

**Geisinger Gold Standard Rx**  
**2018 Comprehensive Formulary**  
**(List of Covered Drugs)**

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

This formulary was updated on August 23, 2017. For more recent information or other questions, please contact Geisinger Gold Member Services at (800) 988-4861 or, for TTY users, 711 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March – Sept.), or visit [www.GeisingerGold.com](http://www.GeisingerGold.com)

**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 Geisinger Health Plan. When it refers to “plan” or “our plan,” it means Geisinger Gold Standard Rx.

This document includes a list of the drugs (formulary) for our plan which is current as of August 23, 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.

Geisinger Gold Medicare Advantage HMO, PPO, and HMO SNP plans are offered by Geisinger Health Plan/Geisinger Indemnity Insurance Company, health plans with a Medicare contract. Continued enrollment in Geisinger Gold depends on annual contract renewal. The formulary may change at any time. You will receive notice when necessary.

## **What is the Geisinger Gold Standard Rx Formulary?**

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

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

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

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of August 23, 2017. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If non-maintenance changes are made to the formulary during the plan year, we will communicate these changes in the member newsletter and within the monthly explanation of benefits (EOB).

## How do I use the Formulary?

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

### Medical Condition

The formulary begins on page three. 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 one. 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?

Our plan 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:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from the plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that our plan will cover. For example, our plan provides up to 16 tablets per prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our plan 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan 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 three. 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 our plan 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 Geisinger Gold Standard Rx formulary?” for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask our plan 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 Geisinger Gold Standard Rx Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan 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, our plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, 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 90 days.

If you are a resident of a long-term care facility, we will allow you to refill your prescription until we have provided you with a 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.

For members being admitted to or discharged from a LTC facility, early refill edits are not used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge.

## **For more information**

For more detailed information about your Geisinger Gold Standard Rx prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

## **Geisinger Gold Standard Rx Formulary**

The formulary that begins on three provides coverage information about the drugs covered by our plan. 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., ADVAIR DISKUS) and generic drugs are listed in lower-case italics (e.g., *simvastatin*).

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

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

**COVERAGE NOTES ABBREVIATIONS**

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>General</b>		
	<i>Generic</i> (BRAND)	The reference brand name in parenthesis is provided for information only to assist in identifying the generic medication and does NOT indicate formulary status or coverage.
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan 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 our plan to determine that this drug is covered under Medicare Part D before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
PA-HRM	Prior Authorization Restriction for High Risk Medications	This drug has been deemed to be potentially harmful and therefore, a High Risk Medication for Medicare beneficiaries 65 years or older. Members age 65 years or older are required to get prior authorization from our plan before you fill your prescription for this drug. Without prior approval, our plan 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 our plan before you fill your prescription for this drug. Without prior approval, our plan may not cover this drug.
QL	Quantity Limit Restriction	Our plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before our plan 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.

The following additional coverage note abbreviations may be found within the body of this document

## 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 Member Services at (800) 988-4861, 8 a.m. to 8 p.m. (7 days a week, Oct. – Feb.) or 8 a.m. to 8 p.m. (Mon. – Fri., March- Sept.). TTY/TDD users should call 711.
NM	Non-Mail Order Drug	Drugs <u>not</u> available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days Supply	Drugs <u>not</u> available for an extended days supply (i.e. more than a one month supply) are noted with “NDS” in the Requirements/Limits column of your formulary.

Every medication on the Geisinger Gold Standard Rx formulary is in a single cost-sharing tier, which is associated with a 25% coinsurance. Please note: what you pay for your medication depends on which “drug payment stage” you are in when you get the medication, where you get the medication filled, and if you qualify for any additional payment assistance.

If you also receive Pennsylvania Medical Assistance (Medicaid) benefits, some drugs that are not covered by our plan may be covered by your Pennsylvania Medical Assistance (Medicaid) coverage. To find out which drugs are covered by Pennsylvania Medical Assistance, please contact your local Human Services/County Assistance Office, or call the Pennsylvania Medical Assistance Benefit Helpline at 1-800-692-7462 for more information.

**If you are a member of an employer group, these prices may not apply to you. Please refer to your benefit documents for appropriate cost sharing amounts.**

## Table of Contents

<b>Analgesics</b> .....	3
<b>Anesthetics</b> .....	8
<b>Anti-Addiction/Substance Abuse Treatment Agents</b> .....	8
<b>Antianxiety Agents</b> .....	9
<b>Antibacterials</b> .....	11
<b>Anticancer Agents</b> .....	19
<b>Anticholinergic Agents</b> .....	30
<b>Anticonvulsants</b> .....	30
<b>Antidementia Agents</b> .....	34
<b>Antidepressants</b> .....	34
<b>Antidiabetic Agents</b> .....	38
<b>Antifungals</b> .....	41
<b>Antigout Agents</b> .....	43
<b>Antihistamines</b> .....	44
<b>Anti-Infectives (Skin And Mucous Membrane)</b> .....	44
<b>Antimigraine Agents</b> .....	44
<b>Antimycobacterials</b> .....	45
<b>Antinausea Agents</b> .....	45
<b>Antiparasite Agents</b> .....	47
<b>Antiparkinsonian Agents</b> .....	48
<b>Antipsychotic Agents</b> .....	49
<b>Antivirals (Systemic)</b> .....	52
<b>Blood Products/Modifiers/Volume Expanders</b> .....	57
<b>Caloric Agents</b> .....	60
<b>Cardiovascular Agents</b> .....	62
<b>Central Nervous System Agents</b> .....	73
<b>Contraceptives</b> .....	76



<b>Dental And Oral Agents</b> .....	82
<b>Dermatological Agents</b> .....	82
<b>Devices</b> .....	88
<b>Enzyme Replacement/Modifiers</b> .....	88
<b>Eye, Ear, Nose, Throat Agents</b> .....	89
<b>Gastrointestinal Agents</b> .....	93
<b>Genitourinary Agents</b> .....	97
<b>Heavy Metal Antagonists</b> .....	98
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b> .....	98
<b>Immunological Agents</b> .....	104
<b>Inflammatory Bowel Disease Agents</b> .....	112
<b>Irrigating Solutions</b> .....	112
<b>Metabolic Bone Disease Agents</b> .....	113
<b>Miscellaneous Therapeutic Agents</b> .....	114
<b>Ophthalmic Agents</b> .....	116
<b>Replacement Preparations</b> .....	117
<b>Respiratory Tract Agents</b> .....	119
<b>Skeletal Muscle Relaxants</b> .....	123
<b>Sleep Disorder Agents</b> .....	124
<b>Vasodilating Agents</b> .....	124
<b>Vitamins And Minerals</b> .....	125

Drug Name	Drug Tier	Requirements/Limits
<b>Analgesics</b>		
<b>Analgesics, Miscellaneous</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	NDS; QL (2700 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	NDS; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-30 mg</i> (Tylenol-Codeine #3)	1	NDS; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i> (Tylenol-Codeine #4)	1	NDS; QL (180 per 30 days)
<i>aspirin-caffeine-dihydrocodein oral capsule 356.4-30-16 mg</i> (Synalgos-DC)	1	NDS; QL (360 per 30 days)
<i>astramorph-pf injection solution 1 mg/ml</i>	1	NDS
<i>buprenorphine hcl injection solution 0.3 mg/ml</i> (Buprenex)	1	NDS
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	NDS
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> (Butrans)	1	PA; NDS; QL (4 per 28 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> (Tencon)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> (Capacet)	1	QL (180 per 30 days)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> (Esgic)	1	QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> (Fiorinal)	1	NDS; QL (180 per 30 days)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	NDS
<i>butorphanol tartrate nasal spray, non-aerosol 10 mg/ml</i>	1	NDS; QL (5 per 28 days)
<b>BUTRANS TRANSDERMAL PATCH WEEKLY 7.5 MCG/HOUR</b>	1	PA; NDS; QL (4 per 28 days)
<i>capacet oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	NDS; 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)	1	PA; NM; NDS; QL (120 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>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> (Duragesic)	1	NDS; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 2.5-167 mg/5 ml, 5-163 mg/7.5ml(7.5ml)</i>	1	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> (Hycet)	1	NDS; QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg</i> (Xodol 10/300)	1	NDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> (Norco)	1	NDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i> (Verdrocet)	1	NDS; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> (Xodol 5/300)	1	NDS; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg</i> (Xodol 7.5/300)	1	NDS; QL (390 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> (Xylon 10)	1	NDS; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i> (Ibudone)	1	NDS; QL (150 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	NDS; QL (150 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	NDS
<i>hydromorphone injection solution 2 mg/ml, 4 mg/ml</i>	1	NDS
<i>hydromorphone injection syringe 2 mg/ml</i> (Dilaudid)	1	NDS
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> (Dilaudid)	1	NDS; QL (180 per 30 days)
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	NDS; QL (28 per 30 days)
LAZANDA NASAL SPRAY, NON-AEROSOL 100 MCG/SPRAY, 300 MCG/SPRAY, 400 MCG/SPRAY	1	PA; NM; NDS; QL (30 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	1	NDS; QL (180 per 30 days)
<i>marten-tab oral tablet 50-325 mg</i>	1	QL (180 per 30 days)
<i>methadone injection solution 10 mg/ml</i>	1	NDS
<i>methadone oral concentrate 10 mg/ml</i> (Methadose)	1	NDS; QL (180 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	NDS; QL (900 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 solution 5 mg/5 ml</i>	1	NDS; QL (1800 per 30 days)
<i>methadone oral tablet 10 mg</i> (Dolophine)	1	NDS; QL (180 per 30 days)
<i>methadone oral tablet 5 mg</i> (Dolophine)	1	NDS; QL (360 per 30 days)
<i>methadose oral tablet,soluble 40 mg</i>	1	NDS; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i> (Astramorph-PF)	1	NDS
<i>morphine (pf) injection solution 1 mg/ml</i> (Duramorph (PF))	1	NDS
<i>morphine (pf) intravenous patient control.analgesia soln 150 mg/30 ml, 30 mg/30 ml</i>	1	NDS
<i>morphine 2 mg/ml carpject outer, l/f, p/f, sdv 2 mg/ml</i>	1	NDS
<i>morphine 4 mg/ml carpject outer,l/f,p/f, sdv 4 mg/ml</i>	1	NDS
<i>morphine 8 mg/ml syringe 8 mg/ml</i>	1	NDS
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	NDS; QL (200 per 30 days)
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	NDS
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg</i>	1	NDS; QL (30 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr 75 mg, 90 mg</i>	1	NDS; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> (Kadian)	1	NDS; QL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml</i>	1	NDS; QL (700 per 30 days)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	NDS; QL (300 per 30 days)
<b>MORPHINE ORAL TABLET 15 MG, 30 MG</b>	1	NDS; QL (180 per 30 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i> (MS Contin)	1	NDS; QL (90 per 30 days)
<i>morphine sulfate 10 mg/ml vial 10 mg/ml</i>	1	NDS
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	NDS; QL (180 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>oxycodone oral concentrate 20 mg/ml</i>	1	NDS; QL (180 per 30 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	NDS; QL (1300 per 30 days)
<i>oxycodone oral tablet 10 mg, 20 mg</i>	1	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet 15 mg, 30 mg, 5 mg</i> (Roxicodone)	1	NDS; QL (180 per 30 days)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> (OxyContin)	1	ST; NDS; QL (90 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	NDS; QL (1830 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> (Endocet)	1	NDS; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i> (Percocet)	1	NDS; QL (360 per 30 days)
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	NDS; 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, 80 MG	1	ST; NDS; QL (90 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i> (Opana)	1	NDS; QL (180 per 30 days)
<i>reprexain oral tablet 10-200 mg, 2.5-200 mg, 5-200 mg</i>	1	NDS; QL (150 per 30 days)
<i>tencon oral tablet 50-325 mg</i>	1	QL (180 per 30 days)
<i>tramadol hcl er 300 mg tablet 300 mg</i>	1	NDS; QL (30 per 30 days)
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i> (ConZip)	1	NDS; QL (30 per 30 days)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i> (ConZip)	1	NDS; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i> (Ultram)	1	NDS; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	1	NDS; QL (90 per 30 days)
<i>tramadol oral tablet extended release 24 hr 200 mg</i>	1	NDS; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr 300 mg</i>	1	NDS; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> (Ultracet)	1	NDS; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>xylon 10 oral tablet 10-200 mg</i>	1	NDS; QL (150 per 30 days)
<i>zebutal oral capsule 50-325-40 mg</i>	1	QL (180 per 30 days)
<b>Nonsteroidal Anti-Inflammatory Agents</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> (Celebrex)	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> (Voltaren-XR)	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg</i> (Arthrotec 50)	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 75-200 mg-mcg</i> (Arthrotec 75)	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg</i> (Lodine)	1	
<i>etodolac oral tablet 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i> (Children's Profen IB)	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i> (Ponstel)	1	
<i>meloxicam oral suspension 7.5 mg/5 ml</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i> (Mobic)	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i> (Naprosyn)	1	
<i>naproxen oral tablet 250 mg, 375 mg</i>	1	
<i>naproxen oral tablet 500 mg</i> (Naprosyn)	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> (EC-Naprosyn)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen sodium oral tablet 275 mg</i>	1	
<i>naproxen sodium oral tablet 550 mg</i> (Anaprox DS)	1	
<i>oxaprozin oral tablet 600 mg</i> (Daypro)	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i> (Feldene)	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i> (Xylocaine-MPF)	1	PA BvD
<i>lidocaine (pf) injection solution 15 mg/ml (1.5 %)</i> (Xylocaine-MPF)	1	PA BvD; (PA for ESRD only)
<i>lidocaine (pf) injection solution 40 mg/ml (4 %)</i>	1	PA BvD; (PA for ESRD only)
<i>lidocaine (pf) injection solution 5 mg/ml (0.5 %)</i> (Xylocaine-MPF)	1	PA BvD; (PA for ESRD only)
<i>lidocaine hcl 2% vial inner, ltx-fr, p/f, sdv 20 mg/ml (2 %)</i> (Xylocaine-MPF)	1	PA BvD; (PA for ESRD only)
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i> (Xylocaine)	1	PA BvD; (PA for ESRD only)
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i> (Lidoderm)	1	PA; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	1	PA BvD; (PA for ESRD only)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	PA BvD; (PA for ESRD only)
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; NDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine-naloxone sublingual tablet</i> 2-0.5 mg	1	PA; NDS; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet</i> 8-2 mg	1	PA; NDS; QL (90 per 30 days)
<i>bupropion hcl (smoking deter) oral tablet</i> (Zyban) <i>extended release 12 hr 150 mg</i>	1	QL (60 per 30 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	QL (60 per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	QL (60 per 30 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i> (Antabuse)	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i> (Revia)	1	
NARCAN NASAL SPRAY, NON- AEROSOL 2 MG/ACTUATION, 4 MG/ACTUATION	1	QL (4 per 28 days)
NICOTROL NS NASAL SPRAY, NON- AEROSOL 10 MG/ML	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	PA; NDS; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	PA; NDS; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG	1	PA; NDS; QL (180 per 30 days)
SUBOXONE SUBLINGUAL FILM 8-2 MG	1	PA; NDS; QL (90 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	1	NM; NDS
<b>Antianxiety Agents</b>		
<b>Benzodiazepines</b>		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	1	NDS; QL (300 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> (Xanax)	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i> (Xanax)	1	NDS; QL (150 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg</i> (Xanax XR)	1	NDS; QL (30 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 2 mg</i> (Xanax XR)	1	NDS; QL (150 per 30 days)
<i>alprazolam oral tablet extended release 24 hr 3 mg</i> (Xanax XR)	1	NDS; QL (90 per 30 days)
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg</i>	1	NDS; QL (120 per 30 days)
<i>alprazolam oral tablet,disintegrating 2 mg</i>	1	NDS; QL (150 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg</i> (Klonopin)	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet 2 mg</i> (Klonopin)	1	NDS; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	NDS; QL (120 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	NDS; QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	NDS; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	NDS; QL (120 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i> (Tranxene T-Tab)	1	NDS; QL (120 per 30 days)
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	1	
DIASTAT RECTAL KIT 2.5 MG	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	NDS; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	NDS; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> (Valium)	1	NDS; QL (120 per 30 days)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i> (Diastat AcuDial)	1	NDS
<i>diazepam rectal kit 2.5 mg</i> (Diastat)	1	NDS
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	NDS; QL (30 per 30 days)
<i>lorazepam 2 mg/ml oral concent 2 mg/ml</i> (Lorazepam Intensol)	1	NDS; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam injection solution 2 mg/ml</i> (Ativan)	1	NDS; QL (120 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i> (Ativan)	1	NDS; QL (90 per 30 days)
<i>lorazepam injection syringe 2 mg/ml</i>	1	NDS; QL (120 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	NDS; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> (Ativan)	1	NDS
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	PA; NDS; PA-HRM; AGE (Max 64 Years)
ONFI ORAL SUSPENSION 2.5 MG/ML	1	PA NSO; NDS
ONFI ORAL TABLET 10 MG, 20 MG	1	PA NSO; NDS
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	NDS; QL (120 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg, 7.5 mg</i> (Restoril)	1	NDS; QL (30 per 30 days)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	1	PA; NM; LA; NDS; QL (224 per 56 days)
<i>gentamicin 10 mg/ml vial sdv 60 mg/6 ml</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 100 mg/50 ml, 120 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>streptomycin intramuscular recon soln 1 gram</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	PA; NM; NDS; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> (Tobi)	1	PA; NM; NDS; QL (280 per 56 days)
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<b>Antibacterials, Miscellaneous</b>		
<i>baciim intramuscular recon soln 50,000 unit</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i> (BACiiM)	1	
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>clindamycin 75 mg/5 ml soln 75 mg/5 ml</i> (Clindamycin Pediatric)	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> (Cleocin HCl)	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i> (Cleocin in 5 % dextrose)	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 (mg/ml) (6 ml)</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i> (Cleocin)	1	
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i> (Cleocin)	1	
<i>colistin (colistimethate na) injection recon soln 150 mg</i> (Coly-Mycin M Parenteral)	1	
<i>daptomycin intravenous recon soln 500 mg</i> (Cubicin)	1	
<i>lincomycin injection solution 300 mg/ml</i> (Lincocin)	1	
<i>linezolid intravenous parenteral solution 600 mg/300 ml</i> (Zyvox)	1	
<i>linezolid oral tablet 600 mg</i> (Zyvox)	1	QL (60 per 30 days)
<i>methenamine hippurate oral tablet 1 gram</i> (Hiprex)	1	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i> (Metro I.V.)	1	
<i>metronidazole oral capsule 375 mg</i> (Flagyl)	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i> (Flagyl)	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i> (Macrochantin)	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> (Macrobid)	1	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	1	PA; NM; NDS; QL (6 per 30 days)
SIVEXTRO ORAL TABLET 200 MG	1	PA; NM; NDS; QL (6 per 30 days)
SYNERCID INTRAVENOUS RECON SOLN 500 MG	1	PA; NM; NDS
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin in 0.9% sodium cl intravenous solution 750 mg/150 ml</i>	1	
<i>vancomycin in dextrose 5 % intravenous piggyback 1 gram/200 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
<i>vancomycin oral capsule 125 mg, 250 mg (Vancocin)</i>	1	
<b>Cephalosporins</b>		
<i>cefactor oral capsule 250 mg, 500 mg</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 500 mg</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg</i>	1	
<i>cefditoren pivoxil oral tablet 400 mg (Spectracef)</i>	1	
CEFEPIME 1 GM INJECTION 1 GRAM/50 ML	1	
CEFEPIME INJECTION RECON SOLN (Maxipime) 1 GRAM, 2 GRAM	1	
CEFEPIME-DEXTROSE 2 GM/50 ML 2 GRAM/50 ML	1	
<i>cefotaxime injection recon soln 1 gram, 10 gram, 2 gram (Claforan)</i>	1	
<i>cefotaxime injection recon soln 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefotetan injection recon soln 1 gram, 2 gram</i> (Cefotan)	1	
<i>cefotetan intravenous recon soln 10 gram</i>	1	
<i>cefotetan-dextr 1 g duplex bag 1 gram/50 ml</i>	1	
<i>cefotetan-dextr 2 g duplex bag 2 gram/50 ml</i>	1	
<i>cefoxitin 2 gm piggyback bag 2 gram/50 ml</i>	1	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	1	
<i>cefoxitin intravenous recon soln 2 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	
<i>ceftazidime injection recon soln 1 gram, 6 gram</i> (TAZICEF)	1	
<i>ceftazidime injection recon soln 2 gram</i> (Fortaz)	1	
<i>ceftibuten oral capsule 400 mg</i> (Cedax)	1	
<i>ceftibuten oral suspension for reconstitution 180 mg/5 ml</i> (Cedax)	1	
<i>ceftriaxone 1 gm piggyback l/g, single use 1 gram/50 ml</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 250 mg, 500 mg</i>	1	
<i>ceftriaxone intravenous recon soln 1 gram</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i> (Zinacef)	1	
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i> (Zinacef)	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> (Keflex)	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
SUPRAX ORAL CAPSULE 400 MG	1	
<i>tazicef injection recon soln 1 gram, 6 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	1	NM; NDS
<b>Macrolides</b>		
<i>azithromycin intravenous recon soln 500 mg</i> (Zithromax)	1	
<i>azithromycin oral packet 1 gram</i> (Zithromax)	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> (Zithromax)	1	
<i>azithromycin oral tablet 250 mg</i> (Zithromax Z-Pak)	1	
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 500 mg, 600 mg</i> (Zithromax)	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 500 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 333 MG	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml</i> (EryPed 200)	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i> (E.E.S. 400)	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
KETEK ORAL TABLET 300 MG, 400 MG	1	PA
PCE ORAL TABLET, PARTICLES/CRYSTALS 333 MG, 500 MG	1	
<b>Miscellaneous B-Lactam Antibiotics</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>aztreonam injection recon soln 1 gram, 2 gram</i> (Azactam)	1	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; NM; LA; NDS; QL (84 per 28 days)
<i>doripenem intravenous recon soln 250 mg, 500 mg</i> (Doribax)	1	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i> (Primaxin IV)	1	
INVANZ INJECTION RECON SOLN 1 GRAM	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i> (Merrem)	1	
<b>Penicillins</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 600-42.9 mg/5 ml</i> (Augmentin ES-600)	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i> (Augmentin)	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> (Augmentin XR)	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin sodium intravenous recon soln</i> 2 gram	1	
<i>ampicillin-sulbactam injection recon soln</i> (Unasyn) 1.5 gram, 15 gram, 3 gram	1	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule</i> 250 mg, 500 mg	1	
<i>nafcillin 2 gm vial sterile, latex-free</i> 2 gram	1	
<i>nafcillin in dextrose iso-osm intravenous</i> piggyback 1 gram/50 ml	1	
<i>nafcillin injection recon soln</i> 1 gram, 10 gram	1	
<i>nafcillin intravenous recon soln</i> 2 gram	1	
<i>oxacillin in dextrose(iso-osm) intravenous</i> piggyback 1 gram/50 ml, 2 gram/50 ml	1	
<i>oxacillin injection recon soln</i> 10 gram, 2 gram	1	
<i>oxacillin intravenous recon soln</i> 1 gram	1	
<i>penicillin g pot in dextrose intravenous</i> piggyback 1 million unit/50 ml, 2 million unit/50 ml, 3 million unit/50 ml	1	
<i>penicillin g potassium injection recon soln</i> (Pfizerpen-G) 5 million unit	1	
<i>penicillin g procaine intramuscular</i> syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	
<i>penicillin gk 20 million unit 20 million unit</i> (Pfizerpen-G)	1	
<i>penicillin v potassium oral recon soln</i> 125 mg/5 ml, 250 mg/5 ml	1	
<i>penicillin v potassium oral tablet</i> 250 mg, 500 mg	1	
<i>pfizerpen-g injection recon soln</i> 20 million unit	1	
<i>piperacillin-tazobactam intravenous recon</i> (Zosyn) soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	
<b>Quinolones</b>		
<i>ciprofloxacin (mixture) oral tablet, er</i> (Cipro XR) <i>multiphase 24 hr</i> 1,000 mg, 500 mg	1	QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> (Cipro)	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 400 mg/200 ml</i> (Cipro in D5W)	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i> (Cipro)	1	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> (Levaquin)	1	
<i>moxifloxacin oral tablet 400 mg</i> (Avelox)	1	
<i>moxifloxacin-sod.ace,sul-water intravenous piggyback 400 mg/250 ml</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>Sulfonamides</b>		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> (Sulfatrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg</i> (Bactrim)	1	
<i>sulfamethoxazole-trimethoprim oral tablet 800-160 mg</i> (Bactrim DS)	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
<b>Tetracyclines</b>		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> (Morgidox)	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg, 50 mg</i> (Doryx)	1	
<i>doxycycline monohydrate oral capsule 100 mg</i> (Monodox)	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	
<i>doxycycline monohydrate oral capsule 50 mg, 75 mg</i> (Mondoxyne NL)	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> (Vibramycin)	1	
<i>doxycycline monohydrate oral tablet 100 mg</i> (Avidoxy)	1	
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> (Minocin)	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 135 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 45 mg, 90 mg</i>	1	QL (30 per 30 days)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
<i>tigecycline intravenous recon soln 50 mg</i> (Tygacil)	1	
<b>Anticancer Agents</b>		
<b>Anticancer Agents</b>		
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	PA NSO; NM; NDS
<i>adrucil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i>	1	PA BvD
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	1	PA NSO; NM; NDS
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	PA NSO; NM; NDS
ALECENSA ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALUNBRIG ORAL TABLET 30 MG	1	PA NSO; NM; NDS; QL (180 per 30 days)
<i>anastrozole oral tablet 1 mg</i> (Arimidex)	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	1	PA NSO; NM; NDS
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	1	PA NSO; NM; NDS
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML, 25 MG/ML (16 ML)	1	NM; LA; NDS
<i>azacitidine injection recon soln 100 mg</i> (Vidaza)	1	NM; NDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; NDS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	PA NSO; NM; NDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	NM; NDS
<i>bexarotene oral capsule 75 mg</i> (Targretin)	1	NM; NDS
<i>bicalutamide oral tablet 50 mg</i> (Casodex)	1	
BICNU INTRAVENOUS RECON SOLN 100 MG	1	
<i>bleomycin injection recon soln 15 unit</i> (Bleo 15K)	1	PA BvD
<i>bleomycin injection recon soln 30 unit</i>	1	PA BvD
BLINCYTO INTRAVENOUS KIT 35 MCG	1	PA NSO; NM; NDS
BOSULIF ORAL TABLET 100 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
BOSULIF ORAL TABLET 500 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
<i>busulfan intravenous solution 60 mg/10 ml</i> (Busulfex)	1	
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	1	
CABOMETYX ORAL TABLET 20 MG, 60 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	1	PA NSO; NM; LA; NDS
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	PA BvD
<i>clofarabine intravenous solution 20 mg/20 ml</i> (Clolar)	1	PA NSO; NM; NDS
CLOLAR INTRAVENOUS SOLUTION 20 MG/20 ML	1	PA NSO; NM; NDS
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)	1	PA NSO; NM; LA; NDS
COSMEGEN INTRAVENOUS RECON SOLN 0.5 MG	1	
COTELLIC ORAL TABLET 20 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG, 50 MG	1	PA BvD
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML, 10 MG/ML (50 ML)	1	PA NSO; NM; NDS
<i>cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml)</i>	1	PA BvD
<i>cytarabine 100 mg/5 ml vial p/f,svd,latex-free 100 mg/5 ml (20 mg/ml)</i>	1	PA BvD
<i>cytarabine injection solution 20 mg/ml</i>	1	PA BvD
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
DARZALEX 400 MG/20 ML VIAL 20 MG/ML	1	PA NSO; NM; NDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	PA NSO; NM; LA; NDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	
<i>decitabine intravenous recon soln 50 mg</i> (Dacogen)	1	PA NSO; NM; NDS
DEPOCYT (PF) INTRATHECAL SUSPENSION 50 MG/5 ML (10 MG/ML)	1	PA BvD
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	1	NM; NDS
<i>docetaxel 160 mg/16 ml vial mdv 160 mg/16 ml (10 mg/ml)</i>	1	NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>docetaxel intravenous solution 20 mg/ml, 80 mg/8 ml (10 mg/ml)</i>	1	NM; NDS
<i>docetaxel intravenous solution 80 mg/4 ml (20 mg/ml)</i> (Taxotere)	1	NM; NDS
<i>doxorubicin intravenous recon soln 10 mg, 50 mg</i>	1	PA BvD
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i> (Adriamycin)	1	PA BvD
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i> (Doxil)	1	PA BvD
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	
EMCYT ORAL CAPSULE 140 MG	1	
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	PA NSO; NM; NDS
<i>epirubicin intravenous recon soln 50 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i> (Ellence)	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	NM; NDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	1	PA NSO; NM; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	
<i>etoposide intravenous solution 20 mg/ml</i> (Toposar)	1	
<i>exemestane oral tablet 25 mg</i> (Aromasin)	1	
FARESTON ORAL TABLET 60 MG	1	
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	1	PA NSO; NM; NDS; QL (6 per 21 days)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	1	NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	1	
<i>floxuridine injection recon soln 0.5 gram</i>	1	PA BvD
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil 5,000 mg/100 ml latex-free 5 gram/100 ml</i> (Adrucil)	1	PA BvD
<i>fluorouracil intravenous solution 1 gram/20 ml</i>	1	PA BvD
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 500 mg/10 ml</i> (Adrucil)	1	PA BvD
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	NM; NDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	PA NSO; NM; LA; NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i> (Gemzar)	1	NM; NDS
<i>gemcitabine intravenous recon soln 2 gram</i>	1	NM; 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>	1	NM; NDS
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG, 400 MG	1	NM; NDS
GLEOSTINE ORAL CAPSULE 5 MG	1	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	PA NSO; NM; NDS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG, 440 MG	1	PA BvD; NM; NDS
HEXALEN ORAL CAPSULE 50 MG	1	NM; NDS
<i>hydroxyurea oral capsule 500 mg</i> (Hydrea)	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA NSO; NM; LA; NDS; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG, 45 MG	1	PA NSO; NM; LA; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>idarubicin intravenous solution 1 mg/ml</i> (Idamycin PFS)	1	
<i>ifosfamide intravenous recon soln 1 gram,</i> (Ifex) <i>3 gram</i>	1	PA BvD
<i>ifosfamide intravenous solution 1 gram/20 ml,</i> <i>3 gram/60 ml</i>	1	PA BvD
<i>ifosfamide-mesna intravenous kit 1-1 gram,</i> <i>3,000-1,000 mg</i>	1	PA BvD
<i>imatinib oral tablet 100 mg, 400 mg</i> (Gleevec)	1	
IMBRUVICA ORAL CAPSULE 140 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	1	PA NSO; NM; NDS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (4 per 180 days)
IMLYGIC INJECTION SUSPENSION 10EXP8 (100 MILLION) PFU/ML	1	PA NSO; NM; NDS; QL (8 per 28 days)
INLYTA ORAL TABLET 1 MG, 5 MG	1	PA NSO; NM; LA; NDS
IRESSA ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml,</i> <i>40 mg/2 ml</i> (Camptosar)	1	
<i>irinotecan intravenous solution 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	PA NSO; NM; NDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	PA NSO; NM; NDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	PA NSO; NM; NDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	PA NSO; NM; LA; NDS
KEYTRUDA INTRAVENOUS RECON SOLN 50 MG	1	PA NSO; NM; NDS
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML)	1	PA NSO; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA NSO; NM; NDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	1	PA NSO; NM; NDS; QL (63 per 28 days)
KYPROLIS INTRAVENOUS RECON SOLN 30 MG, 60 MG	1	PA NSO; NM; NDS
LARTRUVO INTRAVENOUS SOLUTION 10 MG/ML	1	PA NSO; NM; 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)	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
<i>letrozole oral tablet 2.5 mg</i> (Femara)	1	
LEUKERAN ORAL TABLET 2 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA NSO; NM; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	NM; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	NM; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	NM; NDS
LYNPARZA ORAL CAPSULE 50 MG	1	PA NSO; NM; LA; NDS; QL (448 per 28 days)
LYSODREN ORAL TABLET 500 MG	1	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	1	PA NSO; NM; NDS
MATULANE ORAL CAPSULE 50 MG	1	NM; LA; NDS
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKINIST ORAL TABLET 0.5 MG, 2 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
<i>melphalan hcl intravenous recon soln 50 mg</i> (Alkeran)	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	PA BvD
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	PA BvD
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MUSTARGEN INJECTION RECON SOLN 10 MG	1	
NEXAVAR ORAL TABLET 200 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
<i>nilutamide oral tablet 150 mg</i> (Nilandron)	1	QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN 10 MG	1	
ODOMZO ORAL CAPSULE 200 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	NM; NDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	PA NSO; NM; NDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 40 MG/4 ML	1	PA NSO; NM; NDS
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	NM; NDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; LA; NDS; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	PA NSO; NM; LA; NDS; QL (100 per 21 days)
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	1	NM; NDS
PURIXAN ORAL SUSPENSION 20 MG/ML	1	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	1	PA NSO; NM; LA; NDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA NSO; NM; NDS; QL (224 per 28 days)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML	1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	1	PA NSO; NM; NDS
STIVARGA ORAL TABLET 40 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	1	PA NSO; NM; NDS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	1	PA NSO; NM; NDS
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
TABLOID ORAL TABLET 40 MG	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA NSO; NM; LA; NDS; QL (90 per 30 days)
TARGRETIN TOPICAL GEL 1 %	1	NM; NDS
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA NSO; NM; NDS; QL (120 per 30 days)
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML)	1	PA NSO; NM; NDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	
<i>thiotepa injection recon soln 15 mg</i> (Tepadina)	1	
<i>toposar intravenous solution 20 mg/ml</i>	1	
<i>topotecan intravenous recon soln 4 mg</i> (Hycamtin)	1	
<i>topotecan intravenous solution 4 mg/4 ml</i> (1 mg/ml)	1	
TORISEL INTRAVENOUS RECON SOLN 30 MG/3 ML (10 MG/ML) (FIRST)	1	PA NSO; NM; NDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	NM; NDS
TRELSTAR 11.25 MG VIAL INNER, SDV 11.25 MG	1	NM; NDS
TRELSTAR 22.5 MG VIAL INNER,SDV 22.5 MG	1	NM; NDS
TRELSTAR 3.75 MG VIAL INNER, SDV 3.75 MG	1	NM; NDS
TRELSTAR INTRAMUSCULAR SYRINGE 11.25 MG/2 ML, 22.5 MG/2 ML, 3.75 MG/2 ML	1	NM; NDS
<i>tretinoin (chemotherapy) oral capsule 10</i> <i>mg</i>	1	NM; NDS
TRISENOX INTRAVENOUS SOLUTION 10 MG/10 ML	1	
TYKERB ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	PA NSO; NM; NDS; QL (40 per 30 days)
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	PA NSO; NM; NDS
VELCADE INJECTION RECON SOLN 3.5 MG	1	PA NSO; NM; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA NSO; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA NSO; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG-100 MG	1	PA NSO; NM; LA; NDS; QL (42 per 180 days)
<i>vinblastine intravenous solution 1 mg/ml</i>	1	PA BvD
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	PA BvD
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i> (Vincasar PFS)	1	PA BvD
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i> (Navelbine)	1	
VOTRIENT ORAL TABLET 200 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	PA NSO
XTANDI ORAL CAPSULE 40 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	PA NSO; NM; LA; NDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	PA NSO; NM; NDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	PA NSO; NM; NDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	

