ZOLOFT ORAL TABLET	3	EDS
Antiemetics		
<i>aprepitant</i>	1	BD
CESAMET	3	PA
<i>chlorpromazine hcl oral</i>	1	EDS
<i>compro</i>	1	EDS
DICLEGIS	2	
<i>doxylamine-pyridoxine</i>	1	
<i>dronabinol</i>	1	BD
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>granisetron hcl oral</i>	1	BD
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
MARINOL	3	BD
<i>meclizine hcl oral tablet</i>	1	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>ondansetron</i>	1	BD
<i>ondansetron hcl oral</i>	1	BD
<i>perphenazine oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>phenadoz rectal suppository 12.5 mg</i>	1	PA; PA does not apply to age less than 65.
<i>prochlorperazine</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine hcl rectal</i>	1	PA; PA does not apply to age less than 65.
<i>promethegan rectal suppository 25 mg, 50 mg</i>	1	PA; PA does not apply to age less than 65.
REGLAN ORAL	3	
SANCUSO	3	
<i>scopolamine</i>	1	
SYNDROS	3	BD
TIGAN ORAL	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trimethobenzamide hcl oral</i>	1	PA
VARUBI ORAL	3	BD
ZOFRAN ORAL TABLET 8 MG	3	BD
ZUPLENZ	3	BD
Antifungals		
ABELCET	3	PA
AMBISOME	3	PA
AMPHOTERICIN B INTRAVENOUS	2	PA
CANCIDAS	3	BD
<i>caspofungin acetate</i>	1	BD
<i>ciclopirox</i>	1	
<i>ciclopirox olamine external</i>	1	
<i>clotrimazole external cream</i>	1	
<i>clotrimazole external solution</i>	1	
<i>clotrimazole mouth/throat lozenge</i>	1	
<i>econazole nitrate external</i>	1	
ERAXIS	3	
ERTACZO	3	
EXELDERM	3	
EXTINA	3	

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

Drug Name	Tier	Requirements/Limits
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral</i>	1	
<i>flucytosine oral</i>	1	
<i>griseofulvin microsize oral</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
GYNIAZOLE-1	3	
<i>itraconazole oral capsule</i>	1	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	1	PA; PA EXCEPT INFECTIOUS DISEASE
JUBLIA	3	PA
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX	3	
MICONAZOLE 3 VAGINAL SUPPOSITORY	3	
MYCAMINE	2	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN	2	
NIZORAL	3	
NOXAFL ORAL	3	EDS
<i>nyamyc</i>	1	
<i>nystatin external</i>	1	
<i>nystatin mouth/throat</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop</i>	1	
ORAVIG	3	EDS
OXISTAT	3	
<i>posaconazole</i>	1	EDS
<i>terbinafine hcl oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>terconazole vaginal cream</i>	1	
TOLSURA	3	PA
<i>voriconazole intravenous</i>	1	PA
<i>voriconazole oral</i>	1	PA
ZOLINZA	2	
Antigout Agents		
<i>allopurinol oral</i>	1	EDS
<i>colchicine oral</i>	1	EDS
<i>colchicine-probenecid</i>	1	EDS
<i>febuxostat</i>	1	EDS
<i>probenecid oral</i>	1	EDS
ULORIC	2	EDS
ZYLOPRIM	3	EDS
Anti-Inflammatory Agents		
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external</i>	1	
<i>betamethasone valerate external</i>	1	
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
CELEBREX	3	EDS
<i>celecoxib oral</i>	1	EDS
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diclofenac potassium</i>	1	EDS
<i>diclofenac sodium er</i>	1	EDS
<i>diclofenac sodium oral</i>	1	EDS
<i>diflunisal oral</i>	1	EDS
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>flurbiprofen oral</i>	1	EDS
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
<i>ibu oral tablet 600 mg, 800 mg</i>	1	EDS
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	EDS
INDOCIN ORAL	3	PA; EDS
<i>indomethacin er</i>	1	PA; EDS
<i>indomethacin oral</i>	1	PA; EDS
KETOPROFEN ER	2	EDS
<i>ketorolac tromethamine oral</i>	1	PA
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	3	
<i>meloxicam oral tablet</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS
MILLIPRED ORAL TABLET	3	
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr</i>	1	EDS
<i>naproxen oral</i>	1	EDS
<i>naproxen sodium er</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxycodone-ibuprofen</i>	1	
<i>piroxicam oral</i>	1	EDS
PRED FORTE	3	
PRED MILD	2	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS

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

Drug Name	Tier	Requirements/Limits
<i>prednisone oral tablet therapy pack</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>sulindac oral</i>	1	EDS
<i>triamcinolone acetonide external aerosol solution</i>	1	
Antimigraine Agents		
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</i>	3	PA; QL (1 ML per 30 days); EDS
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML</i>	3	PA; EDS
<i>AJOVY</i>	3	PA; EDS
<i>almotriptan malate</i>	1	
<i>AMERGE</i>	3	
<i>CAFERGOT</i>	2	
<i>dihydroergotamine mesylate nasal</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1	EDS
<i>divalproex sodium oral tablet delayed release</i>	1	EDS
<i>eletriptan hydrobromide</i>	1	
<i>EMGALITY</i>	3	PA; EDS
<i>EMGALITY (300 MG DOSE)</i>	3	PA; EDS
<i>ergotamine-caffeine</i>	1	
<i>FROVA</i>	3	
<i>frovatriptan succinate</i>	1	
<i>IMITREX ORAL</i>	3	
<i>IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML</i>	3	
<i>IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML</i>	3	
<i>IMITREX SUBCUTANEOUS</i>	3	
<i>MAXALT ORAL TABLET 10 MG</i>	3	
<i>MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG</i>	3	
<i>migergot</i>	1	
<i>MIGRANAL</i>	3	
<i>naratriptan hcl</i>	1	
<i>rizatriptan benzoate</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>sumatriptan nasal</i>	1	
<i>sumatriptan succinate oral</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	1	
<i>sumatriptan succinate subcutaneous solution prefilled syringe 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium</i>	1	
<i>timolol maleate oral</i>	1	EDS
<i>topiramate oral</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
<i>zolmitriptan oral</i>	1	
ZOMIG	3	
ZOMIG ZMT	3	

Antimyasthenic Agents

<i>guanidine hcl oral</i>	1	
MESTINON ORAL SOLUTION	2	
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pyridostigmine bromide er</i>	1	
<i>pyridostigmine bromide oral solution</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	EDS

Antimycobacterials

<i>dapsone oral</i>	1	EDS
<i>ethambutol hcl oral</i>	1	
<i>isoniazid oral</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
PASER	3	
PRICTIN	3	
<i>pyrazinamide oral</i>	1	
<i>rifabutin</i>	1	

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

Drug Name	Tier	Requirements/Limits
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE	3	
<i>rifampin intravenous</i>	1	
<i>rifampin oral</i>	1	
RIFATER	2	
SIRTURO	3	PA
TRECATOR	3	
Antineoplastics		
<i>abiraterone acetate</i>	1	PA New Starts
AFINITOR	3	PA New Starts
ALECENSA	3	PA New Starts
ALUNBRIG	3	PA New Starts; LA
<i>anastrozole oral</i>	1	EDS
ARIMIDEX	3	EDS
AROMASIN	3	EDS
<i>avita</i>	1	
BALVERSA	3	PA New Starts
<i>bexarotene</i>	1	
<i>bicalutamide</i>	1	
BOSULIF	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
CABOMETYX	3	PA New Starts; LA
CALQUENCE	3	PA New Starts
CAPRELSA	3	PA New Starts; LA
CASODEX	3	
COMETRIQ (100 MG DAILY DOSE)	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE)	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE)	3	PA New Starts; LA
COPIKTRA ORAL CAPSULE 15 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	3	PA New Starts; LA
COTELLIC	3	PA New Starts
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
DAURISMO ORAL TABLET 100 MG	3	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	3	PA New Starts; LA; QL (60 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
DROXIA	3	EDS
EMCYT	2	
ERIVEDGE	3	PA New Starts
ERLEADA	2	PA New Starts
<i>erlotinib hcl</i>	1	
<i>exemestane</i>	1	EDS
FARYDAK	3	PA New Starts; LA
<i>flutamide</i>	1	EDS
GILOTRIF	3	PA New Starts; LA
GLEEVEC	3	PA New Starts; EDS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
HYDREA	3	
<i>hydroxyurea oral</i>	1	EDS
IBRANCE	3	PA New Starts; LA
ICLUSIG	3	PA New Starts
IDHIFA	3	PA New Starts; LA
<i>imatinib mesylate</i>	1	PA New Starts; EDS
IMBRUVICA ORAL CAPSULE	3	PA New Starts; LA
IMBRUVICA ORAL TABLET 140 MG	3	PA New Starts; LA
IMBRUVICA ORAL TABLET 280 MG	3	PA New Starts; LA; QL (60 EA per 30 days)
IMBRUVICA ORAL TABLET 420 MG, 560 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
INLYTA	3	PA New Starts; LA
INREBIC	3	PA New Starts; LA
IRESSA	3	PA New Starts; LA
JAKAFI	3	PA New Starts; LA
KISQALI (200 MG DOSE)	3	PA New Starts
KISQALI (400 MG DOSE)	3	PA New Starts
KISQALI (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA (400 MG DOSE)	3	PA New Starts
KISQALI FEMARA (600 MG DOSE)	3	PA New Starts
KISQALI FEMARA(200 MG DOSE)	3	PA New Starts
LENVIMA (10 MG DAILY DOSE)	3	PA New Starts
LENVIMA (12 MG DAILY DOSE)	3	PA New Starts
LENVIMA (14 MG DAILY DOSE)	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
LENVIMA (18 MG DAILY DOSE)	3	PA New Starts
LENVIMA (20 MG DAILY DOSE)	3	PA New Starts
LENVIMA (24 MG DAILY DOSE)	3	PA New Starts
LENVIMA (4 MG DAILY DOSE)	3	PA New Starts
LENVIMA (8 MG DAILY DOSE)	3	PA New Starts
<i>letrozole oral</i>	1	EDS
<i>leucovorin calcium oral</i>	1	
LEUKERAN	2	
LONSURF	3	PA New Starts; LA
LORBRENA	3	PA New Starts; LA
LYNPARZA ORAL TABLET	3	PA New Starts; LA
MATULANE	2	LA
MEKINIST	3	PA New Starts
MEKTOVI	3	PA New Starts; LA
MESNEX ORAL	2	
NERLYNX	3	PA New Starts; LA
NEXAVAR	3	PA New Starts; LA
<i>nilutamide</i>	1	
NINLARO	3	PA New Starts
NUBEQA	3	PA New Starts; LA
ODOMZO	3	PA New Starts
OFEV	2	PA; LA; EDS
PANRETIN	2	
PIQRAY (200 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE)	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE)	3	PA New Starts; LA
POMALYST	3	PA New Starts
PURIXAN	2	LA
RETIN-A	3	
RETIN-A MICRO	3	
REVLIMID	3	PA New Starts; LA
ROZLYTREK	3	PA New Starts; LA
RUBRACA	3	PA New Starts; LA
RYDAPT	3	PA New Starts
SOLTAMOX	2	EDS
SPRYCEL	2	PA New Starts

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

Drug Name	Tier	Requirements/Limits
STIVARGA	3	PA New Starts; LA
SUTENT	3	PA New Starts; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYNRIBO	3	PA New Starts
TABLOID	3	
TAFINLAR	3	PA New Starts
TAGRISSO	3	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	3	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA New Starts; LA
<i>tamoxifen citrate oral</i>	1	EDS
TARGETIN EXTERNAL	2	
TARGETIN ORAL	3	
TASIGNA	3	
THALOMID	2	LA; EDS
TIBSOVO	3	PA New Starts; LA
<i>toremifene citrate</i>	1	EDS
<i>tretinoin external cream</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin oral</i>	1	
TURALIO	3	PA New Starts; LA
TYKERB	3	PA New Starts
VALCHLOR	3	PA New Starts
VENCLEXTA	3	PA New Starts; LA
VENCLEXTA STARTING PACK	3	PA New Starts; LA
VERZENIO	3	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	3	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	3	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	3	PA New Starts; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG	3	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	3	PA New Starts; LA
VOTRIENT	3	PA New Starts
XALKORI	3	PA New Starts; LA
XOSPATA	3	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
XPOVIO (100 MG ONCE WEEKLY)	3	PA New Starts; LA
XPOVIO (60 MG ONCE WEEKLY)	3	PA New Starts; LA
XPOVIO (80 MG ONCE WEEKLY)	3	PA New Starts; LA
XTOGEN	3	PA New Starts
ZEJULA	2	PA New Starts; LA
ZELBORAF	3	PA New Starts
ZOLINZA	2	
ZYDELIG	3	PA New Starts
ZYKADIA	3	PA New Starts
ZYTIGA	2	PA New Starts
Antiparasitics		
<i>albendazole oral</i>	1	
ALINIA	2	
<i>atovaquone oral</i>	1	
<i>atovaquone-proguanil hcl</i>	1	
BENZNIDAZOLE	3	PA
<i>chloroquine phosphate oral</i>	1	EDS
COARTEM	2	QL (24 EA per 30 days)
DARAPRIM	2	LA
EMVERM	3	
EURAX	2	
<i>hydroxychloroquine sulfate oral</i>	1	EDS
<i>ivermectin oral</i>	1	
<i>lindane external shampoo</i>	1	
MALARONE	3	EDS
<i>malathion external</i>	1	
<i>mefloquine hcl</i>	1	EDS
MEPRON	3	
NEBUPENT	3	
OVIDE	3	
PENTAM	3	
<i>permethrin external cream</i>	1	
PLAQUENIL	3	EDS
<i>praziquantel oral</i>	1	
<i>primaquine phosphate oral</i>	1	

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

Drug Name	Tier	Requirements/Limits
QUALAQUIN	3	
<i>quinine sulfate oral</i>	1	
SKLICE	3	
STROMECTOL	3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	1	EDS
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; LA
<i>benztropine mesylate oral</i>	1	PA; EDS
<i>bromocriptine mesylate oral</i>	1	EDS
<i>carbidopa oral</i>	1	EDS
<i>carbidopa-levodopa</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa-entacapone</i>	1	EDS
COMTAN	3	EDS
DUOPA ENTERAL	3	PA; EDS
<i>entacapone</i>	1	EDS
GOCOVRI	3	PA; LA; EDS
INBRIJA	3	PA; LA; EDS
LODOSYN	3	EDS
MIRAPEX	3	EDS
MIRAPEX ER	3	EDS
NEUPRO	3	EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	3	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	3	PA; EDS
PARLODEL ORAL CAPSULE	3	EDS
<i>pramipexole dihydrochloride</i>	1	EDS
<i>pramipexole dihydrochloride er</i>	1	EDS
<i>rasagiline mesylate oral</i>	1	EDS
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	EDS
<i>ropinirole hcl</i>	1	EDS
<i>ropinirole hcl er</i>	1	EDS
<i>selegiline hcl oral</i>	1	EDS
SINEMET	3	EDS

