



**ATRIO Bronze Rx (Basin) (PPO)**  
**ATRIO Bronze Rx (Rogue) (PPO)**  
**ATRIO Bronze Rx (Umpqua) (PPO)**  
**ATRIO Gold Rx (PPO)**  
**ATRIO Gold Rx (Rogue) (PPO)**  
**ATRIO Gold Rx (Willamette) (PPO)**  
**ATRIO Silver Rx (PPO)**  
**ATRIO Silver Rx (Rogue) (PPO)**  
**ATRIO Silver Rx (Willamette) (PPO)**

## 2017 Formulary (List of Covered Drugs)

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

HPMS Approved Formulary File 17084, Version Number 9

This formulary was updated on 02/01/2017. For more recent information or other questions, please contact ATRIO Health Plans at 1-877-672-8620 or, for TTY/TDD users, 1-800-735-2900, 8 a.m. to 8 p.m., daily, or visit [atriohp.com/medicare](http://atriohp.com/medicare).

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

This information is available for free in other languages. Please call our customer service number at 1-877-672-8620 or, for TTY/TDD users, 1-800-735-2900, 8 a.m. to 8 p.m., Daily. Esta información está disponible de forma gratuita en otros idiomas. Por favor llame a nuestro número de atención al cliente al 1-877-672-8620 o, para los usuarios de TTY/TDD, 1-800 -735-2900, de 8 a.m. a 8 p.m., Diario.

**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 ATRIO Health Plans. When it refers to “plan” or “our plan,” it means ATRIO Bronze Rx (Basin) (PPO), ATRIO Bronze Rx (Rogue) (PPO), ATRIO Bronze Rx (Umpqua) (PPO), ATRIO Gold Rx (PPO), ATRIO Gold Rx (Rogue) (PPO), ATRIO Gold Rx (Willamette) (PPO), ATRIO Silver Rx (PPO), ATRIO Silver Rx (Rogue) (PPO), and ATRIO Silver Rx (Willamette) (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of 02/01/2017. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2018, and from time to time during the year.

## **What is the ATRIO Health Plans Formulary?**

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

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

Generally, if you are taking a drug on our 2017 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2017 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of 02/01/2017. To get updated information about the drugs covered by ATRIO Health Plans, please contact us. Our contact information appears on the front and back cover pages.

ATRIO Health Plans will notify members about any drugs that have been removed from the formulary or that have had prior authorization, step therapy or quantity limits placed on them. Notification about these changes will be made in several different ways. Your monthly Explanation of Benefits (EOB), which gives you a report of all your drugs purchased in the previous month, will contain an insert listing all formulary changes which will take effect 60 days from the date of the notice. Additionally, this insert will be posted on [atriohp.com/medicare](http://atriohp.com/medicare) or can be sent to you by calling 1-877-672-8620, Daily, 8am-8pm. TTY/TDD users should call 1-800-735-2900. Finally, the most current version of the formulary containing all changes, will be available on

[atriohp.com/medicare](http://atriohp.com/medicare) or can be sent to you by calling 1-877-672-8620, Daily, 8am-8pm. TTY/TDD users should call 1-800-735-2900.

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page 1. 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 I-1. 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?

ATRIO Health Plans 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:** ATRIO Health Plans requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from ATRIO Health Plans before you fill your prescriptions. If you don't get approval, ATRIO Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, ATRIO Health Plans limits the amount of the drug that ATRIO Health Plans will cover. For example, ATRIO Health Plans provides 30 per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, ATRIO Health Plans 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, ATRIO Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ATRIO Health Plans 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 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ATRIO Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the ATRIO Health Plans’ formulary?” on page iv for information about how to request an exception.

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

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

### COVERED OVER-THE-COUNTER (OTC) DRUGS

Generic Name	(Reference Brand Name)	Dosage Form
cetirizine hydrochloride	(Zyrtec)	Chewable Tablets, Solution, Tablets
cetirizine hydrochloride/ pseudoephedrine hydrochloride	(Zyrtec-D)	12 Hour Tablets
loratadine	(Claritin)	Solution, Tablets
loratadine/ pseudoephedrine sulfate	(Claritin-D)	12 Hour Tablets 24 Hour Tablets
ketotifen fumarate	(Zaditor)	Drops

## 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 Customer Service and ask if your drug is covered.

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

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

## How do I request an exception to the ATRIO Health Plans’ Formulary?

You can ask ATRIO Health Plans 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, ATRIO Health Plans 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, ATRIO Health Plans 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 (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 30 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with 93-day transition supply, consistent with dispensing increment, (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are being admitted or discharged from a facility, we will cover "early refills" of previously covered drugs as needed upon admission to or discharge from the facility.

### **For more information**

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

If you have questions about ATRIO Health Plans, 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>.

## ATRIO Health Plans Formulary

The formulary below provides coverage information about the drugs covered by ATRIO Health Plans. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

### COST SHARING TIERS

Plan	Drug Tier	Drug Tier Name	Retail Copayment (1 month supply)	Mail-Order Copayment (3 month supply)
ATRIO Bronze Rx (Basin) (PPO)  ATRIO Bronze Rx (Umpqua) (PPO)	1	Preferred Generic Drugs	\$10.00	\$20.00
	2	Generic Drugs	\$20.00	\$40.00
	3	Preferred Brand Drugs	\$45.00	\$90.00
	4	Non-Preferred Brand Drugs	\$95.00	\$190.00
	5	Specialty Tier Drugs	33%	Not Available
	6	Select Care Drugs	\$0	\$0
ATRIO Bronze Rx (Rogue) (PPO)	1	Preferred Generic Drugs	\$10.00	\$20.00
	2	Generic Drugs	\$20.00	\$40.00
	3	Preferred Brand Drugs	\$45.00	\$90.00
	4	Non-Preferred Brand Drugs	\$95.00	\$190.00
	5	Specialty Tier Drugs	29%	Not Available
	6	Select Care Drugs	\$0	\$0
ATRIO Silver Rx (PPO)	1	Preferred Generic Drugs	\$6.00	\$12.00
	2	Generic Drugs	\$15.00	\$30.00
	3	Preferred Brand Drugs	\$40.00	\$80.00

<b>Plan</b>	<b>Drug Tier</b>	<b>Drug Tier Name</b>	<b>Retail Copayment (1 month supply)</b>	<b>Mail-Order Copayment (3 month supply)</b>
	4	Non-Preferred Brand Drugs	\$85.00	\$170.00
	5	Specialty Tier Drugs	29%	Not Available
	6	Select Care Drugs	\$0	\$0
ATRIO Silver Rx (Rogue) (PPO) ATRIO Silver Rx (Willamette) (PPO)	1	Preferred Generic Drugs	\$6.00	\$12.00
	2	Generic Drugs	\$15.00	\$30.00
	3	Preferred Brand Drugs	\$40.00	\$80.00
	4	Non-Preferred Brand Drugs	\$85.00	\$170.00
	5	Specialty Tier Drugs	33%	Not Available
	6	Select Care Drugs	\$0	\$0
ATRIO Gold Rx (PPO) ATRIO Gold Rx (Rogue) (PPO) ATRIO Gold Rx (Willamette) (PPO)	1	Preferred Generic Drugs	\$4.00	\$8.00
	2	Generic Drugs	\$10.00	\$20.00
	3	Preferred Brand Drugs	\$35.00	\$70.00
	4	Non-Preferred Brand Drugs	\$75.00	\$150.00
	5	Specialty Tier Drugs	33%	Not Available
	6	Select Care Drugs	\$0	\$0

The following Utilization Management Restriction abbreviations may be found within the body of this document

### COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from ATRIO Health Plans before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
PA BvD	Prior Authorization Restriction for Part B vs Part D Determination	This drug may be eligible for payment under Medicare Part B or Part D. You (or your physician) are required to get prior authorization from ATRIO Health Plans to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed by CMS to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 yrs or older are required to get prior authorization from ATRIO Health Plans before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your physician) are required to get prior authorization from ATRIO Health Plans before you fill your prescription for this drug. Without prior approval, ATRIO Health Plans may not cover this drug.
QL	Quantity Limit Restriction	ATRIO Health Plans limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before ATRIO Health Plans will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.



## OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ABBREVIATION	DESCRIPTION	EXPLANATION
LA	Limited Access Drug	This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Customer Service at 1-877-672-8620, Daily, 8am-8pm. TTY/TDD users should call 1-800-735-2900.
NDS	Non-Extended Days Supply	This drug is not available for a 90 day supply.

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

## Table of Contents

Analgesics .....	3
Anesthetics .....	10
Anti-Addiction/Substance Abuse Treatment Agents .....	10
Antianxiety Agents .....	12
Antibacterials .....	15
Anticancer Agents .....	26
Anticholinergic Agents .....	37
Anticonvulsants .....	37
Antidementia Agents .....	41
Antidepressants .....	42
Antidiabetic Agents .....	45
Antifungals .....	50
Antigout Agents .....	52
Antihistamines .....	52
Anti-Infectives (Skin And Mucous Membrane) .....	53
Antimigraine Agents .....	53
Antimycobacterials .....	54
Antinausea Agents .....	55
Antiparasite Agents .....	56
Antiparkinsonian Agents .....	57
Antipsychotic Agents .....	58
Antivirals (Systemic) .....	63
Blood Products/Modifiers/Volume Expanders .....	69
Caloric Agents .....	72
Cardiovascular Agents .....	77
Central Nervous System Agents .....	91
Contraceptives .....	94
Dental And Oral Agents .....	101
Dermatological Agents .....	102
Devices .....	108
Enzyme Replacement/Modifiers .....	108
Eye, Ear, Nose, Throat Agents .....	110
Gastrointestinal Agents .....	115
Genitourinary Agents .....	120
Heavy Metal Antagonists .....	121
Hormonal Agents, Stimulant/Replacement/Modifying .....	121
Immunological Agents .....	128
Inflammatory Bowel Disease Agents .....	138
Irrigating Solutions .....	139
Metabolic Bone Disease Agents .....	139

Miscellaneous Therapeutic Agents.....	141
Ophthalmic Agents.....	143
Replacement Preparations.....	145
Respiratory Tract Agents.....	149
Skeletal Muscle Relaxants.....	153
Sleep Disorder Agents.....	154
Vasodilating Agents.....	155
Vitamins And Minerals.....	156

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml</i>	(Acetaminophen with Codeine)	2 QL (2700 per 30 days)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	(Acetaminophen with Codeine)	2 QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	(Tylenol-Codeine No.3)	2 QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	(Tylenol-Codeine No.3)	2 QL (180 per 30 days)
ALLZITAL ORAL TABLET 25-325 MG		2 PA-HRM; QL (360 per 30 days); AGE (Max 64 Years)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG		3 QL (60 per 30 days)
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	(Buprenorphine HCl)	2
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	(Buprenorphine HCl)	2
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	(Fiorinal with Codeine #3)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	(Fioricet with Codeine)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	(Tencon)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	(Esgic)	2 PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caff oral tablet</i> (Esgic) 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butalbital-aspirin-caffeine oral capsule</i> (Fiorinal) 50-325-40 mg	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i> (Butorphanol Tartrate)	2	QL (5 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	3	QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i> (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> (Codeine Sulfate)	2	QL (180 per 30 days)
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG	4	QL (60 per 30 days)
<i>endocet oral tablet 10-325 mg</i> (Xolox)	2	QL (240 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> (Xolox)	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i> (Xolox)	2	QL (300 per 30 days)
<i>endodan oral tablet 4.8355-325 mg</i> (Oxycodone HCl/Aspirin)	2	QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i> (Actiq)	5	PA; NDS; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 37.5 mcg/1hr, 50 mcg/1hr, 75 mcg/1hr</i> (Duragesic)	2	QL (10 per 30 days)
<i>fentanyl transdermal patch 72 hour 62.5 mcg/1hr, 87.5 mcg/1hr</i> (Duragesic)	5	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution</i> (Hycet) 10-325 mg/15 ml(15 ml), 2.5-167 mg/5 ml, 7.5-325 mg/15 ml	2	QL (2700 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen oral tablet</i> (Norco) 10-300 mg, 5-300 mg, 7.5-300 mg	2	QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet</i> (Norco) 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i> 10-200 (Ibudone) mg, 5-200 mg, 7.5-200 mg	2	QL (150 per 30 days)
<i>hydromorphone (pf) injection solution</i> 10 (Hydromorphone (mg/ml) (5 ml) HCl/PF)	2	
<i>hydromorphone (pf) injection solution</i> 10 (Dilaudid) mg/ml	2	
<i>hydromorphone</i> 10 mg/ml vial (Hydromorphone <i>plf, sdv, latex-f</i> 10 mg/ml HCl/PF)	2	
<i>hydromorphone injection solution</i> 2 (Hydromorphone HCl) mg/ml, 4 mg/ml	2	
<i>hydromorphone injection syringe</i> 2 mg/ml (Hydromorphone HCl)	2	
<i>hydromorphone oral liquid</i> 1 mg/ml (Dilaudid)	2	QL (1200 per 30 days)
<i>hydromorphone oral tablet</i> 2 mg, 4 mg, 8 (Dilaudid) mg	2	QL (180 per 30 days)
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	QL (30 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	5	PA; NDS; QL (30 per 30 days)
<i>lorcet (hydrocodone) oral tablet</i> 5-325 (Norco) mg	2	QL (360 per 30 days)
<i>lorcet hd oral tablet</i> 10-325 mg (Norco)	2	QL (360 per 30 days)
<i>lorcet plus oral tablet</i> 7.5-325 mg (Norco)	2	QL (360 per 30 days)
<i>margesic oral capsule</i> 50-325-40 mg (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>methadone injection solution</i> 10 mg/ml (Methadone HCl)	2	
<i>methadone oral solution</i> 10 mg/5 ml, 5 (Methadone HCl) mg/5 ml	2	QL (1800 per 30 days)

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methadone oral tablet 10 mg</i> (Diskets)	2	QL (360 per 30 days)
<i>methadone oral tablet 5 mg</i> (Diskets)	2	QL (180 per 30 days)
<i>methadose oral tablet, soluble 40 mg</i> (Diskets)	2	QL (90 per 30 days)
<i>morphine 10 mg/ml carpuject outer, plf, latex-free 10 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 2 mg/ml carpuject outer, latex-f, plf 2 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 4 mg/ml syringe plf, latex-free 4 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine 8 mg/ml syringe 8 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> (Morphine Sulfate)	2	QL (180 per 30 days)
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i> (Morphine Sulfate)	2	
<i>morphine intravenous cartridge 15 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i> (Morphine Sulfate)	2	
<i>morphine oral solution 10 mg/5 ml</i> (Morphine Sulfate)	2	QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i> (Morphine Sulfate)	2	QL (300 per 30 days)
<b>MORPHINE ORAL TABLET 15 MG</b>	4	QL (180 per 30 days)
<b>MORPHINE ORAL TABLET 30 MG</b>	4	QL (120 per 30 days)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i> (MS Contin)	2	QL (60 per 30 days)
<i>morphine oral tablet extended release 15 mg</i> (MS Contin)	2	QL (180 per 30 days)
<i>morphine oral tablet extended release 30 mg</i> (MS Contin)	2	QL (120 per 30 days)
<b>NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG</b>	3	QL (60 per 30 days)
<b>NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG</b>	3	QL (181 per 30 days)
<i>oxycodone oral capsule 5 mg</i> (Oxycodone HCl)	2	QL (180 per 30 days)
<i>oxycodone oral concentrate 20 mg/ml</i> (Oxycodone HCl)	2	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone oral solution 5 mg/5 ml</i> (Oxycodone HCl)	2	QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 5 mg</i> (Roxicodone)	2	QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 20 mg, 30 mg</i> (Roxicodone)	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i> (Oxycodone HCl/Acetaminophen)	2	QL (1800 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i> (Xolox)	2	QL (240 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> (Xolox)	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> (Xolox)	2	QL (300 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i> (Oxycodone HCl/Aspirin)	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	QL (60 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	3	QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg</i> (Opana)	2	QL (120 per 30 days)
<i>oxymorphone oral tablet 5 mg</i> (Opana)	2	QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> (Opana ER)	2	QL (60 per 30 days)
<i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>tencon oral tablet 50-325 mg</i> (Tencon)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
<i>tramadol oral tablet 50 mg</i> (Ultram)	2	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	2	QL (240 per 30 days)
<i>vicodin es oral tablet 7.5-300 mg</i> (Norco)	2	QL (390 per 30 days)
<i>vicodin hp oral tablet 10-300 mg</i> (Norco)	2	QL (390 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vicodin oral tablet 5-300 mg</i> (Norco)	2	QL (390 per 30 days)
XARTEMIS XR ORAL TAB,ORAL ONLY,IR - ER, BIPHASE 7.5-325 MG	3	QL (300 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 13.5 MG, 18 MG, 9 MG	3	QL (60 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 27 MG	3	QL (120 per 30 days)
XTAMPZA ER ORAL CAPSULE,SPRINKLE,ER 12HR TMPRR 36 MG	3	QL (240 per 30 days)
<i>xylon 10 oral tablet 10-200 mg</i> (Ibudone)	2	QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i> (Esgic)	2	PA-HRM; QL (180 per 30 days); AGE (Max 64 Years)
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	4	QL (60 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
CALDOLOR INTRAVENOUS RECON SOLN 400 MG/4 ML (100 MG/ML)	4	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	2	QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i> (Diclofenac Potassium)	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	2	
<i>diclofenac sodium oral tablet, delayed release (drlec) 25 mg, 50 mg, 75 mg</i> (Diclofenac Sodium)	2	
<i>diclofenac-misoprostol oral tablet,ir, delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> (Arthrotec 50)	2	
<i>diflunisal oral tablet 500 mg</i> (Diflunisal)	2	
<i>etodolac oral capsule 200 mg, 300 mg</i> (Etodolac)	2	
<i>etodolac oral tablet 400 mg, 500 mg</i> (Lodine)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> (Etodolac)	2	
<i>fenoprofen oral tablet 600 mg</i> (Fenoprofen Calcium)	2	
<b>FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %</b>	3	PA
<i>flurbiprofen oral tablet 100 mg, 50 mg</i> (Flurbiprofen)	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Ibuprofen)	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> (Ibuprofen)	1	
<i>indomethacin oral capsule 25 mg</i> (Indomethacin)	1	QL (240 per 30 days)
<i>indomethacin oral capsule 50 mg</i> (Indomethacin)	1	QL (120 per 30 days)
<i>indomethacin oral capsule, extended release 75 mg</i> (Indomethacin)	2	QL (60 per 30 days)
<i>indomethacin sodium intravenous recon soln 1 mg</i> (Indomethacin Sodium)	2	
<i>ketoprofen oral capsule 50 mg, 75 mg</i> (Ketoprofen)	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> (Ketoprofen)	2	
<i>ketorolac injection cartridge 15 mg/ml</i> (Ketorolac Tromethamine)	2	QL (40 per 30 days)
<i>ketorolac injection cartridge 30 mg/ml</i> (Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>ketorolac injection solution 15 mg/ml</i> (Ketorolac Tromethamine)	2	QL (40 per 30 days)
<i>ketorolac injection solution 30 mg/ml (1 ml)</i> (Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>ketorolac injection syringe 30 mg/ml</i> (Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>ketorolac intramuscular solution 60 mg/2 ml</i> (Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>ketorolac oral tablet 10 mg</i> (Ketorolac Tromethamine)	2	QL (20 per 30 days)
<i>mefenamic acid oral capsule 250 mg</i> (Ponstel)	2	
<i>meloxicam oral suspension 7.5 mg/5 ml</i> (Mobic)	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i> (Nabumetone)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (drlec) 375 mg, 500 mg</i> (Ec-Naprosyn)	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i> (Anaprox Ds)	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	2	
<i>sulindac oral tablet 150 mg, 200 mg</i> (Sulindac)	2	
<i>tolmetin oral capsule 400 mg</i> (Tolmetin Sodium)	2	
<i>tolmetin oral tablet 200 mg, 600 mg</i> (Tolmetin Sodium)	2	
VOLTAREN TOPICAL GEL 1 %	2	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo mucous membrane jelly in applicator 2 %</i> (Lidocaine HCl)	2	
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	2	
<i>lidocaine 2% viscous soln 2 %</i> (Pre-Attached Lta Kit)	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	2	
<i>lidocaine hcl mucous membrane jelly 2 %</i> (Lidocaine HCl)	2	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i> (Pre-Attached Lta Kit)	2	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	2	PA
<i>lidocaine topical ointment 5 %</i> (Lidocaine)	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> (EMLA)	2	
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (drlec) 333 mg</i> (Acamprosate Calcium)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	PA; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	PA; QL (60 per 30 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> (Buprenorphine HCl)	2	PA; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> (Buprenorphine HCl/Naloxone HCl)	2	PA; QL (90 per 30 days)
<i>buproban oral tablet extended release 150 mg</i> (Zyban)	2	
<i>bupropion hcl (smoking deter) oral tablet extended release 150 mg</i> (Zyban)	2	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	3	QL (168 per 84 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	3	QL (168 per 84 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	3	QL (53 per 28 days)
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	2	
<i>naloxone injection solution 0.4 mg/ml</i> (Naloxone HCl)	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i> (Naloxone HCl)	2	
<i>naltrexone oral tablet 50 mg</i> (Revia)	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (4 per 30 days)
NICOTROL INHALATION CARTRIDGE 10 MG	4	QL (1008 per 90 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 8-2 MG	4	PA; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG	4	PA; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	PA; QL (60 per 30 days)
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg</i> (Xanax XR)	2	QL (120 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	2	QL (90 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> (Chlordiazepoxide HCl)	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i> (Clonazepam)	2	QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i> (Clonazepam)	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> (Tranxene T-Tab)	2	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i> (Diazepam)	2	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i> (Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i> (Diazepam)	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> (Diastat)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>estazolam oral tablet 1 mg</i> (Estazolam)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)
<i>estazolam oral tablet 2 mg</i> (Estazolam)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
<i>flurazepam oral capsule 15 mg</i> (Flurazepam HCl)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flurazepam oral capsule 30 mg</i> (Flurazepam HCl)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam)	2	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	2	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i> (Lorazepam)	2	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i> (Ativan)	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i> (Ativan)	1	QL (150 per 30 days)
<i>midazolam oral syrup 2 mg/ml</i> (Midazolam HCl)	2	QL (10 per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	5	PA NSO; NDS; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg</i> (Restoril)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