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Drug Name	Drug Tier	Requirements/Limits
ZEJULA ORAL CAPSULE 100 MG	1	PA NSO; NM; NDS; QL (90 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA NSO; NM; LA; NDS; QL (240 per 30 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	
ZOLINZA ORAL CAPSULE 100 MG	1	NM; NDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
ZYKADIA ORAL CAPSULE 150 MG	1	PA NSO; NM; LA; NDS; QL (150 per 30 days)
ZYTIGA ORAL TABLET 250 MG	1	PA NSO; NM; LA; NDS; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
<b>Anticholinergic Agents</b>		
<b>Antimuscarinics/Antispasmodics</b>		
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>propantheline oral tablet 15 mg</i>	1	
<b>Anticonvulsants</b>		
<b>Anticonvulsants</b>		
APTOM ORAL TABLET 200 MG, 400 MG	1	PA NSO; QL (30 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	1	PA NSO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION 40 MG/ML	1	PA NSO
BANZEL ORAL TABLET 200 MG, 400 MG	1	PA NSO
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	PA NSO; NDS
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA NSO; NDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA NSO; NDS; QL (60 per 30 days)
<i>carbamazepine oral capsule, er</i> (Carbatrol) <i>multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbamazepine oral suspension 100 mg/5 ml</i> (Tegretol)	1	
<i>carbamazepine oral tablet 200 mg</i> (Tegretol)	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> (Tegretol XR)	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	1	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	1	
DILANTIN ORAL CAPSULE 30 MG	1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> (Depakote Sprinkles)	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> (Depakote ER)	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> (Depakote)	1	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i> (Zarontin)	1	
<i>ethosuximide oral solution 250 mg/5 ml</i> (Zarontin)	1	
<i>felbamate oral suspension 600 mg/5 ml</i> (Felbatol)	1	
<i>felbamate oral tablet 400 mg, 600 mg</i> (Felbatol)	1	
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i> (Cerebyx)	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	PA NSO; NDS; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA NSO; NDS; QL (30 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> (Neurontin)	1	
<i>gabapentin oral solution 250 mg/5 ml</i> (Neurontin)	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i> (Neurontin)	1	
GABITRIL ORAL TABLET 12 MG, 16 MG	1	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14)	1	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	1	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7)</i> (Lamictal ODT Starter (Blue))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i> (Lamictal ODT Starter (Orange))	1	
<i>lamotrigine oral tablet disintegrating, dose pk 50 mg (42) -100 mg (14)</i> (Lamictal ODT Starter (Green))	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> (Lamictal XR)	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> (Lamictal)	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> (Lamictal ODT)	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i> (Keppra)	1	
<i>levetiracetam oral solution 100 mg/ml</i> (Keppra)	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 750 mg</i> (Keppra)	1	
<i>levetiracetam oral tablet 500 mg</i> (Roweepra)	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> (Keppra XR)	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	1	NDS
LYRICA ORAL SOLUTION 20 MG/ML	1	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> (Trileptal)	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> (Trileptal)	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	1	
PEGANONE ORAL TABLET 250 MG	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	NDS
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	NDS
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	1	
<i>phenytoin oral suspension 125 mg/5 ml</i> (Dilantin-125)	1	
<i>phenytoin oral tablet, chewable 50 mg</i> (Dilantin Infatabs)	1	
<i>phenytoin sodium extended oral capsule 100 mg</i> (Dilantin Extended)	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i> (Phenytek)	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG	1	PA NSO; NDS
<i>primidone oral tablet 250 mg, 50 mg</i> (Mysoline)	1	
SABRIL ORAL POWDER IN PACKET 500 MG	1	PA NSO; NM; LA; NDS
SABRIL ORAL TABLET 500 MG	1	PA NSO; NM; LA; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	1	ST
<i>tiagabine oral tablet 2 mg, 4 mg</i> (Gabitril)	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> (Topamax)	1	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> (Qudexy XR)	1	PA NSO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Topamax)	1	

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Drug Name	Drug Tier	Requirements/Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	1	PA NSO
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> (Depacon)	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i> (Depakene)	1	
<i>valproic acid oral capsule 250 mg</i> (Depakene)	1	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	1	PA NSO; NDS
VIMPAT ORAL SOLUTION 10 MG/ML	1	PA NSO; NDS
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA NSO; NDS
<i>zonisamide oral capsule 100 mg, 25 mg</i> (Zonegran)	1	
<i>zonisamide oral capsule 50 mg</i>	1	
<b>Antidementia Agents</b>		
<b>Antidementia Agents</b>		
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i> (Aricept)	1	QL (30 per 30 days)
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> (Razadyne ER)	1	QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> (Razadyne)	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i> (Namenda)	1	
<i>memantine oral tablets,dose pack 5-10 mg</i> (Namenda Titration Pak)	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i> (Exelon)	1	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>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	NDS
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	1	QL (30 per 30 days)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin SR) <i>12 hr 100 mg, 150 mg, 200 mg</i>	1	QL (60 per 30 days)
<i>bupropion hcl oral tablet extended release</i> (Wellbutrin XL) <i>24 hr 150 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>citalopram oral solution 10 mg/5 ml</i>	1	QL (600 per 30 days)
<i>citalopram oral tablet 10 mg, 20 mg</i> (Celexa)	1	QL (45 per 30 days)
<i>citalopram oral tablet 40 mg</i> (Celexa)	1	QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg,</i> (Anafranil) <i>75 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>desipramine oral tablet 10 mg, 25 mg</i> (Norpramin)	1	
<i>desipramine oral tablet 100 mg, 150 mg,</i> <i>50 mg, 75 mg</i>	1	
DESVENLAFAXINE FUMARATE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	1	QL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	1	QL (30 per 30 days)
<i>desvenlafaxine oral tablet extended</i> (Khedezla) <i>release 24hr 100 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet</i> (Pristiq) <i>extended release 24 hr 100 mg, 25 mg, 50</i> <i>mg</i>	1	ST; QL (30 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150</i> <i>mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed</i> (Cymbalta) <i>release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	(Cymbalta); QL (60 per 30 days)
<i>duloxetine oral capsule, delayed</i> (Irenka) <i>release(dr/ec) 40 mg</i>	1	QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	NM; NDS; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5</i> <i>ml</i>	1	QL (600 per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 5</i> (Lexapro) <i>mg</i>	1	QL (45 per 30 days)
<i>escitalopram oxalate oral tablet 20 mg</i> (Lexapro)	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA NSO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA NSO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i> (Prozac)	1	QL (90 per 30 days)
<i>fluoxetine oral capsule 20 mg</i> (Prozac)	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 40 mg</i> (Prozac)	1	QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i> (Prozac Weekly)	1	QL (4 per 28 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	QL (600 per 30 days)
<i>fluoxetine oral tablet 10 mg</i> (Sarafem)	1	QL (90 per 30 days)
<i>fluoxetine oral tablet 20 mg</i> (Sarafem)	1	QL (120 per 30 days)
FLUOXETINE ORAL TABLET 60 MG	1	QL (30 per 30 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	QL (45 per 30 days)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	QL (30 per 30 days)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> (Tofranil)	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i> (Remeron)	1	QL (30 per 30 days)
<i>mirtazapine oral tablet 7.5 mg</i>	1	QL (30 per 30 days)
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> (Remeron SolTab)	1	QL (30 per 30 days)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (60 per 30 days)
<i>nefazodone oral tablet 200 mg</i>	1	QL (90 per 30 days)
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> (Pamelor)	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> (Symbyax)	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i> (Paxil)	1	QL (45 per 30 days)
<i>paroxetine hcl oral tablet 20 mg</i> (Paxil)	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i> (Paxil)	1	QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg</i> (Paxil CR)	1	QL (30 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg</i> (Paxil CR)	1	QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PEXEVA ORAL TABLET 10 MG, 40 MG	1	QL (45 per 30 days)
PEXEVA ORAL TABLET 20 MG	1	QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	1	QL (60 per 30 days)
<i>phenelzine oral tablet 15 mg</i> (Nardil)	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i> (Zoloft)	1	QL (300 per 30 days)
<i>sertraline oral tablet 100 mg</i> (Zoloft)	1	QL (60 per 30 days)
<i>sertraline oral tablet 25 mg, 50 mg</i> (Zoloft)	1	QL (45 per 30 days)
<i>tranylcypromine oral tablet 10 mg</i> (Parnate)	1	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> (Surmontil)	1	PA NSO; PA-HRM; AGE (Max 64 Years)
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA NSO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i> (Effexor XR)	1	QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i> (Effexor XR)	1	QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	QL (30 per 30 days)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA NSO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)- 20 MG (23)	1	PA NSO; QL (30 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antidiabetic Agents</b>		
<b>Antidiabetic Agents, Miscellaneous</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> (Precose)	1	QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG	1	QL (60 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 30-1,000 MG	1	QL (30 per 30 days)
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	1	ST; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG	1	ST; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	ST; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	ST; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET 0.8 MG	1	PA; QL (180 per 30 days)
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	1	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION KIT 1 MG	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	PA; QL (30 per 30 days)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG	1	ST; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 50-500 MG	1	ST; QL (120 per 30 days)
INVOKANA ORAL TABLET 100 MG, 300 MG	1	ST; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	QL (30 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

Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	ST; QL (30 per 30 days)
KORLYM ORAL TABLET 300 MG	1	PA; NM; LA; NDS; QL (120 per 30 days)
<i>metformin oral tablet 1,000 mg</i> (Glucophage)	1	QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i> (Glucophage)	1	QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i> (Glucophage)	1	QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i> (Glucophage XR)	1	QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i> (Glucophage XR)	1	QL (60 per 30 days)
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i> (Glyset)	1	QL (90 per 30 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i> (Starlix)	1	QL (90 per 30 days)
<i>pioglitazone oral tablet 15 mg</i> (Actos)	1	QL (90 per 30 days)
<i>pioglitazone oral tablet 30 mg, 45 mg</i> (Actos)	1	QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> (Actoplus MET)	1	QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	QL (120 per 30 days)
<i>repaglinide oral tablet 1 mg</i> (Prandin)	1	QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i> (Prandin)	1	QL (240 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; QL (10.8 per 28 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; QL (6 per 28 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	ST; QL (60 per 30 days)
TANZEUM SUBCUTANEOUS PEN INJECTOR 30 MG/0.5 ML, 50 MG/0.5 ML	1	ST; QL (4 per 28 days)
TRADJENTA ORAL TABLET 5 MG	1	QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	1	ST; QL (2 per 28 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	ST; QL (9 per 30 days)
<b>Insulins</b>		

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>
LANTUS SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LEVEMIR FLEXTOUCH SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LEVEMIR SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
NOVOLOG FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	
NOVOLOG MIX 70-30 FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30 SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
TOUJEO SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	1	ST; QL (15 per 30 days)
<b>Sulfonylureas</b>		
<i>chlorpropamide oral tablet 100 mg</i>	1	PA; PA-HRM; QL (225 per 30 days); AGE (Max 64 Years)
<i>chlorpropamide oral tablet 250 mg</i>	1	PA; PA-HRM; QL (90 per 30 days); AGE (Max 64 Years)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glimepiride oral tablet 1 mg</i> (Amaryl)	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i> (Amaryl)	1	QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i> (Amaryl)	1	QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i> (Glucotrol)	1	QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i> (Glucotrol)	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i> (Glucotrol XL)	1	QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i> (Glucotrol XL)	1	QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i> (Glucotrol XL)	1	QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg</i> (Glynase)	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 3 mg</i> (Glynase)	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide micronized oral tablet 6 mg</i> (Glynase)	1	PA; PA-HRM; QL (60 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 1.25 mg</i>	1	PA; PA-HRM; QL (480 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 2.5 mg</i>	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide oral tablet 5 mg</i>	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1	PA; PA-HRM; QL (240 per 30 days); AGE (Max 64 Years)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i> (Glucovance)	1	PA; PA-HRM; QL (120 per 30 days); AGE (Max 64 Years)
<i>tolazamide oral tablet 250 mg</i>	1	QL (120 per 30 days)
<i>tolazamide oral tablet 500 mg</i>	1	QL (60 per 30 days)
<i>tolbutamide oral tablet 500 mg</i>	1	QL (180 per 30 days)