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

Drug Name	Tier	Requirements/Limits
SINEMET CR	3	EDS
STALEVO 100	3	EDS
STALEVO 125	3	EDS
STALEVO 150	3	EDS
STALEVO 200	3	EDS
STALEVO 50	3	EDS
STALEVO 75	3	EDS
<i>tolcapone</i>	1	EDS
<i>trihexyphenidyl hcl</i>	1	PA; EDS
ZELAPAR	2	EDS
Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD; EDS
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG	3	PA New Starts; QL (30 EA per 30 days); EDS
ABILIFY MYCITE ORAL TABLET 2 MG	3	PA New Starts; QL (60 EA per 30 days); EDS
<i>aripiprazole oral solution</i>	1	EDS
<i>aripiprazole oral tablet 10 mg, 5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>	1	EDS
<i>aripiprazole oral tablet 2 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	1	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 15 mg</i>	1	EDS
ARISTADA	2	BD; EDS
ARISTADA INITIO	2	BD
<i>chlorpromazine hcl oral</i>	1	EDS
<i>clozapine</i>	1	
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG	3	QL (90 EA per 30 days); EDS
FANAPT ORAL TABLET 10 MG	3	QL (60 EA per 30 days); EDS
FANAPT ORAL TABLET 12 MG, 8 MG	3	EDS
FANAPT TITRATION PACK	3	QL (8 EA per 28 days)
<i>fluphenazine decanoate injection</i>	1	BD
<i>fluphenazine hcl injection</i>	1	BD
<i>fluphenazine hcl oral</i>	1	EDS
GEODON INTRAMUSCULAR	3	BD

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

Drug Name	Tier	Requirements/Limits
HALDOL	3	BD
HALDOL DECANOATE	3	BD
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	BD
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	BD
<i>haloperidol lactate oral</i>	1	EDS
<i>haloperidol oral</i>	1	EDS
INVEGA	3	EDS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA New Starts; EDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG	3	QL (30 EA per 30 days); EDS
LATUDA ORAL TABLET 60 MG	3	QL (60 EA per 30 days); EDS
LATUDA ORAL TABLET 80 MG	3	EDS
<i>loxpipamine succinate oral</i>	1	EDS
<i>molindone hcl</i>	1	EDS
NUPLAZID ORAL CAPSULE	3	PA New Starts; LA; EDS
NUPLAZID ORAL TABLET 10 MG	3	PA New Starts; LA; QL (30 EA per 30 days); EDS
<i>olanzapine intramuscular</i>	1	BD
<i>olanzapine oral</i>	1	EDS
<i>paliperidone er</i>	1	EDS
<i>perphenazine oral</i>	1	EDS
PERSERIS	3	BD; EDS
<i>pimozide</i>	1	EDS
<i>prochlorperazine maleate oral</i>	1	BD; EDS
<i>quetiapine fumarate</i>	1	EDS
<i>quetiapine fumarate er</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
SEROQUEL	3	EDS
SEROQUEL XR	3	EDS
<i>thioridazine hcl oral</i>	1	PA New Starts; EDS
<i>thiothixene oral</i>	1	EDS
<i>trifluoperazine hcl oral</i>	1	EDS
VERSACLOZ	3	
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Antispasticity Agents		
<i>baclofen oral</i>	1	EDS
<i>dantrolene sodium oral</i>	1	
<i>tizanidine hcl oral</i>	1	EDS
ZANAFLEX	3	EDS
Antivirals		
<i>abacavir sulfate</i>	1	EDS
<i>abacavir sulfate-lamivudine</i>	1	EDS
<i>abacavir-lamivudine-zidovudine</i>	1	EDS
<i>acyclovir external</i>	1	
<i>acyclovir oral capsule</i>	1	EDS
<i>acyclovir oral suspension</i>	1	
<i>acyclovir oral tablet 400 mg</i>	1	EDS
<i>acyclovir oral tablet 800 mg</i>	1	
<i>acyclovir sodium intravenous solution</i>	1	BD
<i>adefovir dipivoxil</i>	1	EDS
<i>amantadine hcl oral</i>	1	EDS
APTIVUS	2	EDS
<i>atazanavir sulfate</i>	1	EDS
ATRIPLA	2	EDS

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

Drug Name	Tier	Requirements/Limits
BARACLUDE	2	EDS
BIKTARVY	2	EDS
CIMDUO	2	EDS
COMBIVIR	3	EDS
COMPLERA	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
DELSTRIGO	3	EDS
DESCOVY	3	EDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	EDS
DOVATO	3	EDS
EDURANT	2	EDS
<i>efavirenz</i>	1	EDS
EMTRIVA	2	EDS
<i>entecavir</i>	1	EDS
EPCLUSIA	2	PA
EPIVIR	3	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EVOTAZ	3	EDS
<i>famciclovir oral</i>	1	EDS
FLUMADINE	3	
<i>fosamprenavir calcium</i>	1	EDS
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
GENVOYA	2	EDS
HARVONI ORAL TABLET 90-400 MG	2	PA
HEPSERA	3	EDS
INTELENCE	2	EDS
INTRON A	2	PA New Starts; EDS
INVIRASE ORAL TABLET	2	EDS
ISENTRESS	2	EDS
ISENTRESS HD	2	EDS
JULUCA	2	EDS
KALETRA ORAL TABLET	2	EDS
<i>lamivudine</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lamivudine-zidovudine</i>	1	EDS
LEXIVA ORAL SUSPENSION	2	EDS
<i>lopinavir-ritonavir</i>	1	EDS
MAVYRET	2	PA
<i>nevirapine</i>	1	EDS
<i>nevirapine er</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
ODEFSEY	2	EDS
<i>oseltamivir phosphate oral</i>	1	
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
PIFELTRO	3	EDS
PREVYMIS ORAL	3	PA; EDS
PREZCOBIX	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
RELENZA DISKHALER	3	
RESCRIPTOR ORAL TABLET 200 MG	2	EDS
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>rimantadine hcl</i>	1	
<i>ritonavir</i>	1	EDS
SELZENTRY	2	EDS
SOVALDI ORAL TABLET 400 MG	2	PA
<i>stavudine oral capsule</i>	1	EDS
STRIBILD	2	EDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYMPI	2	EDS
SYMPI LO	2	EDS
SYMTUZA	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>tenofovir disoproxil fumarate</i>	1	EDS
TIVICAY	2	EDS
<i>trifluridine ophthalmic</i>	1	
TRIUMEQ	2	EDS
TRIZIVIR	3	EDS
TRUVADA	2	EDS
TYBOST	2	EDS
<i>valacyclovir hcl oral</i>	1	EDS
VALCYTE ORAL TABLET	3	EDS
<i>valganciclovir hcl</i>	1	EDS
VALTREX	3	EDS
VEMLIDY	2	PA; EDS
VIDEX EC	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
VIRACEPT ORAL TABLET	2	EDS
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
VOSEVI	2	PA
XOFLUZA	2	
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine</i>	1	EDS
ZIRGAN	2	
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	EDS
ZOVIRAX ORAL SUSPENSION	3	
Anxiolytics		
<i>alprazolam er</i>	1	
<i>alprazolam oral</i>	1	
<i>buspirone hcl oral</i>	1	EDS
<i>chlordiazepoxide hcl</i>	1	PA; PA does not apply to age less than 65.
<i>clonazepam oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>clorazepate dipotassium</i>	1	
CYMBALTA	3	EDS
DIASTAT ACUDIAL	3	
DIASTAT PEDIATRIC	3	
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin hcl oral</i>	1	PA New Starts; EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>escitalopram oxalate</i>	1	EDS
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
KLONOPIN	3	EDS
LEXAPRO ORAL TABLET	3	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>meprobamate</i>	1	PA; EDS
<i>oxazepam</i>	1	
<i>paroxetine hcl er</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL	3	EDS
PAXIL CR	3	EDS
PEXEVA	3	EDS
<i>sertraline hcl oral</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>triazolam</i>	1	QL (7 EA per 30 days)
VALIUM	3	
<i>venlafaxine hcl</i>	1	EDS
<i>venlafaxine hcl er</i>	1	EDS
XANAX	3	
XANAX XR	3	
ZOLOFT ORAL TABLET	3	EDS
Bipolar Agents		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS

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

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

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

Drug Name	Tier	Requirements/Limits
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS	3	EDS
SEROQUEL	3	EDS
SEROQUEL XR	3	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl</i>	1	EDS
ZYPREXA INTRAMUSCULAR	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Blood Glucose Regulators		
<i>acarbose oral</i>	1	EDS
<i>alogliptin-pioglitazone</i>	1	EDS
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>colesevelam hcl</i>	1	EDS
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
CYCLOSET	3	EDS
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
<i>glimepiride</i>	1	EDS
<i>glipizide er</i>	1	EDS
<i>glipizide oral</i>	1	EDS
<i>glipizide-metformin hcl</i>	1	EDS
GLUCAGEN HYPOKIT	2	
<i>glucagon emergency</i>	1	
GLUCOPHAGE	3	EDS
GLUCOPHAGE XR	3	EDS
GLUCOTROL	3	EDS
GLUCOTROL XL	3	EDS
GLUMETZA	3	EDS
<i>glyburide micronized</i>	1	PA; PA does not apply to age less than 65; EDS
<i>glyburide oral</i>	1	PA; PA does not apply to age less than 65; EDS

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

Drug Name	Tier	Requirements/Limits
GLYSET	3	EDS
GLYXAMBI	2	EDS
HUMALOG	2	EDS
HUMALOG JUNIOR KWIKPEN	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN R	2	EDS
HUMULIN R U-500 (CONCENTRATED)	2	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
INVOKAMET	2	EDS
INVOKAMET XR	2	EDS
INVOKANA	2	EDS
JARDIANCE	2	EDS
JENTADUETO	2	EDS
JENTADUETO XR	2	EDS
KORLYM	2	PA New Starts; LA; EDS
LANTUS	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er</i>	1	EDS
<i>metformin hcl er (mod)</i>	1	EDS
<i>metformin hcl er (osm)</i>	1	EDS
<i>metformin hcl oral tablet</i>	1	EDS

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

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

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

Drug Name	Tier	Requirements/Limits
BRILINTA	2	EDS
CABLIVI	3	PA; LA
<i>cilostazol</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
COUMADIN ORAL	3	EDS
<i>dipyridamole oral</i>	1	PA; EDS
DOPTELET	3	PA; LA
ELIQUIS	2	EDS
ELIQUIS STARTER PACK	2	EDS
<i>enoxaparin sodium subcutaneous</i>	1	
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
<i>fondaparinux sodium</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
GRANIX	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven</i>	1	EDS
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
LYSTEDA	3	
MULPLETA	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	
NIVESTYM	2	
PLAVIX ORAL TABLET 75 MG	3	EDS
PRADAXA	2	EDS
<i>prasugrel hcl</i>	1	EDS
PROCRT	2	PA

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

Drug Name	Tier	Requirements/Limits
PROMACTA	2	PA; EDS
RETACRIT	2	PA
TAVALISSE	3	PA; LA; EDS
<i>tranexamic acid oral</i>	1	
<i>warfarin sodium oral</i>	1	EDS
XARELTO	2	EDS
XARELTO STARTER PACK	2	
ZARXIO	2	
ZONTIVITY	3	PA New Starts; EDS
Cardiovascular Agents		
<i>acebutolol hcl oral</i>	1	EDS
<i>acetazolamide er</i>	1	EDS
<i>acetazolamide oral</i>	1	EDS
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
<i>aliskiren fumarate</i>	1	ST; EDS
ALTACE ORAL CAPSULE	3	EDS
ALTOPREV	3	EDS
<i>amiloride hcl oral</i>	1	EDS
<i>amiloride-hydrochlorothiazide</i>	1	EDS
<i>amiodarone hcl oral</i>	1	EDS
<i>amlodipine besy-benazepril hcl</i>	1	EDS
<i>amlodipine besylate oral</i>	1	EDS
<i>amlodipine besylate-valsartan</i>	1	EDS
<i>amlodipine-atorvastatin</i>	1	EDS
<i>amlodipine-olmesartan</i>	1	EDS
<i>amlodipine-valsartan-hctz</i>	1	EDS
<i>atenolol oral</i>	1	EDS
<i>atenolol-chlorthalidone</i>	1	EDS
<i>atorvastatin calcium oral</i>	1	EDS
<i>benazepril hcl oral</i>	1	EDS
<i>benazepril-hydrochlorothiazide</i>	1	EDS
BENICAR	3	EDS
BENICAR HCT	3	EDS
BETAPACE AF	3	EDS
<i>betaxolol hcl oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
BIDIL	3	EDS
<i>bisoprolol fumarate</i>	1	EDS
<i>bisoprolol-hydrochlorothiazide</i>	1	EDS
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	EDS
BYSTOLIC	3	EDS
<i>candesartan cilexetil</i>	1	EDS
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1	EDS
<i>captopril oral</i>	1	EDS
<i>captopril-hydrochlorothiazide</i>	1	EDS
CARDIZEM CD	3	EDS
CARDIZEM LA	3	EDS
CARDURA XL	3	EDS
<i>cartia xt</i>	1	EDS
<i>carvedilol</i>	1	EDS
<i>carvedilol phosphate er</i>	1	EDS
<i>chlorothiazide oral</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</i>	1	EDS
<i>clonidine hcl oral</i>	1	EDS
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	1	QL (4 EA per 28 days); EDS
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	1	EDS
<i>colesevelam hcl</i>	1	EDS
COLESTID ORAL PACKET	3	EDS
COLESTID ORAL TABLET	3	EDS
<i>colestipol hcl oral packet</i>	1	EDS
<i>colestipol hcl oral tablet</i>	1	EDS
CORLANOR ORAL SOLUTION	3	PA New Starts; EDS
CORLANOR ORAL TABLET	3	PA; EDS
CRESTOR	3	EDS
DEMSEER	3	
<i>digitek oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS

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

Drug Name	Tier	Requirements/Limits
<i>digitek oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digox oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>digoxin oral solution</i>	1	PA; EDS
<i>digoxin oral tablet 125 mcg</i>	1	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	EDS
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	1	EDS
<i>diltiazem hcl oral</i>	1	EDS
<i>dilt-xr</i>	1	EDS
<i>DIOVAN</i>	3	EDS
<i>DIOVAN HCT</i>	3	EDS
<i>disopyramide phosphate oral</i>	1	PA; EDS
<i>DIURIL</i>	2	EDS
<i>dofetilide</i>	1	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>DUTOPROL</i>	2	EDS
<i>EDARBI</i>	3	EDS
<i>EDARBYCLOR</i>	3	EDS
<i>enalapril maleate oral</i>	1	EDS
<i>enalapril-hydrochlorothiazide</i>	1	EDS
<i>ENTRESTO</i>	2	EDS
<i>eplerenone</i>	1	EDS
<i>eprosartan mesylate</i>	1	EDS
<i>ethacrynic acid oral</i>	1	EDS
<i>EXFORGE</i>	3	EDS
<i>EXFORGE HCT</i>	3	EDS
<i>ezetimibe</i>	1	EDS
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	1	PA New Starts; EDS
<i>felodipine er</i>	1	EDS
<i>fenofibrate micronized</i>	1	EDS
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	1	EDS
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid</i>	1	EDS
<i>flecainide acetate</i>	1	EDS
<i>fluvastatin sodium er</i>	1	EDS
<i>fosinopril sodium</i>	1	EDS
<i>fosinopril sodium-hctz</i>	1	EDS
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>gemfibrozil oral</i>	1	EDS
<i>guanfacine hcl oral</i>	1	PA; EDS
<i>hydralazine hcl oral</i>	1	EDS
<i>hydrochlorothiazide oral</i>	1	EDS
<i>indapamide oral</i>	1	EDS
INNOPRAN XL	3	EDS
INSPRA	3	EDS
<i>irbesartan</i>	1	EDS
<i>irbesartan-hydrochlorothiazide</i>	1	EDS
ISORDIL TITRADOSE	3	EDS
<i>isosorbide dinitrate er</i>	1	EDS
<i>isosorbide dinitrate oral</i>	1	EDS
<i>isosorbide mononitrate</i>	1	EDS
<i>isosorbide mononitrate er</i>	1	EDS
<i>isradipine</i>	1	EDS
JUXTAPID	3	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
KEVEYIS	3	PA; LA
<i>labetalol hcl oral</i>	1	EDS
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG	3	QL (30 EA per 30 days); EDS
LANOXIN ORAL TABLET 250 MCG	3	PA; PA does not apply to age less than 65.; EDS