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Drug Name	Drug Tier	Requirements/Limits
<i>temazepam oral capsule 7.5 mg</i> (Restoril)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (120 per 30 days); AGE (Max 64 Years)
<i>triazolam oral tablet 0.125 mg</i> (Halcion)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (120 per 30 days); AGE (Max 64 Years)
<i>triazolam oral tablet 0.25 mg</i> (Halcion)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	(Gentamicin In Nacl, Iso-Osm) 2	
<i>gentamicin injection solution 40 mg/ml</i>	(Gentamicin Sulfate) 2	
<i>gentamicin ped 20 mg/2 ml vial latex-free, sdv 20 mg/2 ml</i>	(Gentamicin Sulfate/PF) 2	
<i>gentamicin sulfate (pf) intravenous solution 80 mg/8 ml</i>	(Gentamicin Sulfate/PF) 2	
<i>neomycin oral tablet 500 mg</i>	(Neomycin Sulfate) 2	
<i>streptomycin intramuscular recon soln 1 gram</i>	(Streptomycin Sulfate) 2	
<b>TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG</b>	5	NDS; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	(Tobi) 5	PA BvD; NDS
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	(Tobramycin/Sodium Chloride) 2	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	(Tobramycin Sulfate) 2	
<b>Antibacterials, Miscellaneous</b>		
<i>baciim intramuscular recon soln 50,000 unit</i>	(Bacitracin) 2	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	(Bacitracin) 2	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	(Chloramphenicol Sod Succinate) 2	
<i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i>	(Cleocin Palmitate) 2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	(Cleocin HCl) 2	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	(Cleocin Phosphate In D5w) 2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	(Cleocin Palmitate) 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml), 150 mg/ml</i> (Cleocin Phosphate)	2	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin Phosphate)	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	2	
<b>CUBICIN INTRAVENOUS RECON SOLN 500 MG</b>	5	NDS
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	5	NDS
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	5	NDS
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> (Zyvox)	5	NDS
<i>linezolid oral tablet 600 mg</i> (Zyvox)	5	NDS
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metronidazole/Sodium Chloride)	2	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin/Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (120 per 30 days); AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitrofurantoin monohydlm-cryst oral capsule 100 mg</i> (Macrobid)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (60 per 30 days); AGE (Max 64 Years)
<i>nitrofurantoin oral suspension 25 mg/5 ml</i> (Furadantin)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use of nitrofurantoin drugs); QL (2400 per 30 days); AGE (Max 64 Years)
<i>polymyxin b sulfate injection recon soln 500,000 unit</i> (Polymyxin B Sulfate)	2	
<b>SYNERCID INTRAVENOUS RECON SOLN 500 MG</b>	5	NDS
<i>trimethoprim oral tablet 100 mg</i> (Trimethoprim)	2	
<i>vancomycin hcl 1g/200 ml bag 1 gram/200 ml</i> (Vancomycin Hcl In Dextrose 5 %)	2	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 750 mg</i> (Vancomycin HCl)	2	
<i>vancomycin intravenous recon soln 500 mg</i> (Vancomycin Hcl In Dextrose 5 %)	2	
<i>vancomycin oral capsule 125 mg, 250 mg</i> (Vancocin HCl)	5	NDS
<b>XIFAXAN ORAL TABLET 200 MG</b>	5	PA; NDS; QL (9 per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	5	PA; NDS
<b>Cephalosporins</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i> (Cefaclor)	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> (Cefaclor)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefaclor oral tablet extended release 12 hr 500 mg</i> (Cefaclor)	2	
<i>cefadroxil oral capsule 500 mg</i> (Cefadroxil)	2	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> (Cefadroxil)	2	
<i>cefadroxil oral tablet 1 gram</i> (Cefadroxil)	2	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Cefazolin Sodium/Dextrose, Iso)	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i> (Cefazolin Sodium)	2	
<i>cefdinir oral capsule 300 mg</i> (Cefdinir)	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cefdinir)	2	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i> (Spectracef)	2	
<b>CEFEPIME 1 GM INJECTION 1 GRAM/50 ML</b>	4	
<i>cefepime hcl 1 gm vial 10's, sdv 1 gram</i> (Cefepime HCl)	2	
<i>cefepime hcl 2 gram vial latex/f, sdv, outer 2 gram</i> (Cefepime HCl)	2	
<b>CEFEPIME INJECTION RECON SOLN 1 GRAM, 2 GRAM</b>	4	
<b>CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML</b>	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Suprax)	2	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram, 500 mg</i> (Claforan)	2	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i> (Cefoxitin Sodium/Dextrose, Iso)	2	
<i>cefoxitin 2 gm vial latex/f, outer 2 gram</i> (Cefoxitin Sodium)	2	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i> (Cefoxitin Sodium)	2	
<i>cefoxitin intravenous recon soln 2 gram</i> (Cefoxitin Sodium/Dextrose, Iso)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i> (Cefpodoxime Proxetil)	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i> (Cefpodoxime Proxetil)	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cefprozil)	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i> (Cefprozil)	2	
<i>ceftazidime injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	
<i>ceftibuten oral capsule 400 mg</i> (Cedax)	2	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i> (Cedax)	2	
<i>ceftriaxone 1 gm piggyback latex-free 1 gram/50 ml</i> (Ceftriaxone Na/Dextrose, Iso)	2	
<i>ceftriaxone 2 gm piggyback latex-free 2 gram/50 ml</i> (Ceftriaxone Na/Dextrose, Iso)	2	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i> (Ceftriaxone Sodium)	2	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i> (Ceftriaxone Na/Dextrose, Iso)	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i> (Ceftin)	2	
<i>cefuroxime sod 1.5 gm vial outer, latex-free 1.5 gram</i> (Zinacef)	2	
<i>cefuroxime sodium injection recon soln 1.5 gram, 750 mg</i> (Zinacef)	2	
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i> (Zinacef)	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i> (Keflex)	1	
<i>cephalexin oral capsule 750 mg</i> (Keflex)	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Cephalexin)	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i> (Cephalexin)	1	
MEFOXIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 2 gram, 6 gram</i> (Fortaz)	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	4	
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	2	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 600 mg</i> (Zithromax)	2	
<i>azithromycin oral tablet 500 mg</i> (Zithromax)	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Biaxin)	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i> (Biaxin)	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i> (Clarithromycin)	2	
DIFICID ORAL TABLET 200 MG	5	NDS; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	
<i>e.e.s. granules oral suspension for reconstitution 200 mg/5 ml</i> (Eryped 200)	2	
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 500 mg</i> (Erythromycin Base)	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythrocin (as stearate) oral tablet 250 mg</i> (Erythromycin Stearate)	2	
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG</b>	4	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (Eryped 200)	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (Erythromycin Ethylsuccinate)	2	
<i>erythromycin oral capsule, delayed release(drlec) 250 mg</i> (Erythromycin Base)	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i> (Erythromycin Base)	2	
<b>Miscellaneous B-Lactam Antibiotics</b>		
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	2	
<b>CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML</b>	5	LA; NDS
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> (Primaxin)	2	
<b>INVANZ INJECTION RECON SOLN 1 GRAM</b>	4	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	2	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i> (Amoxicillin)	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i> (Amoxicillin)	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> (Amoxicillin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> (Augmentin)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> (Augmentin)	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> (Amoxicillin/Potassium Clav)	2	
<i>ampicillin oral capsule 250 mg, 500 mg</i> (Ampicillin Trihydrate)	1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> (Ampicillin Trihydrate)	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i> (Ampicillin Sodium)	2	
<i>ampicillin sodium intravenous recon soln 2 gram</i> (Ampicillin Sodium)	2	
<i>ampicillin-sulbactam 1.5 gm vial 10's, sdv, latex-free 1.5 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam injection recon soln 15 gram, 3 gram</i> (Unasyn)	2	
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram</i> (Unasyn)	2	
<b>BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)</b>	4	
<b>BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML</b>	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i> (Dicloxacillin Sodium)	2	
<i>nafcillin 2 gm vial 10's, latex-free 2 gram</i> (Nafcillin Sodium)	2	
<i>nafcillin injection recon soln 1 gram, 10 gram</i> (Nafcillin Sodium)	2	
<i>nafcillin intravenous recon soln 2 gram</i> (Nafcillin Sodium)	2	
<i>oxacillin 2 gm vial 10's, outer 2 gram</i> (Oxacillin Sodium)	2	
<i>oxacillin in dextrose( iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> (Oxacillin Sodium/Dextrose, Iso)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxacillin injection recon soln 10 gram</i> (Oxacillin Sodium)	2	
<i>oxacillin intravenous recon soln 2 gram</i> (Oxacillin Sodium)	2	
<i>penicillin g pot in dextrose intravenous piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml</i> (Pen G Pot/Dextrose-Water)	2	
<i>penicillin g potassium injection recon soln 5 million unit</i> (Penicillin G Potassium)	2	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i> (Penicillin G Procaine)	2	
<i>penicillin gk 20 million unit 20 million unit</i> (Penicillin G Potassium)	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i> (Penicillin V Potassium)	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i> (Penicillin V Potassium)	2	
<i>pfizerpen-g injection recon soln 20 million unit</i> (Penicillin G Potassium)	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i> (Zosyn)	2	
<b>Quinolones</b>		
<i>ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg</i> (Cipro XR)	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i> (Cipro I.V.)	2	
<i>ciprofloxacin lactate intravenous solution 200 mg/20 ml, 400 mg/40 ml</i> (Ciprofloxacin Lactate)	2	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i> (Levofloxacin/D5W)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin intravenous solution 25 mg/ml</i>	(Levofloxacin)	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	(Levofloxacin)	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	(Levaquin)	1	
<i>moxifloxacin oral tablet 400 mg</i>	(Avelox)	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	(Ofloxacin)	2	
<b>Sulfonamides</b>			
<i>sulfadiazine oral tablet 500 mg</i>	(Sulfadiazine)	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	(Sulfamethoxazole/Tri methoprim)	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	(Sulfamethoxazole/Tri methoprim)	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	(Bactrim)	1	
<i>sulfasalazine oral tablet 500 mg</i>	(Azulfidine)	2	
<i>sulfasalazine oral tablet, delayed release (drlec) 500 mg</i>	(Azulfidine)	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	(Sulfamethoxazole/Tri methoprim)	2	
<b>Tetracyclines</b>			
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	(Demeclocycline HCl)	2	
<i>doxy-100 intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	(Doxycycline Hyclate)	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	(Morgidox)	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	(Doryx)	2	
<i>doxycycline hyclate oral tablet, delayed release (drlec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	(Doryx)	2	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	(Adoxa)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate oral suspension</i> (Vibramycin) <i>for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> (Avidoxy)	2	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	5	NDS
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> (Minocin)	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> (Minocycline HCl)	2	
<i>minocycline oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i> (Minocycline HCl)	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i> (Tetracycline HCl)	2	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	5	NDS
TYGACIL INTRAVENOUS RECON SOLN 50 MG	5	NDS
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	5	NDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS; QL (4 per 21 days)
<i>adriamycin intravenous solution 2 mg/ml</i> (Doxorubicin HCl)	2	PA BvD
<i>adrucil 2,500 mg/50 ml vial outer, latex-free 2.5 gram/50 ml</i> (Fluorouracil)	2	PA BvD
<i>adrucil intravenous solution 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	5	PA NSO; NDS; QL (112 per 28 days)
AFINITOR ORAL TABLET 10 MG	5	PA NSO; NDS; QL (56 per 28 days)
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	5	NDS
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	2	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	5	PA NSO; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	5	NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	PA NSO; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	PA NSO; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	5	PA NSO; NDS; QL (420 per 30 days)
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	2	
<i>bleomycin injection recon soln 15 unit, 30 unit</i> (Bleomycin Sulfate)	2	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	5	PA NSO; NDS; QL (140 per 365 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>carboplatin intravenous solution 10 mg/ml</i> (Carboplatin)	2	
<i>cladribine intravenous solution 10 mg/10 ml</i> (Cladribine)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA NSO; NDS; QL (112 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; LA; NDS; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i> (Cyclophosphamide)	5	PA BvD; NDS
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	4	PA BvD; ST
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	5	PA NSO; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	PA NSO; LA; NDS
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	5	NDS
<i>docetaxel 160 mg/16 ml vial mdy, sterile, l/f 160 mg/16 ml (10 mg/ml)</i> (Taxotere)	5	NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i> (Taxotere)	5	NDS
<i>doxorubicin 200 mg/100 ml vial latex-free 2 mg/ml</i> (Doxorubicin HCl)	2	PA BvD
<i>doxorubicin intravenous solution 50 mg/25 ml</i> (Doxorubicin HCl)	2	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	5	PA BvD; NDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	QL (1 per 84 days)
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	QL (1 per 112 days)
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	QL (1 per 168 days)
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMCYT ORAL CAPSULE 140 MG	5	NDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	PA NSO; NDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (30 per 30 days)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	
<i>etoposide intravenous solution 20 mg/ml</i> (Etoposide)	2	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	2	
FARESTON ORAL TABLET 60 MG	5	NDS
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA NSO; NDS
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	5	NDS
<i>floxuridine injection recon soln 0.5 gram</i> (Floxuridine)	2	PA BvD
<i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Fluorouracil)	2	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 500 mg/10 ml</i> (Fluorouracil)	2	PA BvD
<i>flutamide oral capsule 125 mg</i> (Flutamide)	2	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	PA NSO; NDS
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i> (Gemzar)	5	NDS
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i> (Gemzar)	5	NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; NDS; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG	4	
HERCEPTIN INTRAVENOUS RECON SOLN 440 MG	5	PA NSO; NDS
HEXALEN ORAL CAPSULE 50 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	2	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	5	PA NSO; NDS; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>ifosfamide 1 gm/20 ml vial</i> (Ifex) <i>sdv,plf,latex-free 1 gram/20 ml</i>	2	PA BvD
<i>ifosfamide intravenous recon soln 1 gram</i> (Ifex)	2	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram, 3,000-1,000 mg</i> (Ifosfamide/Mesna)	5	PA BvD; NDS
<i>imatinib oral tablet 100 mg</i> (Gleevec)	5	PA NSO; NDS; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i> (Gleevec)	5	PA NSO; NDS; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	5	PA NSO; NDS; QL (4 per 365 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	5	PA NSO; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; NDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; NDS; QL (60 per 30 days)
IRESSA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml, 40 mg/2 ml, 500 mg/25 ml</i> (Camptosar)	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	5	NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	5	PA NSO; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	5	PA NSO; NDS
KYPROLIS INTRAVENOUS RECON SOLN 30 MG	5	PA NSO; NDS; QL (12 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG	5	PA NSO; NDS; QL (6 per 28 days)
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	5	PA NSO; LA; NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1/DAY), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 8 MG/DAY (4 MG X 2)	5	PA NSO; NDS
<i>letrozole oral tablet 2.5 mg</i> (Femara)	2	
LEUKERAN ORAL TABLET 2 MG	4	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> (Leuprolide Acetate)	2	
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; NDS; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; NDS; QL (80 per 28 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	NDS; QL (1 per 84 days)
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	NDS; QL (1 per 168 days)
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA ORAL CAPSULE 50 MG	5	PA NSO; NDS; QL (480 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	NDS
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	5	PA NSO; NDS; QL (4 per 28 days)
MATULANE ORAL CAPSULE 50 MG	5	NDS
<i>megestrol oral tablet 20 mg, 40 mg</i> (Megestrol Acetate)	2	
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; NDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; NDS; QL (30 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	5	NDS
<i>mercaptopurine oral tablet 50 mg</i> (Mercaptopurine)	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i> (Methotrexate Sodium/PF)	2	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i> (Methotrexate Sodium/PF)	2	PA BvD
<i>methotrexate sodium injection solution 25 mg/ml</i> (Methotrexate Sodium)	2	PA BvD
<i>methotrexate sodium oral tablet 2.5 mg</i> (Methotrexate Sodium)	2	PA BvD; ST
<i>mitoxantrone intravenous concentrate 2 mg/ml</i> (Mitoxantrone HCl)	2	
NEXAVAR ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
NILANDRON ORAL TABLET 150 MG	5	NDS
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	5	NDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (3 per 28 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO; LA; NDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	PA NSO; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	5	PA NSO; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i> (Oxaliplatin)	2	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i> (Oxaliplatin)	2	
<i>paclitaxel intravenous concentrate 6 mg/ml</i> (Paclitaxel)	2	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	PA NSO; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	PA NSO; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	5	NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NDS
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; LA; NDS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	5	PA NSO; NDS
RUBRACA ORAL TABLET 200 MG, 300 MG	5	PA NSO; NDS; QL (120 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	4	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	5	PA NSO; NDS; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA NSO; NDS; QL (60 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; NDS; QL (84 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	5	PA NSO; NDS; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	5	PA NSO; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	5	PA NSO; NDS; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i> (Tamoxifen Citrate)	2	
TARCEVA ORAL TABLET 100 MG, 25 MG	5	PA NSO; NDS; QL (60 per 30 days)
TARCEVA ORAL TABLET 150 MG	5	PA NSO; NDS; QL (90 per 30 days)
TARGRETIN ORAL CAPSULE 75 MG	5	PA NSO; NDS; QL (420 per 30 days)
TARGRETIN TOPICAL GEL 1 %	5	PA NSO; NDS; QL (60 per 28 days)
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; NDS; QL (112 per 28 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	5	PA NSO; NDS; QL (20 per 21 days)
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	PA NSO; NDS
<i>teniposide intravenous solution 50 mg/5 ml</i> (Teniposide)	5	NDS
<i>thiotepa injection recon soln 15 mg</i> (Thiotepa)	5	NDS
<i>toposar intravenous solution 20 mg/ml</i> (Etoposide)	2	
<i>topotecan hcl 4 mg/4 ml vial plf, suv, latex-free 4 mg/4 ml (1 mg/ml)</i> (Hycamtin)	5	NDS
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	5	PA BvD; NDS; QL (4 per 28 days)
TREANDA INTRAVENOUS RECON SOLN 100 MG	5	NDS
TRELSTAR 22.5 MG SYRINGE OUTER, L/F, SDV 22.5 MG/2 ML	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	NDS; QL (1 per 168 days)
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML	5	NDS; QL (1 per 84 days)
TRELSTAR INTRAMUSCULAR SYRINGE 3.75 MG/2 ML	5	NDS
<i>tretinoin (chemotherapy) oral capsule 10 mg</i> (Tretinoin)	5	NDS
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA BvD; ST
TYKERB ORAL TABLET 250 MG	5	NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	PA NSO; NDS
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	5	NDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	PA NSO; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	5	PA NSO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	3	PA NSO; LA; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA NSO; LA; NDS; QL (42 per 28 days)
<i>vinblastine intravenous solution 1 mg/ml</i> (Vinblastine Sulfate)	2	PA BvD
<i>vincasar pfs 2 mg/2 ml vial 2 mg/2 ml</i> (Vincristine Sulfate)	2	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml</i> (Vincristine Sulfate)	2	PA BvD
<i>vincristine 2 mg/2 ml vial p/f, sdv 2 mg/2 ml</i> (Vincristine Sulfate)	2	PA BvD
<i>vincristine intravenous solution 1 mg/ml</i> (Vincristine Sulfate)	2	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	2	
VOTRIENT ORAL TABLET 200 MG	5	PA NSO; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; NDS; QL (60 per 30 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	5	PA NSO; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	PA NSO; NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	5	PA NSO; NDS
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	QL (1 per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	QL (1 per 28 days)
ZOLINZA ORAL CAPSULE 100 MG	5	NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	5	PA NSO; NDS; QL (140 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYTIGA ORAL TABLET 250 MG	5	PA NSO; NDS; QL (120 per 30 days)
<b>Anticholinergic Agents</b>		
<b>Antimuscarinics/Antispasmodics</b>		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i> (Atropine Sulfate)	2	
<i>propantheline oral tablet 15 mg</i> (Propantheline Bromide)	2	
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	5	NDS
BANZEL ORAL SUSPENSION 40 MG/ML	5	NDS
BANZEL ORAL TABLET 200 MG, 400 MG	5	NDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	4	QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> (Carbatrol)	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	2	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	2	
<i>carbamazepine oral tablet, chewable 100 mg</i> (Carbamazepine)	2	
CELONTIN ORAL CAPSULE 300 MG	3	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, sprinkle 125 mg</i> (Depakote Sprinkle)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	2	
<i>divalproex oral tablet, delayed release (drlec) 125 mg, 250 mg, 500 mg</i> (Depakote)	2	
<i>epitol oral tablet 200 mg</i> (Tegretol)	2	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	2	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	2	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	2	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	2	
<i>fosphenytoin injection solution 100 mg per 2 ml, 500 mg per 10 ml</i> (Cerebyx)	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	2	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	2	
GABITRIL ORAL TABLET 12 MG, 16 MG	3	
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69)	4	ST; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	ST; QL (90 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet disintegrating, dose per 25 mg (21) -50 mg (7), 25 mg (14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> (Lamictal Odt (Blue))	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal Odt)	2	
<i>lamotrigine oral tablets, dose pack 25 mg (35)</i> (Lamictal (Blue))	2	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i> (Levetiracetam In Nacl (Iso-Os))	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	2	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i> (Roweepra)	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	2	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	3	QL (90 per 30 days)
LYRICA ORAL SOLUTION 20 MG/ML	3	QL (900 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml</i> (Trileptal)	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	2	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	4	
PEGANONE ORAL TABLET 250 MG	3	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> (Phenobarbital)	2	QL (1500 per 30 days)
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> (Phenobarbital)	2	QL (90 per 30 days)
<i>phenobarbital oral tablet 30 mg</i> (Phenobarbital)	2	QL (200 per 30 days)
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin)	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> (Dilantin)	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i> (Phenytoin Sodium)	2	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i> (Phenytoin Sodium)	2	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG	5	NDS; QL (90 per 30 days)
POTIGA ORAL TABLET 50 MG	5	NDS; QL (270 per 30 days)
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	2	
ROWEEPRA ORAL TABLET 500 MG	2	
SABRIL ORAL POWDER IN PACKET 500 MG	5	NDS
SABRIL ORAL TABLET 500 MG	5	NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	ST; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	ST; QL (120 per 30 days)
<i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril)	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	2	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	2	
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	4	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid oral capsule 250 mg</i> (Depakene)	2	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	4	QL (200 per 5 days)
VIMPAT ORAL SOLUTION 10 MG/ML	5	NDS; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL (60 per 30 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> (Zonegran)	2	
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	2	QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> (Donepezil HCl)	2	QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	2	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i> (Galantamine Hbr)	2	QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	2	QL (60 per 30 days)
<i>memantine oral solution 2 mg/ml</i> (Namenda)	2	QL (360 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	2	QL (60 per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i> (Namenda)	2	QL (49 per 28 days)
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	3	QL (28 per 28 days)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	3	QL (30 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	QL (56 per 365 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> (Exelon)	2	QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	2	QL (30 per 30 days)
<b>Antidepressants</b>		
<b>Antidepressants</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Amitriptyline HCl)	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> (Amoxapine)	2	
<b>BRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i> (Wellbutrin)	2	
<i>bupropion hcl oral tablet extended release 100 mg, 150 mg, 200 mg</i> (Wellbutrin SR)	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> (Wellbutrin XL)	2	
<i>citalopram oral solution 10 mg/5 ml</i> (Citalopram Hydrobromide)	2	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> (Anafranil)	2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Norpramin)	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> (Doxepin HCl)	2	
<i>doxepin oral concentrate 10 mg/ml</i> (Doxepin HCl)	2	
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 60 mg</i> (Irenka)	2	(Cymbalta); QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 30 mg</i> (Irenka)	2	(Cymbalta); QL (30 per 30 days)
<i>duloxetine oral capsule, delayed release(drlec) 40 mg</i> (Irenka)	2	(Irenka); QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5 ml</i> (Lexapro)	2	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> (Lexapro)	1	
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i> (Prozac)	1	
<i>fluoxetine oral capsule, delayed release(drlec) 90 mg</i> (Prozac Weekly)	2	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> (Fluoxetine HCl)	2	
<i>fluoxetine oral tablet 10 mg, 20 mg</i> (Fluoxetine HCl)	2	
FLUOXETINE ORAL TABLET 60 MG	4	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i> (Fluvoxamine Maleate)	2	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> (Fluvoxamine Maleate)	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> (Tofranil-Pm)	2	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i> (Maprotiline HCl)	2	
MARPLAN ORAL TABLET 10 MG	4	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> (Remeron)	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> (Nefazodone HCl)	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	2	
<i>nortriptyline oral solution 10 mg/5 ml</i> (Nortriptyline HCl)	2	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	2	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i> (Paxil)	1	
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	2	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> (Paxil CR)	2	
<b>PAXIL ORAL SUSPENSION 10 MG/5 ML</b>	4	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> (Perphenazine/Amitriptyline HCl)	2	
<i>phenelzine oral tablet 15 mg</i> (Nardil)	2	
<b>PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG</b>	4	QL (30 per 30 days)
<i>protriptyline oral tablet 10 mg, 5 mg</i> (Protriptyline HCl)	2	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> (Zoloft)	1	
<b>SURMONTIL ORAL CAPSULE 100 MG, 25 MG, 50 MG</b>	4	
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> (Trazodone HCl)	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Trimipramine Maleate)	2	
<b>TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG</b>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine oral capsule, extended release</i> (Effexor XR) 24hr 150 mg, 37.5 mg, 75 mg	2	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> (Venlafaxine HCl)	2	
<i>venlafaxine oral tablet extended release</i> (Venlafaxine HCl) 24hr 150 mg, 37.5 mg, 75 mg	2	
<i>venlafaxine oral tablet extended release</i> (Venlafaxine HCl) 24hr 225 mg	4	
VIIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	4	
VIIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	4	
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	6	QL (90 per 30 days)
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i> (Nesina)	4	QL (30 per 30 days)
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i> (Kazano)	4	QL (60 per 30 days)
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i> (Oseni)	4	QL (30 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	4	QL (180 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG	3	ST; QL (60 per 30 days)
INVOKAMET ORAL TABLET 50-500 MG	3	ST; QL (120 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	3	ST; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVOKANA ORAL TABLET 100 MG	3	ST; QL (60 per 30 days)
INVOKANA ORAL TABLET 300 MG	3	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	3	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	4	QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	5	PA; NDS; QL (112 per 28 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	6	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	6	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	6	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	6	QL (90 per 30 days)
<i>metformin oral tablet extended release 24hr 1,000 mg</i> (Fortamet)	6	ST; QL (60 per 30 days)
<i>metformin oral tablet extended release 24hr 500 mg</i> (Fortamet)	6	ST; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	6	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	6	QL (90 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	4	QL (30 per 30 days)
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	QL (30 per 30 days)
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	QL (30 per 30 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> (Actos)	6	QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> (Duetact)	6	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus Met)	6	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Prandin)	6	QL (240 per 30 days)
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i> (Repaglinide/Metformin HCl)	6	QL (150 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; NDS; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	PA; NDS; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	3	
VICTOZA	3	
<b>Insulins</b>		
HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	QL (30 per 28 days)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	QL (30 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG MIX 50-50 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	QL (40 per 28 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	QL (30 per 28 days)
HUMALOG MIX 75-25 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	QL (40 per 28 days)
HUMALOG SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
HUMALOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
HUMULIN N KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-100 INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	QL (24 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	QL (30 per 28 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	QL (30 per 28 days)
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	QL (40 per 28 days)
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	QL (30 per 28 days)
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	QL (40 per 28 days)
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	
<b>Sulfonylureas</b>		
<i>glimepiride oral tablet 1 mg, 2 mg</i> (Amaryl)	6	QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	6	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	6	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	6	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg, 5 mg</i> (Glucotrol XL)	6	QL (30 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i> (Glipizide/Metformin HCl)	6	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glipizide/Metformin HCl)	6	QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> (Glynase)	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> (Glyburide)	6	PA-HRM; AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> (Glucovance)	6	PA-HRM; AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i> (Tolazamide)	6	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i> (Tolazamide)	6	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i> (Tolbutamide)	6	QL (180 per 30 days)
<b>Antifungals</b>		
<b>Antifungals</b>		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	5	PA BvD; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	5	PA BvD; NDS
<i>amphotericin b injection recon soln 50 mg</i> (Amphotericin B)	2	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	5	NDS
<i>ciclopirox topical cream 0.77 %</i> (Loprox)	2	
<i>ciclopirox topical gel 0.77 %</i> (Ciclopirox)	2	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	2	
<i>ciclopirox topical solution 8 %</i> (Penlac)	2	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox)	2	
<i>clotrimazole mucous membrane troche 10 mg</i> (Clotrimazole)	2	
<i>clotrimazole topical cream 1 %</i> (Clotrimazole)	2	
<i>clotrimazole topical solution 1 %</i> (Clotrimazole)	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	2	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> (Clotrimazole/Betamet hasone Dip)	2	
<i>econazole topical cream 1 %</i> (Econazole Nitrate)	2	
EXELDERM TOPICAL CREAM 1 %	4	
EXELDERM TOPICAL SOLUTION 1 %	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	(Fluconazole In Nacl,Iso-Osm) 2	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	(Diflucan) 2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	(Diflucan) 2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	(Ancobon) 5	NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	(Griseofulvin, Microsize) 2	
<i>griseofulvin microsize oral tablet 500 mg</i>	(Griseofulvin, Microsize) 2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	(Gris-Peg) 2	
<i>itraconazole oral capsule 100 mg</i>	(Sporanox) 2	
<i>ketoconazole oral tablet 200 mg</i>	(Ketoconazole) 2	
<i>ketoconazole topical cream 2 %</i>	(Ketoconazole) 2	
<i>ketoconazole topical shampoo 2 %</i>	(Nizoral) 2	
<i>miconazole-3 vaginal suppository 200 mg</i>	(Miconazole Nitrate) 2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	5	NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	5	NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	5	NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	(Nystatin) 2	
<i>nyata topical powder 100,000 unit/gram</i>	(Nystatin) 2	
<i>nystatin oral suspension 100,000 unit/ml</i>	(Nystatin) 2	
<i>nystatin oral tablet 500,000 unit</i>	(Nystatin) 2	
<i>nystatin topical cream 100,000 unit/gram</i>	(Nystatin) 2	
<i>nystatin topical ointment 100,000 unit/gram</i>	(Nystatin) 2	
<i>nystatin topical powder 100,000 unit/gram</i>	(Nystatin) 2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nystatin-triamcinolone topical cream</i> (Nystatin/Triamcin) 100,000-0.1 unit/g-%	2	
<i>nystatin-triamcinolone topical ointment</i> (Nystatin/Triamcin) 100,000-0.1 unit/gram-%	2	
<i>nystop topical powder</i> 100,000 unit/gram (Nystatin)	2	
<b>SPORANOX ORAL SOLUTION 10 MG/ML</b>	5	NDS
<i>terbinafine hcl oral tablet</i> 250 mg (Lamisil)	1	
<i>voriconazole intravenous solution</i> 200 mg (Vfend IV)	2	
<i>voriconazole oral suspension for reconstitution</i> 200 mg/5 ml (40 mg/ml) (Vfend)	5	NDS
<i>voriconazole oral tablet</i> 200 mg, 50 mg (Vfend)	5	NDS
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet</i> 100 mg, 300 mg (Zyloprim)	2	
<b>COLCRYS ORAL TABLET 0.6 MG</b>	2	
<i>probenecid oral tablet</i> 500 mg (Probenecid)	2	
<i>probenecid-colchicine oral tablet</i> 500-0.5 mg (Probenecid/Colchicine )	2	
<b>ULORIC ORAL TABLET 40 MG, 80 MG</b>	3	QL (30 per 30 days)
<b>ZURAMPIC ORAL TABLET 200 MG</b>	3	ST; QL (30 per 30 days)
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>carbinoxamine maleate oral liquid</i> 4 mg/5 ml (Carbinoxamine Maleate)	2	
<i>carbinoxamine maleate oral tablet</i> 4 mg (Carbinoxamine Maleate)	2	
<i>clemastine oral tablet</i> 2.68 mg (Clemastine Fumarate)	2	
<i>cyproheptadine oral syrup</i> 2 mg/5 ml (Cyproheptadine HCl)	2	
<i>cyproheptadine oral tablet</i> 4 mg (Cyproheptadine HCl)	2	
<i>diphenhydramine hcl injection solution</i> 50 mg/ml (Diphenhydramine HCl)	2	
<i>diphenhydramine hcl injection syringe</i> 50 mg/ml (Diphenhydramine HCl)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i> (Hydroxyzine HCl)	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i> (Hydroxyzine HCl)	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Hydroxyzine HCl)	2	
<i>levocetirizine oral solution 2.5 mg/5 ml</i> (Xyzal)	2	
<i>levocetirizine oral tablet 5 mg</i> (Xyzal)	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i> (Promethazine HCl)	2	PA-HRM; AGE (Max 64 Years)
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
AVC VAGINAL VAGINAL CREAM 15 %	3	
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	2	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel-Vaginal)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i> (Terazol 7)	2	
<i>terconazole vaginal suppository 80 mg</i> (Terconazole)	2	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> (Axert)	2	QL (12 per 28 days)
<i>dihydroergotamine injection solution 1 mg/ml</i> (D.H.E.45)	5	NDS; QL (30 per 28 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	5	NDS; QL (8 per 28 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt)	2	QL (18 per 28 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i> (Maxalt Mlt)	2	QL (18 per 28 days)
<i>sumatriptan 4 mg/0.5 ml inject latex-free 4 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i> (Imitrex)	2	QL (12 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> (Imitrex)	2	QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> (Imitrex)	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i> (Sumatriptan Succinate)	2	QL (4 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> (Zomig)	2	QL (12 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> (Zomig Zmt)	2	QL (12 per 28 days)
<b>Antimycobacterials</b>		
<b>Antimycobacterials</b>		
CAPASTAT INJECTION RECON SOLN 1 GRAM	4	
<i>dapsone oral tablet 100 mg, 25 mg</i> (Dapsone)	2	
<i>ethambutol oral tablet 100 mg, 400 mg</i> (Myambutol)	2	
<i>isoniazid oral solution 50 mg/5 ml</i> (Isoniazid)	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i> (Isoniazid)	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i> (Pyrazinamide)	2	
<i>rifabutin oral capsule 150 mg</i> (Mycobutin)	2	
<i>rifampin intravenous recon soln 600 mg</i> (Rifadin)	2	
<i>rifampin oral capsule 150 mg, 300 mg</i> (Rifadin)	2	
RIFATER ORAL TABLET 50-120-300 MG	4	
SIRTURO ORAL TABLET 100 MG	5	PA; NDS; QL (188 per 168 days)
TRECTOR ORAL TABLET 250 MG	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Antinausea Agents</b>		
<b>Antinausea Agents</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG	3	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	2	PA BvD
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	2	PA BvD
<i>compro rectal suppository 25 mg</i> (Compazine)	2	
<i>dimenhydrinate injection solution 50 mg/ml</i> (Dimenhydrinate)	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	2	PA
EMEND INTRAVENOUS RECON SOLN 150 MG	4	QL (2 per 28 days)
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG	4	PA BvD
EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2)	4	PA BvD
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	PA BvD
<i>granisetron (pf) intravenous solution 100 mcg/ml</i> (Granisetron HCl/PF)	2	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i> (Granisetron HCl)	2	
<i>granisetron hcl oral tablet 1 mg</i> (Granisetron HCl)	2	PA BvD
<i>meclizine oral tablet 12.5 mg, 25 mg</i> (Meclizine HCl)	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i> (Ondansetron HCl/PF)	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran)	2	PA BvD
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i> (Zofran)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> (Zofran Odt)	2	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i> (Prochlorperazine Edisylate)	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> (Promethazine HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> (Phenergan)	2	PA-HRM; AGE (Max 64 Years)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	4	QL (10 per 30 days)
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
ALBENZA ORAL TABLET 200 MG	5	NDS
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ALINIA ORAL TABLET 500 MG	4	
<i>atovaquone oral suspension 750 mg/5 ml</i> (Meproon)	5	NDS
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> (Malarone)	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> (Chloroquine Phosphate)	2	
COARTEM ORAL TABLET 20-120 MG	4	
DARAPRIM ORAL TABLET 25 MG	5	PA; NDS
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	2	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	2	
<i>mefloquine oral tablet 250 mg</i> (Mefloquine HCl)	2	

