

Pharmacy Benefit Dimensions PDP

Provided by Labor-Management Healthcare Fund

***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 our 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 PDP depends on contract renewal between Independent Health and CMS.

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

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

When this drug list (formulary) refers to "we," "us", or "our," it means Pharmacy Benefit Dimensions. When it refers to "plan" or "our plan," it means Pharmacy Benefit Dimensions PDP provided by Labor-Management Healthcare Fund.

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 provided by Labor-Management Healthcare Fund Formulary?

A formulary is a list of covered drugs selected by us 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. We 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 127. 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 us before you fill your prescriptions. If you don't get approval, we 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, we provide 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 us 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 provided by Labor-Management Healthcare Fund Formulary?" on page IV for information about how to request an exception.

What if my drug is not on the Formulary?

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

If you learn that we do 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 us.
- 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 provided by Labor-Management Healthcare Fund 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 PDP provided by Labor-Management Healthcare Fund's prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

Pharmacy Benefit Dimensions PDP provided by Labor-Management Healthcare Fund Formulary

The formulary that begins on page 3 provides coverage information about the drugs covered by Pharmacy Benefit Dimensions PDP provided by Labor-Management Healthcare Fund. If you have trouble finding your drug in the list, turn to the Index that begins on page 127.

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 (your medical plan) or Part D (your pharmacy plan) depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination. If it is determined that coverage for this drug falls under Medicare Part B, your cost will not be the tier co-payment in this drug list. Please refer to your Evidence of Coverage for the cost of Part B drugs or contact our 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. Your plan also includes use of the Option 90 Program. This program allows you to obtain up to a 90-day supply of maintenance medications at your local retail pharmacy or at one of our mail order vendors; ProAct Pharmacy Services or Wegmans Mail Order Pharmacy Services. Option 90 pharmacies offer reduced co-payments for your 90-day supply.

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

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

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

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

Information for members with Diabetes

Insulin, syringes, and pen needles are covered by your pharmacy benefit and are included in this formulary.

Diabetic testing supplies, including blood glucose meters, pumps, lancing devices, lancets, and test strips are not listed on this formulary. These items are covered under Medicare Part B (your medical plan). Please show your Independent Health Medicare Advantage medical card at the pharmacy when obtaining diabetic supplies.

Information on Vaccines

Covered vaccinations will be available to you with a zero-dollar (\$0) co-payment. Please show your Independent Health medical card and your Pharmacy Benefit Dimensions prescription card to your provider when you are receiving a vaccination.

TABLE OF CONTENTS

Analgesics.....	3
Anesthetics.....	8
Anti-Addiction/ Substance Abuse Treatment Agents.....	9
Antibacterials.....	10
Anticonvulsants.....	18
Antidementia Agents.....	21
Antidepressants.....	22
Antiemetics.....	24
Antifungals.....	25
Antigout Agents.....	28
Anti-Inflammatory Agents.....	28
Antimigraine Agents.....	30
Antimyasthenic Agents.....	32
Antimycobacterials.....	32
Antineoplastics.....	33
Antiparasitics.....	38
Antiparkinson Agents.....	39
Antipsychotics.....	41
Antispasticity Agents.....	43
Antivirals.....	43
Anxiolytics.....	48
Bipolar Agents.....	50
Blood Glucose Regulators.....	51
Blood Products/ Modifiers/ Volume Expanders.....	54
Cardiovascular Agents.....	56
Central Nervous System Agents.....	64
Dental And Oral Agents.....	67
Dermatological Agents.....	68
Electrolytes/Minerals/Metals/Vitamins.....	71
Gastrointestinal Agents.....	74
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment.....	77
Genitourinary Agents.....	78
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	80
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	83
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins).....	84
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	84
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	92
Hormonal Agents, Suppressant (Adrenal).....	92
Hormonal Agents, Suppressant (Pituitary).....	92
Hormonal Agents, Suppressant (Thyroid).....	93
Immunological Agents.....	93
Inflammatory Bowel Disease Agents.....	98
Metabolic Bone Disease Agents.....	100
Non-Frf.....	101
Ophthalmic Agents.....	115
Otic Agents.....	118
Respiratory Tract/ Pulmonary Agents.....	118

Skeletal Muscle Relaxants.....	124
Sleep Disorder Agents.....	124

Drug Name	Tier	Requirements/Limits
Analgesics		
Analgesics		
<i>acetaminophen-codeine #3 oral tablet</i>	1	
<i>acetaminophen-codeine oral solution</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	1	
<i>ascomp-codeine oral capsule</i>	1	PA
BUPAP ORAL TABLET 50-300 MG	3	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caff-cod oral capsule</i>	1	PA
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	PA
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	PA; PA does not apply to age less than 65.
<i>butalbital-asa-caff-codeine oral capsule</i>	1	PA
<i>butalbital-aspirin-caffeine oral capsule</i>	1	PA
<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.
FIORICET ORAL CAPSULE	3	PA
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG	3	PA
FIORINAL ORAL CAPSULE	3	PA
FIORINAL/CODEINE #3 ORAL CAPSULE	3	PA
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>lorcet hd oral tablet</i>	1	
<i>lorcet plus oral tablet 7.5-325 mg</i>	1	
NORCO ORAL TABLET	3	

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

Drug Name	Tier	Requirements/Limits
<i>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>pentazocine-naloxone hcl oral tablet</i>	1	
<i>phrenilin forte oral capsule 50-300-40 mg</i>	1	PA
TENCON ORAL TABLET 50-325 MG	3	PA; PA does not apply to age less than 65.
<i>tramadol-acetaminophen oral tablet</i>	1	
TYLENOL WITH CODEINE #3 ORAL TABLET	3	
TYLENOL WITH CODEINE #4 ORAL TABLET	3	
ULTRACET ORAL TABLET	3	
VANATOL LQ ORAL SOLUTION	2	PA
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	PA; PA does not apply to age less than 65.
Nonsteroidal Anti-Inflammatory Drugs		
CAMBIA ORAL PACKET	3	
CELEBREX ORAL CAPSULE	3	EDS
<i>celecoxib oral capsule</i>	1	EDS
<i>diclofenac epolamine transdermal patch</i>	1	PA; EDS
<i>diclofenac potassium oral tablet</i>	1	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>diclofenac sodium oral tablet delayed release</i>	1	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	1	PA; EDS
<i>diflunisal oral tablet</i>	1	EDS
<i>etodolac oral capsule</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE ORAL CAPSULE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>flurbiprofen oral tablet</i>	1	EDS
<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 SUSPENSION	3	PA; EDS
INDOCIN RECTAL SUPPOSITORY	2	EDS
<i>indomethacin er oral capsule extended release</i>	1	PA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>indomethacin oral capsule</i>	1	PA; EDS
<i>ketoprofen er oral capsule extended release 24 hour</i>	1	EDS
<i>ketorolac tromethamine oral tablet</i>	1	PA
<i>meloxicam oral tablet</i>	1	EDS
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral tablet</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr oral tablet delayed release</i>	1	EDS
<i>naproxen oral suspension</i>	1	EDS
<i>naproxen oral tablet</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxycodone-ibuprofen oral tablet</i>	1	
<i>piroxicam oral capsule</i>	1	EDS
<i>sulindac oral tablet</i>	1	EDS
Opioid Analgesics, Long-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL (120 EA per 30 days)
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
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	
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
DOLOPHINE ORAL TABLET 10 MG	3	
DOLOPHINE ORAL TABLET 5 MG	3	QL (180 EA per 30 days)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	QL (30 EA per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	QL (15 EA per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR	3	QL (15 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
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR	3	QL (15 EA per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR	3	QL (30 EA per 30 days)
<i>duramorph injection solution</i>	1	BD
EMBEDA ORAL CAPSULE EXTENDED RELEASE	3	
<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>hydromorphone hcl er oral tablet er 24 hour abuse-deterrant</i>	1	QL (30 EA per 30 days)
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml</i>	1	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	2	QL (60 EA per 30 days)
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	
LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; QL (120 EA per 30 days)
<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)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour</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 solution</i>	1	
<i>morphine sulfate oral tablet</i>	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE	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
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	QL (60 EA per 30 days)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1	
<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
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
Opioid Analgesics, Short-Acting		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	3	PA; QL (120 EA per 30 days)
<i>butorphanol tartrate nasal solution</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	
DILAUDID ORAL LIQUID	3	QL (2400 ML per 30 days)
DILAUDID ORAL TABLET	3	QL (180 EA per 30 days)
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR	3	QL (30 EA per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR	3	QL (15 EA per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR	3	QL (15 EA per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR	3	QL (15 EA per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR	3	QL (30 EA per 30 days)
<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)

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

Drug Name	Tier	Requirements/Limits
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	1	QL (15 EA per 30 days)
hydromorphone hcl oral liquid	1	QL (2400 ML per 30 days)
hydromorphone hcl oral tablet	1	QL (180 EA per 30 days)
LAZANDA NASAL SOLUTION	3	PA; QL (120 EA per 30 days)
meperidine hcl oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml	1	
morphine sulfate oral solution 10 mg/5ml	1	
morphine sulfate oral solution 20 mg/5ml	1	QL (1350 ML per 30 days)
morphine sulfate oral tablet	1	
NUCYNTA ORAL TABLET	2	QL (180 EA per 30 days)
OPANA ORAL TABLET	3	QL (180 EA per 30 days)
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxymorphone hcl oral tablet 10 mg	1	
oxymorphone hcl oral tablet 5 mg	1	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 15 MG	3	QL (180 EA per 30 days)
ROXICODONE ORAL TABLET 30 MG	3	QL (90 EA per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (540 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL (120 EA per 30 days)
tramadol hcl oral tablet	1	
ULTRAM ORAL TABLET	3	
Anesthetics		
Local Anesthetics		
lidocaine external ointment	1	EDS
lidocaine external patch 5 %	1	PA; EDS
lidocaine hcl external solution	1	EDS
lidocaine hcl urethral/mucosal external gel	1	EDS
lidocaine viscous hcl mouth/throat solution	1	
lidocaine-prilocaine external cream	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
Anti-Addiction/ Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-Craving		
<i>acamprosate calcium oral tablet delayed release</i>	1	EDS
ANTABUSE ORAL TABLET	2	EDS
<i>disulfiram oral tablet</i>	1	EDS
<i>naltrexone hcl oral tablet</i>	1	
Opioid Dependence Treatments		
<i>buprenorphine hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	QL (4 EA per 28 days)
<i>buprenorphine transdermal patch weekly 20 mcg/hr</i>	1	
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	
LUCEMYRA ORAL TABLET	3	PA
<i>naltrexone hcl oral tablet</i>	1	
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	
Opioid Reversal Agents		
<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
NARCAN NASAL LIQUID	2	
Smoking Cessation Agents		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	2	
CHANTIX ORAL TABLET	2	
CHANTIX STARTING MONTH PAK ORAL TABLET	2	
NICOTROL INHALATION INHALER	2	

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

Drug Name	Tier	Requirements/Limits
NICOTROL NS NASAL SOLUTION	2	
Antibacterials		
Aminoglycosides		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION	3	PA; LA
BETHKIS INHALATION NEBULIZATION SOLUTION	3	BD; LA
<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 cream</i>	1	
<i>gentamicin sulfate external ointment</i>	1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	1	BD
<i>gentamicin sulfate ophthalmic solution</i>	1	
<i>neomycin sulfate oral tablet</i>	1	
<i>paromomycin sulfate oral capsule</i>	1	
STREPTOMYCIN SULFATE INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
TOBI INHALATION NEBULIZATION SOLUTION	3	BD; EDS
TOBI PODHALER INHALATION CAPSULE	3	PA New Starts; EDS
TOBRADEX OPHTHALMIC OINTMENT	2	
<i>tobramycin inhalation nebulization solution</i>	1	BD; EDS
<i>tobramycin ophthalmic solution</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1	
TOBREX OPHTHALMIC OINTMENT	2	
TOBREX OPHTHALMIC SOLUTION	3	
Antibacterials		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
Antibacterials, Other		
<i>acetic acid otic solution</i>	1	
<i>bacitracin ophthalmic ointment</i>	1	
CLEOCIN IN D5W INTRAVENOUS SOLUTION	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 900 MG/6ML	3	
CLEOCIN VAGINAL SUPPOSITORY	2	

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

Drug Name	Tier	Requirements/Limits
CLEOCIN-T EXTERNAL LOTION	3	
CLEOCIN-T EXTERNAL SWAB	3	
CLINDACIN-P EXTERNAL SWAB	3	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted</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 intravenous solution</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	1	
<i>clindamycin phosphate vaginal cream</i>	1	EDS
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1	BD
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	PA; PA Except Infectious Disease and Gastroenterology
<i>global alcohol prep ease pad</i>	1	
HIPREX ORAL TABLET	3	EDS
<i>linezolid intravenous solution 600 mg/300ml</i>	1	PA; PA except Infectious Disease.
<i>linezolid oral suspension reconstituted</i>	1	PA; PA except Infectious Disease.
<i>linezolid oral tablet</i>	1	PA; PA except Infectious Disease.
<i>methenamine hippurate oral tablet</i>	1	EDS
METROCREAM EXTERNAL CREAM	3	
METROLOTION EXTERNAL LOTION	3	
<i>metronidazole external cream</i>	1	
<i>metronidazole external gel</i>	1	
<i>metronidazole external lotion</i>	1	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	1	
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	
<i>metronidazole vaginal gel</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
MONUROL ORAL PACKET	3	
<i>mupirocin calcium external cream</i>	1	
<i>mupirocin external ointment</i>	1	
<i>nitrofurantoin monohyd macro oral capsule</i>	1	
<i>polymyxin b sulfate injection solution reconstituted</i>	1	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
SIVEXTRO ORAL TABLET	3	PA
SULFAMYLON EXTERNAL CREAM	3	
SULFAMYLON EXTERNAL PACKET	3	
<i>tigecycline intravenous solution reconstituted</i>	1	BD
<i>tinidazole oral tablet</i>	1	
<i>trimethoprim oral tablet</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	1	BD
<i>vancomycin hcl oral capsule</i>	1	
<i>vandazole vaginal gel</i>	1	
XIFAXAN ORAL TABLET 200 MG	2	QL (9 EA per 3 days)
XIFAXAN ORAL TABLET 550 MG	2	
ZYVOX INTRAVENOUS SOLUTION 600 MG/300ML	3	PA; PA except Infectious Disease.
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	PA; PA except Infectious Disease.
ZYVOX ORAL TABLET	3	PA; PA except Infectious Disease.
Beta-Lactam, Cephalosporins		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension reconstituted</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension reconstituted</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension reconstituted</i>	1	
<i>cefepime hcl injection solution 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>cefixime oral capsule</i>	1	
<i>cefixime oral suspension reconstituted</i>	1	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	1	
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefoxitin sodium injection solution reconstituted</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1	
<i>cefpodoxime proxetil oral tablet</i>	1	
<i>cefprozil oral suspension reconstituted</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	1	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension reconstituted</i>	1	
MAXIPIME INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	2	
SUPRAX ORAL TABLET CHEWABLE	2	
<i>tazicef injection solution reconstituted</i>	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	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
Beta-Lactam, Other		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM	3	
<i>aztreonam injection solution reconstituted 1 gm</i>	1	
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	LA
<i>ertapenem sodium injection solution reconstituted</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1	
<i>meropenem intravenous solution reconstituted</i>	1	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; Prior Authorization Except Infectious Disease or Urology
Beta-Lactam, Penicillins		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension reconstituted</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable</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	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	3	

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

Drug Name	Tier	Requirements/Limits
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	3	
<i>dicloxacillin sodium oral capsule</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>oxacillin sodium injection solution reconstituted</i>	1	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	1	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION	3	
<i>penicillin v potassium oral solution reconstituted</i>	1	
<i>penicillin v potassium oral tablet</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	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML	2	
Macrolides		
AZASITE OPHTHALMIC SOLUTION	3	
<i>azithromycin intravenous solution reconstituted</i>	1	
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension reconstituted</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour</i>	1	
<i>clarithromycin oral suspension reconstituted</i>	1	
<i>clarithromycin oral tablet</i>	1	
DIFICID ORAL TABLET	2	PA
E.E.S. 400 ORAL TABLET	2	
ERY EXTERNAL PAD	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
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	2	
<i>erythromycin base oral capsule delayed release particles</i>	1	
<i>erythromycin base oral tablet</i>	1	
<i>erythromycin base oral tablet delayed release</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin external gel</i>	1	
<i>erythromycin external solution</i>	1	
<i>erythromycin ophthalmic ointment</i>	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
Quinolones		
CETRAXAL OTIC SOLUTION	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%)	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin hcl otic solution</i>	1	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	1	
<i>gatifloxacin ophthalmic solution</i>	1	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution</i>	1	
<i>levofloxacin ophthalmic solution</i>	1	
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution</i>	1	
<i>moxifloxacin hcl oral tablet</i>	1	
OCUFLOX OPHTHALMIC SOLUTION	3	
<i>ofloxacin ophthalmic solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>ofloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin otic solution</i>	1	
Sulfonamides		
AVC VAGINAL VAGINAL CREAM	2	
BLEPH-10 OPHTHALMIC SOLUTION	2	
SILVADENE EXTERNAL CREAM	3	
<i>silver sulfadiazine external cream</i>	1	
<i>ssd external cream</i>	1	
<i>sulfacetamide sodium (acne) external lotion</i>	1	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide sodium ophthalmic solution</i>	1	
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
Tetracyclines		
<i>demecloxycline hcl oral tablet</i>	1	
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	1	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	
<i>tetracycline hcl oral capsule</i>	1	
VIBRAMYCIN ORAL SYRUP	2	

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

Drug Name	Tier	Requirements/Limits
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL SOLUTION	3	PA New Starts; PA except neurology; EDS
BRIVIACT ORAL TABLET	3	PA New Starts; PA except neurology; EDS
DIASTAT ACUDIAL RECTAL GEL	2	
DIASTAT PEDIATRIC RECTAL GEL	2	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1	EDS
<i>levetiracetam oral solution</i>	1	EDS
<i>levetiracetam oral tablet</i>	1	EDS
<i>roweepra oral tablet</i>	1	EDS
<i>roweepra xr oral tablet extended release 24 hour</i>	1	EDS
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	EDS
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	2	EDS
<i>ethosuximide oral capsule</i>	1	EDS
<i>ethosuximide oral solution</i>	1	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LYRICA ORAL SOLUTION	2	EDS
<i>pregabalin oral capsule</i>	1	EDS
<i>pregabalin oral solution</i>	1	EDS
<i>zonisamide oral capsule</i>	1	EDS
Gamma-Aminobutyric Acid (Gaba) Augmenting Agents		
<i>clobazam oral suspension</i>	1	EDS
<i>clobazam oral tablet</i>	1	EDS
<i>clonazepam oral tablet</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
<i>clorazepate dipotassium oral tablet</i>	1	
DIASTAT ACUDIAL RECTAL GEL	2	

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

Drug Name	Tier	Requirements/Limits
DIASTAT PEDIATRIC RECTAL GEL	2	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</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
EPIDIOLEX ORAL SOLUTION	3	PA New Starts; LA; EDS
<i>gabapentin oral capsule</i>	1	EDS
<i>gabapentin oral solution 250 mg/5ml</i>	1	EDS
<i>gabapentin oral tablet</i>	1	EDS
GRALISE ORAL TABLET	3	EDS
GRALISE STARTER ORAL	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	EDS
KLONOPIN ORAL TABLET	3	EDS
<i>lamotrigine oral tablet dispersible</i>	1	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
MYSOLINE ORAL TABLET	3	EDS
ONFI ORAL SUSPENSION	3	EDS
ONFI ORAL TABLET 10 MG, 20 MG	3	EDS
<i>phenobarbital oral elixir</i>	1	PA New Starts; EDS
<i>phenobarbital oral tablet</i>	1	PA New Starts; EDS
<i>primidone oral tablet</i>	1	EDS
SYMPAZAN ORAL FILM	3	EDS
<i>tiagabine hcl oral tablet</i>	1	EDS
TRANXENE-T ORAL TABLET 7.5 MG	3	
VALIUM ORAL TABLET	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>vigadronе oral packet</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
Glutamate Reducing Agents		
<i>felbamate oral suspension</i>	1	EDS
<i>felbamate oral tablet</i>	1	EDS
FYCOMPA ORAL SUSPENSION	3	EDS
FYCOMPA ORAL TABLET	3	EDS
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	2	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 50 MG	3	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	1	EDS
<i>lamotrigine oral tablet</i>	1	EDS
<i>lamotrigine oral tablet chewable</i>	1	EDS
<i>lamotrigine starter kit-blue oral kit</i>	1	
<i>lamotrigine starter kit-green oral kit</i>	1	
<i>lamotrigine starter kit-orange oral kit</i>	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	EDS
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1	EDS
<i>topiramate oral capsule sprinkle</i>	1	EDS
<i>topiramate oral tablet</i>	1	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
Sodium Channel Agents		
APTIOM ORAL TABLET	3	EDS
BANZEL ORAL SUSPENSION	2	EDS
BANZEL ORAL TABLET	2	EDS
<i>carbamazepine er oral tablet extended release 12 hour</i>	1	EDS
<i>carbamazepine oral suspension</i>	1	EDS
<i>carbamazepine oral tablet</i>	1	EDS
<i>carbamazepine oral tablet chewable</i>	1	EDS
DILANTIN ORAL CAPSULE 30 MG	2	EDS
<i>epitol oral tablet</i>	1	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
<i>oxcarbazepine oral suspension</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>oxcarbazepine oral tablet</i>	1	EDS
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
PEGANONE ORAL TABLET	2	EDS
PHENYTEK ORAL CAPSULE	2	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	1	EDS
<i>phenytoin oral tablet chewable</i>	1	EDS
<i>phenytoin sodium extended oral capsule</i>	1	EDS
VIMPAT ORAL SOLUTION	2	EDS
VIMPAT ORAL TABLET	2	EDS
Antidementia Agents		
Antidementia Agents, Other		
<i>ergoloid mesylates oral tablet</i>	1	EDS
Cholinesterase Inhibitors		
ARICEPT ORAL TABLET	3	EDS
<i>donepezil hcl oral tablet</i>	1	EDS
<i>donepezil hcl oral tablet dispersible</i>	1	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	1	EDS
<i>galantamine hydrobromide oral solution</i>	1	EDS
<i>galantamine hydrobromide oral tablet</i>	1	EDS
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
RAZADYNE ORAL TABLET	3	EDS
<i>rivastigmine tartrate oral capsule</i>	1	EDS
<i>rivastigmine transdermal patch 24 hour</i>	1	EDS
N-Methyl-D-Aspartate (Nmda) Receptor Antagonist		
<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
NAMENDA TITRATION PAK ORAL TABLET	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	PA

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

Drug Name	Tier	Requirements/Limits
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; EDS
Antidepressants		
Antidepressants		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	PA New Starts; EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	1	EDS
<i>perphenazine-amitriptyline oral tablet</i>	1	PA New Starts; PA does not apply to age less than 65.; EDS
Antidepressants, Other		
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
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	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) oral tablet extended release 12 hour</i>	1	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour</i>	1	EDS
<i>bupropion hcl oral tablet</i>	1	EDS
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1	PA New Starts; EDS
<i>maprotiline hcl oral tablet</i>	1	EDS
<i>mirtazapine oral tablet</i>	1	EDS
<i>mirtazapine oral tablet dispersible</i>	1	EDS
<i>nefazodone hcl oral tablet</i>	1	EDS
<i>perphenazine-amitriptyline oral tablet</i>	1	PA New Starts; 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
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet</i>	1	EDS
<i>trazodone hcl oral tablet</i>	1	EDS
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	2	PA New Starts; EDS
MARPLAN ORAL TABLET	2	EDS
<i>phenelzine sulfate oral tablet</i>	1	EDS
<i>tranylcypromine sulfate oral tablet</i>	1	EDS
Ssris/ Snris		
<i>citalopram hydrobromide oral solution</i>	1	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	1	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
<i>escitalopram oxalate oral solution</i>	1	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
<i>fluoxetine hcl oral capsule</i>	1	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	1	EDS
<i>fluoxetine hcl oral solution</i>	1	EDS
<i>fluvoxamine maleate 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>fluvoxamine maleate oral tablet</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>paroxetine mesylate oral capsule</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
TRINTELLIX ORAL TABLET	3	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>venlafaxine hcl oral tablet</i>	1	EDS
VIIBRYD ORAL TABLET	3	EDS
VIIBRYD STARTER PACK ORAL KIT	3	
Tricyclics		
<i>amitriptyline hcl oral tablet</i>	1	PA New Starts; EDS
<i>amoxapine oral tablet</i>	1	EDS
<i>clomipramine hcl oral capsule</i>	1	PA New Starts; EDS
<i>desipramine hcl oral tablet</i>	1	EDS
<i>doxepin hcl oral capsule</i>	1	PA New Starts; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; EDS
<i>imipramine hcl oral tablet</i>	1	PA New Starts; EDS
IMIPRAMINE PAMOATE ORAL CAPSULE	3	PA New Starts; EDS
<i>nortriptyline hcl oral capsule</i>	1	EDS
<i>nortriptyline hcl oral solution</i>	1	EDS
<i>protriptyline hcl oral tablet</i>	1	EDS
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>trimipramine maleate oral capsule</i>	1	PA New Starts; EDS
Antiemetics		
Antiemetics, Other		
<i>chlorpromazine hcl oral tablet</i>	1	EDS
<i>compro rectal suppository</i>	1	EDS
DICLEGIS ORAL TABLET DELAYED RELEASE	2	
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral capsule</i>	1	PA
<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	

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

Drug Name	Tier	Requirements/Limits
<i>metoclopramide hcl oral tablet dispersible</i>	1	
<i>perphenazine oral tablet</i>	1	EDS
<i>phenadoz rectal suppository 12.5 mg</i>	1	PA; PA does not apply to age less than 65.
<i>prochlorperazine maleate oral tablet</i>	1	BD; EDS
<i>prochlorperazine rectal suppository</i>	1	EDS
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
<i>promethazine hcl rectal suppository</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 TABLET	3	
<i>scopolamine transdermal patch 72 hour</i>	1	
TIGAN ORAL CAPSULE	3	PA
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
<i>trimethobenzamide hcl oral capsule</i>	1	PA
VISTARIL ORAL CAPSULE	3	
Emetogenic Therapy Adjuncts		
<i>aprepitant oral capsule</i>	1	BD
CESAMET ORAL CAPSULE	3	PA
<i>dronabinol oral capsule</i>	1	BD
EMEND ORAL SUSPENSION RECONSTITUTED	2	BD
<i>gransetron hcl oral tablet</i>	1	BD
MARINOL ORAL CAPSULE	3	BD
<i>ondansetron hcl oral solution</i>	1	BD
<i>ondansetron hcl oral tablet</i>	1	BD
<i>ondansetron oral tablet dispersible</i>	1	BD
SANCUSO TRANSDERMAL PATCH	3	
SYNDROS ORAL SOLUTION	3	BD
VARUBI ORAL TABLET	3	BD
ZOFTRAN ORAL TABLET 8 MG	3	BD
ZUPLENZ ORAL FILM	3	BD
Antifungals		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	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
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
AMPHOTERICIN B INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	BD
<i>caspofungin acetate intravenous solution reconstituted</i>	1	BD
<i>ciclopirox external gel</i>	1	
<i>ciclopirox external shampoo</i>	1	
<i>ciclopirox external solution</i>	1	
<i>ciclopirox olamine external cream</i>	1	
<i>ciclopirox olamine external suspension</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 cream</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERTACZO EXTERNAL CREAM	3	
EXELDERM EXTERNAL CREAM	2	
EXELDERM EXTERNAL SOLUTION	2	
EXTINA EXTERNAL FOAM	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
GYZNAZOLE-1 VAGINAL CREAM	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

