

# **Independent Health's Medicare Advantage**

## **2020 Individual Part D Formulary**



### **(List of Covered Drugs)**

This document includes:

- Independent Health's Encompass 65® Basic (HMO)
- Independent Health's Encompass 65® Core (HMO)
- Independent Health's Encompass 65® Element (HMO)
- Independent Health's Medicare Passport® Advantage (PPO)
- Independent Health's Medicare Passport® Prime (PPO)
- Independent Health's Medicare Family Choice® (HMO I-SNP)

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

HPMS Approved Formulary File Submission ID 00020492, Version Number 27

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users 711, October 1<sup>st</sup> – March 31<sup>st</sup>: Monday through Sunday from 8 a.m. to 8 p.m., April 1<sup>st</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare)

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

**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 Independent Health. When it refers to “plan” or “our plan,” it means Independent Health’s Medicare Advantage Plan.

This document includes the list of the drugs (formulary) for our plan which is current as of 12/01/2020. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2020, and from time to time during the year.

## **What is the Independent Health’s Medicare Advantage Individual Part D Formulary?**

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

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

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

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

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2020 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2020 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

The enclosed formulary is current as of 12/01/2020. 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.IndependentHealth.com/MedicareFormularies](http://www.IndependentHealth.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 115. 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?**

Independent Health 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:** Independent Health requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Independent Health before you fill your prescriptions. If you don't get approval, Independent Health may not cover the drug.
- **Quantity Limits:** For certain drugs, Independent Health limits the amount of the drug that we will cover. For example, Independent Health provides 30 tablets per prescription for digoxin 125 mcg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Independent Health 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, Independent Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Independent Health will then cover Drug B.

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

You can ask Independent Health 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 Independent Health's Medicare Advantage Plan Individual Part D 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.

If you learn that Independent Health does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Independent Health. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Independent Health.
- You can ask Independent Health 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 Independent Health's Medicare Advantage Plan Individual Part D Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Independent Health 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, Independent Health 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 monthly 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, Independent Health will provide a supply of medication pursuant to CMS requirements in compliance with the 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 needed.
- 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 to total 34 days of medication if needed.

After authorizing the temporary refills 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 Independent Health Medicare Advantage Plan Part D formularies, an explanation of your right to request a formulary exception and a description of the procedures for requesting a formulary exception. We will also send a copy of the letter to your doctor.

## **For more information**

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

If you have questions about Independent Health, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **Independent Health's Formulary**

The formulary that begins on page 3 provides coverage information about the drugs covered by Independent Health. If you have trouble finding your drug in the list, turn to the Index that begins on page 115.

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

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

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

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

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

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

Drugs listed with a “**NC**” in the Requirements/Limits column are not covered under Medicare Part D, but may be covered under Medicare Part B. For more information please contact our Member Services Department. Our contact information appears on the front and back cover pages.

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

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

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

## TABLE OF CONTENTS

Analgesics.....	3
Anesthetics.....	6
Anti-Addiction/ Substance Abuse Treatment Agents.....	7
Antibacterials.....	8
Anticonvulsants.....	14
Antidementia Agents.....	18
Antidepressants.....	18
Antiemetics.....	21
Antifungals.....	22
Antigout Agents.....	24
Anti-Inflammatory Agents.....	25
Antimigraine Agents.....	26
Antimyasthenic Agents.....	28
Antimycobacterials.....	28
Antineoplastics.....	28
Antiparasitics.....	34
Antiparkinson Agents.....	35
Antipsychotics.....	36
Antispasticity Agents.....	39
Antivirals.....	39
Anxiolytics.....	43
Bipolar Agents.....	45
Blood Glucose Regulators.....	46
Blood Products/ Modifiers/ Volume Expanders.....	50
Cardiovascular Agents.....	52
Central Nervous System Agents.....	59
Dental And Oral Agents.....	62
Dermatological Agents.....	62
Electrolytes/Minerals/Metals/Vitamins.....	65
Gastrointestinal Agents.....	69
Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment.....	71
Genitourinary Agents.....	72
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal).....	74
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary).....	76
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins).....	77
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers).....	77
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid).....	84
Hormonal Agents, Suppressant (Adrenal).....	85
Hormonal Agents, Suppressant (Pituitary).....	85
Hormonal Agents, Suppressant (Thyroid).....	86
Immunological Agents.....	86
Inflammatory Bowel Disease Agents.....	91
Metabolic Bone Disease Agents.....	92
Non-Frf.....	93
Ophthalmic Agents.....	104
Otic Agents.....	107
Respiratory Tract/ Pulmonary Agents.....	107

Skeletal Muscle Relaxants.....	113
Sleep Disorder Agents.....	114

Drug Name	Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics</b>		
acetaminophen-codeine #3 oral tablet	2	
acetaminophen-codeine oral solution	2	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	2	
ASCOMP-CODEINE ORAL CAPSULE	4	PA; PA not required if under 65 years of age.
butalbital-acetaminophen oral tablet 50-325 mg	4	PA; PA not required if under 65 years of age.
butalbital-apap-caff-cod oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-apap-caffeine oral tablet 50-325-40 mg	4	PA; PA not required if under 65 years of age.
butalbital-asa-caff-codeine oral capsule	4	PA; PA not required if under 65 years of age.
butalbital-aspirin-caffeine oral capsule	4	PA; PA not required if under 65 years of age.
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	
oxycodone-aspirin oral tablet 4.8355-325 mg	2	
pentazocine-naloxone hcl oral tablet	2	
TENCON ORAL TABLET 50-325 MG	4	PA; PA not required if under 65 years of age.
tramadol-acetaminophen oral tablet	2	
VANATOL LQ ORAL SOLUTION	4	PA; PA not required if under 65 years of age.
VTOL LQ ORAL SOLUTION	4	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	PA; PA not required if under 65 years of age.
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
CAMBIA ORAL PACKET	4	
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine transdermal patch</i>	4	
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
<i>fenoprofen calcium oral tablet</i>	2	EDS
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
INDOCIN ORAL SUSPENSION	5	PA; PA not required if under 65 years of age.
<i>indomethacin er oral capsule extended release</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>ketorolac tromethamine oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
<b>Opioid Analgesics, Long-Acting</b>		
<i>buprenorphine hcl sublingual tablet sublingual</i>	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
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	2	
fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr	2	QL (30 EA per 30 days)
fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 50 mcg/hr	2	QL (15 EA per 30 days)
hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml	2	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	QL (60 EA per 30 days)
methadone hcl oral solution	2	
methadone hcl oral tablet 10 mg	2	
methadone hcl oral tablet 5 mg	2	QL (180 EA per 30 days)
morphine sulfate er beads oral capsule extended release 24 hour	2	
morphine sulfate er oral capsule extended release 24 hour	2	
morphine sulfate er oral tablet extended release	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 50 MG	3	QL (60 EA per 30 days)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 250 MG	3	
oxycodone hcl er oral tablet er 12 hour abuse-deterrant	2	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	
oxymorphone hcl er oral tablet extended release 12 hour	2	
tramadol hcl er (biphasic) oral tablet extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er (biphasic) oral tablet extended release 24 hour 300 mg	2	ST
tramadol hcl er oral capsule extended release 24 hour 100 mg, 200 mg	2	ST; QL (30 EA per 30 days)
tramadol hcl er oral capsule extended release 24 hour 300 mg	2	ST
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg	2	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
tramadol hcl er oral tablet extended release 24 hour 300 mg	2	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG	4	QL (60 EA per 30 days)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG	5	QL (60 EA per 30 days)
<b>Opioid Analgesics, Short-Acting</b>		
butorphanol tartrate nasal solution	2	
codeine sulfate oral tablet	2	
fentanyl citrate buccal lozenge on a handle	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
fentanyl citrate buccal tablet	5	PA; QL (120 EA per 30 days)
hydromorphone hcl oral liquid	2	
hydromorphone hcl oral tablet	2	QL (180 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml	2	
morphine sulfate oral solution	2	
morphine sulfate oral tablet	2	
NUCYNTA ORAL TABLET	3	QL (180 EA per 30 days)
oxycodone hcl oral capsule	2	
oxycodone hcl oral concentrate 100 mg/5ml	4	
oxycodone hcl oral solution	2	
oxycodone hcl oral tablet	2	
oxymorphone hcl oral tablet 10 mg	2	
oxymorphone hcl oral tablet 5 mg	2	QL (180 EA per 30 days)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
tramadol hcl oral tablet 50 mg	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
lidocaine external ointment	2	
lidocaine external patch 5 %	2	PA
lidocaine hcl external solution	2	
lidocaine hcl urethral/mucosal external gel	2	
lidocaine viscous hcl mouth/throat solution	2	
lidocaine-prilocaine 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
<b>Anti-Addiction/ Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-Craving</b>		
acamprosate calcium oral tablet delayed release	2	EDS
disulfiram oral tablet	2	EDS
naltrexone hcl oral tablet	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
<b>Opioid Dependence Treatments</b>		
buprenorphine hcl sublingual tablet sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	2	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	2	QL (4 EA per 28 days)
buprenorphine transdermal patch weekly 20 mcg/hr	2	
LUCEMYRA ORAL TABLET	5	PA
naltrexone hcl oral tablet	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	
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	3	
<b>Opioid Reversal Agents</b>		
naloxone hcl injection solution 0.4 mg/ml	2	
naloxone hcl injection solution cartridge	2	
naloxone hcl injection solution prefilled syringe	2	
NARCAN NASAL LIQUID	3	
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det) oral tablet extended release 12 hour	2	
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH PAK ORAL TABLET	3	
NICOTROL INHALATION INHALER	3	
NICOTROL NS NASAL 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
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION	5	PA; LA
BETHKIS INHALATION NEBULIZATION SOLUTION	5	BD; LA
<i>gentak ophthalmic ointment</i>	2	
<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>	2	
<i>gentamicin sulfate external cream</i>	2	
<i>gentamicin sulfate external ointment</i>	2	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	2	
<i>gentamicin sulfate ophthalmic solution</i>	2	
<i>neomycin sulfate oral tablet</i>	2	
<i>paromomycin sulfate oral capsule</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	4	
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
TOBRADEX OPHTHALMIC OINTMENT	3	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BD
<i>tobramycin ophthalmic solution</i>	2	
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	
<b>Antibacterials</b>		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<b>Antibacterials, Other</b>		
<i>acetic acid otic solution</i>	2	
<i>bacitracin ophthalmic ointment</i>	2	
CLEOCIN VAGINAL SUPPOSITORY	4	
<i>clindamycin hcl oral capsule</i>	2	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	2	
<i>clindamycin phosphate external gel</i>	2	
<i>clindamycin phosphate external lotion</i>	2	
<i>clindamycin phosphate external solution</i>	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>clindamycin phosphate external swab</i>	2	
<i>clindamycin phosphate in d5w intravenous solution</i>	2	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	2	
<i>clindamycin phosphate vaginal cream</i>	2	
<i>colistimethate sodium (cba) injection solution reconstituted</i>	2	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	4	
<b>FIRVANQ ORAL SOLUTION RECONSTITUTED</b>	4	
<b>GLOBAL ALCOHOL PREP EASE PAD</b>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted</i>	2	
<i>linezolid oral tablet</i>	2	
<i>methenamine hippurate oral tablet</i>	2	
<i>metronidazole external cream</i>	2	
<i>metronidazole external gel</i>	2	
<i>metronidazole external lotion</i>	2	
<i>metronidazole in nacl intravenous solution 500-0.79 mg/100ml-%</i>	2	
<i>metronidazole oral capsule</i>	2	
<i>metronidazole oral tablet</i>	2	
<i>metronidazole vaginal gel</i>	2	
<b>MONUROL ORAL PACKET</b>	4	
<i>mupirocin calcium external cream</i>	2	
<i>mupirocin external ointment</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	2	
<i>nitrofurantoin monohyd macro oral capsule</i>	2	
<i>polymyxin b sulfate injection solution reconstituted</i>	2	
<b>SIRTURO ORAL TABLET</b>	5	PA
<b>SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED</b>	5	PA
<b>SIVEXTRO ORAL TABLET</b>	5	PA
<b>SULFAMYLON EXTERNAL CREAM</b>	4	
<i>tigecycline intravenous solution reconstituted</i>	5	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tinidazole oral tablet</i>	2	
<i>trimethoprim oral tablet</i>	2	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 250 mg, 500 mg, 750 mg</i>	2	
<i>vancomycin hcl oral capsule</i>	2	
<i>vandazole vaginal gel</i>	2	
<i>XIFAXAN ORAL TABLET 200 MG</i>	4	QL (9 EA per 3 days)
<i>XIFAXAN ORAL TABLET 550 MG</i>	5	
<b>Beta-Lactam, Cephalosporins</b>		
<i>cefaclor er oral tablet extended release 12 hour</i>	4	
<i>cefaclor oral capsule</i>	2	
<i>cefaclor oral suspension reconstituted</i>	2	
<i>cefadroxil oral capsule</i>	2	
<i>cefadroxil oral suspension reconstituted</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension reconstituted</i>	2	
<i>cefepime hcl injection solution reconstituted</i>	2	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension reconstituted</i>	2	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	4	
<i>cefoxitin sodium injection solution reconstituted</i>	2	
<i>cefoxitin sodium intravenous solution reconstituted</i>	2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	2	
<i>cefpodoxime proxetil oral tablet</i>	2	
<i>cefprozil oral suspension reconstituted</i>	2	
<i>cefprozil oral tablet</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 2 gm, 6 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	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>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cefuroxime sodium injection solution reconstituted 7.5 gm, 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule</i>	2	
<i>cephalexin oral suspension reconstituted</i>	2	
<i>SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML</i>	3	
<i>SUPRAX ORAL TABLET CHEWABLE</i>	3	
<i>TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED</i>	4	
<i>ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED</i>	5	PA
<b>Beta-Lactam, Other</b>		
<i>aztreonam injection solution reconstituted 1 gm</i>	2	
<i>CAYSTON INHALATION SOLUTION RECONSTITUTED</i>	5	LA
<i>ertapenem sodium injection solution reconstituted</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted</i>	2	
<i>meropenem intravenous solution reconstituted</i>	2	
<i>VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED</i>	4	PA; Prior authorization not required for urologists or infectious diseases specialists.; EDS
<b>Beta-Lactam, Penicillins</b>		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension reconstituted</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	2	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	2	
<i>amoxicillin-pot clavulanate oral tablet</i>	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>amoxicillin-pot clavulanate oral tablet chewable</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	4	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	4	
BICILLIN L-A INTRAMUSCULAR SUSPENSION	4	
<i>dicloxacillin sodium oral capsule</i>	2	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	4	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	4	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>oxacillin sodium intravenous solution reconstituted</i>	2	
<i>penicillin g pot in dextrose intravenous solution 40000 unit/ml, 60000 unit/ml</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension</i>	2	
<i>penicillin g sodium injection solution reconstituted</i>	2	
<i>penicillin v potassium oral solution reconstituted</i>	2	
<i>penicillin v potassium oral tablet</i>	2	
<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</i>	2	
<b>Macrolides</b>		
AZASITE OPHTHALMIC SOLUTION	4	
<i>azithromycin intravenous solution reconstituted</i>	2	
<i>azithromycin oral packet</i>	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>azithromycin oral suspension reconstituted</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin er oral tablet extended release 24 hour</i>	2	
<i>clarithromycin oral suspension reconstituted</i>	2	
<i>clarithromycin oral tablet</i>	2	
DIFICID ORAL TABLET	5	PA
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	4	
<i>erythromycin base oral capsule delayed release particles</i>	2	
<i>erythromycin base oral tablet</i>	2	
<i>erythromycin base oral tablet delayed release</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin ophthalmic ointment</i>	2	
<b>Quinolones</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (10%)	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	2	
<i>ciprofloxacin hcl oral tablet</i>	2	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml</i>	2	
<i>gatifloxacin ophthalmic solution</i>	2	
<i>levofloxacin in d5w intravenous solution 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin intravenous solution</i>	2	
<i>levofloxacin ophthalmic solution</i>	2	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	2	
<i>moxifloxacin hcl in nacl intravenous solution</i>	2	
<i>moxifloxacin hcl ophthalmic solution</i>	2	
<i>moxifloxacin hcl oral tablet</i>	2	
<i>ofloxacin ophthalmic solution</i>	2	
<i>ofloxacin otic solution</i>	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
<b>Sulfonamides</b>		
<i>silver sulfadiazine external cream</i>	2	
<i>ssd external cream</i>	2	
<i>sulfacetamide sodium (acne) external lotion</i>	2	
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide sodium ophthalmic solution</i>	2	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	
<b>Tetracyclines</b>		
<i>demeclacycline hcl oral tablet</i>	4	
<i>DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED</i>	4	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg</i>	2	
<i>doxycycline hyclate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral capsule</i>	2	
<i>doxycycline monohydrate oral suspension reconstituted</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	2	
<i>tetracycline hcl oral capsule</i>	2	
<i>VIBRAMYCIN ORAL SYRUP</i>	4	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
<i>BRIVIACT ORAL SOLUTION</i>	5	PA New Starts; Prior authorization not required for neurologists.
<i>BRIVIACT ORAL TABLET</i>	5	PA New Starts; Prior authorization not required for neurologists.
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>FINTEPLA ORAL SOLUTION</i>	5	PA New Starts; LA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>levetiracetam er oral tablet extended release 24 hour</i>	2	EDS
<i>levetiracetam oral solution</i>	2	EDS
<i>levetiracetam oral tablet</i>	2	EDS
<i>roweepra oral tablet</i>	2	EDS
<i>roweepra xr oral tablet extended release 24 hour</i>	2	EDS
<b>SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE</b>	4	EDS
<b>XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	5	PA New Starts; QL (56 EA per 28 days)
<b>XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK</b>	5	PA New Starts; QL (56 EA per 28 days)
<b>XCOPRI ORAL TABLET 100 MG, 50 MG</b>	5	PA New Starts; QL (30 EA per 30 days)
<b>XCOPRI ORAL TABLET 150 MG</b>	5	PA New Starts; QL (60 EA per 30 days)
<b>XCOPRI ORAL TABLET 200 MG</b>	5	PA New Starts
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG &amp; 14 X 25 MG</b>	4	PA New Starts; QL (28 EA per 28 days)
<b>XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG &amp; 14 X200 MG, 14 X 50 MG &amp; 14 X100 MG</b>	5	PA New Starts; QL (28 EA per 28 days)
<b>Calcium Channel Modifying Agents</b>		
<b>CELONTIN ORAL CAPSULE</b>	3	EDS
<i>ethosuximide oral capsule</i>	2	EDS
<i>ethosuximide oral solution</i>	2	EDS
<b>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR</b>	3	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
<i>zonisamide oral capsule</i>	2	EDS
<b>Gamma-Aminobutyric Acid (Gaba) Augmenting Agents</b>		
<i>clobazam oral suspension</i>	4	EDS
<i>clobazam oral tablet</i>	2	EDS
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<b>EPIDIOLEX ORAL SOLUTION</b>	5	PA New Starts; LA
<i> gabapentin oral capsule</i>	2	EDS
<i> gabapentin oral solution 250 mg/5ml</i>	2	EDS
<i> gabapentin oral tablet</i>	2	EDS
<b>GRALISE ORAL TABLET</b>	4	EDS
<b>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG</b>	4	EDS
<i> lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	2	
<i> lamotrigine oral tablet dispersible</i>	2	EDS
<i> lorazepam oral concentrate 2 mg/ml</i>	2	
<i> lorazepam oral tablet</i>	2	
<b>NAYZILAM NASAL SOLUTION</b>	4	PA New Starts
<i> phenobarbital oral elixir</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i> phenobarbital oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i> primidone oral tablet</i>	2	EDS
<b>SYMPAZAN ORAL FILM</b>	5	
<i> tiagabine hcl oral tablet</i>	2	EDS
<i> valproic acid oral capsule</i>	2	EDS
<i> valproic acid oral solution</i>	2	EDS
<b>VALTOCO 10 MG DOSE NASAL LIQUID</b>	4	PA New Starts
<b>VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK</b>	4	PA New Starts
<b>VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK</b>	4	PA New Starts
<b>VALTOCO 5 MG DOSE NASAL LIQUID</b>	4	PA New Starts
<i> vigabatrin oral packet</i>	5	LA
<i> vigabatrin oral tablet</i>	5	LA
<i> vigadrone oral packet</i>	5	

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

Drug Name	Tier	Requirements/Limits
<b>Glutamate Reducing Agents</b>		
<i>felbamate oral suspension</i>	2	EDS
<i>felbamate oral tablet</i>	2	EDS
FYCOMPA ORAL SUSPENSION	4	EDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	5	
FYCOMPA ORAL TABLET 2 MG	4	EDS
<i>lamotrigine er oral tablet extended release 24 hour</i>	2	EDS
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG	5	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	4	EDS
<b>Sodium Channel Agents</b>		
APTIOM ORAL TABLET	5	
BANZEL ORAL SUSPENSION	5	
BANZEL ORAL TABLET	5	
<i>carbamazepine er oral tablet extended release 12 hour</i>	2	EDS
<i>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
DILANTIN ORAL CAPSULE 30 MG	3	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>oxcarbazepine oral suspension</i>	2	EDS
<i>oxcarbazepine oral tablet</i>	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
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	EDS
PEGANONE ORAL TABLET	3	EDS
<i>phenytoin oral suspension 125 mg/5ml</i>	2	EDS
<i>phenytoin oral tablet chewable</i>	2	EDS
<i>phenytoin sodium extended oral capsule</i>	2	EDS
VIMPAT ORAL SOLUTION	3	EDS
VIMPAT ORAL TABLET	3	EDS
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
<i>ergoloid mesylates oral tablet</i>	2	EDS
<b>Cholinesterase Inhibitors</b>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>donepezil hcl oral tablet dispersible</i>	2	EDS
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	2	EDS
<i>galantamine hydrobromide oral solution</i>	2	EDS
<i>galantamine hydrobromide oral tablet</i>	2	EDS
<i>rivastigmine tartrate oral capsule</i>	2	EDS
<i>rivastigmine transdermal patch 24 hour</i>	2	EDS
<b>N-Methyl-D-Aspartate (Nmda) Receptor Antagonist</b>		
<i>memantine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>memantine hcl oral solution 2 mg/ml</i>	2	EDS
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	EDS
<i>memantine hcl oral tablet 28 x 5 mg &amp; 21 x 10 mg</i>	2	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	PA New Starts
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	PA New Starts; EDS
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>olanzapine-fluoxetine hcl oral capsule</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<b>Antidepressants, Other</b>		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	5	BD
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	5	BD
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	5	PA New Starts; QL (30 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 2 MG	5	PA New Starts; QL (60 EA per 30 days)
ABILIFY MYCITE ORAL TABLET 30 MG	5	PA New Starts
<i>aripiprazole oral solution</i>	2	EDS
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>aripiprazole oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>aripiprazole oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>aripiprazole oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	5	
<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 150 mg, 300 mg</i>	2	EDS
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	4	EDS
<i>bupropion hcl oral tablet</i>	2	EDS
<i>chlor diazepoxide-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>maprotiline hcl oral tablet</i>	2	EDS
<i>mirtazapine oral tablet</i>	2	EDS
<i>mirtazapine oral tablet dispersible</i>	2	EDS
<i>nefazodone hcl oral tablet</i>	2	EDS
<i>perphenazine-amitriptyline oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
<i>trazodone hcl oral tablet</i>	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
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM TRANSDERMAL PATCH 24 HOUR	5	PA New Starts
MARPLAN ORAL TABLET	3	EDS
<i>phenelzine sulfate oral tablet</i>	2	EDS
<i>tranylcypromine sulfate oral tablet</i>	2	EDS
<b>Ssris/ Snris</b>		
<i>citalopram hydrobromide oral solution</i>	2	EDS
<i>citalopram hydrobromide oral tablet</i>	1	EDS
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	2	EDS
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	2	QL (90 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG	4	QL (60 EA per 30 days); EDS
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	4	
<i>fluoxetine hcl oral capsule</i>	2	EDS
<i>fluoxetine hcl oral capsule delayed release</i>	2	EDS
<i>fluoxetine hcl oral solution</i>	2	EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>	2	QL (60 EA per 30 days); EDS
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>	2	EDS
<i>fluvoxamine maleate oral tablet</i>	2	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine 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.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>paroxetine mesylate oral capsule</i>	2	EDS
PAXIL ORAL SUSPENSION	4	EDS
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
TRINTELLIX ORAL TABLET	4	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
VIIBRYD ORAL TABLET	4	EDS
VIIBRYD STARTER PACK ORAL KIT	4	
<b>Tricyclics</b>		
<i>amitriptyline hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>amoxapine oral tablet</i>	2	EDS
<i>clomipramine hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>desipramine hcl oral tablet</i>	2	EDS
<i>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
<i>imipramine hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>nortriptyline hcl oral capsule</i>	2	EDS
<i>nortriptyline hcl oral solution</i>	2	EDS
<i>protriptyline hcl oral tablet</i>	2	EDS
<i>trimipramine maleate oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>compro rectal suppository</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>meclizine hcl oral tablet</i>	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<i>perphenazine oral tablet</i>	2	EDS
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>prochlorperazine rectal suppository</i>	2	
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	4	PA; PA not required if under 65 years of age.
PROMETHEGAN RECTAL SUPPOSITORY 25 MG, 50 MG	4	PA; PA not required if under 65 years of age.
<i>scopolamine transdermal patch 72 hour</i>	2	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR	4	
<i>trimethobenzamide hcl oral capsule</i>	2	PA; PA not required if under 65 years of age.
<b>Emetogenic Therapy Adjuncts</b>		
<i>aprepitant oral capsule</i>	2	BD
<i>dronabinol oral capsule</i>	2	PA
EMEND ORAL SUSPENSION RECONSTITUTED	3	BD
<i>gransetron hcl oral tablet</i>	2	BD
<i>ondansetron hcl oral solution</i>	2	BD
<i>ondansetron hcl oral tablet</i>	2	BD
<i>ondansetron oral tablet dispersible</i>	2	BD
SANCUSO TRANSDERMAL PATCH	5	
SYNDROS ORAL SOLUTION	4	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	4	BD
ZUPLENZ ORAL FILM	4	BD
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION	5	PA
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	4	PA

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

Drug Name	Tier	Requirements/Limits
<i>amphotericin b intravenous solution reconstituted</i>	2	PA
<i>caspofungin acetate intravenous solution reconstituted</i>	2	BD
<i>ciclopirox external gel</i>	2	
<i>ciclopirox external shampoo</i>	2	
<i>ciclopirox external solution</i>	2	
<i>ciclopirox olamine external cream</i>	2	
<i>ciclopirox olamine external suspension</i>	2	
<i>clotrimazole external cream</i>	2	
<i>clotrimazole external solution</i>	2	
<i>clotrimazole mouth/throat troche</i>	2	
<b>CRESEMDA ORAL CAPSULE</b>	5	PA
<i>econazole nitrate external cream</i>	2	
<b>ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED</b>	4	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted</i>	2	
<i>fluconazole oral tablet</i>	2	
<i>flucytosine oral capsule</i>	2	
<i>griseofulvin microsize oral suspension</i>	2	
<i>griseofulvin microsize oral tablet</i>	2	
<i>griseofulvin ultramicrosized oral tablet</i>	2	
<b>GYNIAZOLE-1 VAGINAL CREAM</b>	4	
<i>itraconazole oral capsule</i>	2	PA; Prior authorization not required for infectious diseases specialists.
<i>itraconazole oral solution</i>	4	PA; Prior authorization not required for infectious diseases specialists.
<b>JUBLIA EXTERNAL SOLUTION</b>	4	PA
<i>ketoconazole external cream</i>	2	
<i>ketoconazole external shampoo 2 %</i>	2	
<i>ketoconazole oral tablet</i>	2	PA
<b>MENTAX EXTERNAL CREAM</b>	4	