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Drug Name	Drug Tier	Requirements/Limits
NEBUPENT INHALATION RECON SOLN 300 MG	4	PA BvD
<i>paromomycin oral capsule 250 mg</i> (Paromomycin Sulfate)	2	
PENTAM INJECTION RECON SOLN 300 MG	4	
PRIMAQUINE ORAL TABLET 26.3 MG	4	QL (90 per 30 days)
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	2	PA; QL (42 per 7 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i> (Tindamax)	2	
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i> (Amantadine HCl)	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i> (Amantadine HCl)	2	
<i>amantadine hcl oral tablet 100 mg</i> (Amantadine HCl)	2	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	5	NDS; QL (60 per 30 days)
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	
<i>benztropine injection solution 2 mg/2 ml</i> (Cogentin)	2	PA-HRM; AGE (Max 64 Years)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> (Benztropine Mesylate)	2	PA-HRM; AGE (Max 64 Years)
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	2	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	2	
<i>cabergoline oral tablet 0.5 mg</i> (Cabergoline)	2	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> (Carbidopa/Levodopa)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> (Stalevo 50)	2	
<b>COGENTIN INJECTION SOLUTION 2 MG/2 ML</b>	4	PA-HRM; AGE (Max 64 Years)
<i>entacapone oral tablet 200 mg</i> (Comtan)	2	
<b>NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR</b>	3	QL (30 per 30 days)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	2	
<i>selegiline hcl oral capsule 5 mg</i> (Eldepryl)	2	
<i>selegiline hcl oral tablet 5 mg</i> (Selegiline HCl)	2	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i> (Trihexyphenidyl HCl)	2	PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i> (Trihexyphenidyl HCl)	2	PA-HRM; AGE (Max 64 Years)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG</b>	5	NDS; QL (1 per 28 days)
<b>ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG</b>	5	NDS; QL (1 per 28 days)
<i>aripiprazole oral solution 1 mg/ml</i> (Aripiprazole)	2	QL (900 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	2	QL (30 per 30 days)
<i>aripiprazole oral tablet 2 mg</i> (Abilify)	2	QL (60 per 30 days)
<i>aripiprazole oral tablet, disintegrating 10 mg</i> (Aripiprazole)	2	QL (90 per 30 days)
<i>aripiprazole oral tablet, disintegrating 15 mg</i> (Aripiprazole)	2	QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	NDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	NDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	NDS; QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i> (Chlorpromazine HCl)	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> (Chlorpromazine HCl)	2	
<i>clozapine oral tablet 100 mg</i> (Clozaril)	2	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i> (Clozaril)	2	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i> (Clozaril)	2	QL (90 per 30 days)
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (Fazaclo)	2	ST
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; NDS; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	4	ST; QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i> (Fluphenazine Decanoate)	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i> (Fluphenazine HCl)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> (Fluphenazine HCl)	2	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> (Fluphenazine HCl)	2	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	QL (6 per 28 days)
<i>haloperidol dec 50 mg/ml vial 50 mg/ml</i> (Haloperidol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i> (Haloperidol Decanoate)	2	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i> (Haldol Decanoate 50)	2	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i> (Haloperidol Lactate)	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> (Haloperidol)	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	NDS; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	NDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	NDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	NDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	5	NDS; QL (0.875 per 84 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	5	NDS; QL (1.315 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	NDS; QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	5	NDS; QL (2.625 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	5	NDS; QL (30 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> (Loxapine Succinate)	2	
<i>molindone oral tablet 10 mg</i> (Molindone HCl)	2	QL (240 per 30 days)
<i>molindone oral tablet 25 mg</i> (Molindone HCl)	2	QL (270 per 30 days)
<i>molindone oral tablet 5 mg</i> (Molindone HCl)	2	QL (120 per 30 days)
NUPLAZID ORAL TABLET 17 MG	5	PA NSO; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	2	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	2	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	5	NDS; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	5	NDS; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> (Perphenazine)	2	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel)	2	QL (90 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 50 mg</i> (Seroquel XR)	2	ST; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR)	2	ST; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quetiapine oral tablet extended release 24 hr 400 mg</i> (Seroquel XR)	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 0.25 MG	5	ST; NDS; QL (120 per 30 days)
REXULTI ORAL TABLET 0.5 MG	5	ST; NDS; QL (60 per 30 days)
REXULTI ORAL TABLET 1 MG, 2 MG, 3 MG, 4 MG	5	ST; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	4	QL (4 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	5	NDS; QL (4 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	2	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> (Risperdal)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> (Risperdal M-Tab)	2	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 3 mg, 4 mg</i> (Risperdal M-Tab)	2	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	ST; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 50 MG	4	ST; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 200 MG	4	ST; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	5	ST; NDS; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Thioridazine HCl)	2	PA NSO-HRM; AGE (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Thiothixene)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> (Trifluoperazine HCl)	2	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; NDS; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	4	ST; QL (7 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	2	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	NDS; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	NDS; QL (1 per 28 days)
<b>Antivirals (Systemic)</b>		
<b>Antiretrovirals</b>		
<i>abacavir oral tablet 300 mg</i> (Ziagen)	2	
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	5	NDS
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	5	NDS
APTIVUS ORAL CAPSULE 250 MG	5	NDS
APTIVUS ORAL SOLUTION 100 MG/ML	4	
ATRIPLA ORAL TABLET 600-200-300 MG	5	NDS
COMPLERA ORAL TABLET 200-25-300 MG	5	NDS
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DESCOVY ORAL TABLET 200-25 MG	5	NDS
<i>didanosine oral capsule, delayed release (drlec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	2	
EDURANT ORAL TABLET 25 MG	5	NDS
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	4	
EPZICOM ORAL TABLET 600-300 MG	5	NDS
EVOTAZ ORAL TABLET 300-150 MG	5	NDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	NDS
GENVOYA ORAL TABLET 150-150-200-10 MG	5	NDS
INTELENCE ORAL TABLET 100 MG, 200 MG	5	NDS
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL CAPSULE 200 MG	5	NDS
INVIRASE ORAL TABLET 500 MG	5	NDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	5	NDS
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	3	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	5	NDS
KALETRA ORAL TABLET 100-25 MG	3	
KALETRA ORAL TABLET 200-50 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> (Epivir)	2	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	2	
LEXIVA ORAL SUSPENSION 50 MG/ML	3	
LEXIVA ORAL TABLET 700 MG	5	NDS
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	2	
<i>nevirapine oral tablet 200 mg</i> (Viramune)	2	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> (Viramune XR)	2	
NORVIR ORAL CAPSULE 100 MG	3	
NORVIR ORAL SOLUTION 80 MG/ML	3	
NORVIR ORAL TABLET 100 MG	3	
ODEFSEY ORAL TABLET 200-25-25 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	NDS
PREZISTA ORAL SUSPENSION 100 MG/ML	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
PREZISTA ORAL TABLET 400 MG, 600 MG, 800 MG	5	NDS
RESCRIPTOR ORAL TABLET 200 MG	4	
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	4	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	5	NDS
REYATAZ ORAL POWDER IN PACKET 50 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	NDS
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	2	
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	NDS
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	4	
TIVICAY ORAL TABLET 10 MG	4	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	NDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	NDS
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	5	NDS
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	5	NDS
VITEKTA ORAL TABLET 150 MG, 85 MG	5	NDS
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	2	
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	2	
<i>zidovudine oral tablet 300 mg</i> (Zidovudine)	2	
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	2	PA BvD
<i>oseltamivir oral capsule 30 mg</i> (Tamiflu)	2	QL (84 per 180 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oseltamivir oral capsule 45 mg</i> (Tamiflu)	2	QL (48 per 180 days)
<i>oseltamivir oral capsule 75 mg</i> (Tamiflu)	2	QL (42 per 180 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
TAMIFLU ORAL CAPSULE 30 MG	3	QL (84 per 180 days)
TAMIFLU ORAL CAPSULE 45 MG	3	QL (48 per 180 days)
TAMIFLU ORAL CAPSULE 75 MG	3	QL (42 per 180 days)
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL (540 per 180 days)
<b>Hcv Antivirals</b>		
DAKLINZA ORAL TABLET 30 MG, 60 MG, 90 MG	5	PA; NDS; QL (28 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; NDS; QL (28 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; NDS; QL (30 per 30 days)
OLYSIO ORAL CAPSULE 150 MG	5	PA; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	5	PA; NDS; QL (28 per 28 days)
TECHNIVIE ORAL TABLET 12.5-75-50 MG	5	PA; NDS; QL (56 per 28 days)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; NDS; QL (112 per 28 days)
VIEKIRA XR ORAL TABLET, IR - ER, BIPHASIC 24HR 8.33 MG-50 MG- 33.33 MG-200 MG	5	PA; NDS; QL (84 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	5	PA; NDS; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	5	PA NSO; NDS
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	5	PA NSO; NDS
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	5	NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	NDS
PEGINTRON SUBCUTANEOUS KIT 120 MCG/0.5 ML, 150 MCG/0.5 ML, 50 MCG/0.5 ML, 80 MCG/0.5 ML	5	NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	5	PA NSO; NDS; QL (4 per 28 days)
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir 1,000 mg/20 ml vial latex-free, sdy 50 mg/ml</i> (Acyclovir Sodium)	5	PA BvD; NDS
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	2	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	2	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	2	
<i>acyclovir sodium intravenous recon soln 500 mg</i> (Acyclovir Sodium)	5	PA BvD; NDS
<i>acyclovir sodium intravenous solution 50 mg/ml</i> (Acyclovir Sodium)	2	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	5	NDS
<i>cidofovir intravenous solution 75 mg/ml</i> (Vistide)	5	NDS
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	5	NDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> (Famvir)	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ribasphere oral capsule 200 mg</i> (Rebetol)	2	
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i> (Copegus)	2	
<i>ribasphere ribapak oral tablets, dose pack 200 mg (7)- 400 mg (7), 400-400 mg (28)-mg (28), 600-400 mg (28)-mg (28)</i> (Ribatab)	5	NDS
<i>ribavirin oral capsule 200 mg</i> (Rebetol)	2	
<i>ribavirin oral tablet 200 mg</i> (Copegus)	2	
TYZEKA ORAL TABLET 600 MG	5	NDS
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	2	
VALCYTE ORAL RECON SOLN 50 MG/ML	5	NDS
<i>valganciclovir oral recon soln 50 mg/ml</i> (Valcyte)	5	NDS
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	5	NDS
VEMLIDY ORAL TABLET 25 MG	5	NDS; QL (30 per 30 days)
VIRAZOLE INHALATION RECON SOLN 6 GRAM	5	PA BvD; NDS
<b>Blood Products/Modifiers/Volume Expanders</b>		
<b>Anticoagulants</b>		
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	5	NDS
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	2	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> (Lovenox)	2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	2	QL (24 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	2	QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	2	QL (12 per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	2	QL (18 per 30 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i> (Heparin Sodium, Porcine/D5W)	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml (100 unit/ml)</i> (Heparin Sod, Pork In 0.45% NaCl)	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i> (Heparin Sodium, Porcine)	2	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag latex-free, inner 25,000 unit/250 ml</i> (Heparin Sod, Pork In 0.45% NaCl)	2	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i> (Heparin Sodium, Porcine/PF)	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> (Monoject Prefill Advanced)	2	
<b>IPRIVASK SUBCUTANEOUS RECON SOLN 15 MG</b>	5	PA; NDS; QL (24 per 28 days)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	
<b>PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG</b>	4	ST; QL (60 per 30 days)
<b>SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG</b>	4	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> (Coumadin)	1	
<b>XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG</b>	3	
<b>XARELTO ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)</b>	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Blood Formation Modifiers</b>		
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; NDS
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	3	PA; QL (12 per 28 days)
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS
LEUKINE INJECTION RECON SOLN 250 MCG	5	NDS
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA; QL (0.6 per 28 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	5	NDS
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	5	NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; NDS; QL (12 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; NDS; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; NDS; QL (30 per 30 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	ST; NDS
<b>Hematologic Agents, Miscellaneous</b>		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i> (Agrylin)	2	
<i>protamine intravenous solution 10 mg/ml</i> (Protamine Sulfate)	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Tranexamic Acid)	2	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	2	QL (30 per 30 days)
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i> (Cilostazol)	2	
<i>clopidogrel oral tablet 300 mg</i> (Plavix)	2	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> (Persantine)	2	
EFFIENT ORAL TABLET 10 MG, 5 MG	3	QL (30 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i> (Pentoxifylline)	2	
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
AMINO ACIDS 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	4	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	4	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	4	PA BvD
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX 2.75%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D20W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD
CLINIMIX E 2.75%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 2.75%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	4	PA BvD
CLINIMIX E 4.25%/D10W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
CLINIMIX E 4.25%/D25W SUL FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	PA BvD	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD	
CLINIMIX E 5%/D25W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	PA BvD	
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	4	PA BvD	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	(Dextrose 10 % in Water)	2	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	(Dextrose 20 % in Water)	2	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	(Dextrose 25 % in Water)	2	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	(Dextrose 40 % in Water)	2	PA BvD
<i>dextrose 5 % in ringers intravenous parenteral solution 5 %</i>	(Dextrose 5 % In Ringers)	2	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	(Dextrose 5 % in Water)	2	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	(Dextrose 50 % in Water)	2	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	(Dextrose 50 % in Water)	2	PA BvD
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	(Dextrose 70 % in Water)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREAMINE HBC 6.9 % INTRAVENOUS PARENTERAL SOLUTION 6.9 %	4	PA BvD
FREAMINE III 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	4	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	4	PA BvD
KABIVEN INTRAVENOUS EMULSION 3.31-9.8-3.9 %	4	PA BvD
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	4	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	4	PA BvD
PERIKABIVEN INTRAVENOUS EMULSION 2.36-6.8-3.5 %	4	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	4	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	4	PA BvD
<i>smoflipid intravenous emulsion 20 %</i> (Fat Emul/Soy/Mct/Oliv/Fis h Oil)	4	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TROPHAMINE 6% INTRAVENOUS PARENTERAL SOLUTION 6 %	4	PA BvD
<b>Cardiovascular Agents</b>		
<b>Alpha-Adrenergic Agents</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> (Catapres)	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr</i> (Catapres-Tts 1)	2	QL (4 per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-Tts 1)	2	QL (8 per 28 days)
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i> (Clonidine HCl/Chlorthalidone)	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i> (Tenex)	2	PA-HRM; AGE (Max 64 Years)
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Midodrine HCl)	2	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	5	PA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	2	
<b>Angiotensin II Receptor Antagonists</b>		
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	2	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> (Atacand)	6	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	6	
EDARBI ORAL TABLET 40 MG, 80 MG	4	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	4	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i> (Eprosartan Mesylate)	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	6	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	6	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> (Cozaar)	6	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	6	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	6	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	6	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> (Diovan)	6	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> (Diovan HCT)	6	
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Lotensin)	6	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i> (Lotensin HCT)	6	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> (Captopril)	6	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> (Captopril/Hydrochlorothiazide)	6	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	6	
<i>enalaprilat intravenous solution 1.25 mg/ml</i> (Enalaprilat Dihydrate)	6	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> (Vaseretic)	6	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> (Fosinopril Sodium)	6	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> (Fosinopril/Hydrochlorothiazide)	6	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	6	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	6	
<i>moexipril oral tablet 15 mg, 7.5 mg</i> (Moexipril HCl)	6	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i> (Moexipril/Hydrochlorothiazide)	6	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> (Aceon)	6	
<b>QBRELIS ORAL SOLUTION 1 MG/ML</b>	4	ST
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	6	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	6	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	6	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> (Mavik)	6	
<b>Antiarrhythmic Agents</b>		
<i>amiodarone intravenous solution 50 mg/ml</i> (Amiodarone HCl)	2	
<i>amiodarone intravenous syringe 150 mg/3 ml</i> (Amiodarone HCl)	2	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Cordarone)	2	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> (Tambocor)	2	
<i>lidocaine (pf) intravenous syringe 50 mg/5 ml (1%)</i> (Lidocaine HCl/PF)	2	
<i>lidocaine in 5% dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8%)</i> (Lidocaine HCl/D5w/PF)	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> (Mexiletine HCl)	2	
<b>MULTAQ ORAL TABLET 400 MG</b>	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i> (Cordarone)	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i> (Procainamide HCl)	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> (Rythmol SR)	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> (Rythmol)	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i> (Quinidine Gluconate)	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i> (Quinidine Sulfate)	2	
<i>quinidine sulfate oral tablet extended release 300 mg</i> (Quinidine Sulfate)	2	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i> (Sectral)	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i> (Tenormin)	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i> (Tenoretic 50)	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i> (Betaxolol HCl)	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i> (Zebeta)	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i> (Ziac)	1	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
BYVALSON ORAL TABLET 5-80 MG	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg,</i> <i>3.125 mg, 6.25 mg</i> (Coreg)	1	
<i>esmolol intravenous solution 100 mg/10</i> <i>ml (10 mg/ml)</i> (Brevibloc)	2	PA BvD
<i>labetalol intravenous solution 5 mg/ml</i> (Labetalol HCl)	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300</i> <i>mg</i> (Trandate)	2	
<i>metoprolol succinate oral tablet extended</i> <i>release 24 hr 100 mg, 200 mg, 25 mg, 50</i> <i>mg</i> (Toprol XL)	2	
<i>metoprolol ta-hydrochlorothiaz oral</i> <i>tablet 100-25 mg, 100-50 mg, 50-25 mg</i> (Lopressor HCT)	2	
<i>metoprolol tartrate intravenous solution 5</i> <i>mg/5 ml</i> (Metoprolol Tartrate)	2	
<i>metoprolol tartrate intravenous syringe 5</i> <i>mg/5 ml</i> (Metoprolol Tartrate)	2	
<i>metoprolol tartrate oral tablet 100 mg, 25</i> <i>mg, 37.5 mg, 50 mg, 75 mg</i> (Lopressor)	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	2	
<i>pindolol oral tablet 10 mg, 5 mg</i> (Pindolol)	2	
<i>propranolol intravenous solution 1 mg/ml</i> (Propranolol HCl)	2	
<i>propranolol oral capsule, extended release</i> <i>24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	2	
<i>propranolol oral solution 20 mg/5 ml (4</i> <i>mg/ml), 40 mg/5 ml (8 mg/ml)</i> (Propranolol HCl)	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40</i> <i>mg, 60 mg, 80 mg</i> (Propranolol HCl)	2	
<i>propranolol-hydrochlorothiazid oral</i> <i>tablet 40-25 mg, 80-25 mg</i> (Propranolol/Hydrochl orothiazid)	2	
<i>sorine oral tablet 120 mg, 160 mg, 240</i> <i>mg, 80 mg</i> (Betapace)	2	
<i>sotalol 120 mg tablet 120 mg</i> (Betapace)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sotalol af oral tablet 120 mg</i> (Betapace)	2	
<i>sotalol oral tablet 160 mg, 240 mg, 80 mg</i> (Betapace)	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> (Timolol Maleate)	2	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cardizem CD)	2	
<i>diltiazem 24hr er 360 mg cap 360 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 180 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 240 mg, 300 mg</i> (Cardizem CD)	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem LA)	2	
<i>dilt-xr oral capsule, ext release degradable 120 mg, 180 mg, 240 mg</i> (Cardizem CD)	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Cardizem CD)	2	
<i>taztia xt oral capsule, extended release 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> (Cardizem CD)	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i> (Verapamil HCl)	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan Pm)	2	
<i>verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i> (Calan)	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	2	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	
DEMSEER ORAL CAPSULE 250 MG	5	NDS
<i>digitek oral tablet 125 mcg</i> (Lanoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older and Dose is Greater than 125mcg per Day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digitek oral tablet 250 mcg</i> (Lanoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older; QL (30 per 30 days); AGE (Max 64 Years)
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i> (Digoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older; AGE (Max 64 Years)
<i>digoxin injection solution 250 mcg/ml</i> (Digoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older; AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIGOXIN ORAL SOLUTION 50 MCG/ML	3	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older and Dose is Greater than 125mcg per Day; AGE (Max 64 Years)
<i>digoxin oral tablet 125 mcg</i> (Lanoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older and Dose is Greater than 125mcg per Day; QL (30 per 30 days); AGE (Max 64 Years)
<i>digoxin oral tablet 250 mcg</i> (Lanoxin)	2	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older; QL (30 per 30 days); AGE (Max 64 Years)
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i> (Dobutamine HCl/D5W)	2	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i> (Dobutamine HCl)	2	PA BvD
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 800 mg/250 ml (3,200 mcg/ml)</i> (Dopamine HCl/D5W)	2	PA BvD
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i> (Dopamine HCl)	2	PA BvD
<i>epinephrine 0.3 mg auto-inject outer 0.3 mg/0.3 ml</i> (Epipen 2-Pak)	2	QL (4 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine hcl (pf) injection solution 1 mg/ml (1 ml)</i> (Epinephrine HCl/PF)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.3 mg/0.3 ml</i> (Epipen 2-Pak)	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml</i> (Epipen 2-Pak)	2	QL (4 per 30 days)
<i>epinephrine injection syringe 0.1 mg/ml</i> (Epinephrine)	2	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL (4 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	5	NDS
<i>hydralazine injection solution 20 mg/ml</i> (Hydralazine HCl)	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> (Hydralazine HCl)	2	
LANOXIN ORAL TABLET 187.5 MCG	4	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older; QL (30 per 30 days); AGE (Max 64 Years)
LANOXIN ORAL TABLET 62.5 MCG	4	PA-HRM; PA REQUIRED: High Risk Med for Ages 65 and Older and Dose is Greater than 125mcg per Day; QL (60 per 30 days); AGE (Max 64 Years)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i> (Milrinone Lactate/D5W)	5	PA BvD; NDS
<i>milrinone intravenous solution 1 mg/ml</i> (Milrinone Lactate)	5	PA BvD; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed Bitartrate)	2	PA BvD
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	3	
<b>Dihydropyridines</b>		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i> (Adalat CC)	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> (Norvasc)	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	2	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i> (Exforge HCT)	2	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	2	
CLEVIPREX INTRAVENOUS EMULSION 50 MG/100 ML	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> (Felodipine)	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i> (Isradipine)	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i> (Nicardipine HCl)	2	
<i>nifedical xl oral tablet extended release 24hr 30 mg, 60 mg</i> (Procardia XL)	2	
<i>nifedipine er 30 mg tablet flc 30 mg</i> (Adalat CC)	2	
<i>nifedipine er 60 mg tablet flc 60 mg</i> (Adalat CC)	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i> (Adalat CC)	2	
<i>nifedipine oral tablet extended release 24hr 90 mg</i> (Procardia XL)	2	
<b>Diuretics</b>		
<i>amiloride oral tablet 5 mg</i> (Amiloride HCl)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> (Amiloride/Hydrochlorothiazide)	2	
<i>bumetanide injection solution 0.25 mg/ml</i> (Bumetanide)	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i> (Bumetanide)	2	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i> (Chlorothiazide)	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Sodium Diuril)	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i> (Chlorthalidone)	1	
<b>DYRENIUM ORAL CAPSULE 100 MG, 50 MG</b>	4	
<i>furosemide injection solution 10 mg/ml</i> (Furosemide)	2	
<i>furosemide injection syringe 10 mg/ml</i> (Furosemide)	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i> (Furosemide)	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> (Lasix)	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i> (Microzide)	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> (Hydrochlorothiazide)	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i> (Indapamide)	1	
<i>methyclothiazide oral tablet 5 mg</i> (Methyclothiazide)	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Zaroxolyn)	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	2	
<i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i> (Aldactazide)	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> (Demadex)	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg, 50-25 mg</i> (Dyazide)	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> (Maxzide)	1	