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

Drug Name	Tier	Requirements/Limits
JUBLIA EXTERNAL SOLUTION	3	PA
<i>ketoconazole external cream</i>	1	
<i>ketoconazole external foam</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketoconazole oral tablet</i>	1	PA
LOPROX EXTERNAL SHAMPOO	3	
MENTAX EXTERNAL CREAM	3	
MICONAZOLE 3 VAGINAL SUPPOSITORY	2	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
<i>naftifine hcl external cream</i>	1	
NAFTIN EXTERNAL CREAM 2 %	3	
NAFTIN EXTERNAL GEL	2	
NATACYN OPHTHALMIC SUSPENSION	2	
NIZORAL EXTERNAL SHAMPOO	3	
NOXAFIL ORAL SUSPENSION	2	EDS
NOXAFIL ORAL TABLET DELAYED RELEASE	2	EDS
<i>nyamyc external powder</i>	1	
<i>nystatin external cream</i>	1	
<i>nystatin external ointment</i>	1	
<i>nystatin external powder</i>	1	
<i>nystatin mouth/throat suspension</i>	1	
<i>nystatin oral tablet</i>	1	
<i>nystop external powder</i>	1	
ORAVIG BUCCAL TABLET	3	EDS
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	
<i>posaconazole oral tablet delayed release</i>	1	EDS
<i>terbinafine hcl oral tablet</i>	1	
<i>terconazole vaginal cream</i>	1	
TOLSURA ORAL CAPSULE	3	PA
<i>voriconazole intravenous solution reconstituted</i>	1	PA
<i>voriconazole oral suspension reconstituted</i>	1	PA
<i>voriconazole oral tablet</i>	1	PA
ZOLINZA ORAL CAPSULE	2	

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

Drug Name	Tier	Requirements/Limits
Antigout Agents		
Antigout Agents		
<i>allopurinol oral tablet</i>	1	EDS
<i>colchicine oral capsule</i>	1	EDS
<i>colchicine oral tablet</i>	1	EDS
<i>colchicine-probenecid oral tablet</i>	1	EDS
<i>febuxostat oral tablet</i>	1	EDS
<i>probenecid oral tablet</i>	1	EDS
ULORIC ORAL TABLET	2	EDS
ZYLOPRIM ORAL TABLET	3	EDS
Anti-Inflammatory Agents		
Glucocorticoids		
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external lotion</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	1	
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
BLEPHAMIDE OPHTHALMIC SUSPENSION	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	2	
CORTEF ORAL TABLET 20 MG, 5 MG	3	
<i>cortisone acetate oral tablet</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA ORAL SUSPENSION	3	PA; LA
EMFLAZA ORAL TABLET	3	PA; LA

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

Drug Name	Tier	Requirements/Limits
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
MILLIPRED ORAL TABLET	2	
PRED MILD OPHTHALMIC SUSPENSION	2	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
<i>triamcinolone acetonide external aerosol solution</i>	1	
Nonsteroidal Anti-Inflammatory Drugs		
CELEBREX ORAL CAPSULE	3	EDS
<i>celecoxib oral capsule</i>	1	EDS
<i>diclofenac potassium oral tablet</i>	1	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>diclofenac sodium oral tablet delayed release</i>	1	EDS
<i>diflunisal oral tablet</i>	1	EDS
<i>etodolac oral capsule 200 mg</i>	1	EDS
<i>etodolac oral tablet</i>	1	EDS
FELDENE ORAL CAPSULE	3	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	1	EDS
<i>fenoprofen calcium oral tablet</i>	1	EDS
<i>flurbiprofen oral tablet</i>	1	EDS
<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 SUSPENSION	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
INDOCIN RECTAL SUPPOSITORY	2	EDS
<i>indomethacin er oral capsule extended release</i>	1	PA; EDS
<i>indomethacin oral capsule</i>	1	PA; EDS
<i>ketoprofen er oral capsule extended release 24 hour</i>	1	EDS
<i>ketorolac tromethamine oral tablet</i>	1	PA
<i>meloxicam oral tablet</i>	1	EDS
MOBIC ORAL TABLET	3	EDS
<i>nabumetone oral tablet</i>	1	EDS
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG	3	EDS
<i>naproxen dr oral tablet delayed release</i>	1	EDS
<i>naproxen oral suspension</i>	1	EDS
<i>naproxen oral tablet</i>	1	EDS
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	EDS
<i>oxycodone-ibuprofen oral tablet</i>	1	
<i>piroxicam oral capsule</i>	1	EDS
<i>sulindac oral tablet</i>	1	EDS
Antimigraine Agents		
Antimigraine Agents		
<i>sumatriptan-naproxen sodium oral tablet</i>	1	
TREXIMET ORAL TABLET 10-60 MG	3	
Ergot Alkaloids		
CAFERGOT ORAL TABLET	2	
<i>dihydroergotamine mesylate nasal solution</i>	1	
<i>ergotamine-caffeine oral tablet</i>	1	
<i>migergot rectal suppository</i>	1	
MIGRAL NASAL SOLUTION	3	
Prophylactic		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>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
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>timolol maleate oral tablet</i>	1	EDS
<i>topiramate oral capsule sprinkle</i>	1	EDS
<i>topiramate oral tablet</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
Serotonin (5-HT) 1B/1D Receptor Agonists		
<i>almotriptan malate oral tablet</i>	1	
AMERGE ORAL TABLET	3	
<i>eletriptan hydrobromide oral tablet</i>	1	
FROVA ORAL TABLET	3	
<i>frovatriptan succinate oral tablet</i>	1	
IMITREX ORAL TABLET	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 6 MG/0.5ML	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	3	
IMITREX SUBCUTANEOUS SOLUTION	3	
MAXALT ORAL TABLET 10 MG	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG	3	
<i>naratriptan hcl oral tablet</i>	1	
<i>rizatriptan benzoate oral tablet</i>	1	
<i>rizatriptan benzoate oral tablet dispersible</i>	1	
<i>sumatriptan nasal solution</i>	1	
<i>sumatriptan succinate oral tablet</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge</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 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 oral tablet</i>	1	
TREXIMET ORAL TABLET 10-60 MG	3	
<i>zolmitriptan oral tablet</i>	1	
<i>zolmitriptan oral tablet dispersible</i>	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	3	
ZOMIG ORAL TABLET	3	
ZOMIG ZMT ORAL TABLET DISPERSIBLE	3	
Antimyasthenic Agents		
Parasympathomimetics		
<i>guanidine hcl oral tablet</i>	1	
MESTINON ORAL SOLUTION	2	
MESTINON ORAL TABLET	3	EDS
MESTINON ORAL TABLET EXTENDED RELEASE	3	
<i>pyridostigmine bromide er oral tablet extended release</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		
Antimycobacterials, Other		
<i>dapsone oral tablet</i>	1	EDS
MYCOBUTIN ORAL CAPSULE	3	
PRIFTIN ORAL TABLET	3	
<i>rifabutin oral capsule</i>	1	
Antituberculars		
<i>ethambutol hcl oral tablet</i>	1	
<i>isoniazid oral syrup</i>	1	EDS
<i>isoniazid oral tablet</i>	1	EDS
MYAMBUTOL ORAL TABLET 400 MG	3	
PASER ORAL PACKET	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>pyrazinamide oral tablet</i>	1	
RIFADIN ORAL CAPSULE 150 MG	3	
RIFAMATE ORAL CAPSULE	2	
<i>rifampin intravenous solution reconstituted</i>	1	
<i>rifampin oral capsule</i>	1	
RIFATER ORAL TABLET	2	
SIRTURO ORAL TABLET	3	PA
TRECATOR ORAL TABLET	3	
Antineoplastics		
Alkylating Agents		
<i>cyclophosphamide oral capsule</i>	1	BD; EDS
LEUKERAN ORAL TABLET	2	
MATULANE ORAL CAPSULE	2	LA
VALCHLOR EXTERNAL GEL	3	PA New Starts
Antiandrogens		
<i>abiraterone acetate oral tablet</i>	1	PA New Starts
<i>bicalutamide oral tablet</i>	1	
CASODEX ORAL TABLET	3	
ERLEADA ORAL TABLET	2	PA New Starts
<i>flutamide oral capsule</i>	1	EDS
<i>nilutamide oral tablet</i>	1	
NUBEQA ORAL TABLET	3	PA New Starts; LA
XTANDI ORAL CAPSULE	3	PA New Starts
ZYTIGA ORAL TABLET	2	PA New Starts
Antiangiogenic Agents		
POMALYST ORAL CAPSULE	3	PA New Starts
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	2	PA New Starts; LA
THALOMID ORAL CAPSULE	2	LA; EDS
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	2	
SOLTAMOX ORAL SOLUTION	2	EDS
<i>tamoxifen citrate oral tablet</i>	1	EDS
<i>toremifene citrate oral tablet</i>	1	EDS
Antimetabolites		
DROXIA ORAL CAPSULE	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
HYDREA ORAL CAPSULE	3	EDS
<i>hydroxyurea oral capsule</i>	1	EDS
LONSURF ORAL TABLET	3	PA New Starts; LA
PURIXAN ORAL SUSPENSION	2	LA
TABLOID ORAL TABLET	2	
Antineoplastics		
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
LYNPARZA ORAL TABLET	3	PA New Starts; LA
MESNEX ORAL TABLET	2	
NINLARO ORAL CAPSULE	3	PA New Starts
RUBRACA ORAL TABLET	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
VENCLEXTA ORAL TABLET	3	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA New Starts; LA
ZEJULA ORAL CAPSULE	2	PA New Starts; LA
Antineoplastics, Other		
<i>leucovorin calcium oral tablet</i>	1	
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	2	PA New Starts; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
Aromatase Inhibitors, 3Rd Generation		
<i>anastrozole oral tablet</i>	1	EDS
ARIMIDEX ORAL TABLET	3	EDS
AROMASIN ORAL TABLET	3	EDS

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

Drug Name	Tier	Requirements/Limits
<i>exemestane oral tablet</i>	1	EDS
<i>letrozole oral tablet</i>	1	EDS
Enzyme Inhibitors		
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
FARYDAK ORAL CAPSULE	3	PA New Starts; LA
IBRANCE ORAL CAPSULE	3	PA New Starts; LA
IDHIFA ORAL TABLET	3	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA New Starts; LA
TIBSOVO ORAL TABLET	3	PA New Starts; LA
VERZENIO ORAL TABLET	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
XOSPATA ORAL TABLET	3	PA New Starts; LA
ZOLINZA ORAL CAPSULE	2	
ZYDELIG ORAL TABLET	3	PA New Starts
Molecular Target Inhibitors		
AFINITOR ORAL TABLET	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
ALECENSA ORAL CAPSULE	3	PA New Starts
ALUNBRIG ORAL TABLET	3	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA New Starts; LA
BALVERSA ORAL TABLET	3	PA New Starts
BOSULIF ORAL TABLET	3	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA New Starts; LA
CABOMETYX ORAL TABLET	3	PA New Starts; LA
CALQUENCE ORAL CAPSULE	3	PA New Starts
CAPRELSA ORAL TABLET	2	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA New Starts; LA
COTELLIC ORAL TABLET	3	PA New Starts
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)
ERIVEDGE ORAL CAPSULE	2	PA New Starts
<i>erlotinib hcl oral tablet</i>	1	
GILOTRIF ORAL TABLET	3	PA New Starts; LA
GLEEVEC ORAL TABLET	3	PA New Starts; EDS
ICLUSIG ORAL TABLET	3	PA New Starts
<i>imatinib mesylate oral tablet</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 ORAL TABLET	3	PA New Starts; LA
INREBIC ORAL CAPSULE	3	PA New Starts; LA
IRESSA ORAL TABLET	3	PA New Starts; LA
JAKAFI ORAL TABLET	2	PA New Starts; LA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts

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

Drug Name	Tier	Requirements/Limits
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA New Starts
LORBRENA ORAL TABLET	3	PA New Starts; LA
MEKINIST ORAL TABLET	3	PA New Starts
MEKTOVI ORAL TABLET	3	PA New Starts; LA
NERLYNX ORAL TABLET	3	PA New Starts; LA
NEXAVAR ORAL TABLET	2	PA New Starts; LA
ODOMZO ORAL CAPSULE	3	PA New Starts
OFEV ORAL CAPSULE	2	PA; LA; EDS
ROZLYTREK ORAL CAPSULE	3	PA New Starts; LA
RYDAPT ORAL CAPSULE	3	PA New Starts
SPRYCEL ORAL TABLET	2	PA New Starts
STIVARGA ORAL TABLET	3	PA New Starts; LA
SUTENT ORAL CAPSULE	2	PA New Starts; LA
TAFINLAR ORAL CAPSULE	3	PA New Starts
TAGRISSO ORAL TABLET	3	PA New Starts; LA
TASIGNA ORAL CAPSULE	2	
TURALIO ORAL CAPSULE	3	PA New Starts; LA
TYKERB ORAL TABLET	2	PA New Starts
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 ORAL TABLET	2	PA New Starts
XALKORI ORAL CAPSULE	2	PA New Starts; LA
ZELBORAF ORAL TABLET	2	PA New Starts
ZYKADIA ORAL CAPSULE	3	PA New Starts
ZYKADIA ORAL TABLET	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
Retinoids		
<i>avita external cream</i>	1	
<i>avita external gel</i>	1	
<i>bexarotene oral capsule</i>	1	
PANRETIN EXTERNAL GEL	2	
RETIN-A EXTERNAL CREAM	3	
RETIN-A EXTERNAL GEL	3	
RETIN-A MICRO EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	2	
TARGRETIN ORAL CAPSULE	3	
<i>tretinooin external cream</i>	1	
<i>tretinooin external gel 0.01 %, 0.025 %</i>	1	
<i>tretinooin oral capsule</i>	1	
Treatment Adjuncts		
<i>leucovorin calcium oral tablet</i>	1	
Antiparasitics		
Anthelmintics		
<i>albendazole oral tablet</i>	1	
EMVERM ORAL TABLET CHEWABLE	3	
<i>ivermectin oral tablet</i>	1	
<i>praziquantel oral tablet</i>	1	
STROMECTOL ORAL TABLET	3	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	2	
ALINIA ORAL TABLET	2	
<i>atovaquone oral suspension</i>	1	
<i>atovaquone-proguanil hcl oral tablet</i>	1	EDS
BENZNIDAZOLE ORAL TABLET	2	PA
<i>chloroquine phosphate oral tablet</i>	1	EDS
COARTEM ORAL TABLET	2	QL (24 EA per 30 days)
DARAPRIM ORAL TABLET	2	LA
<i>hydroxychloroquine sulfate oral tablet</i>	1	EDS
MALARONE ORAL TABLET	3	EDS
<i>mefloquine hcl oral tablet</i>	1	EDS
MEPRON ORAL SUSPENSION	3	

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

Drug Name	Tier	Requirements/Limits
NEBUPENT INHALATION SOLUTION RECONSTITUTED	2	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
PLAQUENIL ORAL TABLET	3	EDS
<i>primaquine phosphate oral tablet</i>	1	
QUALAQIN ORAL CAPSULE	3	
<i>quinine sulfate oral capsule</i>	1	
Pediculicides/Scabicides		
EURAX EXTERNAL CREAM	2	
EURAX EXTERNAL LOTION	2	
<i>lindane external shampoo</i>	1	
<i>malathion external lotion</i>	1	
OVIDE EXTERNAL LOTION	3	
<i>permethrin external cream</i>	1	
SKLICE EXTERNAL LOTION	3	
Antiparkinson Agents		
Anticholinergics		
<i>benztropine mesylate oral tablet</i>	1	PA; EDS
<i>trihexyphenidyl hcl oral solution</i>	1	PA; EDS
<i>trihexyphenidyl hcl oral tablet</i>	1	PA; EDS
Antiparkinson Agents		
<i>carbidopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	EDS
STALEVO 100 ORAL TABLET	3	EDS
STALEVO 125 ORAL TABLET	3	EDS
STALEVO 150 ORAL TABLET	3	EDS
STALEVO 200 ORAL TABLET	3	EDS
STALEVO 50 ORAL TABLET	3	EDS
STALEVO 75 ORAL TABLET	3	EDS
Antiparkinson Agents, Other		
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral syrup</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	EDS
COMTAN ORAL TABLET	2	EDS
<i>entacapone 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
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
STALEVO 100 ORAL TABLET	3	EDS
STALEVO 125 ORAL TABLET	3	EDS
STALEVO 150 ORAL TABLET	3	EDS
STALEVO 200 ORAL TABLET	3	EDS
STALEVO 50 ORAL TABLET	3	EDS
STALEVO 75 ORAL TABLET	3	EDS
<i>tolcapone oral tablet</i>	1	EDS
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	2	PA; LA
<i>bromocriptine mesylate oral capsule</i>	1	EDS
<i>bromocriptine mesylate oral tablet</i>	1	EDS
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; LA; EDS
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
MIRAPEX ORAL TABLET	3	EDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	EDS
PARLODEL ORAL CAPSULE	3	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1	EDS
<i>pramipexole dihydrochloride oral tablet</i>	1	EDS
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG	3	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>ropinirole hcl oral tablet</i>	1	EDS
Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors		
<i>carbidopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	EDS
<i>carbidopa-levodopa oral tablet</i>	1	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	1	EDS
DUOPA ENTERAL SUSPENSION	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
INBRIJA INHALATION CAPSULE	3	PA; LA; EDS
LODOSYN ORAL TABLET	3	EDS
SINEMET CR ORAL TABLET EXTENDED RELEASE	3	EDS
SINEMET ORAL TABLET	3	EDS
Monoamine Oxidase B (Mao-B) Inhibitors		
<i>rasagiline mesylate oral tablet</i>	1	EDS
<i>selegiline hcl oral capsule</i>	1	EDS
<i>selegiline hcl oral tablet</i>	1	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	2	EDS
Antipsychotics		
1St Generation/Typical		
<i>chlorpromazine hcl oral tablet</i>	1	EDS
<i>fluphenazine decanoate injection solution</i>	1	BD
<i>fluphenazine hcl injection solution</i>	1	BD
<i>fluphenazine hcl oral concentrate</i>	1	EDS
<i>fluphenazine hcl oral elixir</i>	1	EDS
<i>fluphenazine hcl oral tablet</i>	1	EDS
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	BD
HALDOL INJECTION SOLUTION	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 concentrate</i>	1	EDS
<i>haloperidol oral tablet</i>	1	EDS
<i>loxapine succinate oral capsule</i>	1	EDS
<i>molindone hcl oral tablet</i>	1	EDS
<i>perphenazine oral tablet</i>	1	EDS
<i>pimozide oral tablet</i>	1	EDS
<i>prochlorperazine maleate oral tablet</i>	1	BD; EDS
<i>thioridazine hcl oral tablet</i>	1	PA New Starts; EDS
<i>thiothixene oral capsule</i>	1	EDS
<i>trifluoperazine hcl oral tablet</i>	1	EDS
2Nd Generation/Atypical		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	2	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
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 INITIO INTRAMUSCULAR PREFILLED SYRINGE	2	BD
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	2	BD; EDS
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 ORAL TABLET	3	QL (8 EA per 28 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	BD
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	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
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 solution reconstituted</i>	1	BD
<i>olanzapine oral tablet</i>	1	EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
<i>paliperidone er oral tablet extended release 24 hour</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	BD; EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet</i>	1	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	3	QL (30 EA per 30 days); EDS
REXULTI ORAL TABLET 4 MG	3	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	EDS
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl oral capsule</i>	1	EDS
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Treatment-Resistant		
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet dispersible</i>	1	
VERSACLOZ ORAL SUSPENSION	3	
Antispasticity Agents		
Antispasticity Agents		
<i>baclofen oral tablet</i>	1	EDS
<i>dantrolene sodium oral capsule</i>	1	
<i>tizanidine hcl oral capsule</i>	1	EDS
<i>tizanidine hcl oral tablet</i>	1	EDS
ZANAFLEX ORAL CAPSULE	3	EDS
ZANAFLEX ORAL TABLET	3	EDS
Antivirals		
Anti-Cytomegalovirus (Cmv) Agents		
PREVYMIS ORAL TABLET	3	PA; EDS