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>micafungin sodium intravenous solution reconstituted</i>	3	
<i>miconazole 3 vaginal suppository</i>	4	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>naftifine hcl external cream</i>	2	
NAFTIN EXTERNAL GEL	4	
NATACYN OPHTHALMIC SUSPENSION	3	
NOXAFIL ORAL SUSPENSION	5	
<i>nyamyc external powder</i>	2	
<i>nystatin external cream</i>	2	
<i>nystatin external ointment</i>	2	
<i>nystatin external powder</i>	2	
<i>nystatin mouth/throat suspension</i>	2	
<i>nystatin oral tablet</i>	2	
<i>nystop external powder</i>	2	
ORAVIG BUCCAL TABLET	5	
OXISTAT EXTERNAL LOTION	4	
<i>posaconazole oral tablet delayed release</i>	5	
<i>terbinafine hcl oral tablet</i>	2	
<i>terconazole vaginal cream</i>	2	
TOLSURA ORAL CAPSULE	5	PA; Prior authorization not required for infectious diseases specialists.
<i>voriconazole intravenous solution reconstituted</i>	4	BD
<i>voriconazole oral suspension reconstituted</i>	4	
<i>voriconazole oral tablet</i>	4	
ZOLINZA ORAL CAPSULE	3	
<b>Antigout Agents</b>		
<b>Antigout Agents</b>		
<i>allopurinol oral tablet</i>	2	EDS
<i>colchicine oral capsule</i>	2	
<i>colchicine oral tablet</i>	2	
<i>colchicine-probenecid oral tablet</i>	2	EDS
<i>febuxostat oral tablet</i>	2	ST; EDS
<i>probenecid oral tablet</i>	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
<b>Anti-Inflammatory Agents</b>		
<b>Glucocorticoids</b>		
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external lotion</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>cortisone acetate oral tablet</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablet therapy pack 1.5 mg (51)</i>	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
<i>hydrocortisone oral tablet 20 mg, 5 mg</i>	2	
MEDROL ORAL TABLET 2 MG	4	
<i>methylprednisolone oral tablet</i>	2	
MILLIPRED ORAL TABLET	4	
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	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>prednisone oral tablet therapy pack</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<b>Nonsteroidal Anti-Inflammatory Drugs</b>		
<i>celecoxib oral capsule</i>	2	EDS
<i>diclofenac epolamine transdermal patch</i>	4	
<i>diclofenac potassium oral tablet</i>	2	EDS
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>diclofenac sodium oral tablet delayed release</i>	2	EDS
<i>diflunisal oral tablet</i>	2	EDS
<i>etodolac oral capsule 200 mg</i>	2	EDS
<i>etodolac oral tablet</i>	2	EDS
<i>fenoprofen calcium oral capsule 400 mg</i>	2	EDS
<i>fenoprofen calcium oral tablet</i>	2	EDS
<i>flurbiprofen oral tablet 100 mg</i>	2	EDS
<i>ibu oral tablet 600 mg, 800 mg</i>	2	EDS
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	EDS
<b>INDOCIN ORAL SUSPENSION</b>	5	PA; PA not required if under 65 years of age.
<i>indomethacin er oral capsule extended release</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>indomethacin oral capsule 25 mg, 50 mg</i>	4	PA; PA not required if under 65 years of age.; EDS
<i>ketorolac tromethamine oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>meloxicam oral tablet</i>	2	EDS
<i>nabumetone oral tablet</i>	2	EDS
<i>naproxen oral tablet</i>	2	EDS
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	EDS
<i>piroxicam oral capsule</i>	2	EDS
<i>sulindac oral tablet</i>	2	EDS
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<b>NURTEC ORAL TABLET DISPERSIBLE</b>	3	ST; QL (8 EA per 30 days)
<b>UBRELVY ORAL TABLET</b>	3	ST; QL (10 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
<b>Ergot Alkaloids</b>		
<i>dihydroergotamine mesylate nasal solution</i>	5	
<i>ergotamine-caffeine oral tablet</i>	2	
MIGERGOT RECTAL SUPPOSITORY	5	
<b>Prophylactic</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA; EDS
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	3	PA; QL (1 ML per 30 days); EDS
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA; EDS
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
<i>timolol maleate oral tablet</i>	2	EDS
<i>topiramate oral capsule sprinkle</i>	2	EDS
<i>topiramate oral tablet</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
<b>Serotonin (5-HT) 1B/1D Receptor Agonists</b>		
<i>almotriptan malate oral tablet</i>	2	
<i>eletriptan hydrobromide oral tablet</i>	2	
<i>frovatriptan succinate oral tablet</i>	2	
<i>naratriptan hcl oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet</i>	2	
<i>rizatriptan benzoate oral tablet dispersible</i>	2	
<i>sumatriptan nasal solution</i>	2	
<i>sumatriptan succinate oral tablet</i>	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>sumatriptan succinate refill subcutaneous solution cartridge</i>	2	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	2	
<i>zolmitriptan oral tablet</i>	2	
<i>zolmitriptan oral tablet dispersible</i>	2	
ZOMIG NASAL SOLUTION	3	
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
<i>guanidine hcl oral tablet</i>	2	
<i>pyridostigmine bromide er oral tablet extended release</i>	2	
<i>pyridostigmine bromide oral solution</i>	2	
<i>pyridostigmine bromide oral tablet 30 mg</i>	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
<i>dapsone external gel 7.5 %</i>	4	
<i>dapsone oral tablet</i>	2	EDS
PRIFTIN ORAL TABLET	4	
<i>rifabutin oral capsule</i>	2	
<b>Antituberculars</b>		
<i>ethambutol hcl oral tablet</i>	2	
<i>isoniazid oral syrup</i>	2	EDS
<i>isoniazid oral tablet</i>	2	EDS
PASER ORAL PACKET	4	
PRETOMANID ORAL TABLET	4	PA
<i>pyrazinamide oral tablet</i>	2	
<i>rifampin intravenous solution reconstituted</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	5	PA
TRECATOR ORAL TABLET	4	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
<i>cyclophosphamide oral capsule</i>	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
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	5	LA
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
<b>Antiandrogens</b>		
<i>abiraterone acetate oral tablet</i>	5	PA New Starts
<i>bicalutamide oral tablet</i>	2	
ERLEADA ORAL TABLET	5	PA New Starts
<i>flutamide oral capsule</i>	2	
<i>nilutamide oral tablet</i>	5	
NUBEQA ORAL TABLET	5	PA New Starts; LA
XTANDI ORAL CAPSULE	5	PA New Starts
ZYTIGA ORAL TABLET	5	PA New Starts
<b>Antiangiogenic Agents</b>		
POMALYST ORAL CAPSULE	5	PA New Starts; LA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA New Starts; LA
THALOMID ORAL CAPSULE	5	LA
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE	3	
SOLTAMOX ORAL SOLUTION	3	EDS
<i>tamoxifen citrate oral tablet</i>	2	EDS
<i>toremifene citrate oral tablet</i>	5	
<b>Antimetabolites</b>		
DROXIA ORAL CAPSULE	2	EDS
<i>hydroxyurea oral capsule</i>	2	
INQOVI ORAL TABLET	5	PA New Starts; LA
LONSURF ORAL TABLET	5	PA New Starts; LA
PURIXAN ORAL SUSPENSION	3	LA
<i>tabloid oral tablet</i>	2	
<b>Antineoplastics</b>		
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG	5	
LYNPARZA ORAL TABLET	5	PA New Starts; LA
MESNEX ORAL TABLET	3	
NINLARO ORAL CAPSULE	5	PA New Starts

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
RUBRACA ORAL TABLET	5	PA New Starts; LA
TALZENNA ORAL CAPSULE 0.25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA New Starts; LA
VENCLEXTA ORAL TABLET 10 MG, 50 MG	4	PA New Starts; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA New Starts; LA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	5	PA New Starts; LA
ZEJULA ORAL CAPSULE	5	PA New Starts; LA
<b>Antineoplastics, Other</b>		
BALCOLTRA ORAL TABLET	3	EDS
GAVRETO ORAL CAPSULE	5	PA New Starts; LA
<i>leucovorin calcium oral tablet</i>	2	
RETEVMO ORAL CAPSULE 40 MG	5	PA New Starts; QL (60 EA per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA New Starts
REVLIMID ORAL CAPSULE 2.5 MG, 20 MG	5	PA New Starts; LA
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts
TUKYSA ORAL TABLET 150 MG	5	PA New Starts; LA
TUKYSA ORAL TABLET 50 MG	5	PA New Starts; LA; QL (120 EA per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (20 EA per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (8 EA per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (12 EA per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (24 EA per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (16 EA per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	5	PA New Starts; LA; QL (32 EA per 28 days)
<b>Aromatase Inhibitors, 3Rd Generation</b>		
<i>anastrozole oral tablet</i>	2	EDS
<i>exemestane oral tablet</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>letrozole oral tablet</i>	2	EDS
<b>Enzyme Inhibitors</b>		
COPIKTRA ORAL CAPSULE 15 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
COPIKTRA ORAL CAPSULE 25 MG	5	PA New Starts; LA
FARYDAK ORAL CAPSULE 10 MG, 20 MG	5	PA New Starts; LA
IBRANCE ORAL CAPSULE	5	PA New Starts; LA
IBRANCE ORAL TABLET	5	PA New Starts; LA
IDHIFA ORAL TABLET	5	PA New Starts; LA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	5	PA New Starts; LA
TIBSOVO ORAL TABLET	5	PA New Starts; LA
VERZENIO ORAL TABLET	5	PA New Starts
VITRAKVI ORAL CAPSULE 100 MG	5	PA New Starts; LA
VITRAKVI ORAL CAPSULE 25 MG	5	PA New Starts; LA; QL (180 EA per 30 days)
VITRAKVI ORAL SOLUTION	5	PA New Starts; LA
XOSPATA ORAL TABLET	5	PA New Starts; LA
ZOLINZA ORAL CAPSULE	3	
ZYDELIG ORAL TABLET	5	PA New Starts
<b>Molecular Target Inhibitors</b>		
AFINITOR ORAL TABLET 10 MG	5	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	5	PA New Starts
ALUNBRIG ORAL TABLET	5	PA New Starts; LA
ALUNBRIG ORAL TABLET THERAPY PACK	5	PA New Starts; LA
AYVAKIT ORAL TABLET 100 MG, 200 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
AYVAKIT ORAL TABLET 300 MG	5	PA New Starts; LA
BALVERSA ORAL TABLET	5	PA New Starts; LA
BOSULIF ORAL TABLET	5	PA New Starts; LA
BRAFTOVI ORAL CAPSULE 75 MG	5	PA New Starts; LA
BRUKINSA ORAL CAPSULE	5	PA New Starts
CABOMETYX ORAL TABLET	5	PA New Starts; LA
CALQUENCE ORAL CAPSULE	5	PA New Starts
CAPRELSA ORAL TABLET	5	PA New Starts; LA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA New Starts; LA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	5	PA New Starts; LA
COTELLIC ORAL TABLET	5	PA New Starts
DAURISMO ORAL TABLET 100 MG	5	PA New Starts; LA
DAURISMO ORAL TABLET 25 MG	5	PA New Starts; LA; QL (60 EA per 30 days)
ERIVEDGE ORAL CAPSULE	5	PA New Starts
<i>erlotinib hcl oral tablet</i>	5	PA New Starts
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	BD
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA New Starts
GILOTRIF ORAL TABLET	5	PA New Starts; LA
ICLUSIG ORAL TABLET	5	PA New Starts
<i>imatinib mesylate oral tablet</i>	2	
IMBRUVICA ORAL CAPSULE	5	PA New Starts; LA
IMBRUVICA ORAL TABLET	5	PA New Starts; LA
INLYTA ORAL TABLET	5	PA New Starts; LA
INREBIC ORAL CAPSULE	5	PA New Starts; LA
IRESSA ORAL TABLET	5	PA New Starts; LA
JAKAFI ORAL TABLET	5	PA New Starts; LA
KOSELUGO ORAL CAPSULE	5	PA New Starts; LA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	5	PA New Starts; LA
LORBRENA ORAL TABLET 100 MG	5	PA New Starts; LA
LORBRENA ORAL TABLET 25 MG	5	PA New Starts; LA; QL (90 EA per 30 days)
MEKINIST ORAL TABLET	5	PA New Starts
MEKTOVI ORAL TABLET	5	PA New Starts; LA
NERLYNX ORAL TABLET	5	PA New Starts; LA
NEXAVAR ORAL TABLET	5	PA New Starts; LA
ODOMZO ORAL CAPSULE	5	PA New Starts
OFEV ORAL CAPSULE	5	PA; LA
PEMAZYRE ORAL TABLET	5	PA New Starts; LA
QINLOCK ORAL TABLET	5	PA New Starts; LA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA New Starts; LA
RYDAPT ORAL CAPSULE	5	PA New Starts
SPRYCEL ORAL TABLET	5	PA New Starts
STIVARGA ORAL TABLET	5	PA New Starts; LA
SUTENT ORAL CAPSULE	5	PA New Starts; LA
TABRECTA ORAL TABLET 150 MG	5	PA New Starts; QL (120 EA per 30 days)
TABRECTA ORAL TABLET 200 MG	5	PA New Starts
TAFINLAR ORAL CAPSULE	5	PA New Starts

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
TAGRISSO ORAL TABLET	5	PA New Starts; LA
TASIGNA ORAL CAPSULE	5	PA New Starts
TAZVERIK ORAL TABLET	5	PA New Starts; LA; QL (240 EA per 30 days)
TURALIO ORAL CAPSULE	5	PA New Starts; LA
TYKERB ORAL TABLET	5	PA New Starts
VIZIMPRO ORAL TABLET 15 MG, 30 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
VIZIMPRO ORAL TABLET 45 MG	5	PA New Starts; LA
VOTRIENT ORAL TABLET	5	PA New Starts
XALKORI ORAL CAPSULE	5	PA New Starts; LA
ZELBORAF ORAL TABLET	5	PA New Starts
ZYKADIA ORAL TABLET	5	PA New Starts
<b>Retinoids</b>		
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>bexarotene oral capsule</i>	5	
PANRETIN EXTERNAL GEL	3	
TARGRETIN EXTERNAL GEL	5	
<i>tretinooin external cream</i>	2	
<i>tretinooin external gel 0.01 %, 0.025 %</i>	2	
<i>tretinooin oral capsule</i>	5	
<b>Treatment Adjuncts</b>		
<i>leucovorin calcium oral tablet</i>	2	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
<i>albendazole oral tablet</i>	5	
EMVERM ORAL TABLET CHEWABLE	4	
<i>ivermectin oral tablet</i>	2	
<i>praziquantel oral tablet</i>	2	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED	5	
ALINIA ORAL TABLET	5	
<i>atovaquone oral suspension</i>	5	
<i>atovaquone-proguanil hcl oral tablet</i>	2	
<i>benznidazole oral tablet</i>	4	PA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>chloroquine phosphate oral tablet</i>	2	EDS
<b>COARTEM ORAL TABLET</b>	3	QL (24 EA per 30 days)
<i>hydroxychloroquine sulfate oral tablet</i>	2	EDS
<i>mefloquine hcl oral tablet</i>	2	EDS
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	BD
<i>pentamidine isethionate injection solution reconstituted</i>	4	
<i>primaquine phosphate oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	5	
<i>quinine sulfate oral capsule</i>	2	
<b>Pediculicides/Scabicides</b>		
<i>lindane external shampoo</i>	2	
<i>malathion external lotion</i>	2	
<i>permethrin external cream</i>	2	
<b>SKLICE EXTERNAL LOTION</b>	4	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
<i>benztropine mesylate oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>trihexyphenidyl hcl oral solution</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>trihexyphenidyl hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<b>Antiparkinson Agents</b>		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EDS
<b>Antiparkinson Agents, Other</b>		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	EDS
<i>entacapone oral tablet</i>	2	EDS
<b>ONGENTYS ORAL CAPSULE</b>	5	ST; QL (30 EA per 30 days)
<b>OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK</b>	4	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
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	4	PA; QL (30 EA per 30 days); EDS
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG	4	PA; EDS
<b>Dopamine Agonists</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; LA; Prior authorization not required for neurologists.
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
KYNMOBI SUBLINGUAL FILM	5	PA; Prior authorization not required for neurologists.
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	EDS
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	2	EDS
<i>pramipexole dihydrochloride oral tablet</i>	2	EDS
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>ropinirole hcl oral tablet</i>	2	EDS
<b>Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors</b>		
<i>carbidopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	EDS
<i>carbidopa-levodopa oral tablet</i>	2	EDS
<i>carbidopa-levodopa oral tablet dispersible</i>	2	EDS
DUOPA ENTERAL SUSPENSION	5	PA
INBRIJA INHALATION CAPSULE	5	PA; LA
<b>Monoamine Oxidase B (Mao-B) Inhibitors</b>		
<i>rasagiline mesylate oral tablet</i>	2	EDS
<i>selegiline hcl oral capsule</i>	2	EDS
<i>selegiline hcl oral tablet</i>	2	EDS
ZELAPAR ORAL TABLET DISPERSIBLE	5	
<b>Antipsychotics</b>		
<b>1St Generation/Typical</b>		
<i>chlorpromazine hcl oral tablet</i>	2	EDS
<i>fluphenazine decanoate injection solution</i>	2	BD
<i>fluphenazine hcl injection solution</i>	2	BD
<i>fluphenazine hcl oral concentrate</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl oral elixir</i>	2	EDS
<i>fluphenazine hcl oral tablet</i>	2	EDS
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	BD
<i>haloperidol lactate injection solution</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	EDS
<i>haloperidol oral tablet</i>	2	EDS
<i>loxpiprazole oral capsule</i>	2	EDS
<i>molindone hcl oral tablet</i>	2	EDS
<i>perphenazine oral tablet</i>	2	EDS
<i>pimozide oral tablet</i>	2	EDS
<i>prochlorperazine maleate oral tablet</i>	2	EDS
<i>thioridazine hcl oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>thiothixene oral capsule</i>	2	EDS
<i>trifluoperazine hcl oral tablet</i>	2	EDS
<b>2Nd Generation/Atypical</b>		
<i>ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE</i>	5	BD
<i>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</i>	5	BD
<i>ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG</i>	5	PA New Starts; QL (30 EA per 30 days)
<i>ABILIFY MYCITE ORAL TABLET 2 MG</i>	5	PA New Starts; QL (60 EA per 30 days)
<i>ABILIFY MYCITE ORAL TABLET 30 MG</i>	5	PA New Starts
<i>ariPIPRAZOLE oral solution</i>	2	EDS
<i>ariPIPRAZOLE oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	EDS
<i>ariPIPRAZOLE oral tablet 2 mg</i>	2	QL (60 EA per 30 days); EDS
<i>ariPIPRAZOLE oral tablet 5 mg</i>	2	QL (30 EA per 30 days); EDS
<i>ariPIPRAZOLE oral tablet dispersible 10 mg</i>	5	QL (60 EA per 30 days)
<i>ariPIPRAZOLE oral tablet dispersible 15 mg</i>	5	
<i>ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE</i>	5	BD
<i>ARISTADA INTRAMUSCULAR PREFILLED SYRINGE</i>	5	BD
<i>CAPLYTA ORAL CAPSULE</i>	4	PA New Starts; EDS
<i>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG</i>	5	QL (90 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
FANAPT ORAL TABLET 10 MG	5	QL (60 EA per 30 days)
FANAPT ORAL TABLET 12 MG, 8 MG	5	
FANAPT TITRATION PACK ORAL TABLET	4	QL (8 EA per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	5	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	5	PA New Starts
LATUDA ORAL TABLET 120 MG, 60 MG, 80 MG	5	
LATUDA ORAL TABLET 20 MG, 40 MG	5	QL (30 EA per 30 days)
NUPLAZID ORAL CAPSULE	5	PA New Starts; LA
NUPLAZID ORAL TABLET 10 MG	5	PA New Starts; LA; QL (30 EA per 30 days)
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>paliperidone er oral tablet extended release 24 hour</i>	2	EDS
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	5	BD
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG	5	QL (30 EA per 30 days)
REXULTI ORAL TABLET 4 MG	5	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	5	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR	5	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
SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR	5	
VRAYLAR ORAL CAPSULE	5	PA New Starts
VRAYLAR ORAL CAPSULE THERAPY PACK	4	PA New Starts
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	BD
<b>Treatment-Resistant</b>		
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet dispersible</i>	2	
VERSACLOZ ORAL SUSPENSION	4	
<b>Antispasticity Agents</b>		
<b>Antispasticity Agents</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	EDS
<i>baclofen oral tablet 5 mg</i>	4	EDS
<i>dantrolene sodium oral capsule</i>	2	
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	2	EDS
<b>Antivirals</b>		
<b>Anti-Cytomegalovirus (Cmv) Agents</b>		
PREVYMIS ORAL TABLET	5	PA
<i>valganciclovir hcl oral solution reconstituted</i>	5	
<i>valganciclovir hcl oral tablet</i>	5	
ZIRGAN OPHTHALMIC GEL	3	
<b>Anti-Hepatitis B (Hbv) Agents</b>		
<i>adefovir dipivoxil oral tablet</i>	5	
BARACLUDE ORAL SOLUTION	5	
<i>entecavir oral tablet</i>	2	EDS
EPIVIR HBV ORAL SOLUTION	3	EDS
INTRON A INJECTION SOLUTION	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>ribavirin oral capsule</i>	2	

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>ribavirin oral tablet 200 mg</i>	2	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
VEMLIDY ORAL TABLET	5	PA; Prior authorization not required for gastroenterologists or infectious diseases specialists.
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<b>Anti-Hepatitis C (Hcv) Agents, Direct Acting</b>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL PACKET	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
MAVYRET ORAL TABLET	5	PA
SOVALDI ORAL PACKET	5	PA
SOVALDI ORAL TABLET 400 MG	5	PA
VOSEVI ORAL TABLET	5	PA
<b>Anti-Hepatitis C (Hcv) Agents, Others</b>		
EPCLUSA ORAL TABLET 400-100 MG	5	PA
HARVONI ORAL TABLET 90-400 MG	5	PA
INTRON A INJECTION SOLUTION 6000000 UNIT/ML	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT	5	PA New Starts
INTRON A INJECTION SOLUTION RECONSTITUTED 18000000 UNIT, 50000000 UNIT	3	PA New Starts; EDS
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	PA
<i>ribavirin oral capsule</i>	2	
<i>ribavirin oral tablet 200 mg</i>	2	
SOVALDI ORAL TABLET 400 MG	5	PA
<b>Antiherpetic Agents</b>		
<i>acyclovir external ointment</i>	2	
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>acyclovir sodium intravenous solution</i>	2	BD
<i>famciclovir oral tablet</i>	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>trifluridine ophthalmic solution</i>	2	
<i>valacyclovir hcl oral tablet</i>	2	
<b>Anti-Hiv Agents, Integrase Inhibitors (Insti)</b>		
BIKTARVY ORAL TABLET	5	
GENVOYA ORAL TABLET	5	
ISENTRESS HD ORAL TABLET	5	
ISENTRESS ORAL PACKET	5	
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	EDS
STRIBILD ORAL TABLET	5	
SYMTUZA ORAL TABLET	5	
TIVICAY ORAL TABLET 10 MG	3	EDS
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE	3	EDS
<b>Anti-Hiv Agents, Non-Nucleoside Reverse Transcriptase Inhibitors (Nnrti)</b>		
COMPLERA ORAL TABLET	5	
EDURANT ORAL TABLET	5	
<i>efavirenz oral capsule</i>	2	EDS
<i>efavirenz oral tablet</i>	2	EDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	
INTELENCE ORAL TABLET 25 MG	3	EDS
<i>nevirapine er oral tablet extended release 24 hour</i>	2	EDS
<i>nevirapine oral suspension</i>	2	EDS
<i>nevirapine oral tablet</i>	2	EDS
PIFELTRO ORAL TABLET	5	
<b>Anti-Hiv Agents, Nucleoside And Nucleotide Reverse Transcriptase Inhibitors (Nrti)</b>		
<i>abacavir sulfate oral solution</i>	2	EDS
<i>abacavir sulfate oral tablet</i>	2	EDS
<i>abacavir sulfate-lamivudine oral tablet</i>	2	EDS
<i>abacavir-lamivudine-zidovudine oral tablet</i>	5	
ATRIPLA ORAL TABLET	5	
CIMDUO ORAL TABLET	5	
DELSTRIGO ORAL TABLET	5	

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

Drug Name	Tier	Requirements/Limits
DESCOVY ORAL TABLET	5	
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	2	EDS
DOVATO ORAL TABLET	5	
<i>emtricitabine oral capsule</i>	2	EDS
EMTRIVA ORAL SOLUTION	3	EDS
JULUCA ORAL TABLET	5	
<i>lamivudine oral solution</i>	2	EDS
<i>lamivudine oral tablet</i>	2	EDS
<i>lamivudine-zidovudine oral tablet</i>	2	EDS
ODEFSEY ORAL TABLET	5	
<i>stavudine oral capsule</i>	2	EDS
SYMFI LO ORAL TABLET	5	
SYMFI ORAL TABLET	5	
<i>tenofovir disoproxil fumarate oral tablet</i>	2	EDS
TRUVADA ORAL TABLET	5	
VIREAD ORAL POWDER	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
<i>zidovudine oral capsule</i>	2	EDS
<i>zidovudine oral syrup</i>	2	EDS
<i>zidovudine oral tablet</i>	2	EDS
<b>Anti-Hiv Agents, Other</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	5	
SELZENTRY ORAL SOLUTION	5	
SELZENTRY ORAL TABLET 150 MG, 300 MG, 75 MG	5	
SELZENTRY ORAL TABLET 25 MG	3	EDS
TRIUMEQ ORAL TABLET	5	
TYBOST ORAL TABLET	3	EDS
<b>Anti-Hiv Agents, Protease Inhibitors</b>		
APTIVUS ORAL CAPSULE	3	EDS
APTIVUS ORAL SOLUTION	3	EDS
<i>atazanavir sulfate oral capsule</i>	2	EDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	3	EDS