## **Antifungals**

### **Antifungals**

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>
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	PA BvD; NM; NDS
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	PA BvD; NM; NDS
<i>amphotericin b injection recon soln 50 mg</i>	1	PA BvD
CANCIDAS INTRAVENOUS RECON SOLN 50 MG, 70 MG	1	NM; NDS
<i>ciclopirox topical cream 0.77 %</i> (Loprox (as olamine))	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i> (Loprox)	1	
<i>ciclopirox topical solution 8 %</i> (Ciclodan)	1	
<i>ciclopirox topical suspension 0.77 %</i> (Loprox (as olamine))	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>clotrimazole topical cream 1 %</i> (Lotrimin AF)	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i> (Lotrisone)	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	1	PA; NM; NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> (Diflucan)	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> (Diflucan)	1	
<i>fluconazole-dext 200 mg/100 ml inner, suv 200 mg/100 ml</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i> (Ancobon)	1	NM; NDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> (Gris-PEG (ultramicrosize))	1	
<i>itraconazole oral capsule 100 mg</i> (Sporanox)	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i> (Extina)	1	
<i>ketoconazole topical shampoo 2 %</i> (Nizoral)	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
<i>naftifine topical cream 1 %</i>	1	
<i>naftifine topical cream 2 %</i> (Naftin)	1	
NAFTIN TOPICAL GEL 1 %, 2 %	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	1	PA; NM; NDS
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	1	PA; NM; NDS
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	1	PA; NM; NDS
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i> (Nystop)	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i> (Lamisil)	1	
<i>voriconazole intravenous solution 200 mg</i> (Vfend IV)	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> (Vfend)	1	NM; NDS
<i>voriconazole oral tablet 200 mg, 50 mg</i> (Vfend)	1	NM; NDS
<b>Antigout Agents</b>		
<b>Antigout Agents, Other</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i> (Zyloprim)	1	
<i>colchicine oral capsule 0.6 mg</i> (Mitigare)	1	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i> (Colcrys)	1	QL (60 per 30 days)
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG	1	ST; QL (30 per 30 days)
ZURAMPIC ORAL TABLET 200 MG	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antihistamines</b>		
<b>Antihistamines</b>		
<i>cetirizine oral solution 1 mg/ml</i> (Children's Allergy(cetirizine))	1	(Rx product only)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>cyproheptadine oral tablet 4 mg</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>desloratadine oral tablet 5 mg</i> (Clarinet)	1	QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral tablet 5 mg</i> (Xyzal)	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<b>Anti-Infectives (Skin And Mucous Membrane)</b>		
<i>clindamycin phosphate vaginal cream 2 %</i> (Cleocin)	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	1	
<i>metronidazole vaginal gel 0.75 %</i> (Metrogel Vaginal)	1	
<i>terconazole vaginal cream 0.4 %</i> (Terazol 7)	1	
<i>terconazole vaginal cream 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
<b>Antimigraine Agents</b>		
<b>Antimigraine Agents</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> (Axert)	1	QL (16 per 28 days)
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> (Migranal)	1	QL (8 per 28 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i> (Cafergot)	1	QL (40 per 28 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG	1	QL (40 per 28 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i> (Amerge)	1	QL (16 per 28 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i> (Maxalt)	1	QL (16 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> (Maxalt-MLT)	1	QL (16 per 28 days)

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Drug Name		Drug Tier	Requirements/Limits
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	(Imitrex)	1	QL (16 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	(Imitrex)	1	QL (16 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Kit Refill)	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	(Imitrex STATdose Pen)	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	(Imitrex)	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>		1	QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	(Zomig)	1	QL (16 per 28 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	(Zomig ZMT)	1	QL (16 per 28 days)
<b>Antimycobacterials</b>			
<b>Antimycobacterials</b>			
CAPASTAT INJECTION RECON SOLN 1 GRAM		1	
<i>cycloserine oral capsule 250 mg</i>		1	
<i>dapsone oral tablet 100 mg, 25 mg</i>		1	
<i>ethambutol oral tablet 100 mg</i>		1	
<i>ethambutol oral tablet 400 mg</i>	(Myambutol)	1	
<i>isoniazid injection solution 100 mg/ml</i>		1	
<i>isoniazid oral solution 50 mg/5 ml</i>		1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>		1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM		1	
PRIFTIN ORAL TABLET 150 MG		1	
<i>pyrazinamide oral tablet 500 mg</i>		1	
<i>rifabutin oral capsule 150 mg</i>	(Mycobutin)	1	
<i>rifampin intravenous recon soln 600 mg</i>	(Rifadin)	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	(Rifadin)	1	
RIFATER ORAL TABLET 50-120-300 MG		1	
SIRTURO ORAL TABLET 100 MG		1	PA; NM; NDS
TRECTOR ORAL TABLET 250 MG		1	
<b>Antinausea Agents</b>			
<b>Antinausea Agents</b>			
AKYNZEO ORAL CAPSULE 300-0.5 MG		1	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ALOXI INTRAVENOUS SOLUTION 0.25 MG/5 ML	1	PA
ANZEMET ORAL TABLET 100 MG, 50 MG	1	PA BvD
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> (Emend)	1	PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> (Emend)	1	PA
<i>compro rectal suppository 25 mg</i>	1	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	1	PA; QL (120 per 30 days)
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> (Marinol)	1	PA; NDS; QL (60 per 30 days)
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	1	
<i>granisetron hcl 1 mg/ml vial sdv,latex- free, p/f 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	PA BvD
<i>meclizine oral tablet 12.5 mg</i>	1	
<i>meclizine oral tablet 25 mg</i> (Motion Sickness (meclizine))	1	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i> (Zofran (as hydrochloride))	1	PA BvD
<i>ondansetron hcl oral tablet 24 mg</i>	1	PA BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i> (Zofran (as hydrochloride))	1	PA BvD
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i> (Zofran ODT)	1	PA BvD
<i>phenadoz rectal suppository 12.5 mg, 25 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> (Compazine)	1	
<i>prochlorperazine rectal suppository 25 mg</i> (Compazine)	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg</i> (Phenergan)	1	
<i>promethazine rectal suppository 25 mg</i> (Phenadoz)	1	
<i>promethazine rectal suppository 50 mg</i> (Promethegan)	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1.5 MG (1 MG OVER 3 DAYS)	1	
VARUBI ORAL TABLET 90 MG	1	PA; QL (4 per 28 days)
<b>Antiparasite Agents</b>		
<b>Antiparasite Agents</b>		
ALBENZA ORAL TABLET 200 MG	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	1	PA
ALINIA ORAL TABLET 500 MG	1	PA
<i>atovaquone oral suspension 750 mg/5 ml</i> (Mepron)	1	NM; NDS
<i>atovaquone-proguanil oral tablet 250-100 mg</i> (Malarone)	1	
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i> (Malarone Pediatric)	1	
BILTRICIDE ORAL TABLET 600 MG	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG	1	
DARAPRIM ORAL TABLET 25 MG	1	
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	PA
<i>hydroxychloroquine oral tablet 200 mg</i> (Plaquenil)	1	
<i>ivermectin oral tablet 3 mg</i> (Stromectol)	1	
<i>mefloquine oral tablet 250 mg</i>	1	
NEBUPENT INHALATION RECON SOLN 300 MG	1	PA BvD
<i>paromomycin oral capsule 250 mg</i>	1	
PENTAM INJECTION RECON SOLN 300 MG	1	
PRIMAQUINE ORAL TABLET 26.3 MG	1	
<i>quinine sulfate oral capsule 324 mg</i> (Qualaquin)	1	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>tinidazole oral tablet 250 mg</i>	1	
<i>tinidazole oral tablet 500 mg</i> (Tindamax)	1	
<b>Antiparkinsonian Agents</b>		
<b>Antiparkinsonian Agents</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	1	NM; LA; NDS
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i> (Parlodel)	1	
<i>bromocriptine oral tablet 2.5 mg</i> (Parlodel)	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i> (Lodosyn)	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> (Sinemet)	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> (Sinemet CR)	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg</i> (Stalevo 50)	1	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg</i> (Stalevo 75)	1	
<i>carbidopa-levodopa-entacapone oral tablet 25-100-200 mg</i> (Stalevo 100)	1	
<i>carbidopa-levodopa-entacapone oral tablet 31.25-125-200 mg</i> (Stalevo 125)	1	
<i>carbidopa-levodopa-entacapone oral tablet 37.5-150-200 mg</i> (Stalevo 150)	1	
<i>carbidopa-levodopa-entacapone oral tablet 50-200-200 mg</i> (Stalevo 200)	1	
<i>entacapone oral tablet 200 mg</i> (Comtan)	1	
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	1	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i> (Mirapex)	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i> (Azilect)	1	QL (30 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

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i> (Requip)	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i> (Requip XL)	1	
<i>selegiline hcl oral capsule 5 mg</i> (Eldepryl)	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i> (Tasmar)	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	PA; PA-HRM; AGE (Max 64 Years)
<b>Antipsychotic Agents</b>		
<b>Antipsychotic Agents</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	PA NSO; NM; NDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	PA NSO; NM; NDS; QL (1 per 28 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	1	PA NSO; QL (1 per 7 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> (Abilify)	1	QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	NM; NDS; QL (60 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	PA NSO; NM; NDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	PA NSO; NM; NDS; (1 syringe); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	PA NSO; NM; NDS; (1 syringe); QL (3.2 per 28 days)
<i>chlorpromazine injection solution 25 mg/ml</i>	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>
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet 100 mg, 25 mg</i> (Clozaril)	1	
<i>clozapine oral tablet 200 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i> (FazaClo)	1	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	QL (8 per 28 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	1	QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> (Haldol Decanoate)	1	
<i>haloperidol lactate injection solution 5 mg/ml</i> (Haldol)	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	PA NSO; NM; NDS; (1 syringe); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	PA NSO; (1 syringe); QL (0.25 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	1	PA NSO; NM; NDS; (1 syringe); QL (0.88 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.32 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	PA NSO; NM; NDS; (1 syringe); QL (1.75 per 84 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	1	PA NSO; NM; NDS; (1 syringe); QL (2.63 per 84 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	PA NSO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	PA NSO; QL (60 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
NUPLAZID ORAL TABLET 17 MG	1	PA NSO; NM; LA; NDS; QL (60 per 30 days)
<i>olanzapine intramuscular recon soln 10 mg</i> (Zyprexa)	1	QL (120 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> (Zyprexa)	1	QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> (Zyprexa Zydis)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i> (Invega)	1	QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i> (Invega)	1	QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i> (Orap)	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> (Seroquel)	1	QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i> (Seroquel)	1	QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i> (Seroquel XR)	1	QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet extended release 24 hr 200 mg</i> (Seroquel XR)	1	QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML	1	PA NSO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 37.5 MG/2 ML, 50 MG/2 ML	1	PA NSO; NM; NDS; QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i> (Risperdal)	1	QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal)	1	QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i> (Risperdal)	1	QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg</i>	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg</i> (Risperdal M-TAB)	1	QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i> (Risperdal M-TAB)	1	QL (120 per 30 days)
SAPHRIS (BLACK CHERRY) SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	1	PA NSO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	PA NSO; PA-HRM; AGE (Max 64 Years)
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA NSO; NM; NDS; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	1	PA NSO; QL (7 per 180 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i> (Geodon)	1	QL (60 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	PA NSO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	1	PA NSO; NM; NDS; QL (2 per 28 days)

### Antivirals (Systemic)

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Drug Name	Drug Tier	Requirements/Limits
<b>Antiretrovirals</b>		
<i>abacavir oral tablet 300 mg</i> (Ziagen)	1	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i> (Epzicom)	1	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i> (Trizivir)	1	NM; NDS; QL (60 per 30 days)
APTIVUS ORAL CAPSULE 250 MG	1	QL (120 per 30 days)
APTIVUS ORAL SOLUTION 100 MG/ML	1	QL (380 per 30 days)
ATRIPLA ORAL TABLET 600-200-300 MG	1	NM; NDS; QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	1	NM; NDS; QL (30 per 30 days)
CRIXIVAN ORAL CAPSULE 200 MG	1	QL (270 per 30 days)
CRIXIVAN ORAL CAPSULE 400 MG	1	QL (180 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	1	NM; NDS; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i> (Videx EC)	1	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	1	NM; NDS; QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	1	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	QL (850 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	1	NM; NDS; QL (30 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	NM; NDS; QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	1	NM; NDS; QL (30 per 30 days)
INTELENCE ORAL TABLET 100 MG	1	NM; NDS; QL (60 per 30 days)
INTELENCE ORAL TABLET 200 MG	1	QL (60 per 30 days)
INTELENCE ORAL TABLET 25 MG	1	QL (120 per 30 days)
INVIRASE ORAL CAPSULE 200 MG	1	NM; NDS; QL (300 per 30 days)
INVIRASE ORAL TABLET 500 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	1	NM; NDS; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS ORAL TABLET 400 MG	1	NM; NDS; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	NM; NDS; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	QL (180 per 30 days)
KALETRA ORAL TABLET 100-25 MG	1	QL (300 per 30 days)
KALETRA ORAL TABLET 200-50 MG	1	NM; NDS; QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i> (Epivir)	1	QL (960 per 30 days)
<i>lamivudine oral tablet 100 mg</i> (Epivir HBV)	1	QL (30 per 30 days)
<i>lamivudine oral tablet 150 mg</i> (Epivir)	1	QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i> (Epivir)	1	QL (30 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i> (Combivir)	1	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	1	QL (1800 per 30 days)
LEXIVA ORAL TABLET 700 MG	1	QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> (Kaletra)	1	QL (480 per 30 days)
<i>nevirapine oral suspension 50 mg/5 ml</i> (Viramune)	1	QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i> (Viramune)	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i> (Viramune XR)	1	QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i> (Viramune XR)	1	QL (30 per 30 days)
NORVIR ORAL CAPSULE 100 MG	1	QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	1	QL (480 per 30 days)
NORVIR ORAL TABLET 100 MG	1	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	1	NM; NDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	NM; NDS; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	1	NM; NDS; QL (400 per 30 days)
PREZISTA ORAL TABLET 150 MG	1	NM; NDS; QL (180 per 30 days)
PREZISTA ORAL TABLET 600 MG	1	NM; NDS; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	1	NM; NDS; QL (480 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREZISTA ORAL TABLET 800 MG	1	NM; NDS; QL (30 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG	1	QL (180 per 30 days)
RESCRIPTOR ORAL TABLET, DISPERSIBLE 100 MG	1	QL (360 per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	
REYATAZ ORAL CAPSULE 150 MG, 200 MG	1	QL (60 per 30 days)
REYATAZ ORAL CAPSULE 300 MG	1	QL (30 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	1	QL (180 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	1	NM; NDS; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 75 MG	1	NM; NDS; QL (60 per 30 days)
SELZENTRY ORAL TABLET 25 MG	1	NDS; QL (240 per 30 days)
SELZENTRY ORAL TABLET 300 MG	1	NM; NDS; QL (120 per 30 days)
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i> (Zerit)	1	QL (60 per 30 days)
<i>stavudine oral recon soln 1 mg/ml</i> (Zerit)	1	QL (2400 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	NM; NDS; QL (30 per 30 days)
SUSTIVA ORAL CAPSULE 200 MG	1	QL (90 per 30 days)
SUSTIVA ORAL CAPSULE 50 MG	1	QL (180 per 30 days)
SUSTIVA ORAL TABLET 600 MG	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	1	QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	1	NM; NDS; QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	1	NM; NDS; QL (30 per 30 days)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	1	NM; NDS; QL (30 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	QL (30 per 30 days)
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL)	1	QL (1200 per 30 days)
VIRACEPT ORAL TABLET 250 MG	1	NM; NDS; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	1	NM; NDS; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	QL (240 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG, 300 MG	1	QL (30 per 30 days)
ZERIT ORAL RECON SOLN 1 MG/ML	1	QL (2400 per 30 days)
ZIAGEN ORAL SOLUTION 20 MG/ML	1	QL (960 per 30 days)
<i>zidovudine oral capsule 100 mg</i> (Retrovir)	1	QL (180 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i> (Retrovir)	1	QL (1920 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
<b>Antivirals, Miscellaneous</b>		
<i>foscarnet intravenous solution 24 mg/ml</i> (Foscavir)	1	PA BvD
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> (Tamiflu)	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	
<i>rimantadine oral tablet 100 mg</i> (Flumadine)	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	PA; NM; NDS
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	1	
<b>Hcv Antivirals</b>		
HARVONI ORAL TABLET 90-400 MG	1	PA; NM; NDS; QL (28 per 28 days)
SOVALDI ORAL TABLET 400 MG	1	PA; NM; NDS; QL (28 per 28 days)
ZEPATIER ORAL TABLET 50-100 MG	1	PA; NM; NDS; QL (28 per 28 days)
<b>Interferons</b>		
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	1	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	1	
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 135 MCG/0.5 ML, 180 MCG/0.5 ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	NM; NDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEGINTRON REDIPEN SUBCUTANEOUS PEN INJECTOR KIT 120 MCG/0.5 ML	1	NM; NDS
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML	1	NM; NDS
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG	1	PA NSO; NM; NDS
<b>Nucleosides And Nucleotides</b>		
<i>acyclovir oral capsule 200 mg</i> (Zovirax)	1	
<i>acyclovir oral suspension 200 mg/5 ml</i> (Zovirax)	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i> (Zovirax)	1	
<i>acyclovir sodium intravenous recon soln 500 mg</i>	1	PA BvD
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	PA BvD
<i>adefovir oral tablet 10 mg</i> (Hepsera)	1	NM; NDS
BARACLUDGE ORAL SOLUTION 0.05 MG/ML	1	NM; NDS
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i> (Baraclude)	1	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i> (Cytovene)	1	PA BvD
REBETOL ORAL SOLUTION 40 MG/ML	1	
<i>ribasphere oral capsule 200 mg</i>	1	
<i>ribasphere oral tablet 200 mg, 400 mg, 600 mg</i>	1	
<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>	1	
<i>ribavirin inhalation recon soln 6 gram</i> (Virazole)	1	PA; NM; NDS
<i>ribavirin oral capsule 200 mg</i> (Ribasphere)	1	
<i>ribavirin oral tablet 200 mg</i> (Copegus)	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i> (Valtrex)	1	
<i>valganciclovir oral tablet 450 mg</i> (Valcyte)	1	NM; NDS
VIRAZOLE INHALATION RECON SOLN 6 GRAM	1	PA; NM; NDS
<b>Blood Products/Modifiers/Volume</b>		
<b>Expanders</b>		
<b>Anticoagulants</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i> (Lovenox)	1	QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml</i> (Lovenox)	1	QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i> (Lovenox)	1	(28 syringes); QL (22.4 per 14 days)
<i>enoxaparin subcutaneous syringe 150 mg/ml</i> (Lovenox)	1	NDS; QL (28 per 14 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i> (Lovenox)	1	(28 syringes); QL (8.4 per 14 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i> (Lovenox)	1	(28 syringes); QL (11.2 per 14 days)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i> (Lovenox)	1	(28 syringes); QL (16.8 per 14 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i> (Arixtra)	1	(14 syringes); QL (11.2 per 14 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i> (Arixtra)	1	(14 syringes); QL (7 per 14 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i> (Arixtra)	1	(14 syringes); QL (5.6 per 14 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i> (Arixtra)	1	(14 syringes); QL (8.4 per 14 days)
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	PA BvD; (PA for ESRD only)
<i>heparin (porcine) injection solution 10,000 unit/ml</i>	1	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-0.45% nacl bag l/f,inner,single-use 25,000 unit/250 ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	PA BvD; (PA for ESRD only)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin, porcine (pf) injection syringe</i> 5,000 unit/0.5 ml	1	PA BvD; (PA for ESRD only)
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg,</i> <i>2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	
<i>warfarin oral tablet 1 mg, 10 mg, 3 mg</i> (Coumadin)	1	
<i>warfarin oral tablet 2 mg, 2.5 mg, 4 mg, 5</i> (Jantoven) <i>mg, 6 mg, 7.5 mg</i>	1	
XARELTO ORAL TABLET 10 MG	1	QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 20 MG	1	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	
<b>Blood Formation Modifiers</b>		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; NM; LA; NDS
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	1	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	1	PA; QL (12 per 28 days)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
LEUKINE INJECTION RECON SOLN 250 MCG	1	PA; NM; NDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	NM; NDS
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML	1	PA; NM; NDS