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

Drug Name	Tier	Requirements/Limits
VALCYTE ORAL TABLET	3	EDS
<i>valganciclovir hcl oral solution reconstituted</i>	1	EDS
<i>valganciclovir hcl oral tablet</i>	1	EDS
ZIRGAN OPHTHALMIC GEL	2	
Anti-Hepatitis B (Hbv) Agents		
<i>adefovir dipivoxil oral tablet</i>	1	EDS
BARACLUDE ORAL SOLUTION	2	EDS
BARACLUDE ORAL TABLET	2	EDS
<i>entecavir oral tablet</i>	1	EDS
EPIVIR HBV ORAL SOLUTION	2	EDS
EPIVIR HBV ORAL TABLET	3	EDS
EPIVIR ORAL SOLUTION	3	EDS
EPIVIR ORAL TABLET	3	EDS
HEPSERA ORAL TABLET	3	EDS
INTRON A INJECTION SOLUTION	2	PA New Starts; EDS
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	2	PA New Starts; EDS
<i>lamivudine oral solution</i>	1	EDS
<i>lamivudine oral tablet</i>	1	EDS
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
<i>tenofovir disoproxil fumarate oral tablet</i>	1	EDS
VEMLIDY ORAL TABLET	2	PA; EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
Anti-Hepatitis C (Hcv) Agents, Direct Acting		
EPCLUSA ORAL TABLET	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
MAVYRET ORAL TABLET	2	PA
SOVALDI ORAL TABLET 400 MG	2	PA
VOSEVI ORAL TABLET	2	PA
Anti-Hepatitis C (Hcv) Agents, Others		
EPCLUSA ORAL TABLET	2	PA
HARVONI ORAL TABLET 90-400 MG	2	PA
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	2	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
INTRON A INJECTION SOLUTION RECONSTITUTED	2	PA New Starts; EDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	2	PA
PEGASYS SUBCUTANEOUS SOLUTION	2	PA
<i>ribavirin oral capsule</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SOVALDI ORAL TABLET 400 MG	2	PA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	3	PA New Starts; EDS
Antiherpetic Agents		
<i>acyclovir external cream</i>	1	
<i>acyclovir external ointment</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>famciclovir oral tablet</i>	1	EDS
SITAVIG BUCCAL TABLET	3	
<i>trifluridine ophthalmic solution</i>	1	
<i>valacyclovir hcl oral tablet</i>	1	EDS
VALTREX ORAL TABLET	3	EDS
ZOVIRAX EXTERNAL OINTMENT	3	
ZOVIRAX ORAL CAPSULE	3	EDS
ZOVIRAX ORAL SUSPENSION	3	
Anti-Hiv Agents, Integrase Inhibitors (Insti)		
BIKTARVY ORAL TABLET	2	EDS
GENVOYA ORAL TABLET	2	EDS
ISENTRESS HD ORAL TABLET	2	EDS
ISENTRESS ORAL PACKET	2	EDS
ISENTRESS ORAL TABLET	2	EDS
ISENTRESS ORAL TABLET CHEWABLE	2	EDS
STRIBILD ORAL TABLET	2	EDS
SYMTUZA ORAL TABLET	3	EDS
TIVICAY ORAL TABLET	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
Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)		
COMPLERA ORAL TABLET	2	EDS
EDURANT ORAL TABLET	2	EDS
<i>efavirenz oral capsule</i>	1	EDS
<i>efavirenz oral tablet</i>	1	EDS
INTELENCE ORAL TABLET	2	EDS
<i>nevirapine er oral tablet extended release 24 hour</i>	1	EDS
<i>nevirapine oral suspension</i>	1	EDS
<i>nevirapine oral tablet</i>	1	EDS
PIFELTRO ORAL TABLET	3	EDS
SCRIPTOR ORAL TABLET 200 MG	2	EDS
VIRAMUNE ORAL TABLET	3	EDS
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG	3	EDS
Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)		
<i>abacavir sulfate oral solution</i>	1	EDS
<i>abacavir sulfate oral tablet</i>	1	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	1	EDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	1	EDS
ATRIPLA ORAL TABLET	2	EDS
CIMDUO ORAL TABLET	2	EDS
COMBIVIR ORAL TABLET	2	EDS
DELSTRIGO ORAL TABLET	3	EDS
DESCOVY ORAL TABLET	3	EDS
<i>didanosine oral capsule delayed release 200 mg, 250 mg, 400 mg</i>	1	EDS
DOVATO ORAL TABLET	3	EDS
EMTRIVA ORAL CAPSULE	2	EDS
EMTRIVA ORAL SOLUTION	2	EDS
EPIVIR ORAL SOLUTION	3	EDS
EPIVIR ORAL TABLET	3	EDS
JULUCA ORAL TABLET	2	EDS
<i>lamivudine oral solution</i>	1	EDS
<i>lamivudine 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>lamivudine-zidovudine oral tablet</i>	1	EDS
ODEFSEY ORAL TABLET	2	EDS
RETROVIR ORAL CAPSULE	3	EDS
RETROVIR ORAL SYRUP	3	EDS
<i>stavudine oral capsule</i>	1	EDS
SYMFY LO ORAL TABLET	2	EDS
SYMFY ORAL TABLET	2	EDS
<i>tenofovir disoproxil fumarate oral tablet</i>	1	EDS
TRIZIVIR ORAL TABLET	3	EDS
TRUVADA ORAL TABLET	2	EDS
VIDEX EC ORAL CAPSULE DELAYED RELEASE	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED 2 GM	2	EDS
VIREAD ORAL POWDER	2	EDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	EDS
ZIAGEN ORAL SOLUTION	2	EDS
ZIAGEN ORAL TABLET	3	EDS
<i>zidovudine oral capsule</i>	1	EDS
<i>zidovudine oral syrup</i>	1	EDS
<i>zidovudine oral tablet</i>	1	EDS
Anti-Hiv Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
SELZENTRY ORAL SOLUTION	2	EDS
SELZENTRY ORAL TABLET	2	EDS
TRIUMEQ ORAL TABLET	2	EDS
TYBOST ORAL TABLET	2	EDS
Anti-Hiv Agents, Protease Inhibitors		
APTIVUS ORAL CAPSULE	2	EDS
APTIVUS ORAL SOLUTION	2	EDS
<i>atazanavir sulfate oral capsule</i>	1	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	EDS
EVOTAZ ORAL TABLET	3	EDS
<i>fosamprenavir calcium oral tablet</i>	1	EDS
INVIRASE ORAL TABLET	2	EDS
KALETRA ORAL TABLET	2	EDS
LEXIVA ORAL SUSPENSION	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>lopinavir-ritonavir oral solution</i>	1	EDS
NORVIR ORAL PACKET	2	EDS
NORVIR ORAL SOLUTION	2	EDS
PREZCOBIX ORAL TABLET	3	EDS
PREZISTA ORAL SUSPENSION	2	EDS
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	EDS
REYATAZ ORAL PACKET	2	EDS
<i>ritonavir oral tablet</i>	1	EDS
VIRACEPT ORAL TABLET	2	EDS
Anti-Influenza Agents		
<i>amantadine hcl oral capsule</i>	1	EDS
<i>amantadine hcl oral syrup</i>	1	EDS
<i>amantadine hcl oral tablet</i>	1	EDS
FLUMADINE ORAL TABLET	3	
<i>oseltamivir phosphate oral capsule</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted</i>	1	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
<i>rimantadine hcl oral tablet</i>	1	
XOFLUZA ORAL TABLET THERAPY PACK	2	
Anxiolytics		
Anxiolytics, Other		
<i>buspirone hcl oral tablet</i>	1	EDS
<i>doxepin hcl oral capsule</i>	1	PA New Starts; EDS
<i>doxepin hcl oral concentrate</i>	1	PA New Starts; EDS
HALCION ORAL TABLET	3	QL (7 EA per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral capsule</i>	1	PA
<i>meprobamate oral tablet</i>	1	PA; EDS
<i>oxazepam oral capsule</i>	1	
SILENOR ORAL TABLET 3 MG	3	QL (30 EA per 30 days); EDS
SILENOR ORAL TABLET 6 MG	3	EDS
<i>triazolam oral tablet</i>	1	QL (7 EA per 30 days)
VISTARIL ORAL CAPSULE	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
Benzodiazepines		
<i>alprazolam er oral tablet extended release 24 hour</i>	1	
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet dispersible</i>	1	
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>clonazepam oral tablet</i>	1	EDS
<i>clonazepam oral tablet dispersible</i>	1	EDS
<i>clorazepate dipotassium oral tablet</i>	1	
DIASTAT ACUDIAL RECTAL GEL	2	
DIASTAT PEDIATRIC RECTAL GEL	2	
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet</i>	1	
KLONOPIN ORAL TABLET	3	EDS
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet</i>	1	
TRANXENE-T ORAL TABLET 7.5 MG	3	
VALIUM ORAL TABLET	3	
XANAX ORAL TABLET	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Ssris/ Snris		
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
<i>escitalopram oxalate oral solution</i>	1	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
PAXIL ORAL SUSPENSION	3	EDS
PEXEVA ORAL TABLET	3	EDS
<i>sertraline hcl oral concentrate</i>	1	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>venlafaxine hcl oral tablet</i>	1	EDS
Bipolar Agents		
Bipolar Agents, Other		
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	BD
<i>olanzapine intramuscular solution reconstituted</i>	1	BD
<i>olanzapine oral tablet</i>	1	EDS
<i>olanzapine oral tablet dispersible</i>	1	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	BD; EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1	EDS
<i>quetiapine fumarate oral tablet</i>	1	EDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	2	BD
<i>risperidone oral solution</i>	1	EDS
<i>risperidone oral tablet</i>	1	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	1	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	EDS
VRAYLAR ORAL CAPSULE	3	PA New Starts; EDS
VRAYLAR ORAL CAPSULE THERAPY PACK	3	PA New Starts
<i>ziprasidone hcl oral capsule</i>	1	EDS
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	3	BD
Mood Stabilizers		
<i>carbamazepine er oral capsule extended release 12 hour</i>	1	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	1	EDS
<i>carbamazepine oral suspension</i>	1	EDS
<i>carbamazepine oral tablet</i>	1	EDS
<i>carbamazepine oral tablet chewable</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>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 oral tablet</i>	1	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	2	
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 oral kit</i>	1	
<i>lamotrigine starter kit-green oral kit</i>	1	
<i>lamotrigine starter kit-orange oral kit</i>	1	
<i>lithium carbonate er oral tablet extended release</i>	1	EDS
<i>lithium carbonate oral capsule</i>	1	EDS
<i>lithium carbonate oral tablet</i>	1	EDS
<i>lithium oral solution</i>	1	EDS
<i>valproic acid oral capsule</i>	1	EDS
<i>valproic acid oral solution</i>	1	EDS
Blood Glucose Regulators		
Antidiabetic Agents		
<i>acarbose oral tablet</i>	1	EDS
AVANDIA ORAL TABLET 2 MG, 4 MG	3	EDS
<i>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</i>	1	EDS
CYCLOSET ORAL TABLET	3	EDS
<i>glimepiride oral tablet</i>	1	EDS
<i>glipizide er oral tablet extended release 24 hour</i>	1	EDS
<i>glipizide oral tablet</i>	1	EDS
GLYSET 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
GLYXAMBI ORAL TABLET	2	EDS
INVOKAMET ORAL TABLET	2	EDS
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
INVOKANA ORAL TABLET	2	EDS
JARDIANCE ORAL TABLET	2	EDS
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LAZANDA NASAL SOLUTION 300 MCG/ACT	3	PA; QL (120 EA per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol oral tablet</i>	1	EDS
<i>nateglinide oral tablet</i>	1	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
<i>pioglitazone hcl oral tablet</i>	1	EDS
<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
RIOMET ORAL SOLUTION	2	EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
SYNJARDY ORAL TABLET	2	EDS
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
TOLBUTAMIDE ORAL TABLET	2	EDS
TRADJENTA ORAL TABLET	2	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	ST; EDS
Blood Glucose Regulators		
<i>glipizide-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
JENTADUETO ORAL TABLET	2	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
<i>repaglinide-metformin hcl oral tablet</i>	1	EDS
Glycemic Agents		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	2	
<i>glucagon emergency injection kit</i>	1	
KORLYM ORAL TABLET	2	PA New Starts; LA; EDS
PROGLYCEM ORAL SUSPENSION	2	EDS
Insulins		
<i>assure id insulin safety syr 29g x 1/2" 1 ml</i>	1	
<i>comfort assist insulin syringe 29g x 1/2" 1 ml</i>	1	
<i>cvs gauze sterile pad 2"x2"</i>	1	
<i>exel comfort point pen needle 29g x 12mm</i>	1	EDS
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	EDS
HUMALOG SUBCUTANEOUS SOLUTION	2	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	2	EDS
HUMULIN R INJECTION SOLUTION	2	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	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
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
LANTUS SUBCUTANEOUS SOLUTION	2	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	1	
<i>reli-on insulin syringe 29g 0.3 ml</i>	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
Blood Products/ Modifiers/ Volume Expanders		
Anticoagulants		
BEVYXXA ORAL CAPSULE	3	EDS
COUMADIN ORAL TABLET	3	EDS
ELIQUIS ORAL TABLET	2	EDS
ELIQUIS STARTER PACK ORAL TABLET	2	EDS
<i>enoxaparin sodium subcutaneous solution</i>	1	
<i>fondaparinux sodium subcutaneous solution</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 95000 UNIT/3.8ML	2	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	BD
<i>jantoven oral tablet</i>	1	EDS
PRADAXA ORAL CAPSULE	2	EDS
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET	2	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
Blood Formation Modifiers		
<i>anagrelide hcl oral capsule</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
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
CABLIVI INJECTION KIT	3	PA; LA
DOPTELET ORAL TABLET	3	PA; LA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	2	PA
GRANIX SUBCUTANEOUS SOLUTION	2	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
LEUKINE INJECTION SOLUTION RECONSTITUTED	2	PA
MULPLETA ORAL TABLET	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 INJECTION SOLUTION	2	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	2	
PROCRIT INJECTION SOLUTION	2	PA
PROMACTA ORAL PACKET	2	PA; EDS
PROMACTA ORAL TABLET	2	PA; EDS
RETACRIT INJECTION SOLUTION	2	PA
TAVALISSE ORAL TABLET	3	PA; LA; EDS
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	2	
Hemostasis Agents		
LYSTEDA ORAL TABLET	3	
<i>tranexamic acid oral tablet</i>	1	
Platelet Modifying Agents		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1	EDS
BRILINTA ORAL TABLET	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>cilostazol oral tablet</i>	1	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral tablet</i>	1	PA; EDS
PLAVIX ORAL TABLET 75 MG	3	EDS
<i>prasugrel hcl oral tablet</i>	1	EDS
ZONTIVITY ORAL TABLET	3	PA New Starts; EDS
Cardiovascular Agents		
Alpha-Adrenergic Agonists		
<i>clonidine hcl oral tablet</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>guanfacine hcl oral tablet</i>	1	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
<i>methyldopa oral tablet</i>	1	PA; EDS
<i>midodrine hcl oral tablet</i>	1	EDS
NORTHERA ORAL CAPSULE	3	PA; LA
Alpha-Adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>prazosin hcl oral capsule</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
Angiotensin II Receptor Antagonists		
<i>candesartan cilexetil oral tablet</i>	1	EDS
EDARBI ORAL TABLET	3	EDS
ENTRESTO ORAL TABLET	2	EDS
<i>eprosartan mesylate oral tablet</i>	1	EDS
<i>irbesartan oral tablet</i>	1	EDS
<i>losartan potassium oral tablet</i>	1	EDS
<i>olmesartan medoxomil oral tablet</i>	1	EDS
<i>olmesartan medoxomil-hctz oral tablet</i>	1	EDS
<i>telmisartan oral tablet</i>	1	EDS
<i>valsartan oral tablet</i>	1	EDS
Angiotensin-Converting Enzyme (ACE) Inhibitors		
<i>benazepril 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
captopril oral tablet	1	EDS
enalapril maleate oral tablet	1	EDS
fosinopril sodium oral tablet	1	EDS
lisinopril oral tablet	1	EDS
moexipril hcl oral tablet	1	EDS
perindopril erbumine oral tablet	1	EDS
quinapril hcl oral tablet	1	EDS
ramipril oral capsule	1	EDS
trandolapril oral tablet	1	EDS
ZESTRIL ORAL TABLET 40 MG	3	EDS
Antiarrhythmics		
amiodarone hcl oral tablet	1	EDS
BETAPACE AF ORAL TABLET	3	EDS
disopyramide phosphate oral capsule	1	PA; EDS
dofetilide oral capsule	1	EDS
flecainide acetate oral tablet	1	EDS
mexiletine hcl oral capsule	1	EDS
MULTAQ ORAL TABLET	2	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	2	PA; PA does not apply to age less than 65.; EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	3	PA; EDS
NORPACE ORAL CAPSULE	3	PA; EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	EDS
propafenone hcl er oral capsule extended release 12 hour	1	EDS
propafenone hcl oral tablet	1	EDS
quinidine gluconate er oral tablet extended release	1	EDS
quinidine sulfate oral tablet	1	EDS
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	EDS
sorine oral tablet	1	EDS
sotalol hcl (af) oral tablet 120 mg	1	EDS
sotalol hcl oral tablet 160 mg, 240 mg, 80 mg	1	EDS
sotalol hydrochloride oral tablet 120 mg	1	EDS
SOTYLIZE ORAL SOLUTION	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
TIKOSYN ORAL CAPSULE	3	EDS
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule</i>	1	EDS
<i>atenolol oral tablet</i>	1	EDS
<i>betaxolol hcl oral tablet</i>	1	EDS
<i>bisoprolol fumarate oral tablet</i>	1	EDS
BYSTOLIC ORAL TABLET	3	EDS
<i>carvedilol oral tablet</i>	1	EDS
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1	EDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	EDS
<i>labetalol hcl oral tablet</i>	1	EDS
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	1	EDS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EDS
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	EDS
<i>pindolol oral tablet</i>	1	EDS
<i>propranolol hcl er oral capsule extended release 24 hour</i>	1	EDS
PROPRANOLOL HCL ORAL SOLUTION	2	EDS
<i>propranolol hcl oral tablet</i>	1	EDS
<i>timolol maleate oral tablet</i>	1	EDS
Calcium Channel Blocking Agents		
<i>amlodipine besylate oral tablet</i>	1	EDS
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>cartia xt oral capsule extended release 24 hour</i>	1	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

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 oral tablet	1	EDS
dilt-xr oral capsule extended release 24 hour	1	EDS
felodipine er oral tablet extended release 24 hour	1	EDS
isradipine oral capsule	1	EDS
matzim la oral tablet extended release 24 hour	1	EDS
nicardipine hcl oral capsule	1	EDS
nifedipine er oral tablet extended release 24 hour	1	EDS
nifedipine er osmotic release oral tablet extended release 24 hour	1	EDS
nifedipine oral capsule	1	PA; EDS
nimodipine oral capsule	1	EDS
nisoldipine er oral tablet extended release 24 hour	1	EDS
NYMALIZE ORAL SOLUTION 30 MG/10ML	3	EDS
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG	3	EDS
taztia xt oral capsule extended release 24 hour	1	EDS
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
verapamil hcl er oral capsule extended release 24 hour	1	EDS
verapamil hcl er oral tablet extended release	1	EDS
verapamil hcl oral tablet	1	EDS
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
Cardiovascular Agents		
ALDACTAZIDE ORAL TABLET 25-25 MG	3	EDS
ALDACTAZIDE ORAL TABLET 50-50 MG	2	EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amlodipine besy-benazepril hcl oral capsule	1	EDS
amlodipine besylate-valsartan oral tablet	1	EDS
amlodipine-olmesartan oral tablet	1	EDS
amlodipine-valsartan-hctz oral tablet	1	EDS
atenolol-chlorthalidone oral tablet	1	EDS
benazepril-hydrochlorothiazide oral tablet	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
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
captopril-hydrochlorothiazide oral tablet	1	EDS
DEMSER ORAL CAPSULE	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
EDARBYCLOR ORAL TABLET	3	EDS
enalapril-hydrochlorothiazide oral tablet	1	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	1	PA New Starts; EDS
fosinopril sodium-hctz oral tablet	1	EDS
irbesartan-hydrochlorothiazide oral tablet	1	EDS
lisinopril-hydrochlorothiazide oral tablet	1	EDS
losartan potassium-hctz oral tablet	1	EDS
methyldopa-hydrochlorothiazide oral tablet	1	PA; EDS
metoprolol-hydrochlorothiazide oral tablet	1	EDS
nadolol-bendroflumethiazide oral tablet 40-5 mg	1	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
olmesartan-amlodipine-hctz oral tablet	1	EDS
propranolol-hctz oral tablet	1	EDS
quinapril-hydrochlorothiazide oral tablet	1	EDS
spironolactone-hctz oral tablet	1	EDS
TARKA ORAL TABLET EXTENDED RELEASE 2-180 MG, 2-240 MG, 4-240 MG	3	EDS
TEKTURN A HCT ORAL TABLET	2	ST; EDS
telmisartan-hctz oral tablet	1	EDS
triamterene-hctz oral capsule 37.5-25 mg	1	EDS
triamterene-hctz oral tablet	1	EDS
valsartan-hydrochlorothiazide oral tablet	1	EDS
VASERETIC ORAL TABLET	3	EDS
Cardiovascular Agents, Other		
aliskiren fumarate oral tablet	1	ST; EDS
CORLANOR ORAL SOLUTION	3	PA New Starts; EDS
CORLANOR ORAL TABLET	3	PA; EDS
digitek oral tablet 125 mcg	1	QL (30 EA per 30 days); EDS
digitek oral tablet 250 mcg	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
<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
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
<i>pentoxifylline er oral tablet extended release</i>	1	EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	1	EDS
UPTRAVI ORAL TABLET	3	PA New Starts; LA; EDS
UPTRAVI ORAL TABLET THERAPY PACK	3	PA New Starts; LA
Diuretics, Carbonic Anhydrase Inhibitors		
<i>acetazolamide er oral capsule extended release 12 hour</i>	1	EDS
<i>acetazolamide oral tablet</i>	1	EDS
KEVEYIS ORAL TABLET	3	PA; LA
<i>methazolamide oral tablet</i>	1	EDS
Diuretics, Loop		
<i>bumetanide injection solution</i>	1	
<i>bumetanide oral tablet</i>	1	EDS
<i>ethacrynic acid oral tablet</i>	1	EDS
<i>furosemide injection solution</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>torsemide oral tablet</i>	1	EDS
Diuretics, Potassium-Sparing		
<i>amiloride hcl oral tablet</i>	1	EDS
<i>eplerenone oral tablet</i>	1	EDS
INSPRA ORAL TABLET	3	EDS
<i>spironolactone oral tablet</i>	1	EDS
Diuretics, Thiazide		
<i>chlorothiazide oral tablet</i>	1	EDS
<i>chlorthalidone oral tablet 25 mg, 50 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
DIURIL ORAL SUSPENSION	2	EDS
<i>hydrochlorothiazide oral capsule</i>	1	EDS
<i>hydrochlorothiazide oral tablet</i>	1	EDS
<i>indapamide oral tablet</i>	1	EDS
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	EDS
<i>metolazone oral tablet</i>	1	EDS
Dyslipidemics, Fibric Acid Derivatives		
<i>fenofibrate oral tablet</i>	1	EDS
<i>fenofibric acid oral capsule delayed release</i>	1	EDS
<i>fenofibric acid oral tablet</i>	1	EDS
<i>gemfibrozil oral tablet</i>	1	EDS
LOPID ORAL TABLET	3	EDS
TRICOR ORAL TABLET	3	EDS
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	EDS
Dyslipidemics, Hmg Coa Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>atorvastatin calcium oral tablet</i>	1	EDS
CRESTOR ORAL TABLET	3	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1	EDS
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
LIPITOR ORAL TABLET	3	EDS
LIVALO ORAL TABLET	3	EDS
<i>lovastatin oral tablet</i>	1	EDS
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG	3	EDS
<i>pravastatin sodium oral tablet</i>	1	EDS
<i>rosuvastatin calcium oral tablet</i>	1	EDS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	EDS
<i>simvastatin oral tablet 80 mg</i>	1	PA New Starts; EDS
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	EDS
ZOCOR ORAL TABLET 80 MG	3	PA New Starts; EDS
Dyslipidemics, Other		
<i>cholestyramine light oral powder</i>	1	EDS
<i>cholestyramine oral packet</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>colesevelam hcl oral packet</i>	1	EDS
<i>colesevelam hcl oral tablet</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
<i>ezetimibe oral tablet</i>	1	EDS
JUXTAPID ORAL CAPSULE	3	PA; EDS
LOVAZA ORAL CAPSULE	3	EDS
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	1	EDS
NIACOR ORAL TABLET	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
<i>prevalite oral packet</i>	1	EDS
QUESTRAN LIGHT ORAL POWDER	3	EDS
QUESTRAN ORAL PACKET	3	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
VASCEPA ORAL CAPSULE	2	EDS
ZETIA ORAL TABLET	2	EDS
Vasodilators, Direct-Acting Arterial		
BIDIL ORAL TABLET	2	EDS
<i>hydralazine hcl oral tablet</i>	1	EDS
<i>minoxidil oral tablet</i>	1	EDS
Vasodilators, Direct-Acting Arterial/ Venous		
ISORDIL TITRADOSE ORAL TABLET 40 MG	2	EDS
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	EDS
<i>isosorbide dinitrate er oral tablet extended release</i>	1	EDS
<i>isosorbide dinitrate oral tablet</i>	1	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet</i>	1	EDS
MINITRAN TRANSDERMAL PATCH 24 HOUR	3	EDS
NITRO-BID TRANSDERMAL OINTMENT	2	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	1	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	1	EDS
<i>nitroglycerin translingual solution</i>	1	EDS
RECTIV RECTAL OINTMENT	3	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	EDS
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	1	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	1	EDS
DESOXYN ORAL TABLET	3	PA; EDS
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	1	EDS
<i>dextroamphetamine sulfate oral tablet</i>	1	EDS
<i>methamphetamine hcl oral tablet</i>	1	PA; EDS
PROCENTRA ORAL SOLUTION	3	EDS
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	3	EDS
VYVANSE ORAL CAPSULE	2	EDS
VYVANSE ORAL TABLET CHEWABLE	2	EDS
ZENZEDI ORAL TABLET	3	EDS
Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>atomoxetine hcl oral capsule</i>	1	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1	AL (Min 6 Years and Max 17 Years); EDS
CONCERTA ORAL TABLET EXTENDED RELEASE	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
DAYTRANA TRANSDERMAL PATCH	3	EDS
<i>dexamethylphenidate hcl er oral capsule extended release 24 hour</i>	1	EDS
<i>dexamethylphenidate hcl oral tablet</i>	1	EDS
FOCALIN ORAL TABLET	3	EDS
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1	PA; EDS
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA; EDS
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	AL (Min 6 Years and Max 17 Years); EDS
<i>metadate er oral tablet extended release 20 mg</i>	1	EDS
METHYLIN ORAL SOLUTION	3	EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	1	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</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 solution</i>	1	EDS
<i>methylphenidate hcl oral tablet</i>	1	EDS
<i>methylphenidate hcl oral tablet chewable</i>	1	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	3	EDS
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG	3	EDS
RITALIN ORAL TABLET	3	EDS
Central Nervous System, Other		
AUSTEDO ORAL TABLET	3	PA; LA; EDS
BUTISOL SODIUM ORAL TABLET 30 MG	3	PA; PA does not apply to age less than 65.
<i>estazolam oral tablet</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
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	EDS
NUEDEXTA ORAL CAPSULE	2	PA; EDS
RILUTEK ORAL TABLET	3	EDS
<i>riluzole oral tablet</i>	1	EDS
<i>tetrabenazine oral tablet</i>	1	PA; EDS
TIGLUTIK ORAL SUSPENSION	3	EDS
VECAMYL ORAL TABLET	3	PA; LA; EDS
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles</i>	1	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
LYRICA ORAL SOLUTION	2	EDS
<i>pregabalin oral capsule</i>	1	EDS
<i>pregabalin oral solution</i>	1	EDS
SAVELLA ORAL TABLET	2	EDS
SAVELLA TITRATION PACK ORAL	2	
Multiple Sclerosis Agents		
AUBAGIO ORAL TABLET	2	EDS
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	EDS
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	3	EDS
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	2	EDS
<i>dalfampridine er oral tablet extended release 12 hour</i>	1	PA; EDS
FIRDAPSE ORAL TABLET	3	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	2	EDS
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	1	EDS
<i>glatopa subcutaneous solution prefilled syringe</i>	1	EDS
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA

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

Drug Name	Tier	Requirements/Limits
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA
MAYZENT ORAL TABLET	2	EDS
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	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
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
Dental And Oral Agents		
Dental And Oral Agents		
<i>cevimeline hcl oral capsule</i>	1	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	1	EDS
<i>CUVPOSA ORAL SOLUTION</i>	3	EDS
<i>doxycycline hyclate oral capsule</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>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
EVOXAC ORAL CAPSULE	3	EDS
<i>minocycline hcl er oral tablet extended release 24 hour</i>	1	
<i>minocycline hcl oral capsule</i>	1	
<i>minocycline hcl oral tablet</i>	1	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
<i>pilocarpine hcl oral tablet</i>	1	EDS
SALAGEN ORAL TABLET	3	EDS
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 115 MG, 65 MG	3	
<i>triamcinolone acetonide mouth/throat paste</i>	1	EDS
VIBRAMYCIN ORAL SYRUP	2	
Dermatological Agents		
Dermatological Agents		
ABSORICA ORAL CAPSULE	3	
<i>acitretin oral capsule</i>	1	PA
<i>adapalene external cream</i>	1	
<i>adapalene external gel</i>	1	
<i>adapalene-benzoyl peroxide external gel</i>	1	
<i>ammonium lactate external cream</i>	1	
<i>ammonium lactate external lotion</i>	1	
<i>amnesteem oral capsule</i>	1	
<i>avita external cream</i>	1	
<i>avita external gel</i>	1	
<i>azelaic acid external gel</i>	1	
AZELEX EXTERNAL CREAM	2	
<i>betamethasone dipropionate external lotion</i>	1	
BRYHALI EXTERNAL LOTION	3	
<i>calcipotriene external cream</i>	1	
<i>calcipotriene external ointment</i>	1	
<i>calcipotriene external solution</i>	1	
<i>calcipotriene-betameth diprop external ointment</i>	1	
<i>calcitriol external ointment</i>	1	
CARAC EXTERNAL CREAM	2	

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

Drug Name	Tier	Requirements/Limits
<i>claravis oral capsule</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	1	
<i>clobetasol propionate external liquid</i>	1	
<i>clotrimazole-betamethasone external cream</i>	1	
<i>clotrimazole-betamethasone external lotion</i>	1	
CONDYLOX EXTERNAL GEL	2	
CORTISPORIN EXTERNAL CREAM	3	
CORTISPORIN EXTERNAL OINTMENT	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
<i>dapsone external gel</i>	1	
<i>diclofenac sodium transdermal gel</i>	1	PA; EDS
<i>doxycycline hydiate oral capsule 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
DUOBRII EXTERNAL LOTION	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; EDS
EFUDEX EXTERNAL CREAM	3	
<i>erygel external gel</i>	1	
EUCRISA EXTERNAL OINTMENT	3	PA
FABIOR EXTERNAL FOAM	2	PA
FINACEA EXTERNAL FOAM	2	
<i>fluorouracil external cream</i>	1	
<i>fluorouracil external solution</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>imiquimod 5% external cream</i>	1	PA New Starts
<i>isotretinoin oral capsule</i>	1	
KERYDIN EXTERNAL SOLUTION	3	PA
LOTRISONE EXTERNAL CREAM	3	
LUXIQ EXTERNAL FOAM	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>mafénide acetate external packet</i>	1	
<i>methoxsalen rapid oral capsule</i>	1	
MIRVASO EXTERNAL GEL	3	ST
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	1	
<i>myorisan oral capsule</i>	1	
NATROBA EXTERNAL SUSPENSION	3	
NEO-SYNALAR EXTERNAL CREAM	3	
<i>neuac external gel</i>	1	
<i>nystatin-triamcinolone external cream</i>	1	
<i>nystatin-triamcinolone external ointment</i>	1	
<i>oxiconazole nitrate external cream</i>	1	
OXSORALEN ULTRA ORAL CAPSULE	2	
PICATO EXTERNAL GEL	3	
<i>pimecrolimus external cream</i>	1	
<i>podofilox external solution</i>	1	
<i>prednicarbate external cream</i>	1	
REGRANEX EXTERNAL GEL	2	QL (45 GM per 30 days)
RETIN-A EXTERNAL CREAM	3	
RETIN-A EXTERNAL GEL	3	
RETIN-A MICRO EXTERNAL GEL	3	
SANTYL EXTERNAL OINTMENT	2	
<i>selenium sulfide external lotion</i>	1	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
SOOLANTRA EXTERNAL CREAM	3	
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	2	EDS
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
TACLONEX EXTERNAL OINTMENT	3	
<i>tacrolimus external ointment</i>	1	EDS
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	LA; EDS
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	LA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>tazarotene external cream</i>	1	PA New Starts; PA Except Dermatology
TAZORAC EXTERNAL CREAM	2	PA New Starts; PA Except Dermatology
TAZORAC EXTERNAL GEL	2	PA New Starts; PA Except Dermatology
TEXACORT EXTERNAL SOLUTION	2	
TOLAK EXTERNAL CREAM	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	EDS
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
<i>tretinoiin external cream</i>	1	
<i>tretinoiin external gel</i>	1	
<i>tretinoiin microsphere external gel</i>	1	
TRIANEX EXTERNAL OINTMENT	3	
VALCHLOR EXTERNAL GEL	3	PA New Starts
<i>zenatane oral capsule</i>	1	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/ Mineral Replacement

CARBAGLU ORAL TABLET	2	PA; LA; EDS
ISOLYTE-S INTRAVENOUS SOLUTION	3	
<i>klor-con 10 oral tablet extended release</i>	1	EDS
<i>klor-con m10 oral tablet extended release</i>	1	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	EDS
<i>klor-con m20 oral tablet extended release</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 ORAL TABLET EXTENDED RELEASE	3	EDS
<i>magnesium sulfate injection solution 50 %, 50 % (10ml syringe)</i>	1	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
<i>potassium chloride crys er oral tablet extended release</i>	1	EDS