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

Drug Name	Tier	Requirements/Limits
EVOTAZ ORAL TABLET	5	
<i>fosamprenavir calcium oral tablet</i>	2	EDS
INVIRASE ORAL TABLET	5	
KALETRA ORAL TABLET 100-25 MG	3	EDS
KALETRA ORAL TABLET 200-50 MG	5	
LEXIVA ORAL SUSPENSION	3	EDS
<i>lopinavir-ritonavir oral solution</i>	4	EDS
NORVIR ORAL PACKET	3	EDS
NORVIR ORAL SOLUTION	3	EDS
PREZCOBIX ORAL TABLET	5	
PREZISTA ORAL SUSPENSION	5	
PREZISTA ORAL TABLET 150 MG, 600 MG, 800 MG	5	
PREZISTA ORAL TABLET 75 MG	3	EDS
REYATAZ ORAL PACKET	5	
<i>ritonavir oral tablet</i>	2	EDS
VIRACEPT ORAL TABLET	5	
<b>Anti-Influenza Agents</b>		
<i>amantadine hcl oral capsule</i>	2	EDS
<i>amantadine hcl oral syrup</i>	2	EDS
<i>amantadine hcl oral tablet</i>	2	EDS
<i>oseltamivir phosphate oral capsule</i>	2	
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	4	
<i>rimantadine hcl oral tablet</i>	2	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	3	
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
<i>buspirone hcl oral tablet</i>	2	
<i>doxepin hcl oral capsule</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>oxazepam oral capsule</i>	2	
<i>triazolam oral tablet</i>	4	QL (7 EA per 30 days)
<b>Benzodiazepines</b>		
<i>alprazolam er oral tablet extended release 24 hour</i>	2	
<i>alprazolam oral tablet</i>	2	
<i>alprazolam oral tablet dispersible</i>	2	
<i>clonazepam oral tablet</i>	2	EDS
<i>clonazepam oral tablet dispersible</i>	2	EDS
<i>clorazepate dipotassium oral tablet</i>	2	
<i>diazepam oral solution 5 mg/5ml</i>	2	
<i>diazepam oral tablet</i>	2	
<i>diazepam rectal gel</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet</i>	2	
<i>NAYZILAM NASAL SOLUTION</i>	4	PA New Starts
<b>Ssris/ Snris</b>		
<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG</i>	4	QL (60 EA per 30 days); EDS
<i>DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 60 MG</i>	4	EDS
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
<i>escitalopram oxalate oral solution</i>	2	EDS
<i>escitalopram oxalate oral tablet</i>	1	EDS
<i>paroxetine hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>paroxetine hcl oral tablet</i>	1	EDS
<i>PAXIL ORAL SUSPENSION</i>	4	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>sertraline hcl oral concentrate</i>	2	EDS
<i>sertraline hcl oral tablet</i>	1	EDS
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>venlafaxine hcl oral tablet</i>	2	EDS
<b>Bipolar Agents</b>		
<b>Bipolar Agents, Other</b>		
<i>olanzapine intramuscular solution reconstituted</i>	2	BD
<i>olanzapine oral tablet</i>	2	EDS
<i>olanzapine oral tablet dispersible</i>	2	EDS
<i>PERSERIS SUBCUTANEOUS PREFILLED SYRINGE</i>	5	BD
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	2	EDS
<i>quetiapine fumarate oral tablet</i>	2	EDS
<i>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER</i>	3	BD
<i>risperidone oral solution</i>	2	EDS
<i>risperidone oral tablet</i>	2	EDS
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	QL (120 EA per 30 days); EDS
<i>risperidone oral tablet dispersible 4 mg</i>	2	EDS
<i>SAPHRIS SUBLINGUAL TABLET SUBLINGUAL</i>	5	
<i>SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR</i>	5	QL (30 EA per 30 days)
<i>SECUADO TRANSDERMAL PATCH 24 HOUR 7.6 MG/24HR</i>	5	
<i>VRAYLAR ORAL CAPSULE</i>	5	PA New Starts
<i>VRAYLAR ORAL CAPSULE THERAPY PACK</i>	4	PA New Starts
<i>ziprasidone hcl oral capsule</i>	2	EDS
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	4	BD
<i>ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG</i>	4	BD
<b>Mood Stabilizers</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	2	EDS
<i>carbamazepine er oral tablet extended release 12 hour 100 mg</i>	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>carbamazepine oral suspension</i>	2	EDS
<i>carbamazepine oral tablet</i>	2	EDS
<i>carbamazepine oral tablet chewable</i>	2	EDS
<i>divalproex sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>divalproex sodium oral capsule delayed release sprinkle</i>	2	EDS
<i>divalproex sodium oral tablet delayed release</i>	2	EDS
<i>epitol oral tablet</i>	2	EDS
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	EDS
<i>lamotrigine er oral tablet extended release 24 hour 50 mg</i>	2	EDS
<i>lamotrigine oral kit 25 &amp; 50 &amp; 100 mg</i>	2	
<i>lamotrigine oral tablet</i>	2	EDS
<i>lamotrigine oral tablet chewable</i>	2	EDS
<i>lamotrigine oral tablet dispersible</i>	2	EDS
<i>lamotrigine starter kit-blue oral kit</i>	2	
<i>lamotrigine starter kit-green oral kit</i>	2	
<i>lamotrigine starter kit-orange oral kit</i>	2	
<i>lithium carbonate er oral tablet extended release</i>	2	EDS
<i>lithium carbonate oral capsule</i>	2	EDS
<i>lithium carbonate oral tablet</i>	2	EDS
<i>lithium oral solution</i>	2	EDS
<i>valproic acid oral capsule</i>	2	EDS
<i>valproic acid oral solution</i>	2	EDS
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
<i>acarbose oral tablet</i>	2	EDS
AVANDIA ORAL TABLET 2 MG, 4 MG	4	EDS
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	5	ST; Step therapy not required for endocrinologists
BYDUREON SUBCUTANEOUS PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	ST; Step therapy not required for endocrinologists

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>colesevelam hcl oral packet</i>	4	EDS
<i>colesevelam hcl oral tablet</i>	4	EDS
CYCLOSET ORAL TABLET	4	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
GLYXAMBI ORAL TABLET	3	EDS
INVOKAMET ORAL TABLET	3	EDS
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
INVOKANA ORAL TABLET	3	EDS
JARDIANCE ORAL TABLET	3	EDS
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>metformin hcl er oral tablet extended release 24 hour</i>	1	EDS
<i>metformin hcl oral solution</i>	4	EDS
<i>metformin hcl oral tablet</i>	1	EDS
<i>miglitol oral tablet</i>	2	EDS
<i>nateglinide oral tablet</i>	2	EDS
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
<i>pioglitazone hcl oral tablet</i>	1	EDS
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	2	QL (150 EA per 30 days); EDS
<i>repaglinide oral tablet 2 mg</i>	2	EDS
RYBELSUS ORAL TABLET 14 MG	3	ST; Step therapy not required for endocrinologists; EDS
RYBELSUS ORAL TABLET 3 MG, 7 MG	3	ST; Step therapy not required for endocrinologists; QL (30 EA per 30 days); EDS
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	PA; Prior authorization not required for endocrinologists.; EDS
SYNJARDY 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
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRADJENTA ORAL TABLET	3	EDS
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	3	ST; Step therapy not required for endocrinologists; EDS
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	3	ST; EDS
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; Step therapy not required for endocrinologists; EDS
<b>Blood Glucose Regulators</b>		
glipizide-metformin hcl oral tablet	1	EDS
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-Injector	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
JENTADUETO ORAL TABLET	3	EDS
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
pioglitazone hcl-metformin hcl oral tablet	2	EDS
<b>Glycemic Agents</b>		
BAQSIMI TWO PACK NASAL POWDER	2	
diazoxide oral suspension	5	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
glucagon emergency injection kit	2	
KORLYM ORAL TABLET	5	PA New Starts; LA
<b>Insulins</b>		
assure id insulin safety syr 29g x 1/2" 1 ml	2	
comfort assist insulin syringe 29g x 1/2" 1 ml	2	
cvs gauze sterile pad 2"x2"	2	
exel comfort point pen needle 29g x 12mm	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	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
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION	3	EDS
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	3	EDS
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	EDS
HUMULIN N SUBCUTANEOUS SUSPENSION	3	EDS
HUMULIN R INJECTION SOLUTION	3	EDS
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	3	EDS
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	3	EDS
<i>insulin lispro prot &amp; lispro subcutaneous suspension pen-injector</i>	3	EDS
<i>insulin lispro subcutaneous solution</i>	3	EDS
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LANTUS SUBCUTANEOUS SOLUTION	3	EDS
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
LEVEMIR SUBCUTANEOUS SOLUTION	3	EDS
LYUMJEV INJECTION SOLUTION	3	EDS
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
<i>preferred plus insulin syringe 28g x 1/2" 0.5 ml</i>	2	
<i>reli-on insulin syringe 29g 0.3 ml</i>	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
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	EDS
TRESIBA SUBCUTANEOUS SOLUTION	3	EDS
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
<b>Anticoagulants</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	3	EDS
ELIQUIS ORAL TABLET	3	EDS
<i>enoxaparin sodium subcutaneous solution</i>	2	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	5	
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	
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	3	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet</i>	2	EDS
PRADAXA ORAL CAPSULE	3	EDS
<i>warfarin sodium oral tablet</i>	1	EDS
XARELTO ORAL TABLET	3	EDS
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	3	
<b>Blood Formation Modifiers</b>		
<i>anagrelide hcl oral capsule</i>	2	EDS
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
CABLIVI INJECTION KIT	5	PA; LA
DOPTELET ORAL TABLET	5	PA; LA
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	5	PA
MULPLETA ORAL TABLET	5	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	5	PA
NIVESTYM INJECTION SOLUTION	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	5	PA
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA
PROMACTA ORAL TABLET	5	PA
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	5	PA
TAVALISSE ORAL TABLET	5	PA; LA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	5	PA
<b>Blood Products/ Modifiers/ Volume Expanders</b>		
OXBRYTA ORAL TABLET	5	PA; LA
PROMACTA ORAL PACKET 25 MG	5	PA
<b>Hemostasis Agents</b>		
<i>tranexamic acid oral tablet</i>	2	
<b>Platelet Modifying Agents</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	4	EDS
BRILINTA ORAL TABLET	3	EDS
<i>cilostazol oral tablet</i>	2	EDS
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	EDS
<i>dipyridamole oral tablet</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>prasugrel hcl oral tablet</i>	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
ZONTIVITY ORAL TABLET	4	PA New Starts; EDS
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agonists</b>		
clonidine hcl oral tablet	2	EDS
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr	2	QL (4 EA per 28 days); EDS
clonidine transdermal patch weekly 0.3 mg/24hr	2	EDS
guanfacine hcl oral tablet	2	PA; PA not required if under 65 years of age.; EDS
methyldopa oral tablet	2	PA; PA not required if under 65 years of age.; EDS
midodrine hcl oral tablet	2	
NORTHERA ORAL CAPSULE	5	PA; LA
<b>Alpha-Adrenergic Blocking Agents</b>		
doxazosin mesylate oral tablet	2	EDS
prazosin hcl oral capsule	2	EDS
terazosin hcl oral capsule	2	EDS
<b>Angiotensin II Receptor Antagonists</b>		
candesartan cilexetil oral tablet	2	EDS
ENTRESTO ORAL TABLET	3	EDS
irbesartan oral tablet	1	EDS
losartan potassium oral tablet	1	EDS
olmesartan medoxomil oral tablet	1	EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
telmisartan oral tablet	2	EDS
valsartan oral tablet	1	EDS
<b>Angiotensin-Converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral tablet	1	EDS
captopril oral tablet	4	EDS
enalapril maleate oral tablet	1	EDS
fosinopril sodium oral tablet	1	EDS
lisinopril oral tablet	1	EDS
moexipril hcl oral tablet	2	EDS
perindopril erbumine oral tablet	2	EDS
quinapril hcl oral tablet	1	EDS
ramipril oral capsule	1	EDS
trandolapril 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
<b>Antiarrhythmics</b>		
amiodarone hcl oral tablet	2	EDS
disopyramide phosphate oral capsule	2	PA; PA not required if under 65 years of age.; EDS
dofetilide oral capsule	2	EDS
flecainide acetate oral tablet	2	EDS
mexiletine hcl oral capsule	2	EDS
MULTAQ ORAL TABLET	4	EDS
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	4	PA; PA not required if under 65 years of age.; EDS
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	EDS
propafenone hcl er oral capsule extended release 12 hour	2	EDS
propafenone hcl oral tablet	2	EDS
quinidine gluconate er oral tablet extended release	2	EDS
quinidine sulfate oral tablet	2	EDS
sorine oral tablet	2	EDS
sotalol hcl (af) oral tablet	2	EDS
sotalol hcl oral tablet	2	EDS
SOTYLIZE ORAL SOLUTION	4	EDS
<b>Beta-Adrenergic Blocking Agents</b>		
acebutolol hcl oral capsule	2	EDS
atenolol oral tablet	1	EDS
betaxolol hcl oral tablet	2	EDS
bisoprolol fumarate oral tablet	1	EDS
BYSTOLIC ORAL TABLET	4	EDS
carvedilol oral tablet	1	EDS
carvedilol phosphate er oral capsule extended release 24 hour	2	EDS
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	5	
labetalol hcl oral tablet	2	EDS
metoprolol succinate er oral tablet extended release 24 hour	1	EDS
metoprolol tartrate oral tablet	1	EDS
nadolol oral tablet 20 mg, 40 mg, 80 mg	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
pindolol oral tablet	2	EDS
propranolol hcl er oral capsule extended release 24 hour	2	EDS
propranolol hcl oral solution	2	EDS
propranolol hcl oral tablet	1	EDS
timolol maleate oral tablet	2	EDS
<b>Calcium Channel Blocking Agents</b>		
amlodipine besylate oral tablet	1	EDS
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	4	EDS
cartia xt oral capsule extended release 24 hour	2	EDS
diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg	2	EDS
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	2	EDS
diltiazem hcl er oral capsule extended release 12 hour	2	EDS
diltiazem hcl oral tablet	2	EDS
dilt-xr oral capsule extended release 24 hour	2	EDS
felodipine er oral tablet extended release 24 hour	2	EDS
isradipine oral capsule	4	EDS
matzim la oral tablet extended release 24 hour	2	EDS
nicardipine hcl oral capsule	2	EDS
nifedipine er oral tablet extended release 24 hour	2	EDS
nifedipine er osmotic release oral tablet extended release 24 hour	2	EDS
nifedipine oral capsule	2	PA; PA not required if under 65 years of age.; EDS
nimodipine oral capsule	4	EDS
nisoldipine er oral tablet extended release 24 hour	4	EDS
NYMALIZE ORAL SOLUTION 6 MG/ML	4	
taztia xt oral capsule extended release 24 hour	2	EDS
tiadylt er oral capsule extended release 24 hour	2	EDS
verapamil hcl er oral capsule extended release 24 hour	2	EDS
verapamil hcl er oral tablet extended release	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
verapamil hcl oral tablet	2	EDS
<b>Cardiovascular Agents</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	3	EDS
aliskiren fumarate oral tablet	4	ST; EDS
amiloride-hydrochlorothiazide oral tablet	1	EDS
amlodipine besy-benazepril hcl oral capsule	1	EDS
amlodipine besylate-valsartan oral tablet	2	EDS
amlodipine-olmesartan oral tablet	2	EDS
amlodipine-valsartan-hctz oral tablet	2	EDS
atenolol-chlorthalidone oral tablet	1	EDS
benazepril-hydrochlorothiazide oral tablet	1	EDS
bisoprolol-hydrochlorothiazide oral tablet	1	EDS
candesartan cilexetil-hctz oral tablet	2	EDS
captopril-hydrochlorothiazide oral tablet	4	EDS
DEMSER ORAL CAPSULE	5	
enalapril-hydrochlorothiazide oral tablet	1	EDS
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	2	EDS
ezetimibe-simvastatin oral tablet 10-80 mg	2	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	4	PA; PA not required if under 65 years of age.; EDS
metoprolol-hydrochlorothiazide oral tablet	2	EDS
NEXLIZET ORAL TABLET	4	PA New Starts; EDS
olmesartan medoxomil-hctz oral tablet	1	EDS
olmesartan-amlodipine-hctz oral tablet	2	EDS
propranolol-hctz oral tablet	2	EDS
quinapril-hydrochlorothiazide oral tablet	1	EDS
spironolactone-hctz oral tablet	1	EDS
TEKTURN HCT ORAL TABLET	4	ST; EDS
telmisartan-hctz oral tablet	2	EDS
trandolapril-verapamil hcl er oral tablet extended release	2	EDS
triamterene-hctz oral capsule 37.5-25 mg	1	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>triamterene-hctz oral tablet</i>	1	EDS
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	EDS
<b>Cardiovascular Agents, Other</b>		
<i>aliskiren fumarate oral tablet</i>	4	ST; EDS
<i>CORLANOR ORAL SOLUTION</i>	4	PA; EDS
<i>CORLANOR ORAL TABLET</i>	4	PA; EDS
<i>digitek oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digitek oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digox oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digox oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>digoxin oral solution</i>	2	EDS
<i>digoxin oral tablet 125 mcg</i>	2	QL (30 EA per 30 days); EDS
<i>digoxin oral tablet 250 mcg</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>LANOXIN ORAL TABLET 62.5 MCG</i>	4	QL (30 EA per 30 days); EDS
<i>NEXLETOL ORAL TABLET</i>	4	PA New Starts; EDS
<i>pentoxifylline er oral tablet extended release</i>	2	EDS
<i>ranolazine er oral tablet extended release 12 hour</i>	2	EDS
<i>UPTRAVI ORAL TABLET</i>	5	PA New Starts; LA
<i>UPTRAVI ORAL TABLET THERAPY PACK</i>	5	PA New Starts; LA
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	2	EDS
<i>acetazolamide oral tablet</i>	2	EDS
<i>KEVEYIS ORAL TABLET</i>	5	PA; LA
<i>methazolamide oral tablet</i>	2	EDS
<b>Diuretics, Loop</b>		
<i>bumetanide injection solution</i>	2	
<i>bumetanide oral tablet</i>	2	EDS
<i>ethacrynic acid oral tablet</i>	4	EDS
<i>furosemide injection solution 10 mg/ml</i>	2	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	2	EDS
<i>furosemide oral tablet</i>	1	EDS
<i>torsemide oral tablet</i>	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
<b>Diuretics, Potassium-Sparing</b>		
<i>amiloride hcl oral tablet</i>	1	EDS
<i>eplerenone oral tablet</i>	2	EDS
<i>spironolactone oral tablet</i>	1	EDS
<b>Diuretics, Thiazide</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	EDS
<b>DIURIL ORAL SUSPENSION</b>	3	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
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	2	EDS
<i>fenofibric acid oral capsule delayed release</i>	2	EDS
<i>gemfibrozil oral tablet</i>	2	EDS
<b>Dyslipidemics, Hmg Coa Reductase Inhibitors</b>		
<i>atorvastatin calcium oral tablet</i>	1	EDS
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	2	EDS
<i>fluvastatin sodium oral capsule</i>	2	EDS
<b>LIVALO ORAL TABLET</b>	4	EDS
<i>lovastatin oral tablet</i>	1	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>	2	PA New Starts; EDS
<b>Dyslipidemics, Other</b>		
<i>cholestyramine light oral powder</i>	2	EDS
<i>cholestyramine oral packet</i>	2	EDS
<i>colesevelam hcl oral packet</i>	4	EDS
<i>colesevelam hcl oral tablet</i>	4	EDS
<i>colestipol hcl oral packet</i>	2	EDS
<i>colestipol hcl oral tablet</i>	2	EDS
<i>ezetimibe oral tablet</i>	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
JUXTAPIID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA
<i>niacin er (antihyperlipidemic) oral tablet extended release</i>	2	EDS
<i>omega-3-acid ethyl esters oral capsule</i>	4	EDS
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
<i>prevalite oral packet</i>	2	EDS
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; EDS
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; EDS
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; EDS
VASCEPA ORAL CAPSULE	3	EDS
<b>Vasodilators, Direct-Acting Arterial</b>		
BIDIL ORAL TABLET	4	EDS
<i>hydralazine hcl oral tablet</i>	2	EDS
<i>minoxidil oral tablet</i>	2	EDS
<b>Vasodilators, Direct-Acting Arterial/ Venous</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	EDS
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	EDS
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	2	EDS
<i>isosorbide mononitrate oral tablet</i>	2	EDS
<i>minitran transdermal patch 24 hour</i>	2	EDS
NITRO-BID TRANSDERMAL OINTMENT	4	EDS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	EDS
<i>nitroglycerin sublingual tablet sublingual</i>	2	EDS
<i>nitroglycerin transdermal patch 24 hour</i>	2	EDS
<i>nitroglycerin translingual solution</i>	2	EDS
RECTIV RECTAL OINTMENT	4	

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

Drug Name	Tier	Requirements/Limits
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour</i>	2	EDS
<i>amphetamine-dextroamphetamine oral tablet</i>	2	EDS
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	2	EDS
<i>dextroamphetamine sulfate oral tablet</i>	2	EDS
<i>methamphetamine hcl oral tablet</i>	2	PA; EDS
VYVANSE ORAL CAPSULE	4	EDS
VYVANSE ORAL TABLET CHEWABLE	4	EDS
<b>Attention Deficit Hyperactivity Disorder Agents, Non-Amphetamines</b>		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>atomoxetine hcl oral capsule</i>	2	EDS
<i>clonidine hcl er oral tablet extended release 12 hour</i>	4	EDS
DAYTRANA TRANSDERMAL PATCH	4	EDS
<i>dexamphetamine hcl er oral capsule extended release 24 hour</i>	2	EDS
<i>dexamphetamine hcl oral tablet</i>	2	EDS
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	2	PA; PA not required if under 65 years of age.; EDS
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	2	EDS
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg</i>	2	EDS
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	4	EDS
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	4	EDS
<i>methylphenidate hcl oral solution</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral tablet</i>	2	EDS
<i>methylphenidate hcl oral tablet chewable</i>	2	EDS
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	4	EDS
<b>Central Nervous System, Other</b>		
AUSTEDO ORAL TABLET	5	PA; LA
<i>estazolam oral tablet</i>	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED	5	PA; LA
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	4	EDS
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
NUEDEXTA ORAL CAPSULE	3	PA; EDS
<i>riluzole oral tablet</i>	2	EDS
<i>tetrabenazine oral tablet</i>	5	PA; LA
TIGLUTIK ORAL SUSPENSION	5	
VECAMYL ORAL TABLET	5	PA; LA
WAKIX ORAL TABLET 17.8 MG	5	PA; LA
WAKIX ORAL TABLET 4.45 MG	5	PA; LA; QL (90 EA per 30 days)
<b>Fibromyalgia Agents</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	2	EDS
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	4	EDS
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>pregabalin oral capsule</i>	2	EDS
<i>pregabalin oral solution</i>	2	EDS
SAVELLA ORAL TABLET	3	EDS
SAVELLA TITRATION PACK ORAL	3	
<b>Multiple Sclerosis Agents</b>		
AUBAGIO ORAL TABLET	5	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	5	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	5	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	5	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	5	

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

Drug Name	Tier	Requirements/Limits
dalfampridine er oral tablet extended release 12 hour	2	PA; EDS
dimethyl fumarate oral capsule delayed release 120 mg	5	QL (60 EA per 30 days)
dimethyl fumarate oral capsule delayed release 240 mg	5	
FIRDAPSE ORAL TABLET	5	PA; LA
GILENYA ORAL CAPSULE 0.5 MG	5	
glatiramer acetate subcutaneous solution prefilled syringe	5	
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	LA; QL (120 EA per 30 days)
MAYZENT ORAL TABLET 2 MG	5	LA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	

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

Drug Name	Tier	Requirements/Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
TECFIDERA ORAL	5	
VUMERITY ORAL CAPSULE DELAYED RELEASE	5	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	5	
ZEPOSIA ORAL CAPSULE	5	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	5	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline hcl oral capsule</i>	2	EDS
<i>chlorhexidine gluconate mouth/throat solution</i>	2	
<i>doxycycline hydiate oral capsule</i>	2	
<i>doxycycline hydiate oral tablet 100 mg</i>	2	
<i>doxycycline hydiate oral tablet 20 mg</i>	2	EDS
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline hcl oral capsule</i>	2	
<i>minocycline hcl oral tablet</i>	2	
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	2	
<i>pilocarpine hcl oral tablet</i>	2	EDS
<i>triamcinolone acetonide mouth/throat paste</i>	2	
VIBRAMYCIN ORAL SYRUP	4	
<b>Dermatological Agents</b>		
<b>Dermatological Agents</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	PA; Prior authorization not required for dermatologists.
<i>acitretin oral capsule 17.5 mg</i>	5	PA; Prior authorization not required for dermatologists.
<i>adapalene external cream</i>	4	
<i>adapalene external gel 0.1 %</i>	2	
<i>adapalene external gel 0.3 %</i>	4	
<i>adapalene-benzoyl peroxide external gel</i>	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
ALTABAX EXTERNAL OINTMENT	4	
<i>ammonium lactate external cream</i>	2	
<i>ammonium lactate external lotion</i>	2	
<i>amnesteem oral capsule</i>	2	
<i>avita external cream</i>	2	
<i>avita external gel</i>	2	
<i>azelaic acid external gel</i>	4	
AZELEX EXTERNAL CREAM	3	
<i>betamethasone dipropionate external lotion</i>	2	
BRYHALI EXTERNAL LOTION	4	
<i>calcipotriene external cream</i>	2	
<i>calcipotriene external ointment</i>	2	
<i>calcipotriene external solution</i>	2	
<i>calcipotriene-betameth diprop external ointment</i>	4	
<i>calcipotriene-betameth diprop external suspension</i>	5	
<i>calcitriol external ointment</i>	2	
CARAC EXTERNAL CREAM	5	
<i>claravis oral capsule</i>	2	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %</i>	2	
<i>clobetasol propionate external liquid</i>	2	
<i>clotrimazole-betamethasone external cream</i>	2	
<i>clotrimazole-betamethasone external lotion</i>	2	
CONDYLOX EXTERNAL GEL	3	
CORDRAN EXTERNAL TAPE	3	
CORTISPORIN EXTERNAL CREAM	4	
CORTISPORIN EXTERNAL OINTMENT	4	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
<i>dapsone external gel 5 %</i>	2	
<i>diclofenac sodium transdermal gel 1 %</i>	2	PA
<i>diclofenac sodium transdermal gel 3 %</i>	4	PA
<i>doxepin hcl external cream</i>	4	
<i>doxycycline hydiate oral capsule 50 mg</i>	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>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
DUOBRII EXTERNAL LOTION	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
EUCRISA EXTERNAL OINTMENT	3	ST
FABIOR EXTERNAL FOAM	3	PA; Prior authorization not required for dermatologists.
FINACEA EXTERNAL FOAM	4	
<i>fluocinonide external cream 0.1 %</i>	2	
<i>fluorouracil external cream 0.5 %</i>	5	
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution</i>	2	
<i>fluticasone propionate external cream</i>	2	
<i>fluticasone propionate external ointment</i>	2	
<i>hydrocortisone butyrate external lotion</i>	4	
<i>imiquimod 5% external cream</i>	2	PA New Starts; Prior authorization not required for dermatologists, colorectal surgeons, oncologists, or obstetricians/gynecologists.
<i>isotretinoin oral capsule</i>	2	
KERYDIN EXTERNAL SOLUTION	4	PA
<i>mafenide acetate external packet</i>	4	
<i>methoxsalen rapid oral capsule</i>	2	
MIRVASO EXTERNAL GEL	4	ST
<i>monodoxine nl oral capsule 100 mg, 75 mg</i>	2	
<i>myorisan oral capsule</i>	2	
NEO-SYNALAR EXTERNAL CREAM	4	
<i>nystatin-triamcinolone external cream</i>	2	
<i>nystatin-triamcinolone external ointment</i>	2	
<i>oxiconazole nitrate external cream</i>	2	
PICATO EXTERNAL GEL	5	
<i>pimecrolimus external cream</i>	4	
<i>podofilox external solution</i>	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>prednicarbate external cream</i>	2	
REGRANEX EXTERNAL GEL	5	
SANTYL EXTERNAL OINTMENT	3	
<i>selenium sulfide external lotion</i>	2	
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT	5	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tacrolimus external ointment</i>	2	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tazarotene external cream</i>	2	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL CREAM 0.05 %	3	PA; Prior authorization not required for dermatologists.
TAZORAC EXTERNAL GEL	3	PA; Prior authorization not required for dermatologists.
TOLAK EXTERNAL CREAM	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>tretinoin external cream</i>	2	
<i>tretinoin external gel</i>	2	
<i>tretinoin microsphere external gel</i>	2	
VALCHLOR EXTERNAL GEL	5	PA New Starts; Prior authorization not required for dermatologists or oncologists.
<i>zenatane oral capsule</i>	2	
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/ Mineral Replacement</b>		
CARBAGLU ORAL TABLET	5	PA; LA
ISOLYTE-S INTRAVENOUS SOLUTION	4	
<i>klor-con 10 oral tablet extended release</i>	2	EDS
<i>klor-con m10 oral tablet extended release</i>	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
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
<i>klor-con m20 oral tablet extended release</i>	2	EDS
<i>klor-con oral tablet extended release</i>	2	EDS
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ, 8 MEQ	4	EDS
<i>magnesium sulfate injection solution 50 %</i>	2	
OSMOPREP ORAL TABLET	4	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS SOLUTION	4	
<i>potassium chloride crys er oral tablet extended release</i>	2	EDS
<i>potassium chloride er oral capsule extended release</i>	2	EDS
<i>potassium chloride er oral tablet extended release</i>	2	EDS
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	2	
<i>potassium chloride intravenous solution 10 meq/100ml, 2 meq/ml, 20 meq/100ml, 40 meq/100ml</i>	2	
<i>potassium chloride oral packet</i>	2	EDS
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	2	EDS
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	2	EDS
SUPREP BOWEL PREP KIT ORAL SOLUTION	3	
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET ORAL CAPSULE	3	
<i>clovique oral capsule</i>	5	PA
<i>deferasirox granules oral packet</i>	5	PA
<i>deferasirox oral tablet</i>	5	PA
<i>deferasirox oral tablet soluble</i>	5	PA
<i>deferiprone oral tablet</i>	5	PA New Starts
FERRIPROX ORAL SOLUTION	5	PA New Starts; LA
FERRIPROX ORAL TABLET 1000 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
FREAMINE HBC INTRAVENOUS SOLUTION	3	BD
<i>kionex oral suspension</i>	2	
<i>klor-con oral packet 20 meq</i>	2	EDS
LOKELMA ORAL PACKET	3	EDS
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
PLENAMINE INTRAVENOUS SOLUTION	3	BD
SAMSCA ORAL TABLET 15 MG	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps oral suspension</i>	2	
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<i>trientine hcl oral capsule</i>	5	PA
VELPHORO ORAL TABLET CHEWABLE	5	
VELTASSA ORAL PACKET	3	EDS
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 7 %	3	BD
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	BD
CLINISOL SF INTRAVENOUS SOLUTION	3	BD