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

Drug Name	Tier	Requirements/Limits
LASIX	3	EDS
LESCOL XL	3	EDS
LIPITOR	3	EDS
LIPOFEN	3	EDS
<i>lisinopril oral</i>	1	EDS
<i>lisinopril-hydrochlorothiazide</i>	1	EDS
LIVALO	3	EDS
LOPID	3	EDS
<i>losartan potassium</i>	1	EDS
<i>losartan potassium-hctz</i>	1	EDS
<i>lovastatin</i>	1	EDS
LOVAZA	3	EDS
<i>matzim la</i>	1	EDS
<i>methazolamide oral</i>	1	EDS
<i>methyldopa oral</i>	1	PA; EDS
<i>methyldopa-hydrochlorothiazide</i>	1	PA; EDS
<i>metolazone</i>	1	EDS
<i>metoprolol succinate er</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>metoprolol-hydrochlorothiazide</i>	1	EDS
<i>mexiletine hcl oral</i>	1	EDS
<i>midodrine hcl</i>	1	EDS
MINITRAN	3	EDS
<i>minoxidil oral</i>	1	EDS
<i>moexipril hcl</i>	1	EDS
MULTAQ	3	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	1	EDS
<i>niacin er (antihyperlipidemic)</i>	1	EDS
NIACOR	3	
<i>nicardipine hcl oral</i>	1	EDS
<i>nifedipine er</i>	1	EDS
<i>nifedipine er osmotic release</i>	1	EDS
<i>nifedipine oral</i>	1	PA; EDS
<i>nimodipine oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	EDS
NISOLDIPINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 30 MG, 40 MG	3	EDS
NITRO-BID	3	EDS
NITRO-DUR	3	EDS
<i>nitroglycerin sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
NITROSTAT	3	EDS
NORPACE	3	PA; EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	3	PA; PA does not apply to age less than 65.; EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	3	PA; EDS
NORTHERA	3	PA; LA
NORVASC	3	EDS
NYMALIZE ORAL SOLUTION 30 MG/10ML	3	EDS
<i>olmesartan medoxomil oral</i>	1	EDS
<i>olmesartan medoxomil-hctz</i>	1	EDS
<i>olmesartanamlodipine-hctz</i>	1	EDS
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	EDS
<i>pentoxifylline er</i>	1	EDS
<i>perindopril erbumine</i>	1	EDS
<i>pindolol</i>	1	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; EDS
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	EDS
<i>pravastatin sodium</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>prevalite oral packet</i>	1	EDS
<i>propafenone hcl</i>	1	EDS
<i>propafenone hcl er</i>	1	EDS
<i>propranolol hcl er</i>	1	EDS
PROPRANOLOL HCL ORAL SOLUTION	3	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>propranolol-hctz</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
QUESTRAN LIGHT ORAL POWDER	3	EDS
QUESTRAN ORAL PACKET	3	EDS
<i>quinapril hcl</i>	1	EDS
<i>quinapril-hydrochlorothiazide</i>	1	EDS
<i>quinidine gluconate er</i>	1	EDS
<i>quinidine sulfate oral</i>	1	EDS
<i>ramipril</i>	1	EDS
<i>ranolazine er</i>	1	EDS
RECTIV	3	
REPATHA	3	PA; EDS
REPATHA PUSHTRONEX SYSTEM	3	PA; EDS
REPATHA SURECLICK	3	PA; EDS
<i>rosuvastatin calcium</i>	1	EDS
RYTHMOL SR	3	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
<i>sorine</i>	1	EDS
<i>sotalol hcl (af) oral tablet 120 mg</i>	1	EDS
<i>sotalol hcl oral tablet 160 mg, 240 mg, 80 mg</i>	1	EDS
<i>sotalol hydrochloride oral tablet 120 mg</i>	1	EDS
SOTYLIZE	3	EDS
<i>spironolactone oral</i>	1	EDS
<i>spironolactone-hctz</i>	1	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	EDS
<i>taztia xt</i>	1	EDS
TEKTURN A HCT	3	ST; EDS
<i>telmisartan</i>	1	EDS
<i>telmisartan-hctz</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
TIAZAC	3	EDS
TIKOSYN	3	EDS
<i>timolol maleate oral</i>	1	EDS
TOPROL XL	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>torsemide oral</i>	1	EDS
<i>trandolapril</i>	1	EDS
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	EDS
<i>triamterene-hctz oral tablet</i>	1	EDS
TRIBENZOR	3	EDS
TRICOR	3	EDS
TRILPIX	3	EDS
UPTRAVI ORAL TABLET	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
<i>valsartan</i>	1	EDS
<i>valsartan-hydrochlorothiazide</i>	1	EDS
VASCEPA	2	EDS
VASERETIC	3	EDS
VASOTEC	3	EDS
<i>verapamil hcl er</i>	1	EDS
<i>verapamil hcl oral</i>	1	EDS
VERELAN	3	EDS
VERELAN PM	3	EDS
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG	3	EDS
VYTORIN ORAL TABLET 10-80 MG	3	PA New Starts; EDS
ZESTORETIC	3	EDS
ZESTRIL	3	EDS
ZETIA	2	EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
Central Nervous System Agents		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR	3	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
<i>amphetamine-dextroamphetamine</i>	1	EDS
APTENSIO XR	3	EDS
<i>atomoxetine hcl</i>	1	EDS
AUBAGIO	2	EDS
AUSTEDO	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
<i>clonidine hcl er</i>	1	AL (Min 6 Years and Max 17 Years); EDS
CONCERTA	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
CYMBALTA	3	EDS
<i>dalfampridine er</i>	1	PA; EDS
DAYTRANA	3	EDS
DESOXYN	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dexamphetamine hcl</i>	1	EDS
<i>dexamphetamine hcl er</i>	1	EDS
<i>dextroamphetamine sulfate er</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet</i>	1	EDS
<i>duloxetine hcl oral</i>	1	EDS
<i>estazolam</i>	1	
FIRDAPSE	3	PA; LA
FOCALIN	3	EDS
FOCALIN XR	3	EDS
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate</i>	1	EDS
<i>glatopa</i>	1	EDS
<i>guanfacine hcl er</i>	1	PA; EDS
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
INTUNIV	3	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
LYRICA CR	2	EDS

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

Drug Name	Tier	Requirements/Limits
LYRICA ORAL SOLUTION	2	EDS
MAVENCLAD (10 TABS)	3	PA
MAVENCLAD (4 TABS)	3	PA
MAVENCLAD (5 TABS)	3	PA
MAVENCLAD (6 TABS)	3	PA
MAVENCLAD (7 TABS)	3	PA
MAVENCLAD (8 TABS)	3	PA
MAVENCLAD (9 TABS)	3	PA
MAYZENT	2	EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
<i>methamphetamine hcl</i>	1	PA; EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd)</i>	1	EDS
<i>methylphenidate hcl er (la)</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1	EDS
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	2	EDS
<i>methylphenidate hcl oral</i>	1	EDS
NUEDEXTA	2	PA; EDS
PLEGRIDY	2	EDS
PLEGRIDY STARTER PACK	2	
<i>pregabalin oral</i>	1	EDS
PROCENTRA	3	EDS
QUILLIVANT XR	3	EDS
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
RILUTEK	3	EDS
<i>riluzole</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
RITALIN	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS
SAVELLA	2	EDS
SAVELLA TITRATION PACK	2	
TECFIDERA ORAL	2	
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG	2	QL (60 EA per 30 days); EDS
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG	2	EDS
<i>tetrabenazine</i>	1	PA; EDS
TIGLUTIK	3	EDS
VECAMYL	3	PA; LA; EDS
VYVANSE	3	EDS
ZENZEDI	3	EDS
Dental And Oral Agents		
<i>cevimeline hcl</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat</i>	1	EDS
CUVPOSA	3	EDS
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 200 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC	3	EDS
<i>minocycline hcl er</i>	1	
<i>minocycline hcl oral</i>	1	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
<i>pilocarpine hcl oral</i>	1	EDS
SALAGEN	3	EDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	3	
<i>triamcinolone acetonide mouth/throat</i>	1	EDS
VIBRAMYCIN ORAL SYRUP	3	

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

Drug Name	Tier	Requirements/Limits
Dermatological Agents		
ABSORICA	3	
acitretin	1	PA
adapalene external gel	1	
adapalene-benzoyl peroxide	1	
ammonium lactate external	1	
amnesteem	1	
avita	1	
azelaic acid external	1	
AZELEX	2	
betamethasone dipropionate external lotion	1	
BRYHALI	3	
calcipotriene external	1	
calcipotriene-betameth diprop	1	
calcitriol external	1	
CARAC	2	
claravis	1	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	1	
clobetasol propionate external liquid	1	
clotrimazole-betamethasone	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL	3	
COSENTYX (300 MG DOSE)	2	EDS
COSENTYX SENSOREADY (300 MG)	2	EDS
dapsone external	1	
diclofenac sodium transdermal gel	1	PA; EDS
doxycycline hyclate oral capsule 50 mg	1	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
DUOBRII	3	PA
DUPIXENT	2	PA; EDS
EFUDEX EXTERNAL CREAM	3	

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

Drug Name	Tier	Requirements/Limits
erygel	1	
EUCRISA	3	PA
FABIOR	2	PA
FINACEA EXTERNAL FOAM	2	
fluorouracil external	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
imiquimod external	1	PA New Starts
isotretinoin oral	1	
KERYDIN	3	PA
LOTRISONE EXTERNAL CREAM	3	
mafенide acetate external	1	
methoxsalen rapid	1	
MIRVASO	3	ST
monodoxine nl oral capsule 100 mg, 75 mg	1	
myorisan	1	
NEO-SYNALAR EXTERNAL CREAM	3	
neuac external gel	1	
nystatin-triamcinolone	1	
oxiconazole nitrate	1	
OXSORALEN ULTRA	3	
PICATO	3	
pimecrolimus	1	
podofilox external	1	
prednicarbate external cream	1	
REGRANEX	3	QL (45 GM per 30 days)
RETIN-A	3	
RETIN-A MICRO	3	
SANTYL	2	
selenium sulfide external lotion	1	
SILIQ	2	EDS
SOOLANTRA	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS

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

Drug Name	Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
TACLONEX EXTERNAL OINTMENT	3	
<i>tacrolimus external</i>	1	EDS
TALTZ	3	LA; EDS
<i>tazarotene external</i>	1	PA New Starts; PA Except Dermatology
TAZORAC	2	PA New Starts; PA Except Dermatology
TOLAK	3	
TREMFYA	2	EDS
<i>tretinoin external</i>	1	
<i>tretinoin microsphere</i>	1	
TRIANEX	3	
VALCHLOR	3	PA New Starts
VOLTAREN TRANSDERMAL	3	PA; EDS
<i>zenatane</i>	1	
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF	2	BD
CARBAGLU	3	PA; LA; EDS
CARNITOR ORAL	3	EDS
CHEMET	2	
CLINIMIX E/DEXTROSE (2.75/5)	2	BD
CLINIMIX E/DEXTROSE (4.25/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/5)	2	BD
CLINIMIX E/DEXTROSE (5/15)	2	BD
CLINIMIX E/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (4.25/10)	2	BD
CLINIMIX/DEXTROSE (4.25/25)	2	BD
CLINIMIX/DEXTROSE (4.25/5)	2	BD
CLINIMIX/DEXTROSE (5/15)	2	BD
CLINIMIX/DEXTROSE (5/20)	2	BD
CLINIMIX/DEXTROSE (5/25)	2	BD
<i>clinisol sf</i>	1	BD
<i>deferasirox oral tablet soluble</i>	1	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
DEPEN TITRATABS	2	
<i>dextrose intravenous solution 10 %, 5 %</i>	1	
<i>dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1	BD
<i>doxercalciferol oral</i>	1	ST
FERRIPROX	3	PA New Starts; LA; EDS
FREAMINE HBC	2	BD
<i>hepatamine</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-MB IN D5W	3	
ISOLYTE-P IN D5W	3	
ISOLYTE-S	3	
JADENU	3	PA; EDS
JADENU SPRINKLE	3	PA; EDS
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%</i>	1	BD
<i>kcl-lactated ringers-d5w</i>	1	BD
<i>kionex oral suspension</i>	1	EDS
<i>klor-con 10</i>	1	EDS
<i>klor-con m10</i>	1	EDS
KLOR-CON M15	3	EDS
<i>klor-con m20</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
<i>klor-con oral tablet extended release</i>	1	EDS
<i>klor-con sprinkle oral capsule extended release 8 meq</i>	1	EDS
K-TAB	3	EDS
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
LOKELMA	2	EDS
<i>magnesium sulfate injection solution 50 %</i>	1	
NEPHRAMINE	3	BD

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

Drug Name	Tier	Requirements/Limits
<i>normosol-m in d5w</i>	1	BD
NORMOSOL-R IN D5W	3	BD
NORMOSOL-R PH 7.4	3	
<i>nutrilipid</i>	1	BD
<i>penicillamine oral</i>	1	PA; EDS
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
PLENAMINE	2	BD
<i>potassium chloride crys er</i>	1	EDS
<i>potassium chloride er</i>	1	EDS
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
PREMASOL	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE	2	BD
PROSOL	3	BD
SAMSCA	2	PA
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	1	EDS
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps</i>	1	EDS
SUPREP BOWEL PREP KIT	2	
<i>tpn electrolytes intravenous solution</i>	1	BD
TRAVASOL	2	BD
<i>trientine hcl</i>	1	PA; EDS
TROPHAMINE	2	BD
VELPHORO	3	EDS