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

Drug Name	Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release</i>	1	EDS
<i>potassium chloride er oral tablet extended release</i>	1	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	1	
<i>potassium chloride oral packet</i>	1	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	EDS
<i>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
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	2	
<i>deferasirox oral tablet soluble</i>	1	PA; LA; EDS
DEPEN TITRATABS ORAL TABLET	2	
FERRIPROX ORAL SOLUTION	3	PA New Starts; LA; EDS
FERRIPROX ORAL TABLET	3	PA New Starts; LA; EDS
FREAMINE HBC INTRAVENOUS SOLUTION	2	BD
JADENU ORAL TABLET	3	PA; EDS
JADENU SPRINKLE ORAL PACKET	3	PA; EDS
<i>kionex oral suspension</i>	1	EDS
<i>klor-con oral packet 20 meq</i>	1	EDS
LOKELMA ORAL PACKET	2	EDS
<i>penicillamine oral capsule</i>	1	PA; EDS
PLENAMINE INTRAVENOUS SOLUTION	2	BD
SAMSCA ORAL TABLET	2	PA
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps oral suspension</i>	1	EDS
<i>trientine hcl oral capsule</i>	1	PA; EDS
VELPHORO ORAL TABLET CHEWABLE	3	EDS
VELTASSA ORAL PACKET	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
Electrolytes/Minerals/Metals/Vitamins		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	2	BD
AMINOSYN-PF INTRAVENOUS SOLUTION	2	BD
CARNITOR ORAL SOLUTION	3	EDS
CARNITOR ORAL TABLET	3	EDS
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	2	BD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	2	BD
<i>clinisol sf intravenous solution</i>	1	BD
<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>hepatamine intravenous solution</i>	1	BD
<i>intralipid intravenous emulsion 20 %</i>	1	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	3	BD
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	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>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 intravenous solution</i>	1	BD
<i>levocarnitine oral solution</i>	1	EDS
<i>levocarnitine oral tablet</i>	1	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	BD
<i>normosol-m in d5w intravenous solution</i>	1	BD
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	BD
<i>nutrilipid intravenous emulsion</i>	1	BD
PLENAMINE INTRAVENOUS SOLUTION	2	BD
<i>potassium chloride in dextrose intravenous solution 20-5 meq/l-%, 40-5 meq/l-%</i>	1	
PREMASOL INTRAVENOUS SOLUTION	2	BD
<i>prenatal oral tablet 27-1 mg</i>	1	
PROCALAMINE INTRAVENOUS SOLUTION	2	BD
PROSOL INTRAVENOUS SOLUTION	3	BD
<i>tpp electrolytes intravenous solution</i>	1	BD
TRAVASOL INTRAVENOUS SOLUTION	2	BD
TROPHAMINE INTRAVENOUS SOLUTION	2	BD
Vitamins		
<i>doxercalciferol oral capsule</i>	1	ST; EDS
<i>klor-con 10 oral tablet extended release</i>	1	EDS
<i>klor-con m10 oral tablet extended release</i>	1	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	2	EDS
<i>klor-con m20 oral tablet extended release</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
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
<i>dicyclomine hcl oral capsule</i>	1	EDS
<i>dicyclomine hcl oral solution</i>	1	EDS
<i>dicyclomine 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>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	EDS
<i>methscopolamine bromide oral tablet</i>	1	
<i>propantheline bromide oral tablet</i>	1	
<i>scopolamine transdermal patch 72 hour</i>	1	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	3	
Gastrointestinal Agents		
<i>amoxicill-clarithro-lansopraz oral</i>	1	
OMECLAMOX-PAK ORAL	3	
PYLERA ORAL CAPSULE	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UCERIS RECTAL FOAM	3	
Gastrointestinal Agents, Other		
ACTIGALL ORAL CAPSULE	3	EDS
CHENODAL ORAL TABLET	3	PA; LA
CHOLBAM ORAL CAPSULE	3	PA; EDS
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
GATTEX SUBCUTANEOUS KIT	3	PA; LA; EDS
LOMOTIL ORAL TABLET	3	
<i>loperamide hcl oral capsule</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	
MOVANTIK ORAL TABLET	3	
MYTESI ORAL TABLET DELAYED RELEASE	2	PA New Starts; EDS
OCALIVA ORAL TABLET	3	PA; LA; EDS
<i>protozoze-hc rectal cream</i>	1	
REGLAN ORAL TABLET	3	
RELISTOR ORAL TABLET	2	
RELISTOR SUBCUTANEOUS SOLUTION	2	
SYMPROIC ORAL TABLET	3	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UCERIS RECTAL FOAM	3	
URSO 250 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
URSO FORTE ORAL TABLET	3	EDS
<i>ursodiol oral capsule</i>	1	EDS
<i>ursodiol oral tablet</i>	1	EDS
XERMELO ORAL TABLET	3	PA; LA; EDS
XIFAXAN ORAL TABLET 200 MG	2	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
Histamine2 (H2) Receptor Antagonists		
<i>cimetidine hcl oral solution</i>	1	EDS
<i>cimetidine oral tablet</i>	1	EDS
<i>famotidine oral suspension reconstituted</i>	1	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>nizatidine oral capsule</i>	1	EDS
<i>nizatidine oral solution</i>	1	EDS
<i>ranitidine hcl oral capsule</i>	1	EDS
<i>ranitidine hcl oral syrup 75 mg/5ml</i>	1	EDS
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	1	EDS
Irritable Bowel Syndrome Agents		
<i>alosetron hcl oral tablet</i>	1	EDS
AMITIZA ORAL CAPSULE	2	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	2	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	2	EDS
LOTRONEX ORAL TABLET	3	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UCERIS RECTAL FOAM	3	
VIBERZI ORAL TABLET	3	PA; EDS
Laxatives		
CLENPIQ ORAL SOLUTION	3	
<i>constulose oral solution</i>	1	EDS
<i>enulose oral solution</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>gavilyte-c oral solution reconstituted</i>	1	
<i>gavilyte-g oral solution reconstituted</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	1	
<i>generlac oral solution</i>	1	EDS
GOLYTELY ORAL SOLUTION RECONSTITUTED	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
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED	3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1	
PREPOPIK ORAL PACKET	3	
<i>trilyte oral solution reconstituted</i>	1	
Protectants		
CARAFATE ORAL SUSPENSION	2	EDS
CARAFATE ORAL TABLET	3	EDS
CYTOTEC ORAL TABLET	3	EDS
<i>misoprostol oral tablet</i>	1	EDS
<i>sucralfate oral tablet</i>	1	EDS
Proton Pump Inhibitors		
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	EDS
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	1	EDS
<i>lansoprazole oral capsule delayed release</i>	1	EDS
<i>omeprazole oral capsule delayed release</i>	1	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	1	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	1	EDS
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment		
CERDELGA ORAL CAPSULE	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
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	EDS
CYSTADANE ORAL POWDER	2	EDS
CYSTAGON ORAL CAPSULE	2	LA; EDS
GALAFOLD ORAL CAPSULE	3	PA New Starts; LA; EDS
KUVAN ORAL PACKET	2	PA; LA; EDS
KUVAN ORAL TABLET SOLUBLE	2	PA; LA; EDS
<i>miglustat oral capsule</i>	1	PA New Starts; EDS
NITYR ORAL TABLET	2	PA
ORFADIN ORAL CAPSULE	2	PA; LA; EDS
ORFADIN ORAL SUSPENSION	2	PA; LA; EDS
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
RAVICTI ORAL LIQUID	3	PA; LA; EDS
RUZURGI ORAL TABLET	3	PA; LA
<i>sodium phenylbutyrate oral tablet</i>	1	EDS
SUCRAID ORAL SOLUTION	2	PA; LA; EDS
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VIOKACE ORAL TABLET	2	EDS
XURIDEN ORAL PACKET	2	PA; EDS
ZAVESCA ORAL CAPSULE	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		
Antispasmodics, Urinary		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1	EDS
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	3	EDS
<i>flavoxate hcl oral tablet</i>	1	EDS
GELNIQUE PUMP TRANSDERMAL GEL	3	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1	EDS
<i>oxybutynin chloride oral syrup</i>	1	EDS
<i>oxybutynin chloride oral tablet</i>	1	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1	EDS
<i>tolterodine tartrate oral tablet</i>	1	EDS
<i>trospium chloride er oral capsule extended release 24 hour</i>	1	EDS
<i>trospium chloride oral tablet</i>	1	EDS
Benign Prostatic Hypertrophy Agents		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>AVODART ORAL CAPSULE</i>	3	EDS
<i>CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR</i>	3	EDS
<i>doxazosin mesylate oral tablet</i>	1	EDS
<i>dutasteride oral capsule</i>	1	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	1	EDS
<i>finasteride oral tablet 5 mg</i>	1	EDS
<i>JALYN ORAL CAPSULE</i>	3	EDS
<i>prazosin hcl oral capsule</i>	1	EDS
<i>silodosin oral capsule</i>	1	EDS
<i>tamsulosin hcl oral capsule</i>	1	EDS
<i>terazosin hcl oral capsule</i>	1	EDS
Genitourinary Agents, Other		
<i>bethanechol chloride oral tablet</i>	1	EDS
<i>DEPEN TITRATABS ORAL TABLET</i>	2	
<i>ELMIRON ORAL CAPSULE</i>	2	
<i>JYNARQUE ORAL TABLET 15 MG</i>	3	PA; LA; QL (60 EA per 30 days)
<i>JYNARQUE ORAL TABLET 30 MG</i>	3	PA; LA; QL (30 EA per 30 days)
<i>JYNARQUE ORAL TABLET THERAPY PACK</i>	3	PA; LA
<i>penicillamine oral capsule</i>	1	PA; EDS
<i>potassium citrate er oral tablet extended release</i>	1	EDS
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	EDS
<i>URECHOLINE ORAL TABLET</i>	3	EDS
<i>UROCIT-K 10 ORAL TABLET EXTENDED RELEASE</i>	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
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	EDS
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	EDS
Phosphate Binders		
AURYXIA ORAL TABLET	3	EDS
<i>calcium acetate (phos binder) oral capsule</i>	1	EDS
<i>calcium acetate (phos binder) oral tablet</i>	1	EDS
FOSRENOL ORAL PACKET	2	EDS
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG	2	EDS
<i>lanthanum carbonate oral tablet chewable</i>	1	EDS
PHOSLYRA ORAL SOLUTION	2	EDS
<i>sevelamer carbonate oral packet</i>	1	EDS
<i>sevelamer carbonate oral tablet</i>	1	EDS
<i>sevelamer hcl oral tablet</i>	1	EDS
VELPHORO ORAL TABLET CHEWABLE	3	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)		
ACTHAR INJECTION GEL	3	PA
ALA SCALP EXTERNAL LOTION	3	
<i>ala-cort external cream</i>	1	
<i>alclometasone dipropionate external cream</i>	1	
<i>alclometasone dipropionate external ointment</i>	1	
AMCINONIDE EXTERNAL LOTION	2	
<i>betamethasone dipropionate aug external cream</i>	1	
<i>betamethasone dipropionate aug external gel</i>	1	
<i>betamethasone dipropionate aug external lotion</i>	1	
<i>betamethasone dipropionate aug external ointment</i>	1	
<i>betamethasone dipropionate external cream</i>	1	
<i>betamethasone dipropionate external ointment</i>	1	
<i>betamethasone valerate external cream</i>	1	
<i>betamethasone valerate external foam</i>	1	
<i>betamethasone valerate external lotion</i>	1	
<i>betamethasone valerate external ointment</i>	1	
CAPEX EXTERNAL SHAMPOO	2	

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

Drug Name	Tier	Requirements/Limits
<i>clobetasol prop emollient base external cream</i>	1	
<i>clobetasol propionate external cream</i>	1	
<i>clobetasol propionate external lotion</i>	1	
<i>clobetasol propionate external ointment</i>	1	
<i>clobetasol propionate external shampoo</i>	1	
<i>clobetasol propionate external solution</i>	1	
CLOBEX EXTERNAL LOTION	2	
CLOBEX EXTERNAL SHAMPOO	2	
CLOBEX SPRAY EXTERNAL LIQUID	3	
<i>clodan external shampoo</i>	1	
CORDRAN EXTERNAL TAPE	2	
CORTEF ORAL TABLET	3	
<i>cortisone acetate oral tablet</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 0.25 %</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	1	
<i>dexpak 13 day oral tablet therapy pack</i>	1	
<i>diflorasone diacetate external ointment</i>	1	
DIPROLENE EXTERNAL OINTMENT	3	
EMFLAZA ORAL SUSPENSION	3	PA; LA
EMFLAZA ORAL TABLET	3	PA; LA
<i>fludrocortisone acetate oral tablet</i>	1	EDS
<i>fluocinolone acetonide external cream</i>	1	
<i>fluocinolone acetonide external ointment</i>	1	
<i>fluocinolone acetonide external solution</i>	1	
<i>fluocinolone acetonide otic oil</i>	1	
<i>fluocinolone acetonide scalp external oil</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>fluocinonide emulsified base external cream</i>	1	
<i>fluocinonide external gel</i>	1	
<i>fluocinonide external ointment</i>	1	
<i>fluocinonide external solution</i>	1	
<i>flurandrenolide external lotion</i>	1	
<i>fluticasone propionate external cream</i>	1	
<i>fluticasone propionate external ointment</i>	1	
<i>halobetasol propionate external cream</i>	1	
<i>halobetasol propionate external ointment</i>	1	
<i>hydrocortisone butyrate external ointment</i>	1	
<i>hydrocortisone butyrate external solution</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet</i>	1	
<i>hydrocortisone valerate external cream</i>	1	
<i>hydrocortisone valerate external ointment</i>	1	
<i>MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG</i>	3	EDS
<i>MEDROL ORAL TABLET 2 MG</i>	3	
<i>MEDROL ORAL TABLET THERAPY PACK</i>	3	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
<i>MILLIPRED ORAL TABLET</i>	2	
<i>mometasone furoate external cream</i>	1	EDS
<i>mometasone furoate external ointment</i>	1	EDS
<i>mometasone furoate external solution</i>	1	EDS
<i>PANDEL EXTERNAL CREAM</i>	2	
<i>prednicarbate external ointment</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>prednisone oral tablet therapy pack</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>procto-pak rectal cream</i>	1	
<i>proctozone-hc rectal cream</i>	1	
TOPICORT EXTERNAL CREAM 0.05 %	3	
<i>triamcinolone acetonide external aerosol solution</i>	1	
<i>triamcinolone acetonide external cream</i>	1	
<i>triamcinolone acetonide external lotion</i>	1	
<i>triamcinolone acetonide external ointment</i>	1	
<i>triderm external cream 0.1 %</i>	1	
ULTRAVATE EXTERNAL LOTION	3	
ULTRAVATE EXTERNAL OINTMENT	3	
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)		
DDAVP NASAL SOLUTION	3	EDS
DDAVP ORAL TABLET	3	EDS
DDAVP RHINAL TUBE NASAL SOLUTION	3	EDS
<i>desmopressin ace spray refrig nasal solution</i>	1	EDS
<i>desmopressin acetate oral tablet</i>	1	EDS
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	3	PA; LA; EDS
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; EDS
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; EDS
HUMATROPE INJECTION SOLUTION RECONSTITUTED	2	PA; EDS
INCRELEX SUBCUTANEOUS SOLUTION	2	PA; LA; EDS
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	2	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
OMNITROPE SUBCUTANEOUS SOLUTION	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ORILISSA ORAL TABLET 150 MG	3	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	3	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA; EDS
SAIZENPREP INJECTION SOLUTION RECONSTITUTED	3	PA; EDS
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	3	PA; EDS
STIMATE NASAL SOLUTION	2	EDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
VYndaqel Oral Capsule	3	PA; LA; EDS
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)		
CYTOTEC ORAL TABLET	3	EDS
<i>misoprostol oral tablet 200 mcg</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
Anabolic Steroids		
ANADROL-50 ORAL TABLET	3	PA New Starts
<i>oxandrolone oral tablet</i>	1	
Androgens		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA; EDS
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	3	PA; EDS
<i>danazol oral capsule</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	PA
FORTESTA TRANSDERMAL GEL	3	PA; EDS
METHITEST ORAL TABLET	2	PA; EDS

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

Drug Name	Tier	Requirements/Limits
<i>methyltestosterone oral capsule</i>	1	PA; EDS
STRIANT Buccal	3	PA; EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution</i>	1	PA
<i>testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA; EDS
<i>testosterone transdermal solution</i>	1	PA; EDS
Estrogens		
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>delestrogen intramuscular oil 10 mg/ml</i>	1	
<i>depo-estradiol intramuscular oil</i>	1	PA
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 TRANSDERMAL PATCH TWICE WEEKLY	1	PA; EDS
DUAVEE ORAL TABLET	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
ELESTRIN TRANSDERMAL GEL	3	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS
ESTRACE ORAL TABLET	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol transdermal patch twice weekly 0.05 mg/24hr</i>	1	PA; PA does NOT apply to age less than 65 or if written by a gynecologist; EDS

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

Drug Name	Tier	Requirements/Limits
<i>estradiol transdermal patch weekly</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>estradiol vaginal cream</i>	1	EDS
<i>estradiol vaginal tablet</i>	1	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	1	
ESTRING VAGINAL RING	2	EDS
EVAMIST TRANSDERMAL SOLUTION	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
FEMRING VAGINAL RING	3	EDS
<i>marlissa oral tablet</i>	1	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	2	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
PREMARIN ORAL TABLET	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMARIN VAGINAL CREAM	2	EDS
<i>yuvafem vaginal tablet</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)		
<i>altavera oral tablet</i>	1	EDS
<i>alyacen 1/35 oral tablet</i>	1	EDS
<i>amabelz oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>amethia lo oral tablet</i>	1	EDS
<i>amethia 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
ANGELIQ ORAL TABLET	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>apri oral tablet</i>	1	EDS
<i>aranelle oral tablet</i>	1	EDS
<i>ashlyna oral tablet</i>	1	EDS
<i>aubra oral tablet</i>	1	EDS
<i>aviane oral tablet</i>	1	EDS
BALCOLTRA ORAL TABLET	2	EDS
<i>balziva oral tablet</i>	1	EDS
<i>blisovi 24 fe oral tablet</i>	1	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	1	EDS
<i>briellyn oral tablet</i>	1	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
<i>camrese lo oral tablet</i>	1	EDS
<i>caziant oral tablet</i>	1	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>cryselle-28 oral tablet</i>	1	EDS
<i>cyclafem 1/35 oral tablet</i>	1	EDS
<i>cyclafem 7/7/7 oral tablet</i>	1	EDS
<i>deblitane oral tablet</i>	1	EDS
<i>delyla oral tablet</i>	1	EDS
<i>desogestrel-ethinyl estradiol oral tablet</i>	1	EDS
<i>drospirene-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>	1	EDS
<i>drospirenone-ethinyl estradiol oral tablet</i>	1	EDS
<i>emoquette oral tablet</i>	1	EDS
<i>enpresse-28 oral tablet</i>	1	EDS
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	EDS
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	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>estarrylla oral tablet</i>	1	EDS
<i>estradiol valerate intramuscular oil 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	EDS
<i>falmina oral tablet</i>	1	EDS
<i>fayosim oral tablet</i>	1	EDS
<i>femynor oral tablet</i>	1	EDS
<i>fyavolv oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
GENERESS FE ORAL TABLET CHEWABLE	3	EDS
<i>gianvi oral tablet</i>	1	EDS
<i>hailey 24 fe oral tablet</i>	1	EDS
<i>incassia oral tablet</i>	1	EDS
<i>introvale oral tablet</i>	1	EDS
<i>isibloom oral tablet</i>	1	EDS
<i>jasmiel oral tablet</i>	1	EDS
<i>jintelii oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>juleber oral tablet</i>	1	EDS
<i>junel 1.5/30 oral tablet</i>	1	EDS
<i>junel 1/20 oral tablet</i>	1	EDS
<i>junel fe 1.5/30 oral tablet</i>	1	EDS
<i>junel fe 1/20 oral tablet</i>	1	EDS
<i>junel fe 24 oral tablet</i>	1	EDS
<i>kaitlib fe oral tablet chewable</i>	1	EDS
<i>kariva oral tablet</i>	1	EDS
<i>kelnor 1/35 oral tablet</i>	1	EDS
<i>kelnor 1/50 oral tablet</i>	1	EDS
<i>kurvelo oral tablet</i>	1	EDS
<i>larin 1.5/30 oral tablet</i>	1	EDS
<i>larin 1/20 oral tablet</i>	1	EDS
<i>larin fe 1.5/30 oral tablet</i>	1	EDS
<i>larin fe 1/20 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>larissa oral tablet</i>	1	EDS
<i>layolis fe oral tablet chewable</i>	1	EDS
<i>leena oral tablet</i>	1	EDS
<i>lessina oral tablet</i>	1	EDS
<i>levonest oral tablet</i>	1	EDS
<i>levonorgest-eth est & eth est oral tablet</i>	1	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	1	EDS
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1	EDS
<i>levonorg-eth estrad triphasic oral tablet</i>	1	EDS
<i>levora 0.15/30 (28) oral tablet</i>	1	EDS
LO LOESTRIN FE ORAL TABLET	2	EDS
<i>lopreeza oral tablet 1-0.5 mg</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>loryna oral tablet</i>	1	EDS
<i>low-ogestrel oral tablet</i>	1	EDS
<i>lutera oral tablet</i>	1	EDS
<i>marlissa oral tablet</i>	1	EDS
<i>melodetta 24 fe oral tablet chewable</i>	1	EDS
<i>mibelas 24 fe oral tablet chewable</i>	1	EDS
<i>microgestin 1.5/30 oral tablet</i>	1	EDS
<i>microgestin 1/20 oral tablet</i>	1	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	1	EDS
<i>microgestin fe 1/20 oral tablet</i>	1	EDS
<i>mili oral tablet</i>	1	EDS
<i>mimvey lo oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>mimvey oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
NATAZIA ORAL TABLET	3	EDS
<i>necon 0.5/35 (28) oral tablet</i>	1	EDS
<i>nikki oral tablet</i>	1	EDS
<i>nora-be oral tablet</i>	1	EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</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>norethin ace-eth estrad-fe oral tablet chewable</i>	1	EDS
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg</i>	1	EDS
<i>norethindrone-eth estradiol oral tablet</i>	1	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	1	EDS
<i>norlyroc oral tablet</i>	1	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	1	EDS
<i>nortrel 1/35 (21) oral tablet</i>	1	EDS
<i>nortrel 1/35 (28) oral tablet</i>	1	EDS
<i>nortrel 7/7/7 oral tablet</i>	1	EDS
NUVARING VAGINAL RING	2	EDS
<i>ocella oral tablet</i>	1	EDS
OGESTREL ORAL TABLET	2	EDS
<i>orsythia oral tablet</i>	1	EDS
ORTHO TRI-CYCLEN LO ORAL TABLET	2	EDS
<i>pimtrea oral tablet</i>	1	EDS
<i>pirmella 1/35 oral tablet</i>	1	EDS
<i>portia-28 oral tablet</i>	1	EDS
PREFEST ORAL TABLET	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPHASE ORAL TABLET	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
PREMPRO ORAL TABLET	2	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>previfem oral tablet</i>	1	EDS
<i>reclipsen oral tablet</i>	1	EDS
<i>rivilsa oral tablet</i>	1	EDS
<i>setlakin oral tablet</i>	1	EDS
<i>sharobel oral tablet</i>	1	EDS
SLYND 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
sprintec 28 oral tablet	1	EDS
sronyx oral tablet	1	EDS
syeda oral tablet	1	
tarina 24 fe oral tablet	1	EDS
tarina fe 1/20 oral tablet	1	EDS
tri-estarrylla oral tablet	1	EDS
tri-legest fe oral tablet	1	EDS
tri-lo-estarrylla oral tablet	1	EDS
tri-lo-sprintec oral tablet	1	
tri-mili oral tablet	1	EDS
tri-previfem oral tablet	1	EDS
tri-sprintec oral tablet	1	EDS
trivora (28) oral tablet	1	EDS
tri-vylibra lo oral tablet	1	EDS
tri-vylibra oral tablet	1	EDS
tydemy oral tablet	1	EDS
velivet oral tablet	1	EDS
vienva oral tablet	1	EDS
vyfemla oral tablet	1	EDS
vylibra oral tablet	1	EDS
wymzya fe oral tablet chewable	1	EDS
xulane transdermal patch weekly	1	EDS
zarah oral tablet	1	EDS
zovia 1/35e (28) oral tablet	1	EDS
Progestins		
camila oral tablet	1	EDS
CRINONE VAGINAL GEL 4 %	3	PA; EDS
CRINONE VAGINAL GEL 8 %	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
errin oral tablet	1	EDS
lyza oral tablet	1	EDS
marlissa oral tablet	1	EDS
medroxyprogesterone acetate intramuscular suspension	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>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1	
<i>medroxyprogesterone acetate oral tablet</i>	1	EDS
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	PA; EDS
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	PA
<i>megestrol acetate oral tablet</i>	1	EDS
<i>norethindrone acetate oral tablet</i>	1	EDS
<i>norethindrone oral tablet</i>	1	EDS
<i>progesterone micronized oral capsule</i>	1	EDS
Selective Estrogen Receptor Modifying Agents		
DUAVEE ORAL TABLET	3	PA; PA does not apply to age less than 65 or if written by a gynecologist; EDS
<i>raloxifene hcl oral tablet</i>	1	EDS
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)		
CYTOMEL ORAL TABLET	3	EDS
<i>levo-t oral tablet</i>	1	EDS
<i>levothyroxine sodium oral tablet</i>	1	EDS
<i>levoxyl oral tablet</i>	1	EDS
<i>liothyronine sodium oral tablet</i>	1	EDS
SYNTHROID ORAL TABLET	2	EDS
TIROSINT ORAL CAPSULE	3	EDS
<i>tirosint-sol oral solution</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)		
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN ORAL TABLET	2	
Hormonal Agents, Suppressant (Pituitary)		
Hormonal Agents, Suppressant (Pituitary)		
<i>bromocriptine mesylate oral capsule</i>	1	EDS
<i>bromocriptine mesylate oral tablet</i>	1	EDS
<i>cabergoline oral tablet</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
ELIGARD SUBCUTANEOUS KIT	2	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA New Starts
<i>leuprolide acetate injection kit</i>	1	PA New Starts
LUPANETA PACK COMBINATION KIT	3	PA New Starts
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	2	PA New Starts
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	2	PA New Starts
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	2	PA New Starts
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	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 SUBCUTANEOUS SOLUTION	3	PA; LA; EDS
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	2	PA New Starts
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
SYNAREL NASAL SOLUTION	2	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA New Starts
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
<i>methimazole oral tablet</i>	1	EDS
<i>propylthiouracil oral tablet</i>	1	EDS
TAPAZOLE ORAL TABLET	3	EDS
Immunological Agents		
Angioedema Agents		
BERINERT INTRAVENOUS KIT	3	PA New Starts; LA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
<i>icatibant acetate subcutaneous solution</i>	1	PA New Starts

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

Drug Name	Tier	Requirements/Limits
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
<i>takhzyro subcutaneous solution</i>	3	PA New Starts; LA; EDS
Immune Suppressants		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	EDS
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
AFINITOR DISPERZ ORAL TABLET SOLUBLE	2	PA New Starts
AFINITOR ORAL TABLET 2.5 MG	2	PA New Starts
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	BD; EDS
AZASAN ORAL TABLET	2	BD; EDS
<i>azathioprine oral tablet</i>	1	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA New Starts; EDS
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA New Starts; EDS
CELLCEPT ORAL CAPSULE	3	BD; EDS
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	BD; EDS
CELLCEPT ORAL TABLET	3	BD; EDS
CIMZIA PREFILLED SUBCUTANEOUS KIT	2	EDS
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	2	
<i>cyclosporine modified oral capsule</i>	1	BD; EDS
<i>cyclosporine modified oral solution</i>	1	BD; EDS
<i>cyclosporine oral capsule</i>	1	BD; EDS
DEPEN TITRATABS ORAL TABLET	2	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	2	EDS
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	BD; EDS
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	BD; \$0; EDS

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

Drug Name	Tier	Requirements/Limits
<i>gengraf oral solution</i>	1	BD; \$0; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT	2	EDS
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	EDS
IMURAN ORAL TABLET	3	BD; EDS
INGREZZA ORAL CAPSULE	3	PA; LA; EDS
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA; LA; EDS
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	EDS
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	EDS
<i>mercaptopurine oral tablet</i>	1	EDS
<i>methotrexate oral tablet</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>mycophenolate mofetil oral capsule</i>	1	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	1	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	1	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	1	BD; EDS
MYFORTIC ORAL TABLET DELAYED RELEASE	3	BD; EDS
NEORAL ORAL CAPSULE	3	BD; EDS
NEORAL ORAL SOLUTION	3	BD; EDS
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>pimecrolimus external cream</i>	1	
PROGRAF ORAL CAPSULE	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
PROGRAF ORAL PACKET	3	BD; EDS
RAPAMUNE ORAL TABLET	3	BD; EDS
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	3	PA; EDS
SANDIMMUNE ORAL CAPSULE	3	BD; EDS
SANDIMMUNE ORAL SOLUTION	3	BD; EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	2	EDS
<i>sirolimus oral solution</i>	1	BD; EDS
<i>sirolimus oral tablet</i>	1	BD; EDS
<i>tacrolimus oral capsule</i>	1	BD; EDS
TREXALL ORAL TABLET	2	
XATMEP ORAL SOLUTION	3	PA New Starts
XELJANZ ORAL TABLET	2	EDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
ZORTRESS ORAL TABLET	2	BD; EDS
Immunizing Agents, Passive		
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	2	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	2	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	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
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	2	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	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
Immunological Agents		
ARAVA ORAL TABLET	3	EDS
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION	2	PA; LA; EDS
ARAVA ORAL TABLET	3	EDS
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; LA; EDS
<i>leflunomide oral tablet 10 mg</i>	1	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	1	EDS
RIDAURA ORAL CAPSULE	2	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	EDS
Vaccines		
<i>acthib intramuscular solution reconstituted</i>	1	
<i>adacel intramuscular suspension</i>	1	
BCG VACCINE INJECTION INJECTABLE	2	
<i>bexsero intramuscular suspension prefilled syringe</i>	1	
<i>boostrix intramuscular suspension 5-2.5-18.5 , 5-2.5-18.5 (0.5ml syringe)</i>	1	
<i>daptacel intramuscular suspension 23-15-5</i>	1	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	1	
<i>engerix-b injection suspension</i>	1	BD
<i>gardasil 9 intramuscular suspension</i>	1	
<i>gardasil 9 intramuscular suspension prefilled syringe</i>	1	
<i>havrix intramuscular suspension</i>	1	
<i>hiberix injection solution reconstituted</i>	1	
<i>imovax rabies intramuscular injectable</i>	1	
<i>infanrix intramuscular suspension</i>	1	
<i>ipol injection injectable</i>	1	
<i>ixiaro intramuscular suspension</i>	1	
<i>kinrix intramuscular suspension</i>	1	