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

Drug Name	Tier	Requirements/Limits
dextrose intravenous solution 10 %, 5 %	2	
dextrose-nacl intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.45 %, 5-0.9 %	2	
HEPATAMINE INTRAVENOUS SOLUTION	3	BD
INTRALIPID INTRAVENOUS EMULSION 20 %	3	BD
INTRALIPID INTRAVENOUS EMULSION 30 %	4	BD
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	4	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%, 40-5-0.9 meq/l-%-%	2	
kcl-lactated ringers-d5w intravenous solution	2	
levocarnitine oral solution	2	EDS
levocarnitine oral tablet	2	EDS
NEPHRAMINE INTRAVENOUS SOLUTION	3	BD
normosol-m in d5w intravenous solution	2	
NUTRILIPID INTRAVENOUS EMULSION	3	BD
PLENAMINE INTRAVENOUS SOLUTION	3	BD
potassium chloride in dextrose intravenous solution 20-5 meq/l-%	2	
PREMASOL INTRAVENOUS SOLUTION 10 %	3	BD
PRENATAL ORAL TABLET 27-1 MG	3	
PROCALAMINE INTRAVENOUS SOLUTION	3	BD
PROSOL INTRAVENOUS SOLUTION	3	BD
tpn electrolytes intravenous concentrate	2	
TRAVASOL INTRAVENOUS SOLUTION	3	BD
TROPHAMINE INTRAVENOUS SOLUTION 10 %	3	BD
<b>Vitamins</b>		
doxercalciferol oral capsule	2	ST; EDS
klor-con 10 oral tablet extended release	2	EDS
klor-con m10 oral tablet extended release	2	EDS
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE	4	EDS
klor-con m20 oral tablet extended release	2	EDS
klor-con oral tablet extended release	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
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
<i>dicyclomine hcl oral capsule</i>	2	
<i>dicyclomine hcl oral solution</i>	2	
<i>dicyclomine hcl oral tablet</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>methscopolamine bromide oral tablet</i>	2	
<i>propantheline bromide oral tablet</i>	2	
<i>scopolamine transdermal patch 72 hour</i>	2	
<b>TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR</b>	4	
<b>Gastrointestinal Agents</b>		
<i>amoxicill-clarithro-lansopraz oral</i>	4	
<b>HELIDAC THERAPY ORAL</b>	4	
<b>OMECLAMOX-PAK ORAL</b>	4	
<b>PYLERA ORAL CAPSULE</b>	4	
<b>TALICIA ORAL CAPSULE DELAYED RELEASE</b>	4	ST
<b>UCERIS RECTAL FOAM</b>	4	
<b>Gastrointestinal Agents, Other</b>		
<b>CHENODAL ORAL TABLET</b>	5	PA; LA
<b>CHOLBAM ORAL CAPSULE</b>	5	PA
<i>diphenoxylate-atropine oral liquid</i>	2	
<i>diphenoxylate-atropine oral tablet</i>	2	
<b>GATTEX SUBCUTANEOUS KIT</b>	5	PA; LA
<i>loperamide hcl oral capsule</i>	2	
<i>metoclopramide hcl oral solution 10 mg/10ml</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>metoclopramide hcl oral tablet dispersible</i>	2	
<b>MOVANTIK ORAL TABLET</b>	4	
<b>MYTESI ORAL TABLET DELAYED RELEASE</b>	4	PA New Starts; EDS
<b>OCALIVA ORAL TABLET</b>	5	PA; LA
<b>PROCTOZONE-HC EXTERNAL CREAM</b>	2	
<b>RELISTOR ORAL TABLET</b>	5	
<b>RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML, 8 MG/0.4ML</b>	5	
<b>SYMPROIC ORAL TABLET</b>	4	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
UCERIS RECTAL FOAM	4	
<i>ursodiol oral capsule</i>	2	EDS
<i>ursodiol oral tablet</i>	2	EDS
XERMELO ORAL TABLET	5	PA; LA
XIFAXAN ORAL TABLET 200 MG	4	QL (9 EA per 3 days)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<b>Histamine2 (H2) Receptor Antagonists</b>		
<i>cimetidine hcl oral solution</i>	2	EDS
<i>cimetidine oral tablet 200 mg</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	EDS
<i>famotidine oral suspension reconstituted</i>	2	EDS
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	EDS
<i>nizatidine oral capsule</i>	2	EDS
<i>nizatidine oral solution</i>	2	EDS
<b>Irritable Bowel Syndrome Agents</b>		
<i>alosetron hcl oral tablet</i>	5	
AMITIZA ORAL CAPSULE	4	EDS
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
LINZESS ORAL CAPSULE 145 MCG, 72 MCG	3	QL (30 EA per 30 days); EDS
LINZESS ORAL CAPSULE 290 MCG	3	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
UCERIS RECTAL FOAM	4	
VIBERZI ORAL TABLET	4	PA; EDS
<b>Laxatives</b>		
CLENPIQ ORAL SOLUTION	4	
<i>constulose oral solution</i>	2	EDS
<i>enulose oral solution</i>	2	EDS
<i>gavilyte-c oral solution reconstituted</i>	2	
<i>gavilyte-g oral solution reconstituted</i>	2	
<i>gavilyte-n with flavor pack oral solution reconstituted</i>	2	
<i>generlac oral solution</i>	2	EDS
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	4	

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

Drug Name	Tier	Requirements/Limits
KRISTALOSE ORAL PACKET 20 GM	4	EDS
<i>lactulose oral packet</i>	4	EDS
<i>lactulose oral solution 10 gm/15ml</i>	2	EDS
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	2	
<i>peg-3350/electrolytes oral solution reconstituted</i>	2	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	4	
<i>trilyte oral solution reconstituted</i>	2	
<b>Protectants</b>		
<i>misoprostol oral tablet</i>	2	EDS
<i>sucralfate oral suspension</i>	2	EDS
<i>sucralfate oral tablet</i>	2	EDS
<b>Proton Pump Inhibitors</b>		
<i>esomeprazole magnesium oral capsule delayed release</i>	2	EDS
<i>lansoprazole oral capsule delayed release</i>	2	EDS
<i>omeprazole oral capsule delayed release</i>	2	EDS
<i>pantoprazole sodium oral tablet delayed release</i>	2	EDS
<i>rabeprazole sodium oral tablet delayed release</i>	2	EDS
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
<b>Genetic Or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
CERDELGA ORAL CAPSULE	5	PA; LA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	3	EDS
CYSTADANE ORAL POWDER	3	EDS
CYSTAGON ORAL CAPSULE	3	LA; EDS
FIRDAPSE ORAL TABLET	5	PA; LA
GALAFOLD ORAL CAPSULE	5	PA New Starts; LA
KUVAN ORAL PACKET	5	PA; LA
KUVAN ORAL TABLET SOLUBLE	5	PA; LA
<i>miglustat oral capsule</i>	5	PA New Starts
<i>nitisinone oral capsule</i>	5	PA
NITYR ORAL TABLET	5	PA
ORFADIN ORAL CAPSULE 20 MG	5	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
ORFADIN ORAL SUSPENSION	5	PA; LA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	4	EDS
PROCYSB1 ORAL PACKET	5	PA; LA
RAVICTI ORAL LIQUID	5	PA; LA
RUZURGI ORAL TABLET	5	PA
<i>sodium phenylbutyrate oral tablet</i>	5	
SUCRAID ORAL SOLUTION	5	PA; LA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
VIOKACE ORAL TABLET	4	EDS
XURIDEN ORAL PACKET	5	PA
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	3	EDS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	2	EDS
<i>flavoxate hcl oral tablet</i>	2	EDS
GELNIQUE TRANSDERMAL GEL 10 %	4	EDS
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	EDS
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	2	EDS
<i>oxybutynin chloride oral syrup</i>	2	EDS
<i>oxybutynin chloride oral tablet</i>	2	EDS
<i>solifenacin succinate oral tablet</i>	2	EDS
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	2	EDS
<i>tolterodine tartrate oral tablet</i>	2	EDS
<i>trospium chloride er oral capsule extended release 24 hour</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>trospium chloride oral tablet</i>	2	EDS
<b>Benign Prostatic Hypertrophy Agents</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	2	EDS
<i>doxazosin mesylate oral tablet</i>	2	EDS
<i>dutasteride oral capsule</i>	2	EDS
<i>dutasteride-tamsulosin hcl oral capsule</i>	2	EDS
<i>finasteride oral tablet 5 mg</i>	2	EDS
<i>prazosin hcl oral capsule</i>	2	EDS
<i>silodosin oral capsule</i>	2	EDS
<i>tamsulosin hcl oral capsule</i>	2	EDS
<i>terazosin hcl oral capsule</i>	2	EDS
<b>Genitourinary Agents, Other</b>		
<i>bethanechol chloride oral tablet</i>	2	
<i>clovique oral capsule</i>	5	PA
<i>ELMIRON ORAL CAPSULE</i>	5	
<i>JYNARQUE ORAL TABLET</i>	5	PA; LA
<i>JYNARQUE ORAL TABLET THERAPY PACK</i>	5	PA; LA
<i>penicillamine oral capsule</i>	5	PA
<i>penicillamine oral tablet</i>	5	
<i>potassium citrate er oral tablet extended release</i>	2	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	2	EDS
<i>tolvaptan oral tablet 30 mg</i>	5	PA
<b>Phosphate Binders</b>		
<i>AURYXIA ORAL TABLET</i>	4	PA; EDS
<i>calcium acetate (phos binder) oral capsule</i>	2	EDS
<i>calcium acetate (phos binder) oral tablet</i>	2	EDS
<i>FOSRENOL ORAL PACKET</i>	5	
<i>lanthanum carbonate oral tablet chewable</i>	2	EDS
<i>PHOSLYRA ORAL SOLUTION</i>	4	EDS
<i>sevelamer carbonate oral packet</i>	4	EDS
<i>sevelamer carbonate oral tablet</i>	2	EDS
<i>sevelamer hcl oral tablet</i>	2	EDS
<i>VELPHORO ORAL TABLET CHEWABLE</i>	5	

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

Drug Name	Tier	Requirements/Limits
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)</b>		
ACTHAR INJECTION GEL	5	PA
<i>ala-cort external cream 1 %</i>	2	
<i>alclometasone dipropionate external cream</i>	2	
<i>alclometasone dipropionate external ointment</i>	2	
<i>amcinonide external cream</i>	2	
<i>betamethasone dipropionate aug external cream</i>	2	
<i>betamethasone dipropionate aug external gel</i>	2	
<i>betamethasone dipropionate aug external lotion</i>	2	
<i>betamethasone dipropionate aug external ointment</i>	2	
<i>betamethasone dipropionate external cream</i>	2	
<i>betamethasone dipropionate external ointment</i>	2	
<i>betamethasone valerate external cream</i>	2	
<i>betamethasone valerate external foam</i>	2	
<i>betamethasone valerate external lotion</i>	2	
<i>betamethasone valerate external ointment</i>	2	
CAPEX EXTERNAL SHAMPOO	3	
<i>clobetasol propionate e external cream</i>	2	
<i>clobetasol propionate external cream</i>	2	
<i>clobetasol propionate external gel</i>	2	
<i>clobetasol propionate external lotion</i>	2	
<i>clobetasol propionate external ointment</i>	2	
<i>clobetasol propionate external shampoo</i>	2	
<i>clobetasol propionate external solution</i>	2	
CORDRAN EXTERNAL TAPE	3	
<i>cortisone acetate oral tablet</i>	2	
<i>desonide external cream</i>	4	
<i>desonide external lotion</i>	4	
<i>desonide external ointment</i>	4	
<i>desoximetasone external cream</i>	4	
<i>desoximetasone external gel</i>	4	
<i>desoximetasone external liquid</i>	4	
<i>desoximetasone external ointment</i>	4	

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

Drug Name	Tier	Requirements/Limits
dexamethasone oral elixir	2	
dexamethasone oral tablet	2	
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
diflorasone diacetate external cream	4	
diflorasone diacetate external ointment	4	
EMFLAZA ORAL SUSPENSION	5	PA; LA
EMFLAZA ORAL TABLET	5	PA; LA
fludrocortisone acetate oral tablet	2	EDS
fluocinolone acetonide external cream	2	
fluocinolone acetonide external ointment	2	
fluocinolone acetonide external solution	2	
fluocinolone acetonide otic oil	2	
fluocinolone acetonide scalp external oil	2	
fluocinonide emulsified base external cream	2	
fluocinonide external cream 0.1 %	2	
fluocinonide external gel	2	
fluocinonide external ointment	2	
fluocinonide external solution	2	
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	2	
halobetasol propionate external ointment	2	
hydrocortisone butyrate external ointment	2	
hydrocortisone butyrate external solution	2	
hydrocortisone external cream 1 %, 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral tablet	2	
hydrocortisone valerate external cream	2	
hydrocortisone valerate external ointment	2	
ISTURISA ORAL TABLET	5	PA
MEDROL ORAL TABLET 2 MG	4	
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	
MILLIPRED ORAL TABLET	4	

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 external cream</i>	2	
<i>mometasone furoate external ointment</i>	2	
<i>mometasone furoate external solution</i>	2	
<i>prednicarbate external ointment</i>	2	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	2	
<i>prednisone intensol oral concentrate</i>	2	
<i>prednisone oral solution</i>	2	
<i>prednisone oral tablet</i>	2	
<i>prednisone oral tablet therapy pack</i>	2	
<i>procto-pak external cream</i>	2	
<b>PROCTOZONE-HC EXTERNAL CREAM</b>	2	
<i>triamcinolone acetonide external aerosol solution</i>	2	
<i>triamcinolone acetonide external cream</i>	2	
<i>triamcinolone acetonide external lotion</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)</b>		
<i>desmopressin ace spray refrig nasal solution</i>	2	EDS
<i>desmopressin acetate oral tablet</i>	2	EDS
<b>EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; LA
<b>GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; EDS
<b>GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	3	PA; EDS
<b>HUMATROPE INJECTION SOLUTION RECONSTITUTED</b>	3	PA; EDS
<b>INCRELEX SUBCUTANEOUS SOLUTION</b>	5	PA; LA
<b>MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED</b>	5	PA; LA
<b>NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR</b>	3	PA; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	4	PA; EDS
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ORILISSA ORAL TABLET 150 MG	5	PA; QL (30 EA per 30 days)
ORILISSA ORAL TABLET 200 MG	5	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	5	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
STIMATE NASAL SOLUTION	3	EDS
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
VYNDAMAX ORAL CAPSULE	5	PA; LA
VYndaQEL ORAL CAPSULE	5	PA; LA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	4	PA; EDS
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)</b>		
misoprostol oral tablet 200 mcg	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<b>Anabolic Steroids</b>		
ANADROL-50 ORAL TABLET	5	PA New Starts
oxandrolone oral tablet	2	
<b>Androgens</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; EDS
danazol oral capsule	2	
METHITEST ORAL TABLET	3	PA; EDS
methyltestosterone oral capsule	2	PA; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
NATESTO NASAL GEL	4	PA; EDS
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	2	PA; Prior authorization not required for endocrinologists or urologists.
<i>testosterone enanthate intramuscular solution</i>	2	PA; Prior authorization not required for endocrinologists or urologists.
<i>testosterone transdermal gel 10 mg/act (2%)</i>	4	PA; EDS
<i>testosterone transdermal gel 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	2	PA; EDS
<i>testosterone transdermal solution</i>	2	PA; EDS
<b>Estrogens</b>		
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	4	
DIVIGEL TRANSDERMAL GEL 1 MG/GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>dotti transdermal patch twice weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.
DUAVEE ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ELESTRIN TRANSDERMAL GEL	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol transdermal patch twice weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol transdermal patch weekly</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>estradiol vaginal cream</i>	2	EDS
<i>estradiol vaginal tablet</i>	2	EDS
<i>estradiol valerate intramuscular oil 20 mg/ml</i>	2	
ESTRING VAGINAL RING	4	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
EVAMIST TRANSDERMAL SOLUTION	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
FEMRING VAGINAL RING	4	EDS
<i>marlissa oral tablet</i>	2	EDS
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ORIAHNN ORAL CAPSULE THERAPY PACK	5	PA
PREMARIN ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMARIN VAGINAL CREAM	3	EDS
<i>yuvafem vaginal tablet</i>	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)</b>		
<i>altavera oral tablet</i>	2	EDS
<i>alyacen 1/35 oral tablet</i>	2	EDS
<i>amabelz oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>amethia lo oral tablet</i>	2	EDS
<i>amethia oral tablet</i>	2	EDS
ANGELIQ ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ANNOVERA VAGINAL RING	4	QL (1 EA per 365 days); EDS
<i>apri oral tablet</i>	2	EDS
<i>aranelle oral tablet</i>	2	EDS
<i>ashlyna oral tablet</i>	2	EDS
<i>aubra oral tablet</i>	2	EDS
<i>aviane oral tablet</i>	2	EDS
<i>balziva oral tablet</i>	2	EDS
<i>blisovi 24 fe oral tablet</i>	2	EDS
<i>blisovi fe 1.5/30 oral tablet</i>	2	EDS
<i>briellyn oral tablet</i>	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
budesonide er oral tablet extended release 24 hour	5	
budesonide oral capsule delayed release particles	2	
camrese lo oral tablet	2	EDS
caziant oral tablet	2	EDS
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
cryselle-28 oral tablet	2	EDS
cyclafem 1/35 oral tablet	2	EDS
cyclafem 7/7/7 oral tablet	2	EDS
cyred oral tablet	2	EDS
deblitane oral tablet	2	EDS
desogestrel-ethynodiol estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	EDS
drospirenone-ethynodiol estradiol oral tablet 3-0.02-0.451 mg	2	EDS
drospirenone-ethynodiol estradiol oral tablet	2	EDS
eluryng vaginal ring	2	EDS
emoquette oral tablet	2	EDS
enpresse-28 oral tablet	2	EDS
enskyce oral tablet 0.15-30 mg-mcg	2	EDS
estarrylla oral tablet	2	EDS
estradiol valerate intramuscular oil 40 mg/ml	2	
estradiol-norethindrone acet oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
ethynodiol diacetate estradiol oral tablet	2	EDS
etonogestrel-ethynodiol estradiol vaginal ring	2	EDS
falmina oral tablet	2	EDS
fayosim oral tablet	2	EDS
femynor oral tablet	2	EDS
fyavolv oral tablet	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>gianvi oral tablet</i>	2	EDS
<i>hailey 24 fe oral tablet</i>	2	EDS
<i>incassia oral tablet</i>	2	EDS
<i>introvale oral tablet</i>	2	EDS
<i>isibloom oral tablet</i>	2	EDS
<i>jasmiel oral tablet</i>	2	EDS
<i>jinteli oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>juleber oral tablet</i>	2	EDS
<i>junel 1.5/30 oral tablet</i>	2	EDS
<i>junel 1/20 oral tablet</i>	2	EDS
<i>junel fe 1.5/30 oral tablet</i>	2	EDS
<i>junel fe 1/20 oral tablet</i>	2	EDS
<i>junel fe 24 oral tablet</i>	2	EDS
<i>kaitlib fe oral tablet chewable</i>	2	EDS
<i>kariva oral tablet</i>	2	EDS
<i>kelnor 1/35 oral tablet</i>	2	EDS
<i>kelnor 1/50 oral tablet</i>	2	EDS
<i>kurvelo oral tablet</i>	2	EDS
<i>larin 1.5/30 oral tablet</i>	2	EDS
<i>larin 1/20 oral tablet</i>	2	EDS
<i>larin fe 1.5/30 oral tablet</i>	2	EDS
<i>larin fe 1/20 oral tablet</i>	2	EDS
<i>larissia oral tablet</i>	2	EDS
<i>layolis fe oral tablet chewable</i>	2	EDS
<i>leena oral tablet</i>	2	EDS
<i>lessina oral tablet</i>	2	EDS
<i>levonest oral tablet</i>	2	EDS
<i>levonorgest-eth est &amp; eth est oral tablet</i>	2	EDS
<i>levonorgest-eth estrad 91-day oral tablet</i>	2	EDS
<i>levonorgestrel-ethynodiol dihydrogen oral tablet</i>	2	EDS
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	2	EDS
<i>levora 0.15/30 (28) oral tablet</i>	2	EDS
<i>LO LOESTRIN FE ORAL TABLET</i>	4	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>lopreeza oral tablet 1-0.5 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>loryna oral tablet</i>	2	EDS
<i>low-ogestrel oral tablet</i>	2	EDS
<i>lutera oral tablet</i>	2	EDS
<i>marlissa oral tablet</i>	2	EDS
<i>melodetta 24 fe oral tablet chewable</i>	2	EDS
<i>mibelas 24 fe oral tablet chewable</i>	2	EDS
<i>microgestin 1.5/30 oral tablet</i>	2	EDS
<i>microgestin 1/20 oral tablet</i>	2	EDS
<i>microgestin fe 1.5/30 oral tablet</i>	2	EDS
<i>microgestin fe 1/20 oral tablet</i>	2	EDS
<i>mili oral tablet</i>	2	EDS
<i>mimvey oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<b>NATAZIA ORAL TABLET</b>	4	EDS
<i>necon 0.5/35 (28) oral tablet</i>	2	EDS
<i>nikki oral tablet</i>	2	EDS
<i>nora-be oral tablet</i>	2	EDS
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	2	EDS
<i>norethindrone acet-ethynodiol oral tablet 1-20 mg-mcg</i>	2	EDS
<i>norethindrone-eth estradiol oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>norethrin-eth estradiol-fe oral tablet chewable</i>	2	EDS
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	2	EDS
<i>norgestim-eth estrad triphasic oral tablet</i>	2	EDS
<i>nortrel 0.5/35 (28) oral tablet</i>	2	EDS
<i>nortrel 1/35 (21) oral tablet</i>	2	EDS
<i>nortrel 1/35 (28) oral tablet</i>	2	EDS
<i>nortrel 7/7/7 oral tablet</i>	2	EDS
<i>ocella oral tablet</i>	2	EDS
<i>orsythia oral tablet</i>	2	EDS
<i>pimtrea oral tablet</i>	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
pirmella 1/35 oral tablet	2	EDS
portia-28 oral tablet	2	EDS
PREFEST ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMPHASE ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
PREMPRO ORAL TABLET	3	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
previfem oral tablet	2	EDS
reclipsen oral tablet	2	EDS
rivelsa oral tablet	2	EDS
setlakin oral tablet	2	EDS
sharobel oral tablet	2	EDS
SLYND ORAL TABLET	4	EDS
sprintec 28 oral tablet	2	EDS
sronyx oral tablet	2	EDS
syeda oral tablet	2	EDS
tarina 24 fe oral tablet	2	EDS
tarina fe 1/20 oral tablet	2	EDS
tri-estarrylla oral tablet	2	EDS
tri-legest fe oral tablet	2	EDS
tri-lo-estarrylla oral tablet	2	EDS
tri-lo-sprintec oral tablet	2	EDS
tri-mili oral tablet	2	EDS
tri-previfem oral tablet	2	EDS
tri-sprintec oral tablet	2	EDS
trivora (28) oral tablet	2	EDS
tri-vylibra lo oral tablet	2	EDS
tri-vylibra oral tablet	2	EDS
TYDEMY ORAL TABLET	4	EDS
velivet oral tablet	2	EDS
vienva oral tablet	2	EDS
vyfemla oral tablet	2	EDS
vylibra oral tablet	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
wymzya fe oral tablet chewable	2	EDS
xulane transdermal patch weekly	2	EDS
zarah oral tablet	2	EDS
zovia 1/35e (28) oral tablet	2	EDS
<b>Progestins</b>		
camila oral tablet	2	EDS
CRINONE VAGINAL GEL	4	PA; Prior authorization not required for reproductive endocrinologists.
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	4	
errin oral tablet	2	EDS
lyza oral tablet	2	EDS
marlissa oral tablet	2	EDS
medroxyprogesterone acetate intramuscular suspension	2	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	2	
medroxyprogesterone acetate oral tablet	2	EDS
megestrol acetate oral suspension 40 mg/ml	2	PA; PA not required if under 65 years of age.
megestrol acetate oral suspension 625 mg/5ml	2	PA; PA not required if under 65 years of age.; EDS
megestrol acetate oral tablet	2	
norethindrone acetate oral tablet	2	EDS
norethindrone oral tablet	2	EDS
progesterone micronized oral capsule	2	EDS
<b>Selective Estrogen Receptor Modifying Agents</b>		
DUAVEE ORAL TABLET	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
raloxifene hcl oral tablet	2	EDS
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
<b>Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)</b>		
euthyrox 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>levo-t oral tablet</i>	2	EDS
<i>levothyroxine sodium oral tablet</i>	2	EDS
<i>levoxyl oral tablet</i>	2	EDS
<i>liothyronine sodium oral tablet</i>	2	EDS
SYNTHROID ORAL TABLET	4	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>	2	EDS
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN ORAL TABLET	3	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
<i>bromocriptine mesylate oral capsule</i>	2	EDS
<i>bromocriptine mesylate oral tablet</i>	2	EDS
<i>cabergoline oral tablet</i>	2	
ELIGARD SUBCUTANEOUS KIT	3	PA New Starts
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA New Starts
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	PA New Starts
<i>leuprolide acetate injection kit</i>	2	PA New Starts
LUPANETA PACK COMBINATION KIT	5	PA New Starts
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	5	PA New Starts
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	2	EDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; LA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	5	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
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
SYNAREL NASAL SOLUTION	3	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	5	PA New Starts
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
<i>methimazole oral tablet</i>	2	EDS
<i>propylthiouracil oral tablet</i>	2	EDS
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
BERINERT INTRAVENOUS KIT	5	PA New Starts; LA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<i>icatibant acetate subcutaneous solution</i>	5	PA New Starts
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
TAKHYRO SUBCUTANEOUS SOLUTION	5	PA New Starts; LA
<b>Immune Suppressants</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
AFINITOR DISPERZ ORAL TABLET SOLUBLE	5	PA New Starts
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	BD; EDS
AZASAN ORAL TABLET	3	BD; EDS
<i>azathioprine oral tablet</i>	2	BD; EDS
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA New Starts
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA New Starts
CIMZIA PREFILLED SUBCUTANEOUS KIT	5	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	
<i>cyclosporine modified oral capsule</i>	2	BD; EDS
<i>cyclosporine modified oral solution</i>	2	BD; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
cyclosporine oral capsule	2	BD; EDS
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	5	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	5	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	BD; EDS
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	5	BD
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	5	PA New Starts
gengraf oral capsule 100 mg, 25 mg	2	BD; EDS
gengraf oral solution	2	BD; EDS
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML	5	PA; Covered on Tier 5 only for pediatric Crohn's disease.
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; Covered on Tier 5 only for uveitis, hidradenitis suppurativa, and pediatric Crohn's disease.
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT	5	PA; Covered on Tier 5 only for hidradenitis suppurativa.
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	5	PA; Covered on Tier 5 only for uveitis and hidradenitis suppurativa.
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; Covered on Tier 5 only for uveitis.
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA; Covered on Tier 5 only for uveitis, hidradenitis suppurativa, and pediatric Crohn's disease.
INGREZZA ORAL CAPSULE 40 MG	5	PA; LA; 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
INGREZZA ORAL CAPSULE 80 MG	5	PA; LA
INGREZZA ORAL CAPSULE THERAPY PACK	5	PA; LA
KEVZARA SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
<i>mercaptopurine oral tablet</i>	2	
<i>methotrexate oral tablet</i>	1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	2	
<i>methotrexate sodium injection solution 50 mg/2ml</i>	2	
<i>mycophenolate mofetil oral capsule</i>	2	BD; EDS
<i>mycophenolate mofetil oral suspension reconstituted</i>	2	BD; EDS
<i>mycophenolate mofetil oral tablet</i>	2	BD; EDS
<i>mycophenolate sodium oral tablet delayed release</i>	2	BD; EDS
OTEZLA ORAL TABLET	5	
OTEZLA ORAL TABLET THERAPY PACK	5	
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	4	PA; EDS
<i>penicillamine oral capsule</i>	5	PA
<i>pimecrolimus external cream</i>	4	
PROGRAF ORAL PACKET	5	BD
RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	PA; EDS
SANDIMMUNE ORAL SOLUTION	4	BD; EDS
SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	5	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	5	
<i>sirolimus oral solution</i>	2	BD; EDS
<i>sirolimus oral tablet</i>	2	BD; EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>tacrolimus oral capsule</i>	2	BD; EDS
TREXALL ORAL TABLET	4	
XATMEP ORAL SOLUTION	4	PA New Starts
XELJANZ ORAL TABLET	5	
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	5	
ZORTRESS ORAL TABLET 1 MG	5	BD
<b>Immunizing Agents, Passive</b>		
BIVIGAM INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 GM/50ML	5	PA
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML	5	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML	5	PA
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML	5	PA
<b>Immunological Agents</b>		
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
<b>Immunomodulators</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; LA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA; LA; EDS
<i>leflunomide oral tablet 10 mg</i>	2	QL (30 EA per 30 days); EDS
<i>leflunomide oral tablet 20 mg</i>	2	EDS
RIDAURA ORAL CAPSULE	3	EDS
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	