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
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; NM; NDS
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; NM; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; QL (6 per 28 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	1	PA; NM; NDS
<b>Hematologic Agents, Miscellaneous</b>		
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>anagrelide oral capsule 0.5 mg</i> (Agrylin)	1	
<i>anagrelide oral capsule 1 mg</i>	1	
<i>protamine intravenous solution 10 mg/ml</i>	1	PA BvD; (PA for ESRD only)
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i> (Cyklokapron)	1	
<i>tranexamic acid oral tablet 650 mg</i> (Lysteda)	1	
<b>Platelet-Aggregation Inhibitors</b>		
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> (Aggrenox)	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	1	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 75 mg</i> (Plavix)	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG	1	QL (30 per 30 days)
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
ZONTIVITY ORAL TABLET 2.08 MG	1	PA
<b>Caloric Agents</b>		
<b>Caloric Agents</b>		
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	1	PA BvD
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	1	PA BvD
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	1	PA BvD
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	1	PA BvD
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	1	PA BvD
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	PA BvD
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	PA BvD
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	PA BvD
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	PA BvD
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	PA BvD
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 70 % in water (d70w)</i> <i>intravenous parenteral solution</i>	1	PA BvD
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	1	PA BvD
NUTRILIPID INTRAVENOUS EMULSION 20 %	1	PA BvD
PREMASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
PREMASOL 6 % INTRAVENOUS PARENTERAL SOLUTION 6 %	1	PA BvD
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	1	PA BvD
TRAVASOL 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	PA BvD
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	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</i> (Catapres-TTS-1)	1	
<i>clonidine transdermal patch weekly 0.2 mg/24 hr</i> (Catapres-TTS-2)	1	
<i>clonidine transdermal patch weekly 0.3 mg/24 hr</i> (Catapres-TTS-3)	1	
<i>clorpres oral tablet 0.1-15 mg, 0.2-15 mg, 0.3-15 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> (Cardura)	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)
NORTHERA ORAL CAPSULE 200 MG, 300 MG	1	PA; NM; LA; NDS; QL (180 per 30 days)
<i>phenylephrine hcl injection solution 10 mg/ml</i> (Vazculep)	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> (Minipress)	1	
<b>Angiotensin II Receptor Antagonists</b>		
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i> (Atacand)	1	QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i> (Atacand)	1	QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i> (Atacand HCT)	1	QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i> (Atacand HCT)	1	QL (30 per 30 days)
EDARBI ORAL TABLET 40 MG, 80 MG	1	QL (30 per 30 days)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	1	QL (30 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	PA; QL (60 per 30 days)
<i>eprosartan oral tablet 600 mg</i>	1	QL (45 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> (Avapro)	1	QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> (Avalide)	1	QL (30 per 30 days)
<i>losartan oral tablet 100 mg</i> (Cozaar)	1	QL (45 per 30 days)
<i>losartan oral tablet 25 mg, 50 mg</i> (Cozaar)	1	QL (60 per 30 days)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> (Hyzaar)	1	QL (30 per 30 days)
<i>olmesartan oral tablet 20 mg, 40 mg</i> (Benicar)	1	QL (30 per 30 days)
<i>olmesartan oral tablet 5 mg</i> (Benicar)	1	QL (60 per 30 days)
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> (Benicar HCT)	1	QL (30 per 30 days)
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> (Micardis)	1	QL (30 per 30 days)
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> (Twynsta)	1	QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> (Micardis HCT)	1	QL (30 per 30 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i> (Diovan)	1	QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i> (Diovan)	1	QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i> (Diovan HCT)	1	QL (60 per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i> (Diovan HCT)	1	QL (30 per 30 days)
<b>Angiotensin-Converting Enzyme Inhibitors</b>		
<i>benazepril oral tablet 10 mg, 5 mg</i>	1	QL (60 per 30 days)
<i>benazepril oral tablet 20 mg, 40 mg</i> (Lotensin)	1	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Lotensin HCT)	1	QL (60 per 30 days)
<i>benazepril-hydrochlorothiazide oral tablet 5-6.25 mg</i>	1	QL (60 per 30 days)
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> (Vasotec)	1	QL (60 per 30 days)
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	QL (120 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i> (Vaseretic)	1	QL (60 per 30 days)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	QL (60 per 30 days)
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (60 per 30 days)
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	QL (120 per 30 days)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> (Zestril)	1	QL (60 per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Zestoretic)	1	QL (60 per 30 days)
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>moexipril-hydrochlorothiazide oral tablet 15-12.5 mg, 15-25 mg, 7.5-12.5 mg</i>	1	QL (60 per 30 days)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	QL (60 per 30 days)
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> (Accupril)	1	QL (60 per 30 days)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> (Accuretic)	1	QL (60 per 30 days)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> (Altace)	1	QL (60 per 30 days)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL (60 per 30 days)
<b>Antiarrhythmic Agents</b>		
<i>amiodarone intravenous solution 50 mg/ml</i>	1	
<i>amiodarone intravenous syringe 150 mg/3 ml</i>	1	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> (Pacerone)	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> (Norpace)	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> (Tikosyn)	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine (pf) in d7.5w intrathecal solution 50 mg/ml (5 %)</i>	1	
<i>lidocaine (pf) intravenous syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<b>MULTAQ ORAL TABLET 400 MG</b>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule,extended release (Rythmol SR) 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate injection solution 80 mg/ml</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<b>Beta-Adrenergic Blocking Agents</b>		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg (Tenormin)</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg (Tenoretic 100)</i>	1	
<i>atenolol-chlorthalidone oral tablet 50-25 mg (Tenoretic 50)</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet (Ziac) 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg (Coreg)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml) (Brevibloc)</i>	1	PA BvD
<b>INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG</b>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> (Toprol XL)	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 50-25 mg</i> (Lopressor HCT)	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i> (Lopressor)	1	
<i>metoprolol tartrate intravenous syringe 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i> (Lopressor)	1	
<i>metoprolol tartrate oral tablet 25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> (Corgard)	1	
<i>nadolol-bendroflumethiazide oral tablet 40-5 mg, 80-5 mg</i> (Corzide)	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> (Inderal LA)	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol 120 mg tablet 120 mg</i> (Sorine)	1	
<i>sotalol af oral tablet 120 mg</i>	1	
<i>sotalol oral tablet 160 mg</i> (Sotalol AF)	1	
<i>sotalol oral tablet 240 mg, 80 mg</i> (Betapace)	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>Calcium-Channel Blocking Agents</b>		
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem 24hr er 180 mg cap 180 mg</i> (Cartia XT)	1	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg</i> (Taztia XT)	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg</i> (Tiazac)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 240 mg</i> (Cartia XT)	1	
<i>diltiazem hcl oral capsule,extended release 24hr 300 mg</i> (Cardizem CD)	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg</i> (Cardizem)	1	
<i>diltiazem hcl oral tablet 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> (Matzim LA)	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> (Verelan PM)	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> (Verelan)	1	
<i>verapamil oral tablet 120 mg, 80 mg</i> (Calan)	1	
<i>verapamil oral tablet 40 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> (Calan SR)	1	
<b>Cardiovascular Agents, Miscellaneous</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG	1	PA; QL (60 per 30 days)
DEMSER ORAL CAPSULE 250 MG	1	PA; NM; NDS
<i>digitek oral tablet 125 mcg, 250 mcg</i>	1	
<i>digoxin 0.25 mg/ml syringe 250 mcg/ml</i>	1	
<i>digoxin injection solution 250 mcg/ml</i> (Lanoxin)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIGOXIN ORAL SOLUTION 50 MCG/ML	1	
<i>digoxin oral tablet 125 mcg</i> (Lanoxin)	1	
<i>digoxin oral tablet 250 mcg</i> (Digitek)	1	
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml)</i>	1	PA BvD
<i>dobutamine in d5w intravenous parenteral solution 500 mg/250 ml (2,000 mcg/ml)</i>	1	PA BvD
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml), 500 mg/40 ml (12.5 mg/ml)</i>	1	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>	1	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>	1	PA BvD
<i>epipen jr injection auto-injector 0.15mg/0.3ml</i> (EpiPen Jr 2-Pak)	1	QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.3 %</i>	1	QL (2 per 30 days)
<i>epipen injection auto-injector 0.3mg/0.3ml</i> (Auvi-Q)	1	QL (2 per 30 days)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	QL (2 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	1	QL (4 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	1	QL (2 per 30 days)
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	1	PA; NM; LA; NDS; QL (18 per 30 days)
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG	1	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	PA BvD
<i>milrinone intravenous solution 1 mg/ml</i>	1	PA BvD
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i> (Levophed (bitartrate))	1	PA BvD

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Drug Name	Drug Tier	Requirements/Limits
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	1	
<b>Dihydropyridines</b>		
<i>afeditab cr oral tablet extended release 30 mg, 60 mg</i>	1	
<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, 5-10 mg, 5-20 mg, 5-40 mg</i> (Lotrel)	1	
<i>amlodipine-benazepril oral capsule 2.5-10 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i> (Exforge)	1	
<i>amlodipine-valsartan-hcthiiazid 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)	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i> (Cardene IV)	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> (Procardia XL)	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg</i> (Afeditab CR)	1	
<i>nifedipine oral tablet extended release 90 mg</i> (Adalat CC)	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg</i> (Sular)	1	
<i>nisoldipine oral tablet extended release 24 hr 20 mg, 25.5 mg, 30 mg, 40 mg</i>	1	
<b>Diuretics</b>		
ALDACTAZIDE ORAL TABLET 50-50 MG	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>chlorothiazide oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium intravenous recon soln 500 mg</i> (Diuril IV)	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<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>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>methyclothiazide oral tablet 5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> (Aldactone)	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> (Aldactazide)	1	
<i>toremide oral tablet 10 mg, 20 mg</i> (Demadex)	1	
<i>toremide oral tablet 100 mg, 5 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> (Dyazide)	1	
<i>triamterene-hydrochlorothiazid oral capsule 50-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg</i> (Maxzide-25mg)	1	
<i>triamterene-hydrochlorothiazid oral tablet 75-50 mg</i> (Maxzide)	1	
<b>Dyslipidemics</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> (Caduet)	1	QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg</i> (Lipitor)	1	QL (45 per 30 days)
<i>atorvastatin oral tablet 80 mg</i> (Lipitor)	1	QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i> (Questran)	1	
<i>cholestyramine light oral powder 4 gram</i>	1	

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>cholestyramine light packet 4 gram</i>	1	
<i>cholestyramine packet 4 gram</i> (Questran)	1	
<i>colestipol hcl granules packet 5 gram</i> (Colestid)	1	
<i>colestipol oral granules 5 gram</i> (Colestid)	1	
<i>colestipol oral tablet 1 gram</i> (Colestid)	1	
<i>ezetimibe oral tablet 10 mg</i> (Zetia)	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg</i> (Vytorin 10-10)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i> (Vytorin 10-20)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-40 mg</i> (Vytorin 10-40)	1	QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i> (Vytorin 10-80)	1	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> (Tricor)	1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i> (Lipofen)	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> (Trilipix)	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i> (Fibricor)	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i> (Lescol)	1	QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i> (Lopid)	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
KYNAMRO SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; NM; LA; NDS; QL (4 per 28 days)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	QL (45 per 30 days)
<i>lovastatin oral tablet 40 mg</i>	1	QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> (Niaspan Extended-Release)	1	QL (60 per 30 days)
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i> (Lovaza)	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	1	PA; QL (2 per 28 days)
<i>pravastatin oral tablet 10 mg</i>	1	QL (45 per 30 days)
<i>pravastatin oral tablet 20 mg, 40 mg</i> (Pravachol)	1	QL (45 per 30 days)
<i>pravastatin oral tablet 80 mg</i> (Pravachol)	1	QL (30 per 30 days)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite packet outer 4 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (3.5 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 5 mg</i> (Crestor)	1	QL (45 per 30 days)
<i>rosuvastatin oral tablet 40 mg</i> (Crestor)	1	QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 5 mg</i> (Zocor)	1	QL (45 per 30 days)
<i>simvastatin oral tablet 40 mg</i> (Zocor)	1	PA; (PA only w/ amiodarone); QL (45 per 30 days)
<i>simvastatin oral tablet 80 mg</i> (Zocor)	1	PA; (PA only w/ amiodarone); QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	1	QL (120 per 30 days)
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	1	
WELCHOL ORAL TABLET 625 MG	1	
<b>Renin-Angiotensin-Aldosterone System Inhibitors</b>		
<i>eplerenone oral tablet 25 mg, 50 mg</i> (Inspra)	1	
TEKTURNA HCT ORAL TABLET 150- 12.5 MG, 150-25 MG, 300-12.5 MG, 300- 25 MG	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG	1	QL (30 per 30 days)
<b>Vasodilators</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg</i>	1	
<i>isosorbide dinitrate oral tablet 5 mg</i> (Isordil Titradose)	1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i> (ISOCHRON)	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	1	
<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>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> (Nitrostat)	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.6 mg/hr</i> (Minitran)	1	
<i>nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr</i> (Nitro-Dur)	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i> (Nitrolingual)	1	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	1	
<b>Central Nervous System Agents</b>		
<b>Central Nervous System Agents</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> (Strattera)	1	PA
AUBAGIO ORAL TABLET 14 MG	1	NM; NDS; QL (28 per 28 days)
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG	1	NM; NDS; QL (4 per 28 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	NM; NDS; QL (14 per 28 days)
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i> (Cafcit)	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	NM; NDS; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	NM; NDS; QL (12 per 28 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> (Focalin XR)	1	NDS
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> (Focalin)	1	NDS
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i> (Dexedrine Spansule)	1	NDS
<i>dextroamphetamine oral solution 5 mg/5 ml</i> (ProCentra)	1	NDS
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i> (Zenzedi)	1	NDS
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> (Adderall XR)	1	NDS
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> (Adderall)	1	NDS
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	1	NM; NDS; QL (14 per 28 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.5 MG	1	NM; NDS; QL (30 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> (Intuniv ER)	1	PA
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg</i> (Lithobid)	1	
<i>lithium carbonate oral tablet extended release 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	NDS
<i>methylphenidate hcl oral capsule, er biphasic 50-50 20 mg, 30 mg, 40 mg</i> (Ritalin LA)	1	NDS
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> (Methylin)	1	NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> (Ritalin)	1	NDS
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	1	NDS
<i>methylphenidate hcl oral tablet extended release 20 mg</i> (Metadate ER)	1	NDS
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i> (Concerta)	1	NDS
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	NDS
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	NM; NDS; QL (1 per 28 days)
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	1	PA; NM; NDS; QL (2800 per 28 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	NM; NDS; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	NM; NDS; QL (4.2 per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	NM; NDS; QL (4.2 per 28 days)
<i>riluzole oral tablet 50 mg</i> (Rilutek)	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	NM; LA; NDS; QL (120 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	1	NM; LA; NDS; QL (60 per 30 days)
tetrabenazine oral tablet 12.5 mg, 25 mg (Xenazine)	1	NM; NDS
<b>Contraceptives</b>		
<b>Contraceptives</b>		
altavera (28) oral tablet 0.15-0.03 mg	1	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
apri oral tablet 0.15-0.03 mg	1	
aranelle (28) oral tablet 0.5/1/0.5-35 mg- mcg	1	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
aubra oral tablet 0.1-20 mg-mcg	1	
aviane oral tablet 0.1-20 mg-mcg	1	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
balziva (28) oral tablet 0.4-35 mg-mcg	1	
bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	
briellyn oral tablet 0.4-35 mg-mcg	1	
camila oral tablet 0.35 mg	1	
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>deblitane oral tablet 0.35 mg</i>	1	
<i>delyla (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> (Bekyree (28))	1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i> (Reclipsen (28))	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i> (Beyaz)	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i> (YAZ (28))	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i> (Yasmin (28))	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
<b>ELLA ORAL TABLET 30 MG</b>	1	
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i> (Zovia 1/50E (28))	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>gildagia oral tablet 0.4-35 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	
<i>jolivette oral tablet 0.35 mg</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kimidess (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kurvelo oral tablet 0.15-0.03 mg</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i> (LoSeasonique)	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> (Daysee)	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg- mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg- 25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	

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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>	1	
<i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i> (Portia)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i> (Orsythia)	1	
<i>levonorgestrel-ethinyl estrad oral tablet 90-20 mcg</i> (Amethyst)	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg</i> (Jolessa)	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> (Myzilra)	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lomedica 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>marlissa oral tablet 0.15-0.03 mg</i>	1	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	
<i>mononessa (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>myzilra oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	
<i>necon 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	
<i>necon 10/11 (28) oral tablet 0.5-35/1-35 mg-mcg/mg-mcg</i>	1	
<i>necon 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>noreth-estradiol-fe 1-0.02(21)-75 1 mg-20 mcg (21)/75 mg (7)</i>	(Loestrin Fe 1/20 (28-Day))	1
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	(Camila)	1
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	(Larin 1/20 (21))	1
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	(Larin 24 Fe)	1
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	(Tri-Lo-Sprintec)	1
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	(Tri-Linyah)	1
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	(Mono-Linyah)	1
<i>norlyda oral tablet 0.35 mg</i>		1
<i>norlyroc oral tablet 0.35 mg</i>		1
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>		1
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>		1
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>		1
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>		1
<b>NUVARING VAGINAL RING 0.12-0.015 MG/24 HR</b>		1
<i>ocella oral tablet 3-0.03 mg</i>		1
<i>ogestrel (28) oral tablet 0.5-50 mg-mcg</i>		1
<i>orsythia oral tablet 0.1-20 mg-mcg</i>		1
<i>philith oral tablet 0.4-35 mg-mcg</i>		1
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>		1
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>		1
<i>portia oral tablet 0.15-0.03 mg</i>		1
<i>previfem oral tablet 0.25-35 mg-mcg</i>		1
<i>quasense oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>		1
<i>rajani oral tablet 3-0.02-0.451 mg (24) (4)</i>		1
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>		1
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>		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>
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg- 35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	1	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>trinessa (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trinessa lo oral tablet 0.18/0.215/0.25 mg- 25 mcg</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zarah oral tablet 3-0.03 mg	1	
zenchent (28) oral tablet 0.4-35 mg-mcg	1	
zenchent fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	
zovia 1/50e (28) oral tablet 1-50 mg-mcg	1	
<b>Dental And Oral Agents</b>		
<b>Dental And Oral Agents</b>		
cevimeline oral capsule 30 mg (Evoxac)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 % (Peridex)	1	
denta 5000 plus dental cream 1.1 %	1	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental solution 0.2 % (PreviDent)	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	1	
oralone dental paste 0.1 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg (Salagen (pilocarpine))	1	
sf 5000 plus dental cream 1.1 %	1	
triamcinolone acetonide dental paste 0.1 % (Oralone)	1	
<b>Dermatological Agents</b>		
<b>Dermatological Agents, Other</b>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	1	
acitretin oral capsule 10 mg, 17.5 mg (Soriatane)	1	PA; NM; NDS; QL (60 per 30 days)
acitretin oral capsule 25 mg (Soriatane)	1	PA; NM; NDS
acyclovir topical ointment 5 % (Zovirax)	1	
ALCOHOL PADS TOPICAL PADS, MEDICATED	1	
ALCOHOL PREP PADS	1	
ammonium lactate topical cream 12 % (Geri-Hydrolac)	1	
ammonium lactate topical lotion 12 % (Skin Treatment)	1	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i> (Dovonex)	1	
<i>calcipotriene topical ointment 0.005 %</i> (Calcitrene)	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> (Taclonex)	1	
<i>calcitrene topical ointment 0.005 %</i>	1	
<i>calcitriol topical ointment 3 mcg/gram</i> (Vectical)	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX TOPICAL GEL 0.5 %	1	
DENAVIR TOPICAL CREAM 1 %	1	QL (5 per 30 days)
<i>diclofenac sodium topical gel 1 %</i> (Voltaren)	1	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	1	PA; QL (60 per 30 days)
<i>fluorouracil topical cream 0.5 %</i> (Carac)	1	
<i>fluorouracil topical cream 5 %</i> (Efudex)	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>imiquimod topical cream in packet 5 %</i> (Aldara)	1	
LEVULAN TOPICAL SOLUTION 20 %	1	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> (Oxsoralen Ultra)	1	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	1	NM; NDS
PICATO TOPICAL GEL 0.015 %	1	PA NSO; QL (3 per 30 days)
PICATO TOPICAL GEL 0.05 %	1	PA NSO; QL (2 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	
REGRANEX TOPICAL GEL 0.01 %	1	NM; NDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	
TOLAK TOPICAL CREAM 4 %	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	1	
VALCHLOR TOPICAL GEL 0.016 %	1	PA NSO; NM; LA; NDS
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZOVIRAX TOPICAL CREAM 5 %	1	QL (5 per 30 days)
ZYCLARA 3.75% CREAM PUMP 3.75 %	1	

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Drug Name	Drug Tier	Requirements/Limits
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	1	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	1	
<b>Dermatological Antibacterials</b>		
<i>clindamycin phosphate topical foam 1 %</i> (Evoclin)	1	
<i>clindamycin phosphate topical gel 1 %</i> (Clindagel)	1	
<i>clindamycin phosphate topical lotion 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical solution 1 %</i> (Cleocin T)	1	
<i>clindamycin phosphate topical swab 1 %</i> (Clindacin P)	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i> (Duac)	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i> (Benzaclin)	1	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i> (Erygel)	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin with ethanol topical swab 2 %</i> (Ery Pads)	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> (Benzamycin)	1	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>metronidazole topical cream 0.75 %</i> (MetroCream)	1	
<i>metronidazole topical gel 0.75 %</i> (Rosadan)	1	
<i>metronidazole topical gel 1 %</i> (Metrogel)	1	
<i>metronidazole topical lotion 0.75 %</i> (MetroLotion)	1	
<i>mupirocin calcium topical cream 2 %</i> (Bactroban)	1	
<i>mupirocin topical ointment 2 %</i> (Centany)	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i> (Neosporin GU Irrigant)	1	
<i>rosadan topical cream 0.75 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>silver sulfadiazine topical cream 1 %</i> (Thermazene)	1	
<i>ssd topical cream 1 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i> (Klaron)	1	
<b>Dermatological Anti-Inflammatory Agents</b>		
<i>ala-cort topical cream 1 %, 2.5 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ala-scalp topical lotion 2 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	
<i>amcinonide topical lotion 0.1 %</i>	1	
<i>amcinonide topical ointment 0.1 %</i>	1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i> (Luxiq)	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i> (Diprolene AF)	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i> (Diprolene)	1	
<i>clobetasol 0.05% cream 0.05 %</i> (Temovate)	1	
<i>clobetasol scalp solution 0.05 %</i> (Cormax)	1	
<i>clobetasol topical foam 0.05 %</i> (Olux)	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i> (Clobex)	1	
<i>clobetasol topical ointment 0.05 %</i> (Temovate)	1	
<i>clobetasol topical shampoo 0.05 %</i> (Clobex)	1	
<i>clobetasol topical spray,non-aerosol 0.05 %</i> (Clobex)	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clocortolone pivalate topical cream 0.1 %</i> (Cloderm)	1	
<i>cormax scalp solution 0.05 %</i>	1	
<i>desonide topical cream 0.05 %</i> (DesOwen)	1	
<i>desonide topical lotion 0.05 %</i> (DesOwen)	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i> (Topicort)	1	
<i>desoximetasone topical gel 0.05 %</i> (Topicort)	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i> (Topicort)	1	
<i>diflorasone topical cream 0.05 %</i> (Psorcon)	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
ELIDEL TOPICAL CREAM 1 %	1	PA
<i>fluocinolone topical cream 0.01 %</i>	1	
<i>fluocinolone topical cream 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical oil 0.01 %</i> (Derma-Smoothe/FS Body Oil)	1	
<i>fluocinolone topical ointment 0.025 %</i> (Synalar)	1	
<i>fluocinolone topical solution 0.01 %</i> (Synalar)	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>fluticasone topical cream 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical lotion 0.05 %</i> (Cutivate)	1	
<i>fluticasone topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i> (Ultravate)	1	
<i>halobetasol propionate topical ointment 0.05 %</i> (Ultravate)	1	
<i>hydrocortisone buty 0.1% cream 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i> (Locoid)	1	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i> (Locoid Lipocream)	1	
<i>hydrocortisone topical cream 1 %</i> (Hydrocream)	1	
<i>hydrocortisone topical cream 2.5 %</i> (Ala-Cort)	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %</i> (Cortizone-10)	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i> (Elocon)	1	
<i>mometasone topical ointment 0.1 %</i> (Elocon)	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i> (Dermatop)	1	
<i>prednicarbate topical ointment 0.1 %</i> (Dermatop)	1	
PROCTOFOAM HC RECTAL FOAM 1-1 %	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i> (Protopic)	1	PA
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical cream 0.1 %</i> (Triderm)	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
<b>Dermatological Retinoids</b>		
<i>adapalene topical cream 0.1 %</i> (Differin)	1	
<i>adapalene topical gel 0.1 %, 0.3 %</i> (Differin)	1	
<i>avita topical cream 0.025 %</i>	1	PA
<i>avita topical gel 0.025 %</i>	1	PA
FABIOR TOPICAL FOAM 0.1 %	1	PA
<i>tazarotene topical cream 0.1 %</i> (Tazorac)	1	
TAZORAC TOPICAL CREAM 0.05 %	1	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i> (Retin-A Micro)	1	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> (Retin-A)	1	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin topical gel 0.01 %</i> (Retin-A)	1	PA
<i>tretinoin topical gel 0.025 %</i> (Avita)	1	PA
<i>tretinoin topical gel 0.05 %</i> (Atralin)	1	PA
<b>Scabicides And Pediculicides</b>		
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i> (Ovide)	1	
<i>permethrin topical cream 5 %</i> (Elimite)	1	
<i>spinosad topical suspension 0.9 %</i> (Natroba)	1	
<b>Devices</b>		
<b>Devices</b>		
ASSURE ID INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"	1	
BD INSULIN SYR 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	1	
BD INSULIN SYR 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	1	
BD INSULIN SYR 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	1	
BD ULTRA-FINE PEN NDL 4MMX32G NANO 32 GAUGE X 5/32"	1	
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 (Ulitet Insulin Syringe)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2" (BD Insulin Syringe Safety-Lok)	1	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE (Monoject Ultra Comfort Insulin)	1	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" (Novofine)	1	
VGO 40 DISPOSABLE DEVICE	1	
<b>Enzyme Replacement/Modifiers</b>		
<b>Enzyme Replacement/Modifiers</b>		
ADAGEN INTRAMUSCULAR SOLUTION 250 UNIT/ML	1	NM; LA; NDS
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; NM; NDS
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
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	1	
CYTAGON ORAL CAPSULE 150 MG, 50 MG	1	LA
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; NM; NDS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	1	PA; NM; LA; NDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	PA; NM; NDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; NM; NDS
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	1	PA; NM; LA; NDS
KUVAN ORAL TABLET,SOLUBLE 100 MG	1	PA; NM; LA; NDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; NM; NDS
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	1	NM; LA; NDS
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	1	PA; NM; LA; NDS
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	PA; NM; NDS
STRENSIQ SUBCUTANEOUS SOLUTION 100 MG/ML, 40 MG/ML	1	PA; NM; LA; NDS
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	1	PA; NM; NDS
ZAVESCA ORAL CAPSULE 100 MG	1	PA; NM; LA; NDS
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	1	