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

Drug Name	Tier	Requirements/Limits
KINRIX INTRAMUSCULAR SUSPENSION INJECTION 0.5 ML	1	
<i>menactra intramuscular injectable</i>	1	
<i>menevo intramuscular solution reconstituted</i>	1	
<i>m-m-r ii injection solution reconstituted</i>	1	
<i>pediarix intramuscular suspension</i>	1	
<i>pedvax hib intramuscular suspension</i>	1	
<i>proquad subcutaneous suspension reconstituted</i>	1	
<i>quadracel intramuscular suspension</i>	1	
<i>rabavert intramuscular suspension reconstituted</i>	1	
<i>recombivax hb injection suspension</i>	1	BD
<i>rotarix oral suspension reconstituted</i>	1	
<i>rotateq oral solution</i>	1	
<i>shingrix intramuscular suspension reconstituted 50 mcg/0.5ml</i>	1	
<i>tdvax intramuscular suspension</i>	1	
<i>tenivac intramuscular injectable</i>	1	
<i>trumenba intramuscular suspension prefilled syringe</i>	1	
<i>twinrix intramuscular suspension prefilled syringe</i>	1	
<i>typhim vi intramuscular solution</i>	1	
<i>vaqta intramuscular suspension</i>	1	
<i>varivax subcutaneous injectable</i>	1	
<i>varizig intramuscular solution</i>	1	
<i>yf-vax subcutaneous injectable</i>	1	
<i>zostavax subcutaneous suspension reconstituted</i>	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	EDS
ASACOL HD ORAL TABLET DELAYED RELEASE	2	EDS
<i>balsalazide disodium oral capsule</i>	1	
DIPENTUM ORAL CAPSULE	3	EDS
<i>mesalamine oral capsule delayed release</i>	1	EDS
<i>mesalamine oral tablet delayed release</i>	1	EDS
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</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
PENTASA ORAL CAPSULE EXTENDED RELEASE	2	EDS
ROWASA RECTAL KIT	2	
Glucocorticoids		
ANUSOL-HC RECTAL CREAM	3	
<i>budesonide er oral tablet extended release 24 hour</i>	1	
<i>budesonide oral capsule delayed release particles</i>	1	
<i>cocolort rectal enema</i>	1	
CORTEF ORAL TABLET	3	
<i>cortisone acetate oral tablet</i>	1	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	2	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	1	
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
<i>hydrocortisone oral tablet</i>	1	
<i>hydrocortisone rectal enema</i>	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	EDS
MEDROL ORAL TABLET THERAPY PACK	3	
<i>methylprednisolone oral tablet</i>	1	BD; EDS
<i>methylprednisolone oral tablet therapy pack</i>	1	
MILLIPRED ORAL TABLET	2	
<i>prednisolone acetate ophthalmic suspension</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 oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	BD; EDS
<i>procto-med hc rectal cream</i>	1	
<i>proctosol hc rectal cream</i>	1	
Sulfonamides		
<i>sulfasalazine 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>sulfasalazine oral tablet delayed release</i>	1	EDS
Metabolic Bone Disease Agents		
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 ORAL TABLET DELAYED RELEASE	3	EDS
BINOSTO ORAL TABLET EFFERVESCENT	3	EDS
<i>calcitonin (salmon) nasal solution</i>	1	EDS
<i>calcitriol oral capsule</i>	1	EDS
<i>calcitriol oral solution</i>	1	EDS
<i>cinacalcet hcl oral tablet</i>	1	EDS
<i>doxercalciferol oral capsule</i>	1	ST; EDS
<i>etidronate disodium oral tablet</i>	1	
FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; EDS
FOSAMAX ORAL TABLET 70 MG	3	EDS
<i>ibandronate sodium oral tablet</i>	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	3	PA; LA; EDS
<i>paricalcitol oral capsule</i>	1	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	ST; EDS
<i>risedronate sodium oral tablet 150 mg, 35 mg, 5 mg</i>	1	EDS
<i>risedronate sodium oral tablet 30 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	
<i>risedronate sodium oral tablet delayed release</i>	1	EDS
ROCALTROL ORAL CAPSULE	3	EDS
ROCALTROL ORAL SOLUTION	3	EDS
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; EDS
XGEVA SUBCUTANEOUS SOLUTION	3	PA New Starts
ZEMPLAR ORAL CAPSULE 2 MCG	3	ST; EDS

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

Drug Name	Tier	Requirements/Limits
Non-Frf		
Non-Frf		
1st tier unifine pentips 31g x 5 mm	1	
1st tier unifine pentips plus 31g x 5 mm	1	
acetaminophen-codeine #2 oral tablet	1	
acetaminophen-codeine #4 oral tablet	1	
acetasol hc otic solution	1	
ACTIONEL ORAL TABLET 30 MG	3	
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	EDS
ACZONE EXTERNAL GEL 7.5 %	3	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 30 MG	3	EDS
advocate insulin pen needles 31g x 5 mm	1	
afeditab cr oral tablet extended release 24 hour	1	EDS
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; EDS
AKTEN OPHTHALMIC GEL	3	
AKYNZEO ORAL CAPSULE	3	PA
ALCAINE OPHTHALMIC SOLUTION	3	
alprazolam xr oral tablet extended release 24 hour 0.5 mg	1	
ALTABAX EXTERNAL OINTMENT	3	
alyacen 7/7/7 oral tablet	1	EDS
AMETHYST ORAL TABLET	2	EDS
AMICAR ORAL TABLET	3	
aminocaproic acid oral tablet	1	
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	2	BD
aminosyn ii/electrolytes intravenous solution	1	BD
AMINOSYN INTRAVENOUS SOLUTION 10 %	2	BD
AMINOSYN M INTRAVENOUS SOLUTION	2	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 %	2	BD
aminosyn/electrolytes intravenous solution 8.5 %	1	BD
AMINOSYN-HBC INTRAVENOUS SOLUTION	2	BD
AMINOSYN-RF INTRAVENOUS SOLUTION	2	BD

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

Drug Name	Tier	Requirements/Limits
AMPHOTERICIN B INJECTION SOLUTION RECONSTITUTED	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	
ANAPROX DS ORAL TABLET	3	EDS
ANNOVERA VAGINAL RING	3	EDS
ANZEMET ORAL TABLET	3	BD
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	PA New Starts; LA
<i>atropine sulfate ophthalmic ointment</i>	1	EDS
<i>aurora unifine pentips 31g x 5 mm</i>	1	
AVELOX INTRAVENOUS SOLUTION	2	
AVONEX INTRAMUSCULAR KIT	2	EDS
<i>azurette oral tablet</i>	1	EDS
BACTROBAN EXTERNAL CREAM	3	
BACTROBAN NASAL NASAL OINTMENT	3	
<i>bd insulin syringe 25g x 1" 1 ml</i>	1	
<i>bd pen needle mini u/f</i>	1	
<i>bekyree oral tablet</i>	1	EDS
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	EDS
BIO-STATIN ORAL CAPSULE	2	
<i>bio-statin oral powder</i>	1	
BIVIGAM INTRAVENOUS SOLUTION	2	PA
<i>blisovi fe 1/20 oral tablet</i>	1	EDS
BRAFTOVI ORAL CAPSULE 50 MG	3	PA New Starts; LA
BYVALSON ORAL TABLET	3	EDS
<i>calcium acetate oral tablet 668 (169 ca) mg</i>	1	
<i>camrese oral tablet</i>	1	
<i>careone unifine pentips 31g x 5 mm</i>	1	
<i>careone unifine pentips plus 31g x 5 mm</i>	1	
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	2	PA
CARNITOR INTRAVENOUS SOLUTION	3	BD
<i>cefditoren pivoxil oral tablet</i>	1	

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

Drug Name	Tier	Requirements/Limits
CEFOTETAN DISODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1	
CEREBYX INJECTION SOLUTION 500 MG PE/10ML	3	
<i>cesia oral tablet</i>	1	EDS
<i>chateal oral tablet</i>	1	EDS
CHLORPROMAZINE HCL INJECTION SOLUTION 25 MG/ML	3	
<i>chlorpropamide oral tablet</i>	1	PA; PA does not apply to age less than 65.; EDS
<i>cholestyramine light oral packet</i>	1	EDS
<i>cholestyramine oral powder</i>	1	EDS
CICLODAN EXTERNAL SOLUTION	3	
CIMZIA STARTER KIT SUBCUTANEOUS KIT	2	EDS
<i>ciprofloxacin oral suspension reconstituted 250 mg/5ml (5%)</i>	1	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	1	
CLEOCIN-T EXTERNAL SOLUTION	3	
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	2	BD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	2	BD
<i>clobetasol propionate e external cream</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
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
<i>comfort ez pen needles 31g x 5 mm</i>	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM RECTAL FOAM	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
crotan external lotion	1	
cyclopentolate hcl ophthalmic solution 1 %, 2 %	1	EDS
cyred oral tablet	1	EDS
CYTRA-3 ORAL SYRUP	2	EHS
dasetta 1/35 oral tablet	1	EDS
dasetta 7/7/7 oral tablet	1	EDS
daysee oral tablet	1	
DERMOTIC OTIC OIL	3	
desmopressin acetate spray nasal solution	1	EDS
dexamethasone oral solution	1	
dextroamphetamine sulfate oral solution	1	EDS
dextrose in lactated ringers intravenous solution	1	BD
DIACOMIT ORAL CAPSULE	3	PA New Starts; LA; EDS
DIACOMIT ORAL PACKET	3	PA New Starts; LA; EDS
DIAZEPAM RECTAL GEL	2	
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE	2	EDS
DILAUDID INJECTION SOLUTION 2 MG/ML	3	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	1	EDS
diltiazem hcl er coated beads oral tablet extended release 24 hour	1	EDS
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	EDS
diltiazem hcl intravenous solution 50 mg/10ml	1	
diltiazem hcl intravenous solution reconstituted	1	
diphenhydramine hcl oral capsule 50 mg	1	
diphenhydramine hcl oral elixir	1	PA; PA does not apply to age less than 65.
DIPROLENE AF EXTERNAL CREAM	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
DORIPENEM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	3	

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

Drug Name	Tier	Requirements/Limits
dorzolamide hcl-timolol mal pf ophthalmic solution	1	EDS
doxycycline hyclate intravenous solution reconstituted	1	
D-PENAMINE ORAL TABLET	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 oral tablet 3-0.03-0.451 mg	1	EDS
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	EDS
elinetor oral tablet	1	EDS
ELIXOPHYLLIN ORAL ELIXIR	2	EDS
EMADINE OPHTHALMIC SOLUTION	3	
ENDOMETRIN VAGINAL INSERT	2	
enoxaparin sodium injection solution	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	2	LA
erythromycin external pad	1	
erythromycin oral tablet delayed release	1	
ESGIC ORAL CAPSULE	3	PA
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 SUBCUTANEOUS SOLUTION AUTO-Injector	3	PA; EDS
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	2	PA
fluocinolone acetonide body external oil	1	
fluocinonide external cream 0.05 %	1	
fosphenytoin sodium injection solution 100 mg pe/2ml	1	
GALZIN ORAL CAPSULE	2	
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	2	PA

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

Drug Name	Tier	Requirements/Limits
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	2	PA
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	2	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	2	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	2	PA
<i>gavilyte-h oral kit</i>	1	
GELNIQUE TRANSDERMAL GEL 10 %	3	EDS
<i>gentamicin in saline intravenous solution 2-0.9 mg/ml-%</i>	1	
<i>gildess fe 1.5/30 oral tablet</i>	1	
GLYCATE ORAL TABLET	3	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
<i>gvoke pfs subcutaneous solution prefilled syringe</i>	1	
HARVONI ORAL TABLET 45-200 MG	2	PA; QL (30 EA per 30 days)
<i>heather oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	3	PA; EDS
<i>heparin (porcine) in nacl injection solution 2-0.9 unit/ml-%</i>	1	BD
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	1	BD
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	1	BD
<i>homatropine hbr ophthalmic solution</i>	1	EDS
<i>hydralazine hcl injection solution</i>	1	
<i>hydrocodone-acetaminophen oral solution 10- 325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	
<i>hydromorphone hcl injection solution 1 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone hcl pf injection solution 500 mg/50ml</i>	1	
HYDROMORPHONE HCL RECTAL SUPPOSITORY	2	

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

Drug Name	Tier	Requirements/Limits
<i>hyperrab injection solution</i>	1	BD
<i>hyperrab s/d injection solution</i>	1	BD
HYPERSAL INHALATION NEBULIZATION SOLUTION	3	
ILARIS SUBCUTANEOUS SOLUTION	3	PA; LA
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML	3	
<i>imogam rabies-ht injection solution 300 unit/2ml</i>	1	BD
INOVA EXTERNAL KIT	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION	2	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION	3	PA New Starts; EDS
ISOPTO ATROPINE OPHTHALMIC SOLUTION	2	
ISOPTO HOMATROPINE OPHTHALMIC SOLUTION 5 %	2	EDS
ISUPREL INJECTION SOLUTION	3	
<i>ivermectin external cream</i>	1	
<i>jencycla oral tablet</i>	1	
<i>jolessa oral tablet</i>	1	
<i>jolivette oral tablet</i>	1	EDS
<i>kcl in dextrose-nacl intravenous solution 20-5-0.225 meq/l-%-%</i>	1	BD
KERALYT EXTERNAL GEL	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	EDS
KISQALI 200 DOSE ORAL TABLET	3	PA New Starts
KISQALI 400 DOSE ORAL TABLET	3	PA New Starts
KISQALI 600 DOSE ORAL TABLET	3	PA New Starts
<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	
LAC-HYDRIN EXTERNAL CREAM	3	
<i>lactated ringers intravenous solution</i>	1	
<i>lactated ringers irrigation solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
LANOXIN ORAL TABLET 187.5 MCG	3	PA; PA does not apply to age less than 65.; EDS
LEUKINE INTRAVENOUS SOLUTION RECONSTITUTED	2	PA
<i>levofloxacin in d5w intravenous solution 250 mg/50ml</i>	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	
<i>lidocaine hcl (pf) injection solution 1 %</i>	1	
<i>lidocaine hcl external gel</i>	1	EDS
<i>lidocaine hcl injection solution 1 %, 2 %</i>	1	
<i>lidocaine viscous mouth/throat solution</i>	1	
<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 oral concentrate</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>megestrol acetate oral suspension 400 mg/10ml</i>	1	PA; EDS
<i>mesalamine-cleanser rectal kit</i>	1	EDS
MESTINON ORAL SYRUP	2	
<i>metaproterenol sulfate oral tablet</i>	1	EDS
<i>metaxall oral tablet</i>	1	PA
<i>metformin hcl oral solution</i>	1	EDS
<i>methadose oral tablet soluble</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
METHERGINE ORAL TABLET	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	1	BD
<i>methyclothiazide oral tablet</i>	1	EDS
<i>methylergonovine maleate oral tablet</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	

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>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	1	EDS
<i>metoprolol-hctz er oral tablet extended release 24 hour</i>	1	EDS
MIACALCIN NASAL SOLUTION	3	EDS
MILLIPRED ORAL SOLUTION	3	
<i>m-m-r ii subcutaneous injectable</i>	1	
MODERIBA 1200 DOSE PACK ORAL TABLET	3	
MODERIBA ORAL TABLET 200 MG	2	
<i>moexipril-hydrochlorothiazide oral tablet</i>	1	EDS
<i>mono-linyah oral tablet</i>	1	
<i>mononessa oral tablet</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	
MOTOFEN ORAL TABLET	3	
<i>moxifloxacin hcl intravenous solution</i>	1	
<i>my way oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 100 MG	3	
MYDRIACYL OPHTHALMIC SOLUTION	3	EDS
<i>myzilra oral tablet</i>	1	
<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	
NALFON ORAL CAPSULE 400 MG	2	EDS
<i>naloxone hcl injection solution 4 mg/10ml</i>	1	
NAPROSYN ORAL TABLET 250 MG, 500 MG	3	EDS
NATESTO NASAL GEL	3	PA; EDS
NAYZILAM NASAL SOLUTION	3	PA New Starts
<i>nebusal inhalation nebulization solution 3 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	3	
<i>necon 1/35 (28) 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
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
<i>next choice one dose oral tablet</i>	1	
<i>niacin (antihyperlipidemic) oral tablet</i>	1	
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	1	EDS
<i>nitisinone oral capsule</i>	1	PA; EDS
NITROLINGUAL TRANSLINGUAL SOLUTION	2	EDS
NITROMIST TRANSLINGUAL AEROSOL SOLUTION	3	EDS
<i>norethindrone acet-ethinodiol est oral tablet chewable</i>	1	EDS
NUPLAZID ORAL TABLET 17 MG	3	PA New Starts; LA; EDS
NUVESSA VAGINAL GEL	3	
NYMALIZE ORAL SOLUTION 60 MG/20ML	3	EDS
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML	2	PA
OMEGAVEN INTRAVENOUS EMULSION 5 GM/50ML	2	BD
OMNIPOD DASH 5 PACK	2	QL (15 EA per 30 days)
ORACIT ORAL SOLUTION	2	
ORAP ORAL TABLET 1 MG	3	EDS
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OXANDRIN ORAL TABLET 10 MG	3	
<i>paroex mouth/throat solution</i>	1	
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5ML	2	PA; PA Except Infectious Disease, Gastroenterology, Hepatology
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>pentamidine isethionate injection solution reconstituted</i>	1	
PEPCID ORAL SUSPENSION RECONSTITUTED	3	EDS
PERIDEX MOUTH/THROAT SOLUTION	3	
<i>periogard mouth/throat solution</i>	1	EDS
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	1	
<i>philith oral tablet</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
PHOSLO ORAL CAPSULE	3	EDS
<i>physiolyte irrigation solution</i>	1	
<i>physiosol irrigation irrigation solution</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm</i>	1	
<i>pirmella 7/7/7 oral tablet</i>	1	
PLAN B ONE-STEP ORAL TABLET	3	
<i>polycin ophthalmic ointment</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
PREVPAC ORAL	3	
PRIMSOL ORAL SOLUTION	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	2	PA
PROCTOCORT RECTAL CREAM	3	
PROCTOFOAM HC RECTAL FOAM	2	
PROCYSB1 ORAL CAPSULE DELAYED RELEASE	3	PA New Starts; LA; EDS
<i>profeno oral tablet</i>	1	EDS
PROLIA SUBCUTANEOUS SOLUTION	2	PA
<i>propranolol hcl intravenous solution</i>	1	
<i>quasense oral tablet</i>	1	EDS
QUAZEPAM ORAL TABLET	3	
QUESTRAN ORAL POWDER	3	EDS
QUTENZA (2 PATCH) EXTERNAL KIT	2	
QUTENZA EXTERNAL KIT	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	EDS
REBETOL ORAL SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	
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
REVCOV1 INTRAMUSCULAR SOLUTION	3	PA; LA

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

Drug Name	Tier	Requirements/Limits
<i>ribasphere oral capsule</i>	1	
<i>ribasphere oral tablet 200 mg</i>	1	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	3	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	3	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	3	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
RIFADIN ORAL CAPSULE 300 MG	3	
<i>ringers intravenous solution</i>	1	BD
<i>ringers irrigation irrigation solution</i>	1	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	BD
<i>risperidone m-tab oral tablet dispersible 0.5 mg, 1 mg, 2 mg</i>	1	
<i>rosadan external cream</i>	1	
<i>rosadan external gel</i>	1	
ROSADAN EXTERNAL KIT	3	
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>salsalate oral tablet</i>	1	EDS
SALVAX EXTERNAL FOAM	3	
SCALACORT DK EXTERNAL KIT	3	
SFROWASA RECTAL ENEMA	2	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	EHS; QL (6 EA per 30 days)
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	1	EDS
<i>sodium polystyrene sulfonate rectal suspension</i>	1	
<i>solia oral tablet</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)
SPECTRACEF ORAL TABLET 400 MG	3	

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

Drug Name	Tier	Requirements/Limits
SPRIX NASAL SOLUTION	2	PA; PA does not apply to age less than 65.
<i>sterile water for irrigation irrigation solution</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 solution</i>	1	
SYNALAR (OINTMENT) EXTERNAL KIT	3	
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	3	BD
<i>tazicef intravenous solution reconstituted 1 gm</i>	1	
TEMIXYS ORAL TABLET	2	EDS
TEMOVATE EXTERNAL CREAM	3	
TEMOVATE EXTERNAL OINTMENT	3	
<i>temsirolimus intravenous solution</i>	1	PA New Starts
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	1	
<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>tilia fe oral tablet</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 2 gm/50ml</i>	1	
<i>tolazamide oral tablet 250 mg</i>	1	EDS
TOLAZAMIDE ORAL TABLET 500 MG	2	EDS
TORISEL INTRAVENOUS SOLUTION	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
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tretinoin microsphere pump external gel</i>	1	
TREXIMET ORAL TABLET 10-60 MG	3	
<i>triamcinolone acetonide nasal aerosol</i>	1	
<i>trihexyphenidyl hcl oral elixir</i>	1	PA; EDS
<i>tri-linyah oral tablet</i>	1	
<i>trinessa (28) oral tablet</i>	1	EDS
TRI-NORINYL (28) ORAL TABLET	3	EDS
<i>tropicamide ophthalmic solution</i>	1	EDS
<i>twinrix intramuscular suspension 720-20</i>	1	
ULTRAVATE EXTERNAL CREAM	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 15 (10-5) GM	3	
<i>valproate sodium oral solution</i>	1	EDS
<i>verapamil hcl intravenous solution</i>	1	
VERDESO EXTERNAL FOAM	3	
VERIPRED 20 ORAL SOLUTION	3	
<i>vestura oral tablet</i>	1	EDS
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VIAGRA ORAL TABLET	2	EHS; QL (6 EA per 30 days)
VIDEX ORAL SOLUTION RECONSTITUTED 4 GM	2	EDS
<i>viorele oral tablet</i>	1	EDS
VUSION EXTERNAL OINTMENT	3	
VYNDAMAX ORAL CAPSULE	3	PA; LA
WAKIX ORAL TABLET 4.45 MG	3	PA; LA; EDS
<i>wera oral tablet</i>	1	
XOLEGEL EXTERNAL GEL	3	
XYLOCAINE INJECTION SOLUTION 2 %	3	
ZANTAC ORAL TABLET 150 MG	3	EDS
ZERIT ORAL CAPSULE	3	EDS
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	

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

Drug Name	Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	2	
ZURAMPIC ORAL TABLET	3	PA; EDS
Ophthalmic Agents		
Ophthalmic Agents		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1	
BLEPHAMIDE OPHTHALMIC SUSPENSION	2	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	2	
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
NEOMYCIN-POLYMYXIN-HC OPHTHALMIC SUSPENSION 3.5-10000-1	3	
OXERVATE OPHTHALMIC SOLUTION	3	PA
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1	
POLYTRIM OPHTHALMIC SOLUTION	3	
PRED-G OPHTHALMIC SUSPENSION	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT	3	
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1	
TOBRADEX ST OPHTHALMIC SUSPENSION	2	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1	
ZYLET OPHTHALMIC SUSPENSION	2	
Ophthalmic Agents, Other		
<i>atropine sulfate ophthalmic solution</i>	1	
CYSTARAN OPHTHALMIC SOLUTION	2	PA; LA; EDS

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

Drug Name	Tier	Requirements/Limits
LACRISERT OPHTHALMIC INSERT	2	
<i>proparacaine hcl ophthalmic solution</i>	1	
RESTASIS OPHTHALMIC EMULSION	2	EDS
SULFACETAMIDE SODIUM OPHTHALMIC OINTMENT	3	
Ophthalmic Anti-Allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	2	
ALOMIDE OPHTHALMIC SOLUTION	2	
<i>azelastine hcl ophthalmic solution</i>	1	
BEPREVE OPHTHALMIC SOLUTION	3	
<i>cromolyn sodium ophthalmic solution</i>	1	EDS
<i>epinastine hcl ophthalmic solution</i>	1	
LASTACAFT OPHTHALMIC SOLUTION	3	
<i>olopatadine hcl ophthalmic solution</i>	1	
PATANOL OPHTHALMIC SOLUTION	3	
Ophthalmic Antiglaucoma Agents		
<i>acetazolamide oral tablet</i>	1	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	EDS
<i>apraclonidine hcl ophthalmic solution</i>	1	EDS
AZOPT OPHTHALMIC SUSPENSION	2	EDS
<i>betaxolol hcl ophthalmic solution</i>	1	EDS
BETIMOL OPHTHALMIC SOLUTION	2	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	2	EDS
<i>bimatoprost ophthalmic solution</i>	1	EDS
<i>brimonidine tartrate ophthalmic solution</i>	1	EDS
<i>carteolol hcl ophthalmic solution</i>	1	EDS
COMBIGAN OPHTHALMIC SOLUTION	2	EDS
COSOPT OPHTHALMIC SOLUTION	3	EDS
<i>dorzolamide hcl ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1	EDS
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	2	EDS
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>methazolamide oral tablet</i>	1	EDS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	2	EDS

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

Drug Name	Tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	ST; EDS
SIMBRINZA OPHTHALMIC SUSPENSION	2	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	1	EDS
<i>timolol maleate ophthalmic solution</i>	1	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	EDS
Ophthalmic Anti-Inflammatories		
ACUVAIL OPHTHALMIC SOLUTION	2	
ALREX OPHTHALMIC SUSPENSION	2	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1	
BROMSITE OPHTHALMIC SOLUTION	3	EDS
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1	
<i>diclofenac sodium ophthalmic solution</i>	1	EDS
DUREZOL OPHTHALMIC EMULSION	3	
FLAREX OPHTHALMIC SUSPENSION	2	
<i>fluorometholone ophthalmic suspension</i>	1	
<i>flurbiprofen sodium ophthalmic solution</i>	1	
FML FORTE OPHTHALMIC SUSPENSION	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
FML OPHTHALMIC OINTMENT	2	
ILEVRO OPHTHALMIC SUSPENSION	2	
INVELTYS OPHTHALMIC SUSPENSION	3	
<i>ketorolac tromethamine ophthalmic solution</i>	1	
<i>loteprednol etabonate ophthalmic suspension</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION	2	
NEVANAC OPHTHALMIC SUSPENSION	2	
PRED MILD OPHTHALMIC SUSPENSION	2	
<i>prednisolone acetate ophthalmic suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	1	
PROLENSA OPHTHALMIC SOLUTION	3	
XIIDRA OPHTHALMIC SOLUTION	2	EDS
Ophthalmic Prostaglandin And Prostamide Analogs		
<i>bimatoprost ophthalmic solution</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>latanoprost ophthalmic solution</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	2	EDS
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
TRAVATAN Z OPHTHALMIC SOLUTION	2	EDS
ZIOPTAN OPHTHALMIC SOLUTION	3	EDS
Otic Agents		
Otic Agents		
CIPRO HC OTIC SUSPENSION	3	
CIPRODEX OTIC SUSPENSION	2	
COLY-MYCIN S OTIC SUSPENSION	3	
<i>flac otic oil</i>	1	
<i>hydrocortisone-acetic acid otic solution</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 OTIC SOLUTION	3	
Respiratory Tract/ Pulmonary Agents		
Antihistamines		
ASTEPRO NASAL SOLUTION 0.15 %	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	1	
<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.
CLARINEX ORAL SYRUP	3	
CLARINEX ORAL TABLET	3	EDS
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	EDS
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	PA
<i>cyproheptadine hcl oral syrup</i>	1	PA
<i>cyproheptadine hcl oral tablet</i>	1	PA; 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
<i>hydroxyzine hcl oral tablet</i>	1	PA
<i>hydroxyzine pamoate oral capsule</i>	1	PA
<i>levocetirizine dihydrochloride oral solution</i>	1	