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

Drug Name	Tier	Requirements/Limits
<b>Vaccines</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	2	
BCG VACCINE INJECTION INJECTABLE	2	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 , 5-2.5-18.5 (0.5ML SYRINGE)	2	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	2	
DIPHTHERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	2	
ENGERIX-B INJECTION SUSPENSION	2	BD
GARDASIL 9 INTRAMUSCULAR SUSPENSION	2	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
HAVRIX INTRAMUSCULAR SUSPENSION	2	
HIBERIX INJECTION SOLUTION RECONSTITUTED	2	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE	2	
INFANRIX INTRAMUSCULAR SUSPENSION	2	
IPOV INJECTION INJECTABLE	2	
IXIARO INTRAMUSCULAR SUSPENSION	2	
KINRIX INTRAMUSCULAR SUSPENSION	2	
MENACTRA INTRAMUSCULAR INJECTABLE	2	
MENQUADFI INTRAMUSCULAR INJECTABLE	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED	2	
PEDIARIX INTRAMUSCULAR SUSPENSION	2	
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	
QUADRACEL INTRAMUSCULAR SUSPENSION	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	
RECOMBIVAX HB INJECTION SUSPENSION	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
ROTARIX ORAL SUSPENSION RECONSTITUTED	2	
ROTATEQ ORAL SOLUTION	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	2	
TDVAX INTRAMUSCULAR SUSPENSION	2	
TENIVAC INTRAMUSCULAR INJECTABLE	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	
TYPHIM VI INTRAMUSCULAR SOLUTION	2	
VAQTA INTRAMUSCULAR SUSPENSION	2	
VARIVAX SUBCUTANEOUS INJECTABLE	2	
VARIZIG INTRAMUSCULAR SOLUTION	2	
YF-VAX SUBCUTANEOUS INJECTABLE	2	
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
<i>balsalazide disodium oral capsule</i>	2	
DIPENTUM ORAL CAPSULE	5	
<i>mesalamine er oral capsule extended release 24 hour</i>	4	EDS
<i>mesalamine oral capsule delayed release</i>	4	EDS
<i>mesalamine oral tablet delayed release 1.2 gm</i>	2	EDS
<i>mesalamine oral tablet delayed release 800 mg</i>	2	
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	5	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	4	EDS
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG	5	
<b>Glucocorticoids</b>		
<i>budesonide er oral tablet extended release 24 hour</i>	5	
<i>budesonide oral capsule delayed release particles</i>	2	
<i>cortisone acetate oral tablet</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral tablet</i>	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
dexamethasone oral tablet therapy pack 1.5 mg (51)	4	
hydrocortisone oral tablet	2	
hydrocortisone rectal enema	2	
methylprednisolone oral tablet	2	
methylprednisolone oral tablet therapy pack	2	
MILLIPRED ORAL TABLET	4	
prednisolone acetate ophthalmic suspension	2	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 6.7 (5 base) mg/5ml	2	
prednisone intensol oral concentrate	2	
prednisone oral solution	2	
prednisone oral tablet	2	
procto-med hc external cream	2	
proctosol hc external cream	2	
<b>Sulfonamides</b>		
sulfasalazine oral tablet	2	EDS
sulfasalazine oral tablet delayed release	2	EDS
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium oral solution	2	EDS
alendronate sodium oral tablet 10 mg	2	EDS
alendronate sodium oral tablet 35 mg, 70 mg	1	EDS
BINOSTO ORAL TABLET EFFERVESCENT	4	EDS
calcitonin (salmon) nasal solution	2	EDS
calcitriol oral capsule	2	EDS
calcitriol oral solution	2	EDS
cinacalcet hcl oral tablet	5	
doxercalciferol oral capsule	2	ST; EDS
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
ibandronate sodium oral tablet	1	EDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA
paricalcitol oral capsule	2	ST; EDS
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	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
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	5	ST
risedronate sodium oral tablet 150 mg, 35 mg, 5 mg	2	EDS
risedronate sodium oral tablet 30 mg	2	
risedronate sodium oral tablet delayed release	2	EDS
teriparatide (recombinant) subcutaneous solution pen-injector	5	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	PA New Starts
<b>Non-Frf</b>		
<b>Non-Frf</b>		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL	5	PA; Prior authorization not required for oncologists.; QL (128 EA per 30 days)
ADAGEN INTRAMUSCULAR SOLUTION	5	PA; LA
afeditab cr oral tablet extended release 24 hour	2	EDS
AKYNZEO ORAL CAPSULE	4	PA
ala-cort external cream 2.5 %	2	
albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%	2	BD; EDS
alcohol wipes pad 70 %	2	
alendronate sodium oral tablet 40 mg	2	
alendronate sodium oral tablet 5 mg	2	EDS
AMINOSYN II INTRAVENOUS SOLUTION 8.5 %	3	BD
AMINOSYN II/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN M INTRAVENOUS SOLUTION	3	BD
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION	3	BD
AMINOSYN-HBC INTRAVENOUS SOLUTION	3	BD
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	3	BD
AMINOSYN-RF INTRAVENOUS SOLUTION	3	BD
ampicillin-sulbactam sodium injection solution reconstituted 15 (10-5) gm	2	
ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm	2	
ANZEMET ORAL TABLET	4	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
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	5	PA New Starts; LA
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	4	
AVC VAGINAL VAGINAL CREAM	4	
AVONEX INTRAMUSCULAR KIT	5	
<i>azurette oral tablet</i>	2	EDS
BACTOCILL IN DEXTROSE INTRAVENOUS SOLUTION	4	
BACTROBAN NASAL NASAL OINTMENT	4	
BAQSIMI ONE PACK NASAL POWDER	2	
<i>bekyree oral tablet</i>	2	EDS
BEVYXXA ORAL CAPSULE	4	EDS
<i>blisovi fe 1/20 oral tablet</i>	2	EDS
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	
BRAFTOVI ORAL CAPSULE 50 MG	5	PA New Starts; LA
BREZTRI AEROSPHERE INHALATION AEROSOL	3	EDS
BYVALSON ORAL TABLET	4	EDS
<i>camrese oral tablet</i>	2	EDS
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED 12 GM, 6 GM	5	PA
<i>cefditoren pivoxil oral tablet</i>	2	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	2	
<i>cefotaxime sodium injection solution reconstituted 1 gm, 500 mg</i>	2	
<i>cefotetan disodium injection solution reconstituted 10 gm</i>	4	
<i>cefoxitin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-2.2 gm-%(50ml)</i>	4	
<i>ceftazidime and dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	4	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	2	
CESAMET ORAL CAPSULE	4	PA
<i>chlorothiazide oral tablet</i>	2	EDS
<i>cholestyramine light oral packet</i>	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>cholestyramine oral powder</i>	2	EDS
CIMZIA STARTER KIT SUBCUTANEOUS KIT	5	
<i>ciprofloxacin oral suspension reconstituted 500 mg/5ml (10%)</i>	2	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	2	
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	BD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	BD
<i>clopidogrel bisulfate oral tablet 300 mg</i>	2	
<i>clotrimazole mouth/throat lozenge</i>	2	
<i>colestipol hcl oral granules</i>	2	EDS
<i>colocort rectal enema</i>	2	
COLY-MYCIN S OTIC SUSPENSION	4	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 1 X 80 & 1 X 20 MG	5	PA New Starts; LA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 1 X 80 & 3 X 20 MG	5	PA New Starts; LA

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

Drug Name	Tier	Requirements/Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-Injector	5	
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	
COUMADIN ORAL TABLET	4	EDS
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML	5	PA; LA
<i>cyred eq oral tablet</i>	2	EDS
<i>daysee oral tablet</i>	2	EDS
<i>delyla oral tablet</i>	2	EDS
<i>desmopressin acetate spray nasal solution</i>	2	EDS
<i>desogestrel-ethynodiol oral tablet 0.15-30 mg-mcg</i>	2	EDS
DEXAMETHASONE INTENSOL ORAL CONCENTRATE	3	
<i>dexamethasone oral solution</i>	2	
<i>dextrose in lactated ringers intravenous solution</i>	2	
<i>dextrose-nacl intravenous solution 5-0.225 %, 5-0.33 %</i>	2	
DIACOMIT ORAL CAPSULE	5	PA New Starts; LA
DIACOMIT ORAL PACKET	5	PA New Starts; LA
<i>diazepam intensol oral concentrate</i>	2	
<i>didanosine oral capsule delayed release 200 mg</i>	2	EDS
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	2	EDS
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	2	EDS
<i>dimethyl fumarate starter pack oral</i>	5	
<i>diphenhydramine hcl oral elixir</i>	2	PA; PA not required if under 65 years of age.
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM	4	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>doripenem intravenous solution reconstituted 500 mg</i>	4	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	EDS
<i>doxycycline hyclate intravenous solution reconstituted</i>	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
D-PENAMINE ORAL TABLET	5	QL (30 EA per 30 days)
<i>drospirene-eth estrad-levomefol oral tablet 3-0.03-0.451 mg</i>	4	EDS
<i>doramorph injection solution</i>	2	BD
<i>e.e.s. 400 oral tablet</i>	2	
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	5	
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG	5	PA; LA
ELIQUIS DVT/PE STARTER PACK ORAL TABLET	3	EDS
EMBEDA ORAL CAPSULE EXTENDED RELEASE	4	
<i>emtricitabine-tenofovir df oral tablet</i>	5	
<i>enoxaparin sodium injection solution</i>	2	
EPCLUSIA ORAL TABLET 200-50 MG	5	PA; QL (30 EA per 30 days)
<i>eprosartan mesylate oral tablet</i>	2	EDS
<i>estropipate oral tablet 0.75 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>etidronate disodium oral tablet</i>	2	
EURAX EXTERNAL CREAM	3	
EURAX EXTERNAL LOTION	3	
FARYDAK ORAL CAPSULE 15 MG	5	PA New Starts; LA
<i>fenofibric acid oral tablet</i>	2	EDS
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG	3	PA New Starts
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML	5	PA
<i>fluocinolone acetonide body external oil</i>	2	
<i>fluocinonide external cream 0.05 %</i>	2	
<i>flurbiprofen oral tablet 50 mg</i>	2	EDS
<i>fosfomycin tromethamine oral packet</i>	4	
FREAMINE III INTRAVENOUS SOLUTION 10 %	3	BD
GAMASTAN S/D INTRAMUSCULAR INJECTABLE	3	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	5	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
GAMMAKED INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML	5	PA
GAMMAPLEX INTRAVENOUS SOLUTION 20 GM/400ML, 5 GM/100ML	5	PA
GAMUNEX-C INJECTION SOLUTION 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>gavilyte-h oral kit</i>	2	
GELNIQUE PUMP TRANSDERMAL GEL	4	EDS
GRALISE STARTER ORAL	4	
HARVONI ORAL TABLET 45-200 MG	5	PA; QL (30 EA per 30 days)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML 0.5 ML	2	
HEMANGEOL ORAL SOLUTION	4	PA; EDS
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	2	
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	
<i>hydromorphone hcl injection solution 2 mg/ml</i>	2	
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML	2	
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML	2	BD
ILARIS SUBCUTANEOUS SOLUTION	5	PA
<i>insulin lispro subcutaneous solution pen-injector</i>	3	EDS
<i>insulin syringe 29g x 1" 0.3 ml</i>	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	4	
<i>isosorbide dinitrate er oral tablet extended release</i>	2	EDS
<i>ivermectin external cream</i>	4	
<i>jolessa oral tablet</i>	2	EDS
<i>jolivette oral tablet</i>	2	EDS
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	5	PA
<i>kcl in dextrose-nacl intravenous solution 20-5-0.33 meq/l-%-%</i>	2	
KISQALI 200 DOSE ORAL TABLET	5	PA New Starts
KISQALI 400 DOSE ORAL TABLET	5	PA New Starts
KISQALI 600 DOSE ORAL TABLET	5	PA New Starts

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

Drug Name	Tier	Requirements/Limits
<i>klor-con sprinkle oral capsule extended release</i>	2	EDS
KYNAMRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
KYNMOBI TITRATION KIT SUBLINGUAL KIT	5	PA; Prior authorization not required for neurologists.
<i>lactated ringers intravenous solution</i>	2	
<i>lactated ringers irrigation solution</i>	2	
LAMPIT ORAL TABLET	4	PA
LANOXIN ORAL TABLET 187.5 MCG	4	PA; PA not required if under 65 years of age.; EDS
<i>lapatinib ditosylate oral tablet</i>	5	PA New Starts
LAZANDA NASAL SOLUTION	5	PA; Prior authorization not required for oncologists.; QL (120 EA per 30 days)
<i>levonorg-eth estrad triphasic oral tablet</i>	2	EDS
<i>lidocaine hcl (pf) injection solution 1 %</i>	2	
<i>lidocaine hcl external gel</i>	2	
<i>lidocaine hcl injection solution 1 %</i>	2	
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION	3	ST; QL (60 ML per 365 days)
<i>lopreeza oral tablet 0.5-0.1 mg</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
<i>lorcet hd oral tablet</i>	2	
<i>lorcet oral tablet</i>	2	
<i>lorcet plus oral tablet 7.5-325 mg</i>	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG	5	PA New Starts
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED)	5	PA New Starts
<i>mesalamine-cleanser rectal kit</i>	2	
<i>metaproterenol sulfate oral tablet</i>	2	EDS
<i>metaxall oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>methotrexate (anti-rheumatic) oral tablet</i>	1	EDS
<i>methotrexate sodium (pf) injection solution 250 mg/10ml</i>	2	
<i>methotrexate sodium injection solution 250 mg/10ml</i>	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>methoxsalen oral capsule</i>	2	
<i>methyclothiazide oral tablet</i>	2	EDS
<i>metipranolol ophthalmic solution</i>	2	EDS
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	2	
<i>metoprolol-hctz er oral tablet extended release 24 hour</i>	4	EDS
<i>metyrosine oral capsule</i>	5	
<i>mimvey lo oral tablet</i>	2	PA; PA not required if under 65 years of age or if prescribed by gynecologist.; EDS
M-M-R II SUBCUTANEOUS INJECTABLE	2	
MODERIBA ORAL TABLET 200 MG	4	
<i>moexipril-hydrochlorothiazide oral tablet</i>	2	EDS
<i>mono-linyah oral tablet</i>	2	EDS
<i>mononessa oral tablet</i>	2	EDS
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 100 MG, 60 MG	5	
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 15 MG, 30 MG	4	EDS
<i>morphine sulfate (pf) injection solution 10 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	2	
<i>morphine sulfate injection solution 5 mg/ml</i>	2	
<i>moxifloxacin hcl intravenous solution</i>	2	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg</i>	2	EDS
<i>naftifine hcl external gel</i>	4	
<i>necon 1/35 (28) oral tablet</i>	2	EDS
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT	5	PA
<i>nifedical xl oral tablet extended release 24 hour 60 mg</i>	2	EDS
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION	3	PA; EDS
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)</i>	2	EDS
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	2	EDS
<i>norlyroc oral tablet</i>	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>normosol-r in d5w intravenous solution</i>	2	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	4	
NORVIR ORAL CAPSULE	3	EDS
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION	3	PA; EDS
NUVESSA VAGINAL GEL	4	
NYMALIZE ORAL SOLUTION 60 MG/20ML	4	
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	5	PA
OGESTREL ORAL TABLET	3	EDS
OMEGAVEN INTRAVENOUS EMULSION	3	BD
OMNIPOD DASH 5 PACK PODS	3	QL (15 EA per 30 days)
OMNITROPE SUBCUTANEOUS SOLUTION	4	PA; EDS
ONUREG ORAL TABLET	5	PA New Starts; QL (30 EA per 30 days)
<i>oxacillin sodium injection solution reconstituted 10 gm</i>	2	
<i>oxycodone-ibuprofen oral tablet</i>	2	
<i>peg 3350/electrolytes oral solution reconstituted</i>	2	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	2	
<i>periogard mouth/throat solution</i>	2	
PHENADOZ RECTAL SUPPOSITORY 12.5 MG	4	PA; PA not required if under 65 years of age.
PHRENILIN FORTE ORAL CAPSULE 50-300-40 MG	4	PA; PA not required if under 65 years of age.
<i>physiolyte irrigation solution</i>	2	
<i>physiosol irrigation irrigation solution</i>	2	
<i>potassium chloride in dextrose intravenous solution 40-5 meq/l-%</i>	2	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	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>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	2	
PREMASOL INTRAVENOUS SOLUTION 6 %	3	BD
PREPOPIK ORAL PACKET	4	
<i>prevalite oral powder</i>	2	EDS
PRIMSOL ORAL SOLUTION	4	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 40 GM/400ML, 5 GM/50ML	5	PA
<i>procto-pak rectal cream</i>	2	
PROCYSB1 ORAL CAPSULE DELAYED RELEASE	5	PA; LA
<i>promethazine hcl rectal suppository 50 mg</i>	4	PA; PA not required if under 65 years of age.
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED	4	EDS
REBETOL ORAL SOLUTION	4	
RENACIDIN IRRIGATION SOLUTION	3	
<i>repaglinide-metformin hcl oral tablet</i>	2	EDS
RESCRIPTOR ORAL TABLET 200 MG	3	EDS
REVCovi INTRAMUSCULAR SOLUTION	5	PA; LA
RIBASPHERE ORAL CAPSULE	4	
RIBASPHERE ORAL TABLET 200 MG	4	
RIBASPHERE ORAL TABLET 400 MG, 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET 400 MG, 600 MG	5	
RIBASPHERE RIBAPAK ORAL TABLET THERAPY PACK	5	
<i>ribavirin inhalation solution reconstituted</i>	5	BD
RIFAMATE ORAL CAPSULE	4	
RIFATER ORAL TABLET	3	
<i>ringers intravenous solution</i>	2	
<i>ringers irrigation irrigation solution</i>	2	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BD
<i>sapropterin dihydrochloride oral packet</i>	5	PA
<i>sapropterin dihydrochloride oral tablet soluble</i>	5	PA
SFROWASA RECTAL ENEMA	4	
<i>sodium chloride injection solution 2.5 meq/ml</i>	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
sodium lactate intravenous solution 5 meq/ml	2	
sodium polystyrene sulfonate rectal suspension	2	
solia oral tablet	2	EDS
SOVALDI ORAL TABLET 200 MG	5	PA; QL (30 EA per 30 days)
sterile water for irrigation irrigation solution	2	
STRIANT BUCCAL	5	PA
SUBSYS SUBLINGUAL LIQUID 1200 (600 X 2) MCG, 1600 (800 X 2) MCG	5	PA; Prior authorization not required for oncologists.
sulfamethoxazole-trimethoprim intravenous solution	2	
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA New Starts; Prior authorization not required for oncologists.
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED	4	
tavaborole external solution	5	PA
TEMIXYS ORAL TABLET	5	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	2	
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 450 mg	2	EDS
tolvaptan oral tablet 15 mg	5	PA
tpp electrolytes intravenous solution	2	
tramadol hcl er oral capsule extended release 24 hour 150 mg	2	ST; QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	3	EDS
trihexyphenidyl hcl oral elixir	2	PA; PA not required if under 65 years of age.; EDS
trinessa (28) oral tablet	2	EDS
TROPHAMINE INTRAVENOUS SOLUTION 6 %	3	BD
TWINRIX INTRAMUSCULAR SUSPENSION 720-20	2	
UPNEEQ OPHTHALMIC SOLUTION	4	PA; EDS
vancomycin hcl in dextrose intravenous solution 750-5 mg/150ml-%	2	
vancomycin hcl intravenous solution reconstituted 1000 mg	2	
VARUBI ORAL TABLET	4	BD
vestura oral tablet	2	EDS

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
V-GO 20 KIT	3	
V-GO 30 KIT	3	
V-GO 40 KIT	3	
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG	3	EDS
VIDEX ORAL SOLUTION RECONSTITUTED	3	EDS
<i>viorele oral tablet</i>	2	EDS
VISTOGARD ORAL PACKET	5	LA
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE	5	PA
XYWAV ORAL SOLUTION	5	PA; LA
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	4	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG	3	
ZYKADIA ORAL CAPSULE	5	PA New Starts
<b>Ophthalmic Agents</b>		
<b>Ophthalmic Agents</b>		
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	2	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	2	
BLEPHAMIDE OPHTHALMIC SUSPENSION	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT	3	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	4	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>polymyxin b-trimethoprim ophthalmic solution</i>	2	
PRED-G OPHTHALMIC SUSPENSION	4	
PRED-G S.O.P. OPHTHALMIC OINTMENT	4	

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>sulfacetamide sodium ophthalmic ointment</i>	4	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	2	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	2	
<b>Ophthalmic Agents, Other</b>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	EDS
CYSTARAN OPHTHALMIC SOLUTION	5	PA; LA
LACRISERT OPHTHALMIC INSERT	3	
OXERVATE OPHTHALMIC SOLUTION	5	PA
<i>proparacaine hcl ophthalmic solution</i>	2	
RESTASIS OPHTHALMIC EMULSION	3	EDS
<i>sulfacetamide sodium ophthalmic ointment</i>	4	
<b>Ophthalmic Anti-Allergy Agents</b>		
ALOCRILOPHTHALMIC SOLUTION	4	
<i>azelastine hcl ophthalmic solution</i>	2	
BEPREVE OPHTHALMIC SOLUTION	4	
<i>cromolyn sodium ophthalmic solution</i>	2	
<i>epinastine hcl ophthalmic solution</i>	2	
LASTACAFT OPHTHALMIC SOLUTION	4	
<i>olopatadine hcl ophthalmic solution</i>	2	
<b>Ophthalmic Antiglaucoma Agents</b>		
<i>acetazolamide oral tablet</i>	2	EDS
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	3	EDS
<i>apraclonidine hcl ophthalmic solution</i>	2	
AZOPT OPHTHALMIC SUSPENSION	3	EDS
<i>betaxolol hcl ophthalmic solution</i>	2	EDS
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	EDS
BETOPTIC-S OPHTHALMIC SUSPENSION	4	EDS
<i>bimatoprost ophthalmic solution (glaucoma)</i>	2	EDS
<i>brimonidine tartrate ophthalmic solution</i>	2	EDS
<i>carteolol hcl ophthalmic solution</i>	2	EDS
COMBIGAN OPHTHALMIC SOLUTION	3	EDS
<i>dorzolamide hcl ophthalmic solution</i>	2	EDS
<i>dorzolamide hcl-timolol mal 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>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	4	EDS
IOPIDINE OPHTHALMIC SOLUTION 1 %	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	EDS
<i>methazolamide oral tablet</i>	2	EDS
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	EDS
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	EDS
ROCKLATAN OPHTHALMIC SOLUTION	3	ST; EDS
SIMBRINZA OPHTHALMIC SUSPENSION	3	EDS
<i>timolol maleate ophthalmic gel forming solution</i>	2	EDS
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	EDS
<i>timolol maleate ophthalmic solution 0.5 % (daily)</i>	2	EDS
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	4	EDS
<b>Ophthalmic Anti-Inflammatories</b>		
ALREX OPHTHALMIC SUSPENSION	4	
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	2	
BROMSITE OPHTHALMIC SOLUTION	4	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	2	
<i>diclofenac sodium ophthalmic solution</i>	2	
DUREZOL OPHTHALMIC EMULSION	4	
FLAREX OPHTHALMIC SUSPENSION	4	
<i>fluorometholone ophthalmic suspension</i>	2	
<i>flurbiprofen sodium ophthalmic solution</i>	2	
FML FORTE OPHTHALMIC SUSPENSION	4	
FML OPHTHALMIC OINTMENT	4	
ILEVRO OPHTHALMIC SUSPENSION	3	
INVELTYS OPHTHALMIC SUSPENSION	4	
<i>ketorolac tromethamine ophthalmic solution</i>	2	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM OPHTHALMIC GEL	3	
<i>loteprednol etabonate ophthalmic suspension</i>	2	
NEVANAC OPHTHALMIC SUSPENSION	4	

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

Drug Name	Tier	Requirements/Limits
PRED MILD OPHTHALMIC SUSPENSION	4	
<i>prednisolone acetate ophthalmic suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic solution</i>	2	
PROLENSA OPHTHALMIC SOLUTION	4	
XIIDRA OPHTHALMIC SOLUTION	3	EDS
<b>Ophthalmic Prostaglandin And Prostamide Analogs</b>		
<i>bimatoprost ophthalmic solution (glaucoma)</i>	2	EDS
<i>latanoprost ophthalmic solution</i>	1	EDS
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	EDS
RHOPRESSA OPHTHALMIC SOLUTION	3	EDS
<i>travoprost (bak free) ophthalmic solution</i>	2	EDS
ZIOPTAN OPHTHALMIC SOLUTION	4	EDS
<b>Otic Agents</b>		
<b>Otic Agents</b>		
CIPRO HC OTIC SUSPENSION	4	
<i>ciprofloxacin-dexamethasone otic suspension</i>	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	4	
<i>hydrocortisone-acetic acid otic solution</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension</i>	2	
<b>Respiratory Tract/ Pulmonary Agents</b>		
<b>Antihistamines</b>		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %</i>	2	
<i>azelastine-fluticasone nasal suspension</i>	4	
<i>carbinoxamine maleate oral solution</i>	2	PA; PA not required if under 65 years of age.
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	PA; PA not required if under 65 years of age.
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	4	
<i>clemastine fumarate oral tablet 2.68 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral syrup</i>	2	PA; PA not required if under 65 years of age.
<i>cyproheptadine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.