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

Drug Name	Tier	Requirements/Limits
VELTASSA	2	EDS
Gastrointestinal Agents		
ACIPHEX	3	EDS
ACTIGALL	3	EDS
<i>alosetron hcl</i>	1	EDS
AMITIZA	3	EDS
<i>amoxicill-clarithro-lansopraz</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
CARAFATE ORAL SUSPENSION	2	EDS
CARAFATE ORAL TABLET	3	EDS
CHENODAL	3	PA; LA
CHOLBAM	3	PA; EDS
<i>cimetidine hcl oral</i>	1	EDS
<i>cimetidine oral</i>	1	EDS
CLENPIQ	3	
<i>constulose</i>	1	EDS
CYTOTEC	3	EDS
DEXILANT	3	EDS
<i>dicyclomine hcl oral</i>	1	EDS
<i>diphenoxylate-atropine</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>enulose</i>	1	EDS
<i>esomeprazole magnesium oral capsule delayed release</i>	1	EDS
<i>esomeprazole strontium oral capsule delayed release 49.3 mg</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
GATTEX	3	PA; LA; EDS
<i>gavilyte-c</i>	1	
<i>gavilyte-g</i>	1	
<i>gavilyte-n with flavor pack</i>	1	
<i>generlac</i>	1	EDS
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
GOLYTELY	3	
KRISTALOSE ORAL PACKET 20 GM	3	EDS
<i>lactulose oral packet</i>	1	EDS
<i>lactulose oral solution 10 gm/15ml</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</i>	1	
LOTRONEX	3	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>methscopolamine bromide oral</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>misoprostol oral</i>	1	EDS
MOVANTIK	3	
MOVIPREP	3	
MYTESI	2	PA New Starts; EDS
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	EDS
<i>nizatidine</i>	1	EDS
NULYTELY WITH FLAVOR PACKS	3	
OCALIVA	3	PA; LA; EDS
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium oral</i>	1	EDS
<i>peg 3350/electrolytes</i>	1	
<i>peg 3350-kcl-na bicarb-nacl</i>	1	
<i>peg-3350/electrolytes</i>	1	
PREPOPIK	3	
<i>protozoze-hc rectal</i>	1	
<i>propantheline bromide oral</i>	1	
PROTONIX ORAL TABLET DELAYED RELEASE	3	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
REGLAN ORAL	3	
RELISTOR ORAL	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML	2	
<i>scopolamine</i>	1	
<i>sucralfate oral tablet</i>	1	EDS
SYMPROIC	3	PA
TRANSDERM-SCOP (1.5 MG)	3	
<i>trilyte</i>	1	
UCERIS	3	
URSO 250	3	EDS
URSO FORTE	3	EDS
<i>ursodiol oral</i>	1	EDS
VIBERZI	3	PA; EDS
XERMELO	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	3	QL (9 EA per 3 days)
ZORBTIVE	3	PA; EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA	3	PA; LA; EDS
CREON	2	EDS
CYSTADANE	2	EDS
CYSTAGON	2	LA; EDS
GALAFOLD	3	PA New Starts; LA; EDS
KUVAN	2	PA; LA; EDS
<i>miglustat</i>	1	PA New Starts; EDS
NITYR	2	PA
ORFADIN	2	PA; LA; EDS
PALYNZIQ	3	PA; LA; EDS
RAVICTI	3	PA; LA; EDS
RUZURGI	3	PA; LA
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SUCRAID	3	PA; LA; EDS
UDENYCA	3	PA
VIOKACE	2	EDS

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

Drug Name	Tier	Requirements/Limits
XURIDEN	2	PA; EDS
ZAVESCA	2	PA New Starts; LA; EDS
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-14000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	EDS
Genitourinary Agents		
<i>alfuzosin hcl er</i>	1	EDS
AURYXIA	3	
AVODART	3	EDS
<i>bethanechol chloride oral</i>	1	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
CARDURA XL	3	EDS
<i>darifenacin hydrobromide er</i>	1	EDS
DEPEN TITRATABS	2	
DETROL	3	
DETROL LA	3	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	EDS
<i>doxazosin mesylate oral</i>	1	EDS
<i>dutasteride oral</i>	1	EDS
<i>dutasteride-tamsulosin hcl</i>	1	EDS
ELMIRON	2	
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>flavoxate hcl</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG	2	EDS
GELNIQUE PUMP	3	EDS
JALYN	3	EDS
JYNARQUE ORAL TABLET 15 MG	3	PA; LA; QL (60 EA per 30 days)
JYNARQUE ORAL TABLET 30 MG	3	PA; LA; QL (30 EA per 30 days)
JYNARQUE ORAL TABLET THERAPY PACK	3	PA; LA
<i>lanthanum carbonate</i>	1	EDS
MYRBETRIQ	2	EDS
<i>oxybutynin chloride er</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>oxybutynin chloride oral</i>	1	EDS
<i>penicillamine oral</i>	1	PA; EDS
PHOSLYRA	3	EDS
<i>potassium citrate er</i>	1	EDS
<i>prazosin hcl oral</i>	1	EDS
<i>sevelamer carbonate</i>	1	EDS
<i>sevelamer hcl</i>	1	EDS
<i>silodosin</i>	1	EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	EHS; EDS
<i>tamsulosin hcl</i>	1	EDS
<i>terazosin hcl oral</i>	1	EDS
<i>tolterodine tartrate</i>	1	EDS
<i>tolterodine tartrate er</i>	1	EDS
<i>trospium chloride</i>	1	EDS
<i>trospium chloride er</i>	1	EDS
URECHOLINE	3	EDS
UROCIT-K 10	3	EDS
UROCIT-K 15	3	EDS
UROCIT-K 5	3	EDS
VELPHORO	3	EDS

**Hormonal Agents, Stimulant/ Replacement/
Modifying (Adrenal)**

ACTHAR	3	PA
ALA SCALP	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate</i>	1	
AMCINONIDE EXTERNAL LOTION	3	
<i>betamethasone dipropionate aug</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external</i>	1	
CAPEX	2	
<i>clobetasol prop emollient base</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external lotion</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX	3	
CLOBEX SPRAY	3	
<i>clodan external shampoo</i>	1	
CORDRAN EXTERNAL TAPE	2	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
<i>desonide external cream</i>	1	
<i>desonide external ointment</i>	1	
DESOWEN EXTERNAL CREAM	3	
<i>desoximetasone external cream</i>	1	
<i>desoximetasone external gel</i>	1	
<i>desoximetasone external ointment</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>diflorasone diacetate external ointment</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA	3	PA; LA
<i>fludrocortisone acetate oral</i>	1	EDS
<i>fluocinolone acetonide external</i>	1	
<i>fluocinolone acetonide otic</i>	1	
<i>fluocinolone acetonide scalp</i>	1	
<i>fluocinonide emulsified base</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halcinonide</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
HALOG	3	

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

Drug Name	Tier	Requirements/Limits
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone oral	1	
hydrocortisone valerate	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	3	
methylprednisolone oral tablet	1	BD; EDS
methylprednisolone oral tablet therapy pack	1	
MILLIPRED ORAL TABLET	3	
mometasone furoate external	1	EDS
PANDEL	3	
prednicarbate external ointment	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisone intensol	1	
prednisone oral solution	1	
prednisone oral tablet	1	BD; EDS
prednisone oral tablet therapy pack	1	
procto-pak	1	
proctozone-hc rectal	1	
TOPICORT EXTERNAL CREAM 0.05 %	3	
triamcinolone acetonide external	1	
triderm external cream 0.1 %	1	
ULTRAVATE EXTERNAL LOTION	3	
ULTRAVATE EXTERNAL OINTMENT	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP NASAL	3	EDS
DDAVP ORAL	3	EDS
DDAVP RHINAL TUBE	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>desmopressin ace spray refrig</i>	1	EDS
<i>desmopressin acetate oral</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
GENOTROPIN	2	PA; EDS
GENOTROPIN MINIQUICK	2	PA; EDS
HUMATROPE	2	PA; EDS
INCRELEX	3	PA; LA; EDS
MYALEPT	3	PA; LA; EDS
NORDITROPIN FLEXPRO	2	PA; EDS
NUTROPIN AQ NUSPIN 10	2	PA; EDS
NUTROPIN AQ NUSPIN 20	2	PA; EDS
NUTROPIN AQ NUSPIN 5	2	PA; EDS
OMNITROPE	3	PA; EDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SAIZEN	3	PA; EDS
SAIZENPREP	3	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
STIMATE	2	EDS
TEGSEDI	3	PA; LA; EDS
VYNDAQEL	3	PA; LA; EDS
ZOMACTON	3	PA; EDS
ZORBTIVE	3	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.05 MG/24HR	2	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>altavera</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>alyacen 1/35</i>	1	EDS
<i>amabelz</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>amethia</i>	1	EDS
<i>amethia lo</i>	1	EDS
ANADROL-50	3	PA New Starts
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; EDS
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	3	PA; EDS
<i>ANGELIQ</i>	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>apri</i>	1	EDS
<i>aranelle</i>	1	EDS
<i>ashlyna</i>	1	EDS
<i>aubra</i>	1	EDS
<i>aviane</i>	1	EDS
BALCOLTRA	2	EDS
<i>balziva</i>	1	EDS
<i>blisovi 24 fe</i>	1	EDS
<i>blisovi fe 1.5/30</i>	1	EDS
<i>briellyn</i>	1	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>camila</i>	1	EDS
<i>camrese lo</i>	1	EDS
<i>caziant</i>	1	EDS
CLIMARA	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CLIMARA PRO	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS

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

Drug Name	Tier	Requirements/Limits
CRINONE VAGINAL GEL 8 %	3	PA
cryselle-28	1	EDS
cyclafem 1/35	1	EDS
cyclafem 7/7/7	1	EDS
danazol oral	1	
deblitane	1	EDS
delestrogen intramuscular oil 10 mg/ml	1	
delyla	1	EDS
DEPO-ESTRADIOL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
desogestrel-ethynodiolide	1	EDS
DIVIGEL TRANSDERMAL GEL 1 MG/GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
DOTTI	1	PA; EDS
drospirenone-ethynodiolide oral tablet 3-0.02-0.451 mg	1	EDS
drospirenone-ethynodiolide	1	EDS
DUAVEE	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ELESTRIN	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
emoquette	1	EDS
enpresse-28	1	EDS
enskyce oral tablet 0.15-30 mg-mcg	1	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
errin	1	EDS
estarrylla	1	EDS
ESTRACE ORAL	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS

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

Drug Name	Tier	Requirements/Limits
<i>estradiol oral</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	1	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch weekly</i>	1	PA; EDS
<i>estradiol vaginal</i>	1	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>ESTRING</i>	2	EDS
<i>ethynodiol diac-eth estradiol</i>	1	EDS
<i>EVAMIST</i>	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>falmina</i>	1	EDS
<i>fayosim</i>	1	EDS
<i>FEMRING</i>	3	EDS
<i>femynor</i>	1	EDS
<i>FORTESTA</i>	3	PA; EDS
<i>fyavolv</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>GENERESS FE</i>	3	EDS
<i>hailey 24 fe</i>	1	EDS
<i>incassia</i>	1	EDS
<i>introvale</i>	1	EDS
<i>isibloom</i>	1	EDS
<i>jasmiel</i>	1	EDS
<i>JINTELI</i>	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber</i>	1	EDS

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

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

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

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

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

Drug Name	Tier	Requirements/Limits
<i>norethindrone-eth estradiol</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>norethin-eth estradiol-fe</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic</i>	1	EDS
<i>norlyroc</i>	1	EDS
<i>nortrel 0.5/35 (28)</i>	1	EDS
<i>nortrel 1/35 (21)</i>	1	EDS
<i>nortrel 1/35 (28)</i>	1	EDS
<i>nortrel 7/7/7</i>	1	EDS
NUVARING	2	EDS
<i>ocella</i>	1	EDS
OGESTREL	2	EDS
<i>orsythia</i>	1	EDS
ORTHO TRI-CYCLEN LO	3	EDS
<i>oxandrolone oral</i>	1	
<i>pimtrea</i>	1	EDS
<i>pirmella 1/35</i>	1	EDS
<i>portia-28</i>	1	EDS
PREFEST	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN ORAL	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL	2	EDS
PREMPHASE	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem</i>	1	EDS
<i>progesterone micronized oral</i>	1	EDS
<i>raloxifene hcl</i>	1	EDS
<i>reclipsen</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
rivelsa	1	EDS
setlakin	1	EDS
sharobel	1	EDS
SLYND	3	EDS
sprintec 28	1	EDS
sronyx	1	EDS
STRIANT	3	PA; EDS
syeda	1	EDS
tarina 24 fe	1	EDS
tarina fe 1/20	1	EDS
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular solution	1	PA
TESTOSTERONE TRANSDERMAL GEL 10 MG/ACT (2%)	3	PA; EDS
testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1	PA; EDS
testosterone transdermal solution	1	PA; EDS
tri-estarrylla	1	EDS
tri-legest fe	1	EDS
tri-lo-estarrylla	1	EDS
tri-mili	1	EDS
tri-previfem	1	EDS
tri-sprintec	1	EDS
trivora (28)	1	EDS
tri-vylibra	1	EDS
tri-vylibra lo	1	EDS
tydemy	1	EDS
VAGIFEM VAGINAL TABLET 10 MCG	3	EDS
velivet	1	EDS
vienna	1	EDS
vyfemla	1	EDS
vylibra	1	EDS
wymzya fe	1	EDS
xulane	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>yuvafem</i>	1	EDS
<i>zarah</i>	1	EDS
<i>zovia 1/35e (28)</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL	3	EDS
<i>levo-t</i>	1	EDS
<i>levothyroxine sodium oral</i>	1	EDS
<i>levoxyl</i>	1	EDS
<i>liothyronine sodium oral</i>	1	EDS
SYNTHROID	2	EDS
TIROSINT	3	EDS
<i>tirosint-sol</i>	1	EDS
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	EDS
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	2	
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral</i>	1	EDS
<i>cabergoline</i>	1	
ELIGARD	2	PA New Starts
FIRMAGON	2	PA New Starts
<i>leuprolide acetate injection</i>	1	PA New Starts
LUPANETA PACK	3	PA New Starts
LUPRON DEPOT (1-MONTH)	2	PA New Starts
LUPRON DEPOT (3-MONTH)	2	PA New Starts
LUPRON DEPOT (4-MONTH)	2	PA New Starts
LUPRON DEPOT (6-MONTH)	2	PA New Starts
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	EDS
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	EDS
SIGNIFOR	3	PA; LA; EDS
SOMATULINE DEPOT	3	PA New Starts
SOMAVERT	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
SYNAREL	2	PA
TRELSTAR MIXJECT	3	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
<i>methimazole oral</i>	1	EDS
<i>propylthiouracil oral</i>	1	EDS
TAPAZOLE	3	EDS
Immunological Agents		
ACTEMRA ACTPEN	3	EDS
ACTEMRA SUBCUTANEOUS	3	EDS
<i>acthib</i>	1	
ACTIMMUNE	3	PA; LA; EDS
<i>adace1</i>	1	
AFINITOR DISPERZ	3	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	3	PA New Starts
ARAVA	3	EDS
ARCALYST	2	PA; LA; EDS
ASTAGRAF XL	3	BD; EDS
AZASAN	2	BD; EDS
<i>azathioprine oral</i>	1	BD; EDS
BCG VACCINE	2	
BENLYSTA SUBCUTANEOUS	3	PA New Starts; EDS
BERINERT	3	PA New Starts; LA
<i>bexsero</i>	1	
<i>boosrix intramuscular suspension 5-2.5-18.5 , 5-2.5-18.5 (0.5ml syringe)</i>	1	
CELLCEPT	3	BD; EDS
CIMZIA PREFILLED	2	EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	
CINRYZE	2	PA New Starts; LA
<i>cyclosporine modified</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
<i>daptacel intramuscular suspension 23-15-5</i>	1	
DEPEN TITRATABS	2	
<i>diphtheria-tetanus toxoids dt</i>	1	
ENBREL MINI	2	EDS