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

Drug Name	Tier	Requirements/Limits
<i>levocetirizine dihydrochloride oral tablet</i>	1	EDS
<i>olopatadine hcl nasal solution</i>	1	
PATANASE NASAL SOLUTION	3	
<i>promethazine hcl oral syrup</i>	1	PA
<i>promethazine hcl oral tablet</i>	1	PA
SEMPREX-D ORAL CAPSULE	3	
VISTARIL ORAL CAPSULE	3	
Anti-Inflammatories, Inhaled Corticosteroids		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ADVAIR HFA INHALATION AEROSOL	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
<i>asmanex (120 metered doses) inhalation aerosol powder breath activated</i>	1	EDS
<i>asmanex (30 metered doses) inhalation aerosol powder breath activated</i>	1	EDS
<i>asmanex (60 metered doses) inhalation aerosol powder breath activated</i>	1	EDS
<i>asmanex hfa inhalation aerosol</i>	1	EDS
BECONASE AQ NASAL SUSPENSION	2	EDS
<i>budesonide inhalation suspension</i>	1	BD; EDS
<i>flovent diskus inhalation aerosol powder breath activated 100 mcg/blist, 50 mcg/blist</i>	1	QL (60 EA per 30 days); EDS
<i>flovent diskus inhalation aerosol powder breath activated 250 mcg/blist</i>	1	EDS
<i>flovent hfa inhalation aerosol 110 mcg/act</i>	1	QL (12 GM per 30 days); EDS
<i>flovent hfa inhalation aerosol 220 mcg/act</i>	1	EDS
<i>flovent hfa inhalation aerosol 44 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	QL (50 ML per 25 days); EDS
<i>fluticasone propionate nasal suspension</i>	1	EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</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>mometasone furoate nasal suspension</i>	1	
OMNARIS NASAL SUSPENSION	3	EDS
<i>pulmicort flexhaler inhalation aerosol powder breath activated</i>	1	EDS
PULMICORT INHALATION SUSPENSION	3	BD; EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	3	
<i>qvar redihaler inhalation aerosol breath activated 40 mcg/act</i>	1	QL (10.6 GM per 30 days); EDS
<i>qvar redihaler inhalation aerosol breath activated 80 mcg/act</i>	1	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ZETONNA NASAL AEROSOL SOLUTION	3	
Antileukotrienes		
ACCOLATE ORAL TABLET	3	EDS
<i>montelukast sodium oral packet</i>	1	EDS
<i>montelukast sodium oral tablet</i>	1	EDS
<i>montelukast sodium oral tablet chewable</i>	1	EDS
SINGULAIR ORAL PACKET	3	EDS
SINGULAIR ORAL TABLET	3	EDS
SINGULAIR ORAL TABLET CHEWABLE	3	EDS
<i>zafirlukast oral tablet</i>	1	EDS
ZILEUTON ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA; EDS
ZYFLO ORAL TABLET	2	EDS
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	2	EDS
<i>ipratropium bromide inhalation solution</i>	1	BD; EDS
<i>ipratropium bromide nasal solution</i>	1	EDS
SEEBRI NEOHALER INHALATION CAPSULE	3	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	2	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
YUPELRI INHALATION SOLUTION	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
Bronchodilators, Sympathomimetic		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ADVAIR HFA INHALATION AEROSOL	2	EDS
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	1	EDS
<i>albuterol sulfate inhalation nebulization solution</i>	1	BD; EDS
<i>albuterol sulfate oral syrup</i>	1	EDS
<i>albuterol sulfate oral tablet</i>	1	EDS
ARCAPTA NEOHALER INHALATION CAPSULE	2	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
BROVANA INHALATION NEBULIZATION SOLUTION	3	BD; EDS
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	1	EDS
<i>levalbuterol hcl inhalation nebulization solution</i>	1	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	1	EDS
<i>metaproterenol sulfate oral syrup</i>	1	EDS
PERFOROMIST INHALATION NEBULIZATION SOLUTION	2	BD; EDS
PROAIR HFA INHALATION AEROSOL SOLUTION	2	EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	2	
<i>terbutaline sulfate oral tablet</i>	1	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	2	EDS
<i>wixela inhluv inhalation aerosol powder breath activated</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
Cystic Fibrosis Agents		
CAYSTON INHALATION SOLUTION RECONSTITUTED	2	LA
KALYDECO ORAL PACKET	2	PA New Starts; EDS
KALYDECO ORAL TABLET	2	PA New Starts; EDS
ORKAMBI ORAL PACKET	3	PA New Starts; LA; EDS
ORKAMBI ORAL TABLET	3	PA New Starts; LA; EDS
PULMOZYME INHALATION SOLUTION	2	BD; 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
TOBI INHALATION NEBULIZATION SOLUTION	3	BD; EDS
TOBI PODHALER INHALATION CAPSULE	3	PA New Starts; EDS
Mast Cell Stabilizers		
<i>cromolyn sodium inhalation nebulization solution</i>	1	BD; EDS
<i>cromolyn sodium oral concentrate</i>	1	EDS
GASTROCROM ORAL CONCENTRATE	3	EDS
Phosphodiesterase Inhibitors, Airways Disease		
DALIRESP ORAL TABLET 250 MCG	3	QL (28 EA per 365 days); EDS
DALIRESP ORAL TABLET 500 MCG	3	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	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
<i>theophylline oral solution</i>	1	EDS
Pulmonary Antihypertensives		
ADEMPAS ORAL TABLET	3	PA New Starts; LA; EDS
<i>alyq oral tablet</i>	1	PA New Starts; EDS
<i>ambrisentan oral tablet</i>	1	PA New Starts; LA; EDS
<i>bosentan oral tablet</i>	1	PA New Starts; EDS
OPSUMIT ORAL TABLET	3	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA New Starts; LA; EDS
REVATIO ORAL TABLET	3	PA New Starts; EDS
<i>sildenafil citrate oral suspension reconstituted</i>	1	PA New Starts; EDS

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

Drug Name	Tier	Requirements/Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA New Starts; EDS
<i>tadalafil 20 mg oral tablet (pah)</i>	1	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	2	PA New Starts; LA; EDS
VENTAVIS INHALATION SOLUTION	3	PA New Starts; LA; EDS
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	2	PA; EDS
ESBRIET ORAL TABLET	2	PA; EDS
OFEV ORAL CAPSULE	2	PA; LA; EDS
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution</i>	1	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	3	PA New Starts; LA
GLASSIA INTRAVENOUS SOLUTION	3	PA New Starts; LA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	PA; LA; EDS
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
UTIBRON NEOHALER INHALATION CAPSULE	3	EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA New Starts; LA
Respiratory Tract/ Pulmonary Agents		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ADVAIR HFA INHALATION AEROSOL	2	EDS
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	EDS
DYMISTA NASAL SUSPENSION	3	
ESBRIET ORAL CAPSULE	2	PA; EDS
ESBRIET ORAL TABLET	2	PA; EDS
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	EDS
<i>ipratropium-albuterol inhalation solution</i>	1	BD; EDS

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

Drug Name	Tier	Requirements/Limits
NUCALA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; LA; EDS
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
OFEV ORAL CAPSULE	2	PA; LA; EDS
<i>promethazine-phenylephrine oral syrup</i>	1	PA
PULMOZYME INHALATION SOLUTION	2	BD; 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
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA

Skeletal Muscle Relaxants

Skeletal Muscle Relaxants

<i>carisoprodol oral tablet</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 tablet</i>	1	PA
<i>FEXMID ORAL TABLET</i>	3	PA
<i>metaxalone oral tablet</i>	1	PA
<i>methocarbamol oral tablet</i>	1	PA; PA does not apply to age less than 65.
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	1	PA; PA does not apply to age less than 65.
<i>tizanidine hcl oral capsule</i>	1	EDS
<i>tizanidine hcl oral tablet</i>	1	EDS

Sleep Disorder Agents

Gaba Receptor Modulators

<i>flurazepam hcl oral capsule</i>	1	
<i>RESTORIL ORAL CAPSULE</i>	3	QL (7 EA per 30 days)
<i>temazepam oral capsule</i>	1	QL (7 EA per 30 days)

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

Drug Name	Tier	Requirements/Limits
<i>zaleplon oral capsule</i>	1	
<i>zolpidem tartrate oral tablet</i>	1	PA New Starts; PA does NOT apply to age less than 65
Sleep Disorders, Other		
<i>armodafinil oral tablet</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
HETLIOZ ORAL CAPSULE	3	PA; LA; EDS
<i>modafinil oral tablet</i>	1	PA; EDS
PROVIGIL ORAL TABLET	3	PA; EDS
<i>ramelteon oral tablet</i>	1	EDS
ROZEREM ORAL TABLET	2	EDS
SUNOSI ORAL TABLET	3	PA; EDS
XYREM ORAL SOLUTION	2	PA; LA

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

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

INDEX

1st tier unifine pentips	101	afeditab cr	101	amethia	86
1st tier unifine pentips plus	101	AFINITOR	35, 94	amethia lo	86
abacavir sulfate	46	AFINITOR DISPERZ	94	AMETHYST	101
abacavir sulfate-lamivudine	46	AGGRENOX	55	AMICAR	101
abacavir-lamivudine-zidovudine	46	AIMOVIG	30	amikacin sulfate	10
ABELCET	25	AIMOVIG (140 MG DOSE)	101	amiloride hcl	61
ABILIFY MAINTENA	22, 41, 42	AJOVY	30	amiloride-hydrochlorothiazide ...	59
ABILIFY MYCITE	22, 42	AKTEN	101	aminocaproic acid	101
abiraterone acetate	33	AKYNZEO	101	AMINOSYN	101
ABSORICA	68	ALA SCALP	80	AMINOSYN II	73, 101
ABSTRAL	5, 7	ala-cort	80	aminosyn ii/electrolytes	101
acamprostate calcium	9	albendazole	38	AMINOSYN M	101
acarbose	51	albuterol sulfate	121	AMINOSYN/ELECTROLYTES	101
ACCOLATE	120	albuterol sulfate er	121	aminosyn/electrolytes	101
acebutolol hcl	58	ALCAINE	101	AMINOSYN-HBC	101
acetaminophen-codeine	3	alclometasone dipropionate	80	AMINOSYN-PF	73
acetaminophen-codeine #2	101	ALDACTAZIDE	59	AMINOSYN-RF	101
acetaminophen-codeine #3	3	ALECENSA	36	amiodarone hcl	57
acetaminophen-codeine #4	101	alendronate sodium	100	AMITIZA	76
acetosal hc	101	alfuzosin hcl er	79	amitriptyline hcl	24
acetazolamide	61, 116	ALINIA	38	amlodipine besy-benazepril hcl ..	59
acetazolamide er	61	aliskiren fumarate	60	amlodipine besylate	58
acetic acid	10	allopurinol	28	amlodipine besylate-valsartan ..	59
acetylcysteine	123	almotriptan malate	31	amlodipine-olmesartan	59
acitretin	68	ALOCRIL	116	amlodipine-valsartan-hctz	59
ACTEMRA	94	ALOMIDE	116	ammonium lactate	68
ACTEMRA ACTPEN	94	ALORA	85	amnesteem	68
ACTHAR	80	alosetron hcl	76	amoxapine	24
acthib	97	ALPHAGAN P	116	amoxicill-clarithro-lansopraz ..	75
ACTIGALL	75	alprazolam	49	amoxicillin	14
ACTIMMUNE	97	alprazolam er	49	amoxicillin-pot clavulanate	14
ACTONEL	100, 101	alprazolam intensol	49	amoxicillin-pot clavulanate er ...	14
ACTOPLUS MET XR	101	alprazolam xr	101	amphetamine-dextroamphet er ..	64
ACUVAIL	117	ALREX	117	amphetamine-	
acyclovir	45	ALTABAX	101	dextroamphetamine	64
acyclovir sodium	45	altavera	86	AMPHOTERICIN B	26, 102
ACZONE	101	ALTOPREV	62	ampicillin	14
adacel	97	ALUNBRIG	36	ampicillin sodium	14
adapalene	68	alyacen 1/35	86	ampicillin-sulbactam sodium	
adapalene-benzoyl peroxide	68	alyacen 7/7/7	101	..... .....	14, 102
ADDERALL	64, 101	alyq	122	ANADROL-50	84
ADDERALL XR	64	amabelz	86	anagrelide hcl	54
adefovir dipivoxil	44	amantadine hcl	39, 48	ANAPROX DS	102
ADEMPAS	122	AMBISOME	26	anastrozole	34
ADVAIR DISKUS	119, 121, 123	ambrisentan	122	ANDRODERM	84
ADVAIR HFA	119, 121, 123	AMCINONIDE	80	ANDROGEL	84
advocate insulin pen needles....	101	AMERGE	31	ANGELIQ	87

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

ANNOVERA	102	ATRIPLA	46	benazepril-hydrochlorothiazide	..59
ANORO ELLIPTA	123	atropine sulfate	102, 115	BENLYSTA	.....94
ANTABUSE	9	ATROVENT HFA	120	BENZNIDAZOLE	.....38
ANUSOL-HC	99	AUBAGIO	66	benztropine mesylate	.....39
ANZEMET	102	aubra	87	BEPREVE	.....116
APLENZIN	22	AUGMENTIN	14	BERINERT	.....93
APOKYN	40	aurora unifine pentips	102	betamethasone dipropionate	
apraclonidine hcl	116	AURYXIA	80	.....28, 68, 80	
aprepitant	25	AUSTEDO	65	betamethasone dipropionate	
apri	87	AVANDIA	51	aug	.....28, 80
APRISO	98	AVC VAGINAL	17	betamethasone valerate	.....28, 80
APTENSIO XR	64	AVELOX	102	BETAPACE	.....102
APTIOM	20	aviane	87	BETAPACE AF	.....57
APTIVUS	47	avita	38, 68	betaxolol hcl	.....58, 116
ARALAST NP	102, 123	AVODART	79	bethanechol chloride	.....79
aranelle	87	AVONEX	102	BETHKIS	.....10
ARANESP (ALBUMIN FREE)	55	AVONEX PEN	66	BETIMOL	.....116
ARAVA	97	AVONEX PREFILLED	66	BETOPTIC-S	.....116
ARCALYST	97	AZACTAM	14	BEVYXXA	.....54
ARCAPTA NEOHALER	121	AZASAN	94	bexarotene	.....38
ARICEPT	21	AZASITE	15	bexsero	.....97
ARIKAYCE	10	azathioprine	94	bicalutamide	.....33
ARIMIDEX	34	azelaic acid	68	BICILLIN C-R	.....15
ariPIPRAZOLE	22, 42	azelastine hcl	116, 118	BICILLIN C-R 900/300	.....15
ARISTADA	42	AZELEX	68	BICILLIN L-A	.....15
ARISTADA INITIO	42	azithromycin	15	BIDIL	.....63
armodafinil	125	AZOPT	116	BIKTARVY	.....45
ARNUITY ELLIPTA	119	aztreonam	14	bimatoprost	.....116, 117
AROMASIN	34	azurette	102	BINOSTO	.....100
ASACOL HD	98	bacitracin	10	BIO-STATIN	.....102
ascomp-codeine	3	bacitracin-polymyxin b	115	bio-statins	.....102
ashlyna	87	bacitra-neomycin-polymyxin-hc	115	bisoprolol fumarate	.....58
asmanex (120 metered doses)	119	baclofen	43	bisoprolol-hydrochlorothiazide	..60
asmanex (30 metered doses)	119	BACTROBAN	102	BIVIGAM	.....102
asmanex (60 metered doses)	119	BACTROBAN NASAL	102	BLEPH-10	.....17
asmanex hfa	119	BALCOLTRA	87	BLEPHAMIDE	.....28, 115
aspirin-dipyridamole er	55	balsalazide disodium	98	BLEPHAMIDE S.O.P.	.....28, 115
assure id insulin safety syr	53	BALVERSA	36	blisovi 24 fe	.....87
ASTAGRAF XL	94	balziva	87	blisovi fe 1.5/30	.....87
ASTEPRO	118	BANZEL	20	blisovi fe 1/20	.....102
atazanavir sulfate	47	BARACLUDE	44	booostrix	.....97
ATELVIA	100	BCG VACCINE	97	bosentan	.....122
atenolol	58	bd insulin syringe	102	BOSULIF	.....36
atenolol-chlorthalidone	59	bd pen needle mini u/f	102	BRAFTOVI	.....36, 102
atomoxetine hcl	64	BECONASE AQ	119	BREO ELLIPTA	.....121
atorvastatin calcium	62	bekyree	102	briellyn	.....87
atovaquone	38	BELSOMRA	125	BRILINTA	.....55
atovaquone-proguanil hcl	38	benazepril hcl	56	brimonidine tartrate	.....116

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

BRIVIACT	18	captopril-hydrochlorothiazide	60	CELONTIN	18
bromfenac sodium (once-daily)	117	CARAC	68	cephalexin	13
bromocriptine mesylate	40, 92	CARAFATE	77	CERDELGA	77
BROMSITE	117	CARBAGLU	71	CEREBYX	103
BROVANA	121	carbamazepine	20, 50	CESAMET	25
BRYHALI	68	carbamazepine er	20, 50	cesia	103
budesonide	76, 87, 99, 119	carbidopa	39, 40	CETRAXAL	16
budesonide er	76, 87, 99	carbidopa-levodopa	40	cevimeline hcl	67
bumetanide	61	carbidopa-levodopa er	40	CHANTIX	9
BUPAP	3	carbidopa-levodopa-		CHANTIX CONTINUING MONTH	
buprenorphine	5, 9	entacapone	39	PAK	9
buprenorphine hcl	5, 9	carbinoxamine maleate	118	CHANTIX STARTING MONTH	
buprenorphine hcl-naloxone hcl	9	CARDIZEM CD	58	PAK	9
bupropion hcl	22	CARDIZEM LA	58	chateal	103
bupropion hcl er (smoking det)	9	CARDURA XL	56, 79	CHEMET	72
bupropion hcl er (sr)	22	careone unifine pentips	102	CHENODAL	75
bupropion hcl er (xl)	22	careone unifine pentips plus	102	chlordiazepoxide hcl	49
buspirone hcl	48	CARIMUNE NF	102	chlordiazepoxide-amitriptyline	22
butalbital-acetaminophen	3	carisoprodol	124	chlorhexidine gluconate	67
butalbital-apap-caff-cod	3	CARNITOR	73, 102	chloroquine phosphate	38
butalbital-apap-caffeine	3	carteolol hcl	116	chlorothiazide	61
butalbital-asa-caff-codeine	3	cartia xt	58	chlorpromazine hcl	24, 41
butalbital-aspirin-caffeine	3	carvedilol	58	CHLORPROMAZINE HCL	103
BUTISOL SODIUM	65	carvedilol phosphate er	58	chlorpropamide	103
butorphanol tartrate	7	CASODEX	33	chlorthalidone	61
BUTTRANS	5, 9	caspofungin acetate	26	chlorzoxazone	124
BYSTOLIC	58	CAYSTON	14, 122	CHOLBAM	75
BYVALSON	102	caziant	87	cholestyramine	62, 103
cabergoline	92	cefaclor	12	cholestyramine light	62, 103
CABLIVI	55	CEFACLOR ER	12	CICLODAN	103
CABOMETYX	36	cefadroxil	12	ciclopirox	26
CAFERGOT	30	cefazolin sodium	12	ciclopirox olamine	26
calcipotriene	68	cefdinir	12	cilostazol	56
calcipotriene-betameth diprop	68	cefditoren pivoxil	102	CILOXAN	16
calcitonin (salmon)	100	cefepime hcl	12	CIMDUO	46
calcitriol	68, 100	cefixime	13	cimetidine	76
calcium acetate	102	cefotaxime sodium	13	cimetidine hcl	76
calcium acetate (phos binder)	80	CEFOTETAN DISODIUM	13, 103	CIMZIA	94
CALQUENCE	36	cefoxitin sodium	13	CIMZIA PREFILLED	94
CAMBIA	4	cefpodoxime proxetil	13	CIMZIA STARTER KIT	103
camila	91	cefprozil	13	cinacalcet hcl	100
camrese	102	ceftazidime	13	CINRYZE	93
camrese lo	87	ceftriaxone sodium	13, 103	CIPRO	16
CANCIDAS	26	cefuroxime axetil	13	CIPRO HC	118
candesartan cilexetil	56	cefuroxime sodium	13	CIPRODEX	118
CAPEX	80	CELEBREX	4, 29	ciprofloxacin	16, 103
CAPRELSA	36	celecoxib	4, 29	ciprofloxacin hcl	16
captopril	57	CELLCEPT	94	ciprofloxacin-ciproflox hcl er	103

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

<i>citalopram hydrobromide</i>	23	<i>clopidogrel bisulfate</i>	56, 103	COSENTYX SENSOREADY PEN	103
<i>claravis</i>	69	<i>clorazepate dipotassium</i>	18, 49	COSOPT	116
CLARINEX	118	<i>clotrimazole</i>	26, 103	COTELLIC	36
CLARINEX-D 12 HOUR	118	<i>clotrimazole-betamethasone</i>	69	COUMADIN	54
<i>clarithromycin</i>	15	<i>clozapine</i>	43	CREON	78
<i>clarithromycin er</i>	15	COARTEM	38	CRESTOR	62
<i>clemastine fumarate</i>	118	<i>codeine sulfate</i>	7	CRINONE	91
CLENPIQ	76	<i>colchicine</i>	28	CRIXIVAN	47
CLEOCIN	10	<i>colchicine-probenecid</i>	28	<i>cromolyn sodium</i>	116, 122
CLEOCIN IN D5W	10	<i>colesevelam hcl</i>	51, 63	<i>crotan</i>	104
CLEOCIN PHOSPHATE	10	COLESTID	63, 103	<i>cryselle-28</i>	87
CLEOCIN-T	11, 103	<i>colestipol hcl</i>	63, 103	CUVPOSA	67
CLIMARA PRO	87	<i>colistimethate sodium (cba)</i>	10, 11	<i>cvs gauze sterile</i>	53
CLINDACIN-P	11	<i>colocort</i>	99	<i>cyclafem 1/35</i>	87
<i>clindamycin hcl</i>	11	COLY-MYCIN M	103	<i>cyclafem 7/7/7</i>	87
<i>clindamycin palmitate hcl</i>	11	COLY-MYCIN S	118	<i>cyclobenzaprine hcl</i>	124
<i>clindamycin phos-benzoyl perox</i>	69	COMBIGAN	116	<i>cyclopentolate hcl</i>	104
<i>clindamycin phosphate</i>	11	COMBIPATCH	87	<i>cyclophosphamide</i>	33
<i>clindamycin phosphate in d5w</i>	11	COMBIVENT RESPIMAT	123	CYCLOSET	51
CLINIMIX E/DEXTROSE		COMBIVIR	46	<i>cyclosporine</i>	94
(2.75/10)	103	COMETRIQ (100 MG DAILY		<i>cyclosporine modified</i>	94
CLINIMIX E/DEXTROSE (2.75/5)	73	DOSE)	36	<i>cyproheptadine hcl</i>	118
CLINIMIX E/DEXTROSE		COMETRIQ (140 MG DAILY		<i>cyred</i>	104
(4.25/10)	73	DOSE)	36	CYSTADANE	78
CLINIMIX E/DEXTROSE		COMETRIQ (60 MG DAILY		CYSTAGON	78
(4.25/25)	103	DOSE)	36	CYSTARAN	115
CLINIMIX E/DEXTROSE (4.25/5)	73	<i>comfort assist insulin syringe</i>	53	CYTOMEL	92
CLINIMIX E/DEXTROSE (5/15)	73	<i>comfort ez pen needles</i>	103	CYTOTEC	77, 84
CLINIMIX E/DEXTROSE (5/20)	73	COMPLERA	46	CYTRA-3	104
CLINIMIX/DEXTROSE (4.25/10)	73	<i>compro</i>	24	<i>dalfampridine er</i>	66
CLINIMIX/DEXTROSE (4.25/25)	73	COMTAN	39	DALIRESP	122
CLINIMIX/DEXTROSE (4.25/5)	73	CONCERTA	64	<i>danazol</i>	84
CLINIMIX/DEXTROSE (5/15)	73	CONDYLOX	69	<i>dantrolene sodium</i>	43
CLINIMIX/DEXTROSE (5/20)	73	<i>constulose</i>	76	<i>dapsone</i>	32, 69
CLINIMIX/DEXTROSE (5/25)	73	CONZIP	5	<i>daptacel</i>	97
<i>clinisol sf</i>	73	COPAXONE	66	<i>daptomycin</i>	11
<i>clobazam</i>	18	COPIKTRA	35	DARAPRIM	38
<i>clobetasol prop emollient base</i>	81	CORDRAN	81	<i>darifenacin hydrobromide er</i>	78
<i>clobetasol propionate</i>	69, 81	CORLANOR	60	<i>dasetta 1/35</i>	104
<i>clobetasol propionate e</i>	103	CORTEF	28, 81, 99	<i>dasetta 7/7/7</i>	104
CLOBEX	81	CORTENEMA	103	DAURISMO	36
CLOBEX SPRAY	81	CORTIFOAM	103	<i>daysee</i>	104
<i>clodan</i>	81	<i>cortisone acetate</i>	28, 81, 99	DAYTRANA	65
<i>clomipramine hcl</i>	24	CORTISPORIN	69	DDAVP	83
<i>clonazepam</i>	18, 49	COSENTYX	103	DDAVP RHINAL TUBE	83
<i>clonidine</i>	56	COSENTYX (300 MG DOSE)	69	<i>deblitane</i>	87
<i>clonidine hcl</i>	56	COSENTYX SENSOREADY (300		<i>deferasirox</i>	72
<i>clonidine hcl er</i>	64	MG)	69	<i>delestrogen</i>	85