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

Drug Name	Tier	Requirements/Limits
<i>desloratadine oral tablet</i>	2	
<i>desloratadine oral tablet dispersible 2.5 mg</i>	2	QL (30 EA per 30 days)
<i>desloratadine oral tablet dispersible 5 mg</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>hydroxyzine pamoate oral capsule</i>	2	PA; PA not required if under 65 years of age.
<i>levocetirizine dihydrochloride oral solution</i>	2	
<i>levocetirizine dihydrochloride oral tablet</i>	2	
<i>olopatadine hcl nasal solution</i>	2	
<i>promethazine hcl oral syrup</i>	4	PA; PA not required if under 65 years of age.
<i>promethazine hcl oral tablet</i>	4	PA; PA not required if under 65 years of age.
SEMPREX-D ORAL CAPSULE	4	
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA INHALATION AEROSOL	3	EDS
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
ASMANEX HFA INHALATION AEROSOL	2	EDS
<i>budesonide inhalation suspension</i>	2	BD; EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST	2	QL (60 EA per 30 days); EDS
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST	2	EDS
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT	2	QL (12 GM per 30 days); EDS
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT	2	EDS
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	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>fluticasone propionate nasal suspension</i>	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	EDS
<i>mometasone furoate nasal suspension</i>	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	2	EDS
QNASL CHILDRENS NASAL AEROSOL SOLUTION	4	QL (4.9 GM per 30 days)
QNASL NASAL AEROSOL SOLUTION	4	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT	2	QL (10.6 GM per 30 days); EDS
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
<b>Antileukotrienes</b>		
<i>montelukast sodium oral packet</i>	2	EDS
<i>montelukast sodium oral tablet</i>	2	EDS
<i>montelukast sodium oral tablet chewable</i>	2	EDS
<i>zafirlukast oral tablet</i>	2	EDS
<i>zileuton er oral tablet extended release 12 hour</i>	5	PA
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	EDS
<i>ipratropium bromide inhalation solution</i>	2	BD; EDS
<i>ipratropium bromide nasal solution</i>	2	EDS
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION	3	ST; EDS
SEEBRI NEOHALER INHALATION CAPSULE	4	EDS
SPIRIVA HANDIHALER INHALATION CAPSULE	3	EDS
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT	4	EDS
YUPELRI INHALATION SOLUTION	5	BD
<b>Bronchodilators, Sympathomimetic</b>		
ADVAIR HFA INHALATION AEROSOL	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>albuterol sulfate er oral tablet extended release 12 hour</i>	2	EDS
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	2	BD; EDS
<i>albuterol sulfate oral syrup</i>	2	EDS
<i>albuterol sulfate oral tablet</i>	2	EDS
ARCAPTA NEOHALER INHALATION CAPSULE	3	EDS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	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>	2	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	2	EDS
<i>levalbuterol hcl inhalation nebulization solution</i>	3	BD; EDS
<i>levalbuterol tartrate inhalation aerosol</i>	3	EDS
<i>metaproterenol sulfate oral syrup</i>	2	EDS
PERFOROMIST INHALATION NEBULIZATION SOLUTION	5	BD; ST
PROAIR HFA INHALATION AEROSOL SOLUTION	3	EDS
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>terbutaline sulfate oral tablet</i>	2	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	EDS
<i>wixela inhahub inhalation aerosol powder breath activated</i>	2	EDS
<b>Cystic Fibrosis Agents</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED	5	LA

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
KALYDECO ORAL PACKET	5	PA New Starts; LA
KALYDECO ORAL TABLET	5	PA New Starts; LA
ORKAMBI ORAL PACKET	5	PA New Starts; LA
ORKAMBI ORAL TABLET	5	PA New Starts; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	5	PA New Starts
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	5	PA New Starts; LA
TOBI PODHALER INHALATION CAPSULE	5	PA New Starts
TRIKAFTA ORAL TABLET THERAPY PACK	5	PA New Starts
<b>Mast Cell Stabilizers</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	2	BD; EDS
<i>cromolyn sodium oral concentrate</i>	2	EDS
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
DALIRESP ORAL TABLET 250 MCG	4	QL (28 EA per 365 days)
DALIRESP ORAL TABLET 500 MCG	4	EDS
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	4	EDS
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	2	EDS
<i>theophylline er oral tablet extended release 24 hour</i>	2	EDS
<i>theophylline oral solution</i>	2	EDS
<b>Pulmonary Antihypertensives</b>		
ADEMPAS ORAL TABLET	5	PA New Starts; LA
<i>alyq oral tablet</i>	2	PA New Starts; EDS
<i>ambrisentan oral tablet</i>	5	PA New Starts
<i>bosentan oral tablet</i>	5	PA New Starts
OPSUMIT ORAL TABLET	5	PA New Starts; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG	4	PA New Starts; LA; EDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 1 MG, 2.5 MG, 5 MG	5	PA New Starts; LA
REVATIO ORAL SUSPENSION RECONSTITUTED	5	PA New Starts
<i>sildenafil citrate oral suspension reconstituted</i>	5	PA New Starts

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

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements/Limits</b>
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA New Starts; Covered for pulmonary arterial hypertension only.; EDS
<i>tadalafil 20 mg oral tablet (pah)</i>	2	PA New Starts; EDS
TRACLEER ORAL TABLET SOLUBLE	5	PA New Starts; LA
VENTAVIS INHALATION SOLUTION	5	PA New Starts; LA
<b>Pulmonary Fibrosis Agents</b>		
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
OFEV ORAL CAPSULE	5	PA; LA
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine inhalation solution</i>	2	BD
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	EDS
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG	5	PA New Starts; LA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
GLASSIA INTRAVENOUS SOLUTION	5	PA New Starts; LA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
UTIBRON NEOHALER INHALATION CAPSULE	4	EDS
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	5	PA New Starts; LA
<b>Respiratory Tract/ Pulmonary Agents</b>		
ADVAIR HFA INHALATION AEROSOL	3	EDS
<i>azelastine-fluticasone nasal suspension</i>	4	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	3	EDS
ESBRIET ORAL CAPSULE	5	PA
ESBRIET ORAL TABLET	5	PA
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA

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

Drug Name	Tier	Requirements/Limits
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	EDS
<i>ipratropium-albuterol inhalation solution</i>	2	BD; EDS
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; LA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA; LA
OFEV ORAL CAPSULE	5	PA; LA
PULMOZYME INHALATION SOLUTION	5	BD
SYMBICORT INHALATION AEROSOL	3	EDS
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	3	EDS
<i>wixela inhale inhalation aerosol powder breath activated</i>	2	EDS
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	5	PA
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>carisoprodol oral tablet</i>	4	PA; PA not required if under 65 years of age.
<i>chlorzoxazone oral tablet 500 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	2	PA; PA not required if under 65 years of age.
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	4	PA; PA not required if under 65 years of age.
<i>metaxalone oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>methocarbamol oral tablet</i>	2	PA; PA not required if under 65 years of age.
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	2	PA; PA not required if under 65 years of age.
<i>tizanidine hcl oral capsule</i>	2	EDS
<i>tizanidine hcl oral tablet</i>	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
<b>Sleep Disorder Agents</b>		
<b>Gaba Receptor Modulators</b>		
<i>temazepam oral capsule</i>	2	QL (7 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	2	PA New Starts; PA not required if under 65 years of age.
<b>Sleep Disorders, Other</b>		
<i>armodafinil oral tablet</i>	2	PA; EDS
BELSOMRA ORAL TABLET 10 MG, 5 MG	3	QL (30 EA per 30 days)
BELSOMRA ORAL TABLET 15 MG, 20 MG	3	
DAYVIGO ORAL TABLET 10 MG	4	PA New Starts; PA not required if under 65 years of age.
DAYVIGO ORAL TABLET 5 MG	4	PA New Starts; PA not required if under 65 years of age.; QL (30 EA per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral concentrate</i>	2	PA New Starts; PA not required if under 65 years of age.; EDS
<i>doxepin hcl oral tablet</i>	2	
HETLIOZ ORAL CAPSULE	5	PA; LA
<i>modafinil oral tablet</i>	2	PA; EDS
<i>ramelteon oral tablet</i>	2	
SUNOSI ORAL TABLET 150 MG	4	PA; EDS
SUNOSI ORAL TABLET 75 MG	4	PA; QL (45 EA per 30 days); EDS
XYREM ORAL SOLUTION	5	PA; LA; Prior authorization not required for neurologists or pulmonologists.

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

## INDEX

<i>abacavir sulfate</i>	41	<i>ALINIA</i>	34	<i>amphetamine-dextroamphetamine</i>	59
<i>abacavir sulfate-lamivudine</i>	41	<i>aliskiren fumarate</i>	55, 56	<i>amphotericin b</i>	23
<i>abacavir-lamivudine-zidovudine</i>	41	<i>allopurinol</i>	24	<i>ampicillin</i>	12
<i>ABELCET</i>	22	<i>almotriptan malate</i>	27	<i>ampicillin sodium</i>	12
<i>ABILIFY MAINTENA</i>	19, 37	<i>ALOCRIL</i>	105	<i>ampicillin-sulbactam sodium</i>	12, 93
<i>ABILIFY MYCITE</i>	19, 37	<i>alosetron hcl</i>	70	<i>ANADROL-50</i>	77
<i>abiraterone acetate</i>	29	<i>ALPHAGAN P</i>	105	<i>anagrelide hcl</i>	50
<i>ABSTRAL</i>	93	<i>alprazolam</i>	44	<i>anastrozole</i>	30
<i>acamprosate calcium</i>	7	<i>alprazolam er</i>	44	<i>ANDRODERM</i>	77
<i>acarbose</i>	46	<i>ALREX</i>	106	<i>ANGELIQ</i>	79
<i>acebutolol hcl</i>	53	<i>ALTABAX</i>	63	<i>ANNOVERA</i>	79
<i>acetaminophen-codeine</i>	3	<i>altavera</i>	79	<i>ANORO ELLIPTA</i>	112
<i>acetaminophen-codeine #3</i>	3	<i>ALUNBRIG</i>	32	<i>ANZEMET</i>	93
<i>acetazolamide</i>	56, 105	<i>alyacen 1/35</i>	79	<i>APOKYN</i>	36
<i>acetazolamide er</i>	56	<i>alyq</i>	111	<i>apraclonidine hcl</i>	105
<i>acetic acid</i>	8	<i>amabelz</i>	79	<i>aprepitant</i>	22
<i>acetylcysteine</i>	112	<i>amantadine hcl</i>	35, 43	<i>apri</i>	79
<i>acitretin</i>	62	<i>AMBISOME</i>	22	<i>APTENSIO XR</i>	59
<i>ACTEMRA</i>	86	<i>ambrisentan</i>	111	<i>APTIOM</i>	17
<i>ACTEMRA ACTPEN</i>	86	<i>amcinonide</i>	74	<i>APTIVUS</i>	42
<i>ACTHAR</i>	74	<i>amethia</i>	79	<i>ARALAST NP</i>	94, 112
<i>ACTHIB</i>	90	<i>amethia lo</i>	79	<i>aranelle</i>	79
<i>ACTIMMUNE</i>	89	<i>amikacin sulfate</i>	8	<i>ARANESP (ALBUMIN FREE)</i>	50
<i>acyclovir</i>	40	<i>amiloride hcl</i>	57	<i>ARCALYST</i>	89
<i>acyclovir sodium</i>	40	<i>amiloride-hydrochlorothiazide</i>	55	<i>ARCAPTA NEOHALER</i>	110
<i>ADACEL</i>	90	<i>AMINOSYN II</i>	67, 93	<i>ARIKAYCE</i>	8
<i>ADAGEN</i>	93	<i>AMINOSYN II/ELECTROLYTES</i>	93	<i>ariPIPrazole</i>	19, 37
<i>adapalene</i>	62	<i>AMINOSYN M</i>	93	<i>ARISTADA</i>	37
<i>adapalene-benzoyl peroxide</i>	62	<i>AMINOSYN/ELECTROLYTES</i>	93	<i>ARISTADA INITIO</i>	37
<i>adefovir dipivoxil</i>	39	<i>AMINOSYN-HBC</i>	93	<i>armodafinil</i>	114
<i>ADEMPAS</i>	111	<i>AMINOSYN-PF</i>	67, 93	<i>ARNUITY ELLIPTA</i>	108
<i>ADVAIR HFA</i>	108, 109, 112	<i>AMINOSYN-RF</i>	93	<i>ASCOMP-CODEINE</i>	3
<i>afeditab cr</i>	93	<i>amiodarone hcl</i>	53	<i>ashlyna</i>	79
<i>AFINITOR</i>	31	<i>AMITIZA</i>	70	<i>ASMANEX (120 METERED DOSES)</i>	108
<i>AFINITOR DISPERZ</i>	86	<i>amitriptyline hcl</i>	21	<i>ASMANEX (30 METERED DOSES)</i>	108
<i>AIMOVIG</i>	27	<i>amlodipine besy-benazepril hcl</i>	55	<i>ASMANEX (60 METERED DOSES)</i>	108
<i>AJOVY</i>	27	<i>amlodipine besylate</i>	54	<i>ASMANEX HFA</i>	108
<i>AKYNZEO</i>	93	<i>amlodipine besylate-valsartan</i>	55	<i>aspirin-dipyridamole er</i>	51
<i>ala-cort</i>	74, 93	<i>amlodipine-olmesartan</i>	55	<i>assure id insulin safety syr</i>	48
<i>albendazole</i>	34	<i>amlodipine-valsartan-hctz</i>	55	<i>ASTAGRAF XL</i>	86
<i>albuterol sulfate</i>	93, 110	<i>ammonium lactate</i>	63	<i>atazanavir sulfate</i>	42
<i>albuterol sulfate er</i>	110	<i>amnesteem</i>	63	<i>atenolol</i>	53
<i>alclometasone dipropionate</i>	74	<i>amoxapine</i>	21	<i>atenolol-chlorthalidone</i>	55
<i>alcohol wipes</i>	93	<i>amoxicill-clarithro-lansopraz</i>	69	<i>atomoxetine hcl</i>	59
<i>ALDACTAZIDE</i>	55	<i>amoxicillin</i>	11		
<i>ALECENSA</i>	32	<i>amoxicillin-pot clavulanate</i>	11, 12		
<i>alendronate sodium</i>	92, 93	<i>amoxicillin-pot clavulanate er</i>	11		
<i>alfuzosin hcl er</i>	73	<i>amphetamine-dextroamphet er</i>	59		

atorvastatin calcium	57	benazepril-hydrochlorothiazide	55	BRUKINSA	32
atovaquone	34	BENLYSTA	86	BRYHALI	63
atovaquone-proguanil hcl	34	benznidazole	34	budesonide	70, 80, 91, 108
ATRIPLA	41	benztropine mesylate	35	budesonide er	70, 80, 91
atropine sulfate	105	BEPREVE	105	bumetanide	56
ATROVENT HFA	109	BERINERT	86	buprenorphine	5, 7
AUBAGIO	60	betamethasone dipropionate		buprenorphine hcl	4, 7
aubra	79		25, 63, 74	buprenorphine hcl-naloxone hcl	7
AUGMENTIN	94	betamethasone dipropionate		bupropion	19
AURYXIA	73	aug	25, 74	bupropion hcl er (smoking det)	7
AUSTEDO	60	betamethasone valerate	25, 74	bupropion hcl er (sr)	19
AVANDIA	46	betaxolol hcl	53, 105	bupropion hcl er (xl)	19
AVC VAGINAL	94	bethanechol chloride	73	buspirone hcl	43
aviane	79	BETHKIS	8	butalbital-acetaminophen	3
avita	34, 63	BETIMOL	105	butalbital-apap-caff-cod	3
AVONEX	94	BETOPTIC-S	105	butalbital-apap-caff-caffeine	3
AVONEX PEN	60	BEVYXXA	94	butalbital-asa-caff-codeine	3
AVONEX PREFILLED	60	bexarotene	34	butalbital-aspirin-caffeine	3
AYVAKIT	32	BEXSERO	90	butorphanol tartrate	6
AZASAN	86	bicalutamide	29	BYDUREON	46
AZASITE	12	BICILLIN C-R	12	BYDUREON BCISE	46
azathioprine	86	BICILLIN C-R 900/300	12	BYETTA 10 MCG PEN	46
azelaic acid	63	BICILLIN L-A	12	BYETTA 5 MCG PEN	46
azelastine hcl	105, 107	BIDIL	58	BYSTOLIC	53
azelastine-fluticasone	107, 112	BIKTARVY	41	BYVALSON	94
AZELEX	63	bimatoprost	105, 107	cabergoline	85
azithromycin	12, 13	BINOSTO	92	CABLIVI	51
AZOPT	105	bisoprolol fumarate	53	CABOMETYX	32
aztreonam	11	bisoprolol-hydrochlorothiazide	55	calcipotriene	63
azurette	94	BIVIGAM	89	calcipotriene-betameth diprop...	63
bacitracin	8	BLEPHAMIDE	25, 104	calcitonin (salmon)	92
bacitracin-polymyxin b	104	BLEPHAMIDE S.O.P.	25, 104	calcitriol	63, 92
bacitra-neomycin-polymyxin-hc104	104	blisovi 24 fe	79	calcium acetate (phos binder)	73
baclofen	39	blisovi fe 1.5/30	79	CALQUENCE	32
BACTOCILL IN DEXTROSE	94	blisovi fe 1/20	94	CAMBIA	4
BACTROBAN NASAL	94	BOOSTRIX	90, 94	camila	84
BAFIERTAM	60	bosentan	111	camrese	94
BALCOLTRA	30	BOSULIF	32	camrese lo	80
balsalazide disodium	91	BRAFTOVI	32, 94	candesartan cilexetil	52
BALVERSA	32	BREO ELLIPTA	110	candesartan cilexetil-hctz	55
balziva	79	BREZTRI AEROSPHERE	94	CAPEX	74
BANZEL	17	briellyn	79	CAPLYTA	37
BAQSIMI ONE PACK	94	BRILINTA	51	CAPRELSA	32
BAQSIMI TWO PACK	48	brimonidine tartrate	105	captopril	52
BARACLUDE	39	BRIVIACT	14	captopril-hydrochlorothiazide	55
BCG VACCINE	90	bromfenac sodium (once-daily)	106	CARAC	63
bekyree	94	bromocriptine mesylate	36, 85	CARBAGLU	65
BELSOMRA	114	BROMSITE	106	carbamazepine	17, 46
benazepril hcl	52	BROVANA	110	carbamazepine er	17, 45

<i>carbidopa</i>	35, 36	<i>chlordiazepoxide-amitriptyline</i>	CLINIMIX E/DEXTROSE
<i>carbidopa-levodopa</i>	36	.....	(4.25/25).....95
<i>carbidopa-levodopa er</i>	36	<i>chlorhexidine gluconate</i>	CLINIMIX E/DEXTROSE (4.25/5)..67
<i>carbidopa-levodopa-</i>		<i>chloroquine phosphate</i>	CLINIMIX E/DEXTROSE (5/15)....67
<i>entacapone</i>	35	<i>chlorothiazide</i>	CLINIMIX E/DEXTROSE (5/20)....67
<i>carbinoxamine maleate</i>	107	<i>chlorpromazine hcl</i>	CLINIMIX E/DEXTROSE (5/25)....95
CARDIZEM LA	54	<i>chlorthalidone</i>	CLINIMIX E/DEXTROSE (8/10)....95
CARIMUNE NF	94	<i>chlorzoxazone</i>	CLINIMIX E/DEXTROSE (8/14)....95
<i>carisoprodol</i>	113	<i>CHOLBAM</i>	CLINIMIX/DEXTROSE (2.75/5)....95
<i>carteolol hcl</i>	105	<i>cholestyramine</i>	CLINIMIX/DEXTROSE (4.25/10)...67
<i>cartia xt</i>	54	<i>cholestyramine light</i>	CLINIMIX/DEXTROSE (4.25/20)...95
<i>carvedilol</i>	53	<i>ciclopirox</i>	CLINIMIX/DEXTROSE (4.25/25)...95
<i>carvedilol phosphate er</i>	53	<i>ciclopirox olamine</i>	CLINIMIX/DEXTROSE (4.25/5)....67
<i>caspofungin acetate</i>	23	<i>cilostazol</i>	CLINIMIX/DEXTROSE (5/15)....67
CAYSTON	11, 110	<i>CIMDUO</i>	CLINIMIX/DEXTROSE (5/20)....67
<i>caziant</i>	80	<i>cimetidine</i>	CLINIMIX/DEXTROSE (5/25)....95
<i>cefaclor</i>	10	<i>cimetidine hcl</i>	CLINIMIX/DEXTROSE (6/5)....95
<i>cefaclor er</i>	10	<i>CIMZIA</i>	CLINIMIX/DEXTROSE (8/10)....95
<i>cefadroxil</i>	10	<i>CIMZIA PREFILLED</i>	CLINIMIX/DEXTROSE (8/14)....95
<i>cefazolin sodium</i>	10	<i>CIMZIA STARTER KIT</i>	CLINISOL SF.....67
<i>cefdinir</i>	10	<i>cinacalcet hcl</i>	<i>clobazam</i> .....15
<i>cefditoren pivoxil</i>	94	<i>CINRYZE</i>	<i>clobetasol propionate</i> .....63, 74
<i>cefepime hcl</i>	10	<i>CIPRO</i>	<i>clobetasol propionate e</i> .....74
<i>cefepime-dextrose</i>	94	<i>CIPRO HC</i>	<i>clomipramine hcl</i> .....21
<i>cefixime</i>	10	<i>ciprofloxacin</i>	<i>clonazepam</i> .....15, 44
<i>cefotaxime sodium</i>	94	<i>ciprofloxacin hcl</i>	<i>clonidine</i> .....52
<i>cefotetan disodium</i>	10, 94	<i>ciprofloxacin in d5w</i>	<i>clonidine hcl</i> .....52
<i>cefoxitin sodium</i>	10	<i>ciprofloxacin-ciproflox hcl er</i>	<i>clonidine hcl er</i> .....59
<i>cefoxitin sodium-dextrose</i>	94	<i>ciprofloxacin-dexamethasone</i>	<i>clopidogrel bisulfate</i> .....51, 95
<i>cefpodoxime proxetil</i>	10	<i>ciprofloxacin-fluocinolone pf</i>	<i>clorazepate dipotassium</i> .....15, 44
<i>cefprozil</i>	10	<i>citalopram hydrobromide</i>	<i>clotrimazole</i> .....23, 95
<i>ceftazidime</i>	10	<i>claravis</i>	<i>clotrimazole-betamethasone</i> .....63
<i>ceftazidime and dextrose</i>	94	<i>CLARINEX-D 12 HOUR</i>	<i>clovique</i> .....66, 73
<i>ceftriaxone sodium</i>	10, 11, 94	<i>clarithromycin</i>	<i>clozapine</i> .....39
<i>cefuroxime axetil</i>	11	<i>clarithromycin er</i>	<i>COARTEM</i> .....35
<i>cefuroxime sodium</i>	11	<i>clemastine fumarate</i>	<i>codeine sulfate</i> .....6
<i>celecoxib</i>	4, 26	<i>CLENPIQ</i>	<i>colchicine</i> .....24
CELONTIN	15	<i>CLEOCIN</i>	<i>colchicine-probenecid</i> .....24
<i>cephalexin</i>	11	<i>CLIMARA PRO</i>	<i>colesevelam hcl</i> .....47, 57
CERDELGA	71	<i>clindamycin hcl</i>	<i>colestipol hcl</i> .....57, 95
CESAMET	94	<i>clindamycin palmitate hcl</i>	<i>colistimethate sodium (cba)</i> ....8, 9
<i>cevimeline hcl</i>	62	<i>clindamycin phos-benzoyl perox</i>	<i>colocort</i> .....95
CHANTIX	7	<i>clindamycin phosphate</i>	<i>COLY-MYCIN S</i> .....95
CHANTIX CONTINUING MONTH		<i>clindamycin phosphate in d5w</i> ....9	<i>COMBIGAN</i> .....105
PAK	7	<i>CLINIMIX E/DEXTROSE</i>	<i>COMBIPATCH</i> .....80
CHANTIX STARTING MONTH		(2.75/10).....95	<i>COMBIVENT RESPIMAT</i> .....112
PAK	7	<i>CLINIMIX E/DEXTROSE (2.75/5)..67</i>	<i>COMETRIQ (100 MG DAILY</i>
CHEMET	66	<i>CLINIMIX E/DEXTROSE</i>	<i>DOSE)</i> .....32, 95
CHENODAL	69	(4.25/10).....67	

COMETRIQ (140 MG DAILY DOSE).....	32, 95	<i>daptomycin</i> .....	9	<i>dicyclomine hcl</i> .....	69
COMETRIQ (60 MG DAILY DOSE).....	32	<i>darifenacin hydrobromide er</i> .....	72	<i>didanosine</i> .....	42, 96
<i>comfort assist insulin syringe</i> .....	48	<i>DAURISMO</i> .....	32	<i>DIFCID</i> .....	13
COMPLERA.....	41	<i>daysee</i> .....	96	<i>diflorasone diacetate</i> .....	75
<i>compro</i> .....	21	<i>DAYTRANA</i> .....	59	<i>diflunisal</i> .....	4, 26
CONDYLOX.....	63	<i>DAYVIGO</i> .....	114	<i>digitek</i> .....	56
<i>constulose</i> .....	70	<i>debilitane</i> .....	80	<i>digox</i> .....	56
COPAXONE.....	60	<i>deferasirox</i> .....	66	<i>digoxin</i> .....	56
COPIKTRA.....	31	<i>deferasirox granules</i> .....	66	<i>dihydroergotamine mesylate</i> .....	27
CORDRAN.....	63, 74	<i>deferiprone</i> .....	66	<i>DILANTIN</i> .....	17
CORLANOR.....	56	<i>DELESTROGEN</i> .....	78	<i>diltiazem hcl</i> .....	54
<i>cortisone acetate</i> .....	25, 74, 91	<i>DELSTRIGO</i> .....	41	<i>diltiazem hcl er</i> .....	54
CORTISPORIN.....	63	<i>delyla</i> .....	96	<i>diltiazem hcl er beads</i> .....	54, 96
COSENTYX.....	96	<i>demeocycline hcl</i> .....	14	<i>diltiazem hcl er coated beads</i> .....	54, 96
COSENTYX (300 MG DOSE).....	63	<i>DEM SER</i> .....	55	<i>dilt-xr</i> .....	54
COSENTYX SENSOREADY (300 MG).....	63	<i>DEPO-ESTRADIOL</i> .....	78	<i>dimethyl fumarate</i> .....	61
COSENTYX SENSOREADY PEN.....	96	<i>DEPO-PROVERA</i> .....	84	<i>dimethyl fumarate starter pack</i> .....	96
COTELLIC.....	32	<i>DEPO-SUBQ PROVERA 104</i> .....	84	<i>DIPENTUM</i> .....	91
COUMADIN.....	96	<i>DESCOVY</i> .....	42	<i>diphenhydramine hcl</i> .....	96
CREON.....	71	<i>desipramine hcl</i> .....	21	<i>diphenoxylate-atropine</i> .....	69
CRESEMBA.....	23	<i>desloratadine</i> .....	108	<i>DIPHTHERIA-TETANUS TOXOIDS</i>	
CRINONE.....	84	<i>desmopressin ace spray refrig</i> .....	76	<i>DT</i> .....	90
CRIXIVAN.....	42	<i>desmopressin acetate</i> .....	76	<i>dipyridamole</i> .....	51
<i>cromolyn sodium</i> .....	105, 111	<i>desmopressin acetate spray</i> .....	96	<i>disopyramide phosphate</i> .....	53
<i>cryselle-28</i> .....	80	<i>desogestrel-ethinyl estradiol</i> .....	80, 96	<i>disulfiram</i> .....	7
CUVITRU.....	96	<i>desonide</i> .....	74	<i>DIURIL</i> .....	57
<i>cvs gauze sterile</i> .....	48	<i>desoximetasone</i> .....	74	<i>divalproex sodium</i> .....	16, 27, 46
<i>cyclafem 1/35</i> .....	80	<i>desvenlafaxine er</i> .....	20	<i>divalproex sodium er</i> .....	16, 27, 46
<i>cyclafem 7/7/7</i> .....	80	<i>desvenlafaxine succinate er</i> .....	20	<i>DIVIGEL</i> .....	78, 96
<i>cyclobenzaprine hcl</i> .....	113	<i>dexamethasone</i> .....	25, 75, 91, 92, 96	<i>dofetilide</i> .....	53
<i>cyclophosphamide</i> .....	28	<i>DEXAMETHASONE INTENSOL</i> .....	96	<i>donepezil hcl</i> .....	18
CYCLOSET.....	47	<i>dexamethasone sodium phosphate</i> .....	106	<i>DOPTELET</i> .....	51
<i>cyclosporine</i> .....	87	<i>dexmethylphenidate hcl</i> .....	59	<i>doripenem</i> .....	96
<i>cyclosporine modified</i> .....	86	<i>dexmethylphenidate hcl er</i> .....	59	<i>dorzolamide hcl</i> .....	105
<i>cyproheptadine hcl</i> .....	107	<i>dextroamphetamine sulfate</i> .....	59	<i>dorzolamide hcl-timolol mal</i> .....	105
<i>cyred</i> .....	80	<i>dextroamphetamine sulfate er</i> .....	59	<i>dorzolamide hcl-timolol mal pf</i> .....	96, 106
<i>cyred eq</i> .....	96	<i>dextrose</i> .....	68	<i>dotti</i> .....	78
CYSTADANE.....	71	<i>dextrose in lactated ringers</i> .....	96	<i>DOVATO</i> .....	42
CYSTAGON.....	71	<i>dextrose-nacl</i> .....	68, 96	<i>doxazosin mesylate</i> .....	52, 73
CYSTARAN.....	105	<i>DIACOMIT</i> .....	96	<i>doxepin hcl</i> .....	21, 43, 44, 63, 114
<i>dalfampridine er</i> .....	61	<i>diazepam</i> .....	14, 15, 16, 44	<i>doxercalciferol</i> .....	68, 92
DALIRESP.....	111	<i>diazepam intensol</i> .....	96	<i>DOXY 100</i> .....	14
<i>danazol</i> .....	77	<i>diazoxide</i> .....	48	<i>doxycycline hydiate</i> .....	14, 62, 63, 96
<i>dantrolene sodium</i> .....	39	<i>diclofenac epolamine</i> .....	4, 26	<i>doxycycline monohydrate</i> .....	14, 62, 64
<i>dapsone</i> .....	28, 63	<i>diclofenac potassium</i> .....	4, 26	<i>D-PENAMINE</i> .....	97
DAPTACEL.....	90	<i>diclofenac sodium</i> .....	4, 26	<i>DRIZALMA SPRINKLE</i> .....	20, 44
		<i>dicloxacillin sodium</i> .....	12	<i>dronabinol</i> .....	22