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Drug Name	Drug Tier	Requirements/Limits
<b>Dyslipidemics</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	4	
<i>amlodipine-atorvastatin oral tablet 10-10</i> (Caduet) <i>mg, 10-20 mg, 10-40 mg, 10-80 mg,</i> <i>2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10</i> <i>mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	6	
<i>atorvastatin oral tablet 10 mg, 20 mg, 40</i> (Lipitor) <i>mg, 80 mg</i>	6	
<i>cholestyramine light oral powder in</i> (Questran) <i>packet 4 gram</i>	2	
<i>cholestyramine light packet 4 gram</i> (Cholestyramine/Aspar tame)	2	
<i>cholestyramine packet outer 4 gram</i> (Questran)	2	
<i>colestipol hcl granules packet 5 gram</i> (Colestid)	2	
<i>colestipol oral granules 5 gram</i> (Colestid)	2	
<i>colestipol oral tablet 1 gram</i> (Colestid)	2	
<i>fenofibrate micronized oral capsule 130</i> (Lofibra) <i>mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet</i> (Tricor) <i>145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 120 mg, 160 mg,</i> (Lofibra) <i>40 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral</i> (Trilipix) <i>capsule, delayed release(drlec) 135 mg,</i> <i>45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	2	
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 30 MG, 40 MG, 60 MG	5	PA; NDS; QL (30 per 30 days)
JUXTAPID ORAL CAPSULE 20 MG	5	PA; NDS; QL (90 per 30 days)
JUXTAPID ORAL CAPSULE 5 MG	5	PA; NDS; QL (45 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; NDS; QL (4 per 28 days)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	3	QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lovastatin)	6	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan)	2	
<i>niacor oral tablet 500 mg</i> (Niacin)	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	2	QL (120 per 30 days)
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	5	PA; NDS; QL (2 per 28 days)
PRALUENT SYRINGE SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/ML	5	PA; NDS; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> (Pravachol)	6	
<i>prevalite oral powder 4 gram</i> (Cholestyramine/Aspartame)	2	
<i>prevalite packet outer 4 gram</i> (Cholestyramine/Aspartame)	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	5	PA; NDS; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	5	PA; NDS; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Crestor)	6	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Zocor)	6	
<i>simvastatin oral tablet 80 mg</i> (Zocor)	6	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VASCEPA ORAL CAPSULE 0.5 GRAM	3	QL (240 per 30 days)
VASCEPA ORAL CAPSULE 1 GRAM	3	QL (120 per 30 days)
VYTORIN 10-10 ORAL TABLET 10-10 MG	4	
VYTORIN 10-20 ORAL TABLET 10-20 MG	4	
VYTORIN 10-40 ORAL TABLET 10-40 MG	4	
VYTORIN 10-80 ORAL TABLET 10-80 MG	4	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	3	
WELCHOL ORAL TABLET 625 MG	3	
ZETIA ORAL TABLET 10 MG	2	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	2	
TEKAMLO ORAL TABLET 150-10 MG, 150-5 MG, 300-10 MG, 300-5 MG	3	ST
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	ST
TEKTURNA ORAL TABLET 150 MG, 300 MG	3	ST
<b>Vasodilators</b>		
BIDIL ORAL TABLET 20-37.5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> (Isochron)	2	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (Isochron)	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> (Isosorbide Mononitrate)	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> (Imdur)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minitran transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	2	QL (30 per 30 days)
<i>minitran transdermal patch 24 hour 0.4 mg/1hr</i> (Nitro-Dur)	2	QL (60 per 30 days)
<i>minoxidil oral tablet 10 mg, 2.5 mg</i> (Minoxidil)	2	
<b>NITRO-BID TRANSDERMAL OINTMENT 2 %</b>	2	
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i> (Nitroglycerin/D5W)	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i> (Nitroglycerin)	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.6 mg/1hr</i> (Nitro-Dur)	2	QL (30 per 30 days)
<i>nitroglycerin transdermal patch 24 hour 0.4 mg/1hr</i> (Nitro-Dur)	2	QL (60 per 30 days)
<b>NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG</b>	3	
<b>PROGLYCEM ORAL SUSPENSION 50 MG/ML</b>	4	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
<b>AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG</b>	5	PA; NDS; QL (60 per 30 days)
<b>AUBAGIO ORAL TABLET 14 MG, 7 MG</b>	5	PA; NDS; QL (28 per 28 days)
<b>AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG</b>	5	PA; NDS
<b>AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML</b>	5	PA; NDS
<b>AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML</b>	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i> (Caffeine Citrate)	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> (Kapvay)	2	
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; NDS
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	2	QL (60 per 30 days)
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine)	2	QL (120 per 30 days)
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Dexedrine)	2	QL (180 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 5 mg</i> (Adderall XR)	2	QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i> (Adderall XR)	2	QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	2	QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	5	PA; NDS
<i>flumazenil intravenous solution 0.1 mg/ml</i> (Romazicon)	2	
GILENYA ORAL CAPSULE 0.5 MG	5	PA; NDS; QL (28 per 28 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv)	2	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	5	PA; NDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> (Lithium Carbonate)	1	
<i>lithium carbonate oral tablet 300 mg</i> (Lithobid)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> (Lithobid)	2	
<i>lithium citrate oral solution 8 meq/5 ml</i> (Lithium Citrate)	2	
<i>methylphenidate cd 20 mg cap 20 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate cd 40 mg cap 40 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 10 mg, 50 mg, 60 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral capsule, er biphasic 30-70 30 mg</i> (Metadate Cd)	2	QL (60 per 30 days)
<i>methylphenidate oral capsule, er biphasic 50-50 20 mg, 40 mg</i> (Metadate Cd)	2	QL (30 per 30 days)
<i>methylphenidate oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	2	QL (900 per 30 days)
<i>methylphenidate oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	2	QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 10 mg, 20 mg</i> (Methylphenidate HCl)	2	QL (90 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> (Concerta)	2	QL (30 per 30 days)
<i>methylphenidate oral tablet extended release 24hr 36 mg</i> (Concerta)	2	QL (60 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	3	QL (60 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; NDS
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; NDS
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; NDS
<i>riluzole oral tablet 50 mg</i> (Rilutek)	2	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (60 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	3	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	5	PA; NDS; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	5	PA; NDS; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> (Xenazine)	5	PA; NDS; QL (112 per 28 days)
ZINBRYTA SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS; QL (1 per 28 days)
<b>Contraceptives</b>		
<b>Contraceptives</b>		
<i>altavera (28) oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (Seasonique)	2	QL (91 per 84 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Seasonique)	2	QL (91 per 84 days)
<i>apri oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> (Modicon)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ashlyna oral tablets,dose pack,3 month</i> (Seasonique) <i>0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>aubra oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>aviane oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>azurette (28) oral tablet 0.15-0.02</i> (Mircette) <i>mgx21 /0.01 mg x 5</i>	2	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21</i> (Mircette) <i>/0.01 mg x 5</i>	2	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg</i> (Loestrin Fe) <i>(24)/75 mg (4)</i>	2	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5</i> (Loestrin Fe) <i>mg-30 mcg (21)/75 mg (7)</i>	2	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20</i> (Loestrin Fe) <i>mcg (21)/75 mg (7)</i>	2	
<i>briellyn oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>camila oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>camrese lo oral tablets,dose pack,3 month</i> (Seasonique) <i>0.10 mg-20 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>camrese oral tablets,dose pack,3 month</i> (Seasonique) <i>0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)
<i>caziant (28) oral tablet 0.1/1.125/1.15-25</i> (Desogen) <i>mg-mcg</i>	2	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>cyclafem 1/35 (28) oral tablet 1-35</i> (Modicon) <i>mg-mcg</i>	2	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1</i> (Modicon) <i>mg- 35 mcg</i>	2	
<i>cyred oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>dasetta 1/35 (28) oral tablet 1-35</i> (Modicon) <i>mg-mcg</i>	2	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1</i> (Modicon) <i>mg- 35 mcg</i>	2	
<i>daysee oral tablets,dose pack,3 month</i> (Seasonique) <i>0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	QL (91 per 84 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>deblitane oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>desog-e.estradiolle.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Mircette)	2	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>drosiprenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> (Yaz)	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<b>ELLA ORAL TABLET 30 MG</b>	4	QL (6 per 365 days)
<i>emoquette oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>enskyce oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>errin oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>estarylla oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Demulen 1-50-21)	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>femynor oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>gianvi (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>gildagia oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>gildess 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>gildess 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>gildess 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>gildess fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>gildess fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>heather oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>jencycla oral tablet 0.35 mg</i> (Nor-Q-D)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	(Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>jolivette oral tablet 0.35 mg</i>	(Nor-Q-D)	2	
<i>juleber oral tablet 0.15-0.03 mg</i>	(Desogen)	2	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Loestrin Fe)	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	(Demulen 1-50-21)	2	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	(Mircette)	2	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	(Amethyst)	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	(Seasonique)	2	QL (91 per 84 days)
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	(Loestrin)	2	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	(Loestrin)	2	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Loestrin Fe)	2	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe)	2	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	(Amethyst)	2	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	(Modicon)	2	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	(Amethyst)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i> (Amethyst)	2	QL (91 per 84 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Amethyst)	2	QL (91 per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	QL (91 per 84 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>loryna (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>lyza oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>marlissa oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> (Loestrin)	2	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Amethyst)	2	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> (Modicon)	2	
<i>necon 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i> (Norinyl 1+50)	2	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i> (Modicon)	2	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	
<i>nikki (28) oral tablet 3-0.02 mg</i> (Yaz)	2	
<i>nora-be oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> (Femcon Fe)	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i> (Loestrin)	2	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> (Loestrin Fe)	2	
<i>norg-ee 0.18-0.215-0.25/0.035 3x28 day regimen 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>norlyroc oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> (Modicon)	2	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> (Modicon)	2	
<b>NUVARING VAGINAL RING</b> 0.12-0.015 MG/24 HR	3	QL (1 per 28 days)
<i>ocella oral tablet 3-0.03 mg</i> (Yaz)	2	
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i> (Norgestrel-Ethinyl Estradiol)	2	
<i>orsythia oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>philith oral tablet 0.4-35 mg-mcg</i> (Modicon)	2	
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21</i> (Mircette) <i>10.01 mg x 5</i>	2	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i> (Modicon)	2	
<i>portia oral tablet 0.15-0.03 mg</i> (Amethyst)	2	
<i>previfem oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i> (Desogen)	2	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Levonorgestrel-Ethin Estradiol)	2	QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i> (Nor-Q-D)	2	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> (Ortho-Cyclen)	2	
<i>sronyx oral tablet 0.1-20 mg-mcg</i> (Amethyst)	2	
<i>syeda oral tablet 3-0.03 mg</i> (Yaz)	2	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> (Loestrin Fe)	2	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> (Loestrin Fe)	2	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> (Ortho-Cyclen)	2	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> (Ortho-Cyclen)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-sprintec</i> (28) oral tablet (Ortho-Cyclen) 0.18/0.215/0.25 mg-35 mcg (28)	2	
<i>trivora</i> (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10) (Amethyst)	2	
<i>velivet triphasic regimen</i> (28) oral tablet (Desogen) 0.11.125/1.15-25 mg-mcg	2	
<i>vestura</i> (28) oral tablet 3-0.02 mg (Yaz)	2	
<i>vienva</i> oral tablet 0.1-20 mg-mcg (Amethyst)	2	
<i>viorele</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5 (Mircette)	2	
<i>vyfemla</i> (28) oral tablet 0.4-35 mg-mcg (Modicon)	2	
<i>wera</i> (28) oral tablet 0.5-35 mg-mcg (Modicon)	2	
<i>wymzya fe</i> oral tablet, chewable (Femcon Fe) 0.4mg-35mcg(21) and 75 mg (7)	2	
<i>xulane transdermal patch weekly</i> 150-35 mcg/24 hr (Norelgestromin/Ethin. Estradiol)	2	QL (3 per 28 days)
<i>zarah</i> oral tablet 3-0.03 mg (Yaz)	2	
<i>zenchent</i> (28) oral tablet 0.4-35 mg-mcg (Modicon)	2	
<i>zenchent fe</i> oral tablet, chewable (Femcon Fe) 0.4mg-35mcg(21) and 75 mg (7)	2	
<i>zovia 1/35e</i> (28) oral tablet 1-35 mg-mcg (Demulen 1-50-21)	2	
<i>zovia 1/50e</i> (28) oral tablet 1-50 mg-mcg (Demulen 1-50-21)	2	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
<i>cevimeline</i> oral capsule 30 mg (Evoxac)	2	
<i>chlorhexidine gluconate mucous membrane mouthwash</i> 0.12 % (Peridex)	2	
<i>oralone dental paste</i> 0.1 % (Triamcinolone Acetonide)	2	
<i>periogard mucous membrane mouthwash</i> 0.12 % (Peridex)	2	
<i>pilocarpine hcl</i> oral tablet 5 mg, 7.5 mg (Salagen)	2	
<i>triamcinolone acetonide dental paste</i> 0.1 % (Triamcinolone Acetonide)	2	

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Drug Name	Drug Tier	Requirements/Limits
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
8-MOP ORAL CAPSULE 10 MG	4	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> (Soriatane)	5	NDS
<i>acyclovir topical ointment 5 %</i> (Zovirax)	2	QL (5 per 4 days)
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ALCOHOL PREP PADS	1	
<i>ammonium lactate topical cream 12 %</i> (Ammonium Lactate)	2	
<i>ammonium lactate topical lotion 12 %</i> (Ammonium Lactate)	2	
ANACAINE TOPICAL OINTMENT 10 %	4	
<i>calcipotriene scalp solution 0.005 %</i> (Calcipotriene)	2	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	2	
<i>calcipotriene topical ointment 0.005 %</i> (Calcipotriene)	2	
<i>calcitrene topical ointment 0.005 %</i> (Calcipotriene)	2	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	2	
CONDYLOX TOPICAL GEL 0.5 %	4	
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML	5	PA; NDS
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML	5	PA; NDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; NDS
DENAVIR TOPICAL CREAM 1 %	5	NDS
<i>diclofenac sodium topical gel 3 %</i> (Solaraze)	5	NDS
<i>fluorouracil topical cream 0.5 %</i> (Carac)	5	NDS
<i>fluorouracil topical cream 5 %</i> (Carac)	2	
<i>fluorouracil topical solution 2 %, 5 %</i> (Fluorouracil)	2	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	2	PA NSO; QL (24 per 30 days)
<i>methoxsalen rapid oral capsule 10 mg</i> (Oxsoralen-Ultra)	5	NDS
PANRETIN TOPICAL GEL 0.1 %	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PICATO TOPICAL GEL 0.015 %	3	QL (3 per 56 days)
PICATO TOPICAL GEL 0.05 %	3	QL (2 per 56 days)
<i>podofilox topical solution 0.5 %</i> (Condylox)	2	
<i>potassium hydroxide topical solution 5 %</i> (Potassium Hydroxide)	2	
REGRANEX TOPICAL GEL 0.01 %	5	PA; NDS; QL (30 per 30 days)
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	
TALTZ 80 MG/ML AUTOINJECTOR P/F,LATEX-FREE,OUTER 80 MG/ML	5	PA; NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; NDS
TOLAK TOPICAL CREAM 4 %	4	
VALCHLOR TOPICAL GEL 0.016 %	5	NDS
VEREGEN TOPICAL OINTMENT 15 %	5	NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> (Isotretinoin)	2	
ZOVIRAX TOPICAL CREAM 5 %	5	NDS; QL (5 per 4 days)
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	2	
<i>clindamycin phosphate topical gel 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	2	
<i>clindamycin phosphate topical swab 1 %</i> (Cleocin T)	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i> (Duac)	2	
<i>ery pads topical swab 2 %</i> (Erythromycin Base/Ethanol)	2	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin with ethanol topical solution 2 %</i>	(Erythromycin Base/Ethanol)	2	
<i>erythromycin with ethanol topical swab 2 %</i>	(Erythromycin Base/Ethanol)	2	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	(Benzamycin)	2	
<i>gentamicin topical cream 0.1 %</i>	(Gentamicin Sulfate)	2	
<i>gentamicin topical ointment 0.1 %</i>	(Gentamicin Sulfate)	2	
<i>metronidazole topical cream 0.75 %</i>	(Metrocream)	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	(Rosadan)	2	
<i>metronidazole topical lotion 0.75 %</i>	(Metrolotion)	2	
<i>mupirocin calcium topical cream 2 %</i>	(Bactroban)	2	
<i>mupirocin topical ointment 2 %</i>	(Centany)	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	(Neosporin G.U. Irrigant)	2	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	(Duac)	2	
<i>rosadan topical cream 0.75 %</i>	(Metrocream)	2	
<i>selenium sulfide topical lotion 2.5 %</i>	(Selenium Sulfide)	2	
<i>silver nitrate topical ointment 10 %</i>	(Silver Nitrate)	2	
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	(Silver Nitrate)	2	
<i>silver sulfadiazine topical cream 1 %</i>	(Silvadene)	2	
<i>ssd topical cream 1 %</i>	(Silvadene)	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	(Klaron)	2	
<b>Dermatological Anti-Inflammatory Agents</b>			
<i>ala-cort topical cream 1 %</i>	(Anusol-HC)	2	
<i>ala-cort topical cream 2.5 %</i>	(Anusol-HC)	1	
<i>ala-scalp topical lotion 2 %</i>	(Scalacort)	2	
<i>alclometasone topical cream 0.05 %</i>	(Alclometasone Dipropionate)	2	
<i>alclometasone topical ointment 0.05 %</i>	(Alclometasone Dipropionate)	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	(Betamethasone Dipropionate)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate topical lotion 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone valerate topical cream 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone valerate topical foam 0.12 %</i>	(Luxiq)	2	
<i>betamethasone valerate topical lotion 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	(Betamethasone Valerate)	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	(Diprolene AF)	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	(Betamethasone Dipropionate)	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	(Diprolene)	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	(Diprolene)	2	
<i>clobetasol 0.05% cream 0.05 %</i>	(Temovate)	2	
<i>clobetasol scalp solution 0.05 %</i>	(Clobetasol Propionate)	2	
<i>clobetasol topical foam 0.05 %</i>	(Olux)	2	
<i>clobetasol topical gel 0.05 %</i>	(Clobetasol Propionate)	2	
<i>clobetasol topical lotion 0.05 %</i>	(Clobex)	2	
<i>clobetasol topical ointment 0.05 %</i>	(Temovate)	2	
<i>clobetasol topical shampoo 0.05 %</i>	(Clobex)	2	
<i>clobetasol-emollient topical cream 0.05 %</i>	(Temovate)	2	
<i>clocortolone pivalate topical cream 0.1 %</i>	(Cloderm)	2	
<i>cormax scalp solution 0.05 %</i>	(Clobetasol Propionate)	2	
<i>desonide topical cream 0.05 %</i>	(Desowen)	2	
<i>desonide topical lotion 0.05 %</i>	(Desowen)	2	
<i>desonide topical ointment 0.05 %</i>	(Desonide)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	2	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	2	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	2	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	2	
<i>diflorasone topical ointment 0.05 %</i> (Diflorasone Diacetate)	2	
<i>fluocinonide 0.05% cream 0.05 %</i> (Vanos)	2	
<i>fluocinonide topical gel 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical ointment 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide topical solution 0.05 %</i> (Fluocinonide)	2	
<i>fluocinonide-e topical cream 0.05 %</i> (Vanos)	2	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	2	
<i>fluticasone topical ointment 0.005 %</i> (Fluticasone Propionate)	2	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	2	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	2	
<i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	2	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid)	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i> (Anusol-HC)	1	
<i>hydrocortisone topical lotion 2.5 %</i> (Scalacort)	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i> (Hydrocortisone)	1	
<i>hydrocortisone valerate topical cream 0.2 %</i> (Hydrocortisone Valerate)	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i> (Hydrocortisone Valerate)	2	
<i>mometasone topical cream 0.1 %</i> (Elocon)	2	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone topical solution 0.1 %</i>	(Elocon)	2	
<i>prednicarbate topical cream 0.1 %</i>	(Dermatop)	2	
<i>prednicarbate topical ointment 0.1 %</i>	(Dermatop)	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	(Hydrocortisone)	2	
<i>procto-pak topical cream with perineal applicator 1 %</i>	(Hydrocortisone)	2	
<i>proctosol hc rectal cream 2.5 %</i>	(Hydrocortisone)	2	
<i>proctosol-hc 2.5% cream 2.5 %</i>	(Hydrocortisone)	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	(Hydrocortisone)	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	(Protopic)	2	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	(Triamcinolone Acetonide)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	(Triamcinolone Acetonide)	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	(Triamcinolone Acetonide)	1	
<i>trianex topical ointment 0.05 %</i>	(Triamcinolone Acetonide)	2	
<i>tridesilon topical cream 0.05 %</i>	(Desowen)	2	
<i>u-cort topical cream 1-10 %</i>	(Hydrocortisone Acetate/Urea)	2	
<b>Dermatological Retinoids</b>			
<i>adapalene topical cream 0.1 %</i>	(Differin)	2	
<i>adapalene topical gel 0.1 %</i>	(Differin)	2	
<b>TAZORAC TOPICAL CREAM 0.05 %, 0.1 %</b>		4	
<i>tretinoin gel micro 0.04% tube 0.04 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin gel micro 0.1% tube 0.1 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	(Retin-A Micro)	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	(Retin-A)	2	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i> (Retin-A)	2	PA
<b>Scabicides And Pediculicides</b>		
<i>malathion topical lotion 0.5 %</i> (Ovide)	2	
<i>permethrin topical cream 5 %</i> (Elimite)	2	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	2	
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYR 0.3 ML 31GX5/16 0.3 ML 31 GAUGE X 5/16	2	
BD INSULIN SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16	2	
BD INSULIN SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	2	
BD ULTRA-FINE PEN NDL 8MMX31G SHORT 31 GAUGE X 5/16"	2	
GAUZE PAD TOPICAL BANDAGE 2 X 2 "	1	
GAUZE PADS, STERILE 2"X2" 2 X 2 "	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
VGO 40 DISPOSABLE DEVICE	2	
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	5	NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG	5	NDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; NDS
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	5	NDS
MYOZYME INTRAVENOUS RECON SOLN 50 MG	5	NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	5	NDS
ORFADIN ORAL SUSPENSION 4 MG/ML	5	NDS
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA BvD; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	5	PA; LA; NDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	PA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	5	NDS
ZAVESCA ORAL CAPSULE 100 MG	5	NDS; QL (90 per 30 days)
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-34,000 -55,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-68,000 -109,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000- 16,000 UNIT, 40,000-136,000- 218,000 UNIT, 5,000-17,000 -27,000 UNIT	3	
<b>Eye, Ear, Nose, Throat Agents</b>		
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
AKTEN (PF) OPHTHALMIC GEL 3.5 %	4	
<i>alcaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	
<i>altacaine ophthalmic drops 0.5 %</i> (Tetracaine HCl)	2	
<i>apraclonidine ophthalmic drops 0.5 %</i> (Iopidine)	2	
<i>atropine ophthalmic drops 1 %</i> (Isopto Atropine)	2	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i> (Astepro)	2	QL (30 per 25 days)
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i> (Astepro)	2	QL (30 per 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azelastine ophthalmic drops 0.05 %</i> (Azelastine HCl)	2	
<b>BEPREVE OPHTHALMIC DROPS</b> 1.5 %	4	ST
<i>carteolol ophthalmic drops 1 %</i> (Carteolol HCl)	1	
<i>cromolyn ophthalmic drops 4 %</i> (Cromolyn Sodium)	2	
<i>cyclopentolate ophthalmic drops 0.5 %, 1 %</i> , 2 % (Cyclogyl)	2	
<b>CYSTARAN OPHTHALMIC DROPS</b> 0.44 %	5	NDS
<i>epinastine ophthalmic drops 0.05 %</i> (Elestat)	2	
<i>flucaine ophthalmic drops 0.25-0.5 %</i> (Proparacaine/Fluorescein Sod)	2	
<i>homatropaire ophthalmic drops 5 %</i> (Isopto Homatropine)	2	
<i>homatropine hbr ophthalmic drops 5 %</i> (Isopto Homatropine)	2	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %</i> (Atrovent)	2	QL (30 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 0.06 %</i> (Atrovent)	2	QL (15 per 10 days)
<b>LACRISERT OPHTHALMIC INSERT 5 MG</b>	3	
<i>naphazoline ophthalmic drops 0.1 %</i> (Naphazoline HCl)	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	2	QL (30.5 per 30 days)
<i>olopatadine ophthalmic drops 0.1 %</i> (Patanol)	2	
<b>OTOVEL OTIC SOLUTION 0.3-0.025 %</b> (0.25 ML)	3	
<b>PATADAY OPHTHALMIC DROPS</b> 0.2 %	4	ST
<i>phenylephrine hcl ophthalmic drops 10 %</i> , 2.5 % (Mydrin)	2	
<i>proparacaine ophthalmic drops 0.5 %</i> (Proparacaine HCl)	2	
<b>TYZINE NASAL DROPS 0.1 %</b>	4	
<b>TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %</b>	4	