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

DELSTRIGO	46	diclofenac sodium er	4, 29	DOXY 100.....	17
delyla	87	dicloxacillin sodium	15	doxycycline hyclate	17, 67, 68, 69, 105
demeclocycline hcl.....	17	dicyclomine hcl.....	74	doxycycline monohydrate	17, 68, 69
DEM SER.....	60	didanosine	46	D-PENAMINE	105
DEPEN TITRATABS.....	72, 79, 94	DIFICID.....	15	DRIZALMA SPRINKLE	105
depo-estradiol	85	diflorasone acetate	81	dronabinol.....	25
DEPO-PROVERA.....	91	dilflunisal	4, 29	drospirene-eth estrad-levomefol	87, 105
DEPO-SUBQ PROVERA 104.....	91	digitek	60	DROXIA.....	33
DEPO-TESTOSTERONE.....	84	digox	61	DUAVEE.....	85, 92
DERMOTIC.....	104	digoxin	61	duloxetine hcl	23, 49, 66
DESCOZY.....	46	dihydroergotamine mesylate	30	DUOBRII.....	69
desipramine hcl.....	24	DILANTIN	20	DUOPA.....	40
desloratadine	118	DILATRATE-SR.....	104	DUPIXENT.....	69
desmopressin ace spray refrig....	83	DILAUDID	7, 104	DURAGESIC-100.....	5, 7
desmopressin acetate	83	diltiazem hcl.....	59, 104	DURAGESIC-12	5, 7
desmopressin acetate spray.....	104	diltiazem hcl er	58, 104	DURAGESIC-25	5, 7
desogestrel-ethinyl estradiol.....	87	diltiazem hcl er beads	58, 104	DURAGESIC-50	6, 7
desonide	81	diltiazem hcl er coated beads	58, 104	DURAGESIC-75	6, 7
DESOWEN	81	dilt-xr	59	duramorph	6
desoximetasone	81	DIPENTUM	98	DUREZOL.....	117
DESOXYN	64	diphenhydramine hcl.....	104	dutasteride	79
desvenlafaxine er	23	diphenoxylate-atropine	75	dutasteride-tamsulosin hcl.....	79
desvenlafaxine succinate er.....	23	diphtheria-tetanus toxoids dt	97	DUTOPROL.....	60
dexamethasone	28, 81, 99, 104	DIPROLENE	28, 81	DYMISTA.....	123
DEXAMETHASONE INTENSOL	28, 81, 99	DIPROLENE AF	104	E.E.S. 400.....	15
dexamethasone sodium phosphate.....	117	dipyridamole	56	EC-NAPROSYN	105
DEXEDRINE	64	disopyramide phosphate	57	econazole nitrate	26
DEXILANT	77	disulfiram	9	EDARBI	56
dexmethylphenidate hcl.....	65	DITROPAN XL.....	78	EDARBYCLOR	60
dexmethylphenidate hcl er.....	65	DIURIL.....	62	EDURANT	46
dexpak 13 day	81	divalproex sodium	19, 31, 51	efavirenz	46
dextroamphetamine sulfate.....	64, 104	divalproex sodium er	19, 31, 51	EFUDEX	69
dextroamphetamine sulfate er...	64	DIVIGEL	85, 104	EGRIFTA	83
dextrose	73	dofetilide	57	ELESTRIN	85
dextrose in lactated ringers.....	104	DOLOPHINE	5	eletriptan hydrobromide	31
dextrose-nacl	73	donepezil hcl	21	ELIGARD	93
DIACOMIT	104	DOPTELET	55	elinest	105
DIASTAT ACUDIAL.....	18, 49	DORIPENEM	104	ELIQUIS	54
DIASTAT PEDIATRIC.....	18, 19, 49	dorzolamide hcl	116	ELIQUIS STARTER PACK	54
diazepam	18, 19, 49	dorzolamide hcl-timolol mal	116	ELIXOPHYLLIN	105
DIAZEPAM	104	dorzolamide hcl-timolol mal pf	105, 116	ELMIRON	79
diazepam intensol	18, 19, 49	DOTTI	85	EMADINE	105
DICLEGIS	24	DOVATO	46	EMBEDA	6
diclofenac epolamine	4	doxazosin mesylate	56, 79		
diclofenac potassium	4, 29	doxepin hcl	24, 48, 125		
diclofenac sodium	4, 29, 69, 117	doxercalciferol	74, 100		

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

EMCYT	33	erygel	69	felodipine er	59
EMEND	25	ERYTHROCIN LACTOBIONATE	16	FEMRING	86
EMFLAZA	28, 81	ERYTHROCIN STEARATE	16	femynor	88
EMGALITY	31	erythromycin	16, 105	fenofibrate	62
EMGALITY (300 MG DOSE)	31	erythromycin base	16	fenofibric acid	62
emoquette	87	erythromycin ethylsuccinate	16	fenoprofen calcium	4, 29
EMSAM	23	ESBRIET	123	fentanyl	6, 7, 8
EMTRIVA	46	escitalopram oxalate	23, 49	fentanyl citrate	6, 7
EMVERM	38	ESGIC	3, 105	FERRIPROX	72
enalapril maleate	57	esomeprazole magnesium	77	FETZIMA	23
enalapril-hydrochlorothiazide	60	estarrylla	88	FETZIMA TITRATION	23
ENBREL	94	estazolam	65	FEXMID	124
ENBREL MINI	94	ESTRACE	85	FINACEA	69
ENBREL SURECLICK	94	estradiol	85, 86	finasteride	79
endocet	3	estradiol valerate	86, 88	FIORICET	3
ENDOMETRIN	105	estradiol-norethindrone acet	88	FIORICET/CODEINE	3
engerix-b	97	ESTRING	86	FIORINAL	3
enoxaparin sodium	54, 105	estropipate	105	FIORINAL/CODEINE #3	3
enpresse-28	87	ethacrylic acid	61	FIRDAPSE	66
enskyce	87	ethambutol hcl	32	FIRMAGON	93
entacapone	39	ethosuximide	18	FIRVANQ	11
entecavir	44	ethynodiol diac-eth estradiol	88	flac	118
ENTOCORT EC	76, 87, 99	etidronate disodium	100	FLAREX	117
ENTRESTO	56	etodolac	4, 29	flavoxate hcl	78
enulose	76	EUCRISA	69	FLEBOGAMMA DIF	96, 105
ENVARSUS XR	94	EURAX	39	flecainide acetate	57
EPCLUSA	44	EVAMIST	86	flovent diskus	119
EPIDIOLEX	19	EVOTAZ	47	flovent hfa	119
epinastine hcl	116	EVOXAC	68	fluconazole	26
epinephrine	121	exel comfort point pen needle	53	fluconazole in sodium chloride	26
epitol	20, 51	EXELDERM	26	flucytosine	26
EPIVIR	44, 46	exemestane	35	fludrocortisone acetate	81
EPIVIR HBV	44	EXTINA	26	FLUMADINE	48
plererone	61	ezetimibe	63	flunisolide	119
EPOGEN	55	ezetimibe-simvastatin	60	fluocinolone acetonide	81
eprosartan mesylate	56	FABIOR	69	fluocinolone acetonide body	105
EQUETRO	20, 51	falmina	88	fluocinolone acetonide scalp	81
ERAXIS	26	famciclovir	45	fluocinonide	82, 105
ergoloid mesylates	21	famotidine	76	fluocinonide emulsified base	82
ERGOMAR	105	FANAPT	42	fluorometholone	117
ergotamine-caffeine	30	FANAPT TITRATION PACK	42	fluorouracil	69
ERIVEDGE	36	FARYDAK	35	fluoxetine hcl	23
ERLEADA	33	FASENRA	123	fluphenazine decanoate	41
erlotinib hcl	36	FASENRA PEN	105	fluphenazine hcl	41
errin	91	fayosim	88	flurandrenolide	82
ERTACZO	26	febuxostat	28	flurazepam hcl	124
ertapenem sodium	14	felbamate	20	flurbiprofen	4, 29
ERY	15	FELDENE	4, 29	flurbiprofen sodium	117

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

<i>flutamide</i>	33	GELNIQUE	106	HALCION	48
<i>fluticasone propionate</i>	69, 82, 119	GELNIQUE PUMP	78	HALDOL	41
<i>fluticasone-salmeterol</i>		<i>gemfibrozil</i>	62	HALDOL DECANOATE	41
	119, 121, 123	GENERESS FE	88	<i>halobetasol propionate</i>	82
<i>fluvastatin sodium er</i>	62	<i>generlac</i>	77	<i>haloperidol</i>	41
<i>fluvoxamine maleate</i>	23	<i>gengraf</i>	94, 95	<i>haloperidol decanoate</i>	41
<i>fluvoxamine maleate er</i>	23	GENOTROPIN	83	<i>haloperidol lactate</i>	41
FML	117	GENOTROPIN MINIQUICK	83	HARVONI	44, 106
FML FORTE	117	<i>gentak</i>	10	<i>havrix</i>	97
FML LIQUIFILM	117	<i>gentamicin in saline</i>	10, 106	<i>heather</i>	106
FOCALIN	65	<i>gentamicin sulfate</i>	10	HEMANGEOL	106
FOCALIN XR	65	GENVOYA	45	<i>heparin (porcine) in nacl</i>	106
<i>fondaparinux sodium</i>	54	GEODON	42, 50	<i>heparin sodium (porcine)</i>	54, 106
FORTEO	100	<i>gianvi</i>	88	<i>heparin sodium (porcine) pf</i>	106
FORTESTA	84	<i>gildess fe 1.5/30</i>	106	<i>hepatamine</i>	73
FOSAMAX	100	GILENYA	66	HEPSERA	44
<i>fosamprenavir calcium</i>	47	GILOTrif	36	HETLIOZ	125
<i>fosinopril sodium</i>	57	GLASSIA	123	<i>hiberix</i>	97
<i>fosinopril sodium-hctz</i>	60	<i>glatiramer acetate</i>	66	HIPREX	11
<i>fosphenytoin sodium</i>	105	<i>glatopa</i>	66	<i>homatropine hbr</i>	106
FOSRENOL	80	GLEEVEC	36	HORIZANT	19, 66
FRAGMIN	54	GLEOSTINE	34	HUMALOG	53
FREAMINE HBC	72	<i>glimepiride</i>	51	HUMALOG JUNIOR KWIKPEN	53
FROVA	31	<i>glipizide</i>	51	HUMALOG KWIKPEN	53
<i>frovatriptan succinate</i>	31	<i>glipizide er</i>	51	HUMALOG MIX 50/50	53
<i>furosemide</i>	61	<i>glipizide-metformin hcl</i>	52	HUMALOG MIX 50/50 KWIKPEN	53
FUZEON	47	<i>global alcohol prep ease</i>	11	HUMALOG MIX 75/25	53
<i>fyavolv</i>	88	GLUCAGEN HYPOKIT	53	HUMALOG MIX 75/25 KWIKPEN	53
FYCOMPA	20	<i>glucagon emergency</i>	53	HUMATROPE	83
<i> gabapentin</i>	19	GLYCATE	106	HUMIRA	95
GALAFOLD	78	<i>glycopyrrolate</i>	75, 106	HUMIRA PEDIATRIC CROHNS	
<i>galantamine hydrobromide</i>	21	GLYSET	51	START	95
<i>galantamine hydrobromide er</i>	21	GLYXAMBI	52	HUMIRA PEN	95
GALZIN	105	GOCOVRI	40	HUMIRA PEN-CD/UC/HS	
GAMASTAN S/D	105	GOLYTELY	77	STARTER	95
GAMMAGARD	96, 106	GRALISE	19	HUMIRA PEN-PS/UV/ADOL HS	
GAMMAGARD S/D LESS IGA	96	GRALISE STARTER	19	START	95
GAMMAKED	96, 106	<i>granisetron hcl</i>	25	HUMULIN 70/30	53
GAMMAPLEX	96, 106	GRANIX	55	HUMULIN 70/30 KWIKPEN	53
GAMUNEX-C	96, 106	<i>griseofulvin microsize</i>	26	HUMULIN N	53
<i>gardasil 9</i>	97	<i>griseofulvin ultramicrosize</i>	26	HUMULIN N KWIKPEN	53
GASTROCROM	122	<i>guanfacine hcl</i>	56	HUMULIN R	53
<i>gatifloxacin</i>	16	<i>guanfacine hcl er</i>	65	HUMULIN R U-500	
GATTEX	75	<i>guanidine hcl</i>	32	(CONCENTRATED)	53
<i>gavilyte-c</i>	77	<i>gvoke pfs</i>	106	HUMULIN R U-500 KWIKPEN	54
<i>gavilyte-g</i>	77	GYNAZOLE-1	26	<i>hydralazine hcl</i>	63, 106
<i>gavilyte-h</i>	106	HAEGARDA	93	HYDREA	34
<i>gavilyte-n with flavor pack</i>	77	<i>hailey 24 fe</i>	88	<i>hydrochlorothiazide</i>	62

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

hydrocodone-acetaminophen		infanrix	97	ixiaro	97
.....	3, 106	INGREZZA	95	JADENU	72
hydrocodone-ibuprofen	3	INLYTA	36	JADENU SPRINKLE	72
hydrocortisone	29, 82, 99	INNOPRAN XL	58	JAKAFI	36
hydrocortisone butyrate	82	INOVA	107	JALYN	79
hydrocortisone valerate	82	INREBIC	36	jantoven	54
hydrocortisone-acetic acid	118	INSPRA	61	JARDIANC	52
hydromorphone hcl	6, 8, 106	INTELENCE	46	jasmiel	88
HYDROMORPHONE HCL	106	intralipid	73	jencycla	107
hydromorphone hcl er	6	INTRALIPID	73	JENTADUETO	52, 53
hydromorphone hcl pf	6, 106	INTRON A	44, 45	JENTADUETO XR	52, 53
hydroxychloroquine sulfate	38	introvale	88	jinteli	88
hydroxyurea	34	INTUNIV	65	jolessa	107
hydroxyzine hcl	24, 48, 118	INVEGA	42	jolivette	107
hydroxyzine pamoate	24, 48, 118	INVEGA SUSTENNA	42, 107	JUBLIA	27
hyperrab	107	INVEGA TRINZA	42, 107	juleber	88
hyperrab s/d	107	INVELTYS	117	JULUCA	46
HYPERSAL	107	INVIRASE	47	junel 1.5/30	88
HYSSINGLA ER	6	INVOKAMET	52	junel 1/20	88
ibandronate sodium	100	INVOKAMET XR	52	junel fe 1.5/30	88
IBRANCE	35	INVOKANA	52	junel fe 1/20	88
ibu	4, 29	IONOSOL-MB IN D5W	73	junel fe 24	88
ibuprofen	4, 29	IOPIDINE	116	JUXTAPID	63
icatibant acetate	93	ipol	97	JYNARQUE	79
ICLUSIG	36	ipratropium bromide	120	KADIAN	6
IDHIFA	35	ipratropium-albuterol	123	kaitlib fe	88
ILARIS	107	irbesartan	56	KALETRA	47
ILEVRO	117	irbesartan-hydrochlorothiazide	60, 62	KALYDECO	122
imatinib mesylate	36	IRESSA	36	KAPVAY	56, 65
IMBRUVICA	36	ISENTRESS	45	kariva	88
imipenem-cilastatin	14	ISENTRESS HD	45	kcl in dextrose-nacl	74, 107
imipramine hcl	24	isibloom	88	kcl-lactated ringers-d5w	74
IMIPRAMINE PAMOATE	24	ISOLYTE-P IN D5W	73	kelnor 1/35	88
imiquimod	69	ISOLYTE-S	71	kelnor 1/50	88
IMITREX	31	isoniazid	32	KERALYT	107
IMITREX STATDOSE REFILL	31, 107	ISOPTO ATROPINE	107	KERYDIN	69
IMITREX STATDOSE SYSTEM	31, 107	ISOPTO HOMATROPINE	107	ketoconazole	27
.....		ISORDIL TITRADOSE	63	ketoprofen er	5, 30
imogam rabies-ht	107	isosorbide dinitrate	63	ketorolac tromethamine ..	5, 30, 117
imovax rabies	97	isosorbide dinitrate er	63	KEVEYIS	61
IMURAN	95	isosorbide mononitrate	64	KEVZARA	95, 107
INBRIJA	41	isosorbide mononitrate er	63	KINERET	95
incassia	88	isotretinoin	69	kinrix	97
INCRELEX	83	isradipine	59	KINRIX	98
indapamide	62	ISUPREL	107	kionex	72
INDOCIN	4, 29, 30	itraconazole	26	KISQALI (200 MG DOSE)	35
indomethacin	5, 30	ivermectin	38, 107	KISQALI (400 MG DOSE)	35
indomethacin er	4, 30			KISQALI (600 MG DOSE)	35

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

KISQALI 200 DOSE.....	107	<i>latanoprost</i>	118	<i>lidocaine-prilocaine</i>	8
KISQALI 400 DOSE.....	107	LATUDA.....	42	<i>lindane</i>	39
KISQALI 600 DOSE.....	107	<i>layolis fe</i>	89	<i>linezolid</i>	11
KISQALI FEMARA (400 MG DOSE).....	35	LAZANDA.....	6, 8, 52	LINZESS.....	76
KISQALI FEMARA (600 MG DOSE).....	35	<i>leena</i>	89	<i>liothyronine sodium</i>	92
KISQALI FEMARA(200 MG DOSE).....	35	<i>leflunomide</i>	97	LIPITOR.....	62
KLONOPIN.....	19, 49	LENVIMA (10 MG DAILY DOSE)....	36	<i>lisinopril</i>	57
<i>klor-con</i>	71, 72, 74	LENVIMA (12 MG DAILY DOSE)....	36	<i>lisinopril-hydrochlorothiazide</i>	60
<i>klor-con 10</i>	71, 74	LENVIMA (14 MG DAILY DOSE)....	37	<i>lithium</i>	51
<i>klor-con m10</i>	71, 74	LENVIMA (18 MG DAILY DOSE)....	37	<i>lithium carbonate</i>	51
KLOR-CON M15.....	71, 74	LENVIMA (20 MG DAILY DOSE)....	37	<i>lithium carbonate er</i>	51
<i>klor-con m20</i>	71, 74	LENVIMA (24 MG DAILY DOSE)....	37	LIVALO	62
<i>klor-con sprinkle</i>	71, 74, 107	LENVIMA (4 MG DAILY DOSE)....	37	LO LOESTRIN FE.....	89
KORLYM.....	53	LENVIMA (8 MG DAILY DOSE)....	37	LODOSYN.....	41
KRISTALOSE.....	77	LESCOL XL.....	62	LOKELMA.....	72
K-TAB.....	71	<i>lessina</i>	89	LOMOTIL.....	75
<i>kurvelo</i>	88	<i>letrozole</i>	35	LONSURF.....	34
KUVAN.....	78	<i>leucovorin calcium</i>	34, 38	<i>loperamide hcl</i>	75
KYNAMRO.....	107	LEUKERAN.....	33	LOPID	62
<i>labetalol hcl</i>	58, 107	LEUKINE.....	55, 108	<i>lopinavir-ritonavir</i>	48
LAC-HYDRIN.....	107	<i>leuprolide acetate</i>	93	<i>lopreeza</i>	89, 108
LACRISERT.....	116	<i>levalbuterol hcl</i>	121	LOPROX.....	27
<i>lactated ringers</i>	107	<i>levalbuterol tartrate</i>	121	<i>lorazepam</i>	19, 49
<i>lactulose</i>	77	<i>levetiracetam</i>	18	<i>lorazepam intensol</i>	108
LAMICTAL STARTER.....	20, 51	<i>levetiracetam er</i>	18	LORBRENA.....	37
LAMICTAL XR.....	20, 51	<i>levobunolol hcl</i>	116	<i>lorcet hd</i>	3
<i>lamivudine</i>	44, 46	<i>levocarnitine</i>	74	<i>lorcet plus</i>	3
<i>lamivudine-zidovudine</i>	47	<i>levocetirizine dihydrochloride</i>	118, 119	<i>loryna</i>	89
<i>lamotrigine</i>	19, 20, 51	<i>levofloxacin</i>	16	<i>losartan potassium</i>	56
<i>lamotrigine er</i>	20, 51	<i>levofloxacin in d5w</i>	16, 108	<i>losartan potassium-hctz</i>	60
<i>lamotrigine starter kit-blue</i> ...	20, 51	<i>levonest</i>	89	<i>loteprednol etabonate</i>	117
<i>lamotrigine starter kit-green</i> 20, 51		<i>levonorgest-eth est & eth est</i>	89	LOTRISONE.....	69
<i>lamotrigine starter kit-orange</i>	20, 51	<i>levonorgest-eth estrad 91-day</i> ... 89		LOTRONEX.....	76
LANOXIN.....	61, 108	<i>levonorgestrel</i>	108	<i>lovastatin</i>	62
<i>lansoprazole</i>	77	<i>levonorgestrel-ethinyl estrad</i>....89		LOVAZA.....	63
<i>lanthanum carbonate</i>	80	<i>levonorg-eth estrad triphasic</i>....89		<i>low-ogestrel</i>	89
LANTUS.....	54	<i>levora 0.15/30 (28)</i>	89	<i>loxapine succinate</i>	41
LANTUS SOLOSTAR.....	54	<i>levo-t</i>	92	LUCEMYRA.....	9
<i>larin 1.5/30</i>	88	<i>levothyroxine sodium</i>	92	LUMIGAN.....	118
<i>larin 1/20</i>	88	<i>levoxyl</i>	92	LUPANETA PACK.....	93
<i>larin fe 1.5/30</i>	88	LEXIVA.....	47	LUPRON DEPOT (1-MONTH).....	93
<i>larin fe 1/20</i>	88	<i>lidocaine</i>	8	LUPRON DEPOT (3-MONTH).....	93
<i>larissia</i>	89	<i>lidocaine hcl</i>	8, 108	LUPRON DEPOT (4-MONTH).....	93
LASTACAFT.....	116	<i>lidocaine hcl (pf)</i>	108	LUPRON DEPOT (6-MONTH).....	93
		<i>lidocaine hcl urethral/mucosal</i>....8		LUPRON DEPOT-PED (1-MONTH).....	108
		<i>lidocaine viscous</i>	108	LUPRON DEPOT-PED (3-MONTH).....	108
		<i>lidocaine viscous hcl</i>	8		

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

<i>lulera</i>	89	<i>menevo</i>	98	<i>metoprolol tartrate</i>	58, 108, 109
LUXIQ	69	<i>meperidine hcl</i>	8	<i>metoprolol-hctz er</i>	109
LYNPARZA	34	<i>meprobamate</i>	48	<i>metoprolol-hydrochlorothiazide</i>	60
LYRICA	18, 66	<i>MEPRON</i>	38	<i>METROCREAM</i>	11
LYRICA CR	18, 66	<i>mercaptopurine</i>	95	<i>METROLOTION</i>	11
LYSODREN	92	<i>meropenem</i>	14	<i>metronidazole</i>	11
LYSTEDA	55	<i>MERREM</i>	14	<i>metronidazole in nacl</i>	11
<i>lyza</i>	91	<i>mesalamine</i>	76, 98	<i>mexiletine hcl</i>	57
<i>mafénide acetate</i>	70	<i>mesalamine-cleanser</i>	108	<i>MIACALCIN</i>	109
<i>magnesium sulfate</i>	71	<i>MESNEX</i>	34	<i>mibelas 24 fe</i>	89
MALARONE	38	<i>MESTINON</i>	32, 108	<i>MICONAZOLE 3</i>	27
<i>malathion</i>	39	<i>metadate er</i>	65	<i>microgestin 1.5/30</i>	89
<i>maprotiline hcl</i>	22	<i>metaproterenol sulfate</i>	108, 121	<i>microgestin 1/20</i>	89
MARINOL	25	<i>metaxall</i>	108	<i>microgestin fe 1.5/30</i>	89
<i>marlissa</i>	86, 89, 91	<i>metaxalone</i>	124	<i>microgestin fe 1/20</i>	89
MARPLAN	23	<i>metformin hcl</i>	52, 108	<i>midodrine hcl</i>	56
MATULANE	33	<i>metformin hcl er</i>	52	<i>migergot</i>	30
<i>matzim la</i>	59	<i>methadone hcl</i>	6	<i>miglitol</i>	52
MAVENCLAD (10 TABS)	66	<i>methadose</i>	108	<i>miglustat</i>	78
MAVENCLAD (4 TABS)	67	<i>methamphetamine hcl</i>	64	<i>MIGRALAN</i>	30
MAVENCLAD (5 TABS)	67	<i>methazolamide</i>	61, 116	<i>mil</i>	89
MAVENCLAD (6 TABS)	67	<i>methenamine hippurate</i>	11	<i>MILLIPRED</i>	29, 82, 99, 109
MAVENCLAD (7 TABS)	67	<i>methenamine mandelate</i>	108	<i>mimvey</i>	89
MAVENCLAD (8 TABS)	67	<i>METHERGINE</i>	108	<i>mimvey lo</i>	89
MAVENCLAD (9 TABS)	67	<i>methimazole</i>	93	<i>MINITRAN</i>	64
MAVIK	108	<i>METHITEST</i>	84	<i>MINIVELLE</i>	86
MAVYRET	44	<i>methocarbamol</i>	124	<i>minocycline hcl</i>	17, 68
MAXALT	31	<i>methotrexate</i>	95	<i>minocycline hcl er</i>	17, 68
MAXALT-MLT	31, 108	<i>methotrexate sodium</i>	95, 108	<i>minoxidil</i>	63
MAXIDEX	117	<i>methotrexate sodium (pf)</i>	95	<i>MIRAPEX</i>	40
MAXIPIME	13	<i>methoxsalen rapid</i>	70	<i>MIRAPEX ER</i>	40
MAXITROL	115	<i>methscopolamine bromide</i>	75	<i>mirtazapine</i>	22
MAYZENT	67	<i>methyclothiazide</i>	108	<i>MIRVASO</i>	70
<i>meclizine hcl</i>	24	<i>methyldopa</i>	56	<i>misoprostol</i>	77, 84
MEDROL	29, 82, 99	<i>methyldopa-</i>		<i>m-m-rii</i>	98, 109
<i>medroxyprogesterone acetate</i>	91, 92	<i>hydrochlorothiazide</i>	60	<i>MOBIC</i>	5, 30
<i>mefloquine hcl</i>	38	<i>methylergonovine maleate</i>	108	<i>modafinil</i>	125
<i>megestrol acetate</i>	92, 108	<i>METHYLIN</i>	65	<i>MODERIBA</i>	109
MEKINIST	37	<i>methylphenidate hcl</i>	65	<i>MODERIBA 1200 DOSE PACK</i>	109
MEKTOVI	37	<i>methylphenidate hcl er</i>	65, 108	<i>moexipril hcl</i>	57
<i>melodetta 24 fe</i>	89	<i>METHYLPHENIDATE HCL ER</i>	65	<i>moexipril-hydrochlorothiazide</i>	109
<i>meloxicam</i>	5, 30	<i>methylphenidate hcl er (cd)</i>	65	<i>molindone hcl</i>	41
<i>memantine hcl</i>	21	<i>methylphenidate hcl er (la)</i>	65	<i>mometasone furoate</i>	82, 120
<i>menactra</i>	98	<i>methylprednisolone</i>	29, 82, 99	<i>mondoxyne nl</i>	17, 68, 70
MENEST	86	<i>methyltestosterone</i>	85	<i>mono-linyah</i>	109
MENOSTAR	86	<i>metoclopramide hcl</i>	24, 25, 75	<i>mononessa</i>	109
MENTAX	27	<i>metolazone</i>	62	<i>montelukast sodium</i>	120
		<i>metoprolol succinate er</i>	58	<i>MONUROL</i>	12