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

Drug Name	Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>engerix-b injection</i>	1	BD
ENVARSUS XR	3	BD; EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA	2	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	2	PA
<i>gardasil 9</i>	1	
<i>gengraft oral capsule 100 mg, 25 mg</i>	1	BD; EDS
<i>gengraft oral solution</i>	1	BD; EDS
HAEGARDA	3	PA New Starts; LA
<i>havrix</i>	1	
<i>hiberix injection</i>	1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
<i>icatibant acetate</i>	1	PA New Starts
<i>imovax rabies</i>	1	
IMURAN	3	BD; EDS
<i>infanrix</i>	1	
INGREZZA	3	PA; LA; EDS
<i>ipol</i>	1	
<i>ixiaro</i>	1	

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

Drug Name	Tier	Requirements/Limits
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>kinrix</i>	1	
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
<i>menactra</i>	1	
<i>menveo</i>	1	
<i>mercaptopurine oral</i>	1	EDS
<i>methotrexate oral</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	1	BD
<i>methotrexate sodium injection solution 250 mg/10ml</i>	1	BD
<i>m-m-r ii injection</i>	1	
<i>mycophenolate mofetil</i>	1	BD; EDS
<i>mycophenolate sodium</i>	1	BD; EDS
MYFORTIC	3	BD; EDS
NEORAL	3	BD; EDS
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
OTEZLA ORAL TABLET	2	EDS
OTEZLA ORAL TABLET THERAPY PACK	2	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-Injector 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	3	PA; EDS
<i>pediarix</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
<i>pimecrolimus</i>	1	
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	2	PA
PROGRAF ORAL	3	BD; EDS
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel</i>	1	
<i>rabavert</i>	1	
RAPAMUNE ORAL TABLET	3	BD; EDS

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

Drug Name	Tier	Requirements/Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
<i>recombivax hb</i>	1	BD
RIDAURA	2	EDS
<i>rotarix</i>	1	
<i>rotateq oral solution</i>	1	
RUCONEST	3	PA New Starts; LA
SANDIMMUNE ORAL	3	BD; EDS
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>sirolimus oral</i>	1	BD; EDS
<i>tacrolimus oral</i>	1	BD; EDS
TAKHZYRO	3	PA New Starts; LA; EDS
<i>tdvax</i>	1	
<i>tenivac</i>	1	
TREXALL	2	
<i>trumenba</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi</i>	1	
<i>vaqta</i>	1	
<i>varivax</i>	1	
<i>varizig intramuscular solution</i>	1	
XATMEP	3	PA New Starts
XELJANZ	2	EDS
XELJANZ XR	2	EDS
<i>yf-vax</i>	1	
ZORTRESS	2	BD; EDS
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
ANUSOL-HC RECTAL CREAM	3	

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

Drug Name	Tier	Requirements/Limits
APRISO	3	EDS
ASACOL HD	2	EDS
<i>balsalazide disodium</i>	1	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral</i>	1	
<i>cocolcort</i>	1	
CORTEF	3	
<i>cortisone acetate oral</i>	1	
DEXAMETHASONE INTENSOL	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
DIPENTUM	3	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
<i>mesalamine oral</i>	1	EDS
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	EDS
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	3	
PENTASA	2	EDS
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
ROWASA RECTAL	3	
<i>sulfasalazine oral</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET 150 MG, 35 MG, 5 MG	3	EDS
<i>alendronate sodium oral solution</i>	1	EDS
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	EDS
<i>alendronate sodium oral tablet 40 mg</i>	1	
ATELVIA	3	EDS
BINOSTO	3	EDS
<i>calcitonin (salmon)</i>	1	EDS
<i>calcitriol oral</i>	1	EDS
<i>cinacalcet hcl</i>	1	EDS
<i>doxercalciferol oral</i>	1	ST
<i>etidronate disodium</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
<i>ibandronate sodium oral</i>	1	EDS
NATPARA	3	PA; LA; EDS
<i>paricalcitol oral</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
ROCALTROL	3	EDS
TYMLOS	2	PA; EDS
XGEVA	3	PA New Starts
ZEMPLAR ORAL CAPSULE 2 MCG	3	ST; EDS
Non-Frf		
<i>acetaminophen-codeine #2</i>	1	
<i>acetaminophen-codeine #4</i>	1	
<i>acetasol hc</i>	1	
ACIPHEX SPRINKLE	3	EDS
ACTONEL ORAL TABLET 30 MG	3	
ACTOPLUS MET XR	2	EDS

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

Drug Name	Tier	Requirements/Limits
ACUICYN EXTERNAL LIQUID	2	EHS
ACZONE EXTERNAL GEL 7.5 %	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	EDS
<i>afeditab cr</i>	1	EDS
<i>agoneaze</i>	1	EHS
AIMOVIG (140 MG DOSE)	3	PA; EDS
<i>airavite</i>	1	EHS
AKYNZEO ORAL	3	PA
ALCAINE	3	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	1	
ALTABAX	3	
AMETHYST	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	2	BD
<i>aminosyn ii/electrolytes</i>	1	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M	2	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1	BD
AMINOSYN-HBC	2	BD
AMINOSYN-RF	2	BD
AMPHOTERICIN B INJECTION	2	PA
<i>ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm</i>	1	
<i>ana-lex</i>	1	EHS
ANALPRAM HC	3	EHS
ANALPRAM HC SINGLES	3	EHS
ANAPROX DS	3	EDS
ANNOVERA	3	EDS
<i>anodyne lpt</i>	1	EHS
<i>anucort-hc</i>	1	EHS
<i>anusol-hc rectal suppository</i>	1	EHS
ANZEMET ORAL	3	BD

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

Drug Name	Tier	Requirements/Limits
aqua care external cream	1	EHS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
ATOPICLAIR	2	EHS
AVELOX INTRAVENOUS	2	
AVENOVA	2	EHS
AVONEX	2	EDS
azurette	1	EDS
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL	3	
bd posiflush intravenous	1	EHS
bekyree	1	EDS
benzonatate oral capsule 100 mg, 200 mg	1	EHS
BIVIGAM	2	PA
blisovi fe 1/20	1	EDS
BRAFTOVI ORAL CAPSULE 50 MG	3	PA New Starts; LA
bromfed dm	1	EHS
BYVALSON	3	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
CARNITOR INTRAVENOUS	3	BD
cavarest	1	EHS; EDS
CAVERJECT	2	EHS; QL (8 EA per 30 days)
CAVERJECT IMPULSE	2	EHS; QL (8 EA per 30 days)
cefditoren pivoxil	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm	1	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
cheratussin ac	1	EHS
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
CHLORPROPAMIDE	3	PA; PA does not apply to age less than 65.; EDS
cholestyramine light oral packet	1	EDS
cholestyramine oral powder	1	EDS

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

Drug Name	Tier	Requirements/Limits
CIMZIA STARTER KIT	2	EDS
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%)</i>	1	
<i>ciprofloxacin-ciproflox hcl er</i>	1	
CLEOCIN-T EXTERNAL SOLUTION	3	
CLINIMIX E/DEXTROSE (2.75/10)	2	BD
CLINIMIX E/DEXTROSE (4.25/25)	2	BD
<i>clobetasol propionate e</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1	
<i>clotrimazole mouth/throat troche</i>	1	
COLESTID ORAL GRANULES	3	EDS
<i>colestipol hcl oral granules</i>	1	EDS
CORDRAN EXTERNAL LOTION	2	EHS
COSENTYX	2	EDS
COSENTYX SENSOREADY PEN	2	EDS
<i>crotan</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	EHS
<i>cyred</i>	1	EDS
<i>denta 5000 plus</i>	1	EHS; EDS
<i>dentagel</i>	1	EHS; EDS
<i>dermacinrx empriacaine</i>	1	EHS
<i>dermacinrx prizopak</i>	1	EHS
<i>desmopressin acetate spray</i>	1	EDS
<i>dexamethasone oral solution</i>	1	
DEXERYL	2	EHS
<i>dexifol</i>	1	EHS
<i>dextroamphetamine sulfate oral solution</i>	1	EDS
<i>dextrose in lactated ringers</i>	1	BD
DIACOMIT	3	PA New Starts; LA; EDS
DIAZEPAM RECTAL	3	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	1	EDS
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour</i>	1	EDS
<i>diltiazem hcl intravenous solution 50 mg/10ml</i>	1	

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

Drug Name	Tier	Requirements/Limits
diltiazem hcl intravenous solution reconstituted	1	
diphenhydramine hcl oral elixir	1	PA; PA does not apply to age less than 65.
DIPROLENE AF	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
DONNATAL ORAL ELIXIR	2	EHS
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
dorzolamide hcl-timolol mal pf	1	EDS
doxycycline	1	
doxycycline hyclate intravenous	1	
D-PENAMINE	2	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	3	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	3	EDS
drospirenone estradiol levomefol oral tablet 3-0.03-0.451 mg	1	EDS
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	EDS
ELETONE	2	EHS
ELETONE TWINPACK	2	EHS
ELIXOPHYLLIN	2	EDS
EMADINE	3	
enoxaparin sodium injection	1	
ergocalciferol oral capsule	1	EHS; EDS
ERGOMAR	2	LA
erythromycin external pad	1	
erythromycin oral	1	
est estrogens-methyltest hs	1	EHS; EDS
estropipate oral tablet 0.75 mg	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
FASENRA PEN	3	PA; EDS
FERRALET 90	2	EHS

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

Drug Name	Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
<i>fluocinolone acetonide body</i>	1	
<i>fluocinonide external cream 0.05 %</i>	1	
<i>fluoridex sensitivity relief dental paste</i>	1	EHS
<i>folbee</i>	1	EHS
<i>folbee plus</i>	1	EHS
FOLBEE PLUS CZ	2	EHS
<i>folic acid oral tablet 1 mg</i>	1	EHS; EDS
FOLIVANE-F	2	EHS
FOLIVANE-PLUS	2	EHS
<i>fosphenytoin sodium injection solution 100 mg pe/2ml</i>	1	
<i>g tussin ac</i>	1	EHS
GAMASTAN S/D	2	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>gavilyte-h</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	1	
<i>gold bond multi-symptom</i>	1	EHS
<i>gormel</i>	1	EHS
<i>guaiatussin ac</i>	1	EHS
<i>guaifenesin ac</i>	1	EHS
<i>guaifenesin-codeine oral solution</i>	1	EHS
<i>guaifenesin-codeine oral syrup</i>	1	EHS
<i>gvoke pfs</i>	1	

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

Drug Name	Tier	Requirements/Limits
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (30 EA per 30 days)
HEMANGEOL	3	PA; EDS
<i>hemmorex-hc rectal suppository 25 mg</i>	1	EHS
<i>hemorrhoidal-hc rectal suppository</i>	1	EHS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	BD
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	BD
HPR PLUS EXTERNAL CREAM	2	EHS
<i>hydralazine hcl injection</i>	1	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	1	EHS
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	
<i>hydrocodone-homatropine oral syrup</i>	1	EHS
<i>hydrocortisone ace-pramoxine rectal cream 2.5-1 %</i>	1	EHS
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	EHS
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	EHS
<i>hydromet</i>	1	EHS
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
HYLATOPIC PLUS EXTERNAL CREAM	2	EHS
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1	EHS; EDS
<i>hyoscyamine sulfate sl</i>	1	EHS; EDS
<i>hyoscyamine sulfate sublingual</i>	1	EHS; EDS
<i>hyperrab</i>	1	BD
<i>hyperrab s/d injection solution 300 unit/2ml</i>	1	BD
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
<i>imogam rabies-ht injection solution 300 unit/2ml</i>	1	BD
INTEGRA	2	EHS

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

Drug Name	Tier	Requirements/Limits
INTEGRA F	2	EHS
INTEGRA PLUS	2	EHS
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	3	PA New Starts; EDS
<i>ivermectin external</i>	1	
<i>jolivette</i>	1	EDS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	BD
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
KISQALI 200 DOSE	3	PA New Starts
KISQALI 400 DOSE	3	PA New Starts
KISQALI 600 DOSE	3	PA New Starts
KITABIS PAK	3	BD; EDS
<i>klor-con sprinkle oral capsule extended release 10 meq</i>	1	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
<i>labetalol hcl intravenous solution</i>	1	
<i>lactated ringers</i>	1	
LANOXIN ORAL TABLET 187.5 MCG	3	PA; PA does not apply to age less than 65.; EDS
<i>leucovorin calcium injection solution reconstituted 100 mg, 350 mg</i>	1	
LEUKINE INTRAVENOUS	2	PA
<i>levetiracetam intravenous</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levoleucovorin calcium intravenous solution</i>	1	
LEVOHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>lido bdk</i>	1	EHS
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %</i>	1	
<i>lidocaine hcl external cream 3 %</i>	1	EHS
<i>lidocaine hcl external gel</i>	1	EDS
<i>lidocaine hcl injection solution 1 %, 2 %</i>	1	
<i>lidocaine viscous</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>lidocaine-hydrocortisone ace rectal</i>	1	EHS
<i>lidocaine-prilocaine external kit</i>	1	EHS
<i>lidopin external cream 3 %</i>	1	EHS
<i>lidopril external kit</i>	1	EHS
<i>lidopril xr</i>	1	EHS
<i>lido-prilo caine pack</i>	1	EHS
<i>liothyronine sodium intravenous</i>	1	
<i>livixil pak</i>	1	EHS
<i>lopreeza oral tablet 0.5-0.1 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>lorazepam intensol</i>	1	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	2	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	2	PA New Starts
MAVIK ORAL TABLET 4 MG	3	EDS
MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG	3	
<i>me/naphos(mb/hyo1</i>	1	EHS
<i>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; EDS
<i>mesalamine-cleanser</i>	1	EDS
MESTINON ORAL SYRUP	2	
<i>metaproterenol sulfate oral tablet</i>	1	EDS
<i>metaxall</i>	1	PA
<i>metformin hcl oral solution</i>	1	EDS
<i>methenamine mandelate oral</i>	1	EHS
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD
<i>methyclothiazide oral</i>	1	EDS
<i>methylergonovine maleate oral</i>	1	
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	EDS
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	EDS
<i>metoprolol-hctz er</i>	1	EDS
MIACALCIN NASAL	3	EDS

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

Drug Name	Tier	Requirements/Limits
MILLIPRED ORAL SOLUTION	3	
<i>m-m-r ii subcutaneous</i>	1	
MODERIBA 1200 DOSE PACK	3	
MODERIBA ORAL TABLET 200 MG	3	
<i>moexipril-hydrochlorothiazide</i>	1	EDS
<i>monoject flush syringe intravenous</i>	1	EHS
<i>monoject sodium chloride flush intravenous</i>	1	EHS
<i>mononessa</i>	1	EDS
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	BD
<i>morphine sulfate injection solution 5 mg/ml</i>	1	
<i>moxifloxacin hcl intravenous</i>	1	
MUSE	2	EHS; QL (6 EA per 30 days)
<i>mynephrocaps</i>	1	EHS
<i>mynephron</i>	1	EHS
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	EDS
<i>nafcillin sodium injection solution reconstituted 10 gm</i>	1	
<i>naftifine hcl external gel</i>	1	
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPROSYN ORAL TABLET 250 MG, 500 MG	3	EDS
NASCOBAL	2	EHS; EDS
NATESTO	3	PA; EDS
NAYZILAM	3	PA New Starts
<i>necon 1/35 (28)</i>	1	EDS
NEOCERA	2	EHS
NEOSALUS CP	2	EHS
NEOSALUS EXTERNAL CREAM	2	EHS
NEO-SYNALAR EXTERNAL KIT	2	EHS
NEULASTA ONPRO	3	PA
<i>neuromed7</i>	1	EHS
<i>niacin (antihyperlipidemic)</i>	1	