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Drug Name	Drug Tier	Requirements/Limits
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetazol hc otic drops 1-2 %</i>	(Vosol HC)	2
<i>acetic acid otic solution 2 %</i>	(Acetic Acid)	2
<i>bacitracin ophthalmic ointment 500 unit/gram</i>	(Bacitracin)	2
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i>	(Bacitracin/Polymyxin B Sulfate)	2
<i>bleph-10 ophthalmic drops 10 %</i>	(Sulfacetamide Sodium)	2
CILOXAN OPHTHALMIC OINTMENT 0.3 %		4
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %		3
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i>	(Ciloxan)	2
<i>ciprofloxacin hcl otic dropperette 0.2 %</i>	(Cetraxal)	2
COLY-MYCIN S OTIC DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML		4
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	(Ilotycin)	2
<i>gatifloxacin ophthalmic drops 0.5 %</i>	(Zymaxid)	2
<i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i>	(Garamycin)	2
<i>gentamicin ophthalmic drops 0.3 %</i>	(Garamycin)	2
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i>	(Garamycin)	2
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	(Vosol HC)	2
<i>levofloxacin ophthalmic drops 0.5 %</i>	(Levofloxacin)	2
MOXEZA OPHTHALMIC DROPS, VISCOUS 0.5 %		3
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %		3
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neomycin Su/Baci Zn/Poly/HC)	2

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i>	(Neomycin Su/Bacitra/Polymyxin)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	(Maxitrol)	2	
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	(Maxitrol)	2	
<i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i>	(Neosporin)	2	
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	(Neomycin/Polymyxin B Sulf/HC)	2	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	(Neomycin/Polymyxin B Sulf/HC)	2	
<i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	(Neomycin/Polymyxin B Sulf/HC)	2	
<i>neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	(Neomycin Su/Baci Zn/Poly/HC)	2	
<i>neo-polycin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i>	(Neomycin Su/Bacitra/Polymyxin)	2	
<i>ofloxacin ophthalmic drops 0.3 %</i>	(Floxin)	2	
<i>ofloxacin otic drops 0.3 %</i>	(Floxin)	2	
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i>	(Polytrim)	2	
<i>sulfacetamide sodium ophthalmic drops 10 %</i>	(Sulfacetamide Sodium)	2	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	(Sulfacetamide Sodium)	2	
<i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i>	(Sulfacetamide/Prednisolone Sp)	2	
<b>TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %</b>		4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin ophthalmic drops 0.3 %</i> (Tobrex)	2	
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i> (Tobradex)	2	
<i>trifluridine ophthalmic drops 1 %</i> (Viroptic)	2	
VIGAMOX OPHTHALMIC DROPS 0.5 %	3	
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ZYLET OPHTHALMIC DROPS,SUSPENSION 0.3-0.5 %	3	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %	3	ST
<i>bromfenac ophthalmic drops 0.09 %</i> (Bromfenac Sodium)	2	
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i> (Dexamethasone Sod Phosphate)	2	
<i>diclofenac sodium ophthalmic drops 0.1 %</i> (Diclofenac Sodium)	2	
DUREZOL OPHTHALMIC DROPS 0.05 %	3	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i> (Flunisolide)	2	QL (50 per 25 days)
<i>fluocinolone acetonide oil otic drops 0.01 %</i> (Dermotic)	2	
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i> (FML)	2	
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i> (Ocufen)	2	
<i>fluticasone nasal spray,suspension 50 mcglactuation</i> (Fluticasone Propionate)	1	
ILEVRO OPHTHALMIC DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic drops 0.4 %, 0.5 %</i> (Acular)	2	

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Drug Name	Drug Tier	Requirements/Limits
LOTEMAX OPHTHALMIC DROPS,GEL 0.5 %	3	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	
NEVANAC OPHTHALMIC DROPS,SUSPENSION 0.1 %	3	
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i> (Omnipred)	2	
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i> (Prednisolone Sod Phosphate)	2	
PROLENSA OPHTHALMIC DROPS 0.07 %	3	
RESTASIS MULTIDOSE OPHTHALMIC DROPS 0.05 %	3	QL (5.5 per 30 days)
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	3	QL (60 per 30 days)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i> (Triamcinolone Acetonide)	2	QL (16.5 per 30 days)
XIIDRA OPHTHALMIC DROPPERETTE 5 %	4	PA; QL (60 per 30 days)
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i> (Prevpac)	2	
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i> (Cimetidine HCl)	2	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i> (Cimetidine)	2	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	3	ST

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i> (Nexium I.V.)	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i> (Famotidine)	2	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i> (Famotidine In Nacl,Iso-Osm/PF)	2	
<i>famotidine 20 mg/2 ml vial latex-free, plf, sdv 20 mg/2 ml</i> (Famotidine/PF)	2	
<i>famotidine 40 mg/4 ml vial 25's,outer 10 mg/ml</i> (Famotidine)	2	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	2	
<i>famotidine oral tablet 20 mg, 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg, 30 mg</i> (Prevacid)	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i> (Nizatidine)	2	
<i>nizatidine oral solution 150 mg/10 ml</i> (Nizatidine)	2	
<i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg, 40 mg</i> (Prilosec)	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix IV)	2	
<i>pantoprazole oral tablet,delayed release (drlec) 20 mg, 40 mg</i> (Protonix)	1	
<i>ranitidine hcl 50 mg/2 ml vial sdv 50 mg/2 ml (25 mg/ml)</i> (Ranitidine HCl)	2	
<i>ranitidine hcl injection solution 25 mg/ml</i> (Ranitidine HCl)	2	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i> (Ranitidine HCl)	2	
<i>ranitidine hcl oral syrup 15 mg/ml</i> (Ranitidine HCl)	2	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i> (Zantac)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	2	
<b>Gastrointestinal Agents, Other</b>		
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	NDS
<i>constulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	2	
<i>dicyclomine oral capsule 10 mg</i> (Bentyl)	2	
<i>dicyclomine oral solution 10 mg/5 ml</i> (Dicyclomine HCl)	2	
<i>dicyclomine oral tablet 20 mg</i> (Bentyl)	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> (Diphenoxylate HCl/Atropine)	2	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	2	
<i>enulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
GATTEX 5 MG 30-VIAL KIT 5 MG	5	PA; NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; NDS
<i>generlac oral solution 10 gram/15 ml</i> (Lactulose)	2	
<i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul)	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i> (Robinul)	2	
<i>kionex 15 gm/60 ml suspension 15-19.3 gram/60 ml</i> (Sodium Polystyrene Sulfon/Sorb)	2	
<i>kionex oral powder</i> (Sodium Polystyrene Sulfon/Sorb)	2	
<i>lactulose oral solution 10 gram/15 ml</i> (Lactulose)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	3	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Loperamide HCl)	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i> (Methscopolamine Bromide)	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i> (Metoclopramide HCl)	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i> (Metoclopramide HCl)	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	

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Drug Name	Drug Tier	Requirements/Limits
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
NUTRESTORE ORAL POWDER IN PACKET 5 GRAM	4	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; NDS
RELISTOR ORAL TABLET 150 MG	5	PA; NDS; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	5	PA; NDS; QL (28 per 28 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	5	PA; NDS; QL (28 per 28 days)
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	(Sodium Polystyrene Sulfonate)	2
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	(Sodium Polystyrene Sulfonate)	2
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	(Sodium Polystyrene Sulfon/Sorb)	2
<i>ursodiol oral capsule 300 mg</i>	(Actigall)	2
<i>ursodiol oral tablet 250 mg, 500 mg</i>	(Urso)	2
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	3	QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	5	ST; NDS; QL (60 per 30 days)
<b>Laxatives</b>		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	(Golytely)	2
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	(Golytely)	2
<i>gavilyte-n oral recon soln 420 gram</i>	(Nulytely with Flavor Packs)	2
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>peg 3350-electrolytes oral recon soln</i> (Golytely) 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	2	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (Gavilyte-N)	2	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (Polyethylene Glycol 3350)	2	
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	4	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
<i>trilyte with flavor packets oral recon soln 420 gram</i> (Nulytely with Flavor Packs)	2	
<b>Phosphate Binders</b>		
AURYXIA ORAL TABLET 210 MG IRON	4	
<i>calcium acetate oral capsule 667 mg</i> (Phoslo)	2	
<i>calcium acetate oral tablet 667 mg</i> (Calcium Acetate)	2	
<i>eliphos oral tablet 667 mg</i> (Calcium Acetate)	2	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	4	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	5	NDS
<i>magnebind 400 oral tablet 400-200-1 mg</i> (Calcium Carbonate/Mag Carb/Fa)	1	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	
RENAGEL ORAL TABLET 400 MG, 800 MG	3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	
RENVELA ORAL TABLET 800 MG	3	

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	2	
<i>flavoxate oral tablet 100 mg</i> (Flavoxate HCl)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i> (Oxybutynin Chloride)	2	
<i>oxybutynin chloride oral tablet 5 mg</i> (Oxybutynin Chloride)	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL)	2	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	2	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	3	
<i>tropium oral capsule,extended release 24hr 60 mg</i> (Tropium Chloride)	2	
<i>tropium oral tablet 20 mg</i> (Tropium Chloride)	2	
VESICARE ORAL TABLET 10 MG, 5 MG	3	
<b>Genitourinary Agents, Miscellaneous</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	2	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	2	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> (Jalyn)	2	QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule,extended release 24hr 0.4 mg</i> (Flomax)	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> (Terazosin HCl)	1	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
CUPRIMINE ORAL CAPSULE 250 MG	5	NDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	2	PA BvD
DEPEN TITRATABS ORAL TABLET 250 MG	5	NDS
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	5	NDS
FERRIPROX ORAL SOLUTION 100 MG/ML	5	NDS
FERRIPROX ORAL TABLET 500 MG	5	NDS
SYPRINE ORAL CAPSULE 250 MG	5	NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
ANADROL-50 ORAL TABLET 50 MG	5	PA; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	3	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	3	PA; QL (150 per 30 days)
<i>androxy oral tablet 10 mg</i> (Fluoxymesterone)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AXIRON TRANSDERMAL SOLUTION IN METERED PUMP W/APP 30 MG/ACTUATION (1.5 ML)	3	PA; QL (180 per 28 days)
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> (Danazol)	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i> (Testosterone Enanthate)	2	PA; QL (5 per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1%)</i> (Testim)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 1.25 gram/actuation (1%)</i> (Vogelxo)	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i> (Androgel)	2	PA; QL (300 per 30 days)
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	2	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
DUAVEE ORAL TABLET 0.45-20 MG	3	PA-HRM; AGE (Max 64 Years)
ESTRACE VAGINAL CREAM 0.01% (0.1 MG/GRAM)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Vagifem)	2	PA-HRM; AGE (Max 64 Years)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Vivelle-Dot)	2	PA-HRM; QL (8 per 28 days); AGE (Max 64 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> (Climara)	2	PA-HRM; QL (4 per 28 days); AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	QL (1 per 84 days)
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i> (Estropipate)	2	PA-HRM; AGE (Max 64 Years)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	4	QL (1 per 84 days)
<i>fyavolv oral tablet 1-5 mg-mcg</i> (Femhrt)	2	PA-HRM; AGE (Max 64 Years)
<i>jinteli oral tablet 1-5 mg-mcg</i> (Femhrt)	2	PA-HRM; AGE (Max 64 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	PA-HRM; AGE (Max 64 Years)
<i>mimvey lo oral tablet 0.5-0.1 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
<i>mimvey oral tablet 1-0.5 mg</i> (Activella)	2	PA-HRM; AGE (Max 64 Years)
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i> (Femhrt)	2	PA-HRM; AGE (Max 64 Years)
PREMARIN INJECTION RECON SOLN 25 MG	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	PA-HRM; AGE (Max 64 Years)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	PA-HRM; AGE (Max 64 Years)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	PA-HRM; AGE (Max 64 Years)
<i>raloxifene oral tablet 60 mg</i> (Evista)	2	
VAGIFEM VAGINAL TABLET 10 MCG	3	QL (18 per 28 days)
<i>yuvaferm vaginal tablet 10 mcg</i> (Vagifem)	2	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits	
<b>Glucocorticoids/Mineralocorticoids</b>			
<i>a-hydrocort injection recon soln 100 mg</i>	(Hydrocortisone Sod Succinate)	2	
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	(Celestone)	2	
<i>cortisone oral tablet 25 mg</i>	(Cortisone Acetate)	2	PA BvD
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	(Dexamethasone)	2	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	(Dexamethasone)	1	PA BvD
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	(Dexamethasone Sod Phosphate)	2	
<i>fludrocortisone oral tablet 0.1 mg</i>	(Fludrocortisone Acetate)	2	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	(Cortef)	2	PA BvD
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	(Depo-Medrol)	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	(Medrol)	2	PA BvD
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	(Medrol)	2	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	(Solu-Medrol)	2	
<i>methylprednisolone ss 1 gm vl mdv,latex-free 1,000 mg</i>	(Solu-Medrol)	2	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	(Pediapred)	2	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	(Prednisone)	2	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	(Prednisone)	1	PA BvD
<i>prednisone oral tablet 10 mg</i>	(Prednisone)	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	(Prednisone)	2	

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	4	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	(Triamcinolone Acetonide)	2
<b>Pituitary</b>		
<i>desmopressin injection solution 4 mcg/ml</i>	(DDAVP)	2
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	(Desmopressin Acetate)	2
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	(Desmopressin Acetate)	2
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	(DDAVP)	2
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	4	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; NDS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	5	PA; NDS
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	5	PA; NDS
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	5	PA; NDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	NDS; QL (1 per 84 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML)	5	PA; NDS
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 5 MG/1.5 ML (3.3 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	5	PA; NDS
NUTROPIN AQ SUBCUTANEOUS CARTRIDGE 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML)	5	PA; NDS
<i>octreotide acet 50 mcg/ml syr</i> (Octreotide Acetate) <i>outer, single-dose, 10 50 mcg/ml (1 ml)</i>	2	
<i>octreotide acetate injection solution 1,000</i> (Sandostatin) <i>mcg/ml, 500 mcg/ml</i>	5	NDS
<i>octreotide acetate injection solution 100</i> (Sandostatin) <i>mcg/ml, 200 mcg/ml</i>	2	
<i>octreotide acetate injection solution 50</i> (Octreotide Acetate) <i>mcg/ml</i>	2	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; NDS
SAIZEN CLICK.EASY SUBCUTANEOUS CARTRIDGE 8.8 MG/1.5 ML (FNL)	5	PA; NDS
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG, 20 MG, 30 MG	5	NDS	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; NDS	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	NDS; QL (1 per 28 days)	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	NDS	
STIMATE NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4		
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	5	NDS; QL (1 per 360 days)	
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	5	PA; NDS	
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	4	PA	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	5	PA; NDS	
<b>Progestins</b>			
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	4	QL (10 per 28 days)	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	(Hydroxyprogesterone Caproate)	2	PA NSO
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	(Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	(Depo-Provera)	2	QL (1 per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	(Provera)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml</i> (Megace)	2	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	2	
<i>progesterone in oil intramuscular oil 50 mg/ml</i> (Progesterone)	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	2	
<b>Thyroid And Antithyroid Agents</b>		
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i> (Levothyroxine Sodium)	5	NDS
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	2	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	2	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	2	
<i>propylthiouracil oral tablet 50 mg</i> (Propylthiouracil)	2	
<b>Immunological Agents</b>		
<b>Immunological Agents</b>		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	5	PA; NDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; NDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	2	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i> (Azathioprine Sodium)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 6 GRAM	5	PA BvD; NDS
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN 500 MG	4	PA BvD
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	2	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)	2	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	2	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	5	PA; NDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51), 50 MG/ML (0.98 ML)	5	PA; NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	5	PA; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	PA BvD
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA BvD; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 5 %	5	PA BvD; NDS
GAMUNEX-C 20 GRAM/200 ML VIAL P/F,LTX-FR,SUV, OUTER 20 GRAM/200 ML (10 %)	5	PA BvD; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	5	PA BvD; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i> (Neoral)	2	PA BvD
<i>gengraf oral solution 100 mg/ml</i> (Neoral)	2	PA BvD
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	5	PA; NDS
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; NDS
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML, 150 UNIT/ML (10 ML)	4	
HYQVIA IG COMPONENT SUBCUTANEOUS SOLUTION 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 30 GRAM/300 ML (10 %), 5 GRAM/50 ML (10 %)	5	PA BvD; NDS

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Drug Name	Drug Tier	Requirements/Limits
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	5	PA BvD; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	5	PA; NDS
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	4	
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; NDS; QL (18.76 per 28 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	2	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (Cellcept)	5	PA BvD; NDS
<i>mycophenolate mofetil oral tablet 500 mg</i> (Cellcept)	2	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (drlec) 180 mg, 360 mg</i> (Myfortic)	2	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	PA BvD; NDS
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA BvD; NDS
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; NDS
OTEZLA ORAL TABLET 30 MG	5	PA; NDS; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	5	PA; NDS; QL (60 per 30 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML, 7.5 MG/0.4 ML	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA BvD; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	5	PA BvD; NDS
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 27.5 MG/0.55 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	
RIDAURA ORAL CAPSULE 3 MG	5	NDS
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA; NDS
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	5	PA; NDS
<i>sirolimus oral tablet 0.5 mg, 1 mg</i> (Rapamune)	2	PA BvD
<i>sirolimus oral tablet 2 mg</i> (Rapamune)	5	PA BvD; NDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	5	PA; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Hecoria)	2	PA BvD
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	5	PA; LA; NDS; QL (15 per 28 days)
XELJANZ ORAL TABLET 5 MG	5	PA; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; NDS; QL (30 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	5	PA BvD; NDS
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
BEXSERO (PF) INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	6	
COMVAX (PF) INTRAMUSCULAR SUSPENSION 5-7.5-125 MCG/0.5 ML	6	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	6	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	6	QL (1.5 per 365 days)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML	6	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	QL (1.5 per 365 days)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	QL (1.5 per 365 days)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	PA BvD
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	6	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	6	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	6	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	6	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	6	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	6	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	6	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	QL (2 per 365 days)
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	6	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	6	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	QL (2 per 365 days)
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	6	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	PA BvD
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	6	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROTATEQ VACCINE ORAL SUSPENSION 2 ML	3	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	6	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	6	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	PA BvD
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	6	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT -20 MCG/ML	6	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	6	
VAQTA 25 UNITS/0.5 ML VIAL SDV, OUTER 25 UNIT/0.5 ML	6	
VARIvAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	QL (2 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	6	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	6	QL (1 per 365 days)
<b>Inflammatory Bowel Disease Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	5	NDS
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	3	
<i>balsalazide oral capsule 750 mg</i> (Colazal)	2	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	5	NDS
<i>colocort rectal enema 100 mg/60 ml</i> (Cortenema)	2	
DELZICOL DR 400 MG CAPSULE 400 MG	3	
DELZICOL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 400 MG	3	
DIPENTUM ORAL CAPSULE 250 MG	5	ST; NDS
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Cortenema)	2	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	3	
<i>mesalamine oral tablet, delayed release (drlec) 800 mg</i> (Asacol Hd)	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	

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Drug Name	Drug Tier	Requirements/Limits
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
<i>acetic acid irrigation solution 0.25 %</i> (Acetic Acid)	2	
LACTATED RINGERS IRRIGATION SOLUTION	3	
<i>ringers irrigation solution</i> (Ringers Solution)	2	
<i>sodium chloride irrigation solution 0.9 %</i> (Sodium Chloride Irrig Solution)	2	
<i>sorbitol irrigation solution 3 %, 3.3 %</i> (Sorbitol Solution)	2	
<i>sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml</i> (Mannitol/Sorbitol Solution)	2	
<i>water for irrigation, sterile irrigation solution</i> (Water For Irrigation, Sterile)	2	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
<i>alendronate oral solution 70 mg/75 ml</i> (Alendronate Sodium)	2	QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i> (Fosamax)	1	
<i>alendronate oral tablet 35 mg, 70 mg</i> (Fosamax)	1	QL (4 per 28 days)
<i>alendronate oral tablet 40 mg</i> (Fosamax)	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/lactuation</i> (Miacalcin)	2	QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i> (Calcitriol)	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> (Rocaltrol)	2	
<i>calcitriol oral solution 1 mcg/ml</i> (Rocaltrol)	2	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i> (Doxercalciferol)	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> (Hectorol)	2	
<i>etidronate disodium oral tablet 200 mg, 400 mg</i> (Etidronate Disodium)	2	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	4	QL (2.4 per 28 days)
FORTICAL NASAL SPRAY, NON-AEROSOL 200 UNIT/ACTUATION	4	QL (3.7 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibandronate intravenous solution 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate intravenous syringe 3 mg/3 ml</i> (Boniva)	2	QL (3 per 84 days)
<i>ibandronate oral tablet 150 mg</i> (Boniva)	2	QL (1 per 28 days)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	5	PA; NDS; QL (2 per 28 days)
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i> (Pamidronate Disodium)	2	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i> (Pamidronate Disodium)	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> (Zemplar)	2	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	5	NDS; QL (60 per 30 days)
<i>risedronate oral tablet 150 mg</i> (Actonel)	2	QL (1 per 28 days)
<i>risedronate oral tablet 30 mg, 5 mg</i> (Actonel)	2	QL (30 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i> (Actonel)	2	QL (4 per 28 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; NDS
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> (Zoledronic Acid/Mannitol-Water)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zoledronic acid-mannitol-water intravenous solution 5 mg/100 ml</i> (Reclast)	2	QL (100 per 300 days)
ZOMETA INTRAVENOUS SOLUTION 4 MG/100 ML	5	NDS
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Amifostine Crystalline)	2	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; NDS
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; QL (4 per 90 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; QL (1 per 90 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> (Buspirone HCl)	2	
CERDELGA ORAL CAPSULE 84 MG	5	PA; NDS
CETYLEV ORAL TABLET, EFFERVESCENT 2.5 GRAM, 500 MG	4	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	5	NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard)	2	
<i>droperidol injection solution 2.5 mg/ml</i> (Droperidol)	2	
ELMIRON ORAL CAPSULE 100 MG	4	
<i>ergoloid oral tablet 1 mg</i> (Ergoloid Mesylates)	2	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML	5	PA; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i> (Fomepizole)	5	NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG	5	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	4	
<i>guanidine oral tablet 125 mg</i> (Guanidine HCl)	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> (Vistaril)	2	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
KEVEYIS ORAL TABLET 50 MG	5	PA; NDS; QL (120 per 30 days)
<i>leucovorin calcium 200 mg vial sdv, plf, latex-free 200 mg</i> (Leucovorin Calcium)	2	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg</i> (Leucovorin Calcium)	2	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> (Leucovorin Calcium)	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Levocarnitine (With Sugar))	2	
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	2	
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	2	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	5	NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	2	
MESNEX ORAL TABLET 400 MG	5	NDS
MESTINON ORAL SYRUP 60 MG/5 ML	5	NDS
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i> (Methylergonovine Maleate)	2	
<i>methylergonovine oral tablet 0.2 mg</i> (Methylergonovine Maleate)	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML	4	PA; QL (2 per 90 days)
MYOBLOC INTRAMUSCULAR SOLUTION 2,500 UNIT/0.5 ML	4	PA; QL (0.5 per 90 days)