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

MORPHABOND ER.....	6	<i>naratriptan hcl</i>	31	<i>nilutamide</i>	33
<i>morphine sulfate</i>	6, 8, 109	NARCAN.....	9	<i>nimodipine</i>	59
<i>morphine sulfate (concentrate)</i> 6, 8		NATACYN.....	27	NINLARO.....	34
<i>morphine sulfate (pf)</i>	109	NATAZIA.....	89	<i>nisoldipine er</i>	59
<i>morphine sulfate er</i>	6	<i>nateglinide</i>	52	<i>nitisinone</i>	110
<i>morphine sulfate er beads</i>	6	NATESTO.....	109	NITRO-BID.....	64
MOTOFEN.....	109	NATPARA.....	100	NITRO-DUR.....	64
MOVANTIK.....	75	NATROBA.....	70	<i>nitrofurantoin monohyd macro</i> ..	12
<i>moxifloxacin hcl</i>	16, 109	NAYZILAM.....	109	<i>nitroglycerin</i>	64
<i>moxifloxacin hcl in nacl</i>	16	NEBUPENT.....	39	NITROLINGUAL.....	110
MS CONTIN.....	6	<i>nebusal</i>	109	NITROMIST.....	110
MULPLETA.....	55	NEBUSAL.....	109	NITYR.....	78
MULTAQ.....	57	<i>necon 0.5/35 (28)</i>	89	NIVESTYM.....	55
<i>mupirocin</i>	12	<i>necon 1/35 (28)</i>	109	<i>nizatidine</i>	76
<i>mupirocin calcium</i>	12	<i>nefazodone hcl</i>	22	NIZORAL.....	27
<i>my way</i>	109	<i>neomycin sulfate</i>	10	<i>nora-be</i>	89
MYALEPT.....	83	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	115	NORCO.....	3
MYAMBUTOL.....	32, 109	<i>neomycin-polymyxin-dexameth</i>	115	NORDITROPIN FLEXPRO.....	83
MYCAMINE.....	27	<i>neomycin-polymyxin-gramicidin</i>	115	<i>norethin ace-eth estrad-fe</i>	89, 90
MYCOBUTIN.....	32	.....	115	<i>norethindrone</i>	92
<i>mycophenolate mofetil</i>	95	NEOMYCIN-POLYMYXIN-HC.....	115	<i>norethindrone acetate</i>	92
<i>mycophenolate sodium</i>	95	<i>neomycin-polymyxin-hc</i>	118	<i>norethindrone acet-ethinyl est</i>	
MYDRIACYL.....	109	NEORAL.....	95	.....	90, 110
MYFORTIC.....	95	NEO-SYNALAR.....	70	<i>norethindrone-eth estradiol</i>	90
<i>myorisan</i>	70	NEPHRAMINE.....	74	<i>norgestimate-eth estradiol</i>	90
MYRBETRIQ.....	78	NERLYNX.....	37	<i>norgestim-eth estrad triphasic</i> ...	90
MYSOLINE.....	19	<i>neuac</i>	70	<i>norlyroc</i>	90
MYTESI.....	75	NEULASTA.....	55	<i>normosol-m in d5w</i>	74
<i>myzilra</i>	109	NEULASTA ONPRO.....	110	NORMOSOL-R IN D5W	74
<i>nabumetone</i>	5, 30	NEUPOGEN.....	55	NORMOSOL-R PH 7.4.....	71
<i>nadolol</i>	58	NEUPRO.....	40	NORPACE.....	57
<i>nadolol-bendroflumethiazide</i>	60, 109	NEVANAC.....	117	NORPACE CR.....	57
<i>nafcillin sodium</i>	15, 109	<i>nevirapine</i>	46	NORTHERA.....	56
<i>naftifine hcl</i>	27, 109	<i>nevirapine er</i>	46	<i>nortrel 0.5/35 (28)</i>	90
NAFTIN.....	27	NEXAVAR.....	37	<i>nortrel 1/35 (21)</i>	90
NALFON.....	109	<i>next choice one dose</i>	110	<i>nortrel 1/35 (28)</i>	90
<i>naloxone hcl</i>	9, 109	<i>niacin (antihyperlipidemic)</i>	110	<i>nortrel 7/7/7</i>	90
<i>naltrexone hcl</i>	9	<i>niacin er (antihyperlipidemic)</i>	63	<i>nortriptyline hcl</i>	24
NAMENDA.....	21	NIACOR.....	63	NORVIR.....	48
NAMENDA TITRATION PAK.....	21	<i>nicardipine hcl</i>	59	NOXAFL.....	27
NAMZARIC.....	21, 22	NICOTROL.....	9	NUBEQA.....	33
NAPRELAN.....	5, 30	NICOTROL NS.....	10	NUCALA.....	124
NAPROSYN.....	109	<i>nifedical xl</i>	110	NUCYNTA.....	8
<i>naproxen</i>	5, 30	<i>nifedipine</i>	59	NUCYNTA ER.....	7
<i>naproxen dr</i>	5, 30	<i>nifedipine er</i>	59	NUEDEXTA.....	66
<i>naproxen sodium</i>	5, 30	<i>nifedipine er osmotic release</i>	59	NULYTELY WITH FLAVOR PACKS.	77
<i>naproxen sodium er</i>	5, 30	nikki.....	89	NUPLAZID	42, 110

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

<i>nutrilipid</i>	74	<i>orsythia</i>	90	<i>pediarix</i>	98
NUTROPIN AQ NUSPIN 10	83	ORTHO TRI-CYCLEN LO	90	<i>pedvax hib</i>	98
NUTROPIN AQ NUSPIN 20	83	<i>oseltamivir phosphate</i>	48	<i>peg 3350/electrolytes</i>	77
NUTROPIN AQ NUSPIN 5	83	OSMOLEX ER	40	<i>peg 3350-kcl-na bicarb-nacl</i>	77
NUVARING	90	OTEZLA	95	<i>peg-3350/electrolytes</i>	77
NUVESSA	110	OTOVEL	118	PEGANONE	21
<i>nyamyc</i>	27	OTREXUP	95	PEGASYS	45
NYMALIZE	59, 110	OVIDE	39	PEGASYS PROCLICK	45
<i>nystatin</i>	27	<i>oxacillin sodium</i>	15	PEGINTRON	110
<i>nystatin-triamcinolone</i>	70	OXANDRIN	110	<i>penicillamine</i>	72, 79
<i>nystop</i>	27	<i>oxandrolone</i>	84	<i>penicillin g potassium</i>	15, 110
OCALIVA	75	<i>oxazepam</i>	48	PENICILLIN G PROCAINE	15
<i>ocella</i>	90	<i>oxcarbazepine</i>	20, 21	<i>penicillin v potassium</i>	15
OCTAGAM	96, 110	OXERVATE	115	PENTAM	39
<i>octreotide acetate</i>	93	<i>oxiconazole nitrate</i>	70	<i>pentamidine isethionate</i>	110
OCUFLOX	16	OXISTAT	27	PENTASA	99
ODEFSEY	47	OXSORALEN ULTRA	70	<i>pentazocine-naloxone hcl</i>	4
ODOMZO	37	OXTELLAR XR	21	<i>pentoxifylline er</i>	61
OFEV	37, 123, 124	<i>oxybutynin chloride</i>	79	PEPCID	110
<i>ofloxacin</i>	16, 17, 118	<i>oxybutynin chloride er</i>	79	PERFOROMIST	121
OGESTREL	90	<i>oxycodone hcl</i>	8	PERIDEX	110
<i>olanzapine</i>	42, 50	<i>oxycodone hcl er</i>	7	<i>perindopril erbumine</i>	57
<i>olanzapine-fluoxetine hcl</i>	22	<i>oxycodone-acetaminophen</i>	4	<i>periogard</i>	110
<i>olmesartan medoxomil</i>	56	<i>oxycodone-aspirin</i>	4	<i>permethrin</i>	39
<i>olmesartan medoxomil-hctz</i>	56, 60	<i>oxycodone-ibuprofen</i>	5, 30	<i>perphenazine</i>	25, 41
<i>olmesartan-amlodipine-hctz</i>	60	OXYCONTIN	7	<i>perphenazine-amitriptyline</i>	22
<i>olopatadine hcl</i>	116, 119	<i>oxymorphone hcl</i>	8	PERSERIS	43, 50
OMECLAMOX-PAK	75	<i>oxymorphone hcl er</i>	7	PEXEVA	23, 49
OMEGAVEN	110	OZEMPIC (0.25 OR 0.5 MG/DOSE)	52	<i>phenadoz</i>	25
<i>omeprazole</i>	77	OZEMPIC (1 MG/DOSE)	52	<i>phenelzine sulfate</i>	23
OMNARIS	120	<i>pacerone</i>	57	<i>phenobarbital</i>	19
OMNIPOD DASH 5 PACK	110	<i>paliperidone er</i>	42	<i>phenylephrine hcl</i>	110
OMNITROPE	84	PALYNZIQ	78	PHENYTEK	21
<i>ondansetron</i>	25	PANDEL	82	<i>phenytoin</i>	21
<i>ondansetron hcl</i>	25	PANRETIN	38	<i>phenytoin sodium extended</i>	21
ONFI	19	<i>pantoprazole sodium</i>	77	<i>philith</i>	110
OPANA	8	<i>paricalcitol</i>	100	PHOSLO	111
OPSUMIT	122	PARLODEL	40	PHOSLYRA	80
ORACIT	110	<i>paroex</i>	110	<i>phrenilin forte</i>	4
ORALAIR	123	<i>paromomycin sulfate</i>	10	<i>physiolyte</i>	111
ORAP	110	<i>paroxetine hcl</i>	23, 49	<i>physiosol irrigation</i>	111
ORAVIG	27	<i>paroxetine hcl er</i>	23, 49	PICATO	70
ORBACTIV	110	<i>paroxetine mesylate</i>	23	PIFELTRO	46
ORENITRAM	122	PASER	32	<i>pilocarpine hcl</i>	68, 117
ORFADIN	78	PATANASE	119	<i>pimecrolimus</i>	70, 95
ORILISSA	84	PATANOL	116	<i>pimozide</i>	41
ORKAMBI	122	PAXIL	23, 49	<i>pimtrema</i>	90
<i>orphenadrine citrate er</i>	124				

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

pindolol	58	prednisolone sodium phosphate		promethazine hcl	25, 119
pioglitazone hcl	52	.....	29, 82, 99, 111, 117	promethazine-phenylephrine	124
piperacillin sod-tazobactam so		prednisone	29, 82, 99	promethegan	25
.....	15, 111	prednisone intensol	29, 82, 99	propafenone hcl	57
PIQRAY (200 MG DAILY DOSE)	35	preferred plus insulin syringe	54	propafenone hcl er	57
PIQRAY (250 MG DAILY DOSE)	35	PREFEST	90	propantheline bromide	75
PIQRAY (300 MG DAILY DOSE)	35	pregabalin	18, 66	paracetamol	116
pirmella 1/35	90	PREMARIN	86	PROPRANOLOL HCL	58
pirmella 7/7/7	111	PREMASOL	74	propranolol hcl	58, 111
piroxicam	5, 30	PREMPHASE	90	propranolol hcl er	58
PLAN B ONE-STEP	111	PREMPPRO	90	propranolol-hctz	60
PLAQUENIL	39	prenatal	74	propylthiouracil	93
PLASMA-LYTE 148	71	PREPOPIK	77	quadquad	98
PLASMA-LYTE A	71	prevalite	63, 111	PROSOL	74
PLAVIX	56	previfem	90	protriptyline hcl	24
PLEGRIDY	67	PREVPAC	111	PROVIGIL	125
PLEGRIDY STARTER PACK	67	PREVYMIS	43	PULMICORT	120
PLENAMINE	72, 74	PREZCOBIX	48	pulmicort flexhaler	120
podofilox	70	PREZISTA	48	PULMOZYME	122, 124
polycin	111	PRIFTIN	32	PURIXAN	34
polymyxin b sulfate	12	primaquine phosphate	39	PYLERA	75
polymyxin b-trimethoprim	115	PRIMAXIN IV	14	pyrazinamide	33
POLYTRIM	115	primidone	19	pyridostigmine bromide	32
POMALYST	33	PRIMSOL	111	pyridostigmine bromide er	32
portia-28	90	PRIVIGEN	96, 111	QNASL	120
posaconazole	27	PROAIR HFA	121	QNASL CHILDRENS	120
potassium chloride	72	PROAIR RESPICLICK	121	quadracel	98
potassium chloride crys er	71	probenecid	28	QUALAQUIN	39
potassium chloride er	72	PROCALAMINE	74	quasense	111
potassium chloride in dextrose	74	PROCENTRA	64	QUAZEPAM	111
potassium chloride in nacl	72	prochlorperazine	25	QUDEXY XR	20
potassium citrate er	79	prochlorperazine maleate	25, 41	QUESTRAN	63, 111
PRADAXA	54	PROCIT	55	QUESTRAN LIGHT	63
PRALUENT	63, 111	PROCTOCORT	111	quetiapine fumarate	23, 43, 50
pramipexole dihydrochloride	40	PROCTOFOAM HC	111	quetiapine fumarate er	23, 43, 50
pramipexole dihydrochloride er	40	procto-med hc	99	QUILLICHEW ER	64
prasugrel hcl	56	procto-pak	83	QUILLIVANT XR	65
PRAVACHOL	62	proctosol hc	99	quinapril hcl	57
pravastatin sodium	62	protozone-hc	75, 83	quinapril-hydrochlorothiazide	60
praziquantel	38	PROSYSBI	111	quinidine gluconate er	57
prazosin hcl	56, 79	profeno	111	quinidine sulfate	57
PRED MILD	29, 117	progesterone micronized	92	quinine sulfate	39
PRED-G	115	PROGLYCEM	53	QUTENZA	111
PRED-G S.O.P.	115	PROGRAF	95, 96	QUTENZA (2 PATCH)	111
prednicarbate	70, 82	PROLASTIN-C	123	qvar redihaler	120
prednisolone	29, 82, 99, 111	PROLENSA	117	rabavert	98
prednisolone acetate	29, 99, 117	PROLIA	100, 111	rabeprazole sodium	77
		PROMACTA	55	raloxifene hcl	92

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

ramelteon	125	RIBASPHERE	112	SAIZENPREP	84
ramipril	57	RIBASPHERE RIBAPAK	112	SALAGEN	68
ranitidine hcl	76, 111	ribavirin	44, 45	salsalate	112
ranolazine er	61	RIDAURA	97	SALVAX	112
RAPAMUNE	96	rifabutin	32	SAMSCA	72
rasagiline mesylate	41	RIFADIN	33, 112	SANCUSO	25
RASUVO	96	RIFAMATE	33	SANDIMMUNE	96
RAVICTI	78	rifampin	33	SANDOSTATIN	93
RAYALDEE	100	RIFATER	33	SANTYL	70
RAZADYNE	21	RILUTEK	66	SAPHRIS	43, 50
RAZADYNE ER	21	riluzole	66	SAVELLA	66
REBETOL	111	rimantadine hcl	48	SAVELLA TITRATION PACK	66
REBIF	67	ringers	112	SCALACORT DK	112
REBIF REBIDOSE	67	ringers irrigation	112	scopolamine	25, 75
REBIF REBIDOSE TITRATION		RIOMET	52	SEEBRI NEOHALER	120
PACK	67	risedronate sodium	100	selegiline hcl	41
REBIF TITRATION PACK	67	RISPERDAL CONSTA	43, 50, 112	selenium sulfide	70
reclipsen	90	risperidone	43, 50	SELZENTRY	47
recombivax hb	98	risperidone m-tab	112	SEMPREX-D	119
RECTIV	64	RITALIN	65	SEREVENT DISKUS	121
REGLAN	25, 75	RITALIN LA	65	SEROSTIM	84
REGRANEX	70	ritonavir	48	sertraline hcl	24, 49
RELENZA DISKHALER	48	rivastigmine	21	setlakin	90
reli-on insulin syringe	54	rivastigmine tartrate	21	sevelamer carbonate	80
RELISTOR	75	rivilsa	90	sevelamer hcl	80
RENACIDIN	111	rizatriptan benzoate	31	SFROWASA	112
repaglinide	52	ROCALTROL	100	sharobel	90
repaglinide-metformin hcl	53	ROCKLATAN	117	shingrix	98
REPATHA	63	ropinirole hcl	40	SIGNIFOR	93
REPATHA PUSHTRONEX		ropinirole hcl er	40	sildenafil citrate	112, 122, 123
SYSTEM	63	rosadan	112	SILENOR	24, 48
REPATHA SURECLICK	63	ROSADAN	112	SILIQ	70
REQUIP	111	rosuvastatin calcium	62	silodosin	79
REQUIP XL	40, 111	rotarix	98	SILVADENE	17
RESCRIPTOR	46, 111	rotateq	98	silver sulfadiazine	17
RESTASIS	116	ROWASA	99	SIMBRINZA	117
RESTORIL	124	roweepra	18	SIMPONI	96, 97
RETACRIT	55	roweepra xr	18	simvastatin	62
RETIN-A	38, 70	ROXICODONE	8	SINEMET	41
RETIN-A MICRO	38, 70	ROZEREM	125	SINEMET CR	41
RETROVIR	47	ROZLYTREK	37	SINGULAIR	120
REVATIO	122	RUBRACA	34	sirolimus	96
REVCovi	111	RUCONEST	94	SIRTURO	33
REVLIMID	33, 34	RUZURGI	78	SITAVIG	45
REXULTI	43	RYBELSUS	112	SIVEXTRO	12
REYATAZ	48	RYDAPT	37	SKLICE	39
RHOPRESSA	118	RYTHMOL SR	57	SLYND	90
ribasphere	112	SAIZEN	84	sodium chloride	72, 112

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

sodium fluoride	72	SUCRAID	78	tadalafil 20 mg oral tablet (pah)	123
sodium phenylbutyrate	78, 79	sucralfate	77	.....	123
sodium polystyrene sulfonate	72, 112	SULAR	59	TAFINLAR	37
solia	112	SULFACETAMIDE SODIUM	17, 115, 116	TAGRISSO	37
SOLIQUA	54	sulfacetamide sodium	17	takhzyro	94
SOLODYN	17, 68	sulfacetamide sodium (acne)	17	TALTZ	70
SOLTAMOX	33	sulfacetamide sodium-sulfur	113	TALZENNA	34
SOMATULINE DEPOT	93	sulfacetamide-prednisolone	29, 115	tamoxifen citrate	33
SOMAVERT	93	sulfadiazine	17	tamsulosin hcl	79
SOOLANTRA	70	sulfamethoxazole-trimethoprim	17, 113	TAPAZOLE	93
SORIATANE	70	SULFAMYLYON	12	TARGETIN	38
sorine	57	sulfasalazine	99, 100	tarina 24 fe	91
sotalol hcl	57, 112	sulindac	5, 30	tarina fe 1/20	91
sotalol hcl (af)	57, 112	sumatriptan	31	TARKA	60
sotalol hydrochloride	57	sumatriptan succinate	31, 32	TASIGNA	37
SOTYLIZE	57	sumatriptan succinate refill	31	TAVALISSE	55
SOVALDI	44, 45, 112	sumatriptan-naproxen sodium	30, 32	tazarotene	71
SPECTRACEF	112	SUNOSI	125	tazicef	13, 113
SPIRIVA HANDIHALER	120	SUPRAX	13	TAZORAC	71
SPIRIVA RESPIMAT	120	SUPREP BOWEL PREP KIT	72	taztia xt	59
spironolactone	61	SUTENT	37	tdvax	98
spironolactone-hctz	60	syeda	91	TECFIDERA	67
sprintec 28	91	SYLATRON	34, 45	TEFLARO	13
SPRITAM	18	SYMBICORT	124	TEGSEDI	84
SPRIX	113	SYMDEKO	122	TEKturna HCT	60
SPRYCEL	37	SYMFI	47	telmisartan	56
sps	72	SYMFI LO	47	telmisartan-hctz	60
sronyx	91	SYMJEPI	121	temazepam	124
ssd	17	SYMLINPEN 120	52	TEMIXYS	113
STALEVO 100	39, 40	SYMLINPEN 60	52	TEMOVATE	113
STALEVO 125	39, 40	SYMPAZAN	19	tenofovir disoproxil fumarate	44, 47
STALEVO 150	39, 40	SYMPROIC	75	temsirolimus	113
STALEVO 200	39, 40	SYMTUZA	45	terazosin hcl	56, 79
STALEVO 50	39, 40	SYNALAR (OINTMENT)	113	terbinafine hcl	27
STALEVO 75	39, 40	SYNAREL	93	terbutaline sulfate	121
stavudine	47	SYNDROS	25	terconazole	27
STELARA	70	SYNERCID	113	testosterone	85
sterile water for irrigation	113	SYNJARDY	52	testosterone cypionate	85
STIMATE	84	SYNJARDY XR	52	testosterone enanthate	85
STIOLTO RESPIMAT	123	SYNRIBO	34	tetanus-diphtheria toxoids td ..	113
STIVARGA	37	SYNTHROID	92	tetrabenazine	66
STREPTOMYCIN SULFATE	10	TABLOID	34	tetracycline hcl	17
STRIANT	85	TACLONEX	70	TEXACORT	71
STRIBILD	45	tacrolimus	70, 96	THALOMID	33
STRIVERDI RESPIMAT	121	.....	.....	THEO-24	122
STROMECTOL	38	.....	.....	.....	.....
SUBSYS	8, 113	.....	.....	.....	.....

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

theophylline	122	tpn electrolytes	74	TRINTELLIX	24
theophylline er	113, 122	TRACLEER	123	tri-previfem	91
thioridazine hcl	41	TRADJENTA	52	tri-sprintec	91
thiothixene	41	tramadol hcl	8	TRIUMEQ	47
THYROLAR-1	113	tramadol hcl er	7, 113	trivora (28)	91
THYROLAR-1/2	113	tramadol hcl er (biphasic)	7	tri-vylibra	91
THYROLAR-1/4	113	tramadol-acetaminophen	4	tri-vylibra lo	91
THYROLAR-2	113	trandolapril	57	TRIZIVIR	47
THYROLAR-3	113	tranexamic acid	55, 114	TROKENDI XR	20
tiagabine hcl	19	TRANSDERM-SCOP (1.5 MG)	25, 75	TROPHAMINE	74
TIAZAC	59	TRANXENE-T	19, 49	tropicamide	114
TIBSOVO	35	tranylcypromine sulfate	23	trospium chloride	79
TIGAN	25	TRAVASOL	74	trospium chloride er	79
tigecycline	12	TRAVATAN Z	118	TRULICITY	52
TIGLUTIK	66	trazodone hcl	23	trumenba	98
TIKOSYN	58	TRECATOR	33	TRUVADA	47
tilia fe	113	TRELEGY ELLIPTA	120, 121, 124	TURALIO	37
timolol maleate	31, 58, 117	TRELSTAR MIXJECT	93	twinrix	98, 114
TIMOPTIC OCUDOSE	117	TREMFYA	71	TYBOST	47
tinidazole	12	tretinoin	38, 71	tydemy	91
TIROSINT	92	tretinoin microsphere	71	TYKERB	37
tirosint-sol	92	tretinoin microsphere pump	114	TYLENOL WITH CODEINE #3	4
TIVICAY	45	TREXALL	96	TYLENOL WITH CODEINE #4	4
tizanidine hcl	43, 124	TREXIMET	30, 32, 114	TYMLOS	100
TOBI	10, 122	triamcinolone acetonide		typhim vi	98
TOBI PODHALER	10, 122		29, 68, 83, 114	UCERIS	75, 76
TOBRADEX	10	triamterene-hctz	60	UDENYCA	78
TOBRADEX ST	115	TRIANEX	71	ULORIC	28
tobramycin	10	triazolam	48	ULTRACET	4
tobramycin sulfate	10, 113	TRICOR	62	ULTRAM	8
tobramycin-dexamethasone	115	triderm	83	ULTRAVATE	83, 114
TOBREX	10	trientine hcl	72	UNASYN	15, 114
TOLAK	71	tri-estarryla	91	unithroid	92
tolazamide	113	trifluoperazine hcl	41	UPTRAVI	61
TOLAZAMIDE	113	trifluridine	45	URECHOLINE	79
TOLBUTAMIDE	52	trihexyphenidyl hcl	39, 114	UROCIT-K 10	79
tolcapone	40	tri-legest fe	91	UROCIT-K 15	80
TOLSURA	27	tri-linyah	114	UROCIT-K 5	80
tolterodine tartrate	79	TRILIPIX	62	URSO 250	75
tolterodine tartrate er	79	tri-lo-estarryla	91	URSO FORTE	76
TOPICORT	83	tri-lo-sprintec	91	ursodiol	76
topiramate	20, 31	trilyte	77	UTIBRON NEOHALER	123
topiramate er	20	trimethobenzamide hcl	25	VABOMERE	14
toremifene citrate	33	trimethoprim	12	valacyclovir hcl	45
TORISEL	113	tri-mili	91	VALCHLOR	33, 71
torsemide	61	trimipramine maleate	24	VALCYTE	44
TOUJEO MAX SOLOSTAR	54	trinessa (28)	114	valganciclovir hcl	44
TOUJEO SOLOSTAR	54	TRI-NORINYL (28)	114	VALIUM	19, 49

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

<i>valproate sodium</i>	114	VIMPAT	21	XTANDI	33
<i>valproic acid</i>	19, 31, 51	VIOKACE	78	xulane	91
<i>valsartan</i>	56	viorele	114	XURIDEN	78
<i>valsartan-hydrochlorothiazide</i>	60	VIRACEPT	48	XYLOCAINE	114
<i>VALTREX</i>	45	VIRAMUNE	46	XYREM	125
<i>VANATOL LQ</i>	4	VIRAMUNE XR	46	yf-vax	98
<i>vancomycin hcl</i>	12	VIREAD	44, 47	YUPELRI	120
<i>vandazole</i>	12	VISTARIL	25, 48, 119	yuvafem	86
<i>vaqta</i>	98	VITRAKVI	35	zafirlukast	120
<i>varivax</i>	98	VIZIMPRO	37	zaleplon	125
<i>varizig</i>	98	voriconazole	27	ZANAFLEX	43
<i>VARUBI</i>	25	VOSEVI	44	ZANTAC	114
<i>VASCEPA</i>	63	VOTRIENT	37	zarah	91
<i>VASERETIC</i>	60	VRAYLAR	43, 50	ZARXIO	55
<i>VECAMYL</i>	66	VUSION	114	ZAVESCA	78
<i>velivet</i>	91	vyfemla	91	ZEBUTAL	4
<i>VELPHORO</i>	72, 80	vylibra	91	ZEJULA	34
<i>VELTASSA</i>	72	VYNDAMAX	114	ZELAPAR	41
<i>VEMLIDY</i>	44	VYNDAQEL	84	ZELBORAF	37
<i>VENCLEXTA</i>	34	VYVANSE	64	ZEMAIRA	123
<i>VENCLEXTA STARTING PACK</i>	34	WAKIX	114	ZEMPLAR	100
<i>venlafaxine hcl</i>	24, 50	warfarin sodium	54	zenatane	71
<i>venlafaxine hcl er</i>	24, 49, 50	wera	114	ZENPEP	78
<i>VENTAVIS</i>	123	wixela inhub	121	ZENZEDI	64
<i>VENTOLIN HFA</i>	121	wymzya fe	91	ZERBAXA	13
<i>verapamil hcl</i>	59, 114	XALKORI	37	ZERIT	114
<i>verapamil hcl er</i>	59	XANAX	49	ZESTRIL	57
<i>VERDESO</i>	114	XANAX XR	49	ZETIA	63
<i>VERELAN</i>	59	XARELTO	54	ZETONNA	120
<i>VERELAN PM</i>	59	XARELTO STARTER PACK	54	ZIAGEN	47
<i>VERIPRED 20</i>	114	XATMEP	96	zidovudine	47
<i>VERSACLOZ</i>	43	XELJANZ	96	ZILEUTON ER	120
<i>VERZENIO</i>	35	XELJANZ XR	96	ZIOPTAN	118
<i>vestura</i>	114	XERMELO	76	ziprasidone hcl	43, 50
<i>V-GO 20</i>	114	XGEVA	100	ZIRGAN	44
<i>V-GO 30</i>	114	XIFAXAN	12, 76	ZITHROMAX	16
<i>V-GO 40</i>	114	XXIIDRA	117	ZOCOR	62, 114
<i>VIAGRA</i>	114	XOFLUZA	48	ZOFTRAN	25, 114
<i>VIBERZI</i>	76	XOLAIR	124	ZOLINZA	27, 35
<i>VIBRAMYCIN</i>	17, 68	XOLEGEL	114	zolmitriptan	32
<i>VICTOZA</i>	52	XOSPATA	35	zolpidem tartrate	125
<i>VIDEX</i>	47, 114	XPOVIO (100 MG ONCE WEEKLY)	34	ZOMACTON	84
<i>VIDEX EC</i>	47	XPOVIO (60 MG ONCE WEEKLY)	34	ZOMIG	32
<i>vienna</i>	91	XPOVIO (80 MG ONCE WEEKLY)	34	ZOMIG ZMT	32
<i>vigabatrin</i>	19	XPOVIO (80 MG TWICE WEEKLY)	34	zonisamide	18
<i>vigadrone</i>	19	XTAMPZA ER	7	ZONTIVITY	56
<i>VIIBRYD</i>	24			ZORBTIVE	76, 84
<i>VIIBRYD STARTER PACK</i>	24			ZORTRESS	96

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

zostavax.....	98
ZOSYN.....	15, 114
zovia 1/35e (28).....	91
ZOVIRAX.....	45
ZUBSOLV.....	9, 115
ZUPLENZ.....	25
ZURAMPIC.....	115
ZYDELIG.....	35
ZYFLO.....	120
ZYKADIA.....	37
ZYLET.....	115
ZYLOPRIM.....	28
ZYPREXA.....	43, 50
ZYPREXA RELPREVV.....	43, 50
ZYTIGA.....	33
ZYVOX.....	12

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

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