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

Drug Name	Tier	Requirements/Limits
nifedical xl oral tablet extended release 24 hour 60 mg	1	EDS
nitisinone	1	PA; EDS
NITROLINGUAL	3	EDS
NITROMIST	3	EDS
NIVATOPIC PLUS	2	EHS
norethindrone acet-ethinyl est oral tablet chewable	1	EDS
normal saline flush intravenous	1	EHS
nufol	1	EHS
NUPLAZID ORAL TABLET 17 MG	3	PA New Starts; LA; EDS
nutraplus external cream	1	EHS
NUVESSA	3	
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
OCUSOFT HYPOCHLOR EXTERNAL LIQUID	2	EHS
OCUSOFT LID SCRUB FOAMING	2	EHS
OCUSOFT LID SCRUB ORIGINAL	2	EHS
OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK	2	QL (15 EA per 30 days)
ORAP ORAL TABLET 1 MG	3	EDS
ORBACTIV	3	PA
oscimin sr	1	EHS; EDS
oscimin sublingual	1	EHS; EDS
paroex	1	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
penicillin g potassium injection solution reconstituted 5000000 unit	1	
pentamidine isethionate	1	
PEPCID ORAL SUSPENSION RECONSTITUTED	3	EDS
periogard	1	EDS
PHENAZO ORAL TABLET 200 MG	3	EHS
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	EHS
phenobarbital-belladonna alk	1	EHS

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

Drug Name	Tier	Requirements/Limits
PHOSLO	3	EDS
<i>physiolyte</i>	1	
<i>physiosol irrigation</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
<i>prednisolone oral syrup 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prevalite oral powder</i>	1	EDS
PREVIDENT 5000 ENAMEL PROTECT	3	EHS
PREVIDENT 5000 PLUS	3	EHS; EDS
PREVIDENT 5000 SENSITIVE	3	EHS
PREVPAC	3	
<i>prilolid</i>	1	EHS
<i>priloxx lp</i>	1	EHS
PRIMSOL	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
PROCYSB1	3	PA New Starts; LA; EDS
<i>profeno</i>	1	EDS
PROLIA SUBCUTANEOUS SOLUTION	2	PA
<i>promethazine-codeine oral syrup</i>	1	EHS
<i>propranolol hcl intravenous</i>	1	
PRUCLAIR	2	EHS
PRUMYX	2	EHS
<i>pseudeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	EHS
PYRIDIUM	3	EHS
<i>quasense</i>	1	EDS
<i>ra pain relief</i>	1	EHS
<i>rabeprazole sodium oral capsule sprinkle</i>	1	EDS
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	EDS
REBETOL ORAL SOLUTION	3	
<i>relador pak external kit</i>	1	EHS
<i>relador pak plus</i>	1	EHS

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

Drug Name	Tier	Requirements/Limits
RENACIDIN	2	
<i>renal oral capsule</i>	1	EHS
<i>reno caps</i>	1	EHS
REQUIP ORAL TABLET 0.5 MG, 5 MG	3	EDS
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG	3	EDS
RESCRIPTOR ORAL TABLET 100 MG	2	EDS
REVCovi	3	PA; LA
RIBASPHERE	3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
RIFADIN INTRAVENOUS	3	
RIFADIN ORAL CAPSULE 300 MG	3	
<i>ringers</i>	1	BD
<i>ringers irrigation</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
<i>robafen ac oral solution</i>	1	EHS
RYBELSUS ORAL TABLET 14 MG	2	ST; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	2	ST; QL (30 EA per 30 days); EDS
<i>salicylic acid external shampoo</i>	1	EHS
<i>saline flush intravenous</i>	1	EHS
<i>saline flush zr</i>	1	EHS
<i>sf</i>	1	EHS; EDS
<i>sf 5000 plus</i>	1	EHS; EDS
SFROWASA	3	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; QL (8 EA per 30 days)
<i>sodium chloride flush</i>	1	EHS
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sodium polystyrene sulfonate rectal</i>	1	
<i>sotalol hcl (af) oral tablet 160 mg, 80 mg</i>	1	EDS
<i>sotalol hcl oral tablet 120 mg</i>	1	EDS
SOVALDI ORAL TABLET 200 MG	2	PA; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
SPECTRACEF ORAL TABLET 400 MG	3	
SPRIX	3	PA; PA does not apply to age less than 65.
<i>sterile water for irrigation</i>	1	
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	3	PA; PA Except Oncology
<i>sulfacetamide sodium-sulfur external emulsion</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	
<i>swabflush saline flush</i>	1	EHS
<i>symax-sl</i>	1	EHS; EDS
<i>symax-sr</i>	1	EHS; EDS
SYNERCID	3	BD
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	EHS; QL (8 EA per 30 days)
TEMIXYS	2	EDS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temsirolimus</i>	1	PA New Starts
TESSALON PERLES	3	EHS
<i>tetanus-diphtheria toxoids td</i>	1	
TETRIX EXTERNAL CREAM	2	EHS
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg</i>	1	EDS
THYROLAR-1 ORAL TABLET 60 (12.5-50) MG (MCG)	3	EDS
THYROLAR-1/2 ORAL TABLET 30 (6.25-25) MG (MCG)	3	EDS
THYROLAR-1/4 ORAL TABLET 15 (3.1-12.5) MG (MCG)	3	EDS
THYROLAR-2 ORAL TABLET 120 (25-100) MG (MCG)	3	EDS
THYROLAR-3 ORAL TABLET 180 (37.5-150) MG (MCG)	3	EDS
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
TOLAZAMIDE	3	EDS
TORISEL	3	PA New Starts
<i>tramadol hcl er oral capsule extended release 24 hour 150 mg</i>	1	ST; QL (30 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trihexyphenidyl hcl oral elixir</i>	1	PA; EDS
<i>trinessa (28)</i>	1	EDS
TRI-NORINYL (28)	3	EDS
<i>triphocaps</i>	1	EHS
<i>twinrix intramuscular suspension 720-20</i>	1	
ULTRAVATE EXTERNAL CREAM	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM	3	
<i>urea 20 intensive hydrating</i>	1	EHS
<i>urea external cream 39 %, 40 %, 47 %</i>	1	EHS
<i>ureacin-20</i>	1	EHS
<i>ure-k</i>	1	EHS
<i>uremez-40</i>	1	EHS
<i>uribel</i>	1	EHS
<i>uroav-b</i>	1	EHS
<i>uro-mp</i>	1	EHS
<i>uryl</i>	1	EHS
<i>valproate sodium oral solution</i>	1	EDS
<i>vardenafil hcl oral tablet</i>	1	EHS; QL (8 EA per 30 days)
<i>verapamil hcl intravenous</i>	1	
VERIPRED 20	3	
<i>vestura</i>	1	EDS
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	2	EDS
<i>vilamit mb</i>	1	EHS
<i>viorele</i>	1	EDS
<i>virt-caps</i>	1	EHS
<i>virtussin a/c</i>	1	EHS
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	1	EHS; EDS
VYNDAMAX	3	PA; LA
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
XERALUX	2	EHS
xolido xp	1	EHS
XYLOCAINE INJECTION SOLUTION 2 %	3	
ZANTAC ORAL TABLET 150 MG	3	EDS
ZERIT ORAL CAPSULE	3	EDS
ZITHROMAX ORAL TABLET 600 MG	3	
ZOCOR ORAL TABLET 5 MG	3	EDS
ZOFTRAN ORAL TABLET 4 MG	3	BD
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED 3.375 (3-0.375) GM	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7- 0.18 MG	2	
ZURAMPIC	3	PA; EDS
Ophthalmic Agents		
acetazolamide oral	1	EDS
ACUVAIL	3	
ALOCRIL	3	
ALOMIDE	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
ALREX	2	
apraclonidine hcl	1	EDS
atropine sulfate ophthalmic solution	1	
azelastine hcl ophthalmic	1	
AZOPT	2	EDS
bacitracin-polymyxin b ophthalmic ointment 500- 10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc	1	
BEPREVE	3	
betaxolol hcl ophthalmic	1	EDS
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S	2	EDS
bimatoprost ophthalmic	1	EDS
BLEPHAMIDE	2	
BLEPHAMIDE S.O.P.	2	
brimonidine tartrate ophthalmic	1	EDS
bromfenac sodium (once-daily)	1	

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

Drug Name	Tier	Requirements/Limits
BROMSITE	3	EDS
<i>carteolol hcl</i>	1	EDS
COMBIGAN	2	EDS
COSOPT	3	EDS
<i>cromolyn sodium ophthalmic</i>	1	EDS
CYSTARAN	2	PA; LA; EDS
<i>dexamethasone sodium phosphate ophthalmic</i>	1	
<i>diclofenac sodium ophthalmic</i>	1	EDS
<i>dorzolamide hcl ophthalmic</i>	1	EDS
<i>dorzolamide hcl-timolol mal</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf</i>	1	EDS
DUREZOL	3	
<i>epinastine hcl</i>	1	
FLAREX	2	
<i>fluorometholone ophthalmic</i>	1	
<i>flurbiprofen sodium</i>	1	
FML	2	
FML FORTE	2	
FML LIQUIFILM	3	
ILEVRO	2	
INVELTYS	3	
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
INSTALOL	3	EDS
<i>ketorolac tromethamine ophthalmic</i>	1	
LACRISERT	2	
LASTACAFT	3	
<i>latanoprost ophthalmic</i>	1	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>loteprednol etabonate</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
MAXIDEX	2	
MAXITROL	3	
<i>methazolamide oral</i>	1	EDS
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-0.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
NEVANAC	2	
<i>olopatadine hcl ophthalmic</i>	1	
OXERVATE	3	PA
PATADAY	3	
PATANOL	3	
PAZEO	3	
PHOSPHOLINE IODIDE	2	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
<i>polymyxin b-trimethoprim</i>	1	
POLYTRIM	3	
PRED FORTE	3	
PRED MILD	2	
PRED-G	3	
PRED-G S.O.P.	3	
<i>prednisolone acetate ophthalmic</i>	1	
<i>prednisolone sodium phosphate ophthalmic</i>	1	
PROLENSA	3	
<i>proparacaine hcl ophthalmic</i>	1	
RESTASIS	2	EDS
RHOPRESSA	3	EDS
ROCKLATAN	3	ST; EDS
SIMBRINZA	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>timolol maleate ophthalmic</i>	1	EDS
TIMOPTIC OCUDOSE	3	EDS
TOBRADEX ST	2	
<i>tobramycin-dexamethasone</i>	1	

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

Drug Name	Tier	Requirements/Limits
TRAVATAN Z	2	EDS
XALATAN	3	EDS
XIIDRA	2	EDS
ZIOPTAN	3	EDS
ZYLET	3	
Otic Agents		
CIPRO HC	3	
CIPRODEX	2	
<i>flac</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	1	
<i>neomycin-polymyxin-hc otic suspension</i>	1	
<i>ofloxacin oral tablet 300 mg</i>	1	
OTOVEL	3	
Respiratory Tract/ Pulmonary Agents		
ACCOLATE	3	EDS
<i>acetylcysteine inhalation</i>	1	BD
ADEMPAS	3	PA New Starts; LA; EDS
ADVAIR HFA	2	EDS
<i>albuterol sulfate er</i>	1	EDS
<i>albuterol sulfate inhalation</i>	1	BD; EDS
<i>albuterol sulfate oral</i>	1	EDS
<i>alyq</i>	1	PA New Starts; EDS
<i>ambrisentan</i>	1	PA New Starts; LA; EDS
ANORO ELLIPTA	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
ARCAPTA NEOHALER	2	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT	2	QL (30 EA per 30 days); AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT	2	AL (Min 12 Years); EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	2	EDS
ASMANEX (120 METERED DOSES)	2	EDS
ASMANEX (30 METERED DOSES)	2	EDS
ASMANEX (60 METERED DOSES)	2	EDS

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

Drug Name	Tier	Requirements/Limits
ASMANEX HFA	2	EDS
ASTEPRO NASAL SOLUTION 0.15 %	3	
ATROVENT HFA	2	EDS
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
BECONASE AQ	3	EDS
<i>bosentan</i>	1	PA New Starts; EDS
BREO ELLIPTA	2	EDS
BROVANA	3	BD; EDS
<i>budesonide inhalation</i>	1	BD; EDS
<i>carbinoxamine maleate oral solution</i>	1	PA; PA does not apply to age less than 65.
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	PA; PA does not apply to age less than 65.
CAYSTON	3	LA
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
COMBIVENT RESPIMAT	2	EDS
<i>cromolyn sodium inhalation</i>	1	BD; EDS
<i>cromolyn sodium oral</i>	1	EDS
<i>cyproheptadine hcl oral syrup</i>	1	PA
<i>cyproheptadine hcl oral tablet</i>	1	PA; EDS
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
<i>desloratadine oral tablet</i>	1	EDS
<i>desloratadine oral tablet dispersible 2.5 mg</i>	1	QL (30 EA per 30 days); EDS
<i>desloratadine oral tablet dispersible 5 mg</i>	1	EDS
DYMISTA	3	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
ESBRIET	2	PA; EDS
FASENRA	3	PA; EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS

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Drug Name	Tier	Requirements/Limits
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 25 days); EDS
<i>fluticasone propionate nasal</i>	1	EDS
<i>fluticasone-salmeterol</i>	1	EDS
GASTROCROM	3	EDS
GLASSIA	3	PA New Starts; LA
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral</i>	1	PA
<i>ipratropium bromide inhalation</i>	1	BD; EDS
<i>ipratropium bromide nasal</i>	1	EDS
<i>ipratropium-albuterol</i>	1	BD; EDS
KALYDECO	2	PA New Starts; EDS
<i>levalbuterol hcl inhalation</i>	1	BD; EDS
<i>levalbuterol tartrate</i>	1	EDS
<i>levocetirizine dihydrochloride oral solution</i>	1	
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
<i>mometasone furoate nasal</i>	1	
<i>montelukast sodium oral</i>	1	EDS
NASONEX	3	
NUCALA	3	PA; LA; EDS
OFEV	2	PA; LA; EDS
<i>olopatadine hcl nasal</i>	1	
OMNARIS	3	EDS
OPSUMIT	3	PA New Starts; LA; EDS
ORALAIR	3	PA; LA; EDS
ORENITRAM	3	PA New Starts; LA; EDS
ORKAMBI	3	PA New Starts; LA; EDS
PATANASE	3	
PERFOROMIST	2	BD; EDS

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Drug Name	Tier	Requirements/Limits
PROAIR HFA	2	EDS
PROAIR RESPICLICK	2	EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine-phenylephrine</i>	1	PA
PULMICORT	3	BD; EDS
PULMICORT FLEXHALER	2	EDS
PULMOZYME	2	BD; EDS
QNASL	3	
QNASL CHILDRENS	3	QL (4.9 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
REVATIO ORAL TABLET	3	PA New Starts; EDS
SEEBRI NEOHALER	3	EDS
SEREVENT DISKUS	2	EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
SINGULAIR	3	EDS
SPIRIVA HANDIHALER	2	EDS
SPIRIVA RESPIMAT	2	EDS
STIOLTO RESPIMAT	2	EDS
STRIVERDI RESPIMAT	2	EDS
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT	2	EDS
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT	2	QL (10.2 GM per 30 days); EDS
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	2	PA; EDS
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	2	PA; LA; EDS
SYMJEPI	2	
<i>tadalafil 20 mg oral tablet (pah)</i>	1	PA New Starts; EDS
<i>terbutaline sulfate oral</i>	1	EDS