<i>drosipren-eth estrad-levomefol</i>	80, 97	<i>enskyce</i>	80	<i>euthyrox</i>	84
<i>drosiprenone-ethinyl estradiol</i>	80	<i>ENSPRYNG</i>	87	<i>EVAMIST</i>	79
DROXIA	29	<i>entacapone</i>	35	<i>everolimus</i>	32, 87
DUAVEE	78, 84	<i>entecavir</i>	39	<i>EVOTAZ</i>	43
<i>duloxetine hcl</i>	20, 44, 60	<i>ENTRESTO</i>	52	<i>EVRYSDI</i>	60
DUOBRII	64	<i>enulose</i>	70	<i>exel comfort point pen needle</i>	48
DUOPA	36	<i>ENVARSUS XR</i>	87	<i>exemestane</i>	30
DUPIXENT	64, 87, 112	<i>EPCLUSA</i>	40, 97	<i>ezetimibe</i>	57
<i>duramorph</i>	97	<i>EPIDIOLEX</i>	16	<i>ezetimibe-simvastatin</i>	55
DUREZOL	106	<i>epinastine hcl</i>	105	<i>FABIOR</i>	64
<i>dutasteride</i>	73	<i>epinephrine</i>	110	<i>falmina</i>	80
<i>dutasteride-tamsulosin hcl</i>	73	<i>epitol</i>	17, 46	<i>famciclovir</i>	40
<i>e.e.s. 400</i>	97	<i>EPIVIR HBV</i>	39	<i>famotidine</i>	70
<i>econazole nitrate</i>	23	<i>eplerenone</i>	57	<i>FANAPT</i>	37, 38
EDURANT	41	<i>EPOGEN</i>	51	<i>FANAPT TITRATION PACK</i>	38
<i>efavirenz</i>	41	<i>eprosartan mesylate</i>	97	<i>FARYDAK</i>	31, 97
<i>efavirenz-emtricitab-tenofovir</i>	97	<i>EQUETRO</i>	17, 46	<i>FASENRA</i>	112
EGRIFTA	97	<i>ERAXIS</i>	23	<i>FASENRA PEN</i>	112
EGRIFTA SV	76	<i>ergoloid mesylates</i>	18	<i>fayosim</i>	80
ELESTRIN	78	<i>ergotamine-caffeine</i>	27	<i>febuxostat</i>	24
<i>eletriptan hydrobromide</i>	27	<i>ERIVEDGE</i>	32	<i>felbamate</i>	17
ELIGARD	85	<i>ERLEADA</i>	29	<i>felodipine er</i>	54
ELIQUIS	50	<i>erlotinib hcl</i>	32	<i>FEMRING</i>	79
ELIQUIS DVT/PE STARTER PACK	50, 97	<i>errin</i>	84	<i>femynor</i>	80
ELMIRON	73	<i>ertapenem sodium</i>	11	<i>fenofibrate</i>	57
<i>eluryng</i>	80	<i>ERYTHROCIN LACTOBIONATE</i>	13	<i>fenofibric acid</i>	57, 97
EMBEDA	97	<i>ERYTHROCIN STEARATE</i>	13	<i>fenoprofen calcium</i>	4, 26
EMCYT	29	<i>erythromycin</i>	13	<i>fentanyl</i>	5
EMEND	22	<i>erythromycin base</i>	13	<i>fentanyl citrate</i>	6
EMFLAZA	25, 75	<i>erythromycin ethylsuccinate</i>	13	<i>FERRIPROX</i>	66
EMGALITY	27	<i>ESBRIET</i>	112	<i>FETZIMA</i>	20
EMGALITY (300 MG DOSE)	27	<i>escitalopram oxalate</i>	20, 44	<i>FETZIMA TITRATION</i>	20
<i>emoquette</i>	80	<i>esomeprazole magnesium</i>	71	<i>FINACEA</i>	64
EMSAM	20	<i>estarrylla</i>	80	<i>finasteride</i>	73
<i>emtricitabine</i>	42	<i>estazolam</i>	60	<i>FINTEPLA</i>	14
<i>emtricitabine-tenofovir df</i>	97	<i>estradiol</i>	78	<i>FIRDAPSE</i>	61, 71
EMTRIVA	42	<i>estradiol valerate</i>	78, 80	<i>FIRMAGON</i>	85, 97
EMVERM	34	<i>estradiol-norethindrone acet</i>	80	<i>FIRMAGON (240 MG DOSE)</i>	85
<i>enalapril maleate</i>	52	<i>ESTRING</i>	78	<i>FIRVANQ</i>	9
<i>enalapril-hydrochlorothiazide</i>	55	<i>estropipate</i>	97	<i>FLAREX</i>	106
ENBREL	87	<i>ethacrynic acid</i>	56	<i>flavoxate hcl</i>	72
ENBREL MINI	87	<i>ethambutol hcl</i>	28	<i>FLEBOGAMMA DIF</i>	89, 97
ENBREL SURECLICK	87	<i>ethosuximide</i>	15	<i>flecainide acetate</i>	53
<i>endocet</i>	3	<i>ethynodiol diac-eth estradiol</i>	80	<i>FLOVENT DISKUS</i>	108
ENGERIX-B	90	<i>etidronate disodium</i>	97	<i>FLOVENT HFA</i>	108
<i>enoxaparin sodium</i>	50, 97	<i>etodolac</i>	4, 26	<i>fluconazole</i>	23
enpresse-28	80	<i>etongestrel-ethinyl estradiol</i>	80	<i>fluconazole in sodium chloride</i>	23
		<i>EUCRISA</i>	64	<i>flucytosine</i>	23
		<i>EURAX</i>	97	<i>fludrocortisone acetate</i>	75

flunisolide .....	108	gatifloxacin .....	13	haloperidol .....	37
fluocinolone acetonide .....	75	GATTEX .....	69	haloperidol decanoate .....	37
fluocinolone acetonide body .....	97	gavilyte-c .....	70	haloperidol lactate .....	37
fluocinolone acetonide scalp .....	75	gavilyte-g .....	70	HARVONI .....	40, 98
fluocinonide .....	64, 75, 97	gavilyte-h .....	98	HAVRIX .....	90, 98
fluocinonide emulsified base .....	75	gavilyte-n with flavor pack .....	70	HEЛИДАС THERAPY .....	69
fluorometholone .....	106	GAVRETO .....	30	HEMANGEOL .....	98
fluorouracil .....	64	GELNIQUE .....	72	heparin sodium (porcine) .....	50, 98
fluoxetine hcl .....	20	GELNIQUE PUMP .....	98	HEPATAMINE .....	68
fluphenazine decanoate .....	36	gemfibrozil .....	57	HETLIOZ .....	114
fluphenazine hcl .....	36, 37	generlac .....	70	HIBERIX .....	90
flurbiprofen .....	4, 26, 97	gengraf .....	87	HORIZANT .....	16, 60
flurbiprofen sodium .....	106	GENOTROPIN .....	76	HUMALOG .....	49
flutamide .....	29	GENOTROPIN MINIQUICK .....	76	HUMALOG JUNIOR KWIKPEN .....	48
fluticasone propionate ..	64, 75, 109	gentak .....	8	HUMALOG KWIKPEN .....	48
fluticasone-salmeterol .....	109, 110, 113	gentamicin in saline .....	8	HUMALOG MIX 50/50 .....	49
fluvastatin sodium .....	57	gentamicin sulfate .....	8	HUMALOG MIX 50/50 KWIKPEN .....	48
fluvastatin sodium er .....	57	GENVOYA .....	41	HUMALOG MIX 75/25 .....	49
fluvoxamine maleate .....	20	gianvi .....	81	HUMALOG MIX 75/25 KWIKPEN .....	49
fluvoxamine maleate er .....	20	GILENYA .....	61	HUMATROPE .....	76
FML .....	106	GILOTRIF .....	32	HUMIRA .....	87
FML FORTE .....	106	GLASSIA .....	112	HUMIRA PEDIATRIC CROHNS	
fondaparinux sodium .....	50	glatiramer acetate .....	61	START .....	87
FORTEO .....	92	GLATOPA .....	61	HUMIRA PEN .....	87
fosamprenavir calcium .....	43	GLEOSTINE .....	29	HUMIRA PEN-CD/UC/HS	
fosfomycin tromethamine .....	97	glimepiride .....	47	STARTER .....	87
fosinopril sodium .....	52	glipizide .....	47	HUMIRA PEN-PS/UV/ADOL HS	
fosinopril sodium-hctz .....	55	glipizide er .....	47	START .....	87
FOSRENOL .....	73	glipizide-metformin hcl .....	48	HUMULIN 70/30 .....	49
FRAGMIN .....	50	GLOBAL ALCOHOL PREP EASE .....	9	HUMULIN 70/30 KWIKPEN .....	49
FREAMINE HBC .....	67	GLUCAGEN HYPOKIT .....	48	HUMULIN N .....	49
FREAMINE III .....	97	glucagon emergency .....	48	HUMULIN N KWIKPEN .....	49
frovatriptan succinate .....	27	glycopyrrolate .....	69	HUMULIN R .....	49
furosemide .....	56	GLYXAMBI .....	47	HUMULIN R U-500	
FUZEON .....	42	GOLYTELY .....	70	(CONCENTRATED) .....	49
fyavolv .....	80	GRALISE .....	16	HUMULIN R U-500 KWIKPEN .....	49
FYCOMPA .....	17	GRALISE STARTER .....	98	hydralazine hcl .....	58
gabapentin .....	16	granisetron hcl .....	22	hydrochlorothiazide .....	57
GALAFOLD .....	71	griseofulvin microsize .....	23	hydrocodone-acetaminophen ..	3, 98
galantamine hydrobromide .....	18	griseofulvin ultramicrosize .....	23	hydrocodone-ibuprofen .....	3
galantamine hydrobromide er .....	18	guanfacine hcl .....	52	hydrocortisone .....	25, 75, 92
GAMASTAN S/D .....	97	guanfacine hcl er .....	59	hydrocortisone butyrate .....	64, 75
GAMMAGARD .....	89, 97	guanidine hcl .....	28	hydrocortisone valerate .....	75
GAMMAGARD S/D LESS IGA .....	89	GVOKE HYPOPEN 2-PACK .....	48	hydrocortisone-acetic acid .....	107
GAMMAKED .....	89, 98	GVOKE PFS .....	48	hydromorphone hcl .....	6, 98
GAMMAPLEX .....	89, 98	GYNAZOLE-1 .....	23	hydromorphone hcl pf .....	5
GAMUNEX-C .....	89, 98	HAEGARDA .....	86	hydroxychloroquine sulfate .....	35
GARDASIL 9 .....	90	hailey 24 fe .....	81	hydroxyurea .....	29
		halobetasol propionate .....	75	hydroxyzine hcl .....	21, 44, 108

<i>hydroxyzine pamoate</i>	21, 44, 108	IPOL	90	<i>kelnor 1/50</i>	81
HYPERRAB	98	<i>ipratropium bromide</i>	109	KERYDIN	64
HYSINGLA ER	5	<i>ipratropium-albuterol</i>	113	KESIMPTA	61
<i>ibandronate sodium</i>	92	<i>irbesartan</i>	52	<i>ketoconazole</i>	23
IBRANCE	31	<i>irbesartan-hydrochlorothiazide</i>		<i>ketorolac tromethamine</i>	4, 26, 106
<i>ibu</i>	4, 26		55, 57	KEVEYIS	56
<i>ibuprofen</i>	4, 26	IRESSA	32	KEVZARA	88
<i>icatibant acetate</i>	86	ISENTRESS	41	KINRIX	90
ICLUSIG	32	ISENTRESS HD	41	<i>kionex</i>	67
IDHIFA	31	<i>isibloom</i>	81	KISQALI (200 MG DOSE)	31
ILARIS	98	ISOLYTE-P IN D5W	68	KISQALI (400 MG DOSE)	31
ILEVRO	106	ISOLYTE-S	65	KISQALI (600 MG DOSE)	31
<i>imatinib mesylate</i>	32	<i>isoniazid</i>	28	KISQALI 200 DOSE	98
IMBRUVICA	32	<i>isosorbide dinitrate</i>	58	KISQALI 400 DOSE	98
<i>imipenem-cilastatin</i>	11	<i>isosorbide dinitrate er</i>	98	KISQALI 600 DOSE	98
<i>imipramine hcl</i>	21	<i>isosorbide mononitrate</i>	58	KISQALI FEMARA (400 MG	
<i>imiquimod</i>	64	<i>isosorbide mononitrate er</i>	58	DOSE)	31
IMOVAX RABIES	90	<i>isotretinoin</i>	64	KISQALI FEMARA (600 MG	
INBRIJA	36	<i>isradipine</i>	54	DOSE)	31
<i>incassia</i>	81	ISTURISA	75	KISQALI FEMARA(200 MG	
INCRELEX	76	<i>itraconazole</i>	23	DOSE)	31
<i>indapamide</i>	57	<i>ivermectin</i>	34, 98	<i>klor-con</i>	66, 67, 68
INDOCIN	4, 26	IXIARO	90	<i>klor-con 10</i>	65, 68
<i>indomethacin</i>	4, 26	JAKAFI	32	<i>klor-con m10</i>	65, 68
<i>indomethacin er</i>	4, 26	<i>jantoven</i>	50	KLOR-CON M15	66, 68
INFANRIX	90	JARDIANC	47	<i>klor-con m20</i>	66, 68
INGREZZA	60, 87, 88	<i>jasmiel</i>	81	<i>klor-con sprinkle</i>	99
INLYTA	32	JENTADUETO	47, 48	KORLYM	48
INNOPRAN XL	53	JENTADUETO XR	47, 48	KOSELUGO	32
INQOVI	29	<i>jinteli</i>	81	KRISTALOSE	71
INREBIC	32	<i>jolessa</i>	98	K-TAB	66
<i>insulin lispro</i>	49, 98	<i>jolivette</i>	98	<i>kurvelo</i>	81
<i>insulin lispro (1 unit dial)</i>	49	JUBLIA	23	KUVAN	71
<i>insulin lispro junior kwikpen</i>	49	<i>juleber</i>	81	KYNAMRO	99
<i>insulin lispro prot &amp; lispro</i>	49	JULUCA	42	KYNMOBI	36
<i>insulin syringe</i>	98	<i>junel 1.5/30</i>	81	KYNMOBI TITRATION KIT	99
INTELENCE	41	<i>junel 1/20</i>	81	<i>labetalol hcl</i>	53
INTRALIPID	68	<i>junel fe 1.5/30</i>	81	LACRISERT	105
INTRON A	39, 40	<i>junel fe 1/20</i>	81	<i>lactated ringers</i>	99
<i>introvale</i>	81	<i>junel fe 24</i>	81	<i>lactulose</i>	71
INVEGA SUSTENNA	38	JUXTAPID	58, 98	<i>lamivudine</i>	39, 42
INVEGA TRINZA	38	JYNARQUE	73	<i>lamivudine-zidovudine</i>	42
INVELTYS	106	<i>kaitlib fe</i>	81	<i>lamotrigine</i>	16, 17, 46
INVIRASE	43	KALETRA	43	<i>lamotrigine er</i>	17, 46
INVOKAMET	47	KALYDECO	111	<i>lamotrigine starter kit-blue</i>	17, 46
INVOKAMET XR	47	<i>kariva</i>	81	<i>lamotrigine starter kit-green</i>	17, 46
INVOKANA	47	<i>kcl in dextrose-nacl</i>	68, 98	<i>lamotrigine starter kit-orange</i>	
IONOSOL-MB IN D5W	98	<i>kcl-lactated ringers-d5w</i>	68		17, 46
IOPIDINE	106	<i>kelnor 1/35</i>	81	LAMPIT	99

LANOXIN	56, 99	levo-t	85	LUPRON DEPOT (6-MONTH)	85
<i>lansoprazole</i>	71	<i>levothyroxine sodium</i>	85	LUPRON DEPOT-PED (1-	
<i>lanthanum carbonate</i>	73	<i>levoxyl</i>	85	MONTH)	99
LANTUS	49	LEXIVA	43	LUPRON DEPOT-PED (3-	
LANTUS SOLOSTAR	49	<i>lidocaine</i>	6	MONTH)	99
<i>lapatinib ditosylate</i>	99	<i>lidocaine hcl</i>	6, 99	<i>lutera</i>	82
<i>larin 1.5/30</i>	81	<i>lidocaine hcl (pf)</i>	99	LYNPARZA	29
<i>larin 1/20</i>	81	<i>lidocaine hcl urethral/mucosal</i>	6	LYRICA CR	15, 60
<i>larin fe 1.5/30</i>	81	<i>lidocaine viscous hcl</i>	6	LYSODREN	85
<i>larin fe 1/20</i>	81	<i>lidocaine-prilocaine</i>	6	LYUMJEV	49
<i>larissia</i>	81	<i>lindane</i>	35	LYUMJEV KWIKPEN	49
LASTACAF	105	<i>linezolid</i>	9	<i>lyza</i>	84
<i>latanoprost</i>	107	LINZESS	70	<i>mafenide acetate</i>	64
LATUDA	38	<i>liothyronine sodium</i>	85	<i>magnesium sulfate</i>	66
<i>layolis fe</i>	81	<i>lisinopril</i>	52	<i>malathion</i>	35
LAZANDA	99	<i>lisinopril-hydrochlorothiazide</i>	55	<i>maprotiline hcl</i>	19
<i>leena</i>	81	<i>lithium</i>	46	<i>marlissa</i>	79, 82, 84
<i>leflunomide</i>	89	<i>lithium carbonate</i>	46	MARPLAN	20
LENVIMA (10 MG DAILY DOSE)	33	<i>lithium carbonate er</i>	46	MATULANE	29
LENVIMA (12 MG DAILY DOSE)	33	LIVALO	57	<i>matzim la</i>	54
LENVIMA (14 MG DAILY DOSE)	33	LO LOESTRIN FE	81	MAVENCLAD (10 TABS)	61
LENVIMA (18 MG DAILY DOSE)	33	LOKELMA	67	MAVENCLAD (4 TABS)	61
LENVIMA (20 MG DAILY DOSE)	33	LONHALA MAGNAIR REFILL KIT	109	MAVENCLAD (5 TABS)	61
LENVIMA (24 MG DAILY DOSE)	33	LONHALA MAGNAIR STARTER		MAVENCLAD (6 TABS)	61
LENVIMA (4 MG DAILY DOSE)	33	KIT	99	MAVENCLAD (7 TABS)	61
LENVIMA (8 MG DAILY DOSE)	33	LONSURF	29	MAVENCLAD (8 TABS)	61
<i>lessina</i>	81	<i>loperamide hcl</i>	69	MAVENCLAD (9 TABS)	61
<i>letrozole</i>	31	<i>lopinavir-ritonavir</i>	43	MAVYRET	40
<i>leucovorin calcium</i>	30, 34	<i>lopreeza</i>	82, 99	MAYZENT	61
LEUKERAN	29	<i>lorazepam</i>	16, 44	<i>meclizine hcl</i>	21
LEUKINE	51	LORBRENA	33	MEDROL	25, 75
<i>leuprolide acetate</i>	85	<i>lorcet</i>	99	<i>medroxyprogesterone acetate</i>	84
<i>levalbuterol hcl</i>	110	<i>lorcet hd</i>	99	<i>mefloquine hcl</i>	35
<i>levalbuterol tartrate</i>	110	<i>lorcet plus</i>	99	<i>megestrol acetate</i>	84
LEVEMIR	49	<i>loryna</i>	82	MEKINIST	33
LEVEMIR FLEXTOUCH	49	<i>losartan potassium</i>	52	MEKTOVI	33
<i>levetiracetam</i>	15	<i>losartan potassium-hctz</i>	55	<i>melodetta 24 fe</i>	82
<i>levetiracetam er</i>	15	LOTEMAX	106	<i>meloxicam</i>	4, 26
<i>levobunolol hcl</i>	106	LOTEMAX SM	106	<i>memantine hcl</i>	18
<i>levocarnitine</i>	68	<i>loteprednol etabonate</i>	106	<i>memantine hcl er</i>	18
<i>levocetirizine dihydrochloride</i>	108	<i>lovastatin</i>	57	MENACTRA	90
<i>levofloxacin</i>	13	<i>low-ogestrel</i>	82	MENEST	79
<i>levofloxacin in d5w</i>	13	<i>loxapine succinate</i>	37	MENOSTAR	79
<i>levonest</i>	81	LUCEMYRA	7	MENQUADFI	90
<i>levonorgest-eth est &amp; eth est</i>	81	LUMIGAN	107	MENTAX	23
<i>levonorgest-eth estrad 91-day</i>	81	LUPANETA PACK	85	MENVEO	90
<i>levonorgestrel-ethynodiol estrad</i>	81	LUPRON DEPOT (1-MONTH)	85	<i>mercaptopurine</i>	88
<i>levonorg-eth estrad triphasic</i>	81, 99	LUPRON DEPOT (3-MONTH)	85	<i>meropenem</i>	11
<i>levora 0.15/30 (28)</i>	81	LUPRON DEPOT (4-MONTH)	85	<i>mesalamine</i>	70, 91

mesalamine er .....	91	microgestin fe 1.5/30 .....	82	nabumetone .....	4, 26
mesalamine-cleanser .....	99	microgestin fe 1/20 .....	82	nadolol .....	53
MESNEX .....	29	midodrine hcl .....	52	nadolol-bendroflumethiazide ...	100
metaproterenol sulfate .....	99, 110	MIGERGOT .....	27	nafcillin sodium .....	12
metaxall .....	99	miglitol .....	47	naftifine hcl .....	24, 100
metaxalone .....	113	miglustat .....	71	NAFTIN .....	24
metformin hcl .....	47	milii .....	82	naloxone hcl .....	7
metformin hcl er .....	47	MILLIPRED .....	25, 75, 92	naltrexone hcl .....	7
methadone hcl .....	5	mimvey .....	82	NAMZARIC .....	18
methamphetamine hcl .....	59	mimvey lo .....	100	naproxen .....	4, 26
methazolamide .....	56, 106	minitran .....	58	naproxen sodium .....	4, 26
methenamine hippurate .....	9	minocycline hcl .....	14, 62	naratriptan hcl .....	27
methimazole .....	86	minoxidil .....	58	NARCAN .....	7
METHITEST .....	77	mirtazapine .....	19	NATACYN .....	24
methocarbamol .....	113	MIRVASO .....	64	NATAZIA .....	82
methotrexate .....	88	misoprostol .....	71, 77	nateglinide .....	47
methotrexate (anti-rheumatic) ...	99	M-M-R II .....	90, 100	NATESTO .....	78
methotrexate sodium .....	88, 99	modafinil .....	114	NATPARA .....	92
methotrexate sodium (pf) .....	88, 99	MODERIBA .....	100	NAYZILAM .....	16, 44
methoxsalen .....	100	moexipril hcl .....	52	necon 0.5/35 (28) .....	82
methoxsalen rapid .....	64	moexipril-hydrochlorothiazide ..	100	necon 1/35 (28) .....	100
methscopolamine bromide .....	69	molindone hcl .....	37	nefazodone hcl .....	19
methyclothiazide .....	100	mometasone furoate .....	76, 109	neomycin sulfate .....	8
methyldopa .....	52	monodoxyne nl .....	14, 62, 64	neomycin-bacitracin zn-	
methyldopa-		mono-linyah .....	100	polymyx .....	104
hydrochlorothiazide .....	55	mononessa .....	100	neomycin-polymyxin-dexameth	104
methylphenidate hcl .....	59, 60	montelukast sodium .....	109	neomycin-polymyxin-gramicidin	
methylphenidate hcl er .....	59	MONUROL .....	9	..... .....	104
methylphenidate hcl er (cd) .....	59	MORPHABOND ER .....	100	neomycin-polymyxin-hc ...	104, 107
methylphenidate hcl er (la) .....	59	morphine sulfate .....	6, 100	NEO-SYNALAR .....	64
methylphenidate hcl er (xr) .....	59	morphine sulfate (concentrate) ...	6	NEPHRAMINE .....	68
methylprednisolone .....	25, 75, 92	morphine sulfate (pf) .....	100	NERLYNX .....	33
methyltestosterone .....	77	morphine sulfate er .....	5	NEULASTA .....	51
metipranolol .....	100	morphine sulfate er beads .....	5	NEULASTA ONPRO .....	100
metoclopramide hcl .....	22, 69, 100	MOVANTIK .....	69	NEUPOGEN .....	51
metolazone .....	57	moxifloxacin hcl .....	13, 100	NEUPRO .....	36
metoprolol succinate er .....	53	moxifloxacin hcl in nacl .....	13	NEVANAC .....	106
metoprolol tartrate .....	53	MULPLETA .....	51	nevirapine .....	41
metoprolol-hctz er .....	100	MULTAQ .....	53	nevirapine er .....	41
metoprolol-hydrochlorothiazide ..	55	mupirocin .....	9	NEXAVAR .....	33
metronidazole .....	9	mupirocin calcium .....	9	NEXLETOL .....	56
metronidazole in nacl .....	9	MYALEPT .....	76	NEXLIZET .....	55
metyrosine .....	100	MYCAMINE .....	24	niacin er (antihyperlipidemic) ..	58
mexiletine hcl .....	53	MYCAPSSA .....	85	nicardipine hcl .....	54
mibelas 24 fe .....	82	mycophenolate mofetil .....	88	NICOTROL .....	7
micafungin sodium .....	24	mycophenolate sodium .....	88	NICOTROL NS .....	7
miconazole 3 .....	24	myorisan .....	64	nifedical xl .....	100
microgestin 1.5/30 .....	82	MYRBETRIQ .....	72	nifedipine .....	54
microgestin 1/20 .....	82	MYTESI .....	69	nifedipine er .....	54