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Drug Name	Drug Tier	Requirements/Limits
MYOBLOC INTRAMUSCULAR SOLUTION 5,000 UNIT/ML	4	PA; QL (1 per 90 days)
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	5	PA; NDS; QL (8 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	5	NDS
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i> (Mestinon)	2	
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; NDS
SENSIPAR ORAL TABLET 30 MG	3	
SENSIPAR ORAL TABLET 60 MG, 90 MG	5	NDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	NDS; QL (60 per 30 days)
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	NDS
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; NDS; QL (60 per 30 days)
THIOLA ORAL TABLET 100 MG	5	NDS
TYBOST ORAL TABLET 150 MG	3	QL (30 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i> (Diamox Sequels)	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i> (Acetazolamide)	2	
<i>acetazolamide sodium injection recon soln 500 mg</i> (Acetazolamide Sodium)	2	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	3	
<i>betaxolol ophthalmic drops 0.5 %</i> (Betaxolol HCl)	2	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %	4	
<i>bimatoprost ophthalmic drops 0.03 %</i> (Bimatoprost)	2	
<i>brimonidine ophthalmic drops 0.15 %, 0.2 %</i> (Alphagan P)	2	
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic drops 2 %</i> (Trusopt)	2	
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i> (Cosopt)	2	
<i>latanoprost ophthalmic drops 0.005 %</i> (Xalatan)	2	
<i>levobunolol ophthalmic drops 0.5 %</i> (Betagan)	2	
LUMIGAN OPHTHALMIC DROPS 0.01 %	3	QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i> (Neptazane)	2	
<i>metipranolol ophthalmic drops 0.3 %</i> (Metipranolol)	2	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	3	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	2	
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %	3	
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i> (Timolol Maleate)	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> (Timoptic-Xe)	2	
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	3	QL (2.5 per 25 days)
<i>travoprost (benzalkonium) ophthalmic drops 0.004 %</i> (Travoprost (Benzalkonium))	2	QL (2.5 per 25 days)
ZIOPTAN (PF) OPHTHALMIC DROPPERETTE 0.0015 %	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	(Calcium Chloride)	2
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 10 % and 0.45 % NaCl)	2
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 2.5 % and 0.45 % NaCl)	2
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 % and 0.9 % NaCl)	2
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	(Dextrose 5 %-0.45 % NaCl)	2
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	(Dextrose 10 % and 0.2 % NaCl)	2
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	(Dextrose 5%-Lactated Ringers)	2
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	(Dextrose 5 %-0.2 % NaCl)	2
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	(Dextrose 5 % and 0.3 % NaCl)	2
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	(Dextrose 5 %-0.2 % NaCl)	2
<i>dextrose-kcl-nacl intravenous solution 5-0.224-0.225 %</i>	(Potassium Chloride/D5-0.2%NaCl)	2
<i>effe-k oral tablet, effervescent 25 meq</i>	(Klor-Con-Ef)	2
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	(Electrolyte-48 Solution/D5W)	2
<b>IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %</b>		4
<b>IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %</b>		4
<b>ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %</b>		4

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> (Potassium Chloride)	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> (Potassium Chloride)	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	2	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i> (Potassium Chloride)	2	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i> (Magnesium Sulfate/D5W)	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i> (Magnesium Sulfate in Water)	2	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i> (Magnesium Sulfate in Water)	2	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i> (Magnesium Sulfate)	2	
<i>magnesium sulfate injection syringe 4 meq/ml</i> (Magnesium Sulfate)	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
NORMOSOL-R IV SOLUTION 12'S,LATEX-FREE	4	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PLASMA-LYTE-56 IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
<i>potassium acetate intravenous solution 2 meq/ml</i> (Potassium Acetate)	2	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meqll, 20 meqll, 30 meqll, 40 meqll</i> (Potassium Chloride/D5-0.45nacl)	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meqll</i>	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 40 meqll</i> (Potassium Chloride In 0.9%NaCl)	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meqll</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 30 meqll, 40 meqll</i> (Potassium Chloride In D5w)	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meqll</i> (Potassium Chloride In Lr-D5)	2	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 30 meq/100 ml, 40 meq/100 ml</i> (Potassium Chloride)	2	
<i>potassium chloride intravenous solution 2 meq/ml</i> (Potassium Chloride)	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Potassium Chloride)	2	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> (Potassium Chloride)	2	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	2	
<i>potassium chloride oral tablet extended release 8 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con 10)	2	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Potassium Chloride)	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meqll</i> (Potassium Chloride-0.45% NaCl)	2	

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<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	(Potassium Chloride/D5-0.2%NaCl)	2	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	(Potassium Chloride/D5-0.3%NaCl)	2	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	(Potassium Chloride/D5-0.9%NaCl)	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	(Urocit-K)	2	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i>	(Potassium Citrate/Citric Acid)	2	
<i>potassium cl 10 meq/50 ml sol 10 meq/50 ml</i>	(Potassium Chloride)	2	
<i>potassium cl 20 meq/50 ml sol 20 meq/50 ml</i>	(Potassium Chloride)	2	
<i>potassium cl er 10 meq tablet 10 meq</i>	(Potassium Chloride)	2	
<i>potassium cl er 10 meq tablet flc 10 meq</i>	(Klor-Con 10)	2	
<i>ringers intravenous parenteral solution</i>	(Ringers Solution)	2	
<i>sodium acetate intravenous solution 2 meq/ml</i>	(Sodium Acetate)	2	
<i>sodium bicarbonate intravenous syringe 8.4 % (1 meq/ml)</i>	(Sodium Bicarbonate)	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	(Sodium Chloride 0.45 %)	2	
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	(0.9 % Sodium Chloride)	2	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	(Sodium Chloride 3 %)	2	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	(Sodium Chloride 5 %)	2	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	(Sodium Chloride)	2	
<i>sodium lactate intravenous solution 5 meq/ml</i>	(Sodium Lactate)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium phosphate intravenous solution 3 mmol/ml</i> (Sodium Phos,M-Basic-D-Basic)	2	
TPN ELECTROLYTES II IV SOLN 25'S,20ML/50ML FTV 18-18-5-4.5-35 MEQ/20 ML	4	
TPN ELECTROLYTES INTRAVENOUS SOLUTION 35-20-5 MEQ/20 ML	4	
<b>Respiratory Tract Agents</b>		
<b>Anti-Inflammatories, Inhaled Corticosteroids</b>		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	QL (60 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	QL (12 per 28 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	QL (30 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL (60 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i> (Pulmicort)	2	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	3	QL (13 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	QL (120 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	QL (12 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	QL (24 per 28 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	QL (21.2 per 28 days)
QVAR INHALATION AEROSOL 40 MCG/ACTUATION, 80 MCG/ACTUATION	3	QL (17.4 per 25 days)
SYMBICORT 160-4.5 MCG INHALER 60 INHALATIONS 160-4.5 MCG/ACTUATION	3	QL (12 per 25 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	3	QL (11 per 25 days)
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	2	
<i>montelukast oral tablet 10 mg</i> (Singulair)	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i> (Singulair)	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i> (Accolate)	2	
<b>Bronchodilators</b>		
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/3 ml (0.083 %), 5 mg/ml</i> (Albuterol Sulfate)	2	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i> (Albuterol Sulfate)	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i> (Albuterol Sulfate)	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> (Vospire ER)	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	QL (60 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (25.8 per 28 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>elixophyllin oral elixir 80 mg/15 ml</i> (Theophylline Anhydrous)	2	
FORADIL AEROLIZER INHALATION CAPSULE, W/INHALATION DEVICE 12 MCG	3	QL (60 per 30 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (30 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i> (Ipratropium Bromide)	2	PA BvD
<i>metaproterenol oral syrup 10 mg/5 ml</i> (Metaproterenol Sulfate)	2	
<i>metaproterenol oral tablet 10 mg, 20 mg</i> (Metaproterenol Sulfate)	2	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 28 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 28 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i> (Terbutaline Sulfate)	2	
<i>terbutaline subcutaneous solution 1 mg/ml</i> (Terbutaline Sulfate)	5	NDS
<i>theophylline er 400 mg tablet 400 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline er 600 mg tablet 600 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 400 mg/500 ml, 800 mg/250 ml</i> (Theophylline/D5W)	2	
<i>theophylline oral solution 80 mg/15 ml</i> (Theophylline Anhydrous)	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i> (Theophylline Anhydrous)	2	
<i>theophylline oral tablet extended release 400 mg, 600 mg</i> (Theophylline Anhydrous)	2	
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> (Acetadote)	2	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	5	PA; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> (Cromolyn Sodium)	2	PA BvD
DALIRESP ORAL TABLET 500 MCG	3	QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	5	PA; NDS; QL (270 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	5	PA; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; LA; NDS; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	5	NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i> (Baclofen)	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i> (Soma)	2	PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>chlorzoxazone oral tablet 500 mg</i> (Parafon Forte DSC)	2	PA-HRM; AGE (Max 64 Years)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i> (Fexmid)	2	PA-HRM; AGE (Max 64 Years)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> (Dantrium)	2	
<i>metaxall oral tablet 800 mg</i> (Skelaxin)	2	PA-HRM; AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metaxalone oral tablet 400 mg, 800 mg</i> (Skelaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>methocarbamol oral tablet 500 mg, 750 mg</i> (Robaxin)	2	PA-HRM; AGE (Max 64 Years)
<i>revonto intravenous recon soln 20 mg</i> (Dantrium)	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i> (Zanaflex)	2	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> (Lunesta)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	5	PA; NDS; QL (30 per 30 days)
ROZEREM ORAL TABLET 8 MG	3	
SILENOR ORAL TABLET 3 MG, 6 MG	3	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	5	LA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (60 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	2	PA-HRM; (High Risk Med. QL applies to all members; PA required for 65 years and older with over 90 days cumulative use with any non-benzodiazepine hypnotic drug); QL (30 per 30 days); AGE (Max 64 Years)

### **Vasodilating Agents**

<b>Vasodilating Agents</b>		
ADCIRCA ORAL TABLET 20 MG	5	PA; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; NDS; QL (90 per 30 days)
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg</i> (Flolan)	2	
<i>epoprostenol (glycine) intravenous recon soln 1.5 mg</i> (Flolan)	5	NDS
LETAIRIS ORAL TABLET 10 MG, 5 MG	5	PA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; NDS; QL (30 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	5	PA; NDS
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	5	PA; NDS
<i>sildenafil intravenous solution 10 mg/12.5 ml</i> (Revatio)	5	PA; NDS; QL (37.5 per 1 day)
<i>sildenafil oral tablet 20 mg</i> (Revatio)	2	PA; QL (90 per 30 days)
TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA; LA; NDS; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	5	PA; NDS
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; NDS; QL (240 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; NDS; QL (400 per 365 days)
<b>Vitamins And Minerals</b>		
<b>Vitamins And Minerals</b>		
<i>multivit-fluor 0.25 mg/ml drop 0.25 mg/ml</i> (Pedi Mvi No.82 with Fluoride)	2	

You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements/Limits
<i>pnv prenatal plus multivit tab slf, gluten-free 27 mg iron- 1 mg</i>	3	(All Rx Prenatal Vitamins Covered)
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	3	(All Rx Prenatal Vitamins Covered)
<i>sodium fluoride oral tablet 1 mg fluoride (2.2 mg)</i>	2	

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INDEX

8-MOP.....	102	<i>ala-scalp</i> .....	104	AMINOSYN 7% WITH	
<i>abacavir</i> .....	63	ALBENZA.....	56	ELECTROLYTES.....	73
<i>abacavir-lamivudine</i> .....	63	<i>albuterol sulfate</i> .....	150, 151	AMINOSYN 8.5 %.....	73
<i>abacavir-lamivudine-zidovudine</i>		<i>alcaine</i> .....	110	AMINOSYN 8.5	
.....	63	<i>alclometasone</i> .....	104	%-ELECTROLYTES.....	73
ABELCET.....	50	ALCOHOL PADS.....	102	AMINOSYN II 10 %.....	73
ABILIFY MAINTENA.....	58	ALCOHOL PREP PADS.....	102	AMINOSYN II 15 %.....	73
ABRAXANE.....	26	ALDURAZYME.....	108	AMINOSYN II 7 %.....	73
<i>acamprosate</i> .....	10	ALECENSA.....	26	AMINOSYN II 8.5 %.....	73
<i>acarbose</i> .....	45	<i>alendronate</i> .....	139	AMINOSYN II 8.5	
<i>acebutolol</i> .....	80	<i>alfuzosin</i> .....	120	%-ELECTROLYTES.....	73
<i>acetaminophen-codeine</i> .....	3	ALIMTA.....	27	AMINOSYN M 3.5 %.....	73
<i>acetazol hc</i> .....	112	ALINIA.....	56	AMINOSYN-HBC 7%.....	73
<i>acetazolamide</i> .....	143	<i>allopurinol</i> .....	52	AMINOSYN-PF 10 %.....	73
<i>acetazolamide sodium</i> .....	143	ALLZITAL.....	3	AMINOSYN-PF 7 %	
<i>acetic acid</i> .....	112, 139	<i>almotriptan malate</i> .....	53	(SULFITE-FREE).....	73
<i>acetylcysteine</i> .....	152	<i>alogliptin</i> .....	45	AMINOSYN-RF 5.2 %.....	74
<i>acitretin</i> .....	102	<i>alogliptin-metformin</i> .....	45	<i>amiodarone</i> .....	79
ACTEMRA.....	128	<i>alogliptin-pioglitazone</i> .....	45	AMITIZA.....	116
ACTHIB (PF).....	133	<i>alosetron</i> .....	138	<i>amitriptyline</i> .....	42
ACTIMMUNE.....	141	ALPHAGAN P.....	143	<i>amlodipine</i> .....	86
<i>acyclovir</i> .....	68, 102	<i>alprazolam</i> .....	12	<i>amlodipine-atorvastatin</i> .....	88
<i>acyclovir sodium</i> .....	68	ALREX.....	114	<i>amlodipine-benazepril</i> .....	86
ADACEL(TDAP		<i>altacaine</i> .....	110	<i>amlodipine-valsartan</i> .....	86
ADOLESN/ADULT)(PF).....	133	<i>altavera (28)</i> .....	94	<i>amlodipine-valsartan-hcthiazid</i>	
ADAGEN.....	108	ALTOPREV.....	88	.....	86
<i>adapalene</i> .....	107	<i>alyacen 1135 (28)</i> .....	94	<i>ammonium lactate</i> .....	102
ADCETRIS.....	26	<i>alyacen 71717 (28)</i> .....	94	<i>amoxapine</i> .....	42
ADCIRCA.....	155	<i>amabelz</i> .....	122	<i>amoxicil-clarithromy-lansopraz</i>	
<i>adefovir</i> .....	68	<i>amantadine hcl</i> .....	57	.....	115
ADEMPAS.....	155	AMBISOME.....	50	<i>amoxicillin</i> .....	22
<i>adriamycin</i> .....	26	<i>amethia</i> .....	94	<i>amoxicillin-pot clavulanate</i>	
<i>adrucil</i> .....	26	<i>amethia lo</i> .....	94	.....	22, 23
ADVAIR DISKUS.....	149	<i>amifostine crystalline</i> .....	141	<i>amphotericin b</i> .....	50
ADVAIR HFA.....	149	<i>amiloride</i> .....	86	<i>ampicillin</i> .....	23
<i>afeditab cr</i> .....	86	<i>amiloride-hydrochlorothiazide</i>		<i>ampicillin sodium</i> .....	23
AFINITOR.....	26	.....	87	<i>ampicillin-sulbactam</i> .....	23
AFINITOR DISPERZ.....	26	AMINO ACIDS 15 %.....	72	AMPYRA.....	91
<i>a-hydrocort</i> .....	124	AMINOSYN 10 %.....	72	ANACAINE.....	102
AKTEN (PF).....	110	AMINOSYN 3.5 %.....	72	ANADROL-50.....	121
AKYNZEO.....	55	AMINOSYN 7 %.....	73	<i>anagrelide</i> .....	72
<i>ala-cort</i> .....	104			<i>anastrozole</i> .....	27

ANDRODERM	121	azelastine	110, 111	BEXSERO (PF)	133
ANDROGEL	121	AZILECT	57	bicalutamide	27
androxy	121	azithromycin	21	BICILLIN C-R	23
ANORO ELLIPTA	151	AZOPT	144	BICILLIN L-A	23
APOKYN	57	AZOR	86	BIDIL	90
apraclonidine	110	aztreonam	22	bimatoprost	144
aprepitant	55	azurette (28)	95	bisoprolol fumarate	80
apri	94	baciim	16	bisoprolol-hydrochlorothiazide	80
APRISO	138	bacitracin	16, 112	bleomycin	27
APTIOM	37	bacitracin-polymyxin b	112	bleph-10	112
APTIVUS	63	baclofen	153	BLINCYTO	27
aranelle (28)	94	balsalazide	138	blisovi 24 fe	95
ARCALYST	128	balziva (28)	95	blisovi fe 1.5/30 (28)	95
aripiprazole	58, 59	BANZEL	37	blisovi fe 1/20 (28)	95
ARISTADA	59	BCG VACCINE, LIVE (PF)	133	BOOSTRIX TDAP	133
armodafinil	154	BD INSULIN PEN NEEDLE		BOSULIF	27
ARNUITY ELLIPTA	149	UF SHORT	108	BOTOX	141
ASACOL HD	138	BD INSULIN SYRINGE		BREO ELLIPTA	149
ascomp with codeine	3	ULTRA-FINE	108	briellyn	95
ashlyna	95	bekyree (28)	95	BRILINTA	72
aspirin-dipyridamole	72	BELBUCA	3	brimonidine	144
ASSURE ID INSULIN		BELEODAQ	27	BRINTELLIX	42
SAFETY	108	BELSOMRA	154	BRIVIACT	37
ASTAGRAF XL	128	benazepril	78	bromfenac	114
atenolol	80	benazepril-hydrochlorothiazide	78	bromocriptine	57
atenolol-chlorthalidone	80		78	budesonide	138, 149
atorvastatin	88	BENDEKA	27	bumetanide	87
atovaquone	56	BENICAR	77	BUNAVAIL	11
atovaquone-proguanil	56	BENICAR HCT	77	BUPHENYL	116
ATRIPLA	63	BENLYSTA	141	buprenorphine hcl	3, 11
atropine	37, 110	benztropine	57	buprenorphine-naloxone	11
ATROVENT HFA	151	BEPREVE	111	buproban	11
AUBAGIO	91	betamethasone acet,sod phos	124	bupropion hcl	42
aubra	95	betamethasone dipropionate	104, 105	bupropion hcl (smoking deter)	11
AURYXIA	119	betamethasone valerate	105	buspirone	141
AVASTIN	27	betamethasone, augmented	105	butalbital compound w/codeine	3
AVC VAGINAL	53	BETASERON	92	butalbital-acetaminop-caf-cod	3
aviane	95	betaxolol	80, 144	butalbital-acetaminophen	3
AVONEX	91	bethanechol chloride	120	butalbital-acetaminophen-caff	3, 4
AVONEX (WITH ALBUMIN)	91	BETHKIS	15	butalbital-aspirin-caffeine	4
AXIRON	122	BETOPTIC S	144	butorphanol tartrate	4
azacitidine	27	bexarotene	27	BUTRANS	4
azathioprine	128				
azathioprine sodium	128				

BYSTOLIC	81	<i>cefdinir</i>	19	<i>chlorthalidone</i>	87
BYVALSON	81	<i>cefditoren pivoxil</i>	19	<i>chlorzoxazone</i>	153
<i>cabergoline</i>	57	<i>cefepime</i>	19	<i>cholestyramine (with sugar)</i>	88
CABOMETYX	27	CEFEPIME	19	<i>cholestyramine light</i>	88
<i>caffeine citrate</i>	92	CEFEPIME IN DEXTROSE	5	CIALIS	155
<i>calcipotriene</i>	102	%	19	<i>ciclopirox</i>	50
<i>calcitonin (salmon)</i>	139	CEFEPIME IN		<i>cidofovir</i>	68
<i>calcitrene</i>	102	DEXTROSE,ISO-OSM	19	<i>cilostazol</i>	72
<i>calcitriol</i>	102, 139	<i>cefixime</i>	19	CILOXAN	112
<i>calcium acetate</i>	119	<i>cefotaxime</i>	19	<i>cimetidine</i>	115
<i>calcium chloride</i>	145	<i>cefoxitin</i>	19	<i>cimetidine hcl</i>	115
CALDOLOR	8	<i>cefoxitin in dextrose, iso-osm</i>	19	CIMZIA	129
<i>camila</i>	95	<i>cefpodoxime</i>	20	CIMZIA POWDER FOR	
<i>camrese</i>	95	<i>cefprozil</i>	20	RECONST	129
<i>camrese lo</i>	95	<i>ceftazidime</i>	20	CINQAIR	153
CANCIDAS	50	<i>ceftibuten</i>	20	CINRYZE	71
<i>candesartan</i>	77	<i>ceftriaxone</i>	20	CIPRODEX	112
<i>candesartan-hydrochlorothiazid</i>		<i>ceftriaxone in dextrose, iso-os</i>	20	<i>ciprofloxacin</i>	24
	77	<i>cefuroxime axetil</i>	20	<i>ciprofloxacin (mixture)</i>	24
<i>capacet</i>	4	<i>cefuroxime sodium</i>	20	<i>ciprofloxacin hcl</i>	24, 112
CAPASTAT	54	<i>celecoxib</i>	8	<i>ciprofloxacin in 5 % dextrose</i>	24
CAPRELSA	27	CELLCEPT INTRAVENOUS		<i>ciprofloxacin lactate</i>	24
<i>captopril</i>	78		129	<i>citalopram</i>	42
<i>captopril-hydrochlorothiazide</i>	78	CELONTIN	37	<i>cladribine</i>	27
CARAFATE	115	<i>cephalexin</i>	20	<i>clarithromycin</i>	21
CARBAGLU	117	CEPROTIN (BLUE BAR)	69	<i>clemastine</i>	52
<i>carbamazepine</i>	37	CERDELGA	141	CLEVIPREX	86
<i>carbidopa</i>	57	CEREZYME	109	<i>clindamycin hcl</i>	16
<i>carbidopa-levodopa</i>	57	CERVARIX VACCINE (PF)		<i>clindamycin in 5 % dextrose</i>	16
<i>carbidopa-levodopa-entacapone</i>			134	<i>clindamycin palmitate hcl</i>	16
	58	CETYLEV	141	<i>clindamycin pediatric</i>	16
<i>carbinoxamine maleate</i>	52	<i>cevimeline</i>	101	<i>clindamycin phosphate</i>	
<i>carboplatin</i>	27	CHANTIX	11		17, 53, 103
CARIMUNE NF		CHANTIX CONTINUING		<i>clindamycin-benzoyl peroxide</i>	
NANOFILTERED	129	MONTH BOX	11		103
<i>carisoprodol</i>	153	CHANTIX STARTING		CLINIMIX 5%/D15W	
<i>carteolol</i>	111	MONTH BOX	11	SULFITE FREE	74
<i>cartia xt</i>	82	<i>chloramphenicol sod succinate</i>		CLINIMIX 5%/D25W	
<i>carvedilol</i>	81		16	SULFITE-FREE	74
CAYSTON	22	<i>chlordiazepoxide hcl</i>	12	CLINIMIX 2.75%/D5W	
<i>caziant (28)</i>	95	<i>chlorhexidine gluconate</i>	101	SULFIT FREE	74
<i>cefaclor</i>	18, 19	<i>chloroquine phosphate</i>	56	CLINIMIX 4.25%/D10W SULF	
<i>cefadroxil</i>	19	<i>chlorothiazide</i>	87	FREE	74
<i>cefazolin</i>	19	<i>chlorothiazide sodium</i>	87	CLINIMIX 4.25%/D5W	
<i>cefazolin in dextrose (iso-os)</i>	19	<i>chlorpromazine</i>	59	SULFIT FREE	74



CLINIMIX 4.25%-D20W	COMBIGAN	144	<i>d5 % and 0.9 % sodium chloride</i>	
SULF-FREE	COMBIPATCH	122		145
CLINIMIX 4.25%-D25W	COMBIVENT RESPIMAT		<i>d5 %-0.45 % sodium chloride</i>	
SULF-FREE		151		145
CLINIMIX	COMETRIQ	28	DAKLINZA	67
5%-D20W(SULFITE-FREE)	COMPLERA	63	DALIRESP	153
	<i>compro</i>	55	<i>danazol</i>	122
CLINIMIX E 2.75%/D10W	COMVAX (PF)	134	<i>dantrolene</i>	153
SUL FREE	CONDYLOX	102	<i>dapsone</i>	54
CLINIMIX E 2.75%/D5W	<i>constulose</i>	117	DAPTACEL (DTAP	
SULF FREE	COPAXONE	92	PEDIATRIC) (PF)	134
CLINIMIX E 4.25%/D10W	CORLANOR	83	<i>daptomycin</i>	17
SUL FREE	<i>cormax</i>	105	DARAPRIM	56
CLINIMIX E 4.25%/D25W	<i>cortisone</i>	124	DARZALEX	28
SUL FREE	COSENTYX	102	<i>dasetta 1/35 (28)</i>	95
CLINIMIX E 4.25%/D5W	COSENTYX (2 SYRINGES)	102	<i>dasetta 7/7/7 (28)</i>	95
SULF FREE		102	<i>daysee</i>	95
CLINIMIX E 5%/D15W	COSENTYX PEN	102	<i>deblitane</i>	96
SULFIT FREE	COSENTYX PEN (2 PENS)		<i>decitabine</i>	28
CLINIMIX E 5%/D20W		102	<i>deferoxamine</i>	121
SULFIT FREE	COTELLIC	28	<i>delyla (28)</i>	96
CLINIMIX E 5%/D25W	CREON	109	DELZICOL	138
SULFIT FREE	CRIVIVAN	63	<i>demeclocycline</i>	25
CLINISOL SF 15 %	<i>cromolyn</i>	111, 117, 153	DEM SER	83
<i>clobetasol</i>	<i>cryselle (28)</i>	95	DENAVIR	102
<i>clobetasol-emollient</i>	CUBICIN	17	DEPEN TITRATABS	121
<i>clocortolone pivalate</i>	CUPRIMINE	121	DEPO-PROVERA	127
<i>clomipramine</i>	<i>cyclafem 1/35 (28)</i>	95	DESCOVY	64
<i>clonazepam</i>	<i>cyclafem 7/7/7 (28)</i>	95	<i>desipramine</i>	42
<i>clonidine</i>	<i>cyclobenzaprine</i>	153	<i>desmopressin</i>	125
<i>clonidine hcl</i>	<i>cyclopentolate</i>	111	<i>desog-e.estradiolle.estradiol</i>	96
<i>clopidogrel</i>	<i>cyclophosphamide</i>	28	<i>desogestrel-ethinyl estradiol</i>	96
<i>clorazepate dipotassium</i>	CYCLOPHOSPHAMIDE	28	<i>desonide</i>	105
<i>clorpres</i>	CYCLOSET	45	<i>desoximetasone</i>	106
<i>clotrimazole</i>	<i>cyclosporine</i>	129	<i>dexamethasone</i>	124
<i>clotrimazole-betamethasone</i>	<i>cyclosporine modified</i>	129	<i>dexamethasone sodium phosphate</i>	
<i>clozapine</i>	<i>cyproheptadine</i>	52		114, 124
COARTEM	CYRAMZA	28	DEXILANT	115
<i>codeine sulfate</i>	<i>cyred</i>	95	<i>dexmethylphenidate</i>	92
COGENTIN	CYSTADANE	141	<i>dextrazoxane hcl</i>	141
COLCRYS	CYSTARAN	111	<i>dextroamphetamine</i>	92
<i>colestipol</i>	<i>d10 %-0.45 % sodium chloride</i>		<i>dextroamphetamine-amphetamine</i>	
<i>colistin (colistimethate na)</i>		145		92
<i>colocort</i>	<i>d2.5 %-0.45 % sodium chloride</i>		<i>dextrose 10 % and 0.2 % nacl</i>	
COLY-MYCIN S		145		145