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Drug Name	Tier	Requirements/Limits
THEO-24	3	EDS
<i>theophylline</i>	1	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	1	EDS
TOBI	3	BD; EDS
TOBI PODHALER	3	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
TRELEGY ELLIPTA	2	EDS
UTIBRON NEOHALER	3	EDS
VENTAVIS	3	PA New Starts; LA; EDS
VENTOLIN HFA	2	EDS
<i>wixela inh</i>	1	EDS
XOLAIR	3	PA
YUPELRI	3	BD; EDS
<i>zafirlukast</i>	1	EDS
ZEMAIRA	3	PA New Starts; LA
ZETONNA	3	
ZILEUTON ER	3	PA; EDS
ZYFLO	2	EDS
Skeletal Muscle Relaxants		
<i>carisoprodol oral</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cyclobenzaprine hcl oral</i>	1	PA
FEXMID	3	PA
<i>metaxalone</i>	1	PA
<i>methocarbamol oral</i>	1	PA; PA does not apply to age less than 65.
<i>orphenadrine citrate er</i>	1	PA; PA does not apply to age less than 65.
<i>tizanidine hcl oral</i>	1	EDS
Sleep Disorder Agents		
AMBIEN	3	PA New Starts; PA does NOT apply to age less than 65

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Drug Name	Tier	Requirements/Limits
AMBIEN CR	3	PA New Starts; PA does NOT apply to age less than 65
<i>armodafinil</i>	1	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 15 MG, 5 MG	2	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 20 MG	2	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	1	PA New Starts; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; EDS
<i>eszopiclone</i>	1	
HETLIOZ	3	PA; LA; EDS
LUNESTA	3	
<i>modafinil</i>	1	PA; EDS
PROVIGIL	3	PA; EDS
<i>ramelteon</i>	1	EDS
ROZEREM	2	EDS
SUNOSI	3	PA; EDS
<i>temazepam</i>	1	QL (7 EA per 30 days)
XYREM	3	PA; LA
<i>zaleplon</i>	1	
<i>zolpidem tartrate er</i>	1	PA New Starts; PA does NOT apply to age less than 65
<i>zolpidem tartrate oral</i>	1	PA New Starts; PA does NOT apply to age less than 65

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<i>acebutolol hcl</i>	45	<i>albuterol sulfate</i>	100	AMINOSYN/ELECTROLYTES	83
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<i>acetylcysteine</i>	100	<i>aliskiren fumarate</i>	45	<i>amlodipine besylate</i>	45
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BYVALSON	84	cefaclor	9	ciclopirox olamine	21
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CABLIVI	44	cefadroxil	9	CILOXAN	10
CABOMETYX	27	cefazolin sodium	9	CIMDUO	36
CAFERGOT	25	cefdinir	10	cimetidine	61
calcipotriene	56	cefditoren pivoxil	84	cimetidine hcl	61
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CINRYZE	77	CLOBEX	66	COSENTYX (300 MG DOSE)	56
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<i>ciprofloxacin hcl</i>	10	<i>clonidine</i>	46	COTELLIC	27
<i>ciprofloxacin-ciproflox hcl er</i>	85	<i>clonidine hcl</i>	46	COUMADIN	44
<i>citalopram hydrobromide</i>	18	<i>clonidine hcl er</i>	53	CREON	63
<i>claravis</i>	56	<i>clopidogrel bisulfate</i>	44, 85	CRESTOR	46
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<i>clarithromycin</i>	10	<i>clotrimazole-betamethasone</i>	56	<i>cromolyn sodium</i>	98, 101
<i>clarithromycin er</i>	10	<i>clozapine</i>	33	<i>crotan</i>	85
<i>clemastine fumarate</i>	101	COARTEM	31	<i>cryselle-28</i>	70
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CLEOCIN	10	<i>colchicine</i>	23	<i>cvs gauze sterile</i>	41
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<i>clindamycin hcl</i>	11	COMBIGAN	98	<i>cyclosporine</i>	77
<i>clindamycin palmitate hcl</i>	11	COMBIPATCH	69	<i>cyclosporine modified</i>	77
<i>clindamycin phos-benzoyl perox.</i>	56	COMBIVENT RESPIMAT	101	CYMBALTA	18, 39, 53
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CLINIMIX E/DEXTROSE (2.75/10)	85	DOSE)	27	CYSTADANE	63
CLINIMIX E/DEXTROSE (2.75/5)	58	COMETRIQ (140 MG DAILY		CYSTAGON	63
CLINIMIX E/DEXTROSE (4.25/10)	58	DOSE)	27	CYSTARAN	98
CLINIMIX E/DEXTROSE (4.25/25)	85	COMETRIQ (60 MG DAILY		CYTOMEL	76
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CLINIMIX E/DEXTROSE (5/15)	58	<i>comfort assist insulin syringe</i>	41	<i>dalfampridine er</i>	53
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<i>clinisol sf</i>	58	COPAXONE	53	<i>darifenacin hydrobromide er</i>	64
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EMGALITY	25	<i>erythromycin</i>	11, 86	<i>felbamate</i>	16
EMGALITY (300 MG DOSE)	25	<i>erythromycin base</i>	11	FELDENE	4, 23
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<i>eprosartan mesylate</i>	47	<i>exemestane</i>	28	FLOVENT HFA	102
EQUETRO	15, 40	EXFORGE	47	<i>fluconazole</i>	22
ERAXIS	21	EXFORGE HCT	47	<i>fluconazole in sodium chloride</i>	22

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fluocinolone acetonide	66	<i>g tussin ac</i>	87	GLUCOTROL	41
fluocinolone acetonide body	87	gabapentin	16	GLUCOTROL XL	41
fluocinolone acetonide scalp	66	GALAFOLD	63	GLUMETZA	41
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fluvoxamine maleate	19	gavilyte-n with flavor pack	61	guaiatussin ac	87
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kariva	72	lamotrigine	16, 40	levonest	72
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kcl-lactated ringers-d5w	59	lamotrigine starter kit-blue	16, 40	levonorgest-eth estrad 91-day	72
kelnor 1/35	72	lamotrigine starter kit-green	16, 40	levonorgestrel-ethinyl estrad	72
kelnor 1/50	72	lamotrigine starter kit-orange		levonorg-eth estrad triphasic	72
KERYDIN	57		16, 40	levora 0.15/30 (28)	72
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KETOPROFEN ER	5, 24	lansoprazole	62	levothyroxine sodium	76
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KINERET	79	larin 1.5/30	72	LEXIVA	37
kinrix	79	larin 1/20	72	lido bdk	89
kionex	59	larin fe 1.5/30	72	lidocaine	7
KISQALI (200 MG DOSE)	28	larin fe 1/20	72	lidocaine hcl	7, 89
KISQALI (400 MG DOSE)	28	larissa	72	lidocaine hcl (pf)	89
KISQALI (600 MG DOSE)	28	LASIX	49	lidocaine hcl urethral/mucosal	7
KISQALI 200 DOSE	89	LASTACRAFT	98	lidocaine viscous	89
KISQALI 400 DOSE	89	latanoprost	98	lidocaine viscous hcl	8
KISQALI 600 DOSE	89	LATUDA	34	lidocaine-hydrocortisone ace	90
KISQALI FEMARA (400 MG DOSE)	28	layolis fe	72	lidocaine-prilocaine	8, 90
KISQALI FEMARA (600 MG DOSE)	28	LAZANDA	5, 42	lidopin	90
KISQALI FEMARA(200 MG DOSE)	28	leflunomide	79	lidopril	90
KITABIS PAK	89	LENVIMA (10 MG DAILY DOSE)	28	lidopril xr	90
KLONOPIN	16, 39	LENVIMA (12 MG DAILY DOSE)	28	lido-prilo caine pack	90
klor-con	59	LENVIMA (14 MG DAILY DOSE)	28	lindane	31
klor-con 10	59	LENVIMA (18 MG DAILY DOSE)	29	linezolid	12
klor-con m10	59	LENVIMA (20 MG DAILY DOSE)	29	LINZESS	62
		LENVIMA (24 MG DAILY DOSE)	29	liothyronine sodium	76, 90
		LENVIMA (4 MG DAILY DOSE)	29	LIPITOR	49
		LENVIMA (8 MG DAILY DOSE)	29	LIPOFEN	49

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LOMOTIL.....	62	MARPLAN.....	19	<i>metformin hcl</i>	42, 90
LONSURF.....	29	MATULANE.....	29	<i>metformin hcl er</i>	42
<i>loperamide hcl</i>	62	<i>matzim la</i>	49	<i>metformin hcl er (mod)</i>	42
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<i>lopinavir-ritonavir</i>	37	MAVENCLAD (4 TABS).....	54	<i>methadone hcl</i>	5
<i>lopreeza</i>	72, 90	MAVENCLAD (5 TABS).....	54	<i>methamphetamine hcl</i>	54
LOPROX.....	22	MAVENCLAD (6 TABS).....	54	<i>methazolamide</i>	49, 98
<i>lorazepam</i>	16, 39	MAVENCLAD (7 TABS).....	54	<i>methenamine hippurate</i>	12
<i>lorazepam intensol</i>	90	MAVENCLAD (8 TABS).....	54	<i>methenamine mandelate</i>	90
LORBRENA.....	29	MAVENCLAD (9 TABS).....	54	<i>methimazole</i>	77
<i>lorcet hd</i>	5	MAVIK.....	90	METHITEST.....	73
<i>lorcet plus</i>	5	MAVYRET.....	37	<i>methocarbamol</i>	104
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<i>losartan potassium-hctz</i>	49	MAXIDEX.....	98	<i>methotrexate sodium (pf)</i>	79
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<i>lutera</i>	72	MENOSTAR.....	73	<i>metoprolol succinate er</i>	49
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<i>metronidazole in nacl</i>	12	<i>morphine sulfate er beads</i>	6	NATACYN	22
<i>mexiletine hcl</i>	49	MOVANTIK	62	NATAZIA	73
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<i>midodrine hcl</i>	49	<i>mupirocin calcium</i>	13	<i>nefazodone hcl</i>	19
<i>migergot</i>	25	MUSE	91	NEOCERA	91
<i> miglitol</i>	43	MYALEPT	68	<i>neomycin sulfate</i>	13
<i> miglustat</i>	63	MYAMBUTOL	26	<i>neomycin-bacitracin zn-</i>	
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<i> mimvey</i>	73	<i>mycophenolate sodium</i>	79	NEOMYCIN-POLYMYXIN-HC	99
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<i> modafinil</i>	105	<i>naloxone hcl</i>	8, 91	NEVANAC	99
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MODERIBA 1200 DOSE PACK	91	NAMENDA	17	<i> nevirapine er</i>	37
<i> moexipril hcl</i>	49	NAMENDA TITRATION PAK	18	NEXAVAR	29
<i> moexipril-hydrochlorothiazide</i>	91	NAMENDA XR	18	NEXIUM	62
<i> molindone hcl</i>	34	NAMENDA XR TITRATION PACK	18	<i> niacin (antihyperlipidemic)</i>	91
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<i> monoject flush syringe</i>	91	NAPROSYN	91	<i> nicardipine hcl</i>	49
<i> monoject sodium chloride flush</i>	91	<i>naproxen</i>	6, 24	NICOTROL	8
<i> mononessa</i>	91	<i>naproxen dr</i>	6, 24	NICOTROL NS	8
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<i> morphine sulfate</i>	6, 91	NARCAN	8	<i> nifedipine er osmotic release</i>	49
<i> morphine sulfate (concentrate)</i>	6	NARDIL	19	<i> nikki</i>	73
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NISOLDIPIINE ER	50	<i>nufol</i>	92	ORBACTIV	92
<i>nitisinone</i>	92	NULYTELY WITH FLAVOR PACKS	62	ORENITRAM	102
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NITRO-DUR	50	<i>nutraplus</i>	92	ORLISSA	68
<i>nitrofurantoin macrocrystal</i>	13	<i>nutrilipid</i>	60	ORKAMBI	102
<i>nitrofurantoin monohyd macro</i>	13	NUTROPIN AQ NUSPIN 10	68	<i>orphenadrine citrate er</i>	104
<i>nitroglycerin</i>	50	NUTROPIN AQ NUSPIN 20	68	<i>orsythia</i>	74
NITROLINGUAL	92	NUTROPIN AQ NUSPIN 5	68	ORTHO TRI-CYCLEN LO	74
NITROMIST	92	NUVARING	74	<i>oscimin</i>	92
NITROSTAT	50	NUVESSA	92	<i>oscimin sr</i>	92
NITYR	63	<i>nyamyc</i>	22	<i>oseltamivir phosphate</i>	37
NIVATOPIC PLUS	92	NYMALIZE	50	OSMOLEX ER	32
NIVESTYM	44	<i>nystatin</i>	22	OTEZLA	79
<i>nizatidine</i>	62	<i>nystatin-triamcinolone</i>	57	OTOVEL	100
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<i>nora-be</i>	73	OCALIVA	62	OVIDE	31
NORCO	6	<i>ocella</i>	74	<i>oxacillin sodium</i>	13
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<i>norethin ace-eth estrad-fe</i>	73	<i>octreotide acetate</i>	76	<i>oxazepam</i>	39
<i>norethindrone</i>	73	OCUFLOX	13	<i>oxcarbazepine</i>	16
<i>norethindrone acetate</i>	73	OCUSOFT HYPOCHLOR	92	OXERVATE	99
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<i>norethindrone-eth estradiol</i>	74	OCUSOFT LID SCRUB ORIGINAL	92	OXISTAT	22
<i>norethin-eth estradiol-fe</i>	74	ODEFSEY	37	OXSORALEN ULTRA	57
<i>norgestimate-eth estradiol</i>	74	ODOMZO	29	OXTELLAR XR	16
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<i>norlyroc</i>	74	<i>ofloxacin</i>	13, 100	<i>oxybutynin chloride er</i>	64
<i>normal saline flush</i>	92	OGESTREL	74	<i>oxycodone hcl</i>	6
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NORMOSOL-R IN D5W	60	<i>olanzapine-fluoxetine hcl</i>	19	<i>oxycodone-acetaminophen</i>	6
NORMOSOL-R PH 7.4	60	<i>olmesartan medoxomil</i>	50	<i>oxycodone-aspirin</i>	6
NORPACE	50	<i>olmesartan medoxomil-hctz</i>	50	<i>oxycodone-ibuprofen</i>	6, 24
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NORTHERA	50	<i>olopatadine hcl</i>	99, 102	<i>oxymorphone hcl</i>	6
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<i>nortrel 1/35 (21)</i>	74	<i>omegaven</i>	92	OZEMPIC (0.25 OR 0.5 MG/DOSE)	43
<i>nortrel 1/35 (28)</i>	74	<i>omeprazole</i>	62	OZEMPIC (1 MG/DOSE)	43
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<i>nortriptyline hcl</i>	19	OMNIPOD DASH 5 PACK	92	<i>paliperidone er</i>	34
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NORVIR	37	<i>ondansetron</i>	20	PANDEL	67
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propantheline bromide	62	RAPAMUNE	79	RIBASPHERE RIBAPAK	94
proparacaine hcl	99	rasagiline mesylate	32	ribavirin	37
PROPRANOLOL HCL	50	RASUVO	80	RIDAURA	80
propranolol hcl	50, 93	RAVICTI	63	rifabutin	26
propranolol hcl er	50	RAYALDEE	82	RIFADIN	27, 94
propranolol-hctz	50	RAZADYNE	18	RIFAMATE	27
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PROSOL	60	REBIF	54	RILUTEK	54
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PYRIDIUM	93	RELENZA DISKHALER	37	rivastigmine	18
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<i>ropinirole hcl er</i>	32	SIGNIFOR	76	ssd	13
<i>rosuvastatin calcium</i>	51	<i>sildenafil citrate</i>	94, 103	STALEVO 100	33
<i>rotarix</i>	80	SILENOR	20, 39	STALEVO 125	33
<i>rotateq</i>	80	SILIQ	57	STALEVO 150	33
ROWASA	81	<i>silodosin</i>	65	STALEVO 200	33
<i>roweepra</i>	17	SILVADENE	13	STALEVO 50	33
<i>roweepra xr</i>	17	<i>silver sulfadiazine</i>	13	STALEVO 75	33
ROXICODONE	7	SIMBRINZA	99	<i>stavudine</i>	37
ROZEREM	105	SIMPONI	80	STELARA	57, 58
ROZLYTREK	29	<i>simvastatin</i>	51	<i>sterile water for irrigation</i>	95
RUBRACA	29	SINEMET	32	STIMATE	68
RUCONEST	80	SINEMET CR	33	STIOLTO RESPIMAT	103
RUZURGI	63	SINGULAIR	103	STIVARGA	30
RYBELSUS	94	<i>sirolimus</i>	80	STREPTOMYCIN SULFATE	13
RYDAPT	29	SIRTURO	27	STRIANT	75
RYTHMOL SR	51	SIVEXTRO	13	STRIBILD	37
SAIZEN	68	SKLICE	32	STRIVERDI RESPIMAT	103
SAIZENPREP	68	SLYND	75	STROMECTOL	32
SALAGEN	55	<i>sodium chloride</i>	60, 94	SUBSYS	7, 95
<i>salicylic acid</i>	94	<i>sodium chloride flush</i>	94	SUCRAID	63
<i>saline flush</i>	94	<i>sodium fluoride</i>	60	<i>sucralfate</i>	63
<i>saline flush zr</i>	94	<i>sodium phenylbutyrate</i>	63, 65	SULAR	51
SAMSCA	60	<i>sodium polystyrene sulfonate</i>		SULFACETAMIDE SODIUM	13, 99
SANCUSO	21		60, 94	<i>sulfacetamide sodium</i>	13
SANDIMMUNE	80	SOLIQUA	43	<i>sulfacetamide sodium (acne)</i>	13
SANDOSTATIN	76	SOLODYN	13, 55	<i>sulfacetamide sodium-sulfur</i>	95
SANTYL	57	SOLTAMOX	29	<i>sulfacetamide-prednisolone</i>	25, 99
SAPHRIS	35, 41	SOMATULINE DEPOT	76	<i>sulfadiazine</i>	13
SAVELLA	55	SOMAVERT	76	<i>sulfamethoxazole-trimethoprim</i>	
SAVELLA TITRATION PACK	55	SOOLANTRA	57		14, 95
<i>scopolamine</i>	21, 63	SORIATANE	57	SULFAMYLYON	14
SEEBRI NEOHALER	103	<i>sorine</i>	51	<i>sulfasalazine</i>	81
<i>selegiline hcl</i>	32	<i>sotalol hcl</i>	51, 94	<i>sulindac</i>	7, 25
<i>selenium sulfide</i>	57	<i>sotalol hcl (af)</i>	51, 94	<i>sumatriptan</i>	26
SELZENTRY	37	<i>sotalol hydrochloride</i>	51	<i>sumatriptan succinate</i>	26
SEREVENT DISKUS	103	SOTYLIZE	51	<i>sumatriptan succinate refill</i>	26
SEROQUEL	20, 35, 41	SOVALDI	37, 94	<i>sumatriptan-naproxen sodium</i>	26
SEROQUEL XR	20, 35, 41	SPECTRACEF	95	SUNOSI	105
SEROSTIM	68	SPIRIVA HANDIHALER	103	SUPRAX	14
<i>sertraline hcl</i>	20, 39	SPIRIVA RESPIMAT	103	SUPREP BOWEL PREP KIT	60
<i>setlakin</i>	75	<i>spironolactone</i>	51	SUTENT	30
<i>sevelamer carbonate</i>	65	<i>spironolactone-hctz</i>	51	<i>swabflush saline flush</i>	95
<i>sevelamer hcl</i>	65	<i>sprintec 28</i>	75	<i>syeda</i>	75
<i>sf</i>	94	SPRITAM	17	SYLATRON	30, 37
<i>sf 5000 plus</i>	94	SPRIX	95	<i>symax-sl</i>	95