**Eye, Ear, Nose, Throat Agents**

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
<b>Eye, Ear, Nose, Throat Agents, Miscellaneous</b>		
AKTEN (PF) OPHTHALMIC GEL 3.5 %	1	
ALOMIDE OPHTHALMIC DROPS 0.1 %	1	
<i>apraclonidine ophthalmic drops 0.5 %</i> (Iopidine)	1	
<i>atropine ophthalmic drops 1 %</i>	1	
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray,non-aerosol 0.15 %</i> (Astepro) (205.5 mcg)	1	
<i>azelastine ophthalmic drops 0.05 %</i>	1	
<i>cromolyn ophthalmic drops 4 %</i>	1	
<i>cyclopentolate ophthalmic drops 0.5 %, 1 %, 2 %</i> (Cyclogyl)	1	
CYSTARAN OPHTHALMIC DROPS 0.44 %	1	NM; LA; NDS
<i>epinastine ophthalmic drops 0.05 %</i> (Elestat)	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 0.06 %</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i> (Patanase)	1	
<i>olopatadine ophthalmic drops 0.1 %</i> (Patanol)	1	
<i>olopatadine ophthalmic drops 0.2 %</i> (Pataday)	1	ST
<i>phenylephrine hcl ophthalmic drops 10 %, 2.5 %</i>	1	
<i>proparacaine ophthalmic drops 0.5 %</i>	1	
<i>tropicamide ophthalmic drops 0.5 %</i>	1	
<i>tropicamide ophthalmic drops 1 %</i> (Mydriacyl)	1	
TYZINE NASAL DROPS 0.1 %	1	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 %	1	
<b>Eye, Ear, Nose, Throat Anti-Infectives Agents</b>		
<i>acetasol hc otic drops 1-2 %</i>	1	
<i>acetic acid otic solution 2 %</i>	1	
AZASITE OPHTHALMIC DROPS 1 %	1	
<i>bacitracin ophthalmic ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10,000 unit/gram</i> (Polycin)	1	

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Drug Name	Drug Tier	Requirements/Limits
BESIVANCE OPHTHALMIC DROPS,SUSPENSION 0.6 %	1	
<i>bleph-10 ophthalmic drops 10 %</i>	1	
BLEPHAMIDE OPHTHALMIC DROPS,SUSPENSION 10-0.2 %	1	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %	1	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	1	
CIPRODEX OTIC DROPS,SUSPENSION 0.3-0.1 %	1	
<i>ciprofloxacin hcl ophthalmic drops 0.3 %</i> (Ciloxan)	1	
<i>ciprofloxacin hcl otic dropperette 0.2 %</i> (Cetraxal)	1	
<i>erythromycin ophthalmic ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic drops 0.5 %</i> (Zymaxid)	1	
<i>gentak ophthalmic ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic drops 0.3 %</i>	1	
<i>gentamicin ophthalmic ointment 0.3 % (3 mg/gram)</i> (Gentak)	1	
<i>hydrocortisone-acetic acid otic drops 1-2 %</i>	1	
<i>levofloxacin ophthalmic drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic drops 0.5 %</i> (Vigamox)	1	
NATACYN OPHTHALMIC DROPS,SUSPENSION 5 %	1	
<i>neomycin-bacitracin-poly-hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i> (Neo-Polycin HC)	1	
<i>neomycin-bacitracin-polymyxin ophthalmic ointment 3.5-400-10,000 mg-unit-unit/g</i> (Neo-Polycin)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin b-dexameth ophthalmic ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> (Maxitrol)	1	
<i>neomycin-polymyxin-gramicidin ophthalmic drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neomycin-polymyxin-hc otic drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neo-polycin hc ophthalmic ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>ofloxacin ophthalmic drops 0.3 %</i> (Ocuflox)	1	
<i>ofloxacin otic drops 0.3 %</i> (Floxin)	1	
<i>polymyxin b sulf-trimethoprim ophthalmic drops 10,000 unit- 1 mg/ml</i> (Polytrim)	1	
PRED-G OPHTHALMIC DROPS,SUSPENSION 0.3-1 %	1	
<i>sulfacetamide sodium ophthalmic drops 10 %</i> (Bleph-10)	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic drops 10 %-0.23 % (0.25 %)</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	1	
TOBRADEX ST OPHTHALMIC DROPS,SUSPENSION 0.3-0.05 %	1	
<i>tobramycin ophthalmic drops 0.3 %</i> (Tobrex)	1	
<i>tobramycin-dexamethasone ophthalmic drops,suspension 0.3-0.1 %</i> (TobraDex)	1	
<i>trifluridine ophthalmic drops 1 %</i> (Viroptic)	1	
VIGAMOX OPHTHALMIC DROPS 0.5 %	1	
ZIRGAN OPHTHALMIC GEL 0.15 %	1	
<b>Eye, Ear, Nose, Throat Anti-Inflammatory Agents</b>		
ALOCRIAL OPHTHALMIC DROPS 2 %	1	
ALREX OPHTHALMIC DROPS,SUSPENSION 0.2 %	1	
<i>bromfenac ophthalmic drops 0.09 %</i>	1	
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i> (Rhinocort Allergy)	1	(Rx product only)
<i>dexamethasone sodium phosphate ophthalmic drops 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC DROPS 0.05 %	1	
FLAREX OPHTHALMIC DROPS,SUSPENSION 0.1 %	1	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	
<i>fluocinolone acetonide oil otic drops 0.01 %</i> (DermOtic Oil)	1	
<i>fluorometholone ophthalmic drops,suspension 0.1 %</i> (FML Liquifilm)	1	
<i>flurbiprofen sodium ophthalmic drops 0.03 %</i> (Ocufen)	1	
<i>fluticasone nasal spray,suspension 50 mcg/actuation</i> (24 Hour Allergy Relief)	1	(Rx product only)
FML FORTE OPHTHALMIC DROPS,SUSPENSION 0.25 %	1	
FML S.O.P. OPHTHALMIC OINTMENT 0.1 %	1	
<i>ketorolac ophthalmic drops 0.4 %</i> (Acular LS)	1	
<i>ketorolac ophthalmic drops 0.5 %</i> (Acular)	1	
LOTEMAX OPHTHALMIC DROPS,SUSPENSION 0.5 %	1	
MAXIDEX OPHTHALMIC DROPS,SUSPENSION 0.1 %	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i> (Nasonex)	1	
<i>prednisolone acetate ophthalmic drops,suspension 1 %</i> (Omnipred)	1	
<i>prednisolone sodium phosphate ophthalmic drops 1 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC DROPS 0.05 %	1	
RESTASIS OPHTHALMIC DROPPERETTE 0.05 %	1	
XIIDRA OPHTHALMIC DROPPERETTE 5 %	1	
<b>Gastrointestinal Agents</b>		
<b>Antiulcer Agents And Acid Suppressants</b>		
CARAFATE ORAL SUSPENSION 100 MG/ML	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cimetidine oral tablet 200 mg</i> (Tagamet HB)	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i> (Nexium)	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg</i>	1	PA
<i>esomeprazole sodium intravenous recon soln 40 mg</i> (Nexium IV)	1	PA
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i> (Pepcid)	1	
<i>famotidine oral tablet 20 mg</i> (Pepcid AC)	1	
<i>famotidine oral tablet 40 mg</i> (Pepcid)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i> (Heartburn Treatment 24 Hour)	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i> (Prevacid)	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i> (Cytotec)	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 20 MG, 40 MG	1	ST
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>pantoprazole intravenous recon soln 40 mg</i> (Protonix)	1	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i> (Protonix)	1	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i> (Aciphex)	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 150 mg</i> (Heartburn Relief (ranitidine))	1	
<i>ranitidine hcl oral tablet 300 mg</i> (Zantac)	1	
<i>sucralfate oral tablet 1 gram</i> (Carafate)	1	

**Gastrointestinal Agents, Other**

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Drug Name	Drug Tier	Requirements/Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	QL (60 per 30 days)
BUPHENYL ORAL TABLET 500 MG	1	NM; NDS
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	1	PA; NM; NDS
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	1	PA; NM; NDS
<i>constulose oral solution 10 gram/15 ml</i>	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i> (Gastrocrom)	1	
<i>dicyclomine oral capsule 10 mg</i> (Bentyl)	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	NDS
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> (Lomotil)	1	NDS
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 1 mg</i> (Robinul)	1	
<i>glycopyrrolate oral tablet 2 mg</i> (Robinul Forte)	1	
<i>kionex 15 gm/60 ml suspension 15-19.3 gram/60 ml</i>	1	
<i>kionex oral powder</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i> (Enulose)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	QL (30 per 30 days)
<i>loperamide oral capsule 2 mg</i> (Imodium A-D)	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> (Reglan)	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	QL (30 per 30 days)
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; NM; LA; NDS; QL (525 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	1	PA; (1 per day); QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	PA; (1 per day); QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	PA; (1 per day); QL (12 per 30 days)
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i> (Buphenyl)	1	NM; NDS
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate rectal enema 30 gram/120 ml</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>ursodiol oral capsule 300 mg</i> (Actigall)	1	
<i>ursodiol oral tablet 250 mg</i> (URSO 250)	1	
<i>ursodiol oral tablet 500 mg</i> (URSO Forte)	1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	1	PA; LA; QL (30 per 30 days)
<b>Laxatives</b>		
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-h and bisacodyl oral kit 5-210 mg-gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM	1	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	1	
OSMOPREP ORAL TABLET 1.5 GRAM	1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> (Golytely)	1	
<i>peg 3350-electrolytes oral recon soln 240-22.72-6.72 -5.84 gram</i> (Colyte with Flavor Packs)	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i> (TriLyte With Flavor Packets)	1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i> (Miralax)	1	
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i> (HealthyLax)	1	

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Drug Name	Drug Tier	Requirements/Limits
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	1	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
<b>Phosphate Binders</b>		
<i>calcium acetate oral capsule 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i> (Eliphos)	1	
<i>eliphos oral tablet 667 mg</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	1	
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	1	
REVELA ORAL TABLET 800 MG	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> (Renvela)	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	1	NM; NDS
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> (Urecholine)	1	
<i>flavoxate oral tablet 100 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	QL (30 per 30 days)
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> (Ditropan XL)	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i> (Detrol LA)	1	QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i> (Detrol)	1	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
VESICARE ORAL TABLET 10 MG, 5 MG	1	
<b>Genitourinary Agents, Miscellaneous</b>		

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Drug Name	Drug Tier	Requirements/Limits
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i> (Uroxatral)	1	
<i>dutasteride oral capsule 0.5 mg</i> (Avodart)	1	
<i>finasteride oral tablet 5 mg</i> (Proscar)	1	
<i>tamsulosin oral capsule, extended release 24hr 0.4 mg</i> (Flomax)	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>Heavy Metal Antagonists</b>		
<b>Heavy Metal Antagonists</b>		
<i>deferoxamine injection recon soln 2 gram, 500 mg</i> (Desferal)	1	PA BvD; (PA for ESRD only)
DEPEN TITRATABS ORAL TABLET 250 MG	1	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	1	PA; NM; LA; NDS
FERRIPROX ORAL TABLET 500 MG	1	PA; NM; LA; NDS
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	1	PA; NM; NDS
SYPRINE ORAL CAPSULE 250 MG	1	PA; NM; NDS
<b>Hormonal Agents, Stimulant/Replacement/Modifying</b>		
<b>Androgens</b>		
ANADROL-50 ORAL TABLET 50 MG	1	NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	1	NDS
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	1	NDS
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM)	1	NDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 MG	1	NDS
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i> (Oxandrin)	1	NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> (Depo-Testosterone)	1	NDS
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i> (Fortesta)	1	NDS
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i> (Vogelxo)	1	NDS
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> (AndroGel)	1	NDS
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i> (Vogelxo)	1	NDS
<b>Estrogens And Antiestrogens</b>		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
DUAVEE ORAL TABLET 0.45-20 MG	1	PA
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> (Estrace)	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr</i> (Alora)	1	
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.1 mg/24 hr</i> (Vivelle-Dot)	1	
<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)	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i> (Delestrogen)	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i> (Activella)	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	1	
<i>estropipate oral tablet 0.75 mg, 1.5 mg, 3 mg</i>	1	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	1	QL (1 per 90 days)
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	1	
<i>mimvey lo oral tablet 0.5-0.1 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i> (Jevantique Lo)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-eth estradiol oral tablet</i> (Jinteli) <i>1-5 mg-mcg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	
<i>raloxifene oral tablet 60 mg</i> (Evista)	1	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>Glucocorticoids/Mineralocorticoids</b>		
<i>a-hydrocort injection recon soln 100 mg</i>	1	PA BvD
<i>betamethasone acet,sod phos injection</i> (Celestone Soluspan) <i>suspension 6 mg/ml</i>	1	PA BvD
<i>cortisone oral tablet 25 mg</i>	1	PA BvD
<i>deltasone oral tablet 20 mg</i>	1	PA BvD
DEXAMETHASONE INTENSOL ORAL DROPS 1 MG/ML	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	PA BvD
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	PA BvD
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	PA BvD
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	1	PA; NM; LA; NDS
EMFLAZA ORAL TABLET 18 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
EMFLAZA ORAL TABLET 30 MG, 6 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
EMFLAZA ORAL TABLET 36 MG	1	PA; NM; LA; NDS
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5</i> (Cortef) <i>mg</i>	1	PA BvD
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML	1	
<i>methylprednisolone acetate injection</i> (Depo-Medrol) <i>suspension 40 mg/ml, 80 mg/ml</i>	1	PA BvD
<i>methylprednisolone oral tablet 16 mg, 32</i> (Medrol) <i>mg, 4 mg, 8 mg</i>	1	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylprednisolone oral tablets,dose pack 4 mg</i> (Medrol (Pak))	1	PA BvD
<i>methylprednisolone sodium succ recon soln 125 mg, 40 mg</i>	1	PA BvD
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i> (Solu-Medrol)	1	PA BvD
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	PA BvD
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i> (Pediapred)	1	PA BvD
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i> (Orapred ODT)	1	PA BvD
<i>prednisone oral solution 5 mg/5 ml</i>	1	PA BvD
<i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg</i>	1	PA BvD
<i>prednisone oral tablet 10 mg</i>	1	PA BvD
<i>prednisone oral tablet 20 mg</i> (Deltasone)	1	PA BvD
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack), 5 mg, 5 mg (48 pack)</i>	1	PA BvD
SOLU-CORTEF (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	1	PA BvD
SOLU-MEDROL (PF) INJECTION RECON SOLN 125 MG/2 ML, 40 MG/ML	1	PA BvD
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 1,000 MG/8 ML, 500 MG/4 ML	1	PA BvD
<b>Pituitary</b>		
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT (Pregnyl)	1	PA
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i> (DDAVP)	1	
<i>desmopressin injection solution 4 mcg/ml</i> (DDAVP)	1	
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i> (DDAVP)	1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> (DDAVP)	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	NM; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	NM; 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 MG/1.5 ML (3.3 MG/ML)	1	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)	1	PA
<i>octreotide acet 100 mcg/ml syr outer, single-dose, 10 100 mcg/ml (1 ml)</i>	1	
<i>octreotide acet 50 mcg/ml syr outer, single- dose, 10 50 mcg/ml (1 ml)</i>	1	
<i>octreotide acetate injection solution 1,000 (Sandostatin) mcg/ml, 500 mcg/ml</i>	1	NM; NDS
<i>octreotide acetate injection solution 100 (Sandostatin) mcg/ml, 50 mcg/ml</i>	1	
<i>octreotide acetate injection solution 200 (Sandostatin) mcg/ml</i>	1	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; NM; NDS
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 20 MG, 40 MG, 60 MG	1	PA; NM; LA; NDS; QL (1 per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NM; LA; NDS; QL (60 per 30 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	NM; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	NM; LA; NDS
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	1	PA
SYNAREL NASAL SPRAY, NON- AEROSOL 2 MG/ML	1	NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	1	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML	1	
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	1	PA; NM; NDS
<b>Progestins</b>		
CRINONE VAGINAL GEL 4 %	1	PA
DEPO-PROVERA INTRAMUSCULAR SOLUTION 400 MG/ML	1	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	NM; NDS
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> (Depo-Provera)	1	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> (Provera)	1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral suspension 625 mg/5 ml</i> (Megace ES)	1	
<i>norethindrone acetate oral tablet 5 mg</i> (Aygestin)	1	
<i>progesterone in oil intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i> (Prometrium)	1	
<b>Thyroid And Antithyroid Agents</b>		
LEVO-T 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	1	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 125 mcg, 137 mcg, 150 mcg, 200 mcg, 25 mcg, 75 mcg, 88 mcg</i> (Levoxyl)	1	
<i>levothyroxine oral tablet 112 mcg, 300 mcg, 50 mcg</i> (Unithroid)	1	
<i>levothyroxine oral tablet 175 mcg</i> (Synthroid)	1	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>liothyronine intravenous solution 10 mcg/ml</i> (Triostat)	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> (Cytomel)	1	
<i>methimazole oral tablet 10 mg, 5 mg</i> (Tapazole)	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	
UNITHROID 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	1	
<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)	1	PA; NM; NDS; QL (40 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; NM; NDS; QL (3.6 per 28 days)
ANTIVENIN LATRODECTUS MACTANS INJECTION RECON SOLN 6,000 UNIT	1	
ANTIVENIN, MICRURUS FULVIUS INJECTION RECON SOLN	1	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NM; LA; NDS
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	1	PA BvD
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	1	
AZASAN ORAL TABLET 100 MG, 75 MG	1	PA BvD
<i>azathioprine oral tablet 50 mg</i> (Imuran)	1	PA BvD
<i>azathioprine sodium injection recon soln 100 mg</i>	1	PA BvD
BIVIGAM INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CARIMUNE NF NANOFILTERED INTRAVENOUS RECON SOLN 12 GRAM, 3 GRAM, 6 GRAM	1	PA; NM; NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; NM; NDS; QL (6 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; NM; NDS; QL (6 per 28 days)
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	1	PA; NM; NDS
<i>cyclosporine intravenous solution 250 mg/5 ml</i> (Sandimmune)	1	PA BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg</i> (Neoral)	1	PA BvD
<i>cyclosporine modified oral capsule 50 mg</i> (Gengraf)	1	PA BvD
<i>cyclosporine modified oral solution 100 mg/ml</i> (Neoral)	1	PA BvD
<i>cyclosporine oral capsule 100 mg, 25 mg</i> (Sandimmune)	1	PA BvD
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	1	PA; NM; NDS; (8 vials); QL (4 per 14 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5ML (0.51)	1	PA; NM; NDS; (8 syringes); QL (4 per 14 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (0.98 ML)	1	PA; NM; NDS; (4 syringes); QL (4 per 14 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (0.98 ML)	1	PA; NM; NDS; (4 syringes); QL (4 per 14 days)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	1	PA NSO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; NM; NDS
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE, 15-18 % RANGE (10 ML), 15-18 % RANGE (2 ML)	1	PA
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; NM; NDS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; NM; NDS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
GAMUNEX INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	1	PA; NM; NDS
<i>gengraf oral capsule 100 mg, 25 mg, 50 mg</i>	1	PA BvD
<i>gengraf oral solution 100 mg/ml</i>	1	PA BvD
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	PA; NM; NDS
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK)	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; (Starter Kit); QL (6 per 28 days)
HUMIRA PEN PSORIASIS-UVEITIS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; NM; NDS; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; NM; NDS; QL (6 per 28 days)
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 %)	1	PA; NM; LA; NDS
ILARIS (PF) SUBCUTANEOUS RECON SOLN 180 MG/1.2 ML (150 MG/ML)	1	PA; NM; LA; NDS; QL (2 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; NM; LA; NDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	1	PA; NM; NDS
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; NM; NDS
<i>leflunomide oral tablet 10 mg, 20 mg</i> (Arava)	1	
<i>mycophenolate mofetil hcl intravenous recon soln 500 mg</i> (CellCept Intravenous)	1	PA BvD
<i>mycophenolate mofetil oral capsule 250 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> (CellCept)	1	PA BvD
<i>mycophenolate mofetil oral tablet 500 mg</i> (CellCept)	1	PA BvD
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> (Myfortic)	1	PA BvD
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	PA NSO; NM; NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; NM; NDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; NM; NDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; NM; NDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; NM; LA; NDS; QL (60 per 30 days)
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; NM; NDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	PA BvD
RAPAMUNE ORAL SOLUTION 1 MG/ML	1	PA BvD
RIDAURA ORAL CAPSULE 3 MG	1	
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; NM; NDS; (1 syringe); QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; NM; NDS; QL (4 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; NM; NDS; (1 syringe); QL (0.5 per 28 days)
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> (Rapamune)	1	PA BvD
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	1	PA; NM; NDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> (Prograf)	1	PA BvD
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	1	NM; NDS
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; NM; LA; NDS
VARIZIG 125 UNIT VIAL SDV, INNER 125 UNIT	1	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	1	
XELJANZ ORAL TABLET 5 MG	1	PA; NM; NDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	1	PA; NM; NDS; QL (30 per 30 days)
ZINPLAVA INTRAVENOUS SOLUTION 25 MG/ML	1	PA; NM; NDS
ZORTRESS ORAL TABLET 0.25 MG	1	PA NSO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG	1	PA NSO; NM; NDS
<b>Vaccines</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG- LF/0.5ML	1	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML	1	
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15- 10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	PA BvD
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.5 ML	1	PA BvD
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	PA BvD
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML	1	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25- 58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	1	
IPOL INJECTION SYRINGE 40-8-32 UNIT/0.5 ML	1	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML	1	
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	
MENHIBRIX (PF) INTRAMUSCULAR RECON SOLN 5-2.5 MCG/0.5 ML	1	
MENOMUNE - A/C/Y/W-135 (PF) SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG	1	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG- 10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	1	PA BvD
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	PA BvD
RECOMBIVAX HB 5 MCG/0.5 ML VL OUTER, P/F, SDV 5 MCG/0.5 ML	1	PA BvD
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	
TENIVAC VIAL L/F, P/F, OUTER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	1	
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	1	
TETANUS-DIPHThERIA TOXOIDS-TD INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT -20 MCG/ML	1	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	1	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	1	
<b>Inflammatory Bowel Disease</b>		
<b>Agents</b>		
<b>Inflammatory Bowel Disease Agents</b>		
<i>alosetron oral tablet 0.5 mg, 1 mg</i> (Lotronex)	1	QL (60 per 30 days)
<i>balsalazide oral capsule 750 mg</i> (Colazal)	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i> (Entocort EC)	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	1	
<i>colocort rectal enema 100 mg/60 ml</i>	1	
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	1	
DIPENTUM ORAL CAPSULE 250 MG	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i> (Colocort)	1	
<i>mesalamine 4 gm/60 ml enema u- d, 7x60ml, outer 4 gram/60 ml</i> (sfRowasa)	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i> (Asacol HD)	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i> (Rowasa)	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	1	
<i>sulfasalazine oral tablet 500 mg</i> (Azulfidine)	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i> (Azulfidine EN-tabs)	1	
<b>Irrigating Solutions</b>		
<b>Irrigating Solutions</b>		
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i> (Sterile Saline)	1	
<i>sorbitol irrigation solution 3 %, 3.3 %</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
sorbitol-mannitol urethral solution 2.7-0.54 g/100 ml	1	
water for irrigation, sterile irrigation solution (Curity Sterile Water)	1	
<b>Metabolic Bone Disease Agents</b>		
<b>Metabolic Bone Disease Agents</b>		
alendronate oral solution 70 mg/75 ml	1	
alendronate oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg	1	QL (4 per 28 days)
alendronate oral tablet 40 mg	1	
alendronate oral tablet 70 mg (Fosamax)	1	QL (4 per 28 days)
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	PA BvD; (PA for ESRD only)
calcitriol oral capsule 0.25 mcg, 0.5 mcg (Rocaltrol)	1	PA BvD; (PA for ESRD only)
calcitriol oral solution 1 mcg/ml (Rocaltrol)	1	PA BvD; (PA for ESRD only)
doxercalciferol intravenous solution 4 mcg/2 ml (Hectorol)	1	PA BvD; (PA for ESRD only)
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg (Hectorol)	1	PA BvD; (PA for ESRD only)
etidronate disodium oral tablet 200 mg, 400 mg	1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML	1	PA; NM; NDS
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	1	
ibandronate intravenous solution 3 mg/3 ml	1	PA
ibandronate intravenous syringe 3 mg/3 ml (Boniva)	1	PA
ibandronate oral tablet 150 mg (Boniva)	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	1	PA BvD; (PA for ESRD only)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	1	PA; NM; LA; NDS; QL (2 per 28 days)
pamidronate intravenous recon soln 30 mg, 90 mg	1	PA BvD; (PA for ESRD only)