<i>dextrose 10 % in water (d10w)</i>	<i>dipyridamole</i>	72	ELIGARD (6 MONTH)	28
75	<i>disopyramide phosphate</i>	79	<i>elinest</i>	96
<i>dextrose 20 % in water (d20w)</i>	<i>disulfiram</i>	11	<i>eliphos</i>	119
75	<i>divalproex</i>	37, 38	ELIQUIS	69
<i>dextrose 25 % in water (d25w)</i>	<i>dobutamine</i>	84	ELITEK	109
75	<i>dobutamine in d5w</i>	84	<i>elixophyllin</i>	151
<i>dextrose 40 % in water (d40w)</i>	<i>docetaxel</i>	28	ELLA	96
75	<i>dofetilide</i>	80	ELMIRON	141
<i>dextrose 5 % in ringers</i>	<i>donepezil</i>	41	EMBEDA	4
75	<i>dopamine</i>	84	EMCYT	29
<i>dextrose 5 % in water (d5w)</i>	<i>dopamine in 5 % dextrose</i>	84	EMEND	55
<i>dextrose 5 %-lactated ringers</i>	<i>dorzolamide</i>	144	<i>emoquette</i>	96
145	<i>dorzolamide-timolol</i>	144	EMPLICITI	29
<i>dextrose 5 %-0.2 % sod chloride</i>	<i>doxazosin</i>	77	EMSAM	43
145	<i>doxepin</i>	42	EMTRIVA	64
<i>dextrose 5 %-0.3 % sod.chloride</i>	<i>doxercalciferol</i>	139	<i>enalapril maleate</i>	79
145	<i>doxorubicin</i>	28	<i>enalaprilat</i>	79
<i>dextrose 50 % in water (d50w)</i>	<i>doxorubicin, peg-liposomal</i>	28	<i>enalapril-hydrochlorothiazide</i>	79
75	<i>doxy-100</i>	25	ENBREL	129
<i>dextrose 70 % in water (d70w)</i>	<i>doxycycline hyclate</i>	25	ENBREL SURECLICK	129
75	<i>doxycycline monohydrate</i>	25, 26	<i>endocet</i>	4
<i>dextrose with sodium chloride</i>	<i>dronabinol</i>	55	<i>endodan</i>	4
145	<i>droperidol</i>	141	ENGERIX-B (PF)	134
<i>dextrose-kcl-nacl</i>	<i>drospirenone-ethinyl estradiol</i>	96	ENGERIX-B PEDIATRIC (PF)	134
145	DROXIA	28		134
<i>diazepam</i>	DUAVEE	122	<i>enoxaparin</i>	69
12	DULERA	149	<i>enpresse</i>	96
<i>diazepam intensol</i>	<i>duloxetine</i>	42	<i>enskyce</i>	96
12	DUREZOL	114	<i>entacapone</i>	58
<i>diclofenac potassium</i>	<i>dutasteride</i>	120	<i>entecavir</i>	68
8	<i>dutasteride-tamsulosin</i>	120	ENTRESTO	78
<i>diclofenac sodium</i>	DYRENIUM	87	<i>enulose</i>	117
8, 102, 114	<i>e.e.s. 400</i>	21	ENVARUSUS XR	129
<i>diclofenac-misoprostol</i>	<i>e.e.s. granules</i>	21	EPCLUSA	67
8	<i>econazole</i>	50	<i>epinastine</i>	111
<i>dicloxacillin</i>	EDARBI	77	<i>epinephrine</i>	84, 85
23	EDARBYCLOR	78	<i>epinephrine hcl (pf)</i>	85
<i>dicyclomine</i>	EDURANT	64	EPIPEN	85
117	<i>effer-k</i>	145	EPIPEN 2-PAK	85
<i>didanosine</i>	EFFIENT	72	EPIPEN JR 2-PAK	85
64	ELAPRASE	109	<i>epitol</i>	38
DIFICID	<i>electrolyte-48 in d5w</i>	145	EPIVIR HBV	64
21	ELIGARD	28	<i>eplerenone</i>	90
<i>diflorasone</i>	ELIGARD (3 MONTH)	28	EPOGEN	71
106	ELIGARD (4 MONTH)	28	<i>epoprostenol (glycine)</i>	156
<i>diflunisal</i>				
8				
<i>digitek</i>				
83				
<i>digoxin</i>				
83, 84				
DIGOXIN				
84				
<i>dihydroergotamine</i>				
53				
DILANTIN				
37				
<i>diltiazem hcl</i>				
82				
<i>dilt-xr</i>				
82				
<i>dimenhydrinate</i>				
55				
DIPENTUM				
138				
<i>diphenhydramine hcl</i>				
52				
<i>diphenoxylate-atropine</i>				
117				

<i>eprosartan</i> .....	78	<i>famciclovir</i> .....	68	FLUOXETINE.....	43
EPZICOM.....	64	<i>famotidine</i> .....	116	<i>fluphenazine decanoate</i> .....	59
<i>ergoloid</i> .....	141	<i>famotidine (pf)</i> .....	116	<i>fluphenazine hcl</i> .....	59, 60
ERGOMAR.....	53	<i>famotidine (pf)-nacl (iso-os)</i> .....	116	<i>flurazepam</i> .....	13, 14
ERIVEDGE.....	29	FANAPT.....	59	<i>flurbiprofen</i> .....	9
<i>errin</i> .....	96	FARESTON.....	29	<i>flurbiprofen sodium</i> .....	114
<i>ery pads</i> .....	103	FARYDAK.....	29	<i>flutamide</i> .....	29
<i>ery-tab</i> .....	21	FASLODEX.....	29	<i>fluticasone</i> .....	106, 114
ERY-TAB.....	21	<i>felbamate</i> .....	38	<i>fluvastatin</i> .....	88
ERYTHROCIN.....	22	<i>felodipine</i> .....	86	<i>fluvoxamine</i> .....	43
<i>erythrocin (as stearate)</i> .....	22	FEMRING.....	123	<i>fomepizole</i> .....	141
<i>erythromycin</i> .....	22, 112	<i>femynor</i> .....	96	<i>fondaparinux</i> .....	69, 70
<i>erythromycin ethylsuccinate</i> .....	22	<i>fenofibrate</i> .....	88	FORADIL AEROLIZER.....	151
<i>erythromycin with ethanol</i> .....	103, 104	<i>fenofibrate micronized</i> .....	88	FORTEO.....	139
<i>erythromycin-benzoyl peroxide</i> .....	104	<i>fenofibrate nanocrystallized</i> .....	88	FORTICAL.....	139
ESBRIET.....	153	<i>fenofibric acid</i> .....	88	<i>foscarnet</i> .....	66
<i>escitalopram oxalate</i> .....	43	<i>fenofibric acid (choline)</i> .....	88	<i>fosinopril</i> .....	79
<i>esmolol</i> .....	81	<i>fenopropfen</i> .....	9	<i>fosinopril-hydrochlorothiazide</i> .....	79
<i>esomeprazole sodium</i> .....	116	<i>fentanyl</i> .....	4	<i>fosphenytoin</i> .....	38
<i>estarylla</i> .....	96	<i>fentanyl citrate</i> .....	4	FOSRENOL.....	119
<i>estazolam</i> .....	13	FERRIPROX.....	121	FREAMINE HBC 6.9 %.....	76
ESTRACE.....	122	FETZIMA.....	43	FREAMINE III 10 %.....	76
<i>estradiol</i> .....	122	<i>finasteride</i> .....	120	<i>furosemide</i> .....	87
<i>estradiol valerate</i> .....	123	FIRAZYR.....	85	FUSILEV.....	141
<i>estradiol-norethindrone acet</i> .....	123	<i>flavoxate</i> .....	120	FUZEON.....	64
ESTRING.....	123	FLEBOGAMMA DIF.....	129	<i>fyavolv</i> .....	123
<i>estropipate</i> .....	123	<i>flecainide</i> .....	80	FYCOMPA.....	38
<i>eszopiclone</i> .....	154	FLECTOR.....	9	<i>gabapentin</i> .....	38
<i>ethambutol</i> .....	54	FLOVENT DISKUS.....	150	GABITRIL.....	38
<i>ethosuximide</i> .....	38	FLOVENT HFA.....	150	<i>galantamine</i> .....	41
<i>ethynodiol diac-eth estradiol</i> .....	96	<i>floxuridine</i> .....	29	GAMASTAN S/D.....	129
<i>etidronate disodium</i> .....	139	<i>flucaine</i> .....	111	GAMMAGARD LIQUID.....	130
<i>etodolac</i> .....	8, 9	<i>fluconazole</i> .....	51	GAMMAPLEX.....	130
ETOPOPHOS.....	29	<i>fluconazole in nacl (iso-osm)</i> .....	51	GAMUNEX-C.....	130
<i>etoposide</i> .....	29	<i>flucytosine</i> .....	51	<i>ganciclovir sodium</i> .....	68
EVOTAZ.....	64	<i>fludrocortisone</i> .....	124	GARDASIL (PF).....	134
EXELDERM.....	50	<i>flumazenil</i> .....	92	GARDASIL 9 (PF).....	134
<i>exemestane</i> .....	29	<i>flunisolide</i> .....	114	<i>gatifloxacin</i> .....	112
EXJADE.....	121	<i>fluocinolone acetonide oil</i> .....	114	GATTEX 30-VIAL.....	117
EXONDYS 51.....	141	<i>fluocinonide</i> .....	106	GATTEX ONE-VIAL.....	117
EXTAVIA.....	92	<i>fluocinonide-e</i> .....	106	GAUZE PAD.....	108
FABRAZYME.....	109	<i>fluorometholone</i> .....	114	<i>gavilyte-c</i> .....	118
<i>falmina (28)</i> .....	96	<i>fluorouracil</i> .....	29, 102	<i>gavilyte-g</i> .....	118
		<i>fluoxetine</i> .....	43	<i>gavilyte-n</i> .....	118

GAZYVA	29	<i>guanfacine</i>	77, 92	HUMULIN R U-500 (CONC)	
<i>gemcitabine</i>	29	<i>guanidine</i>	142	KWIKPEN	48
<i>gemfibrozil</i>	88	<i>halobetasol propionate</i>	106	HUMULIN R U-500 (CONCENTRATED)	48
<i>generlac</i>	117	<i>haloperidol</i>	60	<i>hydralazine</i>	85
<i>gengraf</i>	130	<i>haloperidol decanoate</i>	60	<i>hydrochlorothiazide</i>	87
GENOTROPIN	125	<i>haloperidol lactate</i>	60	<i>hydrocodone-acetaminophen</i>	4, 5
GENOTROPIN MINIQUICK	125	HARVONI	67	<i>hydrocodone-ibuprofen</i>	5
<i>gentak</i>	112	HAVRIX (PF)	134, 135	<i>hydrocortisone</i>	106, 124, 138
<i>gentamicin</i>	16, 104, 112	<i>heather</i>	96	<i>hydrocortisone butyrate</i>	106
<i>gentamicin in nacl (iso-osm)</i>	16	<i>heparin (porcine)</i>	70	<i>hydrocortisone butyr-emollient</i>	106
<i>gentamicin sulfate (ped) (pf)</i>	16	<i>heparin (porcine) in 5 % dex</i>	70	<i>hydrocortisone valerate</i>	106
<i>gentamicin sulfate (pf)</i>	16	<i>heparin (porcine) in 0.45% nacl</i>	70	<i>hydrocortisone-acetic acid</i>	112
GENVOYA	64	<i>heparin, porcine (pf)</i>	70	<i>hydromorphone</i>	5
GEODON	60	HEPATAMINE 8%	76	<i>hydromorphone (pf)</i>	5
<i>gianvi (28)</i>	96	HERCEPTIN	29	<i>hydroxychloroquine</i>	56
<i>gildagia</i>	96	HETLIOZ	154	<i>hydroxyprogesterone caproate</i>	127
<i>gildess 1.5/30 (21)</i>	96	HEXALEN	29	<i>hydroxyurea</i>	30
<i>gildess 1/20 (21)</i>	96	HIBERIX (PF)	135	<i>hydroxyzine hcl</i>	53
<i>gildess 24 fe</i>	96	<i>homatropaire</i>	111	<i>hydroxyzine pamoate</i>	142
<i>gildess fe 1.5/30 (28)</i>	96	<i>homatropine hbr</i>	111	HYPERRAB S/D (PF)	130
<i>gildess fe 1/20 (28)</i>	96	HUMALOG	48	HYQVIA	131
GILENYA	92	HUMALOG KWIKPEN	47	HYQVIA IG COMPONENT	130
GILOTRIF	29	HUMALOG MIX 50-50	48	HYSINGLA ER	5
GLEOSTINE	29	HUMALOG MIX 50-50 KWIKPEN	47	<i>ibandronate</i>	140
<i>glimepiride</i>	49	HUMALOG MIX 75-25	48	IBRANCE	30
<i>glipizide</i>	49	HUMALOG MIX 75-25 KWIKPEN	48	<i>ibuprofen</i>	9
<i>glipizide-metformin</i>	49	HUMATROPE	125	ICLUSIG	30
GLUCAGEN HYPOKIT	142	HUMIRA	130	<i>ifosfamide</i>	30
GLUCAGON EMERGENCY KIT (HUMAN)	142	HUMIRA PEDIATRIC		<i>ifosfamide-mesna</i>	30
<i>glyburide</i>	50	CROHN'S START	130	ILARIS (PF)	131
<i>glyburide micronized</i>	50	HUMIRA PEN	130	ILEVRO	114
<i>glyburide-metformin</i>	50	HUMIRA PEN CROHN'S-UC-HS START	130	<i>imatinib</i>	30
<i>glycopyrrolate</i>	117	HUMIRA PEN PSORIASIS-UVEITIS	130	IMBRUVICA	30
<i>glydo</i>	10	HUMALIN 70/30	48	<i>imipenem-cilastatin</i>	22
GLYXAMBI	45	HUMALIN 70/30 KWIKPEN	48	<i>imipramine hcl</i>	43
GRALISE	38	HUMALIN N	48	<i>imipramine pamoate</i>	43
GRALISE 30-DAY STARTER PACK	38	HUMALIN N KWIKPEN	48	<i>imiquimod</i>	102
<i>granisetron (pf)</i>	55	HUMALIN R U-100	48	IMLYGIC	30
<i>granisetron hcl</i>	55			IMOGAM RABIES-HT (PF)	131
GRANIX	71				
<i>griseofulvin microsize</i>	51				
<i>griseofulvin ultramicrosize</i>	51				

IMOVAX RABIES VACCINE (PF)	135	JAKAFI	30	KUVAN	109
INCRELEX	125	<i>jantoven</i>	70	KYNAMRO	89
INCRUSE ELLIPTA	151	JANUMET	46	KYPROLIS	31
<i>indapamide</i>	87	JANUMET XR	46	<i>l norgestle.estradiol-e.estrad</i>	97
<i>indomethacin</i>	9	JANUVIA	46	<i>labetalol</i>	81
<i>indomethacin sodium</i>	9	JARDIANCE	46	LACRISERT	111
INFANRIX (DTAP) (PF)	135	<i>jencycla</i>	96	LACTATED RINGERS	139
INFLECTRA	142	JENTADUETO	46	<i>lactulose</i>	117
INLYTA	30	JENTADUETO XR	46	<i>lamivudine</i>	65
INSULIN SYRINGE-NEEDLE U-100	108	<i>jinteli</i>	123	<i>lamivudine-zidovudine</i>	65
INTELENCE	64	<i>jolessa</i>	97	<i>lamotrigine</i>	38, 39
INTRALIPID	76	<i>jolivette</i>	97	LANOXIN	85
INTRON A	68	<i>juleber</i>	97	<i>lansoprazole</i>	116
<i>introvale</i>	96	<i>junel 1.5/30 (21)</i>	97	LANTUS	48
INVANZ	22	<i>junel 1/20 (21)</i>	97	LANTUS SOLOSTAR	48
INVEGA SUSTENNA	60	<i>junel fe 1.5/30 (28)</i>	97	<i>larin 1.5/30 (21)</i>	97
INVEGA TRINZA	60, 61	<i>junel fe 1/20 (28)</i>	97	<i>larin 1/20 (21)</i>	97
INVIRASE	64	<i>junel fe 24</i>	97	<i>larin 24 fe</i>	97
INVOKAMET	45	JUXTAPID	88	<i>larin fe 1.5/30 (28)</i>	97
INVOKAMET XR	45	KABIVEN	76	<i>larin fe 1/20 (28)</i>	97
INVOKANA	46	KALETRA	64	<i>larissia</i>	97
IONOSOL-B IN D5W	145	KALYDECO	153	LARTRUVO	31
IONOSOL-MB IN D5W	145	KANUMA	109	<i>latanoprost</i>	144
IPOL	135	<i>kariva (28)</i>	97	LATUDA	61
<i>ipratropium bromide</i>	111, 151	KAZANO	46	LAZANDA	5
IPRIVASK	70	<i>kelnor 1/35 (28)</i>	97	<i>leena 28</i>	97
<i>irbesartan</i>	78	<i>ketoconazole</i>	51	<i>leflunomide</i>	131
<i>irbesartan-hydrochlorothiazide</i>	78	<i>ketoprofen</i>	9	LEMTRADA	92
IRESSA	30	<i>ketorolac</i>	9, 114	LENVIMA	31
<i>irinotecan</i>	30	KEVEYIS	142	<i>lessina</i>	97
ISENTRESS	64	KEYTRUDA	31	LETAIRIS	156
ISOLYTE-P IN 5 %		<i>kimidess (28)</i>	97	<i>letrozole</i>	31
DEXTROSE	145	KINERET	131	<i>leucovorin calcium</i>	142
ISOLYTE-S	146	KINRIX (PF)	135	LEUKERAN	31
<i>isoniazid</i>	54	<i>kionex</i>	117	LEUKINE	71
<i>isosorbide dinitrate</i>	90	<i>kionex (with sorbitol)</i>	117	<i>leuprolide</i>	31
<i>isosorbide mononitrate</i>	90	KLOR-CON 10	146	<i>levetiracetam</i>	39
<i>isradipine</i>	86	<i>klor-con m10</i>	146	<i>levetiracetam in nacl (iso-os)</i>	39
<i>itraconazole</i>	51	<i>klor-con m15</i>	146	<i>levobunolol</i>	144
<i>ivermectin</i>	56	<i>klor-con m20</i>	146	<i>levocarnitine</i>	142
IXEMPRA	30	<i>klor-con sprinkle</i>	146	<i>levocarnitine (with sugar)</i>	142
IXIARO (PF)	135	KOMBIGLYZE XR	46	<i>levocetirizine</i>	53
		KORLYM	46	<i>levofloxacin</i>	25, 112
		KRYSTEXXA	109	<i>levofloxacin in d5w</i>	24
		<i>kurvelo</i>	97	<i>levoleucovorin</i>	142



<i>levonest (28)</i> .....	98	LUPRON DEPOT-PED.....	126	MESTINON.....	142
<i>levonorgestrel-ethinyl estrad</i> .....	98	LUPRON DEPOT-PED (3		<i>metaproterenol</i> .....	151
<i>levonorg-eth estrad triphasic</i> .....	98	MONTH).....	125	<i>metaxall</i> .....	153
<i>levora-28</i> .....	98	<i>lutura (28)</i> .....	98	<i>metaxalone</i> .....	154
<i>levothyroxine</i> .....	128	LYNPARZA.....	32	<i>metformin</i> .....	46
LEXIVA.....	65	LYRICA.....	39	<i>methadone</i> .....	5, 6
LIALDA.....	138	LYSODREN.....	32	<i>methadose</i> .....	6
<i>lidocaine</i> .....	10	<i>lyza</i> .....	98	<i>methazolamide</i> .....	144
<i>lidocaine (pf)</i> .....	10, 80	<i>magnebind 400</i> .....	119	<i>methenamine hippurate</i> .....	17
<i>lidocaine hcl</i> .....	10	<i>magnesium sulfate</i> .....	146	<i>methimazole</i> .....	128
<i>lidocaine in 5 % dextrose (pf)</i>		<i>magnesium sulfate in d5w</i> .....	146	<i>methocarbamol</i> .....	154
.....	80	<i>magnesium sulfate in water</i> .....	146	<i>methotrexate sodium</i> .....	32
<i>lidocaine viscous</i> .....	10	<i>malathion</i> .....	108	<i>methotrexate sodium (pf)</i> .....	32
<i>lidocaine-prilocaine</i> .....	10	<i>maprotiline</i> .....	43	<i>methoxsalen rapid</i> .....	102
<i>linezolid</i> .....	17	<i>margesic</i> .....	5	<i>methscopolamine</i> .....	117
LINZESS.....	117	<i>marlissa</i> .....	98	<i>methyclothiazide</i> .....	87
<i>liothyronine</i> .....	128	MARPLAN.....	43	<i>methylergonovine</i> .....	142
<i>lisinopril</i> .....	79	MARQIBO.....	32	<i>methylphenidate</i> .....	93
<i>lisinopril-hydrochlorothiazide</i> .....	79	MATULANE.....	32	<i>methylprednisolone</i> .....	124
<i>lithium carbonate</i> .....	92, 93	<i>matzim la</i> .....	82	<i>methylprednisolone acetate</i> .....	124
<i>lithium citrate</i> .....	93	<i>meclizine</i> .....	55	<i>methylprednisolone sodium succ</i>	
LIVALO.....	89	<i>medroxyprogesterone</i> .....	127	.....	124
<i>lomediac 24 fe</i> .....	98	<i>mefenamic acid</i> .....	9	<i>metipranolol</i> .....	144
LONSURF.....	31	<i>mefloquine</i> .....	56	<i>metoclopramide hcl</i> .....	117
<i>loperamide</i> .....	117	MEFOXIN IN DEXTROSE		<i>metolazone</i> .....	87
<i>lorazepam</i> .....	14	(ISO-OSM).....	20	<i>metoprolol succinate</i> .....	81
<i>lorazepam intensol</i> .....	14	<i>megestrol</i> .....	32, 128	<i>metoprolol ta-hydrochlorothiaz</i>	
<i>lorcet (hydrocodone)</i> .....	5	MEKINIST.....	32	.....	81
<i>lorcet hd</i> .....	5	<i>meloxicam</i> .....	9	<i>metoprolol tartrate</i> .....	81
<i>lorcet plus</i> .....	5	<i>melphalan hcl</i> .....	32	<i>metronidazole</i> .....	17, 53, 104
<i>loryna (28)</i> .....	98	<i>memantine</i> .....	41	<i>metronidazole in nacl (iso-os)</i>	
<i>losartan</i> .....	78	MENACTRA (PF).....	135	.....	17
<i>losartan-hydrochlorothiazide</i> .....	78	MENEST.....	123	<i>mexiletine</i> .....	80
LOTEMAX.....	115	MENHIBRIX (PF).....	135	MIACALCIN.....	140
<i>lovastatin</i> .....	89	MENOMUNE - A/C/Y/W-135		<i>miconazole-3</i> .....	51
<i>low-ogestrel (28)</i> .....	98	.....	135	<i>microgestin 1.5/30 (21)</i> .....	98
<i>loxapine succinate</i> .....	61	MENOMUNE - A/C/Y/W-135		<i>microgestin 1/20 (21)</i> .....	98
LUMIGAN.....	144	(PF).....	135	<i>microgestin fe 1.5/30 (28)</i> .....	98
LUPRON DEPOT.....	31	MENVEO A-C-Y-W-135-DIP		<i>microgestin fe 1/20 (28)</i> .....	98
LUPRON DEPOT (3 MONTH)		(PF).....	136	<i>midazolam</i> .....	14
.....	31	<i>mercaptapurine</i> .....	32	<i>midodrine</i> .....	77
LUPRON DEPOT (4 MONTH)		<i>meropenem</i> .....	22	<i>miglitol</i> .....	47
.....	31	<i>mesalamine</i> .....	138	<i>milrinone</i> .....	85
LUPRON DEPOT (6 MONTH)		<i>mesna</i> .....	142	<i>milrinone in 5 % dextrose</i> .....	85
.....	31	MESNEX.....	142	<i>mimvey</i> .....	123