<i>nifedipine er osmotic release</i>	54	NUTROPIN AQ NUSPIN 5	77, 101	<i>oxandrolone</i>	77
<i>nikki</i>	82	NUVESSA	101	<i>oxazepam</i>	44
<i>nilutamide</i>	29	<i>nyamyc</i>	24	OXBRYTA	51
<i>nimodipine</i>	54	NYMALIZE	54, 101	<i>oxcarbazepine</i>	17
NINLARO	29	<i>nystatin</i>	24	OXERVATE	104, 105
<i>nisoldipine er</i>	54	<i>nystatin-triamcinolone</i>	64	<i>oxiconazole nitrate</i>	64
<i>nitisinone</i>	71	<i>nystop</i>	24	OXISTAT	24
NITRO-BID	58	OCALIVA	69	OXTELLAR XR	18
NITRO-DUR	58	<i>ocella</i>	82	<i>oxybutynin chloride</i>	72
<i>nitrofurantoin macrocrystal</i>	9	OCTAGAM	89, 101	<i>oxybutynin chloride er</i>	72
<i>nitrofurantoin monohyd macro</i>	9	<i>octreotide acetate</i>	85	<i>oxycodone hcl</i>	6
<i>nitroglycerin</i>	58	ODEFSEY	42	<i>oxycodone hcl er</i>	5
NITYR	71	ODOMZO	33	<i>oxycodone-acetaminophen</i>	3
NIVESTYM	51	OFEV	33, 112, 113	<i>oxycodone-aspirin</i>	3
<i>nizatidine</i>	70	<i>ofloxacin</i>	13	<i>oxycodone-ibuprofen</i>	101
<i>nora-be</i>	82	OGESTREL	101	OXYCONTIN	5
NORDITROPIN FLEXPRO	76, 100	<i>olanzapine</i>	38, 45	<i>oxymorphone hcl</i>	6
<i>norethin ace-eth estrad-fe</i>	82, 100	<i>olanzapine-fluoxetine hcl</i>	18	<i>oxymorphone hcl er</i>	5
<i>norethindrone</i>	84	<i>olmesartan medoxomil</i>	52	OZEMPIC (0.25 OR 0.5	
<i>norethindrone acetate</i>	84	<i>olmesartan medoxomil-hctz</i>	52, 55	MG/DOSE)	47
<i>norethindrone acet-ethinyl est</i>	82, 100	<i>olmesartan-amlodipine-hctz</i>	55	OZEMPIC (1 MG/DOSE)	47
<i>norethindrone-eth estradiol</i>	82	<i>olopatadine hcl</i>	105, 108	<i>pacerone</i>	53
<i>noreth-in-eth estradiol-fe</i>	82	OMECLAMOX-PAK	69	<i>paliperidone er</i>	38
<i>norgestimate-eth estradiol</i>	82	<i>omega-3-acid ethyl esters</i>	58	PALYNZIQ	72
<i>norgestim-eth estrad triphasic</i>	82	OMEGAVEN	101	PANCREAZE	72
<i>norlyroc</i>	100	<i>omeprazole</i>	71	PANRETIN	34
<i>normosol-m in d5w</i>	68	OMNIPOD DASH 5 PACK PODS.	101	<i>pantoprazole sodium</i>	71
<i>normosol-r in d5w</i>	101	OMNITROPE	77, 101	<i>paricalcitol</i>	92
NORMOSOL-R PH 7.4	101	<i>ondansetron</i>	22	<i>paromomycin sulfate</i>	8
NORPACE CR	53	<i>ondansetron hcl</i>	22	<i>paroxetine hcl</i>	20, 44
NORTHERA	52	ONGENTYS	35	<i>paroxetine hcl er</i>	20, 44
<i>nortrel 0.5/35 (28)</i>	82	ONUREG	101	<i>paroxetine mesylate</i>	21
<i>nortrel 1/35 (21)</i>	82	OPSUMIT	111	PASER	28
<i>nortrel 1/35 (28)</i>	82	ORAVIG	24	PAXIL	21, 44
<i>nortrel 7/7/7</i>	82	ORENITRAM	111	PEDIARIX	90
<i>nortriptyline hcl</i>	21	ORFADIN	71, 72	PEDVAX HIB	90
NORVIR	43, 101	ORIAHNN	79	<i>peg 3350/electrolytes</i>	101
NOXAFILE	24	ORILISSA	77	<i>peg 3350-kcl-na bicarb-nacl</i>	71
NUBEQA	29	ORKAMBI	111	<i>peg-3350/electrolytes</i>	71
NUCALA	113	<i>orphenadrine citrate er</i>	113	PEGANONE	18
NUCYNTA	6	<i>orsythia</i>	82	PEGASYS	40
NUCYNTA ER	5	<i>oseltamivir phosphate</i>	43	PEGASYS PROCLICK	40
NUEDEXTA	60	OSMOLEX ER	35, 36	<i>peg-kcl-nacl-nasulf-na asc-c</i>	71
NUPLAZID	38	OSMOPREP	66	PEMAZYRE	33
NURTEC	26	OTEZLA	88	<i>penicillamine</i>	67, 73, 88
NUTRILIPID	68	OTREXUP	88	<i>penicillin g pot in dextrose</i>	12
NUTROPIN AQ NUSPIN 10..	77, 101	<i>oxacillin sodium</i>	12, 101	<i>penicillin g potassium</i>	12, 101
NUTROPIN AQ NUSPIN 20..	77, 101	OXACILLIN SODIUM IN		<i>penicillin g procaine</i>	12
		DEXTROSE	12	<i>penicillin g sodium</i>	12

<i>penicillin v potassium</i>	12	<i>potassium chloride</i>	66	<i>prochlorperazine</i>	22
<i>pentamidine isethionate</i>	35	<i>potassium chloride crys er</i>	66	<i>prochlorperazine maleate</i>	22, 37
PENTASA	91	<i>potassium chloride er</i>	66	PROCIT	51
<i>pentazocine-naloxone hcl</i>	3	<i>potassium chloride in dextrose</i>		<i>procto-med hc</i>	92
<i>pentoxifylline er</i>	56		68, 101	<i>procto-pak</i>	76, 102
PERFOROMIST	110	<i>potassium chloride in nacl</i>	66	<i>proctosol hc</i>	92
<i>perindopril erbumine</i>	52	<i>potassium citrate er</i>	73	PROCTOZONE-HC	69, 76
<i>periogard</i>	101	PRADAXA	50	PROSYSBI	72, 102
<i>permethrin</i>	35	PRALUENT	58, 101	<i>progesterone micronized</i>	84
<i>perphenazine</i>	22, 37	<i>pramipexole dihydrochloride</i>	36	PROGRAF	88
<i>perphenazine-amitriptyline</i>	19	<i>pramipexole dihydrochloride er</i>	36	PROLASTIN-C	112
PERSERIS	38, 45	<i>prasugrel hcl</i>	51	PROLENSA	107
PERTZYE	72	<i>pravastatin sodium</i>	57	PROLIA	92
PHENADOZ	101	<i>praziquantel</i>	34	PROMACTA	51
<i>phenelzine sulfate</i>	20	<i>prazosin hcl</i>	52, 73	<i>promethazine hcl</i>	22, 102, 108
<i>phenobarbital</i>	16	PRED MILD	25, 107	PROMETHEGAN	22
<i>phenytoin</i>	18	PRED-G	104	<i>propafenone hcl</i>	53
<i>phenytoin sodium extended</i>	18	PRED-G S.O.P.	104	<i>propafenone hcl er</i>	53
PHOSLYRA	73	<i>prednicarbate</i>	65, 76	<i>propantheline bromide</i>	69
PHOSPHOLINE IODIDE	106	<i>prednisolone</i>	25, 76, 92	<i>proparacaine hcl</i>	105
PHRENILIN FORTE	101	<i>prednisolone acetate</i>	25, 92, 107	<i>propranolol hcl</i>	54
<i>physiolyte</i>	101	<i>prednisolone sodium phosphate</i>		<i>propranolol hcl er</i>	54
<i>physiosol irrigation</i>	101		25, 76, 92, 102, 107	<i>propranolol-hctz</i>	55
PICATO	64	<i>prednisone</i>	25, 26, 76, 92	<i>propylthiouracil</i>	86
PIFELTRO	41	<i>prednisone intensol</i>	25, 76, 92	PROQUAD	90
<i>pilocarpine hcl</i>	62, 106	<i>preferred plus insulin syringe</i>	49	PROSOL	68
<i>pimecrolimus</i>	64, 88	PREFEST	83	<i>protriptyline hcl</i>	21
<i>pimozide</i>	37	<i>pregabalin</i>	15, 60	PULMICORT FLEXHALER	109
<i>pimtrea</i>	82	PREMARIN	79	PULMOZYME	111, 113
<i>pindolol</i>	54	PREMASOL	68, 102	PURIXAN	29
<i>pioglitazone hcl</i>	47	PREMPHASE	83	PYLERA	69
<i>pioglitazone hcl-metformin hcl</i>	48	PREMPPRO	83	<i>pyrazinamide</i>	28
<i>piperacillin sod-tazobactam so</i>	12	PRENATAL	68	<i>pyridostigmine bromide</i>	28
PIQRAY (200 MG DAILY DOSE)	31	PREPOPIK	102	<i>pyridostigmine bromide er</i>	28
PIQRAY (250 MG DAILY DOSE)	31	PRETOMANID	28	<i>pyrimethamine</i>	35
PIQRAY (300 MG DAILY DOSE)	31	prevalite	58, 102	QINLOCK	33
<i>pirmella 1/35</i>	83	previfem	83	QNASL	109
<i>piroxicam</i>	4, 26	PREVYMIS	39	QNASL CHILDRENS	109
PLASMA-LYTE 148	66	PREZCOBIX	43	QUADRACEL	90
PLASMA-LYTE A	66	PREZISTA	43	<i>quetiapine fumarate</i>	19, 38, 45
PLEGRIDY	61	PRIFTIN	28	<i>quetiapine fumarate er</i>	19, 38, 45
PLEGRIDY STARTER PACK	61	<i>primaquine phosphate</i>	35	QUILLIVANT XR	60, 102
PLENAMINE	67, 68	<i>primidone</i>	16	<i>quinapril hcl</i>	52
<i>podofilox</i>	64	PRIMSOL	102	<i>quinapril-hydrochlorothiazide</i>	55
<i>polymyxin b sulfate</i>	9	PRIVIGEN	89, 102	<i>quinidine gluconate er</i>	53
<i>polymyxin b-trimethoprim</i>	104	PROAIR HFA	110	<i>quinidine sulfate</i>	53
POMALYST	29	PROAIR RESPCLICK	110	<i>quinine sulfate</i>	35
<i>portia-28</i>	83	<i>probenecid</i>	24	QVAR REDIHALER	109
<i>posaconazole</i>	24	PROCALAMINE	68	RABAVERT	90

rabeprazole sodium .....	71	ringers .....	102	SHINGRIX .....	91
raloxifene hcl .....	84	ringers irrigation .....	102	SIGNIFOR .....	85
ramelteon .....	114	risedronate sodium .....	93	sildenafil citrate .....	111, 112
ramipril .....	52	RISPERDAL CONSTA .....	38, 45, 102	silodosin .....	73
ranolazine er .....	56	risperidone .....	38, 45	silver sulfadiazine .....	14
rasagiline mesylate .....	36	ritonavir .....	43	SIMBRINZA .....	106
RASUVO .....	88	rivastigmine .....	18	SIMPONI .....	88, 89
RAVICTI .....	72	rivastigmine tartrate .....	18	simvastatin .....	57
RAYALDEE .....	93	rivelsa .....	83	sirolimus .....	88
REBETOL .....	102	rizatriptan benzoate .....	27	SIRTURO .....	9, 28
REBIF .....	62	ROCKLATAN .....	106	SIVEXTRO .....	9
REBIF REBIDOSE .....	61	ropinirole hcl .....	36	SKLICE .....	35
REBIF REBIDOSE TITRATION PACK .....	62	ropinirole hcl er .....	36	SKYRIZI (150 MG DOSE) .....	65
REBIF TITRATION PACK .....	62	rosuvastatin calcium .....	57	SLYND .....	83
reclipsen .....	83	ROTARIX .....	91	sodium chloride .....	66, 102
RECOMBIVAX HB .....	90	ROTATEQ .....	91	sodium fluoride .....	66
RECTIV .....	58	roweepra .....	15	sodium lactate .....	103
REGRANEX .....	65	roweepra xr .....	15	sodium phenylbutyrate .....	72, 73
RELENZA DISKHALER .....	43	ROZLYTREK .....	33	sodium polystyrene sulfonate .....	
reli-on insulin syringe .....	49	RUBRACA .....	30	..... .....	67, 103
RELISTOR .....	69	RUCONEST .....	86	solia .....	103
RENACIDIN .....	102	RUKOBIA .....	42	solifenacin succinate .....	72
repaglinide .....	47	RUZURGI .....	72	SOLIQUA .....	50
repaglinide-metformin hcl .....	102	RYBELSUS .....	47	SOLTAMOX .....	29
REPATHA .....	58	RYDAPT .....	33	SOMATULINE DEPOT .....	85
REPATHA PUSHTRONEX SYSTEM .....	58	SAIZEN .....	77	SOMAVERT .....	86
REPATHA SURECLICK .....	58	SAMSCA .....	67	sorine .....	53
RESCRIPTOR .....	102	SANCUSO .....	22	sotalol hcl .....	53
RESTASIS .....	105	SANDIMMUNE .....	88	sotalol hcl (af) .....	53
RETACRIT .....	51	SANTYL .....	65	SOTYLIZE .....	53
RETEVMO .....	30	SAPHRIS .....	38, 45	SOVALDI .....	40, 103
REVATIO .....	111	sapropterin dihydrochloride .....	102	SPIRIVA HANDIHALER .....	109
REVCovi .....	102	SAVELLA .....	60	SPIRIVA RESPIMAT .....	109
REVLIMID .....	29, 30	SAVELLA TITRATION PACK .....	60	spironolactone .....	57
REXULTI .....	38	scopolamine .....	22, 69	spironolactone-hctz .....	55
REYATAZ .....	43	SECUADO .....	38, 39, 45	sprintec 28 .....	83
RHOPRESSA .....	107	SEEBRI NEOHALER .....	109	SPRITAM .....	15
RIBASPHERE .....	102	selegiline hcl .....	36	SPRYCEL .....	33
RIBASPHERE RIBAPAK .....	102	selenium sulfide .....	65	sps .....	67
ribavirin .....	39, 40, 102	SELZENTRY .....	42	sronyx .....	83
RIDAURA .....	89	SEMPREX-D .....	108	ssd .....	14
rifabutin .....	28	SEREVENT DISKUS .....	110	stavudine .....	42
RIFAMATE .....	102	SEROSTIM .....	77	STELARA .....	65
rifampin .....	28	sertraline hcl .....	21, 45	sterile water for irrigation .....	103
RIFATER .....	102	setlakin .....	83	STIMATE .....	77
riluzole .....	60	sevelamer carbonate .....	73	STIOLTO RESPIMAT .....	112
rimantadine hcl .....	43	sevelamer hcl .....	73	STIVARGA .....	33
		SFROWASA .....	102	streptomycin sulfate .....	8
		sharobel .....	83	STRIANT .....	103

STRIBILD	41	TALTZ	65	TIGLUTIK	60
STRIVERDI RESPIMAT	110	TALZENNA	30	<i>timolol maleate</i>	27, 54, 106
SUBSYS	6, 103	<i>tamoxifen citrate</i>	29	TIMOPTIC OCUDOSE	106
SUCRAID	72	<i>tamsulosin hcl</i>	73	<i>tinidazole</i>	10
<i>sucralfate</i>	71	TARGRETIN	34	TIVICAY	41
<i>sulfacetamide sodium</i>	14, 105	<i>tarina 24 fe</i>	83	TIVICAY PD	41
<i>sulfacetamide sodium (acne)</i>	14	<i>tarina fe 1/20</i>	83	<i>tizanidine hcl</i>	39, 113
<i>sulfacetamide-prednisolone</i>	26, 105	TASIGNA	34	TOBI PODHALER	8, 111
<i>sulfadiazine</i>	14	<i>tavaborole</i>	103	TOBRADEX	8
<i>sulfamethoxazole-trimethoprim</i>	14, 103	TAVALISSE	51	TOBRADEX ST	105
SULFAMYLYON	9	<i>tazarotene</i>	65	<i>tobramycin</i>	8
<i>sulfasalazine</i>	92	TAZORAC	65	<i>tobramycin sulfate</i>	8
<i>sulindac</i>	4, 26	<i>taztia xt</i>	54	<i>tobramycin-dexamethasone</i>	105
<i>sumatriptan</i>	27	TAZVERIK	34	TOLAK	65
<i>sumatriptan succinate</i>	27, 28	TDVAX	91	TOLSURA	24
<i>sumatriptan succinate refill</i>	28	TECFIDERÄ	62	<i>tolterodine tartrate</i>	72
SUNOSI	114	TEFLARO	11	<i>tolterodine tartrate er</i>	72
SUPRAX	11	TEGSEDI	77	<i>tolvaptan</i>	67, 73, 103
SUPREP BOWEL PREP KIT	66	TEKTURNA HCT	55	<i>topiramate</i>	17, 27
SUTENT	33	<i>telmisartan</i>	52	<i>topiramate er</i>	17
syeda	83	<i>telmisartan-hctz</i>	55	<i>toremifene citrate</i>	29
SYLATRON	103	temazepam	114	<i>torsemide</i>	56
SYMBICORT	113	TEMIXYS	103	TOUJEO MAX SOLOSTAR	50
SYMDEKO	111	TENCON	3	TOUJEO SOLOSTAR	50
SYMFI	42	TENIVAC	91	<i>tpn electrolytes</i>	68, 103
SYMFI LO	42	<i>tenofovir disoproxil fumarate</i>	40, 42	TRACLEER	112
SYMJEPI	110	terazosin hcl	52, 73	TRADJENTA	48
SYMLINPEN 120	47	terbinafine hcl	24	<i>tramadol hcl</i>	6
SYMLINPEN 60	47	terbutaline sulfate	110	<i>tramadol hcl er</i>	5, 6, 103
SYMPAZAN	16	terconazole	24	<i>tramadol hcl er (biphasic)</i>	5
SYMPROIC	69	teriparatide (recombinant)	93	<i>tramadol-acetaminophen</i>	3
SYMTUZA	41	testosterone	78	trandolapril	52
SYNAREL	86	testosterone cypionate	78	<i>trandolapril-verapamil hcl er</i>	55
SYNDROS	22	testosterone enanthate	78	<i>tranexamic acid</i>	51
SYNERCID	103	TETANUS-DIPHTHERIA TOXOIDS		TRANSDERM-SCOP (1.5 MG)	22, 69
SYNJARDY	47	TD	103	<i>tranylcyromine sulfate</i>	20
SYNJARDY XR	48	tetrabenazine	60	TRAVASOL	68
SYNRIBO	30	<i>tetracycline hcl</i>	14	<i>travoprost (bak free)</i>	107
SYNTROID	85	THALOMID	29	<i>trazodone hcl</i>	19
tabloid	29	THEO-24	111	TRECATOR	28
TABRECTA	33	<i>theophylline</i>	111	TRELEGY ELLIPTA	
<i>tacrolimus</i>	65, 89	<i>theophylline er</i>	103, 111	.....	103, 109, 110, 113
<i>tadalafil 20 mg oral tablet (pah)</i>	112	<i>thioridazine hcl</i>	37	TRELSTAR MIXJECT	86
TAFINLAR	33	<i>thiothixene</i>	37	TREMFYA	65
TAGRISSO	34	<i>tiadylt er</i>	54	TRESIBA	50
TAKHYRO	86	<i>tiagabine hcl</i>	16	<i>TRESIBA FLEXTOUCH</i>	50
TALICIA	69	TIBSOVO	31	<i>tretinooin</i>	34, 65
		<i>tigecycline</i>	9	<i>tretinooin microsphere</i>	65
				TREXALL	89

<i>triamcinolone acetonide</i>	.26, 62, 76	UTIBRON NEOHALER	112	VIIBRYD	21
<i>triamterene-hctz</i>	55, 56	VABOMERE	11	VIIBRYD STARTER PACK	21
<i>triazolam</i>	44	<i>valacyclovir hcl</i>	41	VIMPAT	18
<i>trientine hcl</i>	67	VALCHLOR	29, 65	VIOKACE	72
<i>tri-estarrylla</i>	83	<i>valganciclovir hcl</i>	39	<i>viorele</i>	104
<i>trifluoperazine hcl</i>	37	<i>valproic acid</i>	16, 27, 46	VIRACEPT	43
<i>trifluridine</i>	41	<i>valsartan</i>	52	VIREAD	40, 42
<i>trihexyphenidyl hcl</i>	35, 103	<i>valsartan-hydrochlorothiazide</i>	56	VISTOGARD	104
TRIJARDY XR	48	VALTOCO 10 MG DOSE	16	VITRAKVI	31
TRIKAFTA	111	VALTOCO 15 MG DOSE	16	VIVITROL	7
<i>tri-legest fe</i>	83	VALTOCO 20 MG DOSE	16	VIZIMPRO	34
<i>tri-lo-estarrylla</i>	83	VALTOCO 5 MG DOSE	16	<i>voriconazole</i>	24
<i>tri-lo-sprintec</i>	83	VANATOL LQ	3	VOSEVI	40
<i>trilyte</i>	71	<i>vancomycin hcl</i>	10, 103	VOTRIENT	34
<i>trimethobenzamide hcl</i>	22	<i>vancomycin hcl in dextrose</i>	103	VRAYLAR	39, 45
<i>trimethoprim</i>	10	<i>vandazole</i>	10	VTOL LQ	3
<i>tri-mili</i>	83	VAQTA	91	VUMERTY	62
<i>trimipramine maleate</i>	21	VARIVAX	91	VUMERTY (STARTER)	104
<i>trinessa (28)</i>	103	VARIZIG	91	<i>vyfemla</i>	83
TRINTELLIX	21	VARUBI	103	<i>vylibra</i>	83
<i>tri-previfem</i>	83	VARUBI (180 MG DOSE)	22	VYNDAMAX	77
<i>tri-sprintec</i>	83	VASCEPA	58	VYNDAQEL	77
TRIUMEQ	42	VECAMYL	60	VYVANSE	59
<i>trivora (28)</i>	83	<i>velvet</i>	83	WAKIX	60
<i>tri-vylibra</i>	83	VELPHORO	67, 73	<i>warfarin sodium</i>	50
<i>tri-vylibra lo</i>	83	VELTASSA	67	<i>wixela inh</i> ub	110, 113
TROKENDI XR	17	VEMLIDY	40	<i>wymzya fe</i>	84
TROPHAMINE	.68, 103	VENCLEXTA	30	XALKORI	34
<i>trospium chloride</i>	73	VENCLEXTA STARTING PACK	30	XARELTO	50
<i>trospium chloride er</i>	72	<i>venlafaxine hcl</i>	21, 45	XARELTO STARTER PACK	50
TRULICITY	48	<i>venlafaxine hcl er</i>	21, 45	XATMEP	89
TRUMENBA	91	VENTAVIS	112	XCOPRI	15
TRUVADA	42	VENTOLIN HFA	110	XCOPRI (250 MG DAILY DOSE)	15
TUDORZA PRESSAIR	109	<i>verapamil hcl</i>	55	XCOPRI (350 MG DAILY DOSE)	15
TUKYSA	30	<i>verapamil hcl er</i>	54	XELJANZ	89
TURALIO	34	VERSACLOZ	39	XELJANZ XR	89
TWINRIX	91, 103	VERZENIO	31	XERMELO	70
TYBOST	42	<i>vestura</i>	103	XGEVA	93
TYDEMY	83	V-GO 20	104	XIFAXAN	10, 70
TYKERB	34	V-GO 30	104	XiIDRA	107
TYMLOS	93	V-GO 40	104	XOFLUZA (40 MG DOSE)	43
TYPHIM VI	91	VIBERZI	70	XOFLUZA (80 MG DOSE)	43
UBRELVY	26	VIBRAMYCIN	14, 62	XOLAIR	113
UCERIS	69, 70	VICTOZA	48	XOSPATA	31
UDENYCA	72	VIDEX	104	XPOVIO (100 MG ONCE	
<i>unithroid</i>	85	VIDEX EC	104	WEEKLY)	30
UPNEEQ	103	<i>vienna</i>	83	XPOVIO (40 MG ONCE WEEKLY)	.30
UPTRAVI	56	<i>vigabatrin</i>	16	XPOVIO (40 MG TWICE	
<i>ursodiol</i>	70	<i>vigadron</i> e	16	WEEKLY)	.30

XPOVIO (60 MG ONCE WEEKLY)	30	ZYKADIA	34, 104
XPOVIO (60 MG TWICE WEEKLY)	30	ZYPREXA RELPREVV	39, 45
XPOVIO (80 MG ONCE WEEKLY)	30	ZYTIGA	29
XPOVIO (80 MG TWICE WEEKLY)	30		
XTAMPZA ER	6		
XTANDI	29		
<i>xulane</i>	84		
XURIDEN	72		
XYREM	114		
XYWAV	104		
YF-VAX	91		
YUPELRI	109		
<i>yuvafem</i>	79		
<i>zafirlukast</i>	109		
<i>zarah</i>	84		
ZARXIO	51		
ZEBUTAL	4		
ZEJULA	30		
ZELAPAR	36		
ZELBORAF	34		
ZEMAIRA	112		
<i>zenatane</i>	65		
ZENPEP	72		
ZEPOSIA	62		
ZEPOSIA 7-DAY STARTER PACK	62		
ZEPOSIA STARTER KIT	62		
ZERBAXA	11		
<i>zidovudine</i>	42		
<i>zileuton er</i>	109		
ZIOPTAN	107		
<i>ziprasidone hcl</i>	39, 45		
<i>ziprasidone mesylate</i>	39, 45		
ZIRGAN	39		
ZOLINZA	24, 31		
<i>zolmitriptan</i>	28		
<i>zolpidem tartrate</i>	114		
ZOMACTON	77		
ZOMIG	28		
<i>zonisamide</i>	15		
ZONTIVITY	52		
ZORBTIVE	70, 77		
ZORTRESS	89		
ZOSTAVAX	104		
<i>zovia 1/35e (28)</i>	84		
ZUBSOLV	7, 104		
ZUPLENZ	22		
ZYDELIG	31		

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<b>Urdu</b>	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 1-800-665-1502 (TTY: 711).
<b>Tagalog</b>	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-665-1502 (TTY: 711).
<b>Greek</b>	ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-665-1502 (TTY: 711).
<b>Albanian</b>	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-665-1502 (TTY: 711).

Independent Health is a Medicare Advantage organization with a Medicare contract offering HMO, HMO-SNP, HMO-POS and PPO plans. Enrollment in Independent Health depends on contract renewal.

## **Notice of Nondiscrimination**

### **Discrimination is Against the Law**

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

Independent Health:

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

If you need these services, contact Independent Health's Member Services Department. If you believe that Independent Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Independent Health's Member Services Department, 511 Farber Lakes Drive, Buffalo, NY 14221, 1-800-501-3439, TTY users call 711, fax (716) 635-3504, [memberservice@servicing.independenthealth.com](mailto:memberservice@servicing.independenthealth.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Independent Health's Member Services Department is available to help you.

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

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

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

This formulary was updated on 12/01/2020. For more recent information or other questions, please contact Independent Health's Medicare Advantage Plan Member Services at (716) 250-4401 or 1-800-665-1502 or, for TTY users 711, October 1<sup>st</sup> – March 31<sup>st</sup>: Monday through Sunday from 8 a.m. to 8 p.m., April 1<sup>st</sup> – September 30<sup>th</sup>: Monday through Friday from 8 a.m. to 8 p.m., or visit [www.IndependentHealth.com/Medicare](http://www.IndependentHealth.com/Medicare).