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	PA BvD; (PA for ESRD only)
PARICALCITOL 10 MCG/2 ML VIAL MDV,INNER,LATEX-FREE 5 MCG/ML	1	PA BvD; (PA for ESRD only)
<i>paricalcitol hemodialysis port injection solution 2 mcg/ml</i>	1	PA BvD; (PA for ESRD only)
<i>paricalcitol intravenous solution 2 mcg/ml</i> (Zemplar)	1	PA BvD; (PA for ESRD only)
PARICALCITOL INTRAVENOUS SOLUTION 5 MCG/ML (Zemplar)	1	PA BvD; (PA for ESRD only)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i> (Zemplar)	1	PA BvD; (PA for ESRD only)
<i>paricalcitol oral capsule 4 mcg</i>	1	PA BvD; (PA for ESRD only)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA
<i>risedronate oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i> (Actonel)	1	
<i>risedronate oral tablet 35 mg (12 pack), 35 mg (4 pack)</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> (Atelvia)	1	QL (4 per 28 days)
SENSIPAR ORAL TABLET 30 MG	1	QL (60 per 30 days)
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	NM; NDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	PA NSO; NM; NDS
<i>zoledronic acid intravenous solution 4 mg/5 ml</i> (Zometa)	1	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> (Reclast)	1	
<b>Miscellaneous Therapeutic Agents</b>		
<b>Miscellaneous Therapeutic Agents</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	NM; LA; NDS
<i>amifostine crystalline intravenous recon soln 500 mg</i> (Ethyol)	1	
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; NM; LA; NDS
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i> (Zinecard (as HCl))	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE 100 MG	1	
<i>ergoloid oral tablet 1 mg</i>	1	
EXONDYS 51 INTRAVENOUS SOLUTION 50 MG/ML, 50 MG/ML (10 ML)	1	PA; NM; LA; NDS
<i>fomepizole intravenous solution 1 gram/ml</i>	1	NM; NDS
FUSILEV INTRAVENOUS RECON SOLN 50 MG	1	
<i>guanidine oral tablet 125 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i> (Vistaril)	1	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	1	NM; NDS
<i>leucovorin calcium 200 mg vial latex-free, p/f, sdv 200 mg</i>	1	
<i>leucovorin calcium injection recon soln 100 mg, 350 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i> (Carnitor)	1	PA BvD; (PA for ESRD only)
<i>levocarnitine intravenous solution 200 mg/ml</i> (Carnitor)	1	PA BvD; (PA for ESRD only)
<i>levocarnitine oral tablet 330 mg</i> (Carnitor)	1	PA BvD; (PA for ESRD only)
LEVOLEUCOVORIN INTRAVENOUS RECON SOLN 175 MG	1	
<i>levoleucovorin intravenous recon soln 50 mg</i> (Fusilev)	1	
<i>levoleucovorin intravenous solution 10 mg/ml</i>	1	NM; NDS
<i>mesna intravenous solution 100 mg/ml</i> (Mesnex)	1	
MESNEX ORAL TABLET 400 MG	1	
<i>methylergonovine injection solution 0.2 mg/ml (1 ml)</i>	1	
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG	1	PA; NM; LA; NDS
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	
<i>pyridostigmine bromide oral tablet 60 mg</i> (Mestinon)	1	
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	PA BvD; NM; NDS

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Drug Name	Drug Tier	Requirements/Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	1	NM; NDS
TYBOST ORAL TABLET 150 MG	1	QL (30 per 30 days)
<b>Ophthalmic Agents</b>		
<b>Antiglaucoma Agents</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i> (Diamox Sequels)	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
ALPHAGAN P OPHTHALMIC DROPS 0.1 %	1	
AZOPT OPHTHALMIC DROPS,SUSPENSION 1 %	1	
<i>betaxolol ophthalmic drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC DROPS,SUSPENSION 0.25 %	1	
<i>bimatoprost ophthalmic drops 0.03 %</i>	1	
<i>brimonidine ophthalmic drops 0.15 %</i> (Alphagan P)	1	
<i>brimonidine ophthalmic drops 0.2 %</i>	1	
<i>carteolol ophthalmic drops 1 %</i>	1	
COMBIGAN OPHTHALMIC DROPS 0.2-0.5 %	1	
<i>dorzolamide ophthalmic drops 2 %</i> (Trusopt)	1	
<i>dorzolamide-timolol ophthalmic drops 22.3-6.8 mg/ml</i> (Cosopt)	1	
<i>latanoprost ophthalmic drops 0.005 %</i> (Xalatan)	1	
<i>levobunolol ophthalmic drops 0.5 %</i> (Betagan)	1	
LUMIGAN OPHTHALMIC DROPS 0.01 %	1	ST
<i>methazolamide oral tablet 25 mg, 50 mg</i> (Neptazane)	1	
<i>metipranolol ophthalmic drops 0.3 %</i>	1	
PHOSPHOLINE IODIDE OPHTHALMIC DROPS 0.125 %	1	
<i>pilocarpine hcl ophthalmic drops 1 %, 2 %, 4 %</i> (Isopto Carpine)	1	
SIMBRINZA OPHTHALMIC DROPS,SUSPENSION 1-0.2 %	1	
<i>timolol maleate ophthalmic drops 0.25 %, 0.5 %</i> (Timoptic)	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i> (Timoptic-XE)	1	

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z OPHTHALMIC DROPS 0.004 %	1	
<b>Replacement Preparations</b>		
<b>Replacement Preparations</b>		
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose with sodium chloride intravenous parenteral solution 5-0.2 %</i>	1	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con sprinkle oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>magnesium sulfate in d5w intravenous piggyback 1 gram/100 ml</i>	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 %</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> (Klor-Con Sprinkle)	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i> (Klor-Con)	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> (K-Tab)	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i> (Klor-Con M10)	1	
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i> (Klor-Con M20)	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i> (Urocit-K 10)	1	
<i>potassium citrate oral tablet extended release 15 meq</i> (Urocit-K 15)	1	
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i> (Urocit-K 5)	1	
<i>potassium citrate-citric acid oral packet 3,300-1,002 mg</i> (Cytra K Crystals)	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution 0.9 %</i>	1	
<i>sodium chloride 100 meq/40 ml 25's, sdv 2.5 meq/ml</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml</i>	1	
<i>sodium lactate intravenous solution 5 meq/ml</i>	1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	
<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	1	

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	1	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	1	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG (30 DOSES), 110 MCG (7 DOSES), 220 MCG (120 DOSES), 220 MCG (14 DOSES), 220 MCG (30 DOSES), 220 MCG (60 DOSES)	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	PA BvD
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	1	

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	1	ST
<b>Antileukotrienes</b>		
<i>montelukast oral granules in packet 4 mg</i> (Singulair)	1	
<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)	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i> (Zyflo CR)	1	QL (120 per 30 days)
<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>	1	PA BvD
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	
<i>elixophyllin oral elixir 80 mg/15 ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	PA BvD

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	PA BvD
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i> (Xopenex)	1	PA BvD; ST
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i> (Xopenex Concentrate)	1	PA BvD; ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	1	
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	1	PA
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<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>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg</i> (Theochron)	1	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION, 400 MCG/ACTUATION (30 ACTUAT)	1	ST
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	
<b>Respiratory Tract Agents, Other</b>		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i> (Acetadote)	1	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	PA BvD
ARALAST NP 1,000 MG VIAL L/F,P/F,PRICE/MG,SUV 1,000 MG	1	PA; NM; NDS
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	1	PA; NM; NDS
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	PA BvD
DALIRESP ORAL TABLET 500 MCG	1	PA; QL (30 per 30 days)
ESBRIET ORAL CAPSULE 267 MG	1	PA; NM; LA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; NM; LA; NDS; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; NM; LA; NDS; QL (90 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	1	PA; NM; NDS; QL (60 per 30 days)
KALYDECO ORAL TABLET 150 MG	1	PA; NM; NDS; QL (60 per 30 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; NM; LA; NDS; QL (1 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; NM; NDS; QL (120 per 30 days)
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	1	PA; NM; LA; NDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; NM; NDS
<b>Skeletal Muscle Relaxants</b>		
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i> (Parafon Forte DSC)	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg</i>	1	
<i>dantrolene oral capsule 25 mg, 50 mg</i> (Dantrium)	1	
<i>metaxalone oral tablet 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i> (Skelaxin)	1	
<i>methocarbamol injection solution 100 mg/ml</i> (Robaxin)	1	
<i>methocarbamol oral tablet 500 mg</i> (Robaxin)	1	
<i>methocarbamol oral tablet 750 mg</i> (Robaxin-750)	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> (Zanaflex)	1	
<i>tizanidine oral tablet 2 mg</i>	1	
<i>tizanidine oral tablet 4 mg</i> (Zanaflex)	1	
<b>Sleep Disorder Agents</b>		
<b>Sleep Disorder Agents</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i> (Nuvigil)	1	PA; NDS
<i>eszopiclone oral tablet 1 mg, 2 mg</i> (Lunesta)	1	PA; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
HETLIOZ ORAL CAPSULE 20 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg, 200 mg</i> (Provigil)	1	PA; NDS
ROZEREM ORAL TABLET 8 MG	1	QL (30 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG	1	QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML	1	NM; LA; NDS
<i>zaleplon oral capsule 10 mg, 5 mg</i> (Sonata)	1	PA; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
<i>zolpidem oral tablet 10 mg, 5 mg</i> (Ambien)	1	PA; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i> (Ambien CR)	1	PA; NDS; PA-HRM; QL (90 per 365 days); AGE (Max 64 Years)
<b>Vasodilating Agents</b>		
<b>Vasodilating Agents</b>		

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
ADCIRCA ORAL TABLET 20 MG	1	PA; NM; NDS; QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; NM; NDS; QL (90 per 30 days)
<i>alprostadil injection solution 500 mcg/ml</i> (Prostin VR Pediatric)	1	
CIALIS ORAL TABLET 2.5 MG, 5 MG	1	PA; QL (30 per 30 days)
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i> (Flolan)	1	PA; LA
LETAIRIS ORAL TABLET 10 MG, 5 MG	1	PA; NM; LA; NDS; QL (30 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; NM; NDS
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	1	PA; NM; NDS
<i>sildenafil intravenous solution 10 mg/12.5 ml</i> (Revatio)	1	PA
<i>sildenafil oral tablet 20 mg</i> (Revatio)	1	PA
TRACLEER ORAL TABLET 125 MG, 62.5 MG	1	PA; NM; LA; NDS; QL (60 per 30 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	1	PA; NM; LA; NDS; QL (81.2 per 28 days)
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; NM; LA; NDS; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; NM; LA; NDS; QL (200 per 180 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	1	PA; NM; LA; NDS
<b>Vitamins And Minerals</b>		
<b>Vitamins And Minerals</b>		
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	
<i>pnv prenatal plus multivit tab s/f, gluten-free 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>sodium fluoride 0.5 mg/ml drop d/f, s/f,gluten-free 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	

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## INDEX

<b>A</b>		
abacavir .....	53	
abacavir-lamivudine .....	53	
abacavir-lamivudine-zidovudine .....	53	
ABELCET .....	42	
ABILIFY MAINTENA.....	49	
ABRAXANE.....	19	
ABSORICA.....	82	
acamprosate .....	8	
acarbose .....	38	
acebutolol .....	65	
acetaminophen-codeine .....	3	
acetasol hc .....	90	
acetazolamide .....	116	
acetazolamide sodium .....	116	
acetic acid.....	90, 112	
acetylcysteine .....	123	
acitretin.....	82	
ACTEMRA .....	104	
ACTHIB (PF).....	108	
ACTIMMUNE .....	114	
ACTOPLUS MET XR .....	38	
acyclovir.....	57, 82	
acyclovir sodium .....	57	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	108	
ADAGEN.....	88	
adapalene .....	87	
ADASUVE.....	49	
ADCIRCA.....	125	
adefovir.....	57	
ADEMPAS.....	125	
adrucil.....	19	
ADVAIR DISKUS.....	119	
ADVAIR HFA .....	120	
afeditab cr.....	69	
AFINITOR.....	19	
AFINITOR DISPERZ .....	19	
a-hydrocort.....	100	
AKTEN (PF) .....	90	
AKYNZEO.....	45	
ala-cort.....	84	
ala-scalp.....	85	
ALBENZA.....	47	
albuterol sulfate .....	121	
alclometasone .....	85	
ALCOHOL PADS.....	82	
ALCOHOL PREP PADS .....	82	
ALDACTAZIDE .....	69	
ALDURAZYME .....	88	
ALECENSA .....	19	
alendronate.....	113	
alfuzosin.....	98	
ALIMTA.....	19	
ALINIA .....	47	
allopurinol.....	43	
almotriptan malate .....	44	
ALOCRI.....	92	
ALOMIDE.....	90	
alosetron.....	112	
ALOXI.....	46	
ALPHAGAN P .....	116	
alprazolam .....	9, 10	
ALPRAZOLAM INTENSOL .	9	
alprostadil .....	125	
ALREX.....	92	
altavera (28).....	76	
ALUNBRIG.....	20	
alyacen 1/35 (28) .....	76	
alyacen 7/7/7 (28) .....	76	
amabelz.....	99	
amantadine hcl.....	48	
AMBISOME.....	42	
amcinonide.....	85	
amethia.....	76	
amethia lo.....	76	
amifostine crystalline .....	114	
amikacin.....	11	
amiloride .....	69	
amiloride-hydrochlorothiazide .....	69	
aminocaproic acid .....	60	
aminophylline .....	121	
AMINOSYN 10 %.....	60	
AMINOSYN 7 % WITH ELECTROLYTES .....	61	
AMINOSYN 8.5 %.....	61	
AMINOSYN II 10 % .....	61	
AMINOSYN II 15 % .....	61	
AMINOSYN II 7 % .....	61	
AMINOSYN II 8.5 %- ELECTROLYTES .....	61	
AMINOSYN M 3.5 % .....	61	
AMINOSYN-HBC 7% .....	61	
AMINOSYN-PF 10 % .....	61	
AMINOSYN-PF 7 % (SULFITE-FREE).....	61	
AMINOSYN-RF 5.2 % .....	61	
amiodarone.....	64	
AMITIZA.....	95	
amitriptyline.....	34	
amitriptyline-chlordiazepoxide .....	34	
amlodipine.....	69	
amlodipine-atorvastatin.....	70	
amlodipine-benazepril.....	69	
amlodipine-valsartan.....	69	
amlodipine-valsartan-hcthiazid .....	69	
ammonium lactate.....	82	

amnesteem.....	82	aspirin-dipyridamole.....	60	BAVENCIO.....	20
amoxapine .....	34	ASSURE ID INSULIN		BCG VACCINE, LIVE (PF) 109	
amoxicillin.....	16	SAFETY .....	88	BD INSULIN SYRINGE	
amoxicillin-pot clavulanate ....	16	ASTAGRAF XL.....	104	ULTRA-FINE.....	88
amphotericin b.....	42	astramorph-pf.....	3	BD ULTRA-FINE NANO PEN	
ampicillin.....	16	atenolol .....	65	NEEDLES.....	88
ampicillin sodium.....	16, 17	atenolol-chlorthalidone.....	65	bekyree (28).....	76
ampicillin-sulbactam .....	17	ATGAM.....	104	BELEODAQ.....	20
AMPYRA.....	73	atomoxetine .....	73	benazepril.....	63
ANADROL-50.....	98	atorvastatin.....	70	benazepril-hydrochlorothiazide	
anagrelide .....	60	atovaquone.....	47	.....	63
anastrozole.....	20	atovaquone-proguanil .....	47	BENDEKA .....	20
ANDRODERM .....	98	ATRIPLA .....	53	BENLYSTA.....	114
ANDROGEL.....	98	atropine .....	30, 90	benztropine.....	48
ANORO ELLIPTA .....	121	ATROVENT HFA.....	121	BESIVANCE .....	91
ANTIVENIN LATRODECTUS		AUBAGIO.....	73	betamethasone acet,sod phos 100	
MACTANS .....	104	aubra .....	76	betamethasone dipropionate... 85	
ANTIVENIN, MICRURUS		AVASTIN.....	20	betamethasone valerate .....	85
FULVIUS .....	104	aviane.....	76	betamethasone, augmented ... 85	
ANZEMET.....	46	avita .....	87	BETASERON.....	73
APLENZIN .....	35	AVONEX .....	73	betaxolol.....	65, 116
APOKYN .....	48	AVONEX (WITH ALBUMIN)		bethanechol chloride .....	97
apraclonidine .....	90	.....	73	BETHKIS.....	11
aprepitant.....	46	azacitidine.....	20	BETOPTIC S .....	116
apri.....	76	AZASAN.....	104	bexarotene .....	20
APTIOM.....	30	AZASITE.....	90	BEXSERO .....	109
APTIVUS .....	53	azathioprine .....	104	bicalutamide.....	20
ARALAST NP .....	123	azathioprine sodium.....	104	BICILLIN L-A.....	17
aranelle (28).....	76	azelastine .....	90	BICNU .....	20
ARANESP (IN		azithromycin .....	15	BILTRICIDE .....	47
POLYSORBATE).....	59	AZOPT .....	116	bimatoprost .....	116
ARCALYST.....	104	aztreonam.....	16	bisoprolol fumarate .....	65
aripiprazole.....	49	azurette (28).....	76	bisoprolol-hydrochlorothiazide	
ARISTADA.....	49	<b>B</b>		.....	65
armodafinil .....	124	baciiim .....	12	BIVIGAM.....	104
ARNUITY ELLIPTA.....	120	bacitracin .....	12, 90	bleomycin.....	20
ARRANON .....	20	bacitracin-polymyxin b.....	90	bleph-10 .....	91
ARZERRA .....	20	baclofen .....	123	BLEPHAMIDE.....	91
ashlyna.....	76	balsalazide .....	112	BLEPHAMIDE S.O.P. ....	91
ASMANEX HFA .....	120	balziva (28).....	76	BLINCYTO .....	20
ASMANEX TWISTHALER 120		BANZEL .....	30	blisovi 24 fe.....	76
aspirin-caffeine-dihydrocodein 3		BARACLUDGE.....	57	blisovi fe 1.5/30 (28).....	76

blisovi fe 1/20 (28).....	76	camrese lo.....	76	cefprozil.....	14
BOOSTRIX TDAP.....	109	CANASA.....	112	ceftazidime.....	14
BOSULIF.....	20	CANCIDAS.....	42	CEFTAZIDIME IN D5W.....	14
BREO ELLIPTA.....	120	candesartan.....	62	ceftibuten.....	14
briellyn.....	76	candesartan-hydrochlorothiazid		ceftriaxone.....	14
BRILINTA.....	60	.....	62, 63	ceftriaxone in dextrose,iso-os	14
brimonidine.....	116	capacet.....	3	cefuroxime axetil.....	14
BRIVIACT.....	30	CAPASTAT.....	45	cefuroxime sodium.....	14
bromfenac.....	92	CAPRELSA.....	20	celecoxib.....	7
bromocriptine.....	48	captopril.....	63	CELONTIN.....	31
BROVANA.....	121	captopril-hydrochlorothiazide	64	cephalexin.....	14
budesonide.....	92, 112, 120	CARAFATE.....	93	CEREZYME.....	88
bumetanide.....	69	CARBAGLU.....	95	CERVARIX VACCINE (PF)	
BUPHENYL.....	95	carbamazepine.....	30, 31	.....	109
buprenorphine.....	3	carbidopa.....	48	cetirizine.....	44
buprenorphine hcl.....	3, 8	carbidopa-levodopa.....	48	cevimeline.....	82
buprenorphine-naloxone.....	9	carbidopa-levodopa-entacapone		CHANTIX.....	9
bupropion hcl.....	35	.....	48	CHANTIX CONTINUING	
bupropion hcl (smoking deter)	9	carboplatin.....	20	MONTH BOX.....	9
bupirone.....	10	CARIMUNE NF		CHANTIX STARTING	
busulfan.....	20	NANOFILTERED.....	105	MONTH BOX.....	9
BUSULFEX.....	20	carteolol.....	116	chloramphenicol sod succinate	
butalbital-acetaminophen.....	3	cartia xt.....	66	.....	12
butalbital-acetaminophen-caff..	3	carvedilol.....	65	chlorhexidine gluconate.....	82
butalbital-aspirin-caffeine.....	3	CAYSTON.....	16	chloroquine phosphate.....	47
butorphanol tartrate.....	3	caziant (28).....	76	chlorothiazide.....	69
BUTRANS.....	3	cefaclor.....	13	chlorothiazide sodium.....	70
BYDUREON.....	38	cefadroxil.....	13	chlorpromazine.....	49, 50
BYETTA.....	38	cefazolin.....	13	chlorpropamide.....	40
<b>C</b>		cefdinir.....	13	chlorthalidone.....	70
cabergoline.....	48	cefditoren pivoxil.....	13	chlorzoxazone.....	123
CABOMETYX.....	20	CEFEPIME.....	13	CHOLBAM.....	95
caffeine citrate.....	73	CEFEPIME IN DEXTROSE 5		cholestyramine (with sugar)..	70,
calcipotriene.....	83	%.....	13	71	
calcipotriene-betamethasone..	83	CEFEPIME IN		cholestyramine light.....	70, 71
calcitonin (salmon).....	113	DEXTROSE,ISO-OSM.....	13	CHORIONIC	
calcitrene.....	83	cefotaxime.....	13	GONADOTROPIN,	
calcitriol.....	83, 113	cefotetan.....	14	HUMAN.....	101
calcium acetate.....	97	cefotetan in dextrose, iso-osm	14	CIALIS.....	125
calcium chloride.....	117	cefoxitin.....	14	ciclopirox.....	42
camila.....	76	cefoxitin in dextrose, iso-osm	14	cidofovir.....	57
camrese.....	76	cefpodoxime.....	14	cilostazol.....	60