<i>mimvey lo</i> .....	123	<i>naphazoline</i> .....	111	NINLARO.....	32
<i>minitran</i> .....	91	<i>naproxen</i> .....	10	NITRO-BID.....	91
MINOCIN.....	26	<i>naproxen sodium</i> .....	10	<i>nitrofurantoin</i> .....	18
<i>minocycline</i> .....	26	<i>naratriptan</i> .....	53	<i>nitrofurantoin macrocrystal</i> .....	17
<i>minoxidil</i> .....	91	NARCAN.....	11	<i>nitrofurantoin monohydlm-cryst</i> .....	18
MIRCERA.....	71	NATACYN.....	112	<i>nitroglycerin</i> .....	91
<i>mirtazapine</i> .....	43	<i>nateglinide</i> .....	47	<i>nitroglycerin in 5 % dextrose</i> .....	91
<i>misoprostol</i> .....	116	NATPARA.....	140	NITROSTAT.....	91
<i>mitoxantrone</i> .....	32	NEBUPENT.....	57	<i>nizatidine</i> .....	116
M-M-R II (PF).....	136	<i>necon 0.5/35 (28)</i> .....	98	<i>nora-be</i> .....	99
<i>moexipril</i> .....	79	<i>necon 1/35 (28)</i> .....	98	NORDITROPIN FLEXPRO .....	126
<i>moexipril-hydrochlorothiazide</i> .....	79	<i>necon 1/50 (28)</i> .....	99	<i>norepinephrine bitartrate</i> .....	86
<i>molindone</i> .....	61	<i>necon 10/11 (28)</i> .....	99	<i>noreth-ethinyl estradiol-iron</i> .....	99
<i>mometasone</i> .....	106, 107	<i>necon 7/7/7 (28)</i> .....	99	<i>norethindrone (contraceptive)</i> .....	99
<i>mono-lynyah</i> .....	98	<i>nefazodone</i> .....	44	<i>norethindrone acetate</i> .....	128
<i>mononessa (28)</i> .....	98	<i>neomycin</i> .....	16	<i>norethindrone ac-eth estradiol</i> .....	99, 123
<i>montelukast</i> .....	150	<i>neomycin-bacitracin-poly-hc</i> ..	112	<i>norethindrone-e.estradiol-iron</i> ...	99
<i>morphine</i> .....	6	<i>neomycin-bacitracin-polymyxin</i> .....	113	<i>norgestimate-ethinyl estradiol</i> ...	99
MORPHINE.....	6	<i>neomycin-polymyxin b gu</i> .....	104	<i>norlyroc</i> .....	99
<i>morphine concentrate</i> .....	6	<i>neomycin-polymyxin b-dexameth</i> .....	113	NORMOSOL-M IN 5 % DEXTROSE.....	146
MOVANTIK.....	118	<i>neomycin-polymyxin hc</i> .....	113	NORMOSOL-R.....	146
MOVIPREP.....	118	<i>neo-polycin</i> .....	113	NORMOSOL-R PH 7.4.....	146
MOXEZA.....	112	<i>neo-polycin hc</i> .....	113	NORTHERA.....	77
<i>moxifloxacin</i> .....	25	NEPHRAMINE 5.4 %.....	76	<i>nortrel 0.5/35 (28)</i> .....	99
MOZOBIL.....	71	NESINA.....	47	<i>nortrel 1/35 (21)</i> .....	99
MULTAQ.....	80	<i>neuac</i> .....	104	<i>nortrel 1/35 (28)</i> .....	99
<i>multi-vitamin with fluoride</i> .....	156	NEULASTA.....	71	<i>nortrel 7/7/7 (28)</i> .....	99
<i>mupirocin</i> .....	104	NEUPOGEN.....	71	<i>nortriptyline</i> .....	44
<i>mupirocin calcium</i> .....	104	NEUPRO.....	58	NORVIR.....	65
<i>mycophenolate mofetil</i> .....	131	NEVANAC.....	115	NOVOLIN 70/30.....	49
<i>mycophenolate mofetil hcl</i> .....	131	<i>nevirapine</i> .....	65	NOVOLIN N.....	49
<i>mycophenolate sodium</i> .....	131	NEXAVAR.....	32	NOVOLIN R.....	49
MYOBLOC.....	142, 143	<i>niacin</i> .....	89	NOVOLOG.....	49
MYOZYME.....	109	<i>niacor</i> .....	89	NOVOLOG FLEXPEN.....	49
MYRBETRIQ.....	120	<i>nicardipine</i> .....	86	NOVOLOG MIX 70-30.....	49
<i>myzilra</i> .....	98	NICOTROL.....	11	NOVOLOG MIX 70-30 FLEXPEN.....	49
<i>nabumetone</i> .....	9	<i>nifedical xl</i> .....	86	NOVOLOG PENFILL.....	49
<i>nadolol</i> .....	81	<i>nifedipine</i> .....	86	NOXAFIL.....	51
<i>nafcillin</i> .....	23	<i>nikki (28)</i> .....	99	NPLATE.....	143
NAGLAZYME.....	109	NILANDRON.....	32		
<i>naloxone</i> .....	11	<i>nilutamide</i> .....	32		
<i>naltrexone</i> .....	11				
NAMENDA XR.....	41				
NAMZARIC.....	41				

NUCALA	153	ORENCIA CLICKJECT	143	PEN NEEDLE, DIABETIC	
NUCYNTA	6	ORENITRAM	156		108
NUCYNTA ER	6	ORFADIN	109	<i>penicillin g pot in dextrose</i>	24
NUEDEXTA	93	ORKAMBI	153	<i>penicillin g potassium</i>	24
NULOJIX	131	<i>orsythia</i>	99	<i>penicillin g procaine</i>	24
NUPLAZID	61	<i>oseltamivir</i>	66, 67	<i>penicillin v potassium</i>	24
NUTRESTORE	118	OSENI	47	PENTACEL (PF)	136
NUTRILIPID	76	OTEZLA	131	PENTAM	57
NUTROPIN AQ	126	OTEZLA STARTER	132	<i>pentoxifylline</i>	72
NUTROPIN AQ NUSPIN	126	OTOVEL	111	PERIKABIVEN	76
NUVARING	99	OTREXUP (PF)	132	<i>perindopril erbumine</i>	79
<i>nyamyc</i>	51	<i>oxacillin</i>	23, 24	<i>perio gard</i>	101
<i>nyata</i>	51	<i>oxacillin in dextrose (iso-osm)</i>		PERJETA	33
<i>nystatin</i>	51		23	<i>permethrin</i>	108
<i>nystatin-triamcinolone</i>	52	<i>oxaliplatin</i>	33	<i>perphenazine</i>	61
<i>nystop</i>	52	<i>oxandrolone</i>	122	<i>perphenazine-amitriptyline</i>	44
OICALIVA	118	<i>oxcarbazepine</i>	39	PERTZYE	109, 110
<i>ocella</i>	99	OXTELLAR XR	39	<i>pfizerpen-g</i>	24
OCTAGAM	131	<i>oxybutynin chloride</i>	120	<i>phenadoz</i>	56
<i>octreotide acetate</i>	126	<i>oxycodone</i>	6, 7	<i>phenelzine</i>	44
ODEFSEY	65	<i>oxycodone-acetaminophen</i>	7	<i>phenobarbital</i>	39
ODOMZO	32	<i>oxycodone-aspirin</i>	7	<i>phenylephrine hcl</i>	77, 111
OFEV	153	OXYCONTIN	7	<i>phenytoin</i>	39, 40
<i>ofloxacin</i>	25, 113	<i>oxymorphone</i>	7	<i>phenytoin sodium</i>	40
<i>ogestrel (28)</i>	99	<i>pacerone</i>	80	<i>phenytoin sodium extended</i>	40
<i>olanzapine</i>	61	<i>paclitaxel</i>	33	<i>philith</i>	100
<i>olanzapine-fluoxetine</i>	44	<i>paliperidone</i>	61	PHOSLYRA	119
<i>olopatadine</i>	111	<i>pamidronate</i>	140	PHOSPHOLINE IODIDE	144
OLYSIO	67	PANRETIN	102	PICATO	103
<i>omega-3 acid ethyl esters</i>	89	<i>pantoprazole</i>	116	<i>pilocarpine hcl</i>	101, 144
<i>omeprazole</i>	116	<i>paricalcitol</i>	140	<i>pimozide</i>	61
OMNITROPE	126	<i>paromomycin</i>	57	<i>pimtrea (28)</i>	100
ONCASPAR	32	<i>paroxetine hcl</i>	44	<i>pindolol</i>	81
<i>ondansetron</i>	56	PASER	54	<i>pioglitazone</i>	47
<i>ondansetron hcl</i>	55	PATADAY	111	<i>pioglitazone-glimepiride</i>	47
<i>ondansetron hcl (pf)</i>	55	PAXIL	44	<i>pioglitazone-metformin</i>	47
ONFI	14	PEDIARIX (PF)	136	<i>piperacillin-tazobactam</i>	24
ONGLYZA	47	PEDVAX HIB (PF)	136	<i>pirmella</i>	100
ONIVYDE	32	<i>peg 3350-electrolytes</i>	119	<i>piroxicam</i>	10
OPDIVO	33	PEGANONE	39	PLASMA-LYTE 148	146
OPSUMIT	156	PEGASYS	68	PLASMA-LYTE A	146
<i>oralone</i>	101	PEGASYS PROCLICK	68	PLASMA-LYTE-56 IN 5 %	
ORENCIA	131	<i>peg-electrolyte soln</i>	119	DEXTROSE	147
ORENCIA (WITH MALTOSE)		PEGINTRON	68	PLEGRIDY	93
	131			<i>podofilox</i>	103



<i>polyethylene glycol 3350</i> .....	119	<i>prenatal vitamin plus low iron</i>		PROQUAD (PF).....	136
<i>polymyxin b sulfate</i> .....	18		157	PROSOL 20 %.....	76
<i>polymyxin b sulf-trimethoprim</i>		PREPOPIK.....	119	<i>protamine</i> .....	72
	113	<i>prevalite</i> .....	89	<i>protriptyline</i> .....	44
POMALYST.....	33	<i>previfem</i> .....	100	PULMOZYME.....	110
<i>portia</i> .....	100	PREZCOBIX.....	65	PURIXAN.....	33
PORTRAZZA.....	33	PREZISTA.....	65	<i>pyrazinamide</i> .....	54
<i>potassium acetate</i> .....	147	PRIFTIN.....	54	<i>pyridostigmine bromide</i> .....	143
<i>potassium chlorid-d5-0.45%nacl</i>		PRIMAQUINE.....	57	QBRELIS.....	79
	147	<i>primidone</i> .....	40	QUADRACEL (PF).....	136
<i>potassium chloride</i> .....	147, 148	PRISTIQ.....	44	<i>quasense</i> .....	100
<i>potassium chloride in 0.9%nacl</i>		PRIVIGEN.....	132	<i>quetiapine</i> .....	61, 62
	147	PROAIR HFA.....	151	<i>quinapril</i> .....	79
<i>potassium chloride in 5 % dex</i>		PROAIR RESPICLICK.....	151	<i>quinapril-hydrochlorothiazide</i> .....	79
	147	<i>probenecid</i> .....	52	<i>quinidine gluconate</i> .....	80
<i>potassium chloride in lr-d5</i> .....	147	<i>probenecid-colchicine</i> .....	52	<i>quinidine sulfate</i> .....	80
<i>potassium chloride-0.45 % nacl</i>		<i>procainamide</i> .....	80	<i>quinine sulfate</i> .....	57
	147	PROCALAMINE 3%.....	76	QVAR.....	150
<i>potassium chloride-d5-0.2%nacl</i>		<i>prochlorperazine</i> .....	56	RABAVERT (PF).....	136
	148	<i>prochlorperazine edisylate</i> .....	56	<i>raloxifene</i> .....	123
<i>potassium chloride-d5-0.3%nacl</i>		<i>prochlorperazine maleate</i> .....	56	<i>ramipril</i> .....	79
	148	PROCRT.....	71, 72	RANEXA.....	86
<i>potassium chloride-d5-0.9%nacl</i>		<i>procto-med hc</i> .....	107	<i>ranitidine hcl</i> .....	116
	148	<i>procto-pak</i> .....	107	RAPAMUNE.....	132
<i>potassium citrate</i> .....	148	<i>proctosol hc</i> .....	107	<i>rasagiline</i> .....	58
<i>potassium citrate-citric acid</i> .....	148	<i>proctozone-hc</i> .....	107	RASUVO (PF).....	132
<i>potassium hydroxide</i> .....	103	PROCYSBI.....	143	RAVICTI.....	118
POTIGA.....	40	<i>progesterone in oil</i> .....	128	RAYALDEE.....	140
PRADAXA.....	70	<i>progesterone micronized</i> .....	128	REBIF (WITH ALBUMIN).....	93
PRALUENT PEN.....	89	PROGLYCEM.....	91	REBIF REBIDOSE.....	93
PRALUENT SYRINGE.....	89	PROGRAF.....	132	REBIF TITRATION PACK	
<i>pramipexole</i> .....	58	PROLASTIN-C.....	153		94
<i>pravastatin</i> .....	89	PROLENSA.....	115	<i>reclipsen (28)</i> .....	100
<i>prazosin</i> .....	77	PROLEUKIN.....	33	RECOMBIVAX HB (PF).....	136
<i>prednicarbate</i> .....	107	PROLIA.....	140	REGANEX.....	103
<i>prednisolone acetate</i> .....	115	PROMACTA.....	72	RELENZA DISKHALER.....	67
<i>prednisolone sodium phosphate</i>		<i>promethazine</i> .....	53, 56	RELISTOR.....	118
	115, 124	<i>promethegan</i> .....	56	REMICADE.....	143
<i>prednisone</i> .....	124	<i>propafenone</i> .....	80	REMODULIN.....	156
PREMARIN.....	123	<i>propantheline</i> .....	37	RENAGEL.....	119
PREMASOL 10 %.....	76	<i>proparacaine</i> .....	111	REVELA.....	119
PREMASOL 6 %.....	76	<i>propranolol</i> .....	81	<i>repaglinide</i> .....	47
PREMPHASE.....	123	<i>propranolol-hydrochlorothiazid</i>		<i>repaglinide-metformin</i> .....	47
PREMPRO.....	123		81	REPATHA PUSHTRONEX	
<i>prenatal plus (calcium carb)</i> .....	157	<i>propylthiouracil</i> .....	128		89

REPATHA SURECLICK	89	SAVELLA	94	<i>sotalol af</i>	82
REPATHA SYRINGE	89	<i>selegiline hcl</i>	58	SOVALDI	67
<i>reprexain</i>	7	<i>selenium sulfide</i>	104	<i>spinosad</i>	108
RESCRIPTOR	65	SELZENTRY	66	SPIRIVA RESPIMAT	152
RESTASIS	115	SENSIPAR	143	SPIRIVA WITH	
RESTASIS MULTIDOSE	115	SEREVENT DISKUS	151	HANDIHALER	152
RETROVIR	65	SEROQUEL XR	62	<i>spironolactone</i>	87
REVLIMID	33	SEROSTIM	127	<i>spironolacton-hydrochlorothiaz</i>	
<i>revonto</i>	154	<i>sertraline</i>	44		87
REXULTI	62	<i>setlakin</i>	100	SPORANOX	52
REYATAZ	65	<i>sharobel</i>	100	<i>sprintec (28)</i>	100
<i>ribasphere</i>	69	SIGNIFOR	143	SPRITAM	40
<i>ribasphere ribapak</i>	69	<i>sildenafil</i>	156	SPRYCEL	33
<i>ribavirin</i>	69	SILENOR	154	<i>sps (with sorbitol)</i>	118
RIDAURA	132	<i>silver nitrate</i>	104	<i>sronyx</i>	100
<i>rifabutin</i>	54	<i>silver sulfadiazine</i>	104	<i>ssd</i>	104
<i>rifampin</i>	54	SIMBRINZA	144	<i>stavudine</i>	66
RIFATER	54	SIMPONI	132	STELARA	132, 133
<i>riluzole</i>	94	SIMPONI ARIA	132	STERILE GAUZE PAD	108
<i>rimantadine</i>	67	<i>simvastatin</i>	89	STIMATE	127
<i>ringers</i>	139, 148	<i>sirolimus</i>	132	STIOLTO RESPIMAT	152
<i>risedronate</i>	140	SIRTURO	54	STIVARGA	33
RISPERDAL CONSTA	62	<i>smoflipid</i>	76	STRATTERA	94
<i>risperidone</i>	62	<i>sodium acetate</i>	148	STRENSIQ	110
RITUXAN	33	<i>sodium bicarbonate</i>	148	<i>streptomycin</i>	16
<i>rivastigmine</i>	42	<i>sodium chloride</i>	139, 148	STRIBILD	66
<i>rivastigmine tartrate</i>	42	<i>sodium chloride 0.45 %</i>	148	STRIVERDI RESPIMAT	152
<i>rizatriptan</i>	53	<i>sodium chloride 0.9 %</i>	148	SUBOXONE	11
<i>ropinirole</i>	58	<i>sodium chloride 3 %</i>	148	<i>sucralfate</i>	116
<i>rosadan</i>	104	<i>sodium chloride 5 %</i>	148	<i>sulfacetamide sodium</i>	113
<i>rosuvastatin</i>	89	<i>sodium fluoride</i>	157	<i>sulfacetamide sodium (acne)</i>	
ROTARIX	136	<i>sodium lactate</i>	148		104
ROTATEQ VACCINE	137	<i>sodium phosphate</i>	149	<i>sulfacetamide-prednisolone</i>	113
ROWEEPRA	40	<i>sodium polystyrene (sorb free)</i>		<i>sulfadiazine</i>	25
ROZEREM	154		118	<i>sulfamethoxazole-trimethoprim</i>	
RUBRACA	33	<i>sodium polystyrene sulfonate</i>			25
SABRIL	40		118	<i>sulfasalazine</i>	25
SAIZEN	126	SOLTAMOX	33	<i>sulfatrim</i>	25
SAIZEN CLICK.EASY	126	SOLU-CORTEF (PF)	125	<i>sulindac</i>	10
SANDOSTATIN LAR DEPOT		SOMATULINE DEPOT	127	<i>sumatriptan</i>	54
	127	SOMAVERT	127	<i>sumatriptan succinate</i>	53, 54
SANTYL	103	<i>sorbitol</i>	139	SUPPRELIN LA	127
SAPHRIS (BLACK CHERRY)		<i>sorbitol-mannitol</i>	139	SUPRAX	21
	62	<i>sorine</i>	81	SUPREP BOWEL PREP KIT	
SAVAYSA	70	<i>sotalol</i>	81, 82		119

SURMONTIL	44	TEMODAR	34	<i>topiramate</i>	40
SUSTIVA	66	<i>tencon</i>	7	<i>toposar</i>	34
SUTENT	34	<i>teniposide</i>	34	<i>topotecan</i>	34
<i>syeda</i>	100	TENIVAC (PF)	137	TORISEL	35
SYLATRON	68	<i>terazosin</i>	121	<i>torsemide</i>	87
SYLVANT	34	<i>terbinafine hcl</i>	52	TOUJEO SOLOSTAR	49
SYMBICORT	150	<i>terbutaline</i>	152	TOVIAZ	120
SYMLINPEN 120	47	<i>terconazole</i>	53	TPN ELECTROLYTES	149
SYMLINPEN 60	47	<i>testosterone</i>	122	TPN ELECTROLYTES II	149
SYNAGIS	67	<i>testosterone cypionate</i>	122	TRACLEER	156
SYNAREL	143	<i>testosterone enanthate</i>	122	TRADJENTA	47
SYNERCID	18	TETANUS,DIPHThERIA		<i>tramadol</i>	7
SYNJARDY	47	TOX PED(PF)	137	<i>tramadol-acetaminophen</i>	7
SYNRIBO	34	TETANUS-DIPHThERIA		<i>trandolapril</i>	79
SYPRINE	121	TOXOIDS-TD	137	<i>tranexamic acid</i>	72
TABLOID	34	<i>tetrabenazine</i>	94	TRANSDERM-SCOP	56
<i>tacrolimus</i>	107, 133	<i>tetracycline</i>	26	<i>tranylcypramine</i>	44
TAFINLAR	34	THALOMID	143	TRAVASOL 10 %	76
TAGRISSE	34	<i>theophylline</i>	152	TRAVATAN Z	144
TALTZ AUTOINJECTOR		<i>theophylline in dextrose 5 %</i>	152	<i>travoprost (benzalkonium)</i>	144
	103	THIOLA	143	<i>trazodone</i>	44
TALTZ AUTOINJECTOR (3		<i>thioridazine</i>	62	TREANDA	35
PACK)	103	<i>thiotepa</i>	34	TRECATOR	54
TALTZ SYRINGE	103	<i>thiothixene</i>	62	TRELSTAR	35
TAMIFLU	67	<i>tiagabine</i>	40	<i>tretinoin</i>	107, 108
<i>tamoxifen</i>	34	TICE BCG	137	<i>tretinoin (chemotherapy)</i>	35
<i>tamsulosin</i>	120	<i>tigecycline</i>	26	<i>tretinoin microspheres</i>	107
TARCEVA	34	<i>tilia fe</i>	100	TREXALL	35
TARGRETIN	34	<i>timolol maleate</i>	82, 144	<i>triamcinolone acetonide</i>	
<i>tarina fe 1/20 (28)</i>	100	<i>tinidazole</i>	57		101, 107, 115, 125
TASIGNA	34	TIVICAY	66	<i>triamterene-hydrochlorothiazid</i>	
<i>tazicef</i>	21	<i>tizanidine</i>	154		87
TAZORAC	107	TOBI PODHALER	16	<i>trianex</i>	107
<i>taztia xt</i>	82	TOBRADEX	113	<i>triazolam</i>	15
TECENTRIQ	34	TOBRADEX ST	114	TRIBENZOR	78
TECFIDERA	94	<i>tobramycin</i>	114	<i>tridesilon</i>	107
TECHNIVIE	67	<i>tobramycin in 0.225 % nacl</i>	16	<i>tri-estarylla</i>	100
TEFLARO	21	<i>tobramycin in 0.9 % nacl</i>	16	<i>trifluoperazine</i>	63
TEKAMLO	90	<i>tobramycin sulfate</i>	16	<i>trifluridine</i>	114
TEKTURNA	90	<i>tobramycin-dexamethasone</i>	114	<i>trihexyphenidyl</i>	58
TEKTURNA HCT	90	TOLAK	103	<i>tri-legest fe</i>	100
<i>telmisartan</i>	78	<i>tolazamide</i>	50	<i>tri-linyah</i>	100
<i>telmisartan-hydrochlorothiazid</i>		<i>tolbutamide</i>	50	<i>tri-lo-estarylla</i>	100
	78	<i>tolmetin</i>	10	<i>tri-lo-marzia</i>	100
<i>temazepam</i>	14, 15	<i>tolterodine</i>	120	<i>tri-lo-sprintec</i>	100

<i>trilyte with flavor packets</i> .....	119	VARIVAX (PF) .....	137	VOTRIENT .....	36
<i>trimethoprim</i> .....	18	VASCEPA .....	90	VPRIV .....	110
<i>trimipramine</i> .....	44	VECTIBIX .....	35	VRAYLAR .....	63
<i>trinessa (28)</i> .....	100	VELCADE .....	35	<i>vyfemla (28)</i> .....	101
TRINTELLIX .....	44	<i>velivet triphasic regimen (28)</i>		VYTORIN 10-10 .....	90
<i>tri-previfem (28)</i> .....	100	.....	101	VYTORIN 10-20 .....	90
<i>tri-sprintec (28)</i> .....	101	VELPHORO .....	120	VYTORIN 10-40 .....	90
TRIUMEQ .....	66	VELTASSA .....	118	VYTORIN 10-80 .....	90
<i>trivora (28)</i> .....	101	VEMLIDY .....	69	<i>warfarin</i> .....	70
TROKENDI XR .....	40	VENCLEXTA .....	35	<i>water for irrigation, sterile</i> .....	139
TROPHAMINE 10 % .....	76	VENCLEXTA STARTING		WELCHOL .....	90
TROPHAMINE 6% .....	77	PACK .....	36	<i>wera (28)</i> .....	101
<i>trosipium</i> .....	120	<i>venlafaxine</i> .....	45	<i>wymzya fe</i> .....	101
TRULICITY .....	47	VENTOLIN HFA .....	152	XALKORI .....	36
TRUMENBA .....	137	<i>verapamil</i> .....	82, 83	XARELTO .....	70
TRUVADA .....	66	VEREGEN .....	103	XARTEMIS XR .....	8
TWINRIX (PF) .....	137	VERSACLOZ .....	63	XELJANZ .....	133
TYBOST .....	143	VESICARE .....	120	XELJANZ XR .....	133
TYGACIL .....	26	<i>vestura (28)</i> .....	101	XGEVA .....	140
TYKERB .....	35	VGO 40 .....	108	XIFAXAN .....	18
TYPHIM VI .....	137	VIBERZI .....	118	XIIDRA .....	115
TYSABRI .....	133	<i>vicodin</i> .....	8	XOLAIR .....	153
TYVASO .....	156	<i>vicodin es</i> .....	7	XTAMPZA ER .....	8
TYZEKA .....	69	<i>vicodin hp</i> .....	7	XTANDI .....	36
TYZINE .....	111	VICTOZA 3-PAK .....	47	<i>xulane</i> .....	101
UCERIS .....	138	VIDEX 2 GRAM PEDIATRIC		<i>xylon 10</i> .....	8
<i>u-cort</i> .....	107	.....	66	XYREM .....	154
ULORIC .....	52	VIEKIRA PAK .....	67	YERVOY .....	36
UNITUXIN .....	35	VIEKIRA XR .....	67	YF-VAX (PF) .....	138
UPTRAVI .....	156	<i>vienva</i> .....	101	YONDELIS .....	36
<i>ursodiol</i> .....	118	VIGAMOX .....	114	<i>yuvafem</i> .....	123
VAGIFEM .....	123	VIIBRYD .....	45	<i>zafirlukast</i> .....	150
<i>valacyclovir</i> .....	69	VIMIZIM .....	110	<i>zaleplon</i> .....	155
VALCHLOR .....	103	VIMPAT .....	41	ZALTRAP .....	36
VALCYTE .....	69	<i>vinblastine</i> .....	36	<i>zarah</i> .....	101
<i>valganciclovir</i> .....	69	<i>vincasar pfs</i> .....	36	ZARXIO .....	72
<i>valproate sodium</i> .....	40	<i>vincristine</i> .....	36	ZAVESCA .....	110
<i>valproic acid</i> .....	41	<i>vinorelbine</i> .....	36	<i>zebutal</i> .....	8
<i>valproic acid (as sodium salt)</i> .....	40	<i>violele (28)</i> .....	101	ZELBORAF .....	36
<i>valsartan</i> .....	78	VIRACEPT .....	66	ZEMPLAR .....	140
<i>valsartan-hydrochlorothiazide</i> .....	78	VIRAZOLE .....	69	<i>zenatane</i> .....	103
VALSTAR .....	35	VIREAD .....	66	<i>zenchent (28)</i> .....	101
<i>vancomycin</i> .....	18	VITEKTA .....	66	<i>zenchent fe</i> .....	101
<i>vancomycin in dextrose 5 %</i> .....	18	VOLTAREN .....	10	ZENPEP .....	110
VAQTA (PF) .....	137	<i>voriconazole</i> .....	52	ZEPATIER .....	67

ZETIA	90
ZIAGEN	66
zidovudine	66
ZINBRYTA	94
ZIOPTAN (PF)	144
ziprasidone hcl	63
ZIRGAN	114
ZOHYDRO ER	8
ZOLADEX	36
zoledronic acid	140
zoledronic acid-mannitol-water	140, 141
ZOLINZA	36
zolmitriptan	54
zolpidem	155
ZOMACTON	127
ZOMETA	141
zonisamide	41
ZORBTIVE	127
ZORTRESS	133
ZOSTAVAX (PF)	138
zovia 1/35e (28)	101
zovia 1/50e (28)	101
ZOVIRAX	103
ZUBSOLV	11, 12
ZURAMPIC	52
ZYDELIG	36
ZYKADIA	36
ZYLET	114
ZYPREXA RELPREVV	63
ZYTIGA	37

This formulary was updated 02/01/2017. For more recent information or other questions, please contact ATRIO Health Plans at 1-877-672-8620 or, for TTY/TDD users, 1-800-735-2900, 8 a.m. to 8 p.m., daily, or visit [atriohp.com/medicare](http://atriohp.com/medicare).

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