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symax-sr	95	telmisartan-hctz	51	TOBRADEX	14
SYMBICORT	103	temazepam	105	TOBRADEX ST	99
SYMDEKO	103	TEMIXYS	95	tobramycin	14
SYMFI	37	TEMOVATE	95	tobramycin sulfate	14, 95
SYMFI LO	37	temsirolimus	95	tobramycin-dexamethasone	99
SYMJEPI	103	TENCON	7	TOBREX	14
SYMLINPEN 120	43	tenivac	80	TOLAK	58
SYMLINPEN 60	43	tenofovir disoproxil fumarate	38	TOLAZAMIDE	95
SYMPAZAN	17	terazosin hcl	51, 65	TOLBUTAMIDE	43
SYMPROIC	63	terbinafine hcl	22	tolcapone	33
SYMTUZA	37	terbutaline sulfate	103	TOLSURA	23
SYNAREL	77	terconazole	23	tolterodine tartrate	65
SYNDROS	21	TESSALON PERLES	95	tolterodine tartrate er	65
SYNERCID	95	TESTOSTERONE	75	TOPICORT	67
SYNJARDY	43	testosterone	75	topiramate	17, 26
SYNJARDY XR	43	testosterone cypionate	75	topiramate er	17
SYNRIBO	30	testosterone enanthate	75	TOPROL XL	51
SYNTROID	76	tetanus-diphtheria toxoids td	95	toremifene citrate	30
TABLOID	30	tetrabenazine	55	TORISEL	95
TACLONEX	58	tetracycline hcl	14	torsemide	52
tacrolimus	58, 80	TETRIX	95	TOUJEO MAX SOLOSTAR	43
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		theophylline	104	TRACLEER	104
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TAGRISSO	30	thioridazine hcl	35	tramadol hcl	7
TAKHZYRO	80	thiothixene	35	tramadol hcl er	7, 95
TALTZ	58	THYROLAR-1	95	tramadol hcl er (biphasic)	7
TALZENNA	30	THYROLAR-1/2	95	tramadol-acetaminophen	7
tamoxifen citrate	30	THYROLAR-1/4	95	trandolapril	52
tamsulosin hcl	65	THYROLAR-2	95	tranexamic acid	45
TAPAZOLE	77	THYROLAR-3	95	TRANSDERM-SCOP (1.5 MG)	21, 63
TARGRETIN	30	tiagabine hcl	17	tranylcypromine sulfate	20
tarina 24 fe	75	TIAZAC	51	TRAVASOL	60
tarina fe 1/20	75	TIBSOVO	30	TRAVATAN Z	100
TARKA	51	TIGAN	21	trazodone hcl	20
TASIGNA	30	tigecycline	14	TRECATOR	27
TAVALISSE	45	TIGLUTIK	55	TRELEGY ELLIPTA	104
tazarotene	58	TIKOSYN	51	TRELSTAR MIXJECT	77
tazicef	14	timolol maleate	26, 51, 99	TREMFYA	58
TAZORAC	58	TIMOPTIC OCUDOSE	99	tretinoin	30, 58
taztia xt	51	tinidazole	14	tretinoin microsphere	58
tdvax	80	TIROSINT	76	TREXALL	80
TECFIDERA	55	tirosint-sol	76	TREXIMET	96
TEFLARO	14	TIVICAY	38	triamcinolone acetonide	
TEGSEDI	68	tizanidine hcl	35, 104		25, 55, 67, 96
TEKTURNA HCT	51	TOBI	14, 104	triamterene-hctz	52
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TRIBENZOR	52	ULTRAVATE	67, 96	VEMLIDY	38
TRICOR	52	UNASYN	14, 96	VENCLEXTA	30
<i>triderm</i>	67	<i>unithroid</i>	76	VENCLEXTA STARTING PACK	30
<i>trientine hcl</i>	60	UPTRAVI	52	<i>venlafaxine hcl</i>	20, 39
<i>tri-estarrylla</i>	75	<i>urea</i>	96	<i>venlafaxine hcl er</i>	20, 39
<i>trifluoperazine hcl</i>	35	<i>urea 20 intensive hydrating</i>	96	VENTAVIS	104
<i>trifluridine</i>	38	<i>ureacin-20</i>	96	VENTOLIN HFA	104
<i>trihexyphenidyl hcl</i>	33, 96	URECHOLINE	65	<i>verapamil hcl</i>	52, 96
<i>tri-legest fe</i>	75	<i>ure-k</i>	96	<i>verapamil hcl er</i>	52
TRILIPPIX	52	<i>uremez-40</i>	96	VERELAN	52
<i>tri-lo-estarrylla</i>	75	<i>uribel</i>	96	VERELAN PM	52
<i>trilyte</i>	63	<i>uroav-b</i>	96	VERIPRED 20	96
<i>trimethobenzamide hcl</i>	21	UROCIT-K 10	65	VERSACLOZ	35
<i>trimethoprim</i>	14	UROCIT-K 15	65	VERZENIO	30
<i>tri-mili</i>	75	UROCIT-K 5	65	<i>vestura</i>	96
<i>trimipramine maleate</i>	20	<i>uro-mp</i>	96	V-GO 20	96
<i>trinessa (28)</i>	96	URSO 250	63	V-GO 30	96
TRI-NORINYL (28)	96	URSO FORTE	63	V-GO 40	96
TRINTELLIX	20	<i>ursodiol</i>	63	VIBERZI	63
<i>triprocaps</i>	96	<i>uryl</i>	96	VIBRAMYCIN	14, 55
<i>tri-previfem</i>	75	UTIBRON NEOHALER	104	VICTOZA	43
<i>tri-sprintec</i>	75	VABOMERE	14	VIDEX	38, 96
TRIUMEQ	38	VAGIFEM	75	VIDEX EC	38
<i>trivora (28)</i>	75	<i>valacyclovir hcl</i>	38	<i>vienna</i>	75
<i>tri-vylibra</i>	75	VALCHLOR	30, 58	<i>vigabatrin</i>	17
<i>tri-vylibra lo</i>	75	VALCYTE	38	<i>vigadron</i>	17
TRIZIVIR	38	<i>valganciclovir hcl</i>	38	VIGAMOX	14
TROKENDI XR	17	VALIUM	17, 39	VIIBRYD	20
TROPHAMINE	60	<i>valproate sodium</i>	96	VIIBRYD STARTER PACK	20
<i>trospium chloride</i>	65	<i>valproic acid</i>	17, 26, 41	<i>vilamit mb</i>	96
<i>trospium chloride er</i>	65	<i>valsartan</i>	52	VIMPAT	17
TRULICITY	43	<i>valsartan-hydrochlorothiazide</i>	52	VIOKACE	63
<i>trumenba</i>	80	VALTREX	38	<i>viorele</i>	96
TRUVADA	38	VANATOL LQ	7	VIRACEPT	38
TURALIO	30	<i>vancomycin hcl</i>	14	VIRAMUNE	38
<i>twinrix</i>	80, 96	<i>vandazole</i>	14	VIRAMUNE XR	38
TYBOST	38	<i>vaqta</i>	80	VIREAD	38
<i>tydemy</i>	75	<i>vardenafil hcl</i>	96	<i>virt-caps</i>	96
TYKERB	30	<i>varivax</i>	80	<i>virtussin a/c</i>	96
TYLENOL WITH CODEINE #3	7	<i>varizig</i>	80	<i>vitamin d (ergocaliferol)</i>	96
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TYMLOS	82	VASCEPA	52	VIZIMPRO	30
<i>typhim vi</i>	80	VASERETIC	52	VOLTAREN	7, 58
UCERIS	63	VASOTEC	52	<i>voriconazole</i>	23
UDENYCA	63	VECAMYL	55	VOSEVI	38
ULORIC	23	<i>velvet</i>	75	VOTRIENT	30
ULTRACET	7	VELPHORO	60, 65	VRAYLAR	35, 41

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vyfemla	75	zarah	76	ZYDELIG	31
vylibra	75	ZARXIO	45	ZYFLO	104
VYNDAMAX	96	ZAVESCA	64	ZYKADIA	31
VYNDAQEL	68	ZEBUTAL	7	ZYLET	100
VYTORIN	52	ZEJULA	31	ZYLOPRIM	23
VYVANSE	55	ZELAPAR	33	ZYPREXA	35, 41
WAKIX	96	ZELBORA F	31	ZYPREXA RELPREVV	35, 41
warfarin sodium	45	ZEMAIRA	104	ZYTIGA	31
WELLBUTRIN SR	20	ZEMPLAR	82	ZYVOX	15
wixela inhub	104	zenatane	58		
wymzya fe	75	ZENPEP	64		
XALATAN	100	ZENZEDI	55		
XALKORI	30	ZERBAXA	14		
XANAX	39	ZERIT	97		
XANAX XR	39	ZESTORETIC	52		
XARELTO	45	ZESTRIL	52		
XARELTO STARTER PACK	45	ZETIA	52		
XATMEP	80	ZETONNA	104		
XELJANZ	80	ZIAGEN	38		
XELJANZ XR	80	zidovudine	38		
XERALUX	97	ZILEUTON ER	104		
XERMELO	63	ZIOPTAN	100		
XGEVA	82	ziprasidone hcl	35, 41		
XIFAXAN	14, 63	ZIRGAN	38		
XIIDRA	100	ZITHROMAX	14, 15, 97		
XOFLUZA	38	ZITHROMAX TRI-PAK	15		
XOLAIR	104	ZITHROMAX Z-PAK	15		
xolido xp	97	ZOCOR	52, 97		
XOSPATA	30	ZOFRAN	21, 97		
XPOVIO (100 MG ONCE WEEKLY)	31	ZOLINZA	23, 31		
XPOVIO (60 MG ONCE WEEKLY)	31	zolmitriptan	26		
XPOVIO (80 MG ONCE WEEKLY)	31	ZOLOFT	20, 39		
XPOVIO (80 MG TWICE WEEKLY)	31	zolpidem tartrate	105		
XTAMPZA ER	7	zolpidem tartrate er	105		
XTANDI	31	ZOMACTON	68		
xulane	75	ZOMIG	26		
XURIDEN	64	ZOMIG ZMT	26		
XYLOCAINE	97	zonisamide	17		
XYREM	105	ZONTIVITY	45		
yf-vax	80	ZORBTIVE	63, 68		
YUPELRI	104	ZORTRESS	80		
yuvafem	76	zostavax	80		
zafirlukast	104	ZOSYN	15, 97		
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