CILOXAN.....	91	COARTEM.....	47	<b>D</b>	
cimetidine.....	94	colchicine.....	43	d10 %-0.45 % sodium chloride	
cimetidine hcl.....	93	colestipol.....	71	.....	117
CIMZIA.....	105	colistin (colistimethate na).....	12	d2.5 %-0.45 % sodium chloride	
CIMZIA POWDER FOR		colocort.....	112	.....	117
RECONST.....	105	COMBIGAN.....	116	d5 % and 0.9 % sodium chloride	
CINRYZE.....	59	COMBIVENT RESPIMAT.....	121	.....	117
CIPRODEX.....	91	COMETRIQ.....	21	d5 %-0.45 % sodium chloride	
ciprofloxacin.....	18	COMPLERA.....	53	.....	117
ciprofloxacin (mixture).....	17	compro.....	46	dacarbazine.....	21
ciprofloxacin hcl.....	18, 91	CONDYLOX.....	83	DALIRESP.....	123
ciprofloxacin in 5 % dextrose.....	18	constulose.....	95	danazol.....	98
cisplatin.....	20	COPAXONE.....	74	dantrolene.....	124
citalopram.....	35	CORLANOR.....	67	dapsone.....	45
cladribine.....	21	cormax.....	85	DAPTACEL (DTAP	
claravis.....	83	cortisone.....	100	PEDIATRIC) (PF).....	109
clarithromycin.....	15	COSMEGEN.....	21	daptomycin.....	12
clindamycin hcl.....	12	COTELLIC.....	21	DARAPRIM.....	47
clindamycin in 5 % dextrose.....	12	COUMADIN.....	58	DARZALEX.....	21
clindamycin palmitate hcl.....	12	CREON.....	89	dasetta 1/35 (28).....	77
clindamycin pediatric.....	12	CRINONE.....	103	dasetta 7/7/7 (28).....	77
clindamycin phosphate.....	12, 44,	CRIXIVAN.....	53	daunorubicin.....	21
84		cromolyn.....	90, 95, 123	daysee.....	77
clindamycin-benzoyl peroxide		cryselle (28).....	76	deblitane.....	77
.....	84	CUVITRU.....	105	decitabine.....	21
CLINDESSE.....	44	cyclafem 1/35 (28).....	77	deferoxamine.....	98
CLINISOL SF 15 %.....	61	cyclafem 7/7/7 (28).....	77	deltasone.....	100
clobetasol.....	85	cyclobenzaprine.....	124	delyla (28).....	77
clobetasol-emollient.....	85	cyclopentolate.....	90	DELZICOL.....	112
clocortolone pivalate.....	85	cyclophosphamide.....	21	demeclocycline.....	18
clofarabine.....	21	CYCLOPHOSPHAMIDE.....	21	DEMSEER.....	67
CLOLAR.....	21	cycloserine.....	45	DENAVIR.....	83
clomipramine.....	35	CYCLOSET.....	38	denta 5000 plus.....	82
clonazepam.....	10	cyclosporine.....	105	dentagel.....	82
clonidine.....	62	cyclosporine modified.....	105	DEPEN TITRATABS.....	98
clonidine hcl.....	62	cyproheptadine.....	44	DEPOCYT (PF).....	21
clopidogrel.....	60	CYRAMZA.....	21	DEPO-PROVERA.....	103
clorazepate dipotassium.....	10	cyred.....	77	DESCOVY.....	53
clorpres.....	62	CYSTAGON.....	89	desipramine.....	35
clotrimazole.....	42	CYSTARAN.....	90	desloratadine.....	44
clotrimazole-betamethasone.....	42	cytarabine.....	21	desmopressin.....	101
clozapine.....	50	cytarabine (pf).....	21	desog-e.estradiol/e.estradiol... 77	

desogestrel-ethinyl estradiol...77	DIASTAT ..... 10	doxepin..... 35
desonide.....85, 86	DIASTAT ACUDIAL ..... 10	doxercalciferol ..... 113
desoximetasone .....86	diazepam..... 10	doxorubicin ..... 22
desvenlafaxine.....35	diazepam intensol ..... 10	doxorubicin, peg-liposomal ... 22
DESVENLAFAXINE .....35	DICLEGIS ..... 46	doxy-100 ..... 18
DESVENLAFAXINE	diclofenac potassium ..... 7	doxycycline hyclate ..... 18, 19
FUMARATE.....35	diclofenac sodium..... 7, 83, 93	doxycycline monohydrate ..... 19
desvenlafaxine succinate .....35	diclofenac-misoprostol ..... 7	dronabinol ..... 46
dexamethasone .....100	dicloxacillin ..... 17	droperidol ..... 114
DEXAMETHASONE	dicyclomine ..... 95	drospirenone-e.estradiol-lm.fa77
INTENSOL .....100	didanosine ..... 53	drospirenone-ethinyl estradiol77
dexamethasone sodium	diflorasone ..... 86	DROXIA ..... 22
phosphate.....92, 100	diflunisal ..... 7	DUAVEE ..... 99
dexmethylphenidate .....74	digitek ..... 67	DULERA ..... 120
dexrazoxane hcl.....114	digoxin ..... 67, 68	duloxetine..... 35
dextroamphetamine .....74	DIGOXIN ..... 68	DUREZOL ..... 93
dextroamphetamine-	dihydroergotamine..... 44	dutasteride ..... 98
amphetamine .....74	DILANTIN ..... 31	<b>E</b>
dextrose 10 % and 0.2 % nacl	DILANTIN EXTENDED..... 31	e.e.s. 400 ..... 15
.....117	DILANTIN INFATABS..... 31	econazole.....42
dextrose 10 % in water (d10w)	diltiazem hcl ..... 66, 67	EDARBI..... 63
.....61	dilt-xr ..... 67	EDARBYCLOR ..... 63
dextrose 20 % in water (d20w)	dimenhydrinate ..... 46	EDURANT ..... 53
.....61	DIPENTUM..... 112	EFFIENT..... 60
dextrose 25 % in water (d25w)	diphenhydramine hcl ..... 44	ELAPRASE ..... 89
.....61	diphenoxylate-atropine ..... 95	electrolyte-48 in d5w ..... 117
dextrose 40 % in water (d40w)	dipyridamole..... 60	ELELYSO..... 89
.....61	disopyramide phosphate ..... 64	ELIDEL..... 86
dextrose 5 % in ringer's .....61	disulfiram..... 9	ELIGARD ..... 22
dextrose 5 % in water (d5w) ..61	divalproex ..... 31	ELIGARD (3 MONTH)..... 22
dextrose 5 %-lactated ringers	dobutamine ..... 68	ELIGARD (4 MONTH)..... 22
.....117	dobutamine in d5w ..... 68	ELIGARD (6 MONTH)..... 22
dextrose 5%-0.2 % sod chloride	DOCEFREZ..... 21	elinest ..... 77
.....117	docetaxel ..... 21, 22	eliphos ..... 97
dextrose 5%-0.3 % sod.chloride	dofetilide..... 64	ELIQUIS ..... 58
.....117	donepezil..... 34	ELITEK..... 89
dextrose 50 % in water (d50w)	dopamine ..... 68	elixophyllin ..... 121
.....61	dopamine in 5 % dextrose ..... 68	ELLA ..... 77
dextrose 70 % in water (d70w)	doripenem ..... 16	ELMIRON ..... 115
.....62	dorzolamide ..... 116	EMCYT..... 22
dextrose with sodium chloride	dorzolamide-timolol ..... 116	EMFLAZA..... 100
.....117	doxazosin ..... 62	emoquette ..... 77

EMPLICITI .....	22	ERY-TAB .....	15	famotidine (pf) .....	94
EMSAM .....	35	ERYTHROCIN .....	15	famotidine (pf)-nacl (iso-os) .	94
EMTRIVA.....	53	erythrocin (as stearate).....	15	FANAPT .....	50
EMVERM .....	47	erythromycin.....	15, 91	FARESTON .....	22
enalapril maleate .....	64	erythromycin ethylsuccinate..	15	FARYDAK .....	22
enalaprilat .....	64	erythromycin with ethanol.....	84	FASLODEX.....	22
enalapril-hydrochlorothiazide	64	erythromycin-benzoyl peroxide		fayosim.....	77
ENBREL .....	105	.....	84	felbamate.....	31
ENBREL SURECLICK.....	105	ESBRIET .....	123	felodipine .....	69
endocet .....	3	escitalopram oxalate .....	35	FEMRING.....	99
ENGERIX-B (PF) .....	109	esmolol.....	65	femynor .....	77
ENGERIX-B PEDIATRIC (PF)		esomeprazole magnesium.....	94	fenofibrate .....	71
.....	109	esomeprazole sodium .....	94	fenofibrate micronized.....	71
enoxaparin .....	58	estarylla.....	77	fenofibrate nanocrystallized..	71
enpresse .....	77	estazolam .....	10	fenofibric acid .....	71
enskyce .....	77	ESTRACE .....	99	fenofibric acid (choline).....	71
entacapone .....	48	estradiol .....	99	fenopropfen .....	7
entecavir .....	57	estradiol valerate.....	99	fentanyl .....	4
ENTRESTO .....	63	estradiol-norethindrone acet ..	99	fentanyl citrate .....	3
enulose.....	95	ESTRING .....	99	FERRIPROX.....	98
ENVARUSUS XR .....	105	estropipate.....	99	FETZIMA .....	36
epinastine.....	90	eszopiclone .....	124	finasteride.....	98
epinephrine .....	68	ethambutol .....	45	FIRAZYR .....	68
EIPEN .....	68	ethosuximide.....	31	FIRMAGON KIT W DILUENT	
EIPEN 2-PAK.....	68	ethynodiol diac-eth estradiol .	77	SYRINGE .....	23
EIPEN JR 2-PAK.....	68	etidronate disodium .....	113	FLAREX.....	93
epirubicin.....	22	etodolac.....	7	flavoxate.....	97
epitol.....	31	ETOPOPHOS .....	22	FLEBOGAMMA DIF.....	105
eplerenone .....	72	etoposide.....	22	flecainide.....	64
EPOGEN .....	59	EVOTAZ .....	53	FLECTOR.....	83
epoprostenol (glycine).....	125	exemestane.....	22	FLOVENT DISKUS .....	120
eprosartan .....	63	EXJADE .....	98	FLOVENT HFA .....	120
ERAXIS(WATER DILUENT)		EXONDYS 51 .....	115	floxuridine.....	23
.....	42	EXTAVIA .....	74	fluconazole.....	42
ERBITUX.....	22	ezetimibe.....	71	fluconazole in dextrose(iso-o)	42
ergoloid.....	115	ezetimibe-simvastatin .....	71	fluconazole in nacl (iso-osm) .	42
ergotamine-caffeine.....	44	<b>F</b>		flucytosine.....	42
ERIVEDGE.....	22	FABIOR.....	87	fludarabine .....	23
errin .....	77	FABRAZYME.....	89	fludrocortisone .....	100
ERWINAZE .....	22	falmina (28) .....	77	flumazenil .....	74
ery pads .....	84	famciclovir.....	57	flunisolide .....	93
ery-tab.....	15	famotidine .....	94	fluocinolone .....	86

fluocinolone acetonide oil .....	93	GAMMAGARD LIQUID ...	105	glyburide-metformin .....	41
fluocinonide.....	86	GAMMAGARD S-D (IGA < 1		glycopyrrolate .....	95
fluocinonide-e.....	86	MCG/ML).....	106	glydo .....	8
fluoride (sodium).....	82, 125	GAMMAPLEX .....	106	GLYXAMBI.....	38
FLUORIDEX DAILY		GAMUNEX.....	106	GOLYTELY .....	96
DEFENSE .....	82	GAMUNEX-C.....	106	granisetron (pf).....	46
fluorometholone .....	93	ganciclovir sodium .....	57	granisetron hcl.....	46
fluorouracil.....	23, 83	GARDASIL (PF).....	109	GRANIX .....	59
fluoxetine.....	36	GARDASIL 9 (PF).....	109	griseofulvin microsize.....	42
FLUOXETINE.....	36	gatifloxacin .....	91	griseofulvin ultramicrosize ....	42
fluphenazine decanoate .....	50	GATTEX 30-VIAL .....	95	guanfacine .....	74
fluphenazine hcl .....	50	GAUZE PAD.....	88	guanidine.....	115
flurbiprofen.....	7	gavilyte-c .....	96	<b>H</b>	
flurbiprofen sodium.....	93	gavilyte-g.....	96	HALAVEN .....	23
flutamide.....	23	gavilyte-h and bisacodyl.....	96	halobetasol propionate .....	86
fluticasone .....	86, 93	gavilyte-n.....	96	haloperidol .....	50
fluvastatin .....	71	GAZYVA .....	23	haloperidol decanoate .....	50
fluvoxamine.....	36	gemcitabine.....	23	haloperidol lactate.....	50
FML FORTE .....	93	gemfibrozil.....	71	HARVONI .....	56
FML S.O.P. ....	93	generlac.....	95	HAVRIX (PF).....	109
FOLOTYN .....	23	gengraf.....	106	heather.....	77
fomepizole.....	115	gentak.....	91	heparin (porcine).....	58
fondaparinux.....	58	gentamicin .....	11, 84, 91	heparin (porcine) in 5 % dex..	58
FORFIVO XL .....	36	gentamicin in nacl (iso-osm) .	11	heparin (porcine) in nacl (pf) .	58
FORTEO .....	113	gentamicin sulfate (ped) (pf) .	11	heparin(porcine) in 0.45% nacl	
FOSAMAX PLUS D.....	113	gentamicin sulfate (pf).....	11	.....	58
foscarnet .....	56	GENVOYA .....	53	heparin, porcine (pf).....	58, 59
fosinopril .....	64	GEODON .....	50	HERCEPTIN.....	23
fosinopril-hydrochlorothiazide		gianvi (28).....	77	HETLIOZ.....	124
.....	64	gildagia .....	77	HEXALEN.....	23
fosphenytoin.....	31	GILENYA .....	74	HIBERIX (PF) .....	109
FOSRENOL .....	97	GILOTRIF.....	23	HIZENTRA.....	106
furosemide.....	70	GLEEVEC.....	23	HUMIRA .....	106
FUSILEV .....	115	GLEOSTINE .....	23	HUMIRA PEDIATRIC	
FUZEON .....	53	glimepiride.....	41	CROHN'S START .....	106
fyavolv.....	99	glipizide .....	41	HUMIRA PEN.....	106
FYCOMPA.....	31	glipizide-metformin .....	41	HUMIRA PEN CROHN'S-UC-	
<b>G</b>		GLUCAGEN HYPOKIT.....	38	HS START.....	106
gabapentin .....	31	GLUCAGON EMERGENCY		HUMIRA PEN PSORIASIS-	
GABITRIL .....	31	KIT (HUMAN).....	38	UVEITIS .....	106
galantamine .....	34	glyburide.....	41	hydralazine.....	68
GAMASTAN S/D .....	105	glyburide micronized.....	41	hydrochlorothiazide .....	70

hydrocodone-acetaminophen ...4	INNOPRAN XL ..... 65	jencycla ..... 78
hydrocodone-ibuprofen .....4	INSULIN SYRINGE-NEEDLE	JEVTANA..... 24
hydrocortisone.....86, 100, 112	U-100..... 88	jinteli ..... 99
hydrocortisone butyrate.....86	INTELENCE ..... 53	jolessa..... 78
hydrocortisone butyr-emollient	INTRALIPID..... 62	jolivette ..... 78
.....86	INTRON A ..... 56	juleber ..... 78
hydrocortisone valerate ....86, 87	introvale ..... 77	junel 1.5/30 (21)..... 78
hydrocortisone-acetic acid.....91	INVANZ..... 16	junel 1/20 (21)..... 78
hydromorphone .....4	INVEGA SUSTENNA .... 50, 51	junel fe 1.5/30 (28)..... 78
hydromorphone (pf) .....4	INVEGA TRINZA ..... 51	junel fe 1/20 (28)..... 78
hydroxychloroquine .....47	INVIRASE..... 53	junel fe 24 ..... 78
hydroxyprogesterone caproate	INVOKAMET ..... 38	JUXTAPID ..... 71
.....103	INVOKAMET XR ..... 38	<b>K</b>
hydroxyurea.....23	INVOKANA..... 38	KADCYLA ..... 24
hydroxyzine hcl.....44	IPOL ..... 110	kaitlib fe ..... 78
hydroxyzine pamoate ..... 115	ipratropium bromide ..... 90, 121	KALETRA ..... 54
HYQVIA ..... 106	ipratropium-albuterol..... 122	KALYDECO..... 123
<b>I</b>	irbesartan ..... 63	kariva (28)..... 78
ibandronate ..... 113	irbesartan-hydrochlorothiazide	kelnor 1/35 (28)..... 78
IBRANCE ..... 23	..... 63	KENALOG ..... 100
ibuprofen ..... 7	IRESSA ..... 24	KEPIVANCE..... 115
ibuprofen-oxycodone .....4	irinotecan ..... 24	KETEK ..... 15
ICLUSIG ..... 23	ISENTRESS ..... 53, 54	ketoconazole ..... 43
idarubicin..... 24	ISENTRESS HD..... 53	ketoprofen ..... 7
ifosfamide..... 24	isibloom ..... 77	ketorolac..... 93
ifosfamide-mesna ..... 24	isoniazid..... 45	KEYTRUDA..... 24
ILARIS (PF)..... 106	isosorbide dinitrate ..... 72	kimidess (28)..... 78
imatinib..... 24	isosorbide mononitrate ..... 72	KINERET ..... 107
IMBRUVICA ..... 24	isradipine ..... 69	KINRIX (PF) ..... 110
IMFINZI..... 24	ISTODAX..... 24	kionex..... 95
imipenem-cilastatin ..... 16	itraconazole..... 42	kionex (with sorbitol)..... 95
imipramine hcl..... 36	ivermectin ..... 47	KISQALI..... 25
imipramine pamoate..... 36	IXEMPRA ..... 24	KISQALI FEMARA CO-PACK
imiquimod ..... 83	IXIARO (PF) ..... 110	..... 25
IMLYGIC..... 24	<b>J</b>	klor-con m10..... 117
IMOVAX RABIES VACCINE	JADENU..... 98	klor-con m15..... 117
(PF)..... 109	JAKAFI ..... 24	klor-con m20..... 117
INCRELEX ..... 101	jantoven ..... 59	klor-con sprinkle ..... 117
indapamide ..... 70	JANUMET..... 38	KORLYM ..... 39
INFANRIX (DTAP) (PF)..... 110	JANUMET XR ..... 38, 39	kurvelo ..... 78
INFLECTRA ..... 107	JANUVIA ..... 39	KUVAN ..... 89
INLYTA ..... 24	JARDIANCE..... 39	KYNAMRO ..... 71

KYPROLIS .....	25	leuprolide .....	25	loperamide.....	95
<b>L</b>		levabuterol hcl .....	122	lopinavir-ritonavir .....	54
l norgest/e.estradiol-e.estrad...	78	LEVEMIR .....	40	lopreeza .....	99
labetalol .....	65, 66	LEVEMIR FLEXTOUCH....	40	lorazepam .....	10, 11
lactulose.....	95	levetiracetam.....	32	lorazepam intensol .....	11
LAMICTAL STARTER		levetiracetam in nacl (iso-os).	32	loryna (28).....	79
(GREEN) KIT .....	31	levobunolol .....	116	losartan .....	63
LAMICTAL STARTER		levocarnitine .....	115	losartan-hydrochlorothiazide .	63
(ORANGE) KIT.....	31	levocarnitine (with sugar)....	115	LOTEMAX.....	93
LAMICTAL XR STARTER		levocetirizine .....	44	lovastatin .....	71
(BLUE).....	32	levofloxacin .....	18, 91	low-ogestrel (28).....	79
LAMICTAL XR STARTER		levofloxacin in d5w .....	18	loxapine succinate.....	51
(GREEN).....	32	levoleucovorin .....	115	LUMIGAN.....	116
LAMICTAL XR STARTER		LEVOLEUCOVORIN.....	115	LUPRON DEPOT.....	25
(ORANGE).....	32	levonest (28) .....	79	LUPRON DEPOT (3 MONTH)	
lamivudine .....	54	levonorgestrel-ethinyl estrad .	79	.....	25
lamivudine-zidovudine.....	54	levonorg-eth estrad triphasic .	79	LUPRON DEPOT (4 MONTH)	
lamotrigine .....	32	levora-28.....	79	.....	25
LANOXIN.....	68	levorphanol tartrate.....	4	LUPRON DEPOT (6 MONTH)	
lansoprazole.....	94	LEVO-T.....	103	.....	25
LANTUS .....	40	levothyroxine .....	103	LUPRON DEPOT-PED.....	102
LANTUS SOLOSTAR .....	40	LEVOXYL .....	103	LUPRON DEPOT-PED (3	
larin 1.5/30 (21).....	78	LEVULAN .....	83	MONTH).....	102
larin 1/20 (21).....	78	LEXIVA .....	54	lutura (28).....	79
larin 24 fe .....	78	lidocaine.....	8	LYNPARZA .....	25
larin fe 1.5/30 (28).....	78	lidocaine (pf) in d7.5w.....	65	LYRICA.....	32
larin fe 1/20 (28).....	78	lidocaine (pf).....	8, 65	LYSODREN .....	25
larissia.....	78	lidocaine hcl.....	8	lyza.....	79
LARTRUVO .....	25	lidocaine in 5 % dextrose (pf)	65	<b>M</b>	
latanoprost .....	116	lidocaine viscous.....	8	magnesium sulfate .....	118
LATUDA .....	51	lidocaine-prilocaine .....	8	magnesium sulfate in d5w ...	117
layolis fe .....	78	lincomycin .....	12	magnesium sulfate in water .	117
LAZANDA.....	4	lindane .....	88	malathion.....	88
leena 28 .....	78	linezolid .....	12	maprotiline .....	36
leflunomide.....	107	LINZESS .....	95	marlissa .....	79
LENVIMA .....	25	liothyronine.....	104	MARPLAN.....	36
lessina .....	78	lisinopril.....	64	MARQIBO.....	25
LETAIRIS .....	125	lisinopril-hydrochlorothiazide	64	marten-tab .....	4
letrozole.....	25	lithium carbonate .....	74	MATULANE .....	25
leucovorin calcium .....	115	lithium citrate.....	74	matzim la.....	67
LEUKERAN .....	25	lomedica 24 fe .....	79	MAXIDEX.....	93
LEUKINE.....	59	LONSURF.....	25	meclizine .....	46

meclofenamate .....	7	methylphenidate hcl.....	74, 75	mono-lynyah .....	79
medroxyprogesterone .....	103	methylprednisolone .....	100, 101	mononessa (28) .....	79
mefenamic acid .....	7	methylprednisolone acetate .	100	montelukast .....	121
mefloquine.....	47	methylprednisolone sodium succ	101	morphine .....	5
megestrol .....	25, 103	.....	101	MORPHINE.....	5
MEKINIST.....	26	metipranolol.....	116	morphine (pf) .....	5
meloxicam .....	7	metoclopramide hcl .....	95	morphine concentrate.....	5
mephalan hcl .....	26	metolazone.....	70	MOVANTIK.....	95
memantine .....	34	metoprolol succinate.....	66	MOVIPREP .....	96
MENACTRA (PF) .....	110	metoprolol ta-hydrochlorothiaz	66	moxifloxacin .....	18, 91
MENEST .....	99	.....	66	moxifloxacin-sod.ace,sul-water	18
MENHIBRIX (PF) .....	110	metoprolol tartrate .....	66	.....	18
MENOMUNE - A/C/Y/W-135		metronidazole .....	12, 44, 84	MOZOBIL .....	59
.....	110	metronidazole in nacl (iso-os)	12	MULTAQ .....	65
MENOMUNE - A/C/Y/W-135		mexiletine .....	65	mupirocin .....	84
(PF).....	110	MIACALCIN.....	113	mupirocin calcium .....	84
MENVEO A-C-Y-W-135-DIP		miconazole-3 .....	43	MUSTARGEN.....	26
(PF).....	110	microgestin 1.5/30 (21).....	79	mycophenolate mofetil.....	107
meprobamate .....	11	microgestin 1/20 (21).....	79	mycophenolate mofetil hcl...	107
mercaptopurine.....	26	microgestin fe 1.5/30 (28) .....	79	mycophenolate sodium .....	107
meropenem .....	16	microgestin fe 1/20 (28) .....	79	myorisan.....	83
mesalamine.....	112	midodrine.....	62	MYRBETRIQ.....	97
mesalamine with cleansing wipe		MIGERGOT .....	44	myzilra .....	79
.....	112	miglitol.....	39	<b>N</b>	
mesna.....	115	milrinone.....	68	nabumetone .....	7
MESNEX .....	115	milrinone in 5 % dextrose.....	68	nadolol.....	66
metaproterenol.....	122	mimvey .....	99	nadolol-bendroflumethiazide .	66
metaxalone .....	124	mimvey lo .....	99	nafcillin .....	17
metformin .....	39	minitran.....	73	nafcillin in dextrose iso-osm..	17
methadone .....	4, 5	minocycline .....	19	naftifine .....	43
methadose.....	5	minoxidil.....	73	NAFTIN .....	43
methazolamide .....	116	mirtazapine .....	36	NAGLAZYME .....	89
methenamine hippurate .....	12	misoprostol .....	94	nalbuphine.....	5
methimazole .....	104	mitomycin.....	26	naloxone.....	9
METHITEST.....	98	mitoxantrone.....	26	naltrexone.....	9
methocarbamol .....	124	M-M-R II (PF).....	110	naproxen.....	7
methotrexate sodium .....	26	modafinil.....	124	naproxen sodium.....	8
methotrexate sodium (pf) .....	26	moexipril.....	64	naratriptan .....	44
methoxsalen.....	83	moexipril-hydrochlorothiazide	64	NARCAN.....	9
methscopolamine.....	95	.....	64	NATACYN .....	91
methylclothiazide .....	70	molindone .....	51	nateglinide.....	39
methylergonovine.....	115	mometasone .....	87, 93	NATPARA.....	113

NEBUPENT .....	47	nizatidine .....	94	<b>O</b>	
necon 0.5/35 (28).....	79	nora-be .....	80	ocella .....	80
necon 1/50 (28).....	79	NORDITROPIN FLEXP	102	octreotide acetate .....	102
necon 10/11 (28).....	79	norepinephrine bitartrate.....	68	ODEFSEY.....	54
necon 7/7/7 (28) .....	79	norethindrone (contraceptive) 80		ODOMZO.....	26
nefazodone .....	36	norethindrone acetate.....	103	OFEV .....	123
neomycin .....	11	norethindrone ac-eth estradiol		ofloxacin .....	18, 92
neomycin-bacitracin-poly-hc .91		.....	80, 99, 100	ogestrel (28) .....	80
neomycin-bacitracin-polymyxin		norethindrone-e.estradiol-iron 80		olanzapine .....	51
.....	91	norgestimate-ethinyl estradiol 80		olanzapine-fluoxetine.....	37
neomycin-polymyxin b gu .....	84	norlyda .....	80	olmesartan .....	63
neomycin-polymyxin b-		norlyroc.....	80	olmesartan-hydrochlorothiazide	
dexameth .....	91	NORTHERA .....	62	.....	63
neomycin-polymyxin-		nortrel 0.5/35 (28).....	80	olopatadine.....	90
gramacidin.....	91	nortrel 1/35 (21).....	80	omega-3 acid ethyl esters.....	71
neomycin-polymyxin-hc .....	92	nortrel 1/35 (28).....	80	omeprazole.....	94
neo-polycin hc .....	92	nortrel 7/7/7 (28).....	80	ONCASPAR .....	26
NEULASTA.....	59, 60	nortriptyline .....	36	ondansetron .....	46
NEUPOGEN .....	60	NORVIR.....	54	ondansetron hcl .....	46
NEUPRO.....	48	NOVOLIN 70/30.....	40	ondansetron hcl (pf) .....	46
nevirapine .....	54	NOVOLIN N .....	40	ONFI .....	11
NEXAVAR .....	26	NOVOLIN R .....	40	ONIVYDE .....	26
NEXIUM PACKET .....	94	NOVOLOG .....	40	OPDIVO .....	26
niacin .....	71	NOVOLOG FLEXPEN.....	40	OPSUMIT .....	125
niacor .....	71	NOVOLOG MIX 70-30 .....	40	oralone.....	82
nicardipine.....	69	NOVOLOG MIX 70-30		ORENCIA.....	107
NICOTROL NS.....	9	FLEXPEN.....	40	ORENCIA CLICKJECT.....	107
nifedipine.....	69	NOVOLOG PENFILL .....	40	ORFADIN.....	89
nikki (28).....	79	NOXAFIL.....	43	ORKAMBI.....	123
nilutamide.....	26	NPLATE.....	115	orphenadrine citrate .....	124
nimodipine.....	69	NUCALA.....	123	orsythia.....	80
NINLARO.....	26	NUEDEXTA .....	75	oseltamivir.....	56
NIPENT.....	26	NULOJIX .....	107	OSMOPREP .....	96
nisoldipine .....	69	NUPLAZID .....	51	OTEZLA .....	107
NITRO-BID .....	73	NUTRILIPID.....	62	OTEZLA STARTER .....	107
NITRO-DUR.....	73	NUTROPIN AQ NUSPIN... 102		oxacillin.....	17
nitrofurantoin macrocrystal ....	12	NUVARING .....	80	oxacillin in dextrose(iso-osm) 17	
nitrofurantoin monohyd/m-cryst		nyamyc.....	43	oxaliplatin .....	26
.....	12	nystatin.....	43	oxandrolone.....	98
nitroglycerin .....	73	nystatin-triamcinolone .....	43	oxaprozin.....	8
nitroglycerin in 5 % dextrose .73		nystop.....	43	oxazepam .....	11
NITROSTAT.....	73			oxcarbazepine .....	33



OXTELLAR XR .....	33	permethrin.....	88	potassium chloride in lr-d5 ..	118
oxybutynin chloride.....	97	perphenazine .....	51	potassium chloride-0.45 % nacl	
oxycodone .....	5, 6	perphenazine-amitriptyline....	37	.....	118
oxycodone-acetaminophen.....	6	PEXEVA .....	37	potassium chloride-d5-0.2%nacl	
oxycodone-aspirin .....	6	pfizerpen-g.....	17	.....	118
OXYCONTIN .....	6	phenadoz.....	46	potassium chloride-d5-0.3%nacl	
oxymorphone.....	6	phenelzine.....	37	.....	119
<b>P</b>		phenobarbital .....	33	potassium chloride-d5-0.9%nacl	
pacerone .....	65	phenylephrine hcl .....	62, 90	.....	119
paclitaxel .....	26	PHENYTEK .....	33	potassium citrate .....	119
paliperidone.....	51	phenytoin .....	33	potassium citrate-citric acid .	119
pamidronate.....	113, 114	phenytoin sodium .....	33	POTIGA .....	33
PANRETIN .....	83	phenytoin sodium extended...	33	PRADAXA .....	59
pantoprazole .....	94	philith.....	80	PRALUENT PEN .....	71
paricalcitol.....	114	PHOSPHOLINE IODIDE ..	116	pramipexole.....	48
PARICALCITOL.....	114	PICATO.....	83	pravastatin.....	71
paromomycin.....	47	pilocarpine hcl .....	82, 116	prazosin.....	62
paroxetine hcl .....	37	pimozide .....	51	PRED-G .....	92
PASER .....	45	pimtree (28) .....	80	prednicarbate.....	87
PAXIL .....	37	pindolol.....	66	prednisolone acetate.....	93
PCE.....	15	pioglitazone .....	39	prednisolone sodium phosphate	
PEDIARIX (PF) .....	110	pioglitazone-metformin .....	39	.....	93, 101
PEDVAX HIB (PF).....	110	piperacillin-tazobactam .....	17	prednisone .....	101
peg 3350-electrolytes .....	96	pirmella.....	80	PREMARIN.....	100
PEGANONE .....	33	piroxicam .....	8	PREMASOL 10 % .....	62
PEGASYS .....	56	PLEGRIDY .....	75	PREMASOL 6 % .....	62
PEGASYS PROCLICK .....	56	podofilox.....	83	PREMPHASE.....	100
peg-electrolyte soln .....	96	polyethylene glycol 3350.....	96	PREMPRO.....	100
PEGINTRON .....	57	polymyxin b sulfate .....	12	prenatal plus (calcium carb).	125
PEGINTRON REDIPEN .....	57	polymyxin b sulf-trimethoprim		prenatal vitamin plus low iron	
PEN NEEDLE, DIABETIC ..	88	.....	92	.....	125
penicillin g pot in dextrose.....	17	POMALYST.....	27	PREPOPIK.....	97
penicillin g potassium.....	17	portia.....	80	prevalite.....	71
penicillin g procaine .....	17	PORTRAZZA.....	27	previfem .....	80
penicillin v potassium.....	17	potassium acetate.....	118	PREZCOBIX .....	54
PENTAM .....	47	potassium chlorid-d5-0.45%nacl		PREZISTA .....	54, 55
PENTASA .....	112	.....	118	PRIFTIN .....	45
pentoxifylline .....	60	potassium chloride.....	118	PRIMAQUINE .....	47
PERFOROMIST .....	122	potassium chloride in 0.9%nacl		primidone .....	33
perindopril erbumine .....	64	.....	118	PRIVIGEN.....	107
periogard.....	82	potassium chloride in 5 % dex		PROAIR HFA.....	122
PERJETA .....	27	.....	118	PROAIR RESPICLICK .....	122

probenecid .....	43	quasense.....	80	REYATAZ.....	55
probenecid-colchicine .....	43	quetiapine.....	51, 52	ribasphere.....	57
procainamide .....	65	quinapril.....	64	ribasphere ribapak.....	57
prochlorperazine.....	47	quinapril-hydrochlorothiazide	64	ribavirin.....	57
prochlorperazine edisylate.....	46	quinidine gluconate.....	65	RIDAURA .....	107
prochlorperazine maleate .....	47	quinidine sulfate .....	65	rifabutin.....	45
PROCRIT .....	60	quinine sulfate.....	47	rifampin.....	45
PROCTOFOAM HC.....	87	<b>R</b>		RIFATER.....	45
procto-med hc.....	87	RABAVERT (PF) .....	111	riluzole .....	75
procto-pak.....	87	rabeprazole.....	94	rimantadine .....	56
proctosol hc .....	87	RADICAVA .....	75	ringer's.....	112, 119
proctozone-hc .....	87	rajani .....	80	risedronate.....	114
PROCYSBI .....	89	raloxifene .....	100	RISPERDAL CONSTA.....	52
progesterone in oil.....	103	ramipril .....	64	risperidone.....	52
progesterone micronized .....	103	RANEXA.....	69	RITUXAN.....	27
PROGLYCEM .....	115	ranitidine hcl.....	94	rivastigmine.....	34
PROGRAF .....	107	RAPAMUNE.....	107	rivastigmine tartrate .....	34
PROLASTIN-C.....	123	rasagiline.....	48	rivelsa.....	80
PROLEUKIN .....	27	RAVICTI.....	95	rizatriptan .....	44
PROLIA .....	114	REBETOL .....	57	ropinirole.....	49
PROMACTA.....	60	REBIF (WITH ALBUMIN) ..	75	rosadan .....	84
promethazine .....	44, 47	REBIF REBIDOSE .....	75	rosuvastatin .....	72
promethegan .....	47	REBIF TITRATION PACK..	75	ROTARIX.....	111
propafenone.....	65	reclipsen (28).....	80	ROTATEQ VACCINE.....	111
propantheline.....	30	RECOMBIVAX HB (PF)....	111	ROZEREM .....	124
proparacaine .....	90	REGANEX .....	83	RUBRACA .....	27
propranolol .....	66	RELENZA DISKHALER .....	56	RYDAPT.....	27
propranolol-hydrochlorothiazid		RELISTOR .....	96	<b>S</b>	
.....	66	REVELA.....	97	SABRIL .....	33
propylthiouracil .....	104	repaglinide .....	39	SANTYL.....	83
PROQUAD (PF) .....	110	REPATHA PUSHTRONEX .	72	SAPHRIS (BLACK CHERRY)	
PROSOL 20 % .....	62	REPATHA SURECLICK.....	72	.....	52
protamine.....	60	REPATHA SYRINGE .....	72	SAVELLA .....	75
protriptyline.....	37	reprexain .....	6	selegiline hcl .....	49
PULMICORT FLEXHALER		RESCRIPTOR.....	55	selenium sulfide .....	84
.....	121	RESTASIS.....	93	SELZENTRY .....	55
PULMOZYME.....	89	RESTASIS MULTIDOSE....	93	SENSIPAR.....	114
PURIXAN .....	27	RETROVIR .....	55	SEREVENT DISKUS.....	122
pyrazinamide .....	45	REVATIO.....	125	SEROSTIM.....	102
pyridostigmine bromide .....	115	REVLIMID.....	27	sertraline.....	37
<b>Q</b>		revonto.....	124	setlakin .....	81
QUADRACEL (PF).....	110	REXULTI .....	52	sevelamer carbonate.....	97

sf 5000 plus .....	82	spironolacton-hydrochlorothiaz		SYNJARDY .....	39
sharobel .....	81	.....	70	SYNRIBO .....	27
SIGNIFOR .....	102	sprintec (28).....	81	SYNTHROID .....	104
SIGNIFOR LAR .....	102	SPRITAM.....	33	SYPRINE.....	98
sildenafil.....	125	SPRYCEL.....	27	<b>T</b>	
SILENOR.....	124	sps (with sorbitol).....	96	TABLOID.....	27
silver sulfadiazine.....	84	sronyx .....	81	tacrolimus.....	87, 108
SIMBRINZA.....	116	ssd .....	84	TAFINLAR.....	27
SIMPONI .....	107, 108	stavudine.....	55	TAGRISSE.....	27
SIMULECT.....	115	STELARA .....	108	TAMIFLU.....	56
simvastatin.....	72	STERILE GAUZE PAD.....	88	tamoxifen .....	27
sirolimus .....	108	STIVARGA.....	27	tamsulosin .....	98
SIRTURO.....	45	STRENSIQ.....	89	TANZEUM.....	39
SIVEXTRO .....	13	streptomycin .....	11	TARCEVA.....	28
sodium acetate.....	119	STRIBILD .....	55	TARGRETIN.....	28
sodium chloride.....	112, 119	SUBOXONE .....	9	tarina fe 1/20 (28).....	81
sodium chloride 0.45 %.....	119	sucralfate.....	94	TASIGNA .....	28
sodium chloride 0.9 %.....	119	sulfacetamide sodium .....	92	tazarotene .....	87
sodium chloride 3 %.....	119	sulfacetamide sodium (acne) .	84	tazicef.....	15
sodium chloride 5 %.....	119	sulfacetamide-prednisolone ...	92	TAZORAC.....	87
sodium lactate.....	119	sulfadiazine.....	18	taztia xt.....	67
sodium phenylbutyrate .....	96	sulfamethoxazole-trimethoprim		TECENTRIQ .....	28
sodium phosphate.....	119	.....	18	TECFIDERA.....	75, 76
sodium polystyrene (sorb free)		sulfasalazine.....	112	TEFLARO.....	15
.....	96	sulfatrim.....	18	TEKTURNA.....	72
sodium polystyrene sulfonate.	96	sulindac .....	8	TEKTURNA HCT .....	72
SOLTAMOX.....	27	sumatriptan .....	45	telmisartan.....	63
SOLU-CORTEF (PF).....	101	sumatriptan succinate .....	45	telmisartan-amlodipine .....	63
SOLU-MEDROL (PF) .....	101	SUPPRELIN LA.....	102	telmisartan-hydrochlorothiazid	
SOMATULINE DEPOT .....	102	SUPRAX .....	15	.....	63
SOMAVERT .....	102	SUPREP BOWEL PREP KIT	97	temazepam .....	11
sorbitol.....	112	SUSTIVA .....	55	TEMODAR.....	28
sorbitol-mannitol .....	113	SUTENT.....	27	tencon.....	6
sorine .....	66	syeda .....	81	TENIVAC (PF).....	111
sotalol .....	66	SYLATRON.....	57	terazosin .....	98
sotalol af.....	66	SYLVANT.....	27	terbinafine hcl .....	43
SOVALDI .....	56	SYMBICORT.....	121	terbutaline .....	122
spinosad.....	88	SYMLINPEN 120 .....	39	terconazole .....	44
SPIRIVA RESPIMAT.....	122	SYMLINPEN 60 .....	39	testosterone .....	99
SPIRIVA WITH		SYNAGIS.....	56	testosterone cypionate.....	98
HANDIHALER.....	122	SYNAREL.....	102	testosterone enanthate .....	98
spironolactone .....	70	SYNERCID .....	13		

TETANUS,DIPHThERIA TOX PED(PF) .....	111	TRADJENTA .....	39	TROKENDI XR.....	34
TETANUS-DIPHThERIA TOXOIDS-TD.....	111	tramadol .....	6	TROPHAMINE 10 % .....	62
tetrabenazine.....	76	tramadol-acetaminophen .....	6	tropicamide .....	90
tetracycline .....	19	trandolapril.....	64	trospium .....	97
THALOMID.....	116	tranexamic acid.....	60	TRULICITY .....	39
theophylline.....	122	TRANSDERM-SCOP .....	47	TRUMENBA .....	111
theophylline in dextrose 5 %	122	tranylcypromine.....	37	TRUVADA .....	55
thioridazine.....	52	TRAVASOL 10 %.....	62	TUDORZA PRESSAIR.....	123
thiotepa .....	28	TRAVATAN Z.....	117	TWINRIX (PF) .....	111
thiothixene.....	52	trazodone .....	37	TYBOST .....	116
THYMOGLOBULIN.....	108	TREANDA .....	28	TYKERB.....	28
tiagabine .....	33	TRECTOR .....	45	TYPHIM VI.....	111
TICE BCG.....	111	TRELSTAR.....	28	TYSABRI .....	108
tigecycline .....	19	tretinoin.....	87, 88	TYVASO .....	125
tilia fe.....	81	tretinoin (chemotherapy) .....	28	TYZINE .....	90
timolol maleate.....	66, 116	tretinoin microspheres .....	87	<b>U</b>	
tinidazole .....	48	tri femynor .....	81	ULORIC.....	43
TIVICAY .....	55	triamcinolone acetonide... 82, 87		UNITHROID .....	104
tizanidine .....	124	triamterene-hydrochlorothiazid		UNITUXIN .....	28
TOBI PODHALER .....	11	.....	70	UPTRAVI .....	125
TOBRADEX .....	92	trianex .....	87	ursodiol .....	96
TOBRADEX ST .....	92	triderm .....	87	UVADEX.....	83
tobramycin.....	92	tri-estarylla.....	81	<b>V</b>	
tobramycin in 0.225 % nacl....	11	trifluoperazine.....	52	valacyclovir.....	57
tobramycin in 0.9 % nacl.....	11	trifluridine .....	92	VALCHLOR.....	83
tobramycin sulfate .....	12	trihexyphenidyl.....	49	valganciclovir.....	57
tobramycin-dexamethasone....	92	tri-legest fe.....	81	valproate sodium.....	34
TOLAK .....	83	tri-linyah .....	81	valproic acid.....	34
tolazamide .....	41	tri-lo-estarylla .....	81	valproic acid (as sodium salt)	34
tolbutamide.....	41	tri-lo-marzia .....	81	valsartan .....	63
tolcapone .....	49	tri-lo-sprintec .....	81	valsartan-hydrochlorothiazide	63
tolmetin.....	8	trilyte with flavor packets .....	97	VALSTAR .....	28
tolterodine.....	97	trimethoprim .....	13	vancomycin .....	13
topiramate.....	33	trimipramine .....	37	vancomycin in 0.9% sodium cl	
toposar .....	28	trinessa (28) .....	81	.....	13
topotecan .....	28	trinessa lo.....	81	vancomycin in dextrose 5 % ..	13
TORISEL .....	28	TRINTELLIX.....	37	VANTAS .....	103
toremide .....	70	tri-previfem (28) .....	81	VAQTA (PF) .....	111
TOUJEO SOLOSTAR .....	40	TRISENOX .....	28	VARIVAX (PF) .....	112
TRACLEER .....	125	tri-sprintec (28).....	81	VARIZIG .....	108
		TRIUMEQ.....	55	VARUBI .....	47
		trivora (28).....	81	VASCEPA .....	72

VASOSTRICT .....	103	VPRIV .....	89	ZEJULA .....	30
VECTIBIX .....	29	VRAYLAR .....	52	ZELBORAF .....	30
VELCADE .....	29	vyfemla (28) .....	81	zenatane.....	83
velivet triphasic regimen (28)	81	<b>W</b>		zenchent (28).....	82
VELPHORO.....	97	warfarin.....	59	zenchent fe .....	82
VELTASSA .....	96	water for irrigation, sterile... 113		ZENPEP.....	89
VEMLIDY .....	55	WELCHOL.....	72	ZEPATIER.....	56
VENCLEXTA.....	29	wera (28).....	81	ZERBAXA.....	15
VENCLEXTA STARTING		wymzya fe.....	82	ZERIT .....	56
PACK .....	29	<b>X</b>		ZIAGEN.....	56
venlafaxine .....	37	XALKORI .....	29	zidovudine.....	56
VENTAVIS.....	125	XARELTO.....	59	zileuton.....	121
VENTOLIN HFA.....	123	XATMEP.....	29	ZINPLAVA.....	108
verapamil.....	67	XELJANZ.....	108	ziprasidone hcl .....	52
VERSACLOZ .....	52	XELJANZ XR.....	108	ZIRGAN .....	92
VESICARE .....	97	XGEVA .....	114	ZOLADEX.....	30
vestura (28).....	81	XIIDRA .....	93	zoledronic acid.....	114
VGO 40 .....	88	XOLAIR .....	123	zoledronic acid-mannitol-water	
VICTOZA .....	39	XTANDI.....	29	.....	114
VIDEX 2 GRAM PEDIATRIC		xulane.....	82	ZOLINZA .....	30
.....	55	XULTOPHY 100/3.6.....	40	zolmitriptan .....	45
vienna .....	81	xylon 10 .....	7	zolpidem.....	124
VIGAMOX.....	92	XYREM.....	124	zonisamide .....	34
VIIBRYD .....	37	<b>Y</b>		ZONTIVITY .....	60
VIMPAT.....	34	YERVOY.....	29	ZORBTIVE.....	103
vinblastine .....	29	YF-VAX (PF).....	112	ZORTRESS.....	108
vincasar pfs.....	29	YONDELIS .....	29	ZOSTAVAX (PF).....	112
vincristine .....	29	yuvaferm .....	100	zovia 1/35e (28) .....	82
vinorelbine.....	29	<b>Z</b>		zovia 1/50e (28) .....	82
violele (28).....	81	zafirlukast .....	121	ZOVIRAX.....	83
VIRACEPT .....	55	zaleplon.....	124	ZURAMPIC.....	43
VIRAZOLE.....	57	ZALTRAP .....	29	ZYCLARA.....	83, 84
VIREAD.....	56	ZANOSAR .....	29	ZYDELIG .....	30
VIVITROL.....	9	zarah.....	82	ZYKADIA .....	30
voriconazole .....	43	ZAVESCA.....	89	ZYPREXA RELPREVV .....	52
VOTRIENT.....	29	zebutal.....	7	ZYTIGA.....